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## Communication Policy: 5th edition standards

Our practice manages communications from patients

### Purpose:

Effective communication with patients via telephone and electronic communication (eg emails and text messages) ensures that:

- patients can contact the practice when they need to
- patients can make appointments and receive other information in a timely fashion
- urgent enquiries are dealt with in a timely and medically appropriate way

### Telephone:

#### Policy:

An incoming telephone call is the principle 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 all others.

Our aim is to facilitate optimal communication opportunities with our patients. General Practitioners and staff members are aware of alternative modes of communication used by patients with a disability or a language barrier.

Our reception staff confirm the identity of each patient on a telephone call. To do this, they must obtain at least three of the following approved patient identifiers (items of information that are accepted for use to identify a patient):

- Family name and given names
- Date of birth
- Gender (as identified by the patient)
- Address
- Patient health record number, where it exists
- Individual Healthcare Identifier

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

Courtesy should be shown to all callers and allow them to be heard. Every call should be considered important.



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Staff members are mindful of confidentiality and respect the patient's right to privacy. Patient 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 should try to obtain adequate information from the patient to assess whether the call is an emergency before placing the call on hold. Staff members have been trained initially, and on an ongoing basis, to recognise urgent medical matters and the procedures for obtaining urgent medical attention. Reception staff members have been informed of when to put telephone calls through to the nursing and medical staff for clarification.

Patients of our practice are able to access a doctor by telephone to discuss their clinical care. When telephone (or electronic) communication is received, it is important to determine the urgency and nature of the information. Staff members are aware of each doctor's policy on accepting or returning calls. In non urgent situations patient calls need not interrupt consultations with other patients but it is necessary to ensure the information is given to the person in a timely manner.

Patient messages taken for subsequent follow-up by a doctor or other staff member are documented for their attention and action, or in their absence to the designated person who is responsible for that absent team member's workload. Staff inserts the details of all calls and telephone conversations assessed to be significant in the secure messaging system within Best Practice software.

The doctor needs to determine if advice can be given on the phone or if a face to face consultation is necessary, being mindful of clinical safety and patient confidentiality. Patients are advised if a fee will be incurred for phone advice. Non-medical staff do not give treatment or advice over the telephone. Results of tests are not given out, unless cleared with the doctor.

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.

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.



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Staff are aware of alternative modes of communication that may be used by patients with a disability or special needs.

Important or clinically significant communications with or about patients are noted in the patients health record. We have provisions for Doctors to be contacted after hours for life threatening or urgent matters or results.

All electronic communication or telephone messages are returned confirming receipt of the message and if possible any actions taken to convey or respond to the message.

Patients of our practice are able to obtain timely advice or information related to their clinical care by telephone and electronic means (where in use) where a GP determines that this is clinically safe and that a face-to-face consultation is unnecessary for that patient.

To facilitate continuity of care patients are able to access the GP via telephone or electronic means to discuss their medical care when a consultation is not deemed clinically necessary.

GPs and other clinical staff need to allocate time to return telephone calls and other electronic communications during the day, and where 'clinically significant' information is discussed, a note is made in the patient's health record.

To ensure effective patient telephone contact, reception staff follow the following procedures:

- Ask callers for their permission before placing them on hold in case of an emergency
- To identify situations where it is appropriate to transfer telephone calls to GPs or other clinical staff
- To identify situations where it is appropriate to interrupt patient consultations

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:

- National Relay Service (NRS)
- Translator and Interpreter Service (TIS)

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

## **Incoming Call**

### **[Link to Process](#)**

- Pick up receiver within 3 rings and state, Good morning/afternoon/evening, this is (*\*say your name*), How can I help you?



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- If the caller has not identified themselves – ask their name.
- If the call is for an appointment then refer to Section 5. “Appointments” procedure
- If the call is assessed as an emergency or urgent query staff should refer to the steps outlined in Section 5- “Medical Emergencies and urgent queries”
- If the caller is inquiring about pathology or imaging results do not disclose any results and refer to the Section 7 “Review and Management of Pathology Results”
- If the caller requests to speak with a specific Doctor, refer to the Doctors policy on receiving and returning phone calls. All telephone messages will be transcribed as accurately as possible into the secure F8 messaging platform on Best Practice with a return contact telephone number. The doctor will return phone calls in a timely manner taking into consideration the urgency of the message. If there is an urgent telephone message this will be dealt accordingly by the person taking the telephone call.
- 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.
- Never attempt to diagnose or recommend treatment over the phone.
- Encourage the caller to write down any instructions given.
- Have the caller repeat any instructions given back to you to assess their understanding of what you have said.
- Ensure you obtain the caller's consent prior to placing them on hold in case the call is an emergency.

## **Documentation of telephone calls**

All messages from patients, to patients, or about patients must be added to and become part of the patient’s health record, as must any actions taken in response to the message. The secure messaging platform on Best Practice is used to communicate all significant and important telephone conversations or electronic communications.

### **The message records:**

- The patients details exist in the patient file where the message is linked
- The date and time of the call.
- The urgent or non urgent nature of the call.
- Important facts concerning the patient’s condition.
- The advice or information received from the doctor.
- Details of any follow up appointments.



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### **Call on Hold**

- It is important to try to obtain adequate information from the patient to assess whether the call is an emergency before placing the call on hold.
- If another incoming call registers and no other staff members are available to take it, ask to put the caller on hold or seek to terminate the call and ring the caller back after first taking their number.
- Do not leave the caller on hold for long periods. Return to reassure the caller that we haven't forgotten them and thank them for waiting.
- Whilst on hold ensure music or Practice information tapes are working and can be clearly heard.
- Where possible our practice "on hold" message provides advice to call 000 in case of an emergency.

### **Communication by electronic means**

This Practice offers a range of methods patients can communicate with us. Each method adheres to the Australian Privacy Principles (APPs), the Privacy Act 1988 and any state-specific laws. The following measures are taken before communication takes place:

- Consent is obtained from the patient before sending health information to the patient electronically (consent is implied if the patient initiates electronic communication with the practice) or through technology to undertake appointments.
- Document in patient health record the outcome of your request for consent to communicate electronically
- Check that the information is correct and that you are sending it to the correct email address, phone number, or person, before sending the information
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Methods of communication that may be used include;

- Telehealth
- Electronic (email or SMS)
- LiveChat
- National Relay Service (NRS) for hearing impaired
- Translation and Interpreter Service (TIS) for non English speaking background



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#### Telehealth:

Telehealth is a secure platform that adheres to the Australian Privacy Principles (APPs), the Privacy Act 1988 and Victorian state specific laws. It is used by doctors and nurses to consult with patients and is safe to use to discuss sensitive information. If we are unable to reach a patient for a telehealth appointment (eg the patient does not answer at their allocated appointment time, or there are technology issues that prevent connection), document any reasons the communication failed in the patient health record. 14 Standards for general practices, 5th edition

#### Secure SMS:

This Practice uses HotDoc secure messaging to communicate sensitive health information with patients regarding test results. Patients are sent a unique link embedded in the SMS to access this information.

#### MediRef:

This Practice uses a secure messaging encryption software called Medi-ref which is HIPPA compliant and also adheres to the Australian Privacy Principles (APPs), the Privacy Act 1988 and Victorian state specific laws. Medi-Ref is used to send pathology forms, referral forms and other sensitive information to patients that is generated within telehealth consultations.

#### LiveChat:

LiveChat is an instant messaging service available for the public to use on our website. This is not a secure messaging system and patients are advised that there are risks associated with this platform and that their privacy and confidentiality may be compromised and not to use this form of communication for sensitive information.

#### Email:

Patients can communicate with this practice via email however it is discouraged due to the insecure nature of email and the risk that a message may not be seen or attended to in a timely manner. To this end the Practices has set up an auto-reply for every email that contains a patient disclaimer informing patients that this email is not regularly monitored and of how long they can expect to wait for a response and that they should not use email to contact the practice in an emergency. The disclaimer also contains the standard confidentiality statement:



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*“This message is confidential and should only be used by the addressee. If you were sent this message by mistake, we apologise for any inconvenience and request that you notify the sender immediately and delete all copies of this email, together with any attachments. Any views expressed in this message are those of the individual sender.”*

### **After Hours**

- At the end of the day/session if a weekend, switch telephone service to night service.
- Telephone messages on the machine are to be updated as needed for changes to consultation hours and locum service numbers.
- Test the message to ensure it is clear and easily understood.

### **Communication back up plan:**

Communication during a crisis, emergency and disaster During a crisis, emergency or disaster, the volume of incoming telephone or electronic communication might increase. As part of the Practices emergency response plan, our Practice has the ability to distribute calls securely across our practices and support network to allow us to appropriately triage and manage communication to patients and clinical team members during this time.

### **Accessing the Internet**

The Internet is a vast computer network, comprised of individual networks and computers all around the world that communicate with each other to allow information sharing between users. It is important to adopt secure practices when accessing and using the Internet.

The Internet can be accessed by all members of staff; however, excessive use of the Internet is not acceptable.

Staff members are encouraged to use the Internet for research activities pertaining to their role, however, should be aware that usage statistics are recorded and submitted to Management as required.

Staff members have full accountability for Internet sites accessed on their workstations, and are expected to utilise this tool in an acceptable manner.

This includes (but is not limited to):



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- limiting personal use of the Internet
- accessing ONLY reputable sites and subject matter
- verifying any information taken off the Internet for business purposes prior to use
- not downloading any unnecessary or suspect information
- being aware of any potential security risks - i.e. access / viruses
- not disclosing any confidential information via the Internet without prior permission from the practice manager - i.e. Credit Card number
- maintaining the Practices confidentiality and business ethics in any dealings across the Internet
- observing copyright restrictions relating to material accessed/downloaded.

The Practice reserves the right to check individuals Internet history as a precaution to fraud, viruses, workplace harassment or breaches of confidence by employees. Inappropriate use of the Internet facility will be fully investigated and may be grounds for dismissal.

### **The Practice Website**

In complying with the *Privacy Amendment (Private Sector) Act 2000*, our practice provides the following advice to users of our website about the collection, use and disclosure of personal information.

The aim of this advice is to inform users of this site about:

- What personal information is being collected
- Who is collecting personal information
- How personal information is being used
- Access to personal information collected on this site
- Security of personal information collected on this site.

The practice privacy policy is posted on the website and available for download.

The website is continually monitored to ensure it is kept current and up to date. It contains the minimum information required on the practice information sheet. Refer Section 5 Practice information sheet. Any changes to the practice information sheet are also reflected on the website.

If it contains any advertising the practice should include a disclaimer that the practice does not endorse any advertised services or products. Advertising must comply with the MBA Code of Conduct on advertising available at: <http://goodmedicalpractice.org.au/>.