

Alexandra Medical Centre: Communication Policy and Procedures

Current as of 14/11/2023

Purpose:

To ensure the secure and effective communication of information between the practice and patients, as well as internally, between staff members.

Policy and Procedures:

1. Telephone

- Before putting a caller on hold, reception staff must ask if the matter is an emergency.
- At least three of the following identifiers need to be confirmed before releasing information to patient by telephone
 - Family and given name
 - Date of birth
 - Gender (as identified by the patient)
 - Address
 - Patient health record number (if applicable)
 - Individual Healthcare Identifier

2. Email

- Sensitive information such as test results and patient health records and history are not to be sent electronically due to risks associated with electronic communication, unless consented to first by the patient. Consent can be obtained during a previous visit, or on a case-by-case basis before the sending of information using the identifiers mentioned in section 1.
- Less sensitive information such as medical certificates can be sent to the patient via email if consented to verbally during the consultation.
- Communications from a third party regarding a patient are to be documented in the patient's health record, with the information stored separately if required (e.g. pathology results need to be scanned into the file/doctor's inbox)

3. Patient communication documentation:

All messages from patients, to patients, and about patients are to be recorded in the patient file for record keeping purposes. These include when staff have attempted to contact (e.g. left a phone message, sent an email) or successfully contacted the patient, as well as when a patient

contacts the practice. The content of the communication is also to be documented in the patient's records (i.e. the reason for contact, the advice/information given).

This can be achieved through either the use of the intermail system within Best Practice, which after linking a message to a patient creates a record of the message in the patient's file, or documented manually as a note in the patient's file, using the corresponding staff members Best Practice login.

4. Patients who do not speak English

If a patient does not speak the primary language of Alexandra Medical Centre (English), and does not provide their own interpreter, an interpreter is to be used with the patient for effective communication. Clinical and support staff are to contact Translating Interpreter Service (TIS National - <https://www.tisnational.gov.au/>) for interpreter services.

The information regarding the need for an interpreter, the patient's preferred language and any applicable gender and cultural sensitivities are to be documented in the patient's health record. This information is to be included in any referral letters given to the patient.

If a patient has difficulty communicating in the practice's primary language, and is provided with an interpreter service but the patient declines the use of interpreter, this declining of an interpreter is to be documented in the patient's health record by the staff member in order to manage any associated risks.

5. Patients with communication impairment

If a patient has difficulty accessing the service due to communication impairment, the following strategies are to be followed:

- Ask the person about the best way to communicate if you are unsure
- Speak directly to the patient, even if they are accompanied by someone without disability
- Confirm that you have understood the reason for their visit, their symptoms and other issues, and confirm that the patient has understood the information you have given them
- Access the National Relay Service (NRS) for patients who are deaf or have a hearing or speech impairment. More information can be found at www.relayservice.com.au.

The staff are to document any information regarding the need for special communication needs in the patient's health record, including what strategies were required and implemented.

6. Culturally appropriate resources:

Culturally appropriate and linguistically specific resources are to be available to patients who require them. Translated health information can be found from The Health Translations Directory (<http://www.healthtranslations.vic.gov.au/>) and printed on demand; as the majority of the practice's patient base speaks English, and to reduce paper waste in line with the practice's sustainability goals.

Review:

These policy and procedures are to be reviewed annually by the management team (i.e. practice manager or practice owner).