POLICY

COMMUNICATION POLICY

Strategic Plan Outcome	Business Success	Date Approved	18 June 2024
Policy Owner	Operations Manager	Next Review Date	18 June 2025

PURPOSE

For patient communication channels to have clearly outlined appropriate use and response parameters to optimise communication with our patients.

POLICY

1. **General Information for Patient**

1.1 All new patients to the practice are provided with current New Patient Information that informs them about our range of services, billing procedures, consulting hours and after hours cover arrangements. Information is to be tailored to the individual patient needs through the use of appropriate plain language, diagrams, written information and interpreter services.

2. **Communication with Patients**

2.1 AMC clinicians will use three identifiers to correctly identify patients before providing any information.

- Date of birth
- Full name
- Address

2.2 AMC Patient Services Officers will use three identifiers to correctly identify patients and update contact information before booking an appointment:

- Date of birth
- Full name
- Address

2.3 Staff should never provide patient identification to a caller and ask them to confirm it. The caller must provide the identifiers and not the other way around.

2.4 At check in, Patient Services Officers will monitor patient information and update missing details. Patients can also update their own details through the self-check in stations.

2.5 Patients are able to access a clinician by telephone to discuss their clinical care. The preference for this contact is via a telehealth appointment. In non-urgent situations patient calls need not interrupt consultations with other patients however the information is to be sent via BP Messages or directed to nurses.

2.6 Should the clinician be absent:

- Urgent matters - the message is to be designated to the on-call doctor
- Non-urgent matters - the message is sent via BP Messages to the Doctor as a first preference, and nurses as second preference

2.7 It is at the clinician's discretion to determine if advice can be given over the phone or if an in-person consultation is required, being mindful of clinical safety, existing law and policy and patient confidentiality. Patients are to be advised of any costs associated with the communication.

2.8 Non-clinical staff are not to provide any advice over the phone.

2.9 Results are only to be provided to a patient when cleared by a Doctor as per results policy.

2.10 Staff do not give out details of patients who have consultations here nor any other identifying or accounts information, except as deemed necessary by government legislation or for health insurance funds.

2.11   A comprehensive phone answering message is maintained and activated to advise patients of how to access medical care outside normal opening hours. This includes advising patients to call 000 if it is an emergency.

2.12   Staff make patients aware of alternative modes of communication that may be used by patients with a disability or special needs such as interpreter services.

2.13   All communications requiring a response (phone and email messages) are to be responded to within 48 hours.

2.14   Staff must record all attempts to contact patient in the patient record.

2.15   All communication with patient must be recorded including reason for contact, advice and information provided.

- Non-clinical communication is to be recorded in patient file under "Contact notes"
- All clinical communication is to be recorded in patient file in Clinical notes.

3.   Telephone

3.1   If caller has not identified themselves – conduct three-point check.

3.2   If call is for an appointment then refer to "Appointments" procedure (General appointment scripting)

3.3   If the call is assessed as an emergency or urgent query staff should refer to the steps outlined in the Access – Triage Flowchart or transfer the call to the nurse's station.

3.4   If taking a message or when assessing what the caller wants, do not hurry the caller, nor speak with an urgent, loud voice. If necessary, repeat your questions or message clearly.

3.5   Non-clinical staff are not to attempt to diagnose or recommend treatment over the phone.

3.6   When relaying a message from the doctor, stress his/her involvement in that patient's care, even though he/she isn't speaking directly to the patient.

3.7   Encourage the caller to write down any instructions and advice given.

3.8   Have the caller repeat any instructions given back to you to assess their understanding of what you have said.

3.9 Ensure you obtain the callers consent prior to placing them on hold in case the call is an emergency.

3.10 Telephones are to be switched to night mode at the end of the session/day

4. Call on hold

4.1 Obtain adequate information from the patient to assess whether the call is an emergency before placing the call on hold.

4.2 If another incoming call registers and no other staff members are available to take it, ask to put caller on hold or seek to terminate the call and ring caller back after first taking their number.

4.3 Do not leave the caller on hold for long periods. Return to reassure caller that we haven't forgotten them and thank them for waiting.

4.4 Practice "on hold" message to provides advice to call 000 in case of an emergency.

5. Outgoing Call

5.1 Identify where you are calling from and your name

5.2 Conduct three-point check to ensure you are speaking to the correct person

5.3 Identify purpose of call

5.4 Close call asking if there are any other requirements from the patient

6. Electronic Messaging

6.1 ARGUS / HEALTHLINK

6.1..1 The practices preferred method of correspondence is secure electronic correspondence and wherever possible, documents will be sent or received securely using secure messaging or encrypted email

6.1..2 Outgoing electronic referrals from AMC are transmitted via Healthlink.

6.1..3 Errors are to be directed to admin inbox and Records or AMCIT investigates and resolves

6.2 EMAIL

6.2..1 Patients and other health providers can communicate with AMC via administration@angastonmedical.com.au

6.2..2 Email correspondence is to be responded to within 48 hours

6.2..3   Clinical information is not to be disseminated via email unless a signed consent form is received by the patient (Authority to release Medical Information via email form). This consent form is to be saved in the patient's file and correspondence is to be recorded in patient notes in patient file.

6.2..4   Clinical information can be sent direct to a patient's e-mail address with verbal e-mail consent when the e-mail content is pin protected.

6.2..5   Health providers providing medical records or requesting medical records via email are to be notified to fax or send via registered post, unless encrypted.

6.2..6   All received emails containing clinical information are saved into patients clinical record.

7.   **Fax**

7.1   Patients and other health providers can communicate with AMC via fax

7.2   Clinical information can be disseminated via fax

8.   **Mail**

8.1   Patients and other health providers can communicate with AMC via mail

8.2   Clinical information can be disseminated via registered mail.

- Refer to Clinical – Medical Records Policy

9.   **SMS**

9.1   Patients can be contacted via SMS if they have documented consent in their file. SMS is to be used in the following circumstances:

- Appointment reminders or changes
- When the patient needs to make an appointment to review a test
- Providing feedback on test results not of a sensitive nature
- Preventative screening reminders
- E-prescribing
- During pandemics: Notifying patients if they can enter the building

If SMS is used in other circumstances, it must be used with care and express consent.

Examples

- Abnormal results – ie "specimen confirms infection please start antibiotics as discussed"
- Communication between doctors ie GP sends SMS to specialists for advice. In this situation the GP must document the patients express consent in the clinical record and that the phone number has been checked
- SMS must NOT contain sensitive clinical information ie HIV or STD
- SMS content which is not automatically captured in Practice Management Software must be included in clinical record
- No SMS communication should occur with patients via staff private phones

10. **Hearing Impaired and Interpreter Services**

10.1   Patients requiring hearing impaired and interpreter services are to have an alert on file indicating the service required

10.2   Refer to Communication - Interpreter and other communication Policy

SUPPORTING DOCUMENTATION

- RACGP 5th edition Standards
- General appointment scripting
- Authority to release medical information via email document

RELATED POLICIES

- Access – Appointment and Triage
- Access - New Patient Policy and information
- Clinical - Results Protocol Policy
- Clinical – Medical Record