Improvement Team Roles & Responsibilities

The project lead and project manager work closely together to ensure project success. The project lead is the clinical expert and champion and the project manager ensures project activities are implemented.

**Project Lead**

* Oversee all aspects of the project
* Develop project aims, methods, and measurement strategy
* Provide clinical expertise and perspective
* Learn, champion, and model leadership and behavior consistent with improvement
* Obtain funding and other resources as needed
* Present project results to local and national groups
* Author manuscripts reporting project results
* Ensure patient rights and privacy are protected
* Participate in meetings with IHQI Faculty and other Improvement Scholars project teams

**Project Manager**

* Develop and monitor project plan including deliverables, milestones, tasks, and timeline
* Plan, coordinate, facilitate, and document meetings and improvement activities including but not limited to project team meetings, sponsor updates, advisory meetings, express workouts, training sessions, etc.
* Communicate with project stakeholders and team members regarding project status, tasks, implementation challenges, etc. during and between meetings and improvement activities
* Create project documents and materials based on input from project team (including but not limited to):

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| --- | --- |
| * Charter * Stakeholder communication * Key Driver Diagram * PDSA Tracker * A3 * Statistical process control charts | * Standard work * Training materials * Tools to support clinical operations * Implementation guides * Progress reports * Presentations |

* Identify and facilitate resolution of project issues involving resource constraints, project delays, and conflicts
* Coach project team and clinical staff to apply improvement methods and tools
* Collect, track, analyze, and report data to monitor improvement (working closely with data analyst as available and appropriate)
* Manage project budget and expenditures
* Facilitate NC MOC application process
* Assist with IRB application, presentations, and manuscripts

**Process Owner(s)**

Improvement projects typically impact multiple processes so more than one process owner may be engaged in an improvement initiative. In health care, process owners may not be referred to as process owners. Nurse managers, medical directors, and clinic managers are commonly process owners.

* Determine how a process operates
* Ensure process meets patient, clinician, and health care system needs
* Ensure clinicians and administrative staff are engaged in improvement activities that affect the process
* Ensure that improvements are incorporated into standard operating procedures and sustained
* Provide linkage between patients, clinicians, administrative staff, and other processes
* Monitor process performance with data
* Ensure process is documented, used, and updated regularly
* Ensure clinicians and administrative have the training and resources to do their jobs well

**Clinicians and Administrative Staff**

Improvement teams should include clinical and administrative staff who work in the clinic or unit full time. The project manager and project lead will typically need to invest effort and creativity to ensure that these team members’ time is used wisely.

* Understand project aim and key drivers
* Develop and participate in PDSAs
* Champion improvement activities with other clinicians and staff

**Patient/Family Advisor**

Ideally, improvement projects include a patient & family advisor who is a fully participating team member. If a patient & family advisor is not available to participate fully in team meetings and other activities, project teams can work with a Patient and Family Advisory Board to elicit input and guidance.

* Works in partnership with team to ensure interventions and improvements are patient- and family-centered
* Attends project meetings and events

**Project Sponsor**

* Approve improvement project (via letter of support and the project charter)
* Hold project team accountable for results
* Use formal and informal authority to help team overcome organizational barriers
* Approve and/or allocate resources (staff, space, access to data, etc.)
* Champion project with UNC Health Care System and School of Medicine leaders

**IHQI Faculty Coach**

* Provide direct mentoring, coaching, guidance, and training to Project Lead and Project Manager in the following:
  + Lean and Model for Improvement
  + Teamwork (TeamSTEPPSTM) training and teamwork foundation in improvement programs and projects
  + Partnership with patients and families in teaching, designing, and implementing improvement
  + Project management for healthcare improvement
  + Use of high- and low-fidelity simulation in improvement work
  + Measurement and reporting for improvement including statistical process control
  + Generating academic and scholarly products in improvement science
* Model leadership and behavior consistent with improvement

**Service Line Leaders**

Each service line at UNC is led by a Physician Service Line Leader, Nurse Manager and Care Manager. Service Line Leaders ensure high quality, reliable, safe, patient-centered care for their service lines. Service Line Leaders are key stakeholders for any improvement initiative; they should be aware of and appropriately engaged in improvement initiatives that affect their service lines.

**Quality Coaches and Data Analysts**

Quality coaches and data analysts may be available to a service line, department, or unit where an improvement project is planned or underway. The project manager and project lead should coordinate closely with quality coaches and data analysts working in the same area as the improvement project.

Quality Coaches

* Lead and participate in complex projects
* Conduct observations and process analysis to identify opportunities to improve processes
* Support meeting quality program requirements
* Promote quality improvement and population management
* Support operational efficiency

Data Analysts

* Access, compile, analyze, and report clinical and operational data

Some departments, units, or practices employ “embedded” quality coaches and data analysts. The majority of quality coaches and data analysts are members of central departments that serve multiple departments, units, and practices. The central departments include:

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| --- | --- |
| **Department** | **Areas Served** |
| Performance Improvement/Patient Safety | UNC Hospitals |
| Nursing Quality & Research | UNC Hospitals |
| Pharmacy Administration | UNC Hospitals |
| Hospital Epidemiology | UNC Hospitals |
| Oncology Administration | UNC Cancer Hospital |
| Practice Quality & Innovation | UNC Physician Network and Faculty Practice Clinics |
| Outpatient Care Services Improvement | UNC Health Care Outpatient Clinics |
| Operational Efficiency | UNC Health Care System |