TFM Patient & Family Partnership Council

Past Projects

- The council's input has guided several initiatives
  - Strengthened the team care concept throughout the clinic to improve patient care and safety
  - Addressed how to reduce unnecessary ED visits
  - Reviewed brochures and patient educational materials
  - Enhanced understanding of our EMR and brainstorming strategies to encourage use of the EMR's home functions
  - Worked on steps to improve Press Ganey scores (Increased 4.2% in 2011)
- Worked with the call center to improve communication between patients, families, and staff by using scripting to help the call center better understand the types of appointments that patients can select.
- Team concept definitions - the council identified communication issues regarding accessing providers and taxonomy usage of provider versus team. This communication led to creation of a visual flow sheet defining each colored team of providers by photo now posted in all exam rooms and throughout the clinic, re-education of residents, faculty, and staff regarding the team concept, and the use of colored lanyards for ID badges, color-coded after-visit follow-up forms and improved staff team identification.
- The council identified access barriers, with difficulty understanding the open access scheduling system. This led to linkage with the consulting nurse telephone triage and appointment scheduling. Consulting nurses can now schedule patients into clinics, which allows for a smoother process to obtain same day access.
- The council identified how MyChart created confusion as medication lists did not include generic and brand names of various medications. This led to a joint council and IT project team meeting, which facilitated a new method in which to incorporate feedback into better software functioning for patients.
- Brochures and patient education materials have been developed and made available to patients.

Current Focus

- Continued work on creating a “medical home” by focusing on patient experience/customer service and integrating the group’s work more into the clinic as a whole.