# FCD Health Recall and Reminder Management Policy

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| **Document Name** | Recall and Reminder Management Policy |
| **Document ID** | FCD-REC-002 |
| **Authority** | FCD Health Ltd. |
| **Responsible Role** | Chief Executive Officer |
| **Clinical Governance** | Director of Clinical Governance |
| **Applies To** | PGPSC, PMUCC, DMUCC and FCD Health GP Clinic |

## 1. Purpose

FCD Health uses recalls and reminders to support safe follow-up, preventive care, chronic condition management and continuity of care. This policy establishes a simple and consistent approach to creating, prioritising, communicating, monitoring and closing recall and reminder actions.
Best Practice is the primary system for clinical recalls and reminders. HotDoc may be used to send approved patient messages and forms. Cubiko may be used to identify patient cohorts and priority opportunities for proactive care and quality improvement.

## 2. Scope

This policy applies across Palmerston GP Super Clinic (PGPSC), Palmerston Medicare Urgent Care Clinic (PMUCC), Darwin Medicare Urgent Care Clinic (DMUCC) and FCD Health GP Clinic (FCDHGPC).
It applies to clinicians, nurses, Aboriginal Health Practitioners, reception and administration staff, managers and authorised team members involved in recalls, reminders, patient messaging or proactive care.

## 3. Recall versus reminder

| Type | Meaning | Examples |
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| Recall | Clinically important follow-up requiring active action to contact, review or otherwise follow up the patient. | Clinically significant results, abnormal screening, medication monitoring, post-procedure review, clinically important overdue care. |
| Reminder | A planned prompt for preventive, monitoring or routine care where clinical urgency is generally lower. | Vaccination, health assessments, preventive screening, routine chronic disease review. |

## 4. Core principles

**CLINICAL NEED COMES FIRST**
A patient's preference not to receive promotional or general campaign messages does not cancel a clinically necessary recall. Clinical recalls are managed according to risk. Promotional and awareness messaging must remain separate from necessary care communication.

- Best Practice is the primary record of recalls, reminders and follow-up completion.
- Clinical significance determines the intensity of follow-up.
- The clinician creating or reviewing the action is responsible for setting a clear reason and timeframe.
- Administrative staff may support contact and booking but must not independently downgrade or close a clinically significant recall.
- Contact attempts and outcomes must be documented where clinically relevant.
- Unsuccessful contact must be escalated according to risk rather than simply marked complete.

- Patient preferences, privacy, cultural safety, health literacy and accessibility needs must be considered.

## 5. Creating recalls and reminders in Best Practice

- Use the correct patient record and confirm identity.
- Record a clear reason that another staff member can understand.
- Set an appropriate due date or review timeframe.
- Identify the responsible clinician or team where relevant.
- Use meaningful categories rather than vague labels.
- Avoid duplicate recalls for the same issue unless staged follow-up is intended.
- Where the action arises from a result, the Clinical Results Management Policy also applies.

## 6. Priority levels

| Priority | Typical expectation | Examples |
|---|---|---|
| Urgent / high risk | Prompt clinician-led contact and escalation. Do not rely on automated messaging alone. | Seriously abnormal result, significant deterioration risk, urgent medication review. |
| Clinically important | Active follow-up within the timeframe set by the clinician, with repeated contact where required. | Abnormal screening, overdue review with clinical risk, post-procedure follow-up. |
| Routine reminder | Standard reminder process; automated messaging may be appropriate. | Preventive screening, vaccination, health assessment, routine chronic disease review. |

## 7. Contact methods

- Telephone is preferred for urgent, high-risk or sensitive clinical follow-up.
- HotDoc SMS or other approved messaging may be used for routine recalls, reminders and appointment prompts where suitable.
- Messages should not disclose unnecessary sensitive clinical information.
- Letter or another approved method may be used where digital or telephone contact is unsuitable or unsuccessful.
- Interpreter support or alternative communication arrangements should be used where required.
- Urgent/high-risk matters must not rely solely on SMS, portal messaging or voicemail.

## 8. HotDoc messaging

HotDoc may support patient contact, forms and reminder workflows. Messages must be concise, health-literate, privacy-conscious and aligned with the underlying clinical purpose.

- Use approved message templates where available.
- Avoid unnecessary detail about diagnoses, results or sensitive health matters in SMS text.
- Include a clear action for the patient, such as booking an appointment or contacting the clinic.
- Use approved FCD Health or trusted service links.
- Where the message relates to a clinically necessary recall, record or retain the contact outcome in the appropriate workflow.
- Respect documented opt-out preferences for non-essential/promotional communication.

## 9. Opt-out preferences and avoiding excessive messaging

FCD Health distinguishes between necessary healthcare communication and non-essential promotional or awareness messaging.

- Patient preferences not to receive promotional or non-essential messaging must be respected.

- Clinically necessary communication about care, safety, results or agreed follow-up should be managed according to clinical need and applicable privacy requirements.
- Before any bulk message is sent, confirm the purpose, target cohort, exclusions and whether a similar message has recently been sent.
- Avoid sending repeated non-urgent messages to patients who have not engaged unless there is a clear clinical or QI rationale.
- Where possible, combine related preventive-care opportunities into one patient-centred message or consultation rather than multiple separate contacts.
- Review complaint, opt-out and response rates so that messaging remains useful and proportionate.

## 10. Cubiko and proactive patient identification

Cubiko may be used to identify patient cohorts and priority opportunities for proactive care, including patients due or overdue for preventive health, chronic disease care, screening, care planning or other review.

- Cubiko supports decision-making and quality improvement but does not replace the Best Practice clinical record.
- Before contacting a patient identified through Cubiko, confirm relevant information in Best Practice where needed.
- Targeting must have a legitimate care or QI purpose and should avoid indiscriminate messaging.
- Priority may be given to patients where proactive contact is likely to improve continuity, preventive care or health outcomes.
- QI campaigns should record the cohort definition, purpose, communication method and outcome measures where practical.

## 11. Preventive and chronic-care reminders

- Vaccinations and immunisation reviews.
- Health assessments and age-appropriate preventive checks.
- Cervical, bowel, breast and other screening as clinically appropriate.
- Cardiovascular risk and preventive health review.
- Smoking, alcohol, nutrition and physical activity interventions where relevant.
- Chronic condition review and monitoring.
- Diabetes cycle of care and related monitoring.
- Asthma/COPD review.
- Medication monitoring.
- MyMedicare-related continuity opportunities where relevant.

## 12. Results-related recalls

Results-related recalls are governed by the Clinical Results Management Policy. This policy must not be used to reduce the level of follow-up required for clinically significant results.

- Clinically significant results require active follow-up and clinician oversight.
- High-risk or seriously abnormal results require urgent escalation and must not rely solely on automated reminders.
- Unsuccessful contact attempts must be documented and escalated according to clinical risk.
- The recall may only be closed when the required action has occurred or responsibility has been safely transferred.

## 13. Unsuccessful contact and non-response

The number and type of contact attempts must reflect clinical seriousness.

- Routine reminders may be closed after the approved reminder workflow is completed, subject to clinician/program requirements.
- Clinically important recalls require repeated reasonable attempts using available contact methods.
- High-risk recalls may require escalation to another clinician, emergency contact, usual care provider, hospital or welfare-check pathway where clinically and legally appropriate.
- Document contact attempts, failed numbers, messages left and escalation decisions.
- Do not leave a high-risk recall unresolved simply because the patient has not responded.

## 14. Closing recalls and reminders

- Close only when the intended action has occurred, the patient has declined after appropriate information, the action has been superseded by another documented plan, or responsibility has been safely transferred.
- Document patient refusal or non-participation where clinically relevant.
- Administrative staff must not close clinically significant recalls without an approved workflow or clinician direction.
- If the patient has transferred care, document the transfer and any communication to the new provider where appropriate.

## 15. UCC follow-up

PMUCC and DMUCC provide episodic care, so routine preventive reminder programs are not generally managed through the UCC service. Follow-up actions may still arise from urgent-care episodes.

- Pending results and significant follow-up are managed under the Clinical Results Management Policy.
- Where appropriate, information should be communicated to the patient's usual GP or ongoing care provider.
- If a UCC patient requires ongoing primary care and has no regular GP, staff may support connection to ongoing care.
- Do not assume co-location with a GP clinic transfers responsibility unless handover is explicit and documented.

## 16. Quality improvement campaigns

FCD Health may use Best Practice, HotDoc and Cubiko for targeted quality-improvement activities. Campaigns must be useful, proportionate and patient-centred.

- Define the clinical/QI objective before contacting patients.
- Use a targeted cohort rather than broad messaging where possible.
- Respect opt-out preferences for non-essential communication.
- Avoid duplicating another recent campaign.
- Use easy-read, health-literate messaging.
- Measure outcomes such as bookings, completed reviews, screening uptake or reduction in overdue care.
- Review complaints, opt-outs and non-response as part of campaign evaluation.

## 17. Roles and responsibilities

| Role | Responsibilities |
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| Clinicians | Create clinically appropriate recalls, set urgency/timeframe, review high-risk or unresolved follow-up and direct closure where required. |
| Nurses / AHPs | Support preventive care, chronic disease review, recalls and patient education within scope; escalate concerns. |
| Reception / administration | Send approved messages, support bookings, document contact attempts and escalate failed/high-risk follow-up. |
| Practice / service | Maintain workflows, templates, campaign coordination, staff training and system configuration. |

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| management | |
| Director of Clinical Governance | Review recall failures, high-risk overdue items, audit findings and recurring themes. |
| COO / Executive | Support system optimisation, QI campaigns, governance actions and accreditation evidence. |

## 18. Audit and accreditation evidence

- Evidence that Best Practice recall/reminder functions are used.
- Sample audit of overdue or clinically significant recalls.
- Evidence of high-risk result follow-up under the Clinical Results Management Policy.
- Preventive-care or chronic-disease QI activity using Best Practice/Cubiko.
- Approved HotDoc message templates and patient communication processes.
- Evidence that opt-out preferences for non-essential messaging are respected.
- QI review of campaign outcomes, complaints and improvement actions.

## 19. Related documents

- FCD Health Clinical Results Management Policy
- FCD Health Patient Health Records and Records Management Policy
- FCD Health Privacy, Confidentiality and Health Information Management Policy
- FCD Health Data Governance and Information Management Policy
- FCD Health Referral Management and External Clinical Correspondence Policy
- FCD Health Clinical Handover and Transfer of Care Policy
- FCD Health Incident and Clinical Incident Management Policy
- FCD Health Branding and Communications Policy

## 20. Definitions

| Term | Definition |
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| Recall | An active follow-up process for a clinically important issue requiring patient contact, review or another defined action. |
| Reminder | A planned prompt supporting preventive care, monitoring or routine review. |
| Clinical recall | A recall arising from a clinical need such as an abnormal result, medication monitoring or required review. |
| QI campaign | A defined quality-improvement activity using patient data to identify an eligible cohort and support improved care. |
| Opt-out | A patient's preference not to receive a category of non-essential or promotional communication. |
| Cubiko | An approved practice-intelligence tool used to identify operational and clinical improvement opportunities. |

## 21. Policy contact

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| **Title** | Executive Officer |
| **Directorate** | Executive Team |
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## 22. Document control

| Version | Published date | Effective date | Review date | Effective to | Amendment(s) |
|---|---|---|---|---|---|
| 1.0 | Previous version | Previous version | Superseded | Superseded | Earlier recall/reminder arrangements. |
| 2.0 | 25/09/2026 | 25/09/2026 | 25/09/2027 | 25/09/2028 | Whole-of-FCD Health |

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| | | | | | update;. |

## 23. Approval

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| **Approval by** | Bernie Cummins, Chief Executive Officer, FCD Health |
| **Approval date** | 25/09/2026 |