

Good Samaritan Health & Wellness Center
Policies and Procedures

Subject:	Phone Messages	Policy #:	5.27
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5.27 Timely Clinical Advice by Telephone

OBJECTIVE:

Good Samaritan has a written process and defined standards for providing access to clinical advice and continuity of medical record information at all times, and regularly assesses its performance on providing and documenting timely clinical advice by telephone.

PROCESS/PROCEDURE:

Policy

It is the policy of Good Samaritan that patients have access to interactive clinical advice by telephone that is culturally and linguistically appropriate during and after office hours.

It is the policy of Good Samaritan that patients can seek and receive interactive (i.e., questions are answered by a person, rather than by a recorded message) clinical advice by telephone when the office is open *or* closed.

It is the policy of Good Samaritan that all calls are returned in the designated timeframe as defined and periodically assessed by Good Samaritan to meet the clinical needs and preference of patients, families and caregivers.

It is the policy of Good Samaritan that clinical advice by telephone is communicated only to patients who are established with Good Samaritan.

It is the policy of Good Samaritan that telephone communications are performed and documented in a manner that is consistent with medical and legal prudence.

Procedure

Telephone calls are received from patients. If the patient is experiencing an emergency, the patient is instructed to immediately proceed to the nearest emergency department (ED). The instructions provided to the patient, family or caregiver are documented in the patient's medical record.

The operator requests the patient's name and identification (e.g., date of birth), as well as that of the caller, if different. If the nurse is available, the patient or caller is transferred to the nurse immediately. If the nurse is not available, callers are asked for their message and two callback numbers.

The responsible medical assistant is a skilled, trained clinician with expertise in determining if the patient's condition and needs are emergent, acute/urgent or routine based on the information provided by the patient. The medical assistant consults with the provider, if appropriate.

The designated medical assistant is responsible for all requests for clinical advice by telephone. The goal is to have messages checked every 30-60 minutes. The interactive communication between the medical assistant and the patient (not a recorded message) are handled by the medical assistant, with consultation by the provider. Patient messages are responded to by telephone. The messages will be responded to during a dedicated time at the end of each half-day session, with the exception of emergent the issues which will be handled immediately. Phone messages are recorded in ECW in the patient's medical record. When a message is reviewed, the date, time, and message are recorded in the 'T' jelly bean. Click on the 'T' jelly bean, then click on New, then click on Telephone encounter, select the patient, click on "action taken," and then chose "message" and record all the details.

After 4:00 p.m., non-emergent telephone calls will be responded to by, at the latest, 9:00 a.m., on the following business day.

After normal business hours, callers will receive information about accessing the on-call provider so that timely clinical advice can be provided to patients, families and caregivers.

As with any form of patient communication and documentation, unprofessional remarks or comments in telephone communications are prohibited. Confidentiality of patient information is maintained at all times to safeguard the integrity of protected health information (PHI).

Good Samaritan coordinates with a contracted answering service for efficient telephone processing of patient calls after the normal operating hours. The answering service is available from 5:00 p.m. to 7:30 a.m.

Quality Control

Good Samaritan monitors the policy and procedure in the following manner:

- Comprehensive review of 10 communications, per medical assistant, by the Chief Medical Officer, per annum. The appropriateness of the clinical advice, as well as the communication, is evaluated by review of electronic medical records. All findings are reported to the MA, and the summary of results is documented in his or her personnel file.
- Monthly monitoring of average and maximum turnaround time of callbacks to be reported at each weekly staff and provider meetings, as compared to the standards as defined by the Practice. If the data reveal that the standards established by Good Samaritan are not achieved three weeks in a row, a special meeting of the Administration is held to discuss access improvement.
- Monthly monitoring of the percentage of patients with clinical advice documented in the patients' medical record. The numerator is the number of patients with clinical advice via telephone documented in the medical record; the denominator is the number of patients receiving clinical advice via telephone.
- Quarterly review of the patient satisfaction data specifically measuring clinical advice by telephone.