

1.1. Telephone

1.1.1. Policy

An incoming telephone call is the principal method for initial and subsequent communication by a patient and most other persons to this practice. As such, the telephone is recognised as a vital vehicle for creating a positive first impression, displaying a caring, confident attitude and acting as a reassuring resource for our patients and others.

Our aim is to facilitate optimal communication opportunities with our patients. Our general practitioners and other team members are aware of alternative modes of communication used by patients with a disability or a language barrier.

Some patients may be anxious, in pain or distracted by their own or a family member or friend's medical condition. Our practice team members provide a professional and empathetic service whilst attempting to obtain adequate information from the patient or caller.

Our practice team members are trained not to argue with, interrupt or patronise callers. Courtesy should be shown to all callers and allow them to be heard; every call should be considered important.

Bridgeman Family Practice and Warner Lakes Family Practice prides themselves on the high calibre of customer service we provide, especially in the area of patient security, confidentiality, and right to privacy, dignity and respect. Team members are mindful of confidentiality requirements to ensure patient names or clinical discussions about patients are not openly stated over the telephone when within earshot of other patients or visitors.

It is important for patients telephoning our practice to have the urgency of their needs determined promptly. Our practice team try to obtain adequate information from the patient to assess whether the call is an emergency before placing the caller 'on hold'. Our team members are trained during induction, and on an ongoing basis, to recognise urgent medical matters and the procedures for obtaining urgent medical attention, and when to escalate a telephone call to a member of the medical or clinical team.

Patients of our practice are able to access a member of our medical or clinical team by telephone to discuss their clinical care. When telephone communication is received, the urgency and nature of the call is gathered to determine if the call will be transferred immediately or if a message will be taken for the call to be returned. In non-urgent situations, patient calls should not interrupt consultations with other patients. Our practice team members are aware of each practitioner's policy on accepting and returning telephone calls.

Patient messages taken for follow-up by a general practitioner or other practice team member are documented for their attention and action or, in their absence, for the designated person who is responsible for that absent team members' workload. This is done *by communication in the Dr's communication book and in person to the Dr. The requests are also documented on the patient record.*

Only a member of the medical or clinical team can provide treatment or advice over the telephone. Patients are advised through information contained *on the practice information sheet, website signage in the practice* and from the practice team member receiving the call, if a fee will be incurred for the telephone advice to be provided.

1.1.2. Procedure

All members of the practice team are familiar with each medical and clinical team's policy of receiving and/or returning telephone calls and each team member's preference is documented and available *at the reception desk in the blue reception folder.*

Any personal calls received are kept brief so as to remain mindful of engaging the telephone lines.

A comprehensive telephone answering machine message, both during and outside normal opening hours, is maintained and activated to advise patients of our after-hours care arrangements and the advice to call '000' in an emergency.

All members of the practice team are aware of alternative modes of communication that may be used by patients with a disability or special needs, including the National Relay Service (NRS) for callers with hearing impairments, and Translating and Interpreter Service (TIS) for patients who do not speak the primary language of our practice team. We ensure their use is conducted with appropriate regard for the privacy and confidentiality of health information and that patients are made aware of any risks these modes may pose to the privacy and confidentiality of their health information or any additional out-of-pocket costs, e.g. the requirement for a longer appointment.

Important or clinically significant communications with or about patients are noted in the patient's health record, and we have provisions for patients' usual general practitioners to be contacted after-hours for life threatening or urgent matters or results.

All telephone messages received are returned in a timely manner.

When receiving an incoming telephone call, our practice team members follow this procedure:

- Pick up the telephone receiver within three (3) rings
- Answer by stating "*Bridgeman Family Practice or Warner Lakes Family Practice* this is [your name] speaking, how may I help you today?"
- If the caller has not identified themselves – ask their name
- If the call is for an appointment, refer to **Section 5.2 – Appointments**

- If the call is assessed as an emergency or urgent query, refer to the steps outlined in **Section 5.9 – Medical emergencies and urgent queries**
- If the caller is inquiring about their results from recent tests or investigations performed, do not disclose any information and refer to **Section 7.7 – Follow up of tests, results and referrals**
- If the caller requests to speak with a specific general practitioner, refer to the general practitioner’s policy on receiving and returning telephone calls. Document message in his/her communication book and verbally pass on message when Dr is free and note in patient file. If the caller is another Dr, Specialist or pharmacist put the call straight through to Dr.
- If taking a message or when assessing the caller’s needs, do not hurry the caller - if necessary repeat your questions or re-state the message taken. Never attempt to diagnose or recommend treatment over the telephone
- Encourage the caller to write down any instructions resulting from the telephone call
- Have the caller repeat any instructions given to assess their understanding of what was said, and
- Ensure the caller’s consent is obtained prior to placing them on hold in case the call is an emergency.

A **log book and or computer entry** is used to record all significant and important telephone conversations, including after-hours contact, medical emergencies and urgent queries. The log records the:

- Name and contact telephone number of the patient/caller
- Date and time of the call
- Urgent or non-urgent nature of the call
- Important facts concerning the patient’s condition
- Advice or information received from the general practitioner or other healthcare team member (e.g. nurse), and
- Details of any follow up actions necessary.

Details of telephone or attempted telephone contact with a patient (whether initiated by our practice team or the patient) is recorded in their health record, including the:

- Reason for the contact
- Advice and information given, and
- Details of the outcome of that attempt (e.g., message left on answering machine) where team members have attempted to contact the patient.

Calls ‘on hold’

It is important to try to obtain adequate information from the patient/caller to assess whether the call is an emergency before placing the call on hold. If another incoming call registers and no other practice team members are available to answer the incoming call, ask to put the caller on hold or seek to terminate the call with an offer to call them back to continue the discussion.

Do not leave the caller on hold for long periods. Return to the caller periodically if there is a significant delay in managing their call (e.g. waiting to transfer the call to another member of the

practice team who is not immediately available) to re-confirm the caller remains satisfied to wait or if they would rather a message for a return call be taken.

Our practice 'on hold' message provides the advice to call '000' in case of an emergency.