**Telephone Communication Processes**

**Section:** Operations

**Compliance:** URAC Specialty Pharmacy 2.1

**URAC Standards:** PHARM Core 21 CSCD 9, 11

**ACHC Standards:** DRX2-10F

**Policy ID:** 5.7

**Approved by:**

**POLICY**

<insert practice name> has philosophy and operation that all calls during business hours (<Insert business hours>, remote dispensing clinics are <Insert business hours>) to the Pharmacy will be answered by <insert practice name> staff. <insert practice name> offers immediate access to pharmacy staff for patients, their caregivers and clinicians. (Typically there is no “on hold” time prior to reaching a staff member)

If a patient contacts <insert practice name> with an emergency situations such as the patient stating they are going to harm themselves or others or stating they are having medical emergencies such as the patient experiencing a medical crisis such as a cardiac arrest or other serious medical condition <insert practice name> staff are training to never place the patient on hold, to continue communicating with the patient while they notify a coworker to call 911. The patient should never be placed on hold or transferred. If they patient is experiencing a medical emergency the pharmacist on duty will take over the call by walking to the employee’s desk who has the patient on the line. **[CSCD 9 (c)]**

If a patient contacts <insert practice name> afterhours they will hear a message informing them that if this is medical emergency to please hang up and call 911 prior to them being able to request to speak to a <insert practice name> On Call Pharmacist. **[CSCD 9 (c)]**

**PROCEDURE**

1. <insert practice name> adheres to the following operating requirements for telephone calls:

* Incoming calls will be answered within an average of 30 seconds **[CSCD 9 (a)]**
* Average abandonment rate of all incoming calls will not exceed 5 percent **[CSCD 9 (b)]**

1. <insert practice name> monitors and tracks telephone access with measures to include call wait time, abandonment rate, total calls etc. Reports will be generated on a monthly basis and reported to Quality Management Committee. Should standards not be met, an analysis to determine the cause of non-compliance will be undertaken, with development of corrective action plans and re-evaluation to determine effectiveness of plan will be performed. **[PHARM Core 21 (b-i)]**
2. In the event that both telephone systems (cable and T1) should fail, <insert practice name> will have calls rerouted to individual business owned cell phones (of which there are three) by its telephone provider. **[CSCD 9 (c)]**
3. All inquiries/communication received through <insert practice name>’s website will be responded to within 1 (one) business day **[CSCD 11 (a)]**
4. Separate from the pharmacy <insert practice name> also has a phone triage system for its oncology/hematology medical clinics. Onsite staff answer this phone system <Insert days and hours as needed>. After hours and on weekends and holidays the phone is answered a nurse to field clinical emergency questions. The triage nurse either during business hours or after can also contact an <insert practice name> pharmacist if patient calls are misdirected.

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