Team Care:
Communicating with Patients

Policies & Procedures

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Policy:

Our practice will work as a team taking care of our patients efficiently and effectively.

Purpose:

Communication with patients is central to a patient-centered practice and good clinical care.

Procedure:

1) Patient/family/caregiver and other messages:
   a. Support staff and clinicians document all messages and interactions with patients/families/caregivers in the medical record.
   b. Urgent phone calls are directly transferred to the appropriate team member if s/he is available and are also recorded in the patient’s record.
   c. All messages contain sufficient information in a standardized format to facilitate appropriate follow-up.
   d. For all calls:
      i. Ask for, and record, the number the caller prefers to be called back on and the best time to do so.
      ii. Document question/concern in as much detail as possible.
   e. For requests about medication refills:
      i. Document medication name (with accurate spelling), pharmacy name and phone number, prescription number (if printed on medication), dosage, and frequency.
      ii. Route request for refill to appropriate clinical team.
   f. For requests about laboratory or other procedure orders (i.e, imaging studies):
      i. Confirm that the laboratory order/test/procedure request is consistent with the medical record.
      ii. Document the question/concern including any details about issues experienced with scheduling the requested procedure/test.

2) For email communications:
   a. See separate policy regarding secure email communication.
   b. In general, the documentation requirements and follow-up parallel procedures above.

3) Team communication:
   a. Huddles are small team meetings held daily to discuss patients scheduled in the upcoming session (or day).
i. Huddles focus on patient care and will minimally cover:
   1. Preventive care and vaccination needs
   2. Any outstanding lab and imaging orders are identified
   3. Necessary adjustments to session schedule (such as double-booking two historic no-shows)

4) Practice Meetings are scheduled to discuss larger issues such as workflow, implementation of new policies & procedures, use of patient portal, web page, quality improvement projects, etc.
   a. Practice meetings will occur at least monthly.

5) Quality Improvement activities:
   a. All team members participate in the evaluation of practice performance and in practice audits.
   b. Staff ideas on how to improve process and workflow are critical to performing as a high functioning team.
   c. New ideas can be tested using rapid cycle test model (PDSA). Each staff person can be involved and should have an opportunity to discuss and/or present data about quality improvement programs and audit data.
   d. Practice data on performance and quality metrics are reviewed as a team. New goals are determined based on data obtained from surveys and performance outcome measures.