



Mermaid Family Practice Communication Policy Telephone communication

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.

Mermaid Family Practice prides itself 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 via the internal messaging system. Only a member of the medical or clinical team can provide treatment or advice over the telephone.

Patients are advised through information contained on our website and from the practice team member receiving the call, if a fee will be incurred for the telephone advice to be provided. All members of the practice team are familiar with each medical and clinical team's policy of receiving and/or returning telephone calls. 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.

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 "Mermaid Family Practice and Skin clinic, 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 Policy & Procedure Manual Section 5.2 – Appointments
- ● If the call is assessed as an emergency or urgent query, refer to the steps outlined in Policy & Procedure Manual Section 5.9 – Medical emergencies and urgent queries
- ● If the caller requests to speak with a specific general practitioner, refer to the general practitioner's policy on receiving and returning telephone calls
- ● 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 medical file entry or internal message saved to patient file, 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.
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- ● Electronic communication including email Our practice is mindful that even if patients have provided electronic contact details, they may not be proficient in communicating via electronic means and patient consent needs to be obtained before engaging in electronic communication. Electronic communication includes email, facsimile and Short Message Service (SMS). Communication with patients via electronic means is conducted with appropriate regard to privacy. Our practice's primary reason for communicating electronically to patients is to issue appointment reminders and we verify the correct contact details of the patient at the time of the appointment being made. Whilst not encouraged, our practice allows patients an opportunity to obtain advice or information related to their care by electronic means, but only where the general practitioner determines that a face-to-face consultation is unnecessary and that communication by electronic means is suitable. Our practice will only provide information that is of a general, non-urgent nature and will not initiate electronic communication (other than SMS appointment reminders) with patients. Any electronic communication received from patients is also used as a method to verify the contact details we have recorded on file are correct and up-to-date. Communication with patients via electronic means is conducted with appropriate regard to privacy. Before obtaining and documenting the patient's consent, patients are fully informed of the risks associated with electronic communication in that the information could be intercepted or read by someone other than the intended recipient. Our practice also has an automatic email response system set up so that whenever an email is received into the practice, the sender receives an automated message reinforcing information regarding these risks. When an email message is

sent or received in the course of a person's duties, that message is a business communication and therefore constitutes an official record. Patients are informed of any costs to be incurred as a result of the electronic advice or information being provided, and all electronic contact with patients is recorded in their health record. All members of the practice team are made aware of our policy regarding electronic communication with patients during induction, and are reminded of this policy on an ongoing basis. They are made aware that electronic communications could be forwarded, intercepted, printed and stored by others. Each member of the practice team holds full accountability for emails, and internal messages sent in their name or held in their mailbox, and they are expected to utilise this communication tool in an acceptable manner. This includes, but is not limited to:

- ● Limiting the exchange of personal messages
- ● Refraining from responding to unsolicited or unwanted emails
- ● Deleting hoaxes or chain emails
- ● Email attachments from unknown senders are not to be opened
- ● Virus checking all email attachments
- ● Maintaining appropriate language within electronic communications
- ● Ensuring any personal opinions are clearly indicated as such, and
- ● Confidential information (e.g. patient information) must be encrypted. Our practice reserves the right to check an individual's email accounts as a precaution to fraud, viruses, workplace harassment or breaches of confidence by members of the practice team. Inappropriate use of the email facility will be fully investigated and may be grounds for dismissal. The practice uses an email disclaimer notice on outgoing emails that are affiliated with the practice stating; "The email is intended for the exclusive use of the person, firm, or corporation to which it is addressed and may contain information that is privileged or confidential. If the reader of the email is not the intended recipient, you are hereby notified that any disclosure or copy of this email transmission is prohibited, and the contents must be kept confidential. If you have received this transmission in error, kindly notify this practice immediately by telephone and destroy the original."