# I. PURPOSE

To establish standardized telephone practices throughout the Department of Pathology and Laboratory Medicine.

**II. POLICY**

To ensure incoming calls are answered in a professional, polite and courteous manner. To produce efficient phone call handling practices, to elicit quality communications, minimize telephone communications into the technical testing sections by effective screening, ensure accurate and reliable result reporting, and to route calls to the appropriate staff member when necessary.

**All incoming calls should be answered within the first three rings of the initial call.**

The telephone number for **Client Services** is **734‑7373**, 7 days a week, 24 hours a day. An automated voice service directs callers to the appropriate Client Services staff. Clients calling after regular service hours are routed to 734‑0500. The main telephone number for Clinical Lab (**Specimen and Report Center or SARC)** is **916-734‑0500**, 7 days a week, 24 hours a day. The weekday, daytime telephone number for **Anatomic Pathology Administration** is **734‑2525/2526**. Alternately, calls will be forwarded to Client Services at (916) 734-7373.

**PROCEDURE**

1. All Incoming calls MUST be answered in the following manner:
   1. The tone of the operator must always be polite and courteous.
   2. Speak slowly and clearly as to be understood by the caller.
   3. State the hospital name (“UC Davis Health System”) followed by section name. This is required for the following sections: Clinical Lab/Client Services, Clinical Lab (SARC or Specimen and Report Center), Anatomic Pathology (Front Office Staff/Main Desk), and Outpatient phlebotomy sites/labs. For example, Glassrock staff will answer “UC Davis Health System, Glassrock Lab” (UC Davis Health System + Location + Lab).
   4. Technical sections will identify the department or technical section (e.g. Chemistry, Cytology); the hospital name is optional for technical sections.
   5. Clearly identify yourself by name as “This is [ ]” or “[ ] speaking”. It is optional to add “How may I help you?” or “How may I direct your call?”.
   6. At any time, staff may refer calls to technical or other appropriate supervisor. Staff should only give information if they are certain it is correct. Otherwise, staff should seek help from a Specialist, Supervisor or Pathologist.
   7. Refrain from using inappropriate “slang”.
   8. Avoid use of technical acronyms except for those commonly understood by clients (e.g. CBC, UA).
2. Lab staff (“operator”) will routinely perform and be knowledgeable of the following phone duties:
   1. Taking messages:
      1. Message must include all pertinent information to allow the recipient to

understand the nature of the call. Message will include the name of the

caller, date/time of call, patient name, patient medical record number

(MR#), test name, date/time of test, operator’s initials. (Research or

Outreach patients may or may not have a MR#).

* + 1. Operator should offer the caller the option of leaving a voicemail

message, or a written message by the operator, as appropriate.

* + 1. Operator may give the intended message recipient additional

communication and information in the form of notes, memos or email.

* + 1. Operator should tell caller when to expect a return call if known.
  1. Transferring calls:
     1. The operator will explain that the caller will be transferred and to

whom the caller will be speaking.

* + 1. Perform the process to transfer call as per the phone system.
    2. Do not perform “blind transfers”; you must speak to the person who will

receive the call and inform them you are “transferring a call from [ ]

regarding [ ]” and if known, a brief description of the purpose of the call.

* 1. Answering a transferred call:
     1. Identify yourself by name and title if applicable. It is not necessary to

repeat hospital name or lab section.

* + 1. Acknowledge to the caller that you have been made aware of the nature

of the call.

* + 1. Continue the call as above.

1. Lab staff will be knowledgeable regarding lab tests.
   1. Lab information/result inquiry:
      1. Test status such as received, in progress (worksheet), unverified, complete,

partial results available, assigned pathologist and assigned resident, can all

be determined from the Lab Information System (LIS). Results and other

information about specimens are available via the Health System’s Electronic Medical Record system (EMR). Much of the status information may not be available in EMR. ***Only results that are complete, verified, or with final electronic signature on file may be reported by the Clinical Lab (SARC) or Client Services operators. Unverified results can only be reported by a CLS or Pathologist.***

* + 1. The operator must be knowledgeable of test requirements, how to

order tests in EMR and on paper requisition forms, and which forms are

used for specific tests. Test information is available in Gateway and in

LIS.

* + 1. Refer caller to ARUP Gateway test directory for questions about test

requirements and collection information.

* + 1. At no time should staff give information unless they are certain it is

correct. Refer to CLS, Supervisor or Pathologist for guidance.

* 1. Outside lab tests & results (Send Outs):
     1. Refer to Client Services during their regular working hours and to Clinical

Lab (SARC) after hours.

* 1. Technical calls:
     1. Refer questions for specific technical information about test methods or

interpretation of results to the appropriate technical section specialist,

Supervisor or the Pathologist.

* + 1. Before transferring calls, verify the Specialist, Supervisor or Pathologist

is available and the correct section was chosen.

* 1. Lab Staff are responsible for answering general lab questions and/or referring to the appropriate staff.
     1. Problem resolution:
        1. Complaints or incidents should be referred to the appropriate technical specialist, Supervisor, team leader or lab manager.
        2. When a Supervisor or designee is not available, the operator should give the following options:
           1. Take a message
           2. Forward the caller to voice mailbox of the Supervisor
           3. Offer to do either of the above options in addition to a personal follow up to the Supervisor or designee
     2. Lab Staff must respond to notification of hospital disaster:
        1. Lab telephone operator must notify a CLS Specialist, CLS Supervisor or Manager and follow the department Disaster Procedures #963.A.
     3. Misdirected phone calls should be handled with professional courtesy.

Help the caller when possible or transfer back to the Main Hospital

Operator at (916) 734-2011. Forward repeated misdirected calls to the

supervisor to follow up.

* + 1. Miscellaneous inquiries:
       1. Questions about outside Courier Services should be directed to Client Services.
       2. The operator must be knowledgeable on general lab information (e.g. chain of command).
  1. Personal Calls and cellular phone usage:
     1. Personal calls should be short in duration and limited to break times.
     2. Cell phone usage:
        1. Cellular phones are not to be used by except in designated locations as described in UC Davis Health System Policy ID #1331.
        2. Cell phones are not to be turned on while staff are working in the patient care areas.

REFERENCES:

UCDHS Hospital Policies and Procedures: 1331 Use of Cellular Telephones and Other Cellular Devices.

**PROCEDURE HISTORY**

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| --- | --- | --- | --- | --- |
| **Date** | **Written/ Revised By** | **Revision** | **Approved Date** | **Approved By** |
|  | L. Musek | New |  |  |
| 9/94 | JBS | Revised | 9/94 | R.C. Cardiff, MD |
| 3/96 | C. White | Revised | 3/96 | R.C. Cardiff, MD |
| 11/96 | C. White | Revised | 11/96 | R. Green, MD |
| 12/97 | C. White | Annual Review | 1/98 | R. Green, MD |
| 7/99 | D. O’Sullivan | Annual Review | 7/99 | R. Green, MD |
| 6/00 | D. O’Sullivan | Annual Review | 6/00 | R. Green, MD |
| 7/01 | D. O’Sullivan | Annual Review | 7/01 | R. Green, MD |
| 8/02 | D. O’Sullivan | Annual Review | 8/02 | R. Green, MD |
| 8/03 | D. O’Sullivan | Annual Review | 8/03 | R. Green, MD |
| 11/04 | D. Wright | Annual Review | 11/04 | R. Green, MD |
| 10/05 | D. Wright | Annual Review | 10/05 | R. Green, MD |
| 9/06 | D. Wright | Revised | 9/06 | R. Green, MD |
| 9/07 | C. White | Reviewed | 9/07 | R. Green, MD |
| 7/08 | C. White | Revised | 7/08 | R. Green, MD |
| 7/09 | C. White | Annual Review | 7/09 | L. Howell, MD |
| 06/10 | C. White | Revised | 06/10 | L. Howell, MD |
| 06/11 | C. White | Reviewed | 06/11 | L. Howell, MD |
| 09/11 | C. White | Revised | 09/11 | L. Howell, MD |
| 09/12 | D. Richardson T. Cox | Revised: greeting, transfer etiquette, cell phone usage | 09/12 | L. Howell |