

Self-Administered Liability Risk Assessment Tool

Telephone Communications

This survey tool is designed to help you to identify potential liability exposures which exist within your practice, and to educate your staff about systems that can minimize and limit risk.

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| 1. Is telephone access represented by a sufficient number of lines into my office? | Yes | No |
| 2. Are patient complaints frequently received about busy telephone lines? | Yes | No |
| 3. Does my receptionist make a good impression on the telephone? | Yes | No |
| 4. Do all members of my staff make a good impression on the telephone? | Yes | No |
| 5. Do staff members identify themselves when responding to a telephone call? | Yes | No |
| 6. Is the patient asked his/her permission prior to being placed on hold? | Yes | No |
| 7. Are staff telephone conversations conducted out of the hearing of patients? | Yes | No |
| 8. Is an individual assigned to triage telephone calls? | Yes | No |
| 9. If yes, are written triage protocols available to guide the individual? | Yes | No |
| 10. Is a specific time set aside in your schedule for the return of telephone calls? | Yes | No |
| 11. Are callers advised when they may expect a return call? | Yes | No |
| 12. Do you feel you are able to return calls in a timely manner? | Yes | No |
| 13. Is the original telephone message entered in the patient's medical record? | Yes | No |
| 14. Do you use an office telephone message log which provides duplicate copies? | Yes | No |
| 15. Is an answering service available to respond to calls received after office hours? | Yes | No |
| 16. Do you have a protocol for handling a message from a patient who asks to discuss a condition with the physician? | Yes | No |
| 17. Do you accept calls promptly when requested to do so by your staff? | Yes | No |
| 18. Do you verify all telephone prescription renewals? | Yes | No |

Please turn to the following pages for tips on telephone communication practices.

Telephone Communication Tips to Promote the Physician-Patient Relationship

Telephone communications and access to the practice may influence and shape the patients' perception of service. Health care providers and staff members must continue to recognize telephone communications as a source of important clinical information and an opportunity to promote the physician-patient relationship.

1. Consider the basis of your response. Is it based on staffing constraints or financial considerations? Most practitioners recognize and accept Monday morning as the busiest telephone time, and many physicians implement control measures, such as reassigning staff duties, addressing this time in a patient brochure, and asking patients to call at other times to provide the physician with health status information.
2. Many practices experience a large number of dissatisfied patients because patients are not able to access their provider with ease and promptness. This can result in a loss of patients to the practice. The telephone company may assist you by providing a survey to evaluate the adequacy of your telephone service. A minimum of two incoming lines generally are required for a solo practitioner. Some physicians report that they are unable to staff additional telephone lines. Brainstorming among staff members and reviewing your patient management systems may provide solutions to telephone management problems. Consider: Do you ask patients to call for test results? Do you provide patients with an office practice brochure that describes your management systems? One approach that can lead to a solution is to keep a log of the types of calls received as a tool to identify problem areas.
3. A patient's initial contact with your office is frequently a telephone call to your practice answered by a receptionist. This first interaction leaves a lasting impression; your receptionist is your customer service representative, just as with other businesses. Consider enrolling staff members in training classes to polish their telephone skills.
4. Each staff member plays a vital role and is key in establishing and maintaining a telephone environment that fosters effective communication with your patients. Staff attention to the principles of telephone management ensures that a favorable impression is made on each caller. Consider developing guidelines that outline telephone management and help reduce potential loss exposures. Address the handling of urgent problems, scheduling difficulties or unexpected visits.
5. Staff members should identify the practice and themselves when responding to a telephone call. This implies that he/she is a responsible person, and assists in gaining the confidence of the caller. If the caller needs to call back related to the conversation, the caller can then refer to the person with whom he/she spoke.
6. Avoid routinely placing a patient on hold or interrupting to take another call. When it is necessary to place a caller on hold, ask the caller's permission and wait for his/her response. When a caller is placed on an extended hold, periodically reestablish contact and acknowledge that you are aware that he/she has been on hold. Always address the caller by name and thank them for waiting.
7. Conduct telephone conversations out of the hearing of other patients. Awareness that conversations can be overheard is the first step. Seek opinions from your staff as to how to avoid conversations from being overheard. Staff members develop a false sense of privacy when they consider a receptionist's window as a soundproof barrier. Often chairs placed close to the window allow occupants to overhear sensitive information. Consider playing a radio in the waiting room or using a sound system to alleviate this situation.

8. Designated staff members should be trained in telephone triage and authorized to interrupt the physician when they deem it necessary, or per written guidelines. Allocating time for returning patient calls can reduce interruptions, and ensure that patients know when they can speak with their physician. The physician who delegates the return of all patient calls to a staff member may create a window for a loss exposure and lose patients who do not want to reveal information to a staff member. The triage person should be sensitive in defining the caller's problem. Untrained or improperly trained staff may screen callers inappropriately.
9. Phone triage (a process of gathering information from the patient) begins with written protocols that list questions to be asked by the triage person. The information is used to identify and assess the patient's clinical condition and guide patients to an appropriate level of care. Triage activities should be assigned to professional staff members who have clinical experience, and the physician should monitor what protocols are used and how messages are relayed.
10. Consider allocating a block of time in your schedule for the return of telephone calls. Staff should ask when the patient will be available, and advise patients when to expect a return call. Often a physician's time is spent unproductively when a caller is not available to receive the physician's call-back.
11. Consider advising patients when they may expect a return phone call, and from whom, as a means to promote continuity of patient care and satisfaction.
12. The lack of a courteous response within a reasonable time can frustrate a caller, and a dissatisfied caller may leave your practice. This type of patient is more apt to file a lawsuit. Consider strategies that can be implemented to permit a timely response, remembering that the patient's perception of reality is seldom that of the physician.
13. Notes of significant telephone conversations need to be documented in chronological order in the progress notes of a patient's medical record. Gaps in the patient's medical record from the failure to document telephone calls contribute to a record which may prove difficult to defend in the event of allegations from a patient that they received inadequate advice or follow-up. Attaching the original telephone message to the progress notes of a medical record is a time saver, and limits the opportunity for error.
14. The use of a duplicate telephone message pad reduces the incidence of lost or misplaced telephone messages. Consider documenting your response on the message form and enter the form in the medical record in chronological order. Telephone message logs should be retained as long as you retain medical records.
15. When utilizing an answering service, visit the office and meet with the staff. Review their procedures for handling your calls. Provide the service with written protocols for handling patient calls, and an emergency procedure if, for any reason, you cannot be contacted. Require a call report from the service in order to compare billing and message discrepancies. Periodically evaluate the service for courtesy, timeliness and accuracy through the use of a phantom caller.
16. A patient's inability to speak with a physician to report significant symptoms has resulted in lawsuits. The triage person should have written guidelines to screen calls, be able to gauge the seriousness of a situation and clearly communicate this judgment to the physician.
17. A physician should have a staff well-trained in telephone management, and he/she should quickly respond to a caller when asked by his/her staff. The physician should instruct the triage person to inform the physician when a patient needs special attention.

18. Prohibiting staff from renewing prescriptions without the physician's approval ensures patient safety and adheres to the law. It is appropriate to address this subject with a written policy. A written policy and procedure should be in place to guide clinical staff members.



PLEASE NOTE: *These self assessments are educational only, intended to suggest steps that health care practitioners may take in connection with their ongoing efforts to promote patient safety and prevent medical injury. These recommendations are, however, subject to the professional judgment of the physician and other qualified professional personnel, who have the ultimate authority and responsibility in all matters of patient care. Medical Mutual Insurance Company of Maine does not warrant or represent that the practices it recommends reflect the prevailing standard of care, or that they will be found to comply with federal, state or local laws, regulations or other legal requirements.*



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