

Georgia Poison Center Meeting Agenda

June 29th, 2021
1:30pm-4:30pm

1:30 PM – Meeting Introduction – GPL, SLH

- FMLA/ Resignations/ Terminations – RI
- Open Positions/New Hires/ Position Changes/ Recognition – TG, MD/PharmD Fellows, CW, PF

1:40 pm – GHS HR Update- Kathy Rocker- Human Resources Consultant

- Intro- New team member and first point of contact for any employment needs
- Standard Insurance (Create an account)
- Biometric Health Screenings (Open Enrollment 2022)

1:50 pm – GPC Stroke Service Update – Jason Tully, MD, CSPI

2:30 pm – Education Department – BO, KT

- 2021 Education Outreach Projects
- 2021 Webinar Series
- Reinstallation of EOQ Award

2:35 pm – Medical Director Update/Information Technology Update – RJG, GPL, CNP IT

- TS Email Issues
- Profiles
- Call Quality Issues
- Compliance Screen Saver
- Avaya Softphone Bridge Updates
- Microsoft Suite Upgrades
- Mitel/ Avaya Phone Updates
- Telstrat Recording system

3:00 pm – GPC Operations – GPL, RJG, SLH

- Grady AMT Modules '21
- 2021 NACCT
- 2021 CSPI Exam
- Cases followed to Death
- Covid/Ebola Updates
- Blind Transfers
- APAP <10mcg/mL
- PC Charts – Copy and Paste
- Return to work plan
- July/Aug NS Staffing
- Counterfeit Opioids/Benzos
- Follow-up Survey
- SPI CE
- SH Team Goals
- GHS mail access
- COL increases
- Clayton County MOU update

4:00 pm – Digoxin Review – Andres Guzman-Soto, MD, Med Tox Fellow

4:30 pm – Meeting Adjourned

******* Next Meeting TUESDAY July 27th, 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 May 2021
P.O. BOX: 26066

DATE: June 29, 2021

Service

Call volume stats for May 2020 - May 2021

		May-20	May-21	% Change
Total Calls (Incoming)		7,955	8,259	3.82%
Exposure Cases*		6,514	6,455	-0.91%
	Human	6,170	6,183	0.21%
	Animal	344	272	-20.93%
Information Request		1,441	1,804	25.19%
Public Health Situation		970	1,315	35.57%
Pill Identification		30	26	-13.33%
Other		77	27	-64.94%
Follow-ups		5,800	7,683	32.47%
Customer Satisfaction				
Calls Abandoned		56	117	
Calls Accepted		6672	8733	
Abandoned Call Rate		0.8%	1.3%	
Customer Service Survey Completed				
	Live Agent	441	126	

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**

SPI Workload Report

June 1, 2021 - June 27, 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	296	150	50.7	8	2.7	138	46.6	12	0	0.0	23.3%	1.65	43.2	26	2.2	0:17:25	100	8.3	9
Asamoah, Kwaku	59509	450	258	57.3	17	3.8	175	38.9	20	0	0.0	17.8%	1.72	39.9	45	2.3	0:18:23	131	6.6	1
Baskerville, Dale	51242	495	198	40.0	11	2.2	286	57.8	18	1	0.1	19.2%	1.45	47.6	23	1.3	0:19:15	123	6.8	8
Capell, Nicky	59651	585	284	48.5	16	2.7	285	48.7	19	0	0.0	22.9%	1.97	34.6	37	1.9	0:19:03	54	2.8	6
Debruyne, Brett	50190	513	242	47.2	25	4.9	246	48.0	16	0	0.0	31.2%	2.09	44.2	30	1.9	0:06:44	322	20.1	8
Dillon, Kelly	57100	140	75	53.6	2	1.4	63	45.0	5	0	0.0	23.3%	1.93	50.7	8	1.6	0:23:42	0	0.0	0
Douglas, Dionna	50884	443	221	49.9	14	3.2	208	47.0	14	2	0.1	19.3%	1.68	46.1	37	2.6	0:19:42	70	5.0	7
Evans, Donna	55779	381	155	0.0	9	0.0	217	39.0	13	1	0.1	23.6%	1.58	46.6	22	1.7	0:17:02	9	0.7	4
Forbes, Cleomie	56239	556	234	42.1	6	1.1	316	109.0	17	0	0.0	37.7%	1.76	32.4	42	2.5	0:17:08	0	0.0	0
Going, Robert	50089	290	173	59.7	2	0.7	115	22.3	12	0	0.0	16.7%	1.82	48.9	24	2.0	0:17:18	66	5.5	11
Hash, Christina	50081	515	282	54.8	21	4.1	212	40.7	19	0	0.0	15.9%	1.99	48.8	42	2.2	0:17:47	0	0.0	0
Heard, Julia	50358	521	232	44.5	20	3.8	269	51.6	16	1	0.1	21.4%	1.58	41.4	40	2.5	0:17:44	43	2.7	7
Herrington, Lloyd	51879	445	215	48.3	22	4.9	208	46.7	17	1	0.1	13.6%	1.74	53.3	6	0.4	0:04:24	0	0.0	0
House, Philip	59631	371	138	37.2	15	4.0	218	58.8	10	1	0.1	13.9%	1.91	33.9	19	1.9	0:17:46	94	9.4	3
Kinan, Karen	59508	758	343	45.3	32	4.2	383	50.5	18	1	0.1	25.1%	2.08	43.9	45	2.5	0:17:42	50	2.8	26
Marini, Mario	58142	449	175	39.0	19	4.2	255	56.8	18	3	0.2	21.5%	1.35	45.3	36	2.0	0:18:37	21	1.2	6
Martin, Jill	57580	453	202	44.6	18	4.0	233	51.4	12	5	0.4	27.7%	2.29	44.0	10	0.8	0:11:48	54	4.5	0
Proshok, Crystal	56610	477	233	48.8	29	6.1	215	45.1	17	1	0.1	14.5%	1.93	59.0	36	2.1	0:17:41	0	0.0	0
Rentschler, Alexandra	53980	353	166	47.0	3	0.8	184	52.1	16	1	0.1	18.3%	1.32	34.4	27	1.7	0:18:15	0	0.0	0
Riddell, Sandra	54197	442	215	48.6	8	1.8	219	49.5	15	1	0.1	30.5%	1.86	39.7	40	2.7	0:17:28	141	9.4	3
Sosebee, Erin	59138	380	197	51.8	13	3.4	170	44.7	13	3	0.2	19.3%	2.02	42.7	27	2.1	0:17:25	64	4.9	2
Tully, Jason	56508	453	232	51.2	18	4.0	203	44.8	13	0	0.0	13.6%	2.40	42.5	24	1.8	0:17:50	0	0.0	1
Velazco, Miguel	55974	414	228	55.1	13	3.1	173	41.8	15	0	0.0	20.3%	2.01	52.3	43	2.9	0:23:50	0	0.0	0
Wright, Shannon	59820	437	250	57.2	17	3.9	170	38.9	18	0	0.0	14.4%	1.85	53.0	37	2.1	0:18:07	25	1.4	4
Yunez, Canaan	59368	331	169	51.1	13	3.9	149	45.0	17	3	0.2	31.8%	1.34	41.4	53	3.1	0:19:19	0	0.0	0
10652	5117	48.0	371	3.5	5310	49.8	368	25	0.1	21.9%	1.82	44.6	708	1.9	0:17:15	1267	3.4	106		

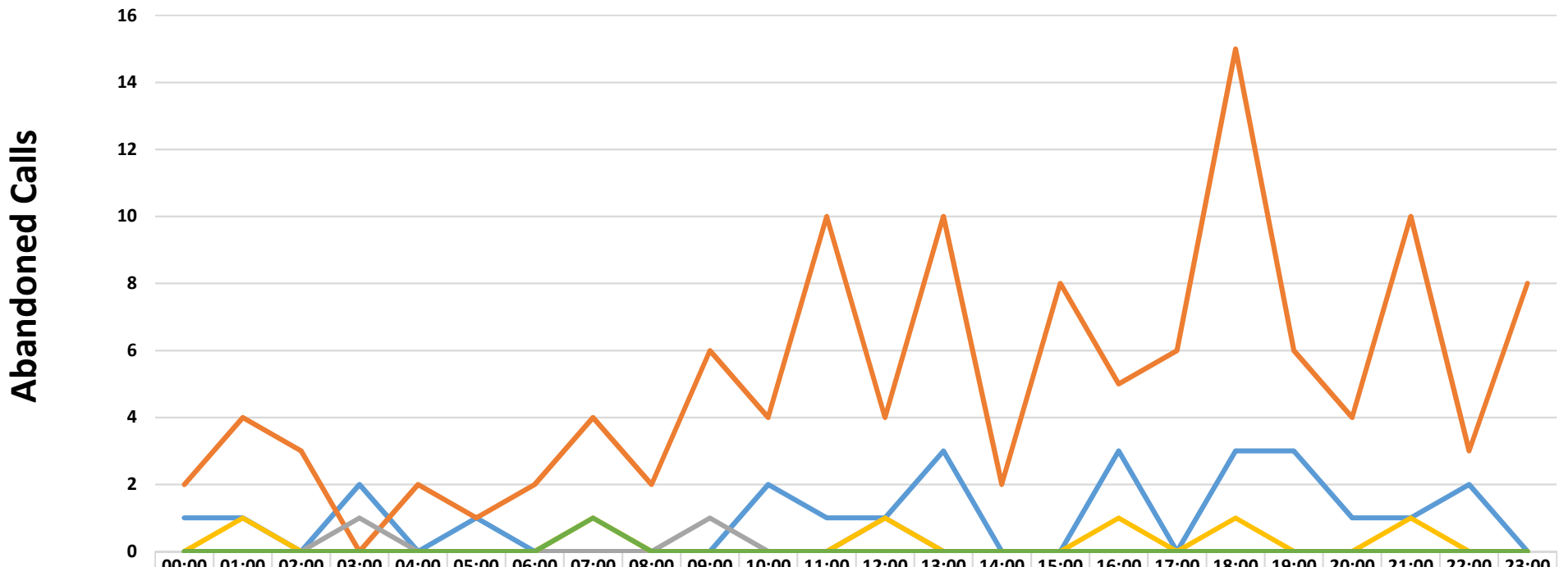
*RPH - The number of incoming calls received when logged into the Shortel Contact Center System.

*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

Abandoned Calls for June 1, 2021 - June 27, 2021



	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
E-HCP	1	1	0	2	0	1	0	0	0	0	2	1	1	3	0	0	3	0	3	3	1	1	2	0
E-Gen. Pub	2	4	3	0	2	1	2	4	2	6	4	10	4	10	2	8	5	6	15	6	4	10	3	8
S-HCP	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
S-Gen Pub	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0	1	0	0	1	0	0
S-Overflow	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Series6	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0





Total Calls Accepted = 7,438




Abandoned Calls = 114

Abandoned Call Rate = 1.5%

June 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	00:10:33 	00:12:56 
E - HCP	00:07:58 	00:13:42 
TOTAL	00:10:33	00:13:42

3	4	5
Breaks June 2021 	Abandoned call rate June 2021	Surveys (minimum of 5 and no zeros) 
2 breaks were longer than 20 minutes	1.5% 	SPIs w/ zero surveys – 9 SPIs w/less than 5 surveys - 7

STROKE UPDATE

6/29/2021

1

Agenda

- Pending Hospitals
- Stroke Numbers
- New Blue Sky Physician
- Unique Scenarios
- Stroke Survey
- Charting Reminder-New TS
- Updated Bezoar Stroke Page
- Questions

2

New Hospitals

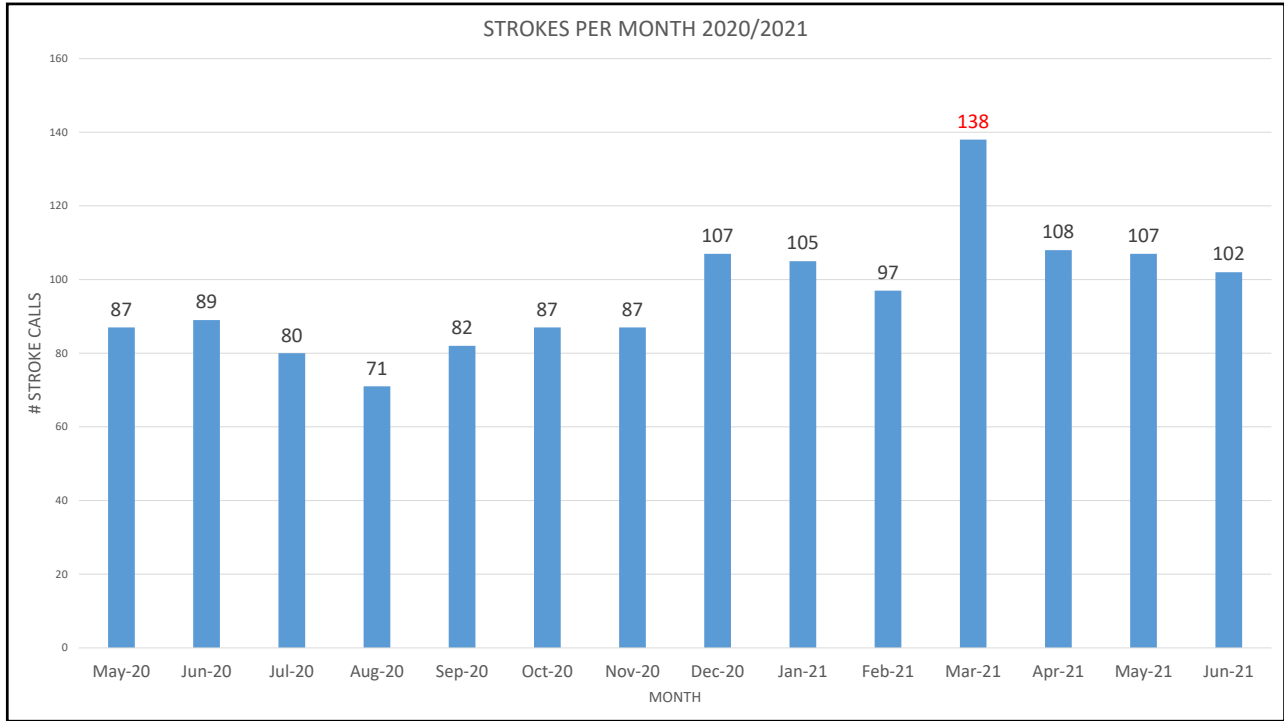
- Emory St. Francis—LIVE—REACH
- HABERSHAM—Technical Issues with IT—Polycom RealPresence
- Navicent-Macon—Expected Start TBD (7P-7A)
- Navicent-Baldwin—Expected Start TBD (24/7)
- On the Horizon: Boca Raton, Bethesda in Florida

3

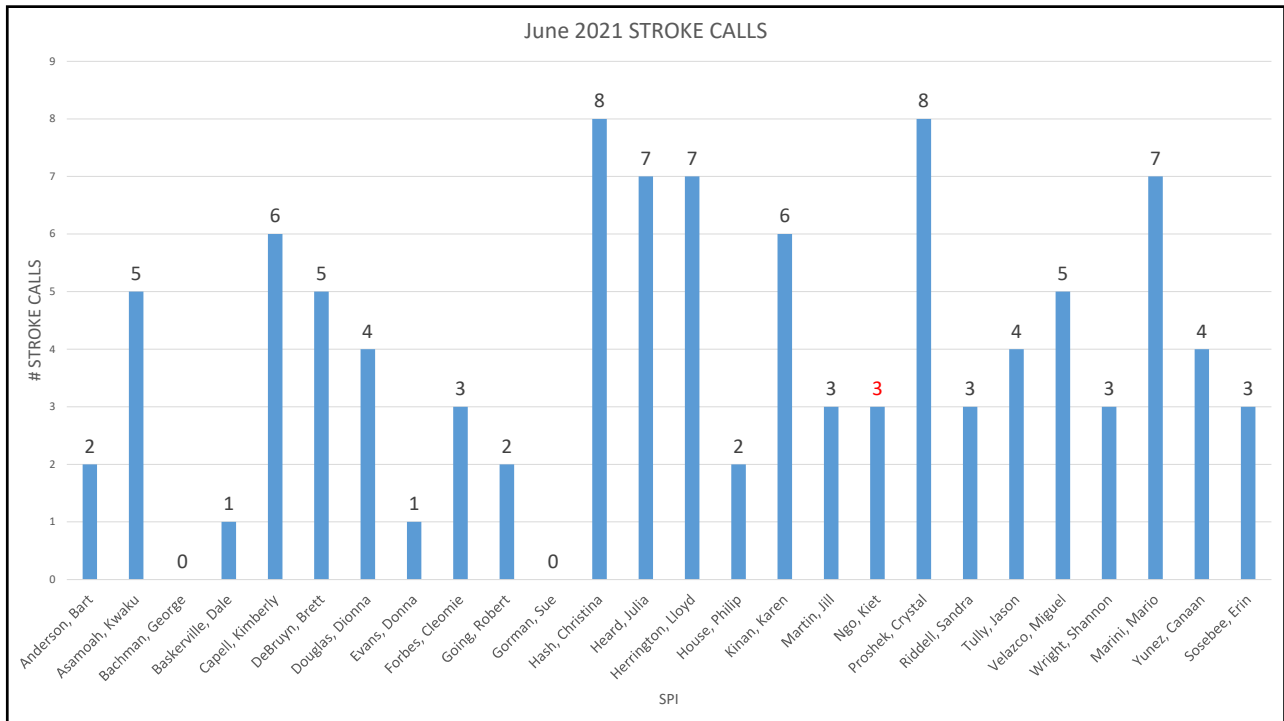
Call Volume

Year	Total Stroke Calls	Calls Per Day
2018	76	0.83
2019	1215	3.33
2020	1020	2.79
2021	657	3.65
TOTAL	2968	

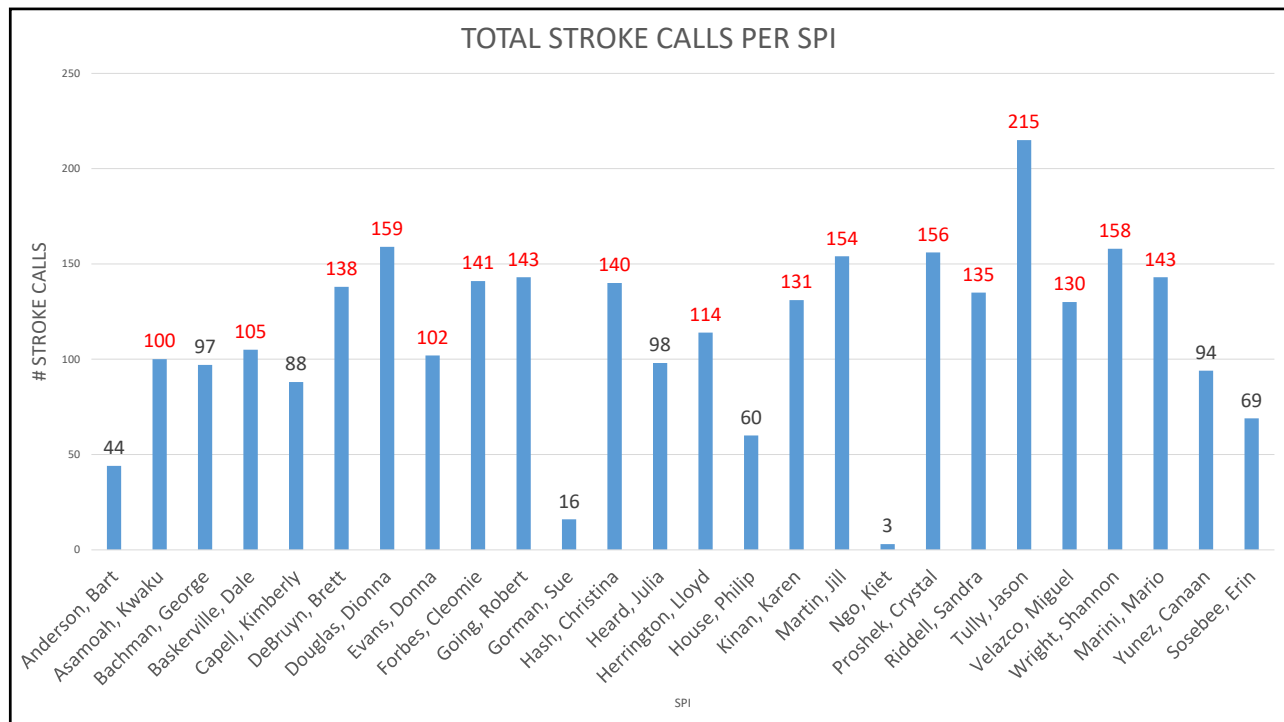
4



5



6



7

New Blue Sky Physician

- Saad Mir (850) 496-3439
- Starting July 26th
 - (Ali, Bennett, Burrell, Fanale, Mir, Scott, Spencer) 7 Total
 - Still only text the On Call VN
 - Back up number is Just in Case
 - Spencer has a home number

8

Unique Scenarios

- SAMC—Fast Track
- LYSIS: Houston, Perry, St. Francis, Habersham
- Archbold: Goes to Florida Hospital
- Alabama Hospitals (Troy, Dale, Mizell) go to SAMC
- Calls that are not an acute stroke
- CUSTOMER SERVICE

9

Stroke Survey

- For the Next 2 weeks:
- Chart Strokes as you normally do.
- Chart EVERY call back on a stroke Time of call and purpose of call, Use spi Credentials for brief note about the call back.

- Example: Question or Answer Field:
- 18:23: Dr. Polk calls back for VN to read CTA, connected with VN Dr. Bianchi, not a LYSIS candidate, admit, work up for stroke—JST 56508 (15 minutes of stroke release)

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CHARTING

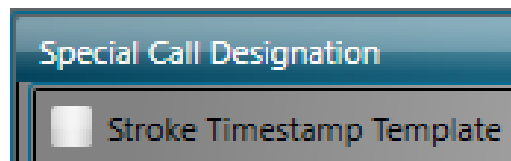
- TIME STAMPS: MAKE SURE YOUR CHART IS COMPLETE
- First: ED MD Last: (Pt Last Name, First Name)
- Caller Site: Other (code): MSN Hosp
- Call Type: Medical, Call Sub-Type: Stroke Call Management
- COVID + Substance Code
- Rule-Based Coding*
- Special Call Designation: Stroke Timestamp Template

*Updates with new Tox Sentry Version

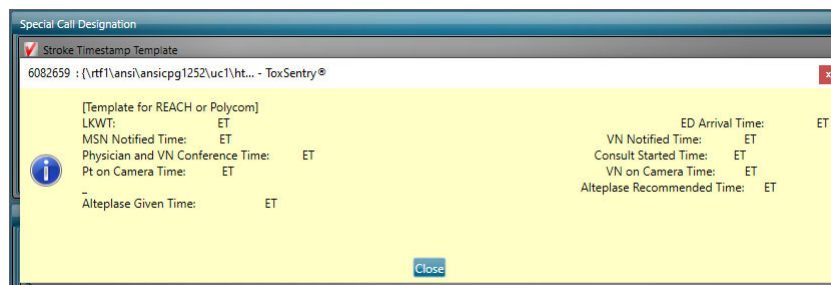
11

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.



12

JT2

Time Stamp Template

SPI Notes Insert Date & Time

---Reminder Notes Start---
 [Template for REACH or Polycam]

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

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.

13

COMING SOON: Tox Sentry 2.3.1.6 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

• History: HPI, PMH, Medications, BP, INR

• Last Known Well Time Date & Time 15 Unknown Unknown

• ED Arrival Time Date & Time 15 Unknown Unknown

• MSN Notified Time Date & Time 15 Unknown Unknown

• Vascular Neurologist Notified Time Date & Time 15 Unknown Unknown

SPI Notes Insert Date & Time

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TROUBLE SHOOTING

- BEZOAR

MSN Stroke

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 (updated 5.21)

*** Procedure-When-Answering a Stroke Call*** as of 5.2021

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](#) – 5.2021

[Mock Consult REACH stroke note with addendum](#)

[Mock Consult REACH stroke note, complete](#)

[Troubleshooting VN issues during a stroke call, rev 5.2019](#)

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Questions?

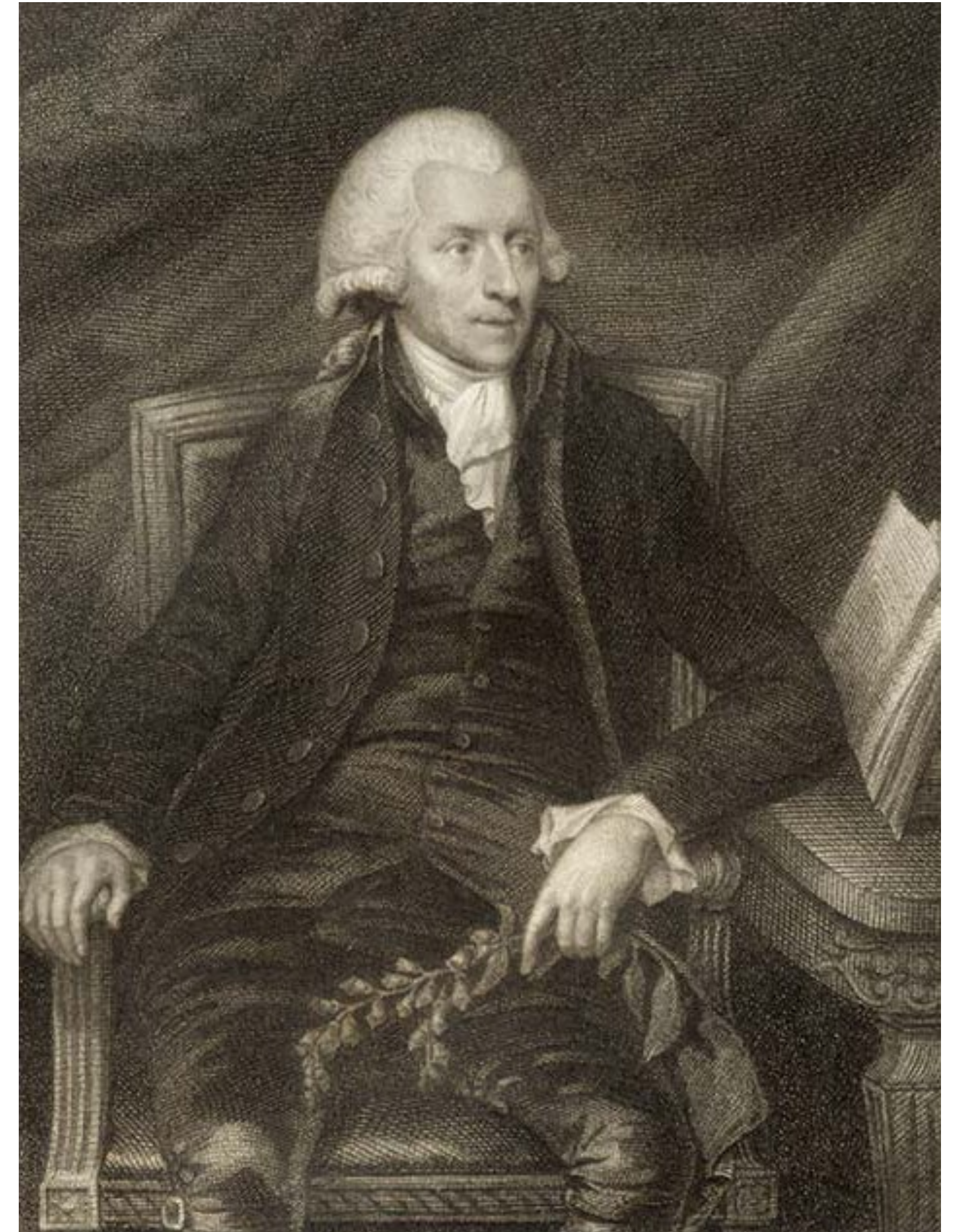
16

CARDIOACTIVE STEROIDS: DIGOXIN

ANDRES GUZMAN-SOTO, MD

OUTLINE

- Plants
- Chemistry
- Pharmacokinetics
- Mechanism of Action and pathophysiology
- Clinical manifestations
 - Acute vs Chronic
- Diagnostic testing
- Management



Cardiac Glycosides

↪ Can cause digoxin toxicity



Foxglove
Digitalis purpurea
Digitalis lanata



Common oleander
Nerium oleander



Yellow oleander
Thevetia oleander



Lilly of the valley
Convallaria majalis



Squill
Urginea maritima
Urginea indica



Ouabain
Strophanthus gratus



Dogbane
Apocynum cannabinum

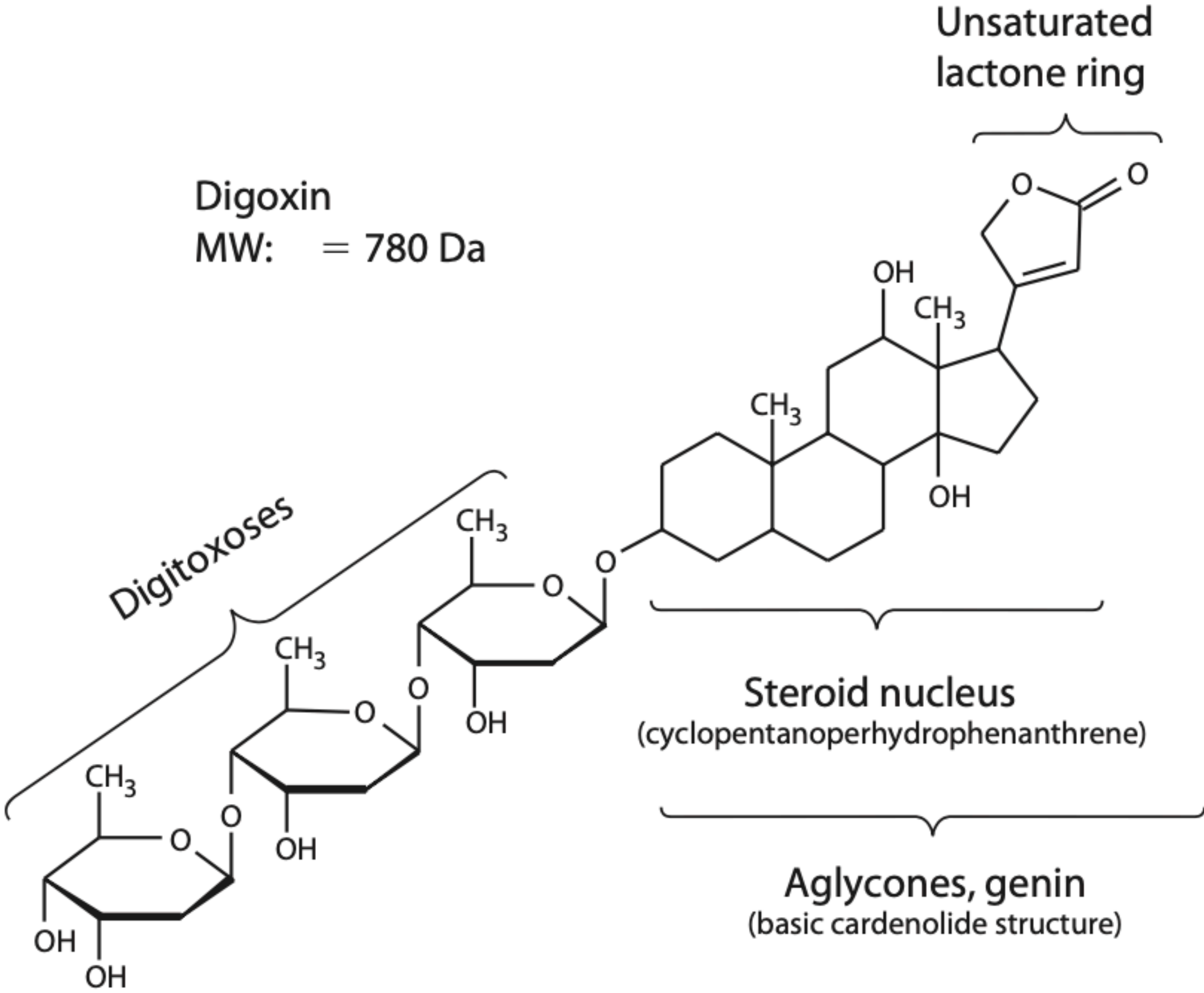


Wallflower
Cheiranthus cheiri



Cane toad venom
Bufo marinus

Digoxin
MW: = 780 Da



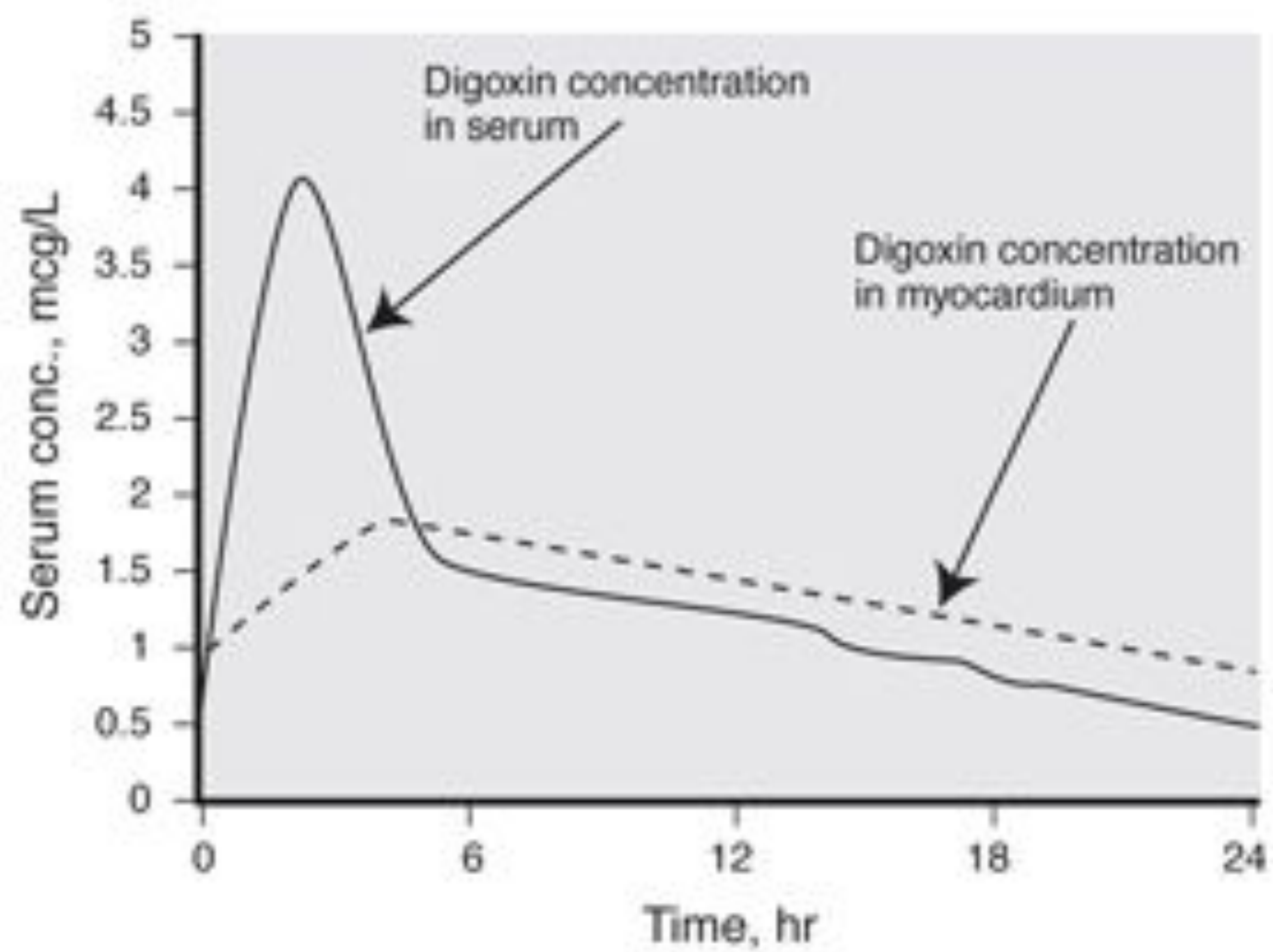


TABLE 62–1 Pharmacology of Selected Cardioactive Steroids

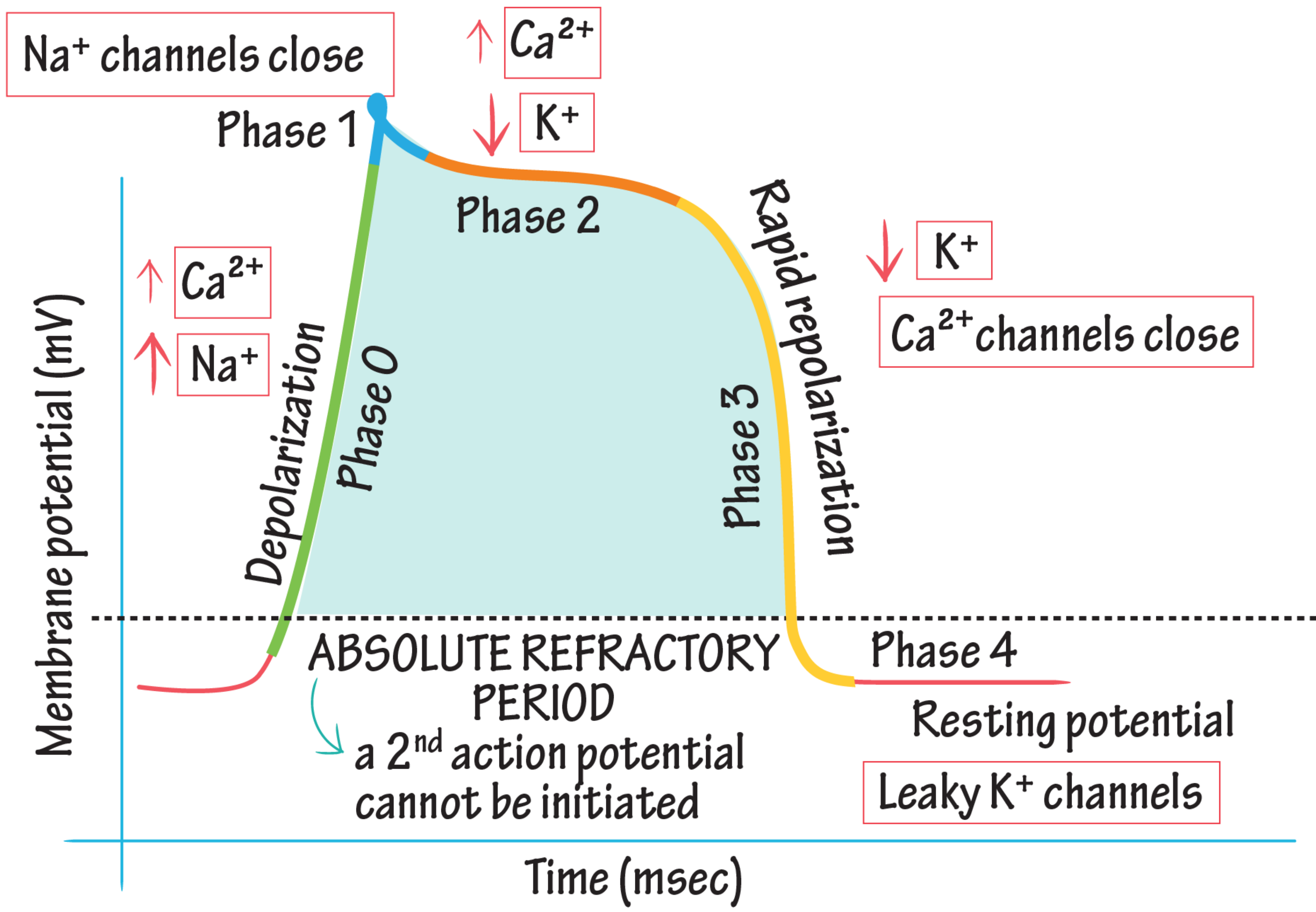
<i>Pharmacology</i>	<i>Digoxin</i>	<i>Digitoxin</i>
Onset of action		
PO	1.5–6 h	3–6 h
IV	5–30 min	30 min–2 h
Maximal effect (h)		
PO	4–6	6–12
IV	1.5–3	4–8
Intestinal absorption (%)	40–90 (mean, 75)	>95
Plasma protein binding (%)	25	97
Volume of distribution (L/kg)	5–7 (adults) 16 (infants) 10 (neonates) 4–5 (adults with kidney failure)	0.6 (adults)
Elimination half-life (days)	1.6	6–7
Route of elimination (%)	Renal (60%–80%), with limited hepatic metabolism	Hepatic metabolism (80%)
Enterohepatic circulation (%)	7	26

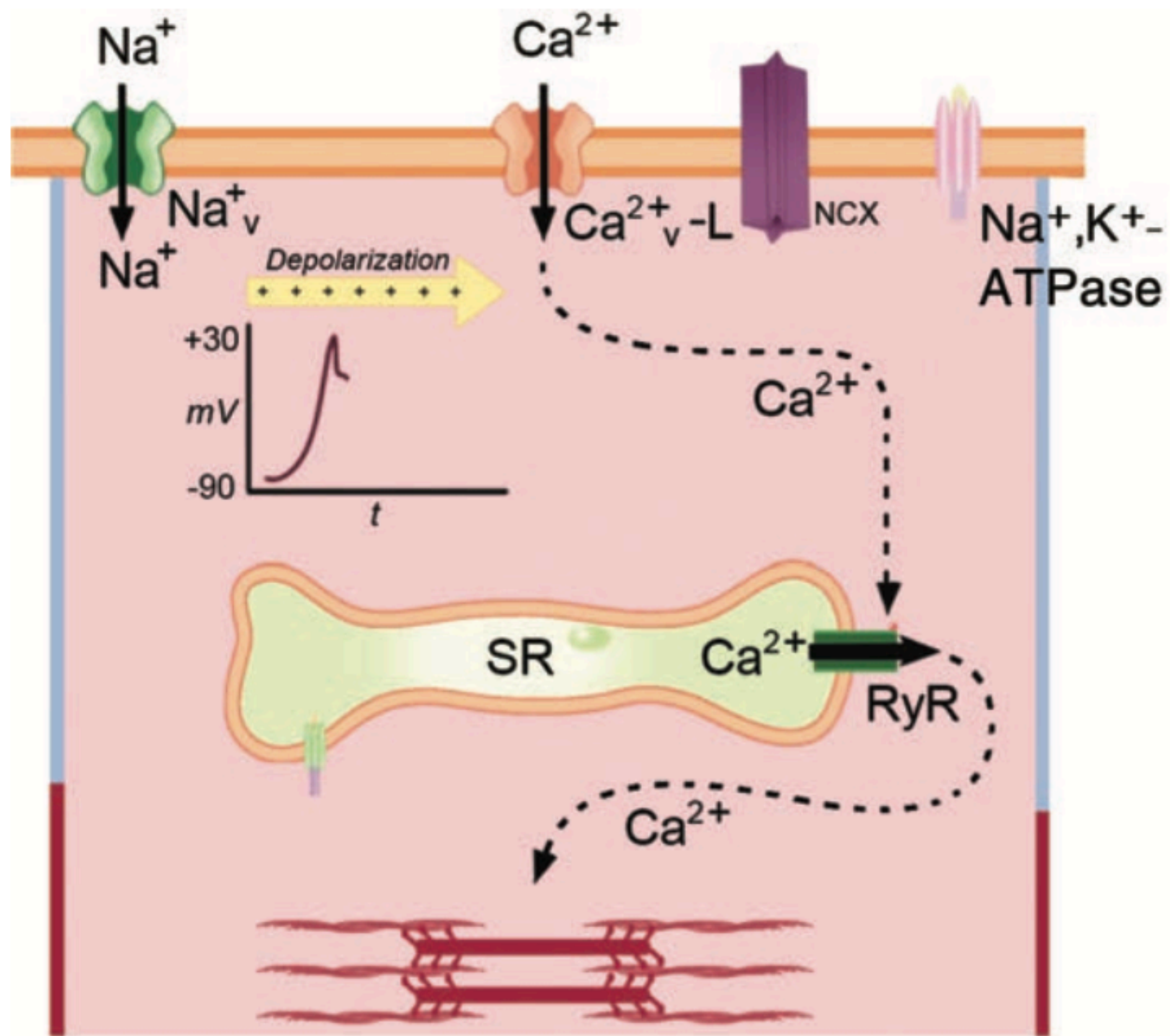
IV = intravenous; PO = oral.



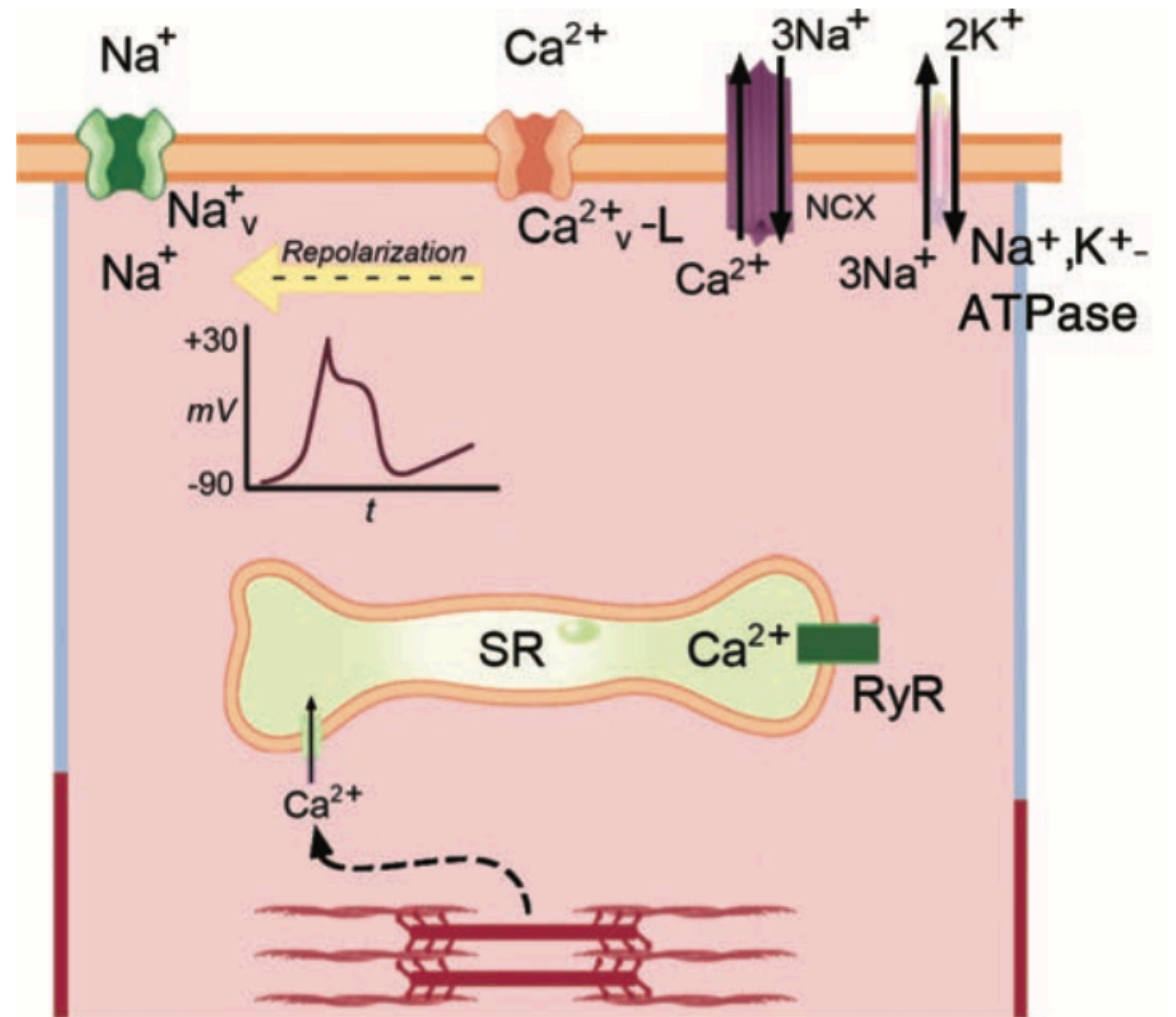
Medications that act as substrates, inhibitors or inducers of P-gp

Substrate	Inhibitors	Inducers
Cyclosporine Dipyridamole Digoxin Diltiazem Losartan Quinidine Tacrolimus	Amiloride Amiodarone Atorvastatin Carvedilol Cyclosporine Digoxin Diltiazem Dipyridamole Doxazosin Felodipine Lidocaine Lovastatin Nifedipine Propafenone Propranolol Quinidine Simvastatin Spironolactone Verapamil	Aspirin Cyclosporine Paclitaxel Reserpine

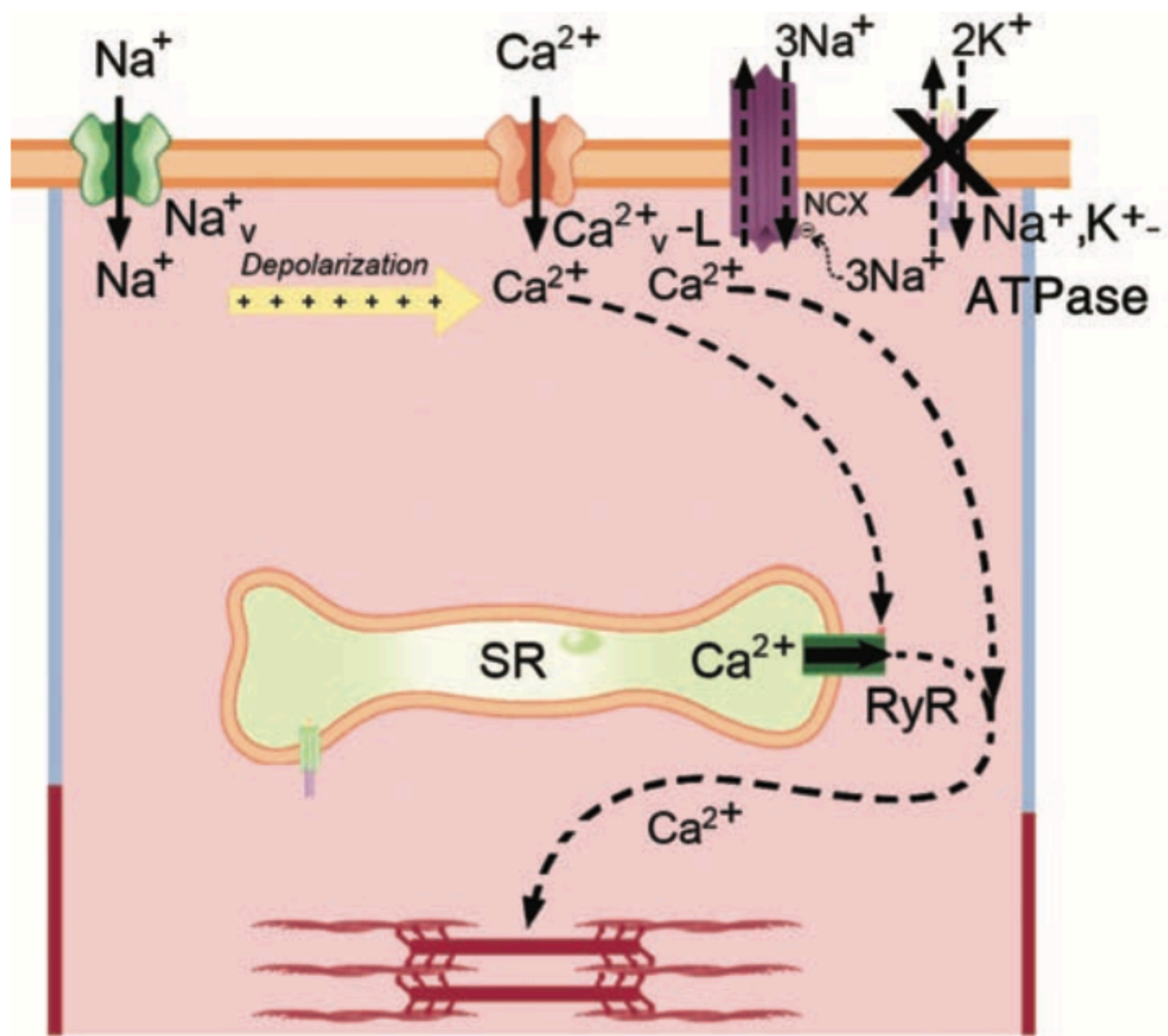




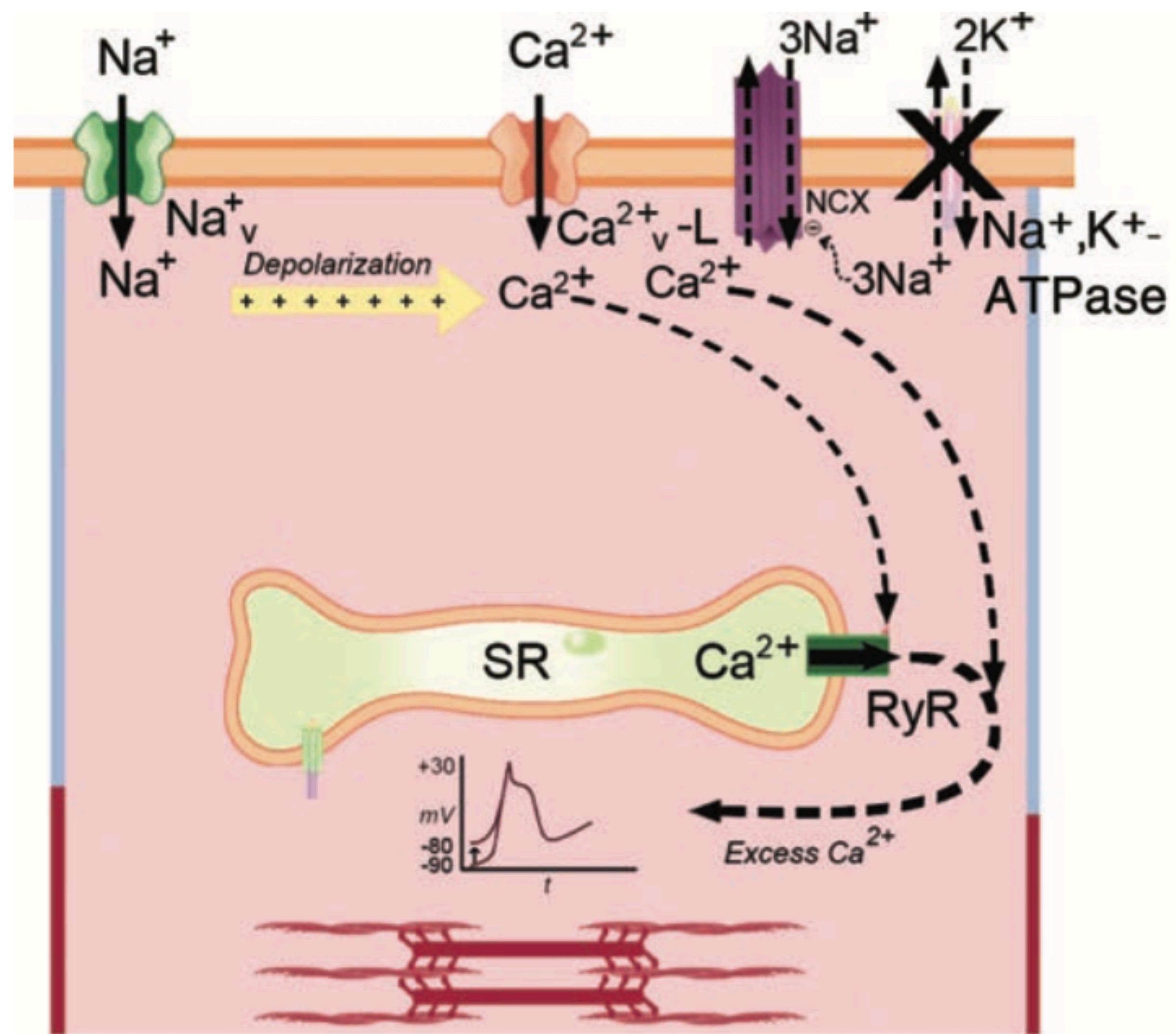
A



B



C



D

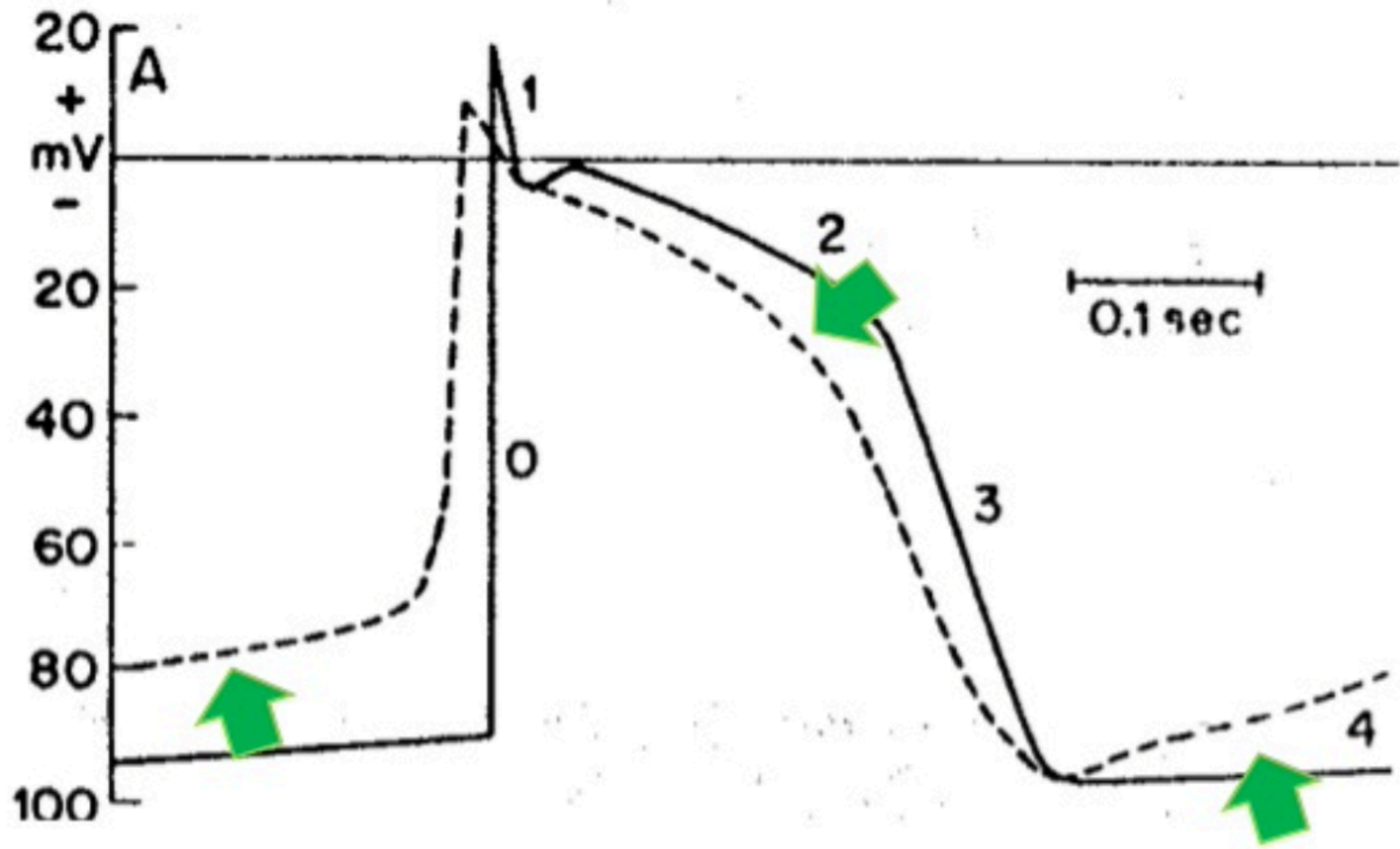


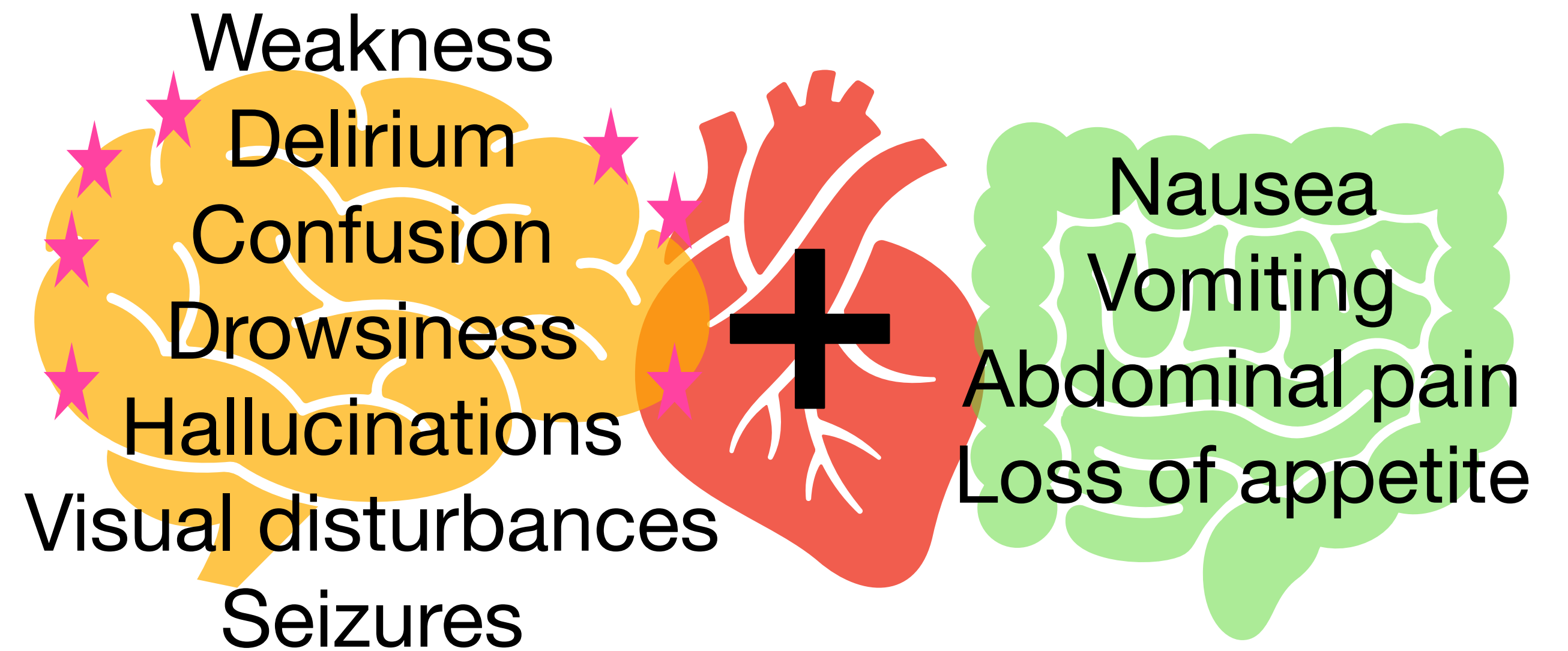
TABLE 62–2		Electrophysiologic Effects of Cardioactive Steroids on the Myocardium		
	<i>Atria and Ventricles</i>	<i>AV Node</i>	<i>Electrocardiography Findings</i>	
Excitability	↑	—	Extrasystoles, tachydysrhythmias	
Automaticity	↑	—	Extrasystoles, tachydysrhythmias	
Conduction velocity	↓	↓	↑ PR interval, AV block	
Refractoriness	↓	↑	↑ PR interval, AV block, decreased QT interval	

AV = atrioventricular.

Acute



Chronic





CLINICAL TOXICOLOGY, 6(2), pp. 153-162 (1973)

**Hyperkalemia in Acute Digitalis Poisoning:
Prognostic Significance and
Therapeutic Implications**

**C. BISMUTH,* M. GAULTIER, F. CONSO, and
M. L. EFTHYMIU**

**Toxicology Center and Department of Cardiology
Fernand Widal Hospital
Paris, France**



TABLE 62–3 **Cardiac Dysrhythmias Associated With Cardioactive Steroid Poisoning**

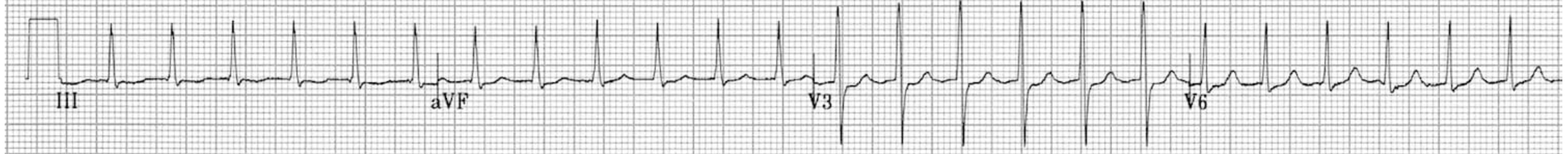
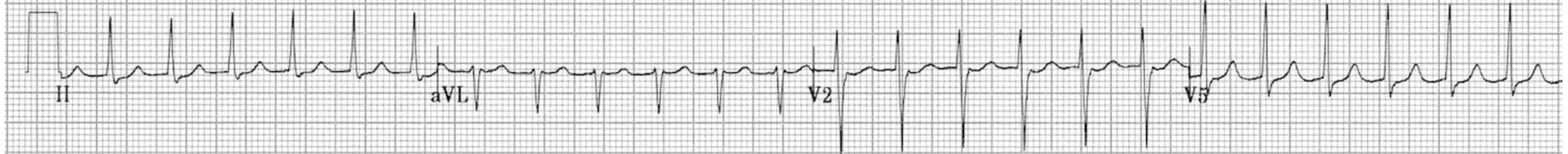
Myocardial Irritability Causing Dysrhythmias

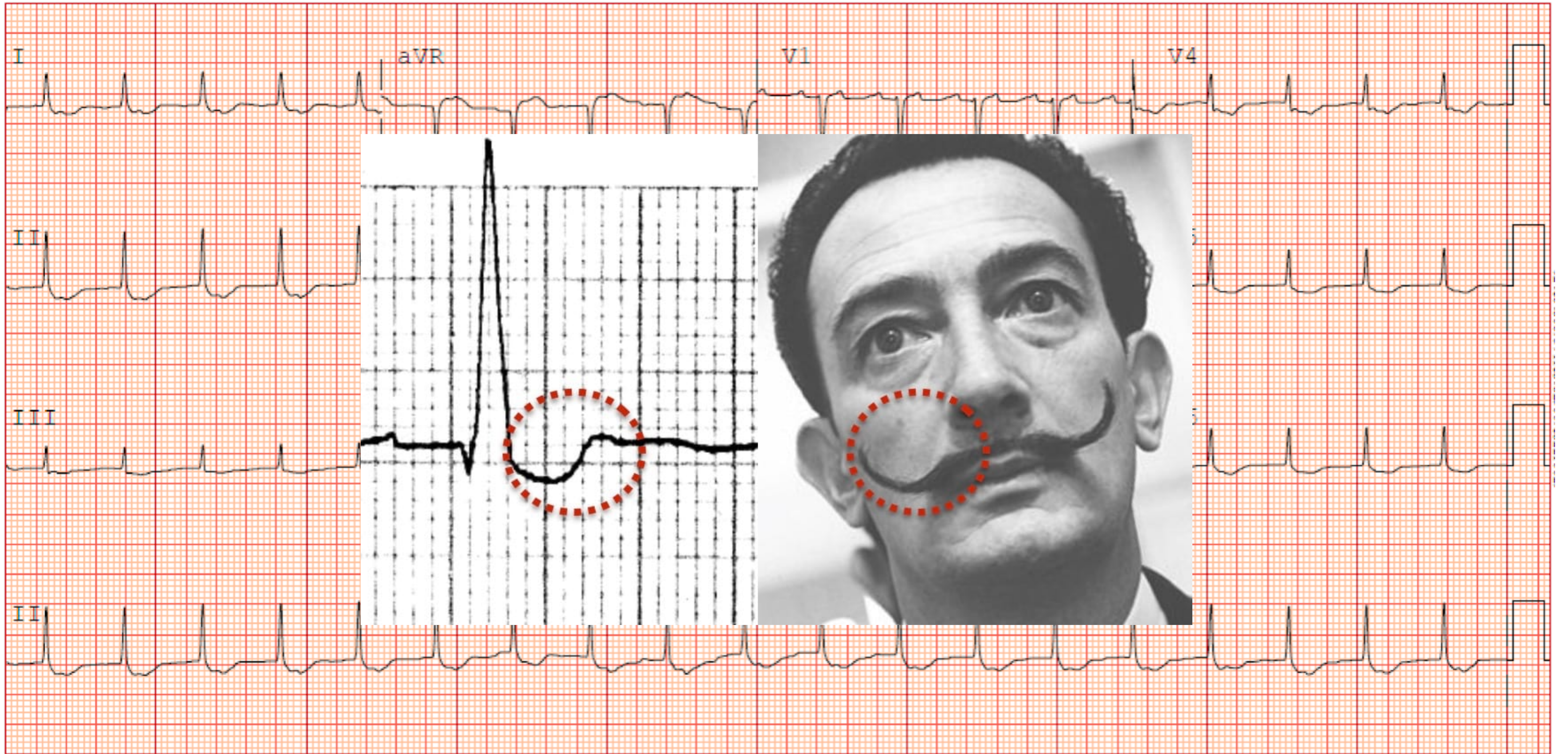
- Atrial flutter and atrial fibrillation with AV block
- Bidirectional ventricular tachycardia
- Nonparoxysmal atrial tachydysrhythmias with AV block
- Nonsustained ventricular tachycardia
- Premature and sustained ventricular contractions
- Ventricular bigeminy
- Ventricular fibrillation

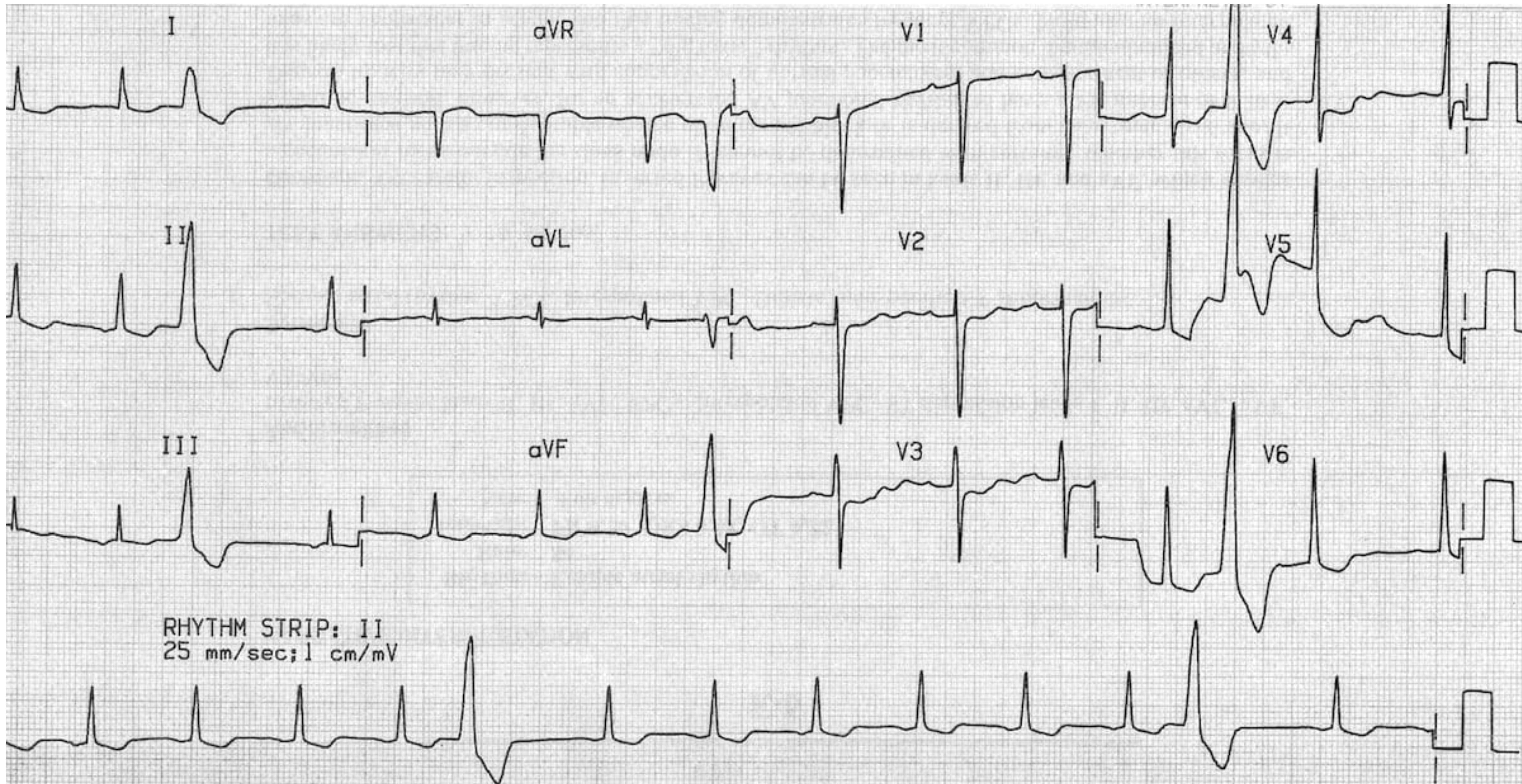
Primary Conduction System Dysfunction Causing Dysrhythmias

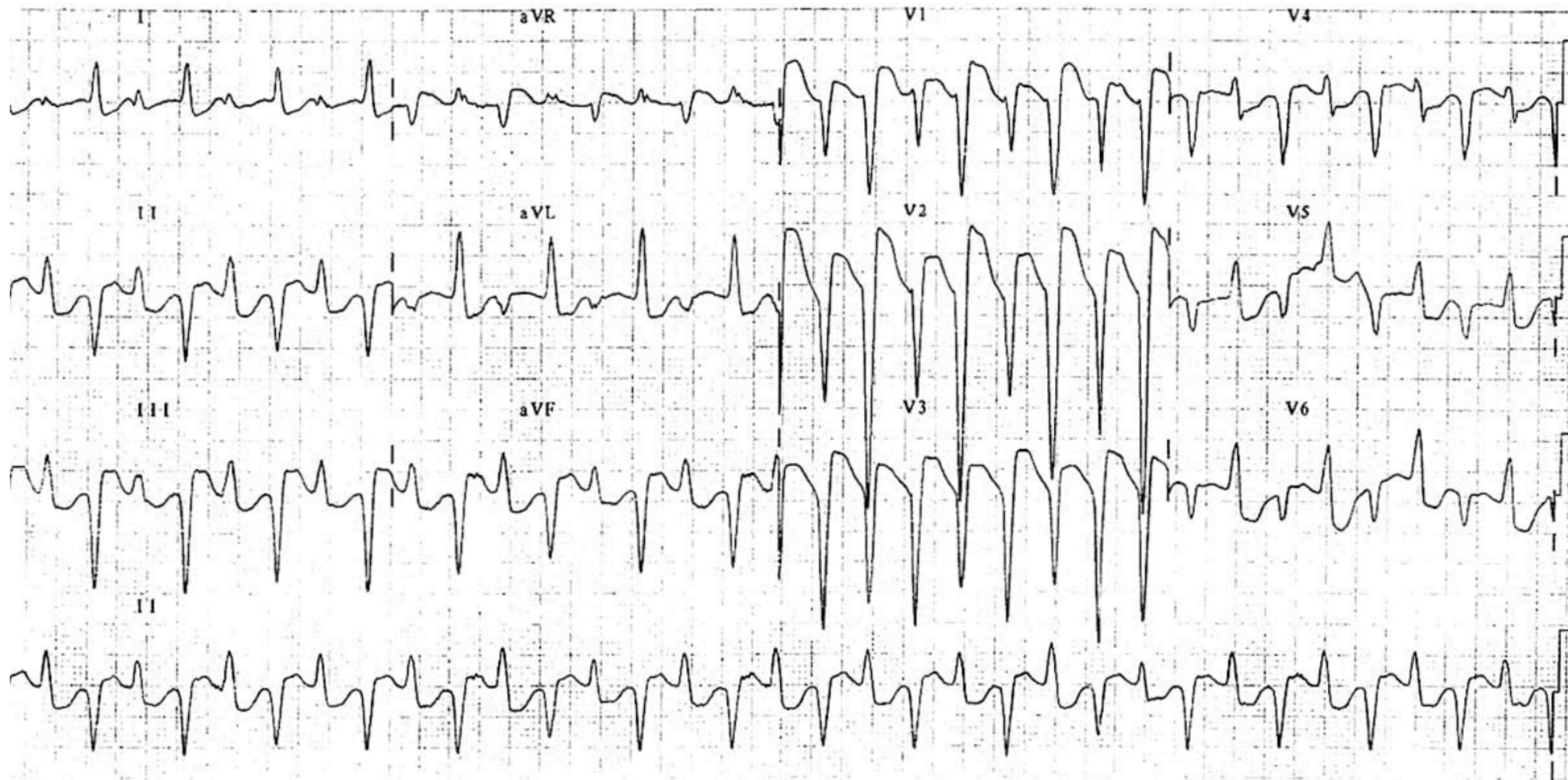
- Junctional tachycardia
- AV dissociation
- High-degree AV block
- Sinus bradycardia
- Exit blocks
- His-Purkinje dysfunction
- SA nodal arrest

AV = atrioventricular; SA = sinoatrial.









Approaching the case

- (1) Intention
- (2) Dose/time
- (3) Acute vs Chronic
- (4) Co-ingestions
- (5) Risk factors

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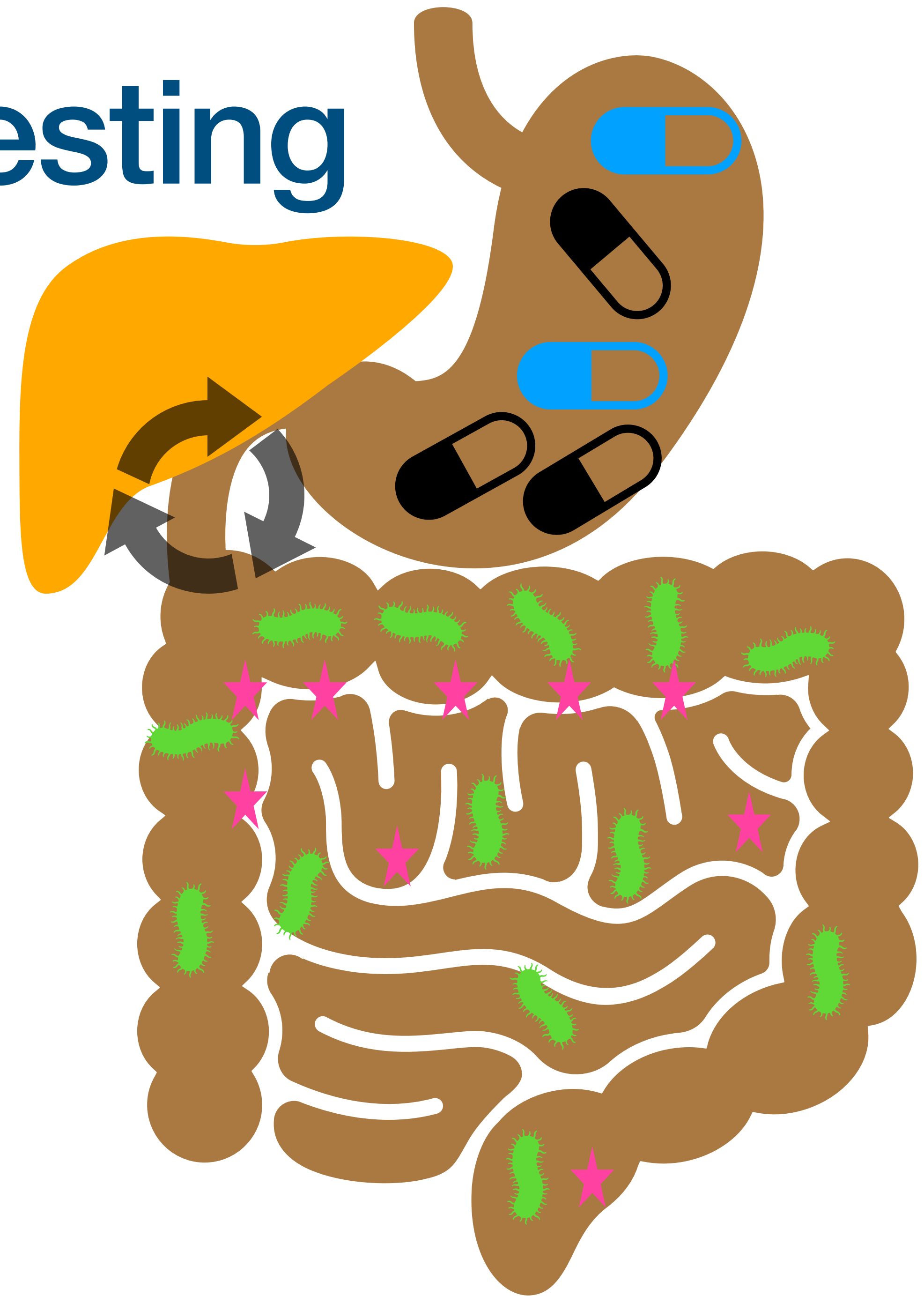
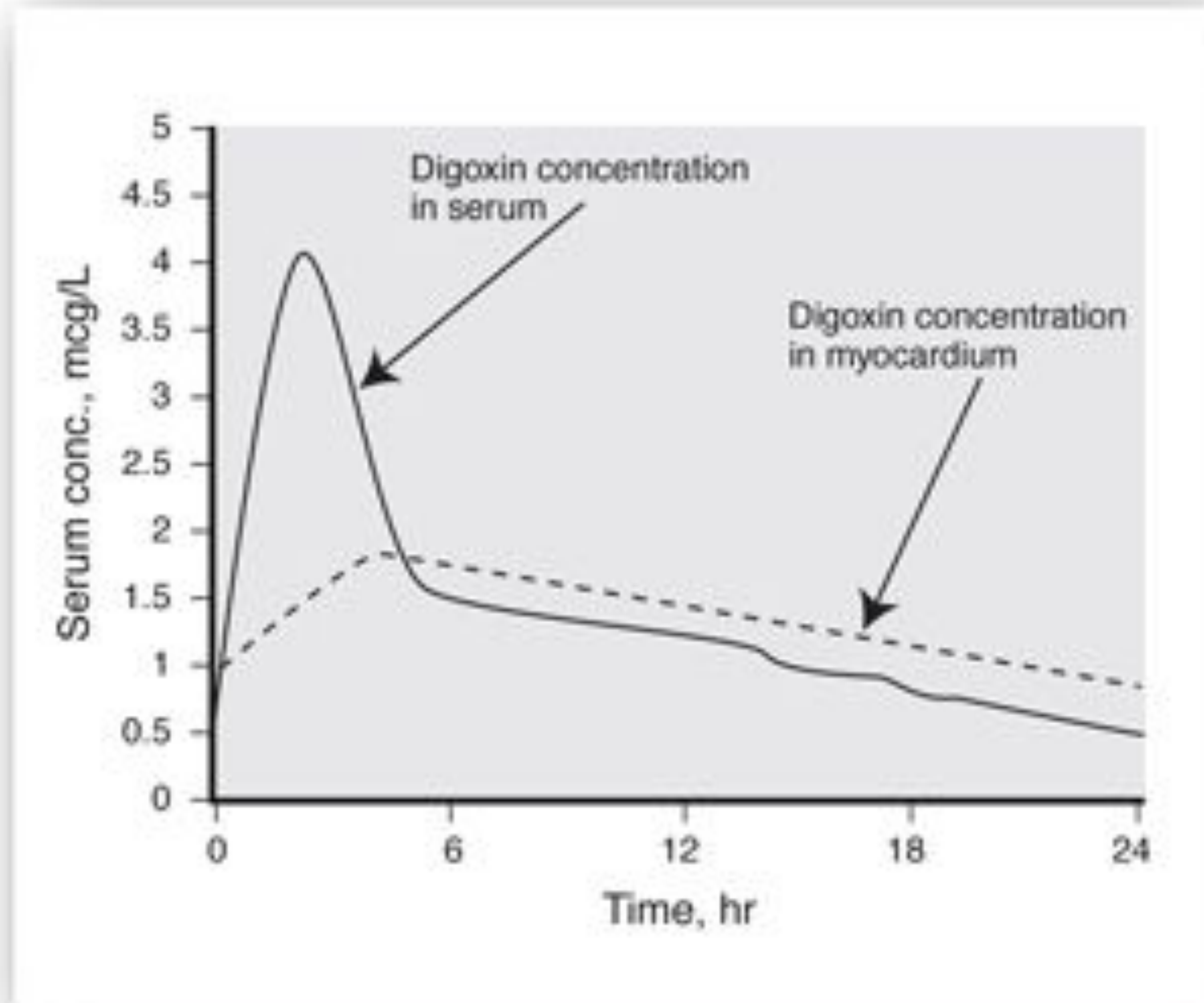
Home	Drug Interactions	IV Compatibility	Drug ID	Drug Comparison	CareNotes	NeoFax® / Pediatrics	Other Tools ▼
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G) PATIENT DISPOSITION

1) OBSERVATION CRITERIA: Patients who have only GI symptoms and a clearly decreasing serum digoxin concentration can be discharged after a minimum of 8 hours of observation.

2) ADMISSION CRITERIA: Admit all patients, who develop dysrhythmias, heart block, severe vomiting, or who require digoxin immune Fab treatment, to an ICU setting. Admit patients to a monitored setting if they have digoxin concentrations that are not clearly declining during 8 hours of observation.

Diagnostic Testing



Initial Management

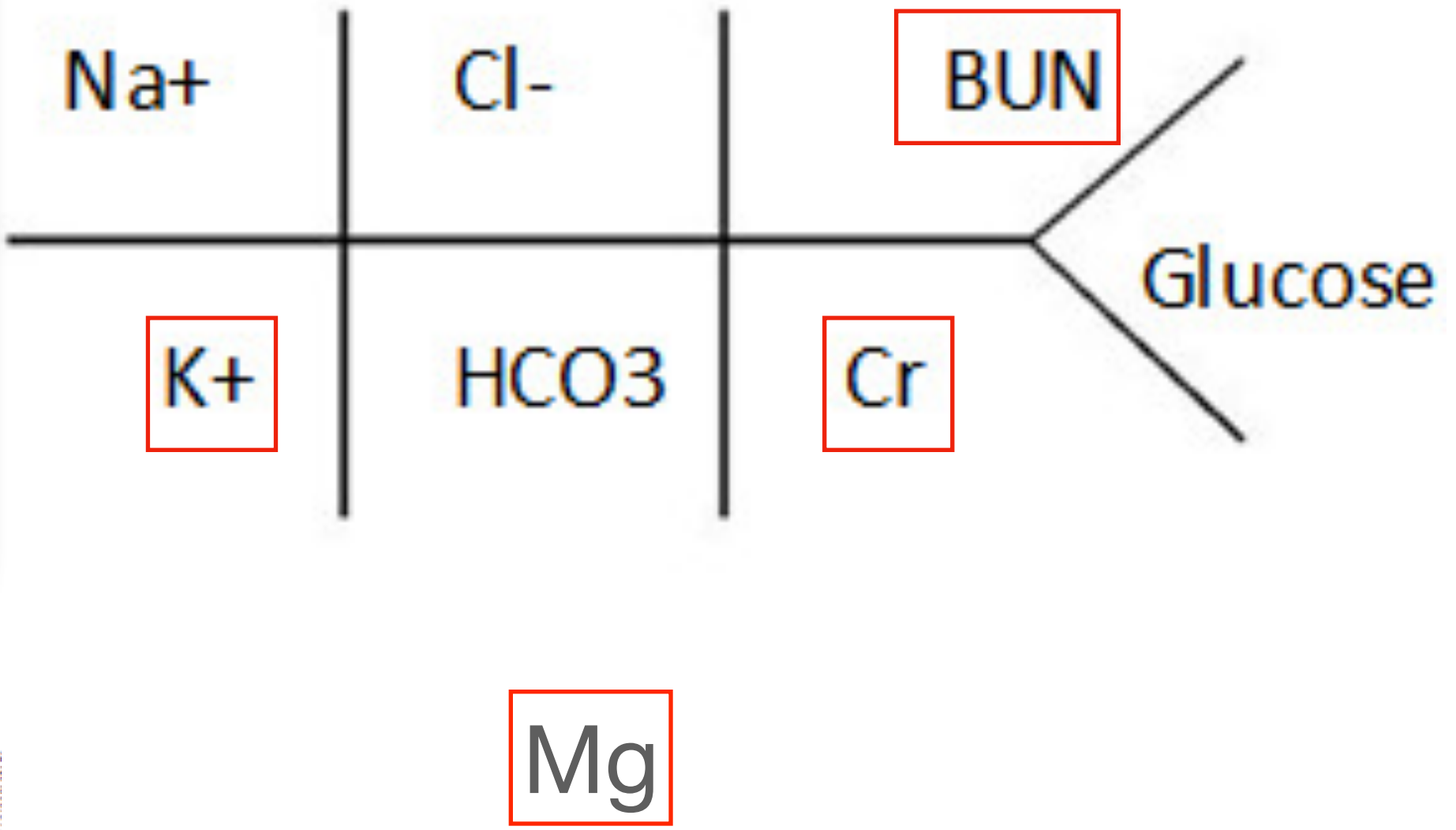
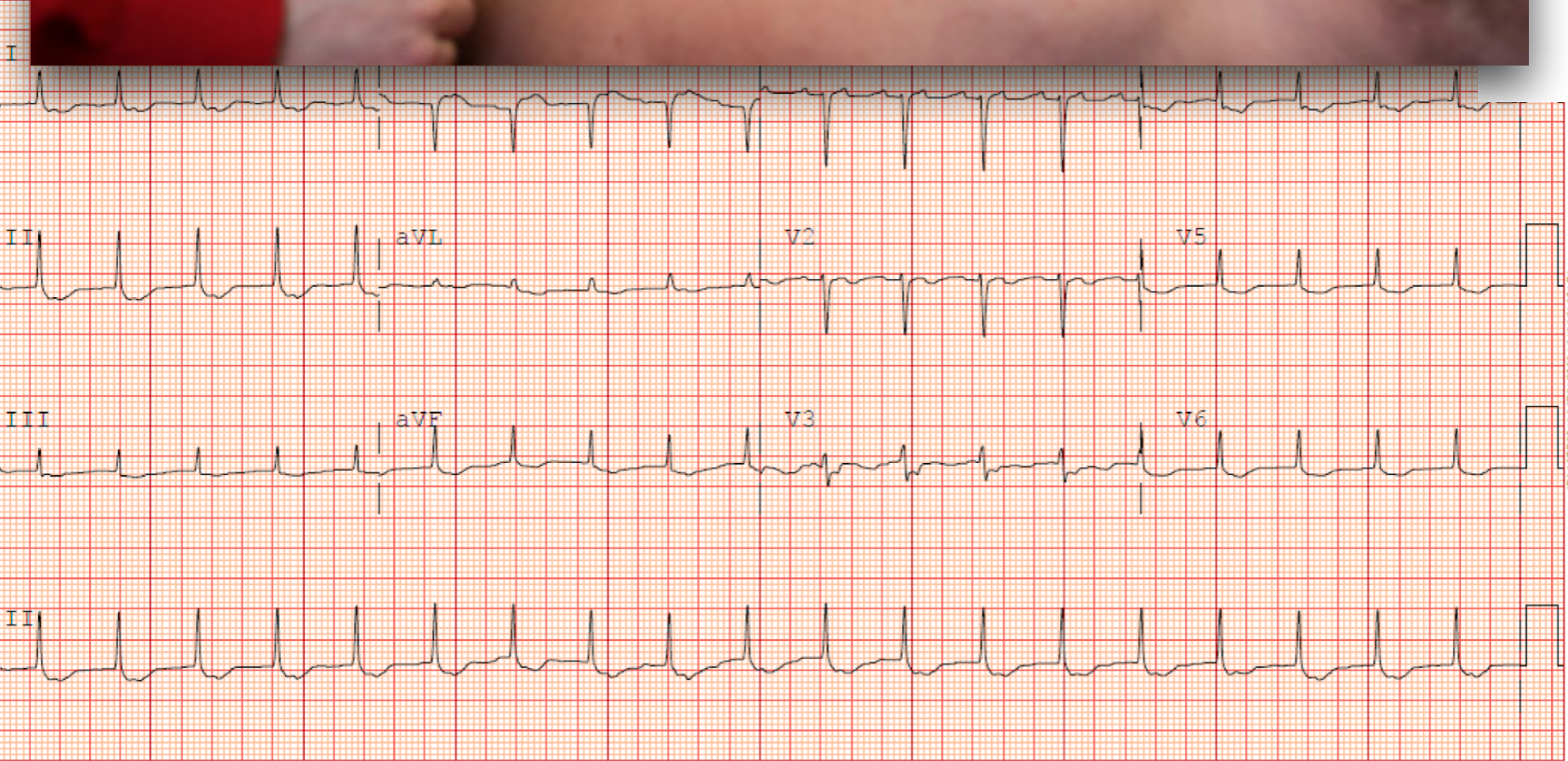
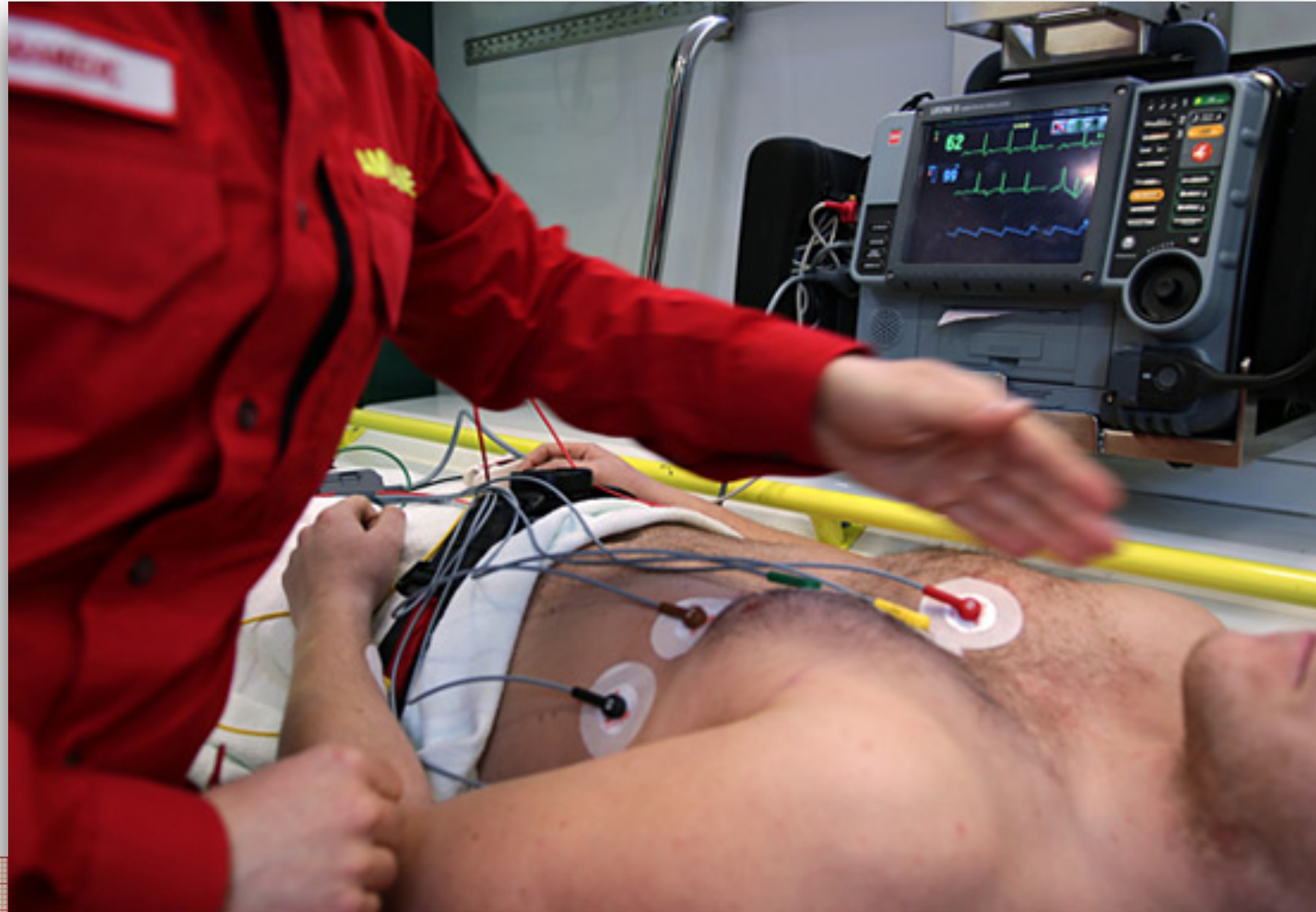


TABLE 62–4 Indications for Administration of Digoxin-Specific Antibody Fragments

Any digoxin related life-threatening dysrhythmias, regardless of SDC

—Includes ventricular tachycardia or ventricular fibrillation or progressive bradydysrhythmias such as atropine-resistant symptomatic sinus bradycardia or second or third-degree heart block

Potassium concentration >5 mEq/L in the setting of acute digoxin poisoning

Chronic elevation of SDC associated with dysrhythmias, significant GI symptoms, or altered mental status

SDC \geq 15 ng/mL at any time or \geq 10 ng/mL 6 h postingestion, regardless of clinical effects

Acute ingestion of 10 mg of digoxin in an adult

Acute ingestion of 4 mg of digoxin in a child

Poisoning with a nondigoxin cardioactive steroid

Digoxin-specific Fab dosing (round up to number of whole vials in calculation)

$$\text{No. of vials} = \frac{\text{SDC (ng/mL)} \times \text{Patient weight (kg)}}{100}$$

$$\text{No. of vials} = \frac{\text{Amount ingested (mg)}}{0.5 \text{ (mg/vial)}} \times 80\% \text{ bioavailability}$$

Empiric therapy for acute poisoning:

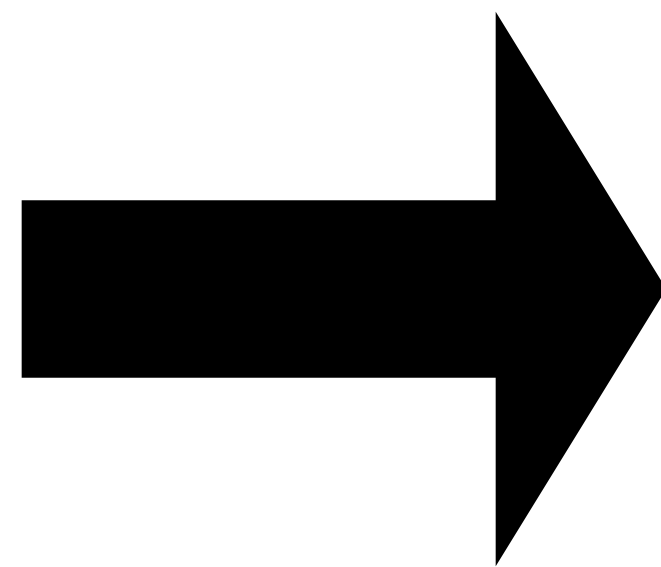
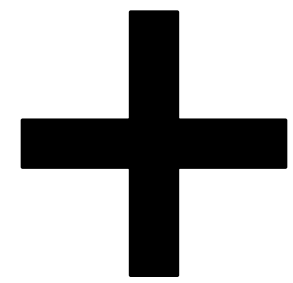
10–20 vials (adult or pediatric {must watch for volume overload})

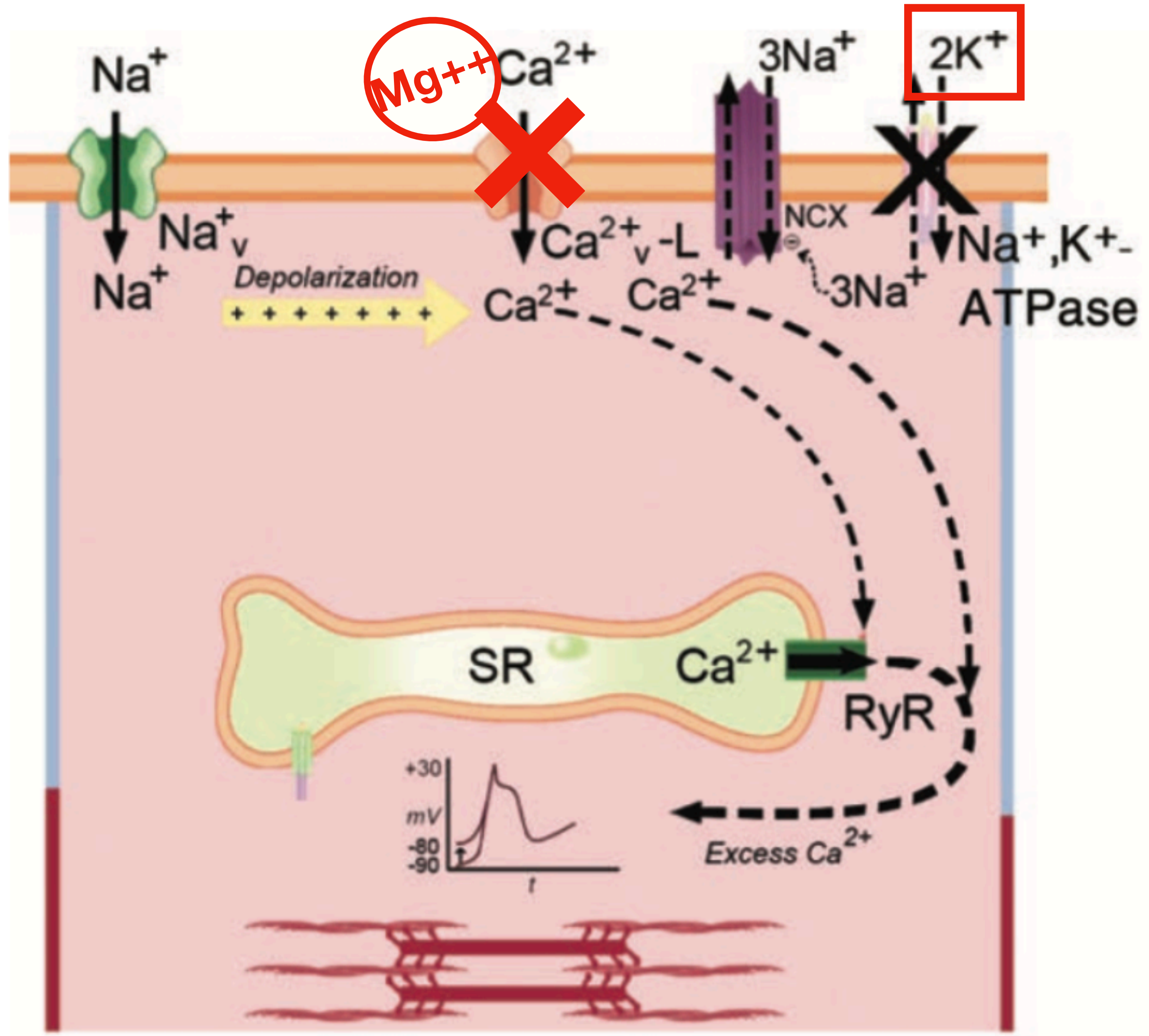
Empiric therapy for chronic poisoning:

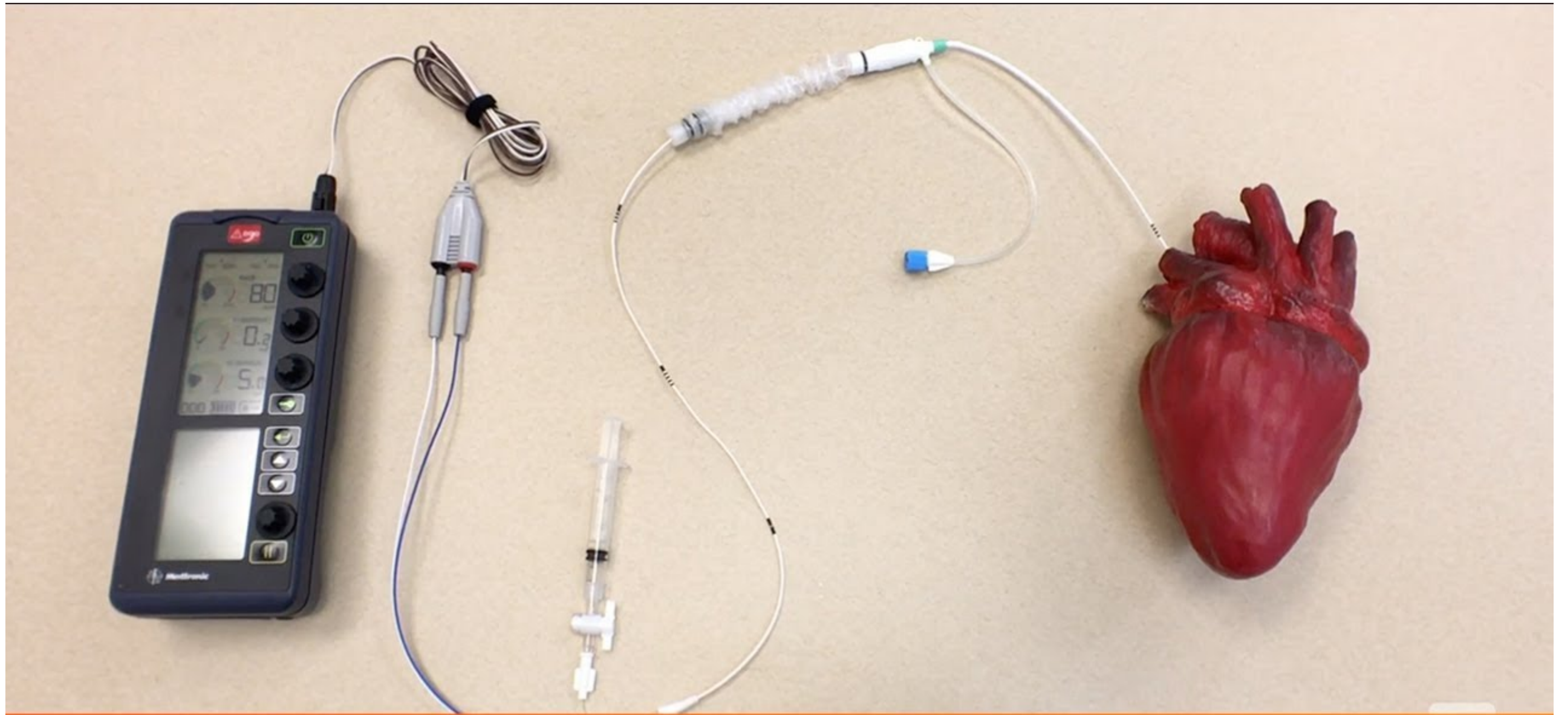
Adults: 3–6 vials

Children: 1–2 vials

GI = gastrointestinal; SDC = serum digoxin concentration.







EM:RAP 



Blood Purification in Toxicology: *Reviewing the Evidence and Providing Recommendations*

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DIGOXIN POISONING

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General Recommendations

- ECTR, in any form, is not indicated for either suspected or proven digoxin toxicity, regardless of the clinical context, and is not indicated for removal of digoxin-Fab complex.