

Electronic

Our practice conducts appropriate patient authorised contacts by electronic means for the health management purposes.

Form of electronic communication used:

- SMS
- Email

The health management purposes include:

Patient authorisation for SMS contact requires:

- Patient signature in the appropriate section of our New Patient Registration form (scanned to patient file) or electronic via HotDoc
- Confirmation of mobile number at each visit.
- The message not to include sensitive health information (e.g pathology results).
- The message to include practice name and how to contact the practice (e.g Bannockburn Surgery, Ph 5281 1481).
- Inclusion of the message in the patient's record.

Considerations when using SMS reminder systems:

- The SMS reminder to the patient is recorded in the patient file
- The practice sees a record of the patient SMS reminders sent
- There is a register accessible by the practice to view the patient responses to the SMS reminders
- The practice is able to identify a SMS reminder sent to a patient for a flagged recall or reminder and the response from the patient in order to ensure appropriate action to nil or no responses by the patient.
- Understand what the SMS software does when the patient provides a nil or no response - what is the appointment automatically cancelled? is there a record in the patient file of the nil or no response? how is a flagged recall or reminder managed?

Electronic Communication Confidentiality

Communication with patients via SMS must be conducted with appropriate regard to the privacy and confidentiality of the patient's health information.

Patient appointment reminders and recalls only sent via SMS after consent is gained from the patients.

The practice provides the team with regular updates and training on privacy and confidentiality, as well as part of the new staff induction program.

Ongoing education and training on confidentiality must be provided to all staff and be included in the new staff induction program. These issues are addressed in Induction of new staff members.

Patient Contact

Helpful Resources:

- Avant Learning Centre Fact Sheet - [Recommendations when using SMS messaging](#)

Email can be used by a practice to transmit information outside the practice.

Ideally communication should be via secure messaging or encryption but this is generally not possible when emailing patients.

The practice has an obligation to take reasonable steps to protect the privacy and security of information it holds including when it is transmitted or disclosed outside the organisation.

The practice follows the RACGP recommendations to reduce the risk of interception of data and sending emails to incorrect addresses, including:

- use of passwords for sensitive information
- verification of the patient's email address
- obtaining patient consent
- use of secure messaging facilities between practices where available

Request for information to be sent via email

If a patient requests information to be sent by email, the practice:

1. Explains to the patient that email is not a secure form of communication
2. Seeks the patient's consent to use email and asks the patient to provide the email address they would like the practice to use (in the same way the practice asks for a contact phone number)

The practice should document the patient consent and maintain a record of information sent via email to the patient

Due to the ever-changing climate, there is the need for electronic contact with patients (Certificates, referrals, prescriptions, etc.). The reception staff will be given directive to email patient (Practitioner will gain patients consent and manager to confirm email address), reception staff will email recipient to 'PLEASE CONFIRM'.

For example:

Please confirm this email address for documents by replying the **patients**:

Full name

Address

DOB

Once patient has replied and "CONFIRMED" the document is deidentified and sent as "PRIVATE & CONFIDENTIAL"

No documents will be sent unless all 3 identifiers are confirmed by the patient first. This is to reduce the risk of inadvertently sending Private information to incorrect email addresses.

The refusal by patients to provide this information will result in documents unable to be emailed. Patients may be offered to have these documents posted.

Telephone

Receptionists are the first point of contact for patients. How they deal with phone enquiries forms an important part of a patient's impression of our practice, and our quality of care. It is important to keep reception staff up to date with our [Triage Support Guide](#), to ensure they correctly assess each patient's needs and concerns.

Receptionists must never offer medical advice to anyone unless specifically directed to do so by one of the doctors.

At all times, we must treat our patients with care, consideration and dignity. When patients need to see a doctor, they are usually sick or stressed in some way, so they may be difficult to get on with. Be considerate and helpful. Listen carefully to what they say and show you empathise with them.

In matters where a consultation is not considered clinically necessary, our practice may provide patients with access to a GP via telephone or electronic means to discuss their medical care.

When relaying medical information via a doctor to a patient, the receptionist is to only repeat exactly what the doctor has said. If the patient continues to ask questions the receptionist is not trained to answer, they must transfer the call to the nurse, who can arrange for the doctor to call back at a suitable time. **All emergencies must be dealt with immediately**

Patient follow up is important for continuity of care, so set time aside each day for doctors and other clinical staff to return phone calls. If staff discuss 'clinically significant' information with patients by telephone or electronically, they are to record the details in the patient's health record.

NOTE: As per the RACGP Glossary 'Clinical significance' - A way of referring to an assessment of: • the probability that a patient will be harmed if they do not receive further medical advice, treatment or other diagnostics • the likely seriousness of the harm. [RACGP - Standard 5th Edition for General Practice \(Page 168\)](#)

Effective handling of patient phone calls is an important part of our service provision. To facilitate this, reception staff are to be trained in these practices:

- Always gain permission from callers before placing them on hold. This gives the caller a chance to say if they have an emergency situation.
- Rate the urgency of a call and when it is necessary to transfer calls to GPs or other clinical staff.
- Know each doctor's preference on returning patient phone calls and communicate this to the patient, if appropriate
- Identify situations where it is necessary to interrupt patient consultations to put a phone call through to a doctor.

Clear communication is critical to providing optimal healthcare. For hearing impaired or non-English speaking background (NESB) patients, our practice may engage the following services:

- [National Relay Service](#) (NRS) for deaf and hearing impaired patients
- [Translation and Interpreter Service](#) (TIS) for NESB patients.

Patient Contact

Our **Interpreter services** section has further guidelines on situations where staff, or a patient's family or friends may translate for them.

Privacy and Confidentiality Considerations in Telephone Contact

Always be mindful of a patient's right to privacy and confidentiality, especially in regard to their personal and health information. When these details are required to be discussed or collected over the phone, ensure the call is taken somewhere that other patients and people cannot hear the conversation.

Sometimes, a person will call, enquiring if a family member or friend is currently at our practice, or if they have been. We must advise them that, due to our practice's strict privacy and confidentiality policy we cannot disclose that information. If the caller persists, we advise them we will take a message for a GP to return their call as soon as possible.

As well as forming part of our practice's staff induction, we provide ongoing training in [privacy and confidentiality](#) practices when communicating with, and relaying health information to, patients by phone. Our **Induction of New Staff Members** section covers this in more detail.

Telephone enquiries are an important part of your role. Our standard procedure is as follows:

- Answer within 2-3 rings
- Speak clearly and precisely with a smile in your voice
- Think about what you are saying and mean it
- Address the caller by his/her name
- If placing the caller on hold, always ask whether their call is urgent, wait for the answer and if urgent continue with the call, or place on hold
- Once resuming the on-hold call, thank the caller for holding and continue with the call.

It is expected that the telephone answering protocol will be followed exactly.

In our practice, the procedure for GPs and clinical staff returning telephone calls is to schedule them between patients, during breaks or at the end of the day, at the doctors' discretion. We maintain our patients' privacy and confidentiality in telephone communication by:

- Not disclosing personal health information to anyone other than the patient. If an outside query is pursued we refer the call to one of our GPs.