

Communication: Telephone

What's the Risk?

Telephone communications are an important part of office practice, but they can also cause confusion, create delays, add to patient dissatisfaction, and contribute to or become the basis of a claim. Office staff and practitioners frequently use phones to schedule or follow up on appointments, communicate critical results, coordinate care, speak with other practitioners, call in prescriptions, and make referrals.

The telephone communication process may raise barriers that complicate the care delivery process. These barriers can range from having outdated or incorrect phone numbers on file, unclear HIPAA instructions from the patient regarding shareable information, limited access to practitioners during and after hours, and unclear or poorly enforced protocols for who can communicate what by phone.

In this modern age of cellphone communications, other factors like environmental conditions, dropped calls, and interference can also complicate communications with patients and care practitioners alike. Because our society increasingly relies on telephone communications, clinical practices such as telephone triage, telemedicine, and clinical advice given by phone require clear protocols and supervision to minimize liability.

Very often, telephone communications related to care are not documented in the patient's record, which contributes to incomplete information regarding care instructions and decisions. Documentation of care-related calls creates a record of the call and can prove extremely helpful in the event of a claim. Incomplete documentation and lack of follow-up on communications from patients creates a significant liability exposure for the practice. While claims related to telephone communications are infrequent, the liability and potential to create harm is significant based on the indemnity paid. Out of 24 Coverys claims related to telephone communications, 88% resulted in over \$7 million in indemnity paid.

Patient satisfaction and liability issues can also arise when office staff employ poor telephone etiquette or fail to escalate calls for further clinical evaluation. Beyond being a source of irritation, a patient's inability to reach their physician to communicate important information may result in a significant adverse outcome.

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When Is This Risk an Issue?

The patient's telephone experience may be the practice's greatest marketing tool. To save time, patients frequently call their doctor's office to handle care-related matters over the phone. A telephone conversation with a member of the office staff can convey important information about the interest, knowledge, professionalism, and interpersonal skills of staff members. The following section examines topics that can subject a practice to risks associated with telephone communications.

Telephone Protocols and Call Management

Telephone communications can become the focus of a claim or lead to patient dissatisfaction. Advice given over the telephone by an office staff member who is neither clinically trained nor licensed could lead to significant problems. Liability related to telephone advice might arise from the inability to accurately assess the patient or failure to advise the patient to seek appropriate medical evaluation and treatment. Inability to reach a practitioner to communicate important information may result in a significant adverse outcome.

Managing telephone calls is an important risk management strategy for the office practice. Front desk staff are usually the first point of contact for callers, making it important for them to understand how to screen, prioritize, and escalate calls when necessary. The nature of incoming calls can vary significantly in the office practice setting. Sometimes a call may be administrative and easily handled by the front desk staff; but calls related to clinical issues must always escalate to a licensed care provider for further triaging and evaluation. It is outside the scope of a nonclinical staff member to handle calls requiring clinical decision-making. Protocols help to outline clear expectations for staff handling calls. It is important for the practice to educate all staff members and practitioners on established telephone protocols and to monitor compliance.

Telephone Etiquette

Any telephone contact with a patient can create an overall impression about the practice. Appropriate telephone protocols include requirements to answer the phone promptly and courteously, allowing callers to speak before being placed on hold. Patients who feel that a staff member has been discourteous may develop a negative impression about other aspects of the practice's operations.

Also, as some patients may have limitations when speaking on the telephone related to health literacy, hearing difficulty, and limited English proficiency, sensitivity is warranted. See [Cultural and Linguistic Competence](#) and [Communication: Patients](#) for more information.

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Telephone Access

Patients rely upon telephone access to obtain appropriate clinical care. Telephone conversations allow the practice to immediately elicit the patient's concerns, responses, and questions, or to communicate important and often life-saving information. During office hours, patients expect to speak with someone who can assist with their needs. Placing patients on hold may be convenient for staff members, but frustrating to patients. If a wait time beyond two minutes is anticipated, obtain the patient's contact information and place a return call. Calls of an urgent and emergent nature must be handled in a timely manner.

Staff members should also be mindful that a patient calling the office may be fearful, worried, ashamed, anxious, upset, or angry, and that these feelings can be further compounded if the patient lacks a strong support system or anticipates a poor prognosis. A lack of sensitivity or professionalism may contribute to a negative impression of the practice, depending on how the staff member interacts with the patient. See [Communications: Patients](#) for additional details.

Voicemail Messages

The appropriate management of incoming calls from patients and other practitioners is essential to provide timely follow-up and continuity of care. Any delay in activating the emergency medical system (EMS) during an emergent or urgent medical situation may adversely impact the patient's clinical outcome. Delays in care and/or lack of a timely response may give rise to legal claims.

Voicemail messages can be helpful to a practice, but their use requires caution. Messages can be inadvertently erased through user error or malfunction before they are heard. More simply, the person who picks up the message may forget to deliver it due to distractions within the practice setting. If a practice has limited lines and the caller drops into voicemail, it becomes necessary for staff to regularly check voicemail throughout the day for any unanswered calls, especially for emergency calls. Emergent calls left on voicemail are a liability for the practice and can lead to patient harm.

Answering Service

Physician practices often post office hours or have recordings on their phone system announcing office hours. When an office is closed, phone prompts may direct patients to an answering service. Some physicians have been held vicariously liable for the negligent acts of their answering service. Answering service records can be useful to protect the practice in the event of a lawsuit.

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If the practice uses an answering service, it is important that the service retains and forwards logs of all calls by the morning of the next business day. When patients are directed to the answering service, the practice is responsible for following up to ensure the call was properly handled. Answering service logs can be used as a reference to confirm that documentation was entered in a patient's record regarding after-hours communications with the patient.

Telephone Triage and Advice

Patients often call office practices both during and after office hours requiring clinical triage and decision-making by the treating or covering practitioner. Other licensed practitioners, such as RNs and APPs, may also triage calls of a clinical nature. Without seeing the patient, telephone triage requires the ability to make decisions based on what is being communicated verbally by the patient or caller. Liability related to telephone advice might arise from the inability to accurately assess the patient or failure to advise the patient to seek appropriate medical evaluation and treatment. Furthermore, telephone advice given by an office staff member who is not clinically trained or licensed could lead to patient harm.

Confidentiality

With advanced methods of communication via answering machines, cellphones, and texting, it is important for practices to remember that confidentiality still applies. HIPAA outlines requirements for communicating protected health information. For more information on HIPAA, see **HIPAA Privacy**.

Cellphones

Cellphones rely on battery life and signals from nearby cell towers in order to operate. Consequently, cellphone conversations are subject to unexpected interference and disconnections depending on when and where the calls are made. Additionally, cellphone calls are often made outdoors and while traveling. Background noise or a poor signal can interfere, depending on the environment where the call is made. Cellphones also offer features that allow the user to record sound and capture images.

Audio and Video Recording

Cellphone technology can capture the voices and images of staff and other patients through audio and video recordings, which may breach confidentiality or invade privacy. Audio and video recordings may also be subsequently altered. Importantly, a provider who fears being recorded may be distracted from the principal purpose of the visit.

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Prescription Requests by Telephone

Patients frequently call the office to request prescriptions and refills. In turn, the practice may call a pharmacy to place a medication order. Because confusion and errors can occur during telephone contacts between the practice and pharmacy, electronic physician ordering is favored to reduce prescribing errors.

Policies and procedures are recommended for ordering prescriptions and medication refills by phone. Additionally, it is crucial that these include a verbal read back process, particularly for sound-alike medications, and that all medication orders called in to the pharmacy are documented in the patient's record. See [Medication: Safety](#) for additional details.

Telephone Call Documentation

Telephone communications can become the basis of a claim or cause patient dissatisfaction. While it may be impractical to document every phone call in the patient's record, it is essential to document telephone contacts in which important patient care-related information is relayed or advice or prescriptions are provided.

Documenting telephone encounters provides a record of the call and serves as a means of communication to ensure that practitioners are apprised of patient issues and advice given. Additionally, it demonstrates continuity of care and the rationale for recommended patient care and treatment. Incomplete documentation of the telephone communication and care provided can affect ongoing patient care.

Should a negligence allegation arise, telephone communications documentation may affect the defense of a case. For example, failure to document that a patient was referred to the emergency department could significantly decrease the ability to defend a medical professional liability claim.

Telephone Menu Prompts

The use of telephone menus and prompts may be a convenience for a busy office practice, but can be a source of confusion, frustration, and anger for patients. A patient may select the wrong prompt in order to get their call answered in the quickest way possible, making it important to consider telephone menus and prompts prior to implementation.

Technological Issues

A telephone communication system that is maintained in proper working order can minimize technological issues, such as dropped calls or the inability to transfer calls within the practice. If the practice uses a Voice over Internet Protocol (VoIP) phone system, it can interfere with

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telephone communications if internet service is interrupted. Having a contingency plan for such situations is helpful. Furthermore, because home phones and cellphones can be programmed to block unknown or unidentified callers, some patients may not accept calls from unknown numbers. Practitioners calling from unlisted numbers may find that their calls are not getting through.

How Can I Reduce Risk?

While telephone communication has many benefits for a practice, it is important to take measures to reduce associated risks. The information below provides guidance on how to address those risks.

Establish Telephone Etiquette Protocols

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| Create written standards | <ul style="list-style-type: none">• Develop and implement written standards defining how staff communicate by telephone. |
| Educate staff members | <ul style="list-style-type: none">• Educate staff members during orientation on how to manage telephone calls. Provide feedback on an ongoing basis and at the annual competency review. Ensure that the education provided is consistent with the level of response expected from the staff member. Update staff members when guidelines change. |
| Monitor staff performance | <ul style="list-style-type: none">• Observe staff members on a regular basis to ensure they are always professional and courteous when speaking with callers. |
| Stress the importance of telephone manners | <ul style="list-style-type: none">• Emphasize the importance of courteous, timely, and responsive telephone communication as a public relations tool.• Advise staff to speak slowly and listen closely to the caller. |
| Evaluate the caller's understanding | <ul style="list-style-type: none">• Assess comprehension or the need for a translator. Use plain language to avoid misunderstandings and misinterpretations. |
| Refrain from using terms of endearment or first names | <ul style="list-style-type: none">• Advise staff members to avoid using terms such as "dear" or "honey" and to address patients by their |

Establish Telephone Etiquette Protocols

Use caution with holds

appropriate title and last name, unless the patient gives permission to do otherwise.

- Greet the caller. Determine if the call is urgent or emergent. If not, request permission to place the caller on hold or offer the option for a return call within a defined time frame. For instance, offer to call the patient back if the expected hold time is greater than two minutes.

Refrain from giving serious news by phone

- Refrain from giving serious news or information that may have a negative impact on the patient over the telephone, unless the patient requests otherwise or it is unavoidable, e.g., when communicating critical results and instructing patients to seek emergency care.

Return patient calls promptly

- Return patient calls in a timely manner. Inform patients during the initial contact when they may expect a return call. If the practice uses an answering machine or service, ensure that the patient receives an expected response time.

Cellphone calls

- Be mindful when speaking to a patient by cellphone that the battery charge may be insufficient and calls can drop instantly.

Establish Telephone Management Policy

Develop a policy and procedures defining how staff members respond to calls

- Ensure that the policy identifies the types of calls that staff members can handle and the urgent/emergent calls that require immediate referral to a practitioner to determine if the caller needs to come to the office, call an ambulance, or go to an emergency room.
- Define administrative versus clinical issues and know when it is necessary to escalate the call to a practitioner. For example, it may be necessary to

Establish Telephone Management Policy

Establish call management criteria

- instruct patients to come to the office if they call about clinical issues.
- Enlist the support of practitioners to answer questions from staff members and respond to their suggestions about the type of patient information a staff member can obtain from a caller.
- Provide guidelines on the recommended information a staff member must collect from a patient to convey to the practitioner.
- Establish a backup process for when the practitioner is out of the office to ensure that appropriate support is in place for staff members managing patient questions.
- Ensure that front desk staff communicate clinical directions and lab results to patients **only** if directed by licensed practitioners.
- Ensure that the clinical advice conveyed over the telephone is provided only by licensed clinicians (RNs or advanced practice professionals) and practitioners.
- Define how to handle calls pertaining to billing, scheduling, or other situations (for example, patient complaints).
- Ensure that the policy defines urgent and emergent calls that need to be immediately referred to a practitioner.
- Ensure that the policy addresses staff education on how to prioritize calls and when calls can wait. Monitor staff to ensure compliance with the policy.
- Establish criteria that staff members may use to determine whether to escalate a call to the healthcare practitioner before advising the patient.
- Consider using a call management decision guide that includes the caller name, date, time, subject of

Establish Telephone Management Policy

the call, and action needed based on the circumstances. See [Telephone Decision Guide for Office Staff](#).

- Ensure that staff members confirm they are speaking with the patient and/or are complying with any communication preferences established by the patient. Use identifiers to confirm the identity of callers. Please see [HIPAA Privacy](#) for additional details.
 - Establish a system for managing demanding and/or irate callers. This may include attempting de-escalation techniques, putting the call through to the practitioner, or having the practitioner return the call at the earliest opportunity. See [Patient Relations](#).
 - Implement protocols for handling patient requests for diagnostic test results.
 - Ensure that staff escalate urgent and critical test results called in to the office. Notify the practitioner immediately and take appropriate action to notify the patient.
 - Implement protocols for handling telephone requests for information from attorneys, employers, insurance company representatives, or other parties. Require written requests for patient information, include a written patient authorization for information release, and comply with any HIPAA- and state-specific requirements. Please refer to [HIPAA Privacy](#) for further information.
 - Ensure that the answering service has appropriate protocols in place to identify urgent and emergent calls, and relay messages in a timely manner.
 - Ensure that the answering service maintains and shares phone logs of all calls on a timely basis.
- Establish a process for managing irate callers**
- Establish protocols for reporting diagnostic test results**
- Establish protocols for non-patient-related telephone requests**
- Establish answering service protocols**

Develop Telephone Triage Policy for Clinical Calls

Develop and implement written triage protocols

- Ensure that only designated licensed staff members respond to clinical telephone calls from patients.
- Include a component for staff education on how to prioritize calls and when calls can wait.
- Ensure that written triage protocols comply with best practice guidelines. Use established and recognized clinical telephone triage protocols that refer to algorithms or clinical decision-making trees to support decision-making when providing advice and instruction to patients.
- Ensure that protocols define which calls are urgent and emergent and need to be escalated for immediate triage by licensed staff members.
- If using published protocols, ensure that the practitioners review and designate which protocols may be used.
- Ensure that the policy provides guidance regarding referral of the caller to a practitioner when initial advice does not resolve the concern.

Define scope of practice

- Train staff members on their scope of practice. Ensure that only a registered nurse or licensed practitioner triages telephone calls and provides advice.
- Ensure that the practitioners review and designate which protocols may be used.
- Ensure that the policy specifies the scope of responsibility an RN or advanced practice professional may exercise before the call must be handed off to the treating practitioner.
 - If the practice allows RNs to recommend over-the-counter (OTC) medications, clearly specify which OTC medications may be recommended, along with the dose, route, and frequency of

Develop Telephone Triage Policy for Clinical Calls

administration for each specified OTC medication.

Document telephone triage/advice provided

- Ensure that triage policy and procedures guide staff members to check with the appropriate medical practitioner if they have any questions or concerns about how to handle calls.
- Develop a process to inform the practitioner of telephone advice that was provided. This should include practitioner sign-off of the telephone entry documented in the patient's record.
- Routinely review advice provided to patients and the documentation of patient symptoms as part of the quality improvement process. See [Physician Office Practice Telephone Triage – Quality Improvement Review – SAMPLE](#).

Maintain Patient Confidentiality

Establish confidentiality protocols

- Establish protocols that define what patient information can be provided over the telephone.

Obtain patient preferences for contact and messages

- Follow the patient's written requested preferences for contact, leaving messages, and communicating personal health information. If a preference has not been established, do not provide protected health information to others. Leave messages stating the caller's name, office contact number, and a request for the patient to contact the office at the earliest opportunity.

Keep conversations private

- Ensure that discussions about a patient's medical condition, care, or treatment occur in a private setting that cannot be overheard by others.

Be aware of security risks

- Be aware that the following may pose a security risk:
 - Retrieving and leaving voicemail messages on stationary or mobile devices.

Maintain Patient Confidentiality

Prohibit audio and video recording during visits

- Having discussions or texting on mobile devices.
- Sending emails.
- See [Communication: Electronic](#) for specific recommendations when using mobile devices.
- Develop a policy prohibiting the use of cellphones or other recording devices during office visits.
- Post signage prohibiting the use of cellphones or recording devices during office visits.

Establish a Protocol for Prescription Refills

Establish protocols for prescription requests

- Establish protocols for handling telephone requests for prescription renewals, including the anticipated time to refill a prescription, any practice requirements regarding the refilling of certain medications, or the need for reevaluation, practitioner review and approval, and documentation in the patient's medical record.
- Ensure that front desk staff relay all calls for prescription requests and refills to licensed practitioners in the practice.

Determine who will communicate with the pharmacy

- Ensure that licensed personnel acting within their respective scope of practice call in refills. To reduce the likelihood of prescribing error, consider using electronic physician ordering. In lieu of this, consider requiring verbal read-back of all prescriptions.

Develop Documentation Protocols for Telephone Communications

Document telephone calls and responses from staff members and practitioners

- Develop and implement a process for documenting all care-related telephone calls in the patient's medical record (including after hours and on weekends).
- Ensure that the documentation includes the following information:

Develop Documentation Protocols for Telephone Communications

- Date and time of the call.
- Name of caller (and relationship to the patient, if not the patient).
- Patient name.
- Telephone/call back number.
- Date of birth.
- Reason for the call, including history of problem or treatment given prior to call.
- Any clinical advice, prescriptions, care coordination, referrals, and/or supplies ordered.
- Information, teaching, and recommendations given by the staff member or practitioner.
- Patient's response to the above.
- Initials/signature of the practitioner giving the advice.

Obtain messages from the answering service

- Require the answering service to provide documentation of all calls received.
- Ensure that the service faxes or emails a list of all calls to the practice by the morning of the next business day.
- Maintain records of all calls taken by the answering service.

Retain answering service logs

- Ensure that the contract with the answering service requires all calls to be documented and retained for a minimum of three years (or as otherwise required by state law).

Document answering service calls

- Document calls received by an answering service, using the same documentation method as patient telephone contacts.

Review documentation of telephone advice

- Routinely review documentation of telephone advice provided for patient concerns and symptoms as part of the quality improvement process. See the sample

Develop Documentation Protocols for Telephone Communications

[Physician Office Practice Telephone Triage - Quality Improvement Review](#)

Exercise Care with Telephone Menu Prompts & Messaging Systems

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|---|--|
| Institute protocols for telephone menus | <ul style="list-style-type: none">• Weigh the benefit of using a telephone menu with automated prompts before implementing a system in the practice. Create guidelines and rationale for use. |
| Offer emergency option first | <ul style="list-style-type: none">• Ensure that the first prompt on the menu provides guidance for managing an emergency. When designing/selecting telephone menu prompts, carefully consider the order of prompts based on urgency. |
| Use caution in referring calls | <ul style="list-style-type: none">• Refrain from referring callers to a facility or other personnel, unless there is a written agreement with the facility or person to accept such calls. |
| Define hours when staff members are available by phone | <ul style="list-style-type: none">• Ensure that the menu provides information on how to reach someone during normal office hours. |
| Offer the option to return to the main menu | <ul style="list-style-type: none">• Provide the caller an option to return to the main menu. |
| Develop a process for handling automated telephone messaging systems | <ul style="list-style-type: none">• Ensure that the process addresses the following:<ul style="list-style-type: none">○ Retrieving and responding to answering machine and voicemail messages on a regular basis.○ Establishing time frames within which messages will be returned.○ Changing or updating messages when the office is closed or the practitioner is out of the office and calls are not being returned.○ Providing directions to follow for a medical emergency (hang up and dial 911). This should be the first message on the recording.○ Providing immediate access to a staff member during normal office hours. |

Exercise Care with Telephone Menu Prompts & Messaging Systems

Ensure that the telephone system and answering machine function properly

- Offering the ability to leave a non-urgent message. Access after hours via answering service.
- Minimize answering machine use during normal business hours. Stagger staff member breaks to ensure that someone is available to accept calls.
- Develop regular telephone system and answering machine service checks. Also, develop a process to coordinate repairs for mechanical and electrical problems. Ensure that any service contracts in place outline a time frame for replacing malfunctioning equipment.

Address Technological Issues

Maintain phone systems

- Maintain the practice's telephone communication system in proper working order. This will minimize the incidence of technological issues, such as dropped calls or the inability to transfer calls within the practice.

Be prepared for downed phones

- Develop downtime procedures for periods when the phone system is down.

Address blocked numbers

- Recognize issues that may arise if a practitioner calls from an unlisted number. Some patients may not answer calls from unlisted or unknown numbers. Suggest that patients temporarily unblock their lines when awaiting a callback from the practitioner. Post signs in the office explaining that after-hours callbacks may require patients to unblock their phones temporarily.

Cellphone Usage

- Know that cellphone calls can be interrupted or have poor sound quality. Ask patients to find a quiet place to speak to enhance cellphone communications or to use a landline when the cellphone connection is

Address Technological Issues

Audio and Video Recording

- poor. Ensure that an emergency contact number is on file when time is of the essence.
- Develop a policy and post signage prohibiting the recording of sound or images using cellphones. Ensure that the policy and signage explicitly states that audio and video recording of conversations with staff members or healthcare practitioners is not allowed.

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