Team Worksheet

Facility: _____ **Date:** _____

Participants: _____

Qsource Staff: _____

Each nursing home needs to form a team to drive the improvement process for the selected resident outcome (physical restraints and/or pressure ulcers). Most often a team is composed of four to six members. The size of your team should be based on the resources you have available. Your facility may have an existing restraint or falls team or a wound and skin care team. Such teams may be used for this initiative. However, a patient-at-risk meeting or department head meeting is not a good substitute because they do not include frontline staff or those most directly involved with daily resident care.

An effective team has members who work well together and who have a good mix of skills, styles and strengths.

Effective team members are

- Problem solvers with sharp critical-thinking skills
- Motivated to improve current systems and processes
- Creative, innovative and enthusiastic
- Good communicators

To ensure that the team understands the processes to be redesigned and to promote acceptance for the necessary improvements, teams should include people from departments and work areas that will be affected by the changes.

Your team should include the following types of staff members:

1. Clinical champion for physical restraints or pressure ulcers – This person should be a practicing clinician who understands the processes of care to be improved and has a good working relationship with frontline and management staff.
2. Administrative staff – This person can be the director of nursing, assistant director of nursing and/or administrator.
3. Frontline staff – Nurse and certified nursing assistants make ideal team members.
4. Therapy staff – For physical restraints, it is critical to have the active involvement of therapy for seating assessments, exercise prescription, balance and transfer training, assistive device prescription and ADLs.
5. Activities staff – For both physical restraints and pressure ulcers, it is imperative to have a strong activities program. Involvement of activities staff in regular team meetings will help improve your facility's program.

Selected team members must assume the following roles:

1. Senior leader (e.g., administrator, director of nursing) - has ultimate authority to allocate the time and resources to achieve the team's aims and will champion the spread of successful changes throughout the facility
2. Clinical champion (e.g., nurse, therapist) - is a respected clinical staff person with interest and expertise in the selected area for improvement and who understands the current processes of care

3. Day-to-day leader (e.g., nurse, therapist) - has good clinical skills with interest in the selected area and can drive the project and ensure that change is implemented.

Other potential team members include CNAs, licensed nurses, MDS coordinators, restorative care, occupational and physical therapy, activities, social services, development personnel and health information managers and maintenance and environmental staff.

Either the senior leader, clinical champion, or day-to-day leader can serve as the team lead. The team lead will need to organize and direct regular meetings and attend Qsource learning sessions. It is helpful to have co-team leaders so that there is a second person available to take charge in case one person is not available. A minimum of three members should attend all learning sessions.

It is very important that any team member who resigns from the team be replaced immediately to ensure continuity and avoid delay of your activities.

Identify Your Team **(Name)** **(Title)**

1. Senior leader: _____
2. Clinical champion: _____
3. Day-to-day leader: _____
4. Team member: _____
5. Team member: _____
6. Team member: _____
7. Team member: _____

Remember, a team leader and at least two other members must attend all learning sessions with Qsource. A team leader must be available for monthly calls and members must listen and participate in quarterly webinars and teleconferences.

Notes:

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