

Recall and reminder systems

There are many reasons why our practice coordinates a structured recall and reminder system.

In the first instance, it provides patients with the safety and comfort of knowing that their doctor is monitoring their health from a distance by issuing reminders for follow up or preventive care and recalling them to discuss results of test requests and referrals.

From a preventive care perspective, there is clear evidence that related activities (such as immunisation) reduce the morbidity and mortality associated with a number of diseases (RACGP, 1998, p. 1). According to the RACGP (1998, p. 1) “prevention incorporates both health promotion and disease prevention...and GPs are in an ideal position to link prevention with comprehensive, continuing and holistic care”.

There is also a Common law duty to have a recall and reminder system. In the *Kite v Malycha* case in the South Australian Supreme Court in 1998, Honourable Justice Perry stated “It is unreasonable for a professional medical specialist to base his follow up system, which can mean the difference between death and cure, on the patient taking the next step” after finding the defendant negligent in recalling a patient with a breast carcinoma.

In the same case, Honourable Justice Perry also noted that “Mr Malycha owed a duty to inform himself of the outcome of the pathologic test of the specimen, and to offer appropriate treatment in light of the report”. This highlights the need to track what diagnostic test requests have been issued and reported on.

Other positive aspects of a recall and reminder system include:

- continuity of care
- an increase in patient involvement in their health
- the ability to increase practice income
- better management of chronic conditions therefore leading to reduced acute care and greater preventive care
- better quality of life for patients.

An effective recall and reminder system comprises the following components:

- recalls – occurs when it is crucial for a patient to attend the practice, usually in the instance of an abnormal test result or failing to attend a specialist appointment
- tracking – a system to track diagnostic test requests and referrals leaving the surgery, register results of tests and referrals that arrive at the surgery and to ensure that the patient has been notified. A tracking system generally targets “at risk” patients. It is an essential component of an effective recall and reminder system
- reminders – an offer to provide patients with systematic preventive care, usually for diabetes, cervical screening and immunisations.

Recall system

Our recall system is a follow-up process whereby patients are contacted to return to our practice generally to receive the results of ordered tests or to receive follow-up treatment. Our recall system is considered an essential component of quality care and also offers an active risk management approach.

Our practice strives to ensure:

- 'red flag' (see explanation below) patients attend diagnostic test requests and/or referrals
- all test results or referral responses arrive at our practice and are seen by the GP
- the patient is given the result of the test or referral
- every contact or attempt to contact the patient is recorded
- the system is cost and time effective, fail-safe and sustainable.

In summary, a recall system involves 4 parts:

- identifying 'red flag' (see explanation below) patients and registering them on the recall system
- tracking outgoing diagnostic test requests and referrals to identify and follow-up patients who are not complying with treatment plans
- ensuring results or referral responses arrive at our practice and are viewed by the GP
- recalling the patient to receive the result of test requests or referral responses.

'Red flag' patients or situations

Only patients with a particular condition or circumstances of significant nature need to be registered on the recall system. 'Red flag' situations may include the following:

- when a condition is serious or life-threatening
- when delayed treatment or not receiving treatment has the potential to increase the risk of morbidity
- whether the test results are abnormal
- patients that may be unhappy with their management
- patients referred for a specialist consultation
- patients who have not attended a scheduled appointment and need to be seen
- patients with a condition that requires monitoring
- any other situation by which the GP feels the patient needs to be monitored.

Contacting the patient

As a minimum, our practice attempts to contact the patient via the following methods:

- 3 phone calls at different times of the day for urgent results, and 3 letters for non-urgent/routine follow ups.
- if the patient has not responded – a letter is sent via registered post asking the patient to contact our practice.

If the patient has not responded to all communication attempts, the GP must be notified. The medical defence organisation should also be contacted for advice. All communication attempts must be documented in the patient health record.

Practice Procedure

It is the responsibility of the Practice Manager to review and action the recall system on a daily and weekly basis.

In our practice, the following procedures apply to the Recall system:

- when the GP returns the results, follow the instructions provided by the GP – this may entail contacting the patient to make an appointment, transferring the call to the GP or advising the patient over the phone that their results are normal
- before contacting the patient, cross-reference the patient's health record to ensure they have not already been contacted
- if contacting the patient to make an urgent appointment to see the GP, make 3 phone calls at 3 different times of the day
- document in the patient's health record all attempts to phone them and the times of the day called
- if the patient does not respond, send a letter via registered post asking the patient to contact our practice
- document in the patient's health record the date that the letter was sent
- include a copy of the letter in the patient's health record
- if the patient does not attend, advise the GP and repeat the above procedures
- once the patient has attended their appointment and the GP has actioned the results and initialled accordingly, remove the recall flag, and if paper-based, file the report.

Tracking system

There are many different ways to track red flag patients and some practices use a combination of systems to accommodate the needs of different patients and to ensure that the system is water-tight.

To track red flag patients, our practice's recall and reminder system includes:

- clinical software – utilises recall prompts and outstanding action prompts on clinical software to track patients. For example, when a test or referral is requested add a prompt such as “Test/s Requested” or “Referral Sent” and add a follow-up date. These prompts are best added as a code for consistency purposes. At every stage of the process, the patient file and recall prompt must be updated
- Notes made in Patient file re phone calls, letters sent and in Follow up inbox in Software Clinical Program.

A system is in place whereby a staff member (usually the Nurse or Practice Manager/ Senior Receptionist) is allocated the task of checking due recalls on a daily, weekly and/or monthly basis and then following-up patients.

It is the responsibility of the Practice Manager to review and action the tracking system on a daily (for urgent) and weekly (for non-urgent) basis.

Reminder system

Our practice has a systematic process in place for providing patients with preventive care. Reminders are conducted for various conditions and reasons such as immunisations, diabetic care and Pap smears.

Consent must be obtained from patients prior to placing them on a proactive reminder system, and this includes National and State or Territory based reminder registers.

Contacting the patient

As a minimum, our practice attempts to contact the patient via the following methods:

- 2 phone calls with notes made in pt file / follow up inbox notes section
- if the patient has not responded (subject to GP's instructions) – 2 letters sent (copies to be inserted into Pt file)
- If still no response 3rd Letter with copy of Results sent to Patient (GP approval having been gained).

If the patient has not responded to all communication attempts, the GP must be notified. All relevant communications must be documented in the patient health record.

It is the responsibility of the Practice Manager to review and action the reminder system on a weekly basis.

Our practice participates in one or more of the following reminder systems:

- flagging of patient health records for opportunistic preventive activities
- electronic system showing due dates for preventive activities
- electronic proactive reminder system

Our practice also participates in National and State based reminder registers which include the following:

- Pap smear registry
- Australian Childhood Immunisation Register
- National Bowel Cancer Screening Program

Practice procedure

In our practice, the following procedures apply to the Reminder system:

- on a daily basis, generate the reminder letter to the patient
- document in the patient's health record the date that the first letter was forwarded to the patient
- before contacting the patient, cross-reference with the patient's health record to ensure that they have not already been contacted.
- if the patient does not contact the practice after the first letter, send a second letter two weeks later
- document in the patient's health record the date that the second letter was forwarded to the patient
- if the patient does not contact the practice after the second letter, advise the GP and follow their instructions for further follow up.
- once the patient has their appointment, remove the reminder flag.

Other important details surrounding reminding patients for preventive health care are using non-medical terminology where applicable to ensure patients understand the reason for their reminder