

# Electronic Communication policy

## Telephone calls, Emails and SMS – For patients

### SMS

Our patients will be given the option of being contacted by electronic means such as via email and/or SMS.

It is acknowledged by the practice that consent is implied if the patient initiates electronic communication with the practice.

The signed consent on the registration form will be scanned and recorded in the patient electronic record and their response recorded on the practice software.

The consent form will state that the practice may use this mode of communication:

- to send reminders for a scheduled appointment.
- when the patient needs to make an appointment to review a test result.
- as a reminder that a generic preventative screening test (for example, flu vaccine, skin-check, cervical screening) is due.

Further information will state that the practice:

- cannot guarantee confidentiality of information transferred via email (if using encryption, please state how your encryption works).
- will comply with the Australian Privacy Principles and the Privacy Act 1988.
- communications will not contain sensitive information, due to the risk of confidential information being accessed inadvertently or intentionally by a third party.
- communications will not contain results that only the general practitioner should be divulging in a follow-up appointment, i.e. abnormal results, education concerning a new diagnosis, etc.
- communication will not entail promotion of any product and/or preventative health care (as some patients can interpret this as an advertisement)
- When recalling a patient for a test result, the extent to which patients are followed up will depend on the level of urgency and the clinical significance of their test results. If the patient has not responded to the SMS in 3 working days, then registered mail letter is sent
- SMS between the practice and the patient will form part of the medical record and need to be included, as must any actions taken in response to the message. Our medical software records SMS records and we document when an email is sent

### Email

- emails will be answered within 24 business hours (also included in the automatic email response).
- patients should not use email to contact the practice in an emergency (*also included in the automatic email response*).

Our practice email account for patients and stakeholders for non-urgent communication with our practice is **reception@womenshealthhub.com.au**

This email account will be routinely checked throughout the business day by the reception staff member working that day

- at the start of business
- midday
- one hour before end of business

The email message will then be forwarded to the appropriate team member for response. Communication conducted with a patient via electronic means will be added to the patient's medical record by the team member resolving the enquiry.

- Emails between the practice and the patient will form part of the medical record and need to be included, as well as any actions taken in response to the message. Women's Health Hub will document when an email is received and sent.

## **Return calls**

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

Staff are aware of alternative modes of communication used by patients with a disability or language barrier. (See *"Non-English-speaking background patients"*).

Staff are mindful of confidentiality and respect the patients right to privacy. Patient's names are not openly stated over the telephone within earshot of other patients or visitors.

This 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.

It is important for patients telephoning our practice to have the urgency of their needs determined promptly. Staff are to obtain adequate information from the patient to assess whether the call is an emergency before placing the call on hold.

Staff are trained initially, and on an ongoing basis, to recognise urgent medical matters and the procedures for obtaining urgent medical attention. Reception staff have been informed of when calls should be put through to nursing or medical staff for clarification.

Staff are aware of each doctor's policy on accepting or returning calls.

Patients at our practice are able to access a doctor by telephone to discuss their clinical care.

Messages taken for later follow-up are documented for the doctor's action and attention through intramial.

Administration staff does not give treatment or advice over the telephone, unless having been instructed to do so by a doctor.

Results of tests are not given out over the phone

A phone answering message is maintained and activated to advise patients of how to access medical care outside normal opening hours.

### **Procedure**

- *Pick up the receiver within three rings and state: Good morning/afternoon, Women's Health Hub, this is ..... how may I help you"?*
- If on another line, ask the caller if they would mind holding for a minute while you answer another call.
- When answering the second call ascertain that it is **not urgent** then ask them to wait and return to the first caller.
- Under **no** circumstances should the second caller be asked to hold the line without discussion as the matter may be urgent.
- A problem deemed by the patient, or an apprehensive parent to be urgent should always be seen the same day if assessed to be reasonable. Chest pain, asthma or breathing difficulties, abdominal pain, earache, migraine, stroke or mini stroke, vomiting/diarrhoea in small children are all examples of problems that cannot be left to the next day. If in doubt always consult with a Registered Nurse or a doctor.
- **Never** advise a patient to ring an ambulance, go to another doctor or emergency medicine department without speaking to a doctor in this practice first.
- Do not leave any caller on hold for long periods, return to the call and reassure them that you have not forgotten them.
- If a call involves seeking information that is not readily to hand offer to ring the caller back, this will alleviate the patient's anxiety and prevent engaging the telephone lines for long periods of time.
- All telephone messages including requests for prescriptions should record the patient's name, date and time of request and who took the call.
- If the call is about pathology or imaging results always pass this call onto the Nurse.
- Follow individual doctor's policies regarding receiving and returning telephone calls.
- Document all significant telephone contact including after-hours contacts with the name and contact number of the person calling, the date and time of the call, important facts concerning the patient's condition, the advice or information given to the patient and details of any follow up calls or appointments offered to the patient.