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Patient Telephone Contact

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As first point of contact, Receptionists must constantly review the Triage Support Guide to ensure they are correctly assessing patients' needs and concerns.

Receptionists must never offer medical advice to anyone unless specifically directed to do so by one of the doctors.

Policy

When a doctor does direct a receptionist to pass on medical information, it is imperative that the receptionist only passes on exactly what the doctor has said. If the patient continues to ask questions that the receptionist is not trained to answer, then the call must be put through to the doctor or ask the patient if the doctor can call back at a mutually convenient time. All emergencies must be dealt with immediately. At all times, it is imperative to treat our patients with care, consideration and dignity. When patients need to see a doctor they are usually sick or stressed in some other way so consequently they are often difficult to get on with. At all times be considerate and helpful to them. Listen carefully to what they say and empathise with them.

To facilitate continuity of care, patients need to have access to a GP via telephone or electronic means to discuss their medical care when a consultation is not considered clinically necessary.

GPs and other clinical staff need to make time to return phone calls during the day, and where 'clinically significant' information is discussed, a note must be made in the patient's health record. The definition of 'clinically significant' information is provided in the Glossary of the RACGP Standards.

To ensure effective patient telephone contact, reception staff are trained:

- To ask callers for their permission before placing them on hold in case of an emergency
- To identify situations when it is appropriate to transfer telephone calls to GPs or other clinical staff
- In each GP's policy with regards to returning patient phone calls
- To identify situations where it is appropriate to interrupt patient consultations.

Further information about staff training is detailed in Induction of new staff members. If the patient is unable to clearly communicate with GPs and other clinical staff, arrangements must be made to enable mutual understanding. For example, communication could be facilitated through the:

- National Relay Service (NRS) for patients who are deaf
- Translation and Interpreter Service (TIS) for patients who speak languages other than English.

Further information about translating through bilingual staff members, family and/or friends, is provided in [Interpreter services](#).

Telephone Confidentiality

Communication with patients via telephone must be conducted with appropriate regard to the privacy and confidentiality of the patient and their health information.

Ongoing education and training on confidentiality is provided to all staff and be included in the new staff induction program. These issues are addressed in [Induction of new staff members](#).

If personal and health information needs to be discussed or collected over the phone, the call is transferred to a nurse or private room or area so that other patients and persons cannot hear the conversation.

If a person calls to ask if a family member or friend is or has been at our practice, they must be advised that our practice abides by a strict privacy and confidentiality policy and therefore no such information is disclosed. If the query is pursued, the caller must be advised that a message will be taken and a GP will return their call as soon as convenient.

Procedure

This is an important part of your role.

Standard procedure is as follows:

- Answer within 2-3 rings
- Speak clearly and precisely with a smile in your voice (Mannum Medical Centre, this is (your name), how may I help you)
- Think about what you are saying and mean it
- Address the caller by his/her name
- If placing the caller on hold, always ask whether their call is urgent, wait for the answer and if urgent continue with the call, or place on hold
- Once resuming the on hold call, thank the caller for holding and continue with the call.

It is expected that the telephone answering protocol will be followed exactly.

In our practice, we have provided headsets for front desk staff to facilitate confidentiality. Staff using headsets are encouraged to leave the front desk especially if conducting private or sensitive conversations.

In our practice, the procedure for GPs and clinical staff receiving and returning telephone calls is that calls will be returned between patients, during breaks or at the end of the day, at the doctors' discretion. In our practice, the procedure for ensuring the privacy and confidentiality of the patient and their health information when communicating with patients via the telephone is to:

- Transfer the call to a nurse or private room or area so that other patients and persons cannot hear the conversation
- Refrain from the disclosure of personal health information to anyone other than the patient and referring the call to a GP if the query is pursued.