



KATHERINE WEST HEALTH BOARD

Primary Health Care Policy and Procedures

Telephone Access to Health Care

Document Information	
Document Title:	Telephone access to health care
Document Status:	Reviewed and approved by PHCGC – April 2018
Category:	Telephone access to health care
Approval for use details:	Authored by: PHC Quality Coordinator
	Approved by: PHCGC
	Date approved for use: April 2018
	Date due for internal review: 2021
Purpose:	To facilitate ease of access and continuity of care, clients need to have access to a doctor, nurse or Aboriginal Health Practitioner via telephone to discuss their care when a face to face consultation is not considered necessary.
Related Policies and Procedure/s:	N/A
Related Form / Document:	N/A
Key Word/s:	Telephone access to care, phone, telephone advice,
External References :	Northern Territory Remote Health Atlas http://remotehealthatlas.nt.gov.au/requests_for_access_to_medical_information_&_records.pdf
Document Modification History:	1. Policy approved for use - February 2011
	2. Reviewed and approved PHCCGC - October 2014
	3. Reviewed and approved PHCGC - April 2018

Background

To facilitate ease of access and continuity of care, clients need to have access to a doctor, nurse or Aboriginal Health Practitioner via telephone to discuss their care when a face to face consultation is not considered necessary or is unavailable.

Health Centre staff need to make time to make and return phone calls during the day, and where a consultation has been undertaken or client results or other information is discussed, it must be documented in the client's health record.

Principles

1.	Provision of well designed, high quality and accessible care
2.	Provision of care that is relevant and supportive
3.	Provision of care that is safe and is client focused
4.	Provision of a safe and healthy work environment

Procedures

1. Client care commences when the phone is answered. It is the policy of this health centre that clients are able to obtain information or advice related to their clinical care by telephone in a situation where a consultation is unnecessary or impractical. This is particularly relevant given that some clients live out of the community or may be completely isolated in the wet season.

2. The phone is to be answered in a friendly and calm manner and as promptly as possible.
Answer

*"Good Morning/Afternoon, _____ Health Centre
This is _____"
How may I help you?"*

Ask the caller's name, if not told.

3. Before putting a call on hold you must wait for an answer as it may be a medical emergency and the caller cannot hold.

4. If the client/person requests to speak to the Aboriginal Health Practitioner, Doctor, or Registered Nurse, staff need to assess if the call is urgent enough to be put through if the health practitioner is with a client. If the call is non-urgent then information needs to be obtained along with a contact number for the health practitioner to return the call when appropriate.

5. Confidential medical information must not be discussed on the phone in any public area at the centre or with members of the public within hearing range.

6. The purpose of the call should be documented in the client's medical records as necessary.
7. All messages and calls requiring further action are to be written down.
8. In the event of a phone call received regarding an medical emergency, the person receiving the call is to:
 - Identify the person/persons involved
 - Obtain as much information as possible
 - Address and phone number from where the person is calling
 - If the call is taken by the administration officer, the call is to be put straight through to a health practitioner.