

Georgia Poison Center Meeting Agenda

April 20th, 2021
1:30pm-4:30pm

1:30 PM – Meeting Introduction – GPL, SLH

- FMLA/ Resignations/ Terminations – BD, ES
- Open Positions/New Hires/ Position Changes/ Recognition – PF, MM, SG

1:40 pm – Education Department – BO, KT

- 2021 NPPW
- 2021 Education Outreach Projects
- 2021 Webinar Series
- Meeting links

1:45 pm – Pediatric Lead Exposures and Management Reminders – Kyle Suen, MD Tox Fellow

2:20 pm – Medical Director Update Information Technology Update – RJG, GPL

- TS Updates/Crashes
- Profiles
- Call Quality Issues
- Mitel/ Avaya Phone Updates
-

2:40 pm – GPC Stroke Service Update – Jason Tully, MD, CSPI

3:15 pm – GPC Operations – GPL, RJG, SLH

- Grady AMT Modules '21
- 2021 NACCT
- COVID-19 Hotline Update
- Counterfeit Opioids/Benzos
- Delta-8-THC Cases
- APAP Protocol Clarifications
- Follow-up Policy Review
- Follow-up Survey
- SH Team Goals
- The Standard/ FMLA
- Laundry Pod Study
- APAP/ASA Rule Out Checks
- Suboxone Coding Reminder
- Waspings
- SPI CE
- Back to office plans
- Research Project updates

4:30 pm – Meeting Adjourned

******* Next Meeting TUESDAY May 25th, 2021 *******

Confidentiality Statement: "All proceedings, records, and reports of this meeting, pursuant to its purpose to reduce the morbidity and mortality of our patient population and to enhance patient care, is considered strictly confidential and entitled to all protections provided by law."

INTER-OFFICE COMMUNICATION
The Fulton DeKalb Hospital Authority
ATLANTA, GEORGIA

TO: Dr. Michelle Wallace, RN, MSN, CEN VP - Clinical Operations

FROM: Gaylord P. Lopez, PharmD, Director, GaPC

RE: Monthly Report March 2021

P.O. BOX: 26066

DATE: April 20, 2021

Service

Call volume stats for March 2020 - March 2021

| | | March-20 | March-21 | % Change |
|--|------------|-----------------|-----------------|-----------------|
| Total Calls (Incoming) | | 10,240 | 10,956 | 6.99% |
| Exposure Cases* | | 6,598 | 6,128 | -7.12% |
| | Human | 6,340 | 5,850 | -7.73% |
| | Animal | 258 | 278 | 7.75% |
| Information Request | | 3,642 | 4,828 | 32.56% |
| Public Health Situation | | 3,343 | 4,292 | 28.39% |
| Pill Identification | | 49 | 30 | -38.78% |
| Other | | 77 | 34 | -55.84% |
| Follow-ups | | 5,766 | 6,532 | 13.28% |
| Customer Satisfaction | | | | |
| Calls Abandoned | | 83 | 94 | |
| Calls Accepted | | 8387 | 7392 | |
| Abandoned Call Rate | | 1.0% | 1.3% | |
| Customer Service Survey Completed | | | | |
| | Live Agent | 8 | 132 | |

New Incentive Metrics – Beginning February 2020

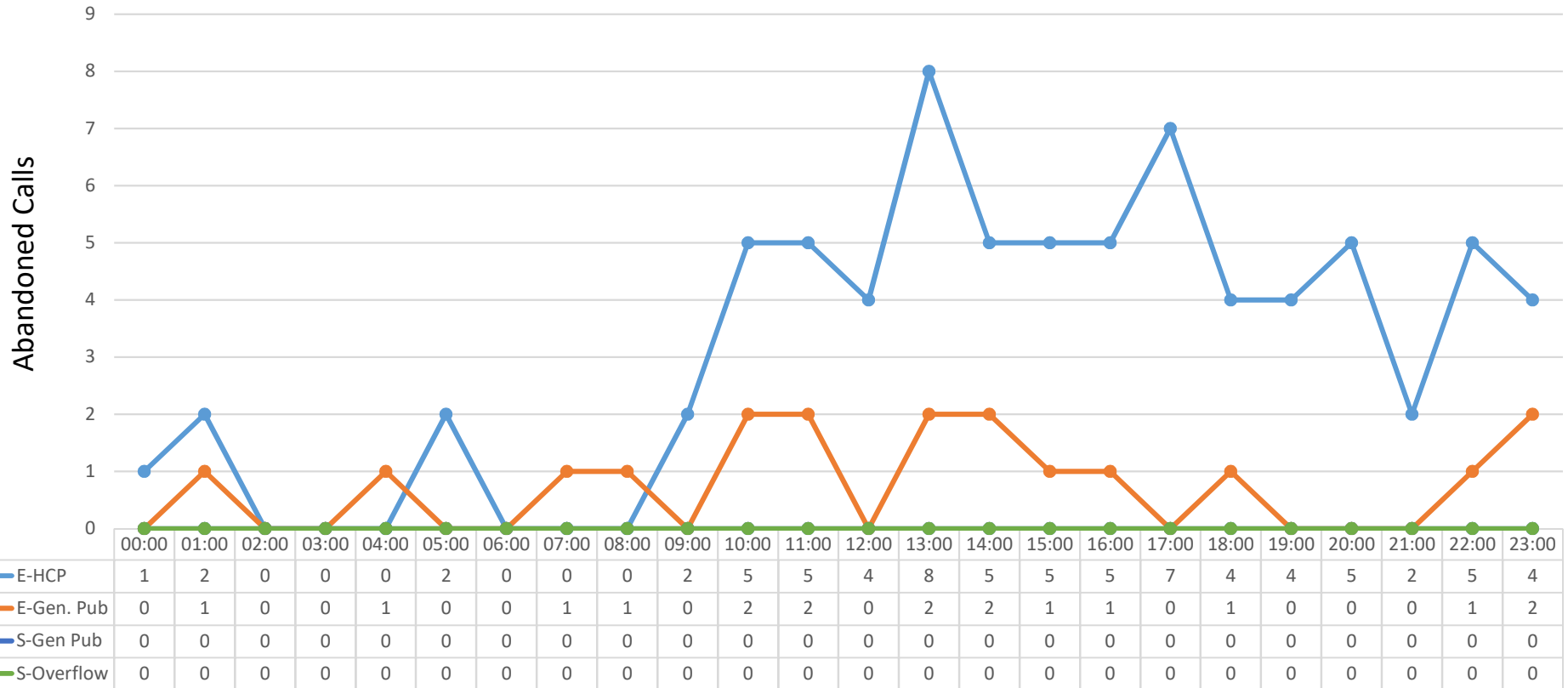
- **Must meet all 4/5 metrics PLUS all of Stephanie's goals by the end of the month for an extra TW day**
 - **Surveys**
 - Minimum of 5 surveys
 - No zeroes allowed
 - **Breaks**
 - The longest break cannot exceed **20 min**
 - **Max wait to abandon***
 - Not to exceed **10 min** for a single person in either the HCP or Gen Pub groups
 - **Abandoned calls**
 - Must meet or exceed the lowest abandoned call we have had **(0.6)**
 - **Longest wait times before answered (time-queued max)***
 - Not to exceed **10 min** for a single person in either the HCP or Gen Pub Groups

Time - Max Wait to Abandon - The maximum wait time (queue + ring) of any abandoned call during the reporting period.

Time - Queued Max – The maximum time any call spent in queue during the interval covered by the report.

*** The goal is no longer than 7 min for either group**

Abandoned Calls for April 1, 2021 - April 18, 2021



Total Calls Accepted = 4,926
 Abandoned Calls = 69
 Abandoned Call Rate = 1.4%

SPI Workload Report

April 1, 2021 - April 18, 2021

| SPI Name | Agent Number | Total Cases | Total Exposures | % Exposure | Total Info Requests | % Info | Total Follow-Ups | % F/U | # 8hr Shifts Worked | # Total Forced Calls | Avg. Forced per Shift (<0.2) | % Release | Chart Generation per hour | % Idle | # of Break Codes Used | Break Factor | Longest Break Taken (hh:mm:ss) | QA Case Reviews | QA Case Factor | Surveys |
|-------------------|--------------|-------------|-----------------|------------|---------------------|--------|------------------|-------|---------------------|----------------------|------------------------------|-----------|---------------------------|--------|-----------------------|--------------|--------------------------------|-----------------|----------------|---------|
| Anderson, Bart | 50904 | 387 | 200 | 51.7 | 16 | 4.1 | 171 | 44.2 | 13 | 1 | 0.1 | 24.2% | 2.08 | 41.8 | 25 | 1.9 | 0:17:24 | 92 | 7.1 | 5 |
| Asamoah, Kwaku | 59509 | 44 | 25 | 56.8 | 2 | 4.5 | 17 | 38.6 | 2 | 0 | 0.0 | 13.6% | 1.69 | 41.4 | 6 | 3.0 | 0:18:41 | 0 | 0.0 | 0 |
| Baskerville, Dale | 51242 | 275 | 100 | 36.4 | 5 | 1.8 | 170 | 61.8 | 10 | 0 | 0.0 | 19.5% | 1.31 | 48.3 | 14 | 1.4 | 0:18:41 | 53 | 5.3 | 3 |
| Capell, Nicky | 59651 | 400 | 209 | 52.3 | 9 | 2.3 | 182 | 45.5 | 13 | 0 | 0.0 | 24.3% | 2.10 | 33.1 | 28 | 2.2 | 0:18:00 | 48 | 3.7 | 3 |
| Dillon, Kelly | 57100 | 65 | 39 | 60.0 | 1 | 1.5 | 25 | 0.0 | 2 | 0 | 0.0 | 30.0% | 2.50 | 39.5 | 5 | 2.5 | 0:16:23 | 0 | 0.0 | 0 |
| Douglas, Dionna | 50884 | 255 | 128 | 50.2 | 9 | 3.5 | 118 | 35.2 | 9 | 0 | 0.0 | 21.9% | 1.52 | 45.6 | 19 | 2.1 | 0:20:47 | 25 | 2.8 | 4 |
| Evans, Donna | 55779 | 335 | 137 | 40.9 | 10 | 3.0 | 188 | 51.5 | 11 | 0 | 0.0 | 24.6% | 1.67 | 48.6 | 20 | 1.8 | 0:17:55 | 53 | 4.8 | 11 |
| Forbes, Cleomie | 56239 | 365 | 175 | 47.9 | 10 | 2.7 | 180 | 92.3 | 12 | 1 | 0.1 | 34.1% | 1.93 | 34.0 | 34 | 2.8 | 0:18:47 | 7 | 0.6 | 0 |
| Going, Robert | 50089 | 195 | 94 | 48.2 | 8 | 4.1 | 93 | 30.9 | 8 | 0 | 0.0 | 22.3% | 1.59 | 25.1 | 17 | 2.1 | 0:17:49 | 45 | 5.6 | 4 |
| Hash, Christina | 50081 | 301 | 181 | 60.1 | 13 | 4.3 | 107 | 27.7 | 10 | 0 | 0.0 | 15.2% | 2.43 | 49.0 | 21 | 2.1 | 0:17:46 | 0 | 0.0 | 0 |
| Heard, Julia | 50358 | 386 | 160 | 41.5 | 14 | 3.6 | 212 | 54.9 | 12 | 0 | 0.0 | 18.1% | 1.45 | 43.6 | 32 | 2.7 | 0:18:16 | 21 | 1.8 | 6 |
| Herrington, Lloyd | 51879 | 364 | 185 | 50.8 | 10 | 2.7 | 169 | 46.4 | 12 | 1 | 0.1 | 14.4% | 2.03 | 50.5 | 5 | 0.4 | 0:04:41 | 0 | 0.0 | 1 |
| House, Philip | 59631 | 527 | 232 | 44.0 | 17 | 3.2 | 278 | 52.8 | 15 | 0 | 0.0 | 15.8% | 2.08 | 40.4 | 36 | 2.4 | 0:17:27 | 117 | 7.8 | 2 |
| Howe, Kurt | 52698 | 214 | 106 | 49.5 | 5 | 2.3 | 103 | 48.1 | 8 | 0 | 0.0 | 18.9% | 1.73 | 41.2 | 19 | 2.4 | 0:17:04 | 58 | 7.3 | 0 |
| Kinan, Karen | 59508 | 506 | 234 | 46.2 | 16 | 3.2 | 256 | 50.6 | 13 | 1 | 0.1 | 21.3% | 1.92 | 48.5 | 29 | 2.2 | 0:17:08 | 153 | 11.8 | 32 |
| Marini, Mario | 58142 | 403 | 176 | 43.7 | 8 | 2.0 | 219 | 54.3 | 14 | 1 | 0.1 | 20.4% | 1.64 | 47.0 | 31 | 2.2 | 0:22:43 | 43 | 3.1 | 8 |
| Martin, Jill | 57580 | 323 | 124 | 38.4 | 14 | 4.3 | 185 | 57.3 | 9 | 1 | 0.1 | 18.6% | 1.92 | 47.4 | 4 | 0.4 | 0:09:08 | 44 | 4.9 | 2 |
| Proshok, Crystal | 56610 | 328 | 148 | 45.1 | 16 | 4.9 | 164 | 50.0 | 11 | 0 | 0.0 | 12.7% | 1.86 | 60.5 | 21 | 1.9 | 0:16:11 | 79 | 7.2 | 0 |
| Riddell, Sandra | 54197 | 358 | 161 | 45.0 | 13 | 3.6 | 184 | 51.4 | 12 | 1 | 0.1 | 34.1% | 1.81 | 38.4 | 34 | 2.8 | 0:18:24 | 111 | 9.3 | 2 |
| Tully, Jason | 56508 | 302 | 169 | 56.0 | 6 | 2.0 | 127 | 42.1 | 9 | 1 | 0.1 | 12.0% | 2.43 | 42.0 | 17 | 1.9 | 0:16:30 | 0 | 0.0 | 0 |
| Velazco, Miguel | 55974 | 318 | 160 | 50.3 | 10 | 3.1 | 148 | 46.5 | 9 | 1 | 0.1 | 20.7% | 2.36 | 50.6 | 25 | 2.8 | 0:17:11 | 43 | 4.8 | 0 |
| Wright, Shannon | 59820 | 247 | 142 | 57.5 | 15 | 6.1 | 90 | 36.4 | 11 | 0 | 0.0 | 16.2% | 1.78 | 53.7 | 24 | 2.2 | 0:17:32 | 42 | 3.8 | 2 |
| Yunez, Canaan | 59368 | 106 | 55 | 51.9 | 1 | 0.9 | 50 | 47.2 | 5 | 2 | 0.4 | 35.4% | 1.40 | 39.3 | 18 | 3.6 | 0:18:27 | 0 | 0.0 | 0 |
| | | 6617 | 3140 | 47.5 | 228 | 3.4 | 3436 | 51.9 | 217 | 10 | 0.0 | 21.5% | 1.87 | 44.1 | 453 | 2.1 | 0:17:04 | 942 | 4.3 | 85 |

*RPH - The number of incoming calls received when logged into the Shortel Contact Center System.





*Chart Generation per hour - The number of charts (exposure + information) generated per shift.




*% Release - This number reflects the amount of time in the office.

*Breaks - The longest break will not exceed 30 minutes

April Incentive Metrics

Must meet 4 out of the 5 metrics

| Group Name | 1 | 2 |
|-------------|--|--|
| | Time - Max Wait to Abandon | Time - Queued Max |
| E - GEN PUB | 00:07:12  | 00:13:09  |
| E - HCP | 00:06:06  | 00:10:14  |

| 3 | 4 | 5 |
|--|--|--|
| Breaks April 2021  | Abandoned call rate April 2021 | Surveys (minimum of 5 and no zeros)  |
| 2 breaks were longer than 20 minutes | 1.4%  | SPIs w/ zero surveys – 9 SPIs w/less than 5 surveys - 9 |

STROKE UPDATE

4/20/2021

Agenda

- New Hospitals
 - St. Francis Emory—Live, nights, 2 weeks a month--REACH
 - Habersham Launch 4/21/2021—Polycom RealPresence Software
 - Navicent, Navicent Baldwin, 5/1/2021?
- Stroke Numbers
- Charting: Tox Sentry Info Chart: Rule-Based Coding Updates
- Neuroscience Symposium
- Trouble Shooting
- Upcoming Training
- Questions

New Hospitals

- Emory St. Francis—LIVE—REACH-Ensure you have Access
- HABERSHAM—Goes Live 4/21/2021—Polycom RealPresence

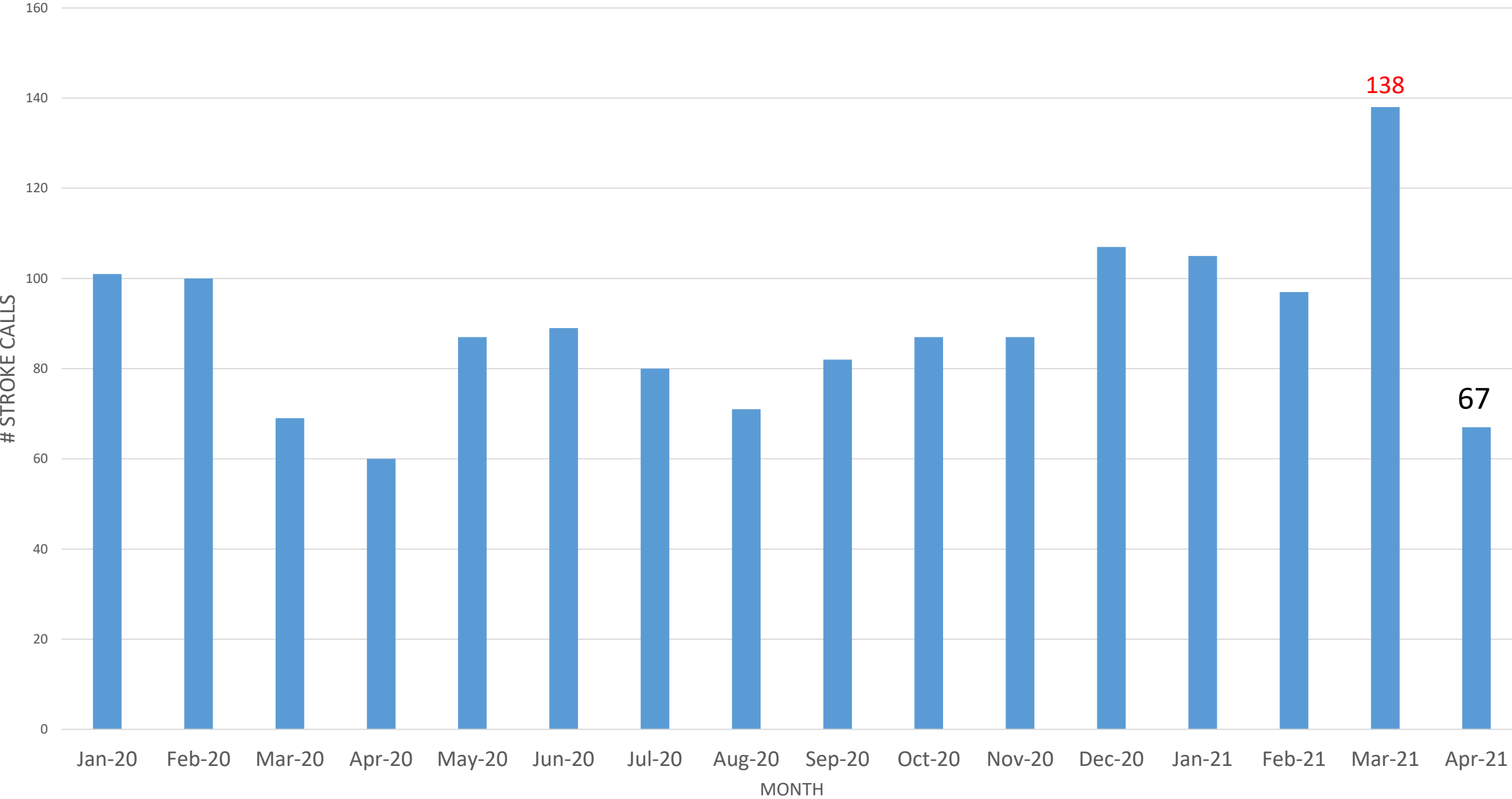
- Navicent-Macon—Expected Start 5/1/2021 (7P-7A)
- Navicent-Baldwin—Expected Start 5/1/2021 (24/7)

- On the Horizon: Boca Raton, Bethesda in Florida

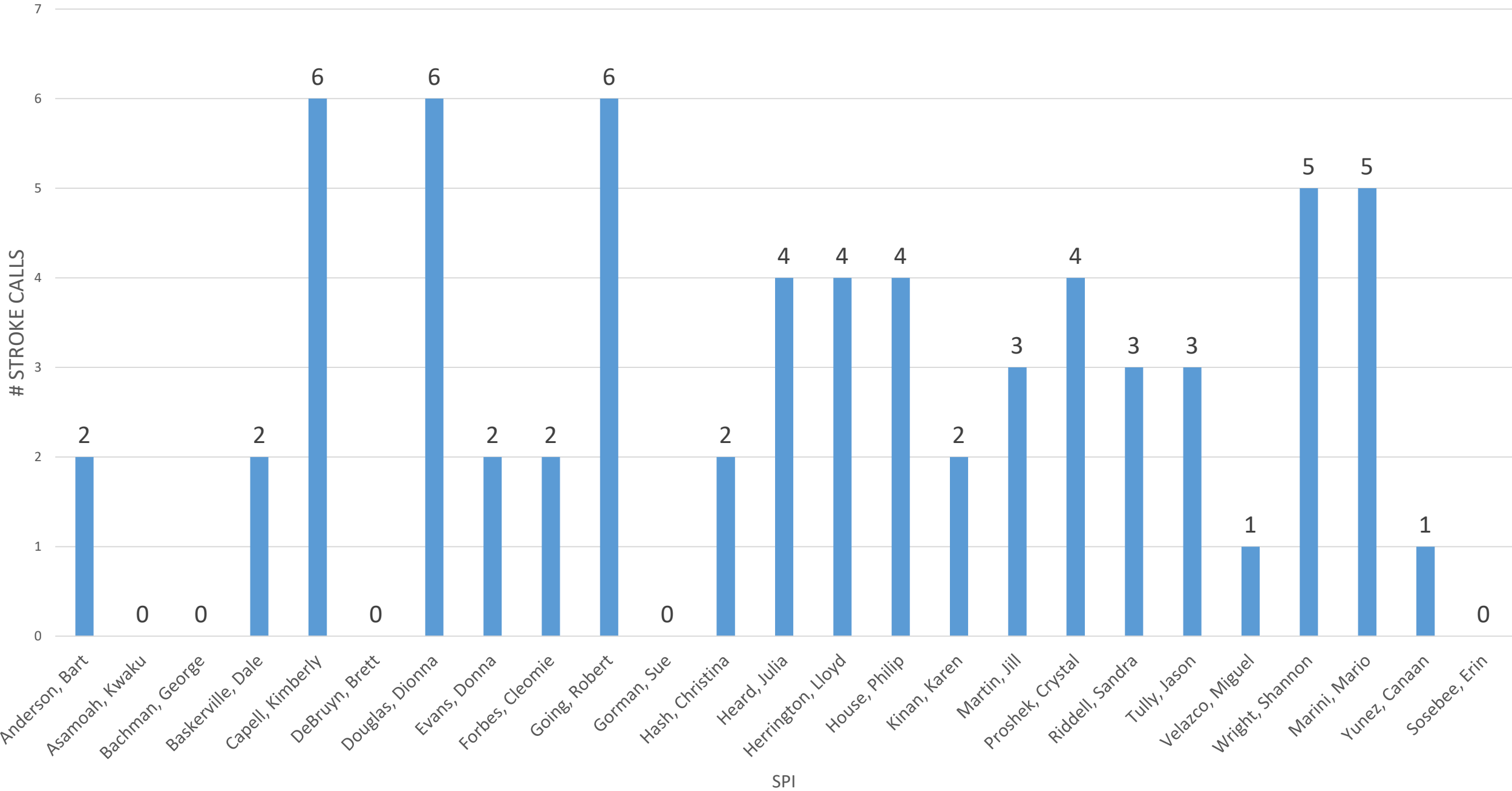
Call Volume

| Year | Total Stroke Calls | Calls Per Day |
|--------------|---------------------------|----------------------|
| 2018 | 76 | 0.83 |
| 2019 | 1215 | 3.33 |
| 2020 | 1020 | 2.79 |
| 2021 | 407 | 3.73 |
| TOTAL | 2718 | |

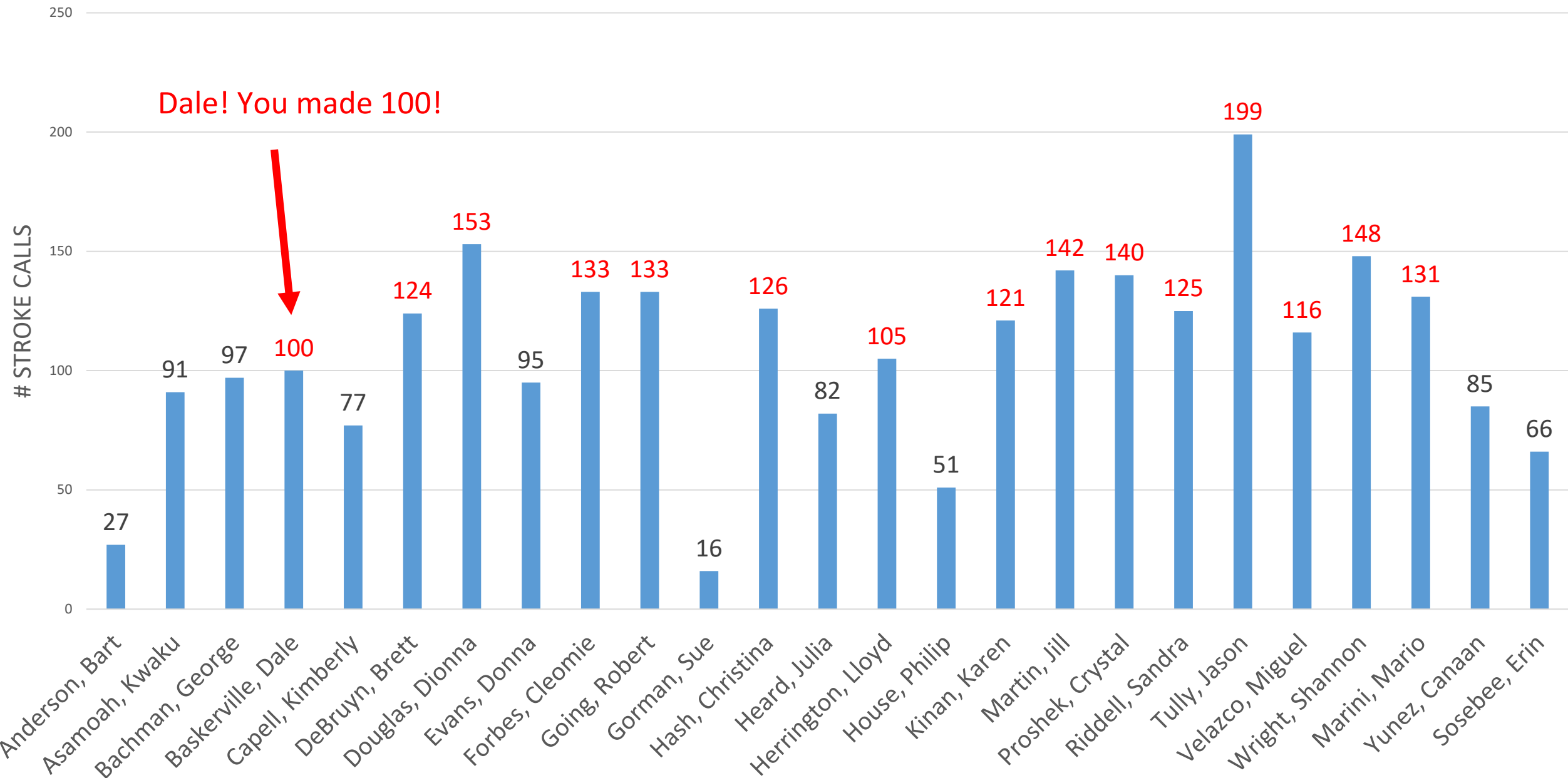
STROKES PER MONTH 2020/2021



April 2021 STROKE CALLS



TOTAL STROKE CALLS PER SPI



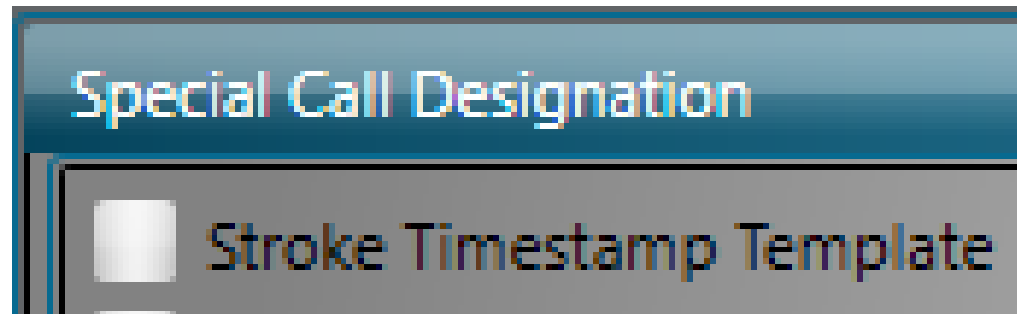
CHARTING

- TIME STAMPS: MAKE SURE YOUR CHART IS COMPLETE
- First: ED MD Last: (Pt Last Name, First Name)
- Caller Site: Other (code): MSN Hosp
- Call Type: Medical, Call Sub-Type: Stroke Call Management
- COVID + Substance Code
- Rule-Based Coding*
- Special Call Designation: Stroke Timestamp Template

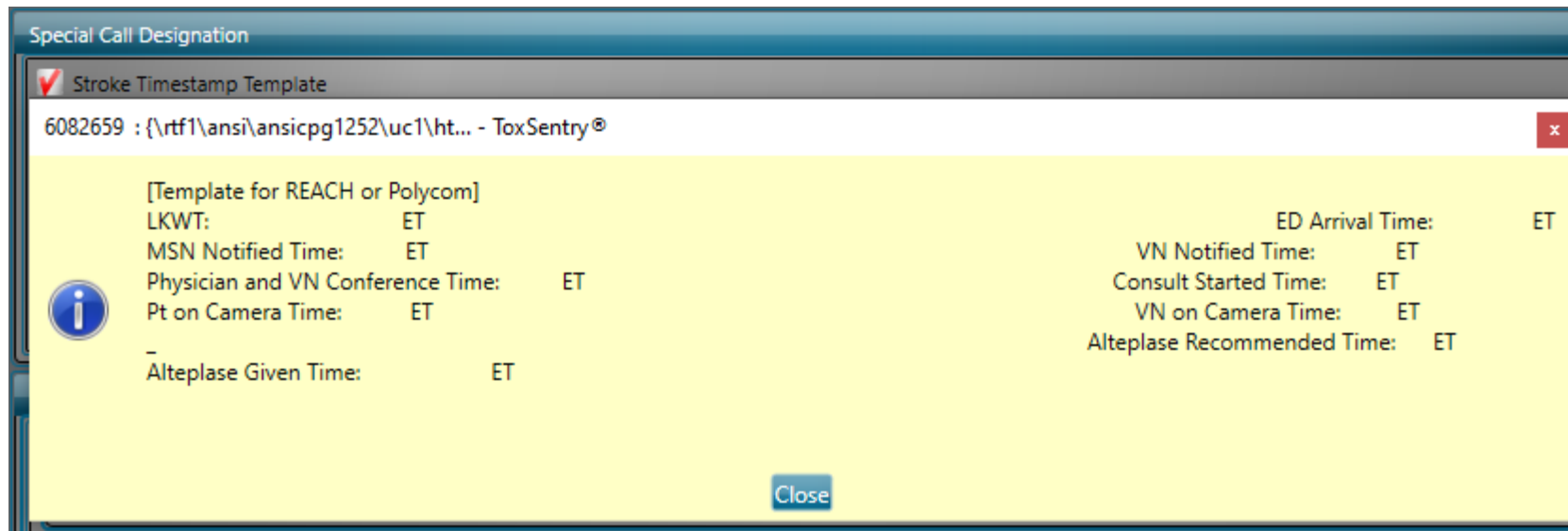
*Updates with new Tox Sentry Version

Stroke Info Chart Updates: The previous Special Call Designations Are Removed.

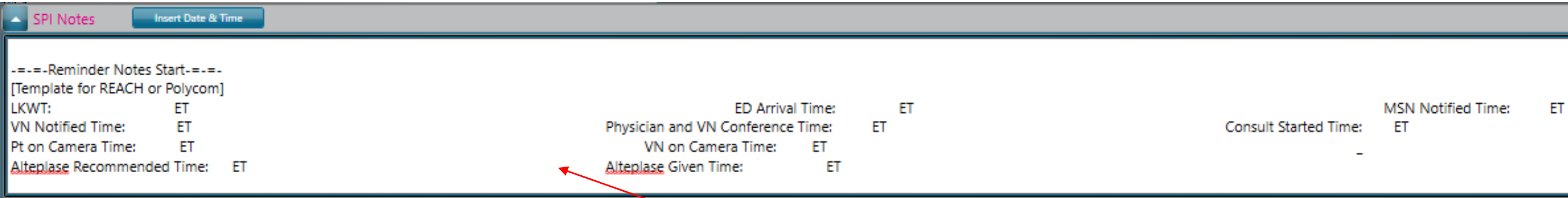
NEW Special Call Designation: Stroke Timestamp Template to help you Copy/paste time stamps to REACH or Googlevoice to VN.



Just Click: Close, and the Text disappears, but remains in the SPI Note Section Like the Tide Pod Reminder.



Time Stamp Template



LKWT: ET
ED Arrival Time: ET
MSN Notified Time: ET
VN Notified Time: ET
Physician and VN Conference Time: ET
Consult Started Time: ET
Pt on Camera Time: ET
VN on Camera Time: ET
-
Alteplase Recommended Time: ET
Alteplase Given Time: ET

You can Highlight, the SPI Notes Text, copy, and paste the Time Stamps In REACH or in a Google Voice. They save in the proper format: line by line.

COMING SOON: Tox Sentry 2.3.1.2 AD

Will Introduce Date & Time for Rule Based Coding

Will have Validation Errors if not filled in.

Will Have Drop down menu for VN.

Will have Either Or Option for Video/Phone Only AND Alteplase Given Yes/No.

Rule Based Coding

MSN Stroke Template 2a: 14 Questions

| | | |
|--|-------------------------------------|--|
| * Patient Info: Name, DOB, MRN, Gender, Race | <input type="text"/> | |
| * History: HPI, PMH, Medications, BP, INR | <input type="text"/> | |
| * Last Known Well Time | Date & Time <input type="text"/> 15 | <input type="checkbox"/> Unknown <input type="text"/> <input type="checkbox"/> Unknown |
| * ED Arrival Time | Date & Time <input type="text"/> 15 | <input type="checkbox"/> Unknown <input type="text"/> <input type="checkbox"/> Unknown |
| * MSN Notified Time | Date & Time <input type="text"/> 15 | <input type="checkbox"/> Unknown <input type="text"/> <input type="checkbox"/> Unknown |
| * Vascular Neurologist Notified Time | Date & Time <input type="text"/> 15 | <input type="checkbox"/> Unknown <input type="text"/> <input type="checkbox"/> Unknown |

SPI Notes

Marcus Stroke and Neuroscience Center Stroke Awareness Month Educational Series

- Noon-1PM Free Registration Online—
<https://www.gradyhealth.org/marcus-stroke-and-neuroscience-center/stroke-awareness-month-events/>
- May 7: Dr. Alhamza Al-Bayati - Intracranial Aneurysms
- May 14: Dr. Raul Nogueira - Acute Stroke: How Will Current Clinical Trials Shape Future Treatment Options
- May 21: Dr. Nicolas Bianchi - Unusual Causes of Stroke and Why It's Important to Find Them
- May 28: Dr. Jonathan Ratcliff - Impact of COVID-19 on Stroke

TROUBLE SHOOTING

- BEZOAR
- 

MARCUS STROKE NETWORK
(1-844-MST-DOCS / 1-844-678-3627)

REACH (REAL) WEBSITE

www.reachhealthconsult.com

username: contact STEPHANIE or JASON for your username

password: Temp432! (for all first-time log-ins) then change it to STROKE32!a

PolyCom Guide – Instructions, username, and password

***** Procedure-When-Answering a Stroke Call***** as of 12.1.2020

For Ischemic Strokes: LYSIS PAGER (INSTRUCTIONS**) – 404-686-5500, 59747#**

For Hemorrhagic Strokes: Grady Transfer Center: 404-616-4061

MSN GPC Policies and Procedures Manual – 10.2019

Mock Consult REACH stroke note with addendum

Mock Consult REACH stroke note, complete

Troubleshooting VN issues during a stroke call, rev 5.2019

Troubleshooting SOUND/MICROPHONE problems

Stroke Consult occurs within last 60 minutes of a shift

Begin consultation as normal and choose one of the following options:

1. Start a TS info chart, and take the initial details of the event (Hospital name, contact number, patient name, door time, ER MD's name). Manage the stroke call –(or)—
2. If within a reasonable time period, complete the stroke call until EOS and hand off to SS or other available SPI as needed –(or)—
3. Whichever SPI is idle the longest and has MORE than 60 mins left in their shift will need to pick up the stroke consult from here. A verbal handoff should occur between the SPI leaving soon and the SPI now responsible for the rest of the consult.

Stroke Call arrives when all specialists are on a call and it rings the BCA emergency line:

1. STROKE CALLS AND EMERGENCY LINE CALLS ARE TOP PRIORITY—SOMEONE HAS TO ANSWER THIS CALL AS SOON A POSSIBLE.
2. When the stroke call alert is heard, this clues the specialist in to be looking at either TEAMS, the dashboard, or the Mitel phone.
3. If all available specialists are on a call, the BCA will ring and continue flashing on the emergency line until answered. (The call will not revert back to the queue.)
4. Everyone should be geared to put their call on a brief hold to answer the emergency line.
5. If this is a stroke call, it will generally be a brief intake call to gather the following: Hospital, Pt name, and Arrival time. After ending the stroke call, there are 3 options available to the specialist.
 - a. Manage the remainder of your call, and go on stroke release code and manage the stroke case.
 - b. Notify the group via Skype that the next available person needs to go on stroke release and manage the stroke call.
 - c. Manage the stroke call and PAQ the current (Poison) call to another specialist.
6. If another specialist needs to manage either the Stroke case or the poison case, the SS will designate who will take the call in the event there are no volunteers

Upcoming Training for Stroke

- Kurt and Kiet

Questions?