

# Team Based Relationships

Change Concept 1.2.2: Clarify Team Roles

# TCPi Drivers

Primary Drivers	Secondary Drivers
1. Person and Family-Centered Care Design	1.1 Patient and family engagement
	1.2 Team-based relationships
	1.3 Population management
	1.4 Practice as a community partner
	1.5 Coordinated care delivery
	1.6 Organized, evidence-based care
	1.7 Enhanced access
2. Continuous, Data-Driven Quality Improvement	2.1 Engaged and committed leadership
	2.2 Quality improvement strategy supporting a culture of quality & safety
	2.3 Transparent measurement and monitoring
	2.4 Optimal use of HIT
3. Sustainable Business Operations	3.1 Strategic use of practice revenue
	3.2 Workforce vitality and joy in work
	3.3 Capability to analyze and document value
	3.4 Efficiency of operation

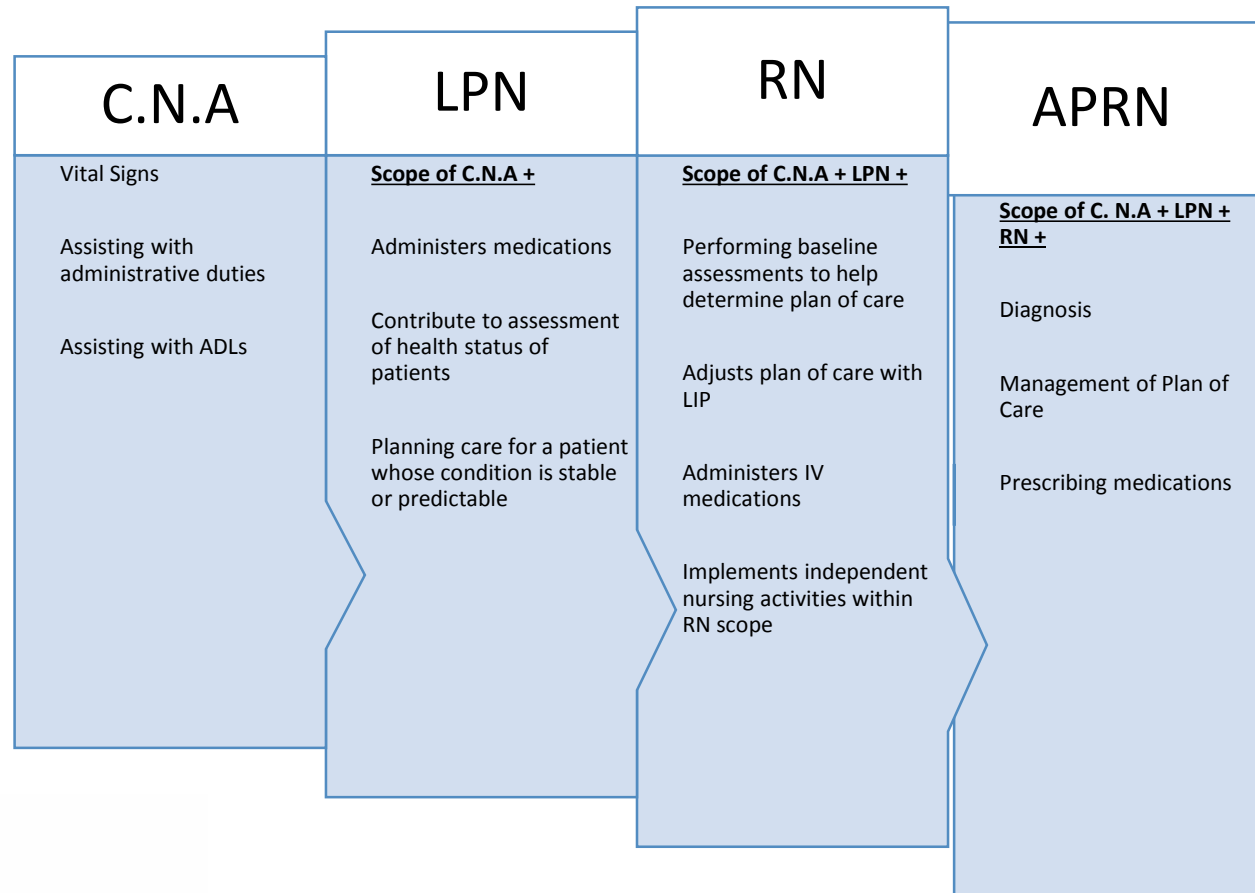
# Increased Importance of Efficiency

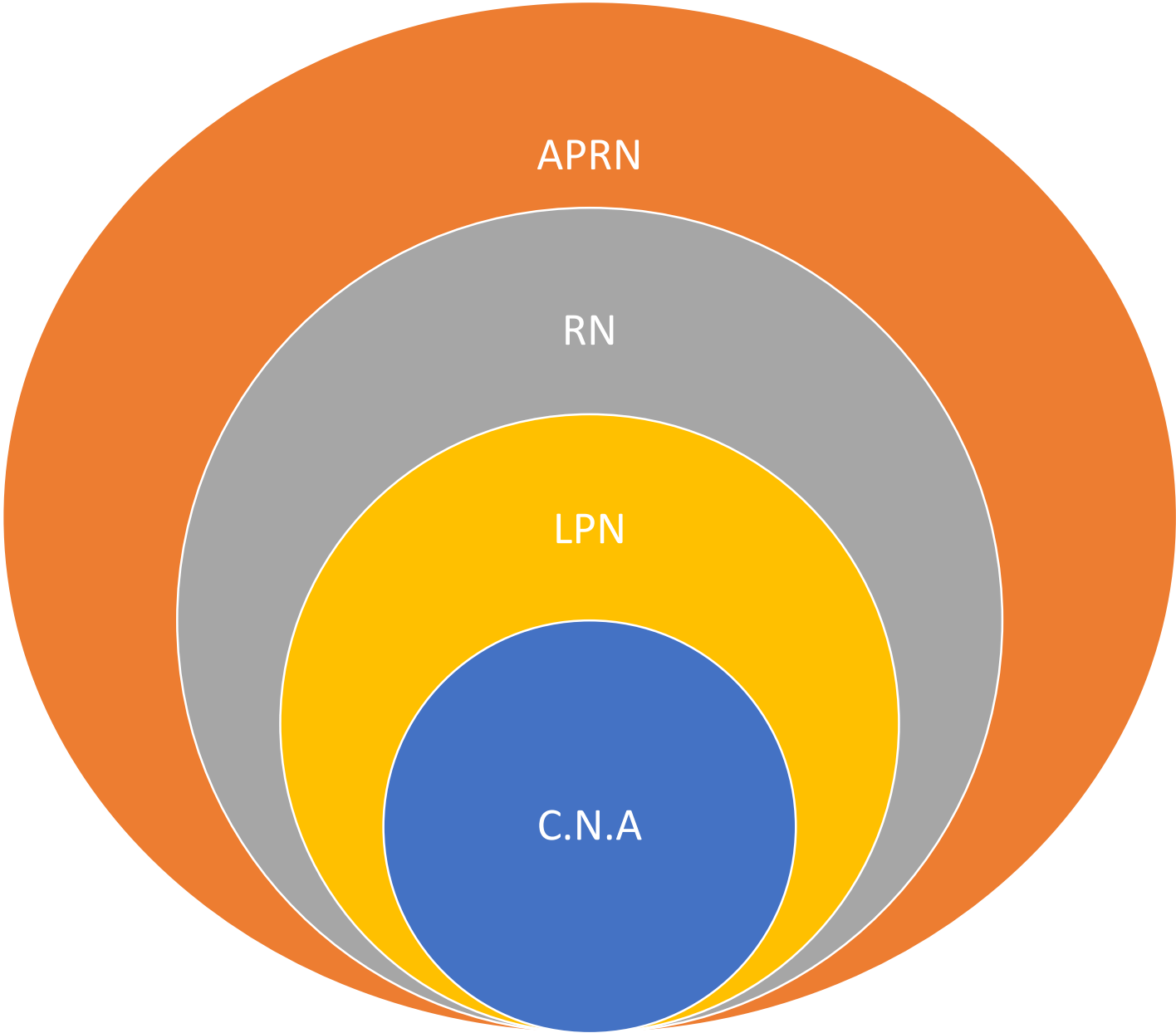


Right person  
for the right job!



# Top-of-License Practice





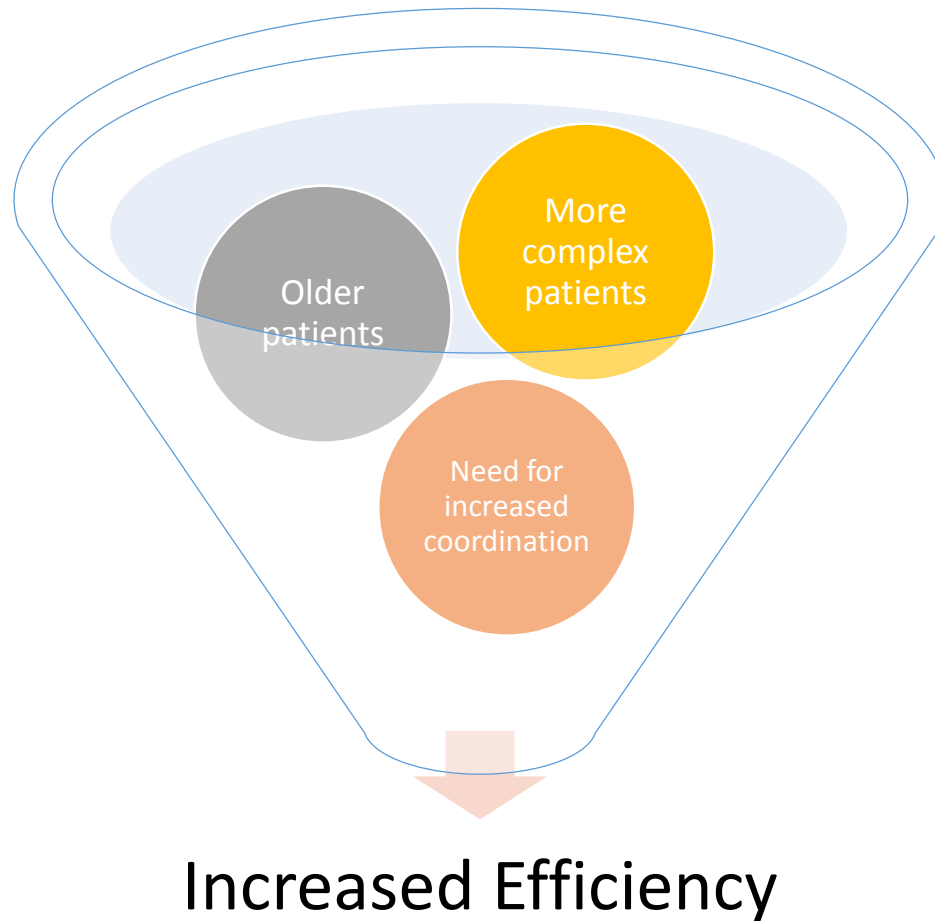
APRN

RN

LPN

C.N.A.

# Why is Top of License Practice Important?



# What are the barriers?

- Team members need to know their own scope of practice as well as the scope of practice of their colleagues.
- Conversations about reorganizing work of the practice need to be in the context of increased efficiency.
  - Does top of license practice conflict with being a good team player?

# Summary Top of License Practice

- Depending on licensure, scope breadth is different.
- Think of scope in terms of the Russian Doll analogy.
- Hiring more people does not improve efficiency.
- Analyzing work responsibilities and workflow related to scope can improve efficiency
- Efficiency related to scope means that each team member's work is mostly focused on the work that does NOT overlap with the scope below them.



# Assessing Scope Issues

- Knowledge about one's scope, as well as scope of one's colleagues
- Work analysis
  - Keep a log of work activities for one week
  - Assess work activities related to breadth of scope, appropriateness of scope
  - Can work that does not maximize one's scope be assumed by another member of the healthcare team?
  - Is there work that is not getting done because it is inappropriately assigned?

# Some questions to consider...

- Does your practice have a clear idea of how many individuals you have within each scope of practice? (e.g. MA, CNA, LPN, RN, APRN, PA, MD)
- Does each individual have a clear idea of aspects of care that reflect the top of his/her scope?
- Do individuals understand the scope of other team members?
- Do individuals in your practice have a sense that too much of their work is not at the top of their scope?
- Might a work analysis be helpful to quantify this sense?