



WHO'S ANSWERING THE PHONE? WHY TELEPHONE POLICIES ARE IMPORTANT

The Medical Protective Company

Staff members who answer the telephone are a valuable asset to any medical practice. They serve as the "front line" of communication and make an important first impression on behalf of the practice and its doctors. They may also be the first to identify a patient who has an urgent or emergent condition — one that needs clinical assessment, advice, and perhaps even prompt intervention.

Few office receptionists have a clinical background. It is unwise to assume that they will always know the appropriate response to a patient's questions or concerns. Every medical practice should have clear guidelines that specify the level of telephone interaction that each employee may engage in with patients. Telephone conversations generally fall into categories:

- Business-related interactions — e.g., appointment scheduling and billing/insurance questions.
- Assessment of patient's clinical need (at an educational or informational level) — e.g., the patient has non-urgent questions about referral planning or compliance with a treatment plan; the patient requests a telephone discussion with the doctor; or the patient has a complaint that does not involve the need for an immediate clinical response.
- Assessment of patient's immediate clinical condition — e.g., follow up after treatment or a reminder of the need for compliance in home care; the doctor sends a direct follow-up message via designated staff.
- Clinician only — e.g., response to a patient's report of pain, clinical question, or urgent problem.

Staff may play a greater or lesser role in each of the above categories. But job descriptions and practice policies should clearly stipulate the exact degree to which non-clinical and clinical staff should participate in telephone interactions with patients.

Non-Clinical Staff

Although the entire practice benefits when non-clinical staff have some understanding of medical terms and concepts, the decision-making necessary to triage the complaints that patients might report over the telephone requires special training. Non-clinical staff should know that, in general, it is their job to forward to the physician, mid-level provider, or nurse any complaints directly related to clinical care.

Medical practices that provide education for their non-clinical staff generally include a list of patients' most frequently asked questions, along with "scripts" that staff members can use to help determine how to handle calls. Staff members who answer the phone should have a list of "hot button" conditions or statements that a patient might report or say that should automatically trigger notification to the doctor.

Patients who are advised that they should be seen at the office immediately should arrange such appointments only with approval of clinical staff — in other words, the doctor should know, at the time the appointment is being made, that the patient is coming to the office and expects to be seen for an urgent appointment.

In general, any patient who believes that he or she has a medical emergency should be referred to the local Emergency Department, with appropriate documentation and notification to the treating doctor. In general, any patient who is too ill to speak for himself or herself on the telephone also should be referred to the Emergency Department.

Clinical Staff

If non-clinical staff accept accountability for forwarding patient calls and concerns to appropriately trained clinical staff, those who have licenses/certificates are also bound to respond in a prompt fashion when receiving these notices or calls.

The American Nurses Association suggests that only registered nurses (RNs) should actually provide telephone triage. That said, in many states, licensed practical nurses (LPNs) who have been appropriately trained are also being used to assess the level of urgency from patient's telephone calls.

Regardless of whether RNs or LPNs provide such services, the practice's policies should delineate the extent to which these employees may provide healthcare advice.

Conclusion

Every practice should identify and formalize the ways in which non-clinical and clinical staff may interact with patients by phone. Job descriptions, training for new employees, in-service training for staff and non-clinical employees, written policies and procedures (that are approved by clinical staff) are urgently needed to ensure:

- Reduction of variation in the way that telephone calls are handled and referred;
- Consistency not only in employee use of the procedures, but real understanding of their necessity; and
- A common sense approach to making sure that important information gets to the individual who needs it, in a timely fashion.

This article was produced by the clinical risk management team at Medical Protective, the nation's oldest professional liability insurance company dedicated to the healthcare professions. For additional information, please contact Laura Cascella at laura.cascella@medpro.com or visit the Medical Protective website at <http://www.medpro.com/>.

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