

# Reducing Risk

*A Publication on HealthCare Risk Management from Princeton Insurance*

## *Telephone Communication*

### *Introduction*

Telephone communication is a routine, but important, component of every healthcare practice. Everyone in your office should approach telephone communications as an opportunity to provide patients with good service and to obtain important information. A patient's first and lasting impression of your practice is often from a telephone call.

Healthcare providers also must be mindful of the potential liability risks associated with telephone communication. Areas of increased telephone office liability may include allegations of failure to diagnose, delay of treatment, improper treatment, failure to follow-up, and breach of confidentiality.

Absent or improper documentation of telephone contacts and messages can negatively impact the defense of a malpractice claim. Therefore, it is essential that telephone calls be documented with the same detail as an office visit.

Have policies and procedures to enhance and monitor the quality of your practice's telephone communications with patients. All staff share in the responsibility to provide patients with courteous and efficient telephone communication.

### *Tips for Effective Telephone Communication*

1. Train all office staff in telephone etiquette, including handling an angry or dissatisfied patient. The attitude of the person who answers the telephone will set the first impression of your office.
2. A caller should always have the option of speaking with a person.
3. Try to answer the telephone by the third ring and monitor calls that are put on hold. Allow callers to speak first, and ask for and get their permission to place them on hold.
4. If your office is equipped with an automatic call distribution system, limit the menu selections to four or five at most. The first message should always be, "If this is an emergency, dial 911 or go to the emergency room immediately."
5. Conduct telephone conversations out of the hearing of patients to protect the caller's privacy.
6. Obtain the caller's phone number and confirm identifying patient information.
7. When a return call is required, ask the caller what time he or she will be available, and give an approximate time for the return call. Then, make return calls as promised. This conveys a message to patients that you care and are respectful of their time and concerns.
8. Develop a Telephone Advice Protocol Manual for nursing and other staff authorized to give telephone advice that addresses areas such as handling routine questions and doing telephone assessments and triage. Monitor staff compliance with the protocol.

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9. Instruct staff to consult a physician or other designated clinician whenever they have concerns or questions regarding their telephone assessment or advice. Respond promptly and positively when staff seek guidance.
10. Appointment books should be written in black or blue ink. Entries should never be erased or obliterated with erasure fluid. When making a change, simply mark a line through the information already entered and record the change below. Keep old appointment books and telephone logs for as long as you maintain medical records.
11. Develop a policy and procedures for handling phoned-in lab reports that include how “panic values” are to be relayed to the physician.
12. The practitioner who orders a test should be the person who calls the patient to communicate sensitive results.
13. To reduce the chance of miscommunication when calling in a prescription or giving treatment instructions, ask the person with whom you are speaking to repeat what you said.
14. Protocols for handling requests for prescription refills should include review of the patient’s chart, physician/prescriber approval, and documentation in the chart of the request and refill.
15. Document every telephone communication with a patient or family member, including date, time, complaint, and advice/prescription given. Also document all telephone calls with other providers. Consider use of duplicate telephone message pads, and maintain one copy chronologically in the patient’s medical record.
16. Date and document the medical record when you call a patient and must leave a message with a family member or on a recording device, or if there is no answer.
17. Install additional phone lines if all lines are frequently in use or chronically busy.
18. Use a reliable answering service during off-hours. Place test calls regularly to assess the quality of the service. Provide the service with an emergency number in the event that the physician on call cannot be reached.
19. If you do not use an answering service, have a process in place to promptly retrieve and respond to off-hours calls.
20. Consider keeping a log of categories of calls received such as scheduling, prescription refills, test results, etc., as an aid to identifying trends for revision or improvement in your system for telephone communication.

## *Conclusion*

Healthcare providers and their office staff all share in the responsibility to create and maintain effective telephone communications with patients. Attention to these suggested guidelines will help create a positive perception of your office and may reduce potential liabilities associated with your telephone communications.

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