




Patient Communications via Phone

February 2021 Monthly Education

Title: Patient Communications via Phone	Policy Number: OP.015.0
Date Issued: 04/01/2016	Date Revised: 04/01/2016, 01/01/2018
Source: SerenaGroup™ Inc.	Revisions:
	Medical Director SerenaGroup, Inc. Thomas E. Serena MD FACS

SCOPE:

All company facilities, including hospitals and any entities operating under the hospital's Medicare Provider Number including, but not limited to, the following:

Nursing Personnel
Staff Physicians/Non-Physician Provider

PURPOSE:

To appropriately document communications and physician orders when a patient calls or communicates with the center staff or practitioners on a day when a visit was not scheduled.

POLICY:

Any patient communication that occurs on a day where a visit is not scheduled must be documented in the "Communication" tab of the EMR. Any physician order will be documented in the "Physicians Orders" section of the EMR.

PROCEDURE:

1. Patients who call the center to ask for or give information on a day when they do not have a visit need to have the details of the call documented in the Communication tab in the patient's demographics section of the electronic medical record. This information is to include the name of the caller, the information communicated, the name and title of the person who took the call, and his/her response to the call. The date and time must be entered.
2. Any patient requiring follow up orders must have the orders transcribed into the Physician's Orders tab on the patient's demographics section or in the orders section of the hospital's electronic medical record. All verbal or phone orders received by a licensed clinician are to be read back and verified with the date and time documented.
3. All information entered into the electronic medical record must be signed off by the entering staff member and/or physician signature.



Purpose

- To appropriately document communications and physician orders when a patient calls or communicates with the center staff or practitioners on a day when a visits was not scheduled.
- Optimal **communication** procedures can help nurses use their time more efficiently to improve **patient** safety and outcomes. Healthcare personnel are often in different locations when collaboration is needed. Maintaining safe **patient** care may require fast, accurate **communication** among mobile staff.

GOAL



5 Helpful Tips

1. Speak slowly and clearly, and do not use medical jargon.
2. Listen actively.
3. Develop rapport.
4. Give each call your full attention to help the patient know you are listening.
5. Be clear about the plan.



Speak slowly and clearly, and do not use medical jargon

- In person we can usually tell if patients understand us, but over the phone it is not as obvious.
- To optimize comprehension during phone visits, we must be extra thoughtful about how we speak.



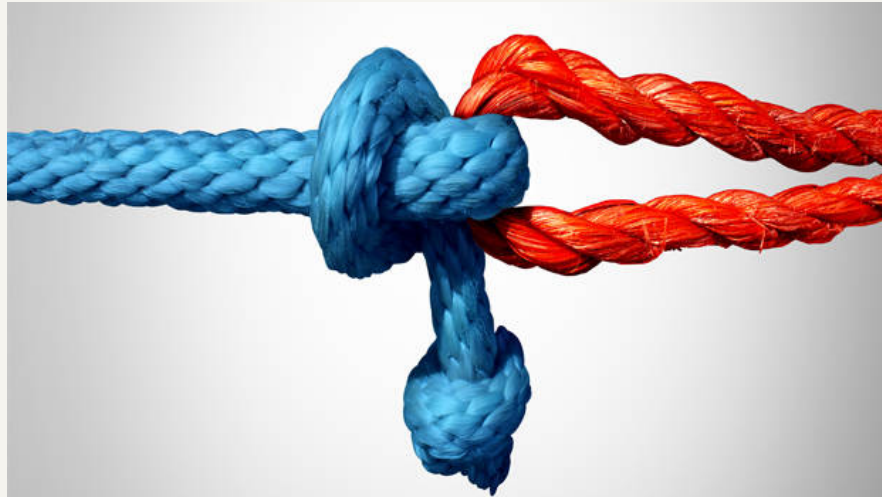
Listen actively

- It may seem cumbersome, but during phone visits it is particularly important to clarify what patients say.
- We may need to ask them to repeat themselves, ask a few clarifying questions, or restate what we heard, beginning with, *“So I want to be sure I am understanding what you are saying. I heard you say that”*



Develop rapport

- It is important to spend a few minutes at the beginning of the call establishing rapport, just as we do upon entering the exam room.



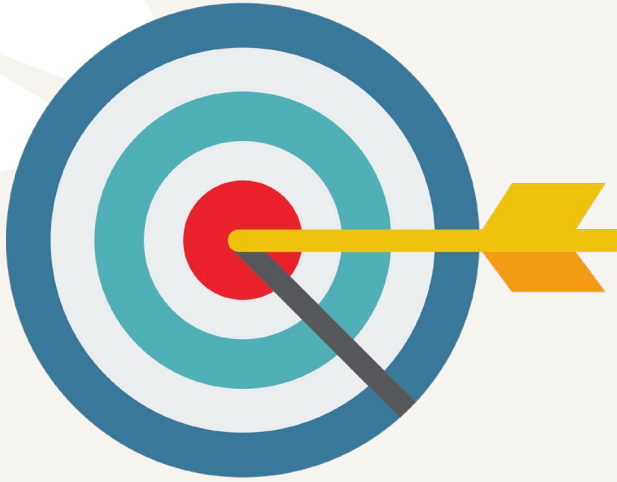
Give each call your full attention to help the patient know you are listening



- We must resist doing anything else while talking on the phone.
- Try not to check your e-mail or read that text that just came through.
- Your divided attention is more obvious to the patient than you think.



Be clear about the plan



- Review what you discussed during the call and establish what will happen after you hang up.
- If you have the capability, send an after-visit summary so the patient will have something in writing from the phone visit.
 - Email
 - Mail





**official
policy**

- All patient communication that occurs on a day where a visit is not scheduled, must be documented in the “Communication” tab of the EMR.
- Any physician order will be documented in the “Physicians Orders” section of the EMR

Electronic Medical Record (EMR)



- Document, Document, Document
- Remember that documentation is key to the success of the patient's healing process.
- All information entered in the EMR must be signed off by the entering staff member and/or physician signature.



QUIZ TIME

SG

QUESTION 1:



1. The purpose of SerenaGroup Policy OP.015.0 is to appropriately document communications and physician orders when a patient calls or communicates with the center staff or practitioners on a day when a visits was not scheduled.

Answer: **TRUE**



QUESTION 2:



2. You learned about 4 helpful tips when communicating with patients via phone.

Answer: **FALSE.** There are 5 helpful tips.

1. Speak slowly and clearly, and do not use medical jargon.
2. Listen actively.
3. Develop rapport.
4. Give each call your full attention to help the patient know you are listening.
5. Be clear about the plan.



QUESTION 3:



3. Patient communication does not need to be documented.

Answer: **FALSE.** All patient communication that occurs on a day where a visit is not scheduled, must be documented in the “Communication” tab of the EMR.



QUESTION 4:



4. Information entered into the EMR does not need to be signed off on.

Answer: **FALSE**. All information entered in the EMR must be signed off by the entering staff member and/or physician signature.



Thank you for taking the time to complete SerenaGroup Education for February 2021. SerenaGroup continues to focus on providing education to all clinical staff. If you have ideas, questions, comments around education – please reach out to the Education Committee Members.

SerenaGroup Education Committee Members,

Nick Duquette

Ally George

Blair Flinn

Jill Schroder

