

Georgia Poison Center Meeting Agenda

July 27th, 2021
1:30pm-4:30pm

1:30 pm – Meeting Introduction – GPL, SLH

- FMLA/ Resignations/ Terminations – none
- Open Positions/New Hires/ Position Changes/ Recognition –ZI, CH, NT, AH, JA, JH, KN

1:55 pm – Education Department – BO, KT

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

2:00 pm – GPC Stroke Service Update – Jason Tully, MD, CSPI

2:30 pm – Medical Director Update – RJG

2:40 pm – Information Technology Update – GPL, RJG, CNP IT

- TS Email Issues
- Headset pairing instructions
- Call Quality Issues
- Compliance Screen Saver-7m
- NINJA RMM- Software Deployment
- Avaya Softphone Bridge Updates
- Phone sign out/Phone sign in
- Mitel/ Avaya Phone Updates
- Logging in to CC (“using incognito status”)

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

- Grady AMT Modules ‘21
- 2021 NACCT
- 2021 CSPI Exam
- SPI OFFICE DAYS
- F/U Priorities
- Critical Patient/ Critical Labs
- APAP Units
- PCC Out of State Transfers
- Standardizing EKG Recommendations
- Future Schedule Management
- AHLS Recertification
- August Pharmacy Students (4)
- Blind Transfers to Tox Fellows
- SPI Advisory Counsel
- Covid/Ebola Updates
- SPI Blind Transfers
- TS Timestamp Changes
- NEW SPI CE
- SH Team Goals
- Clayton County update
- GHS Vaccination status
- Plumb’s Veterinary On-Line Drug Handbook
- Personal copying- Tracking tools
- Fax transmission sent to PC- PICK UP

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.”

4:30 pm – Meeting Adjourned

******* Next Meeting TUESDAY August 31th, 2021 *******

ToxSentry FU “Priority” Code system for recognizing the 3 categories of Follow-Ups:

The priority dropdown code in TS will let the toxicologists/fellows briefly categorize the type and acuity of each follow-up scheduled.

- **TOX REQ** = Typically set or requested by the TOXICOLOGIST/ FELLOW, indicates that the tox on-call person must be updated AFTER this follow-up is completed.
- **HIGH**= "High Five" cases. All "In-House Cases" (Grady, Emory University, Midtown, CHOA- HS, CHOA- EG) ... even if they are >24 hours old.
- **MEDIUM**= All other NEW HCF Cases < 24 hours old
- **LOW**= Chronic HCF Cases > 24 hours old + all HOME follow-ups

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STROKE UPDATE

7/27/2021

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Agenda

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

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New Hospitals

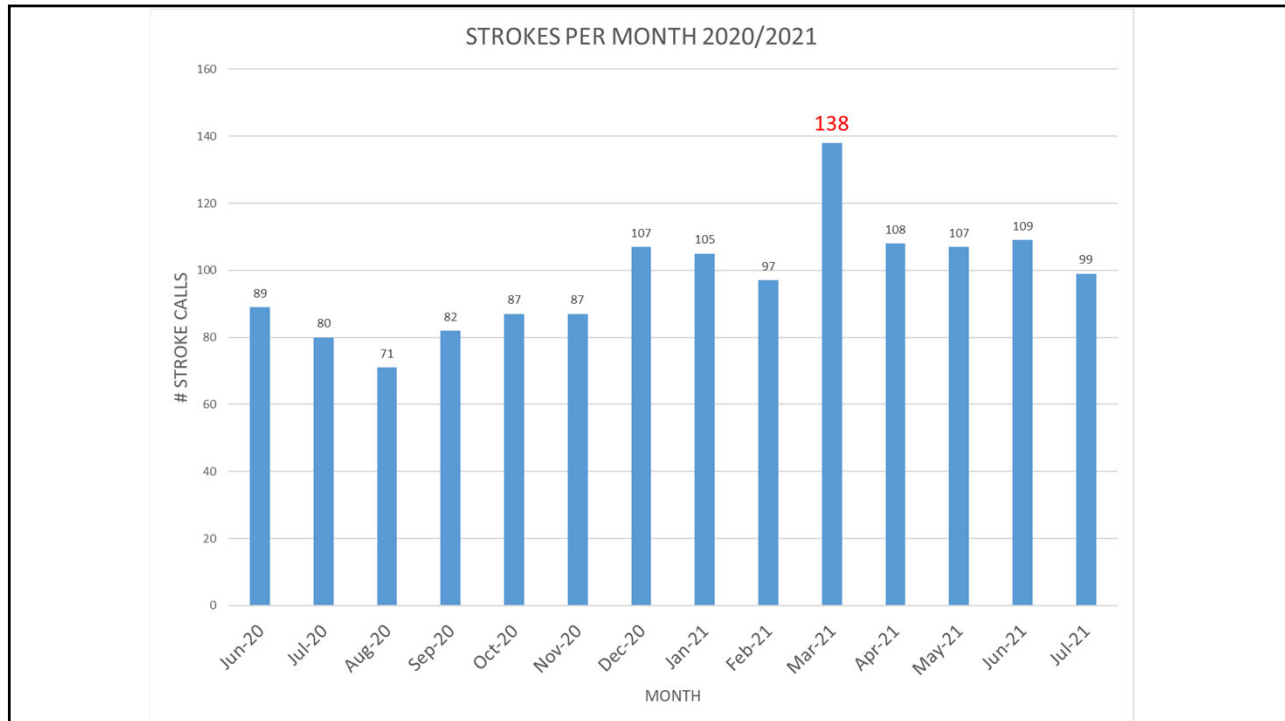
- Emory St. Francis—LIVE—REACH
- HABERSHAM—Technical Issues with their cart
- Navicent-Macon—Expected Start TBD (7P-7A)
- Navicent-Baldwin—Expected Start TBD (24/7)
- On the Horizon: Boca Raton, Bethesda in Florida

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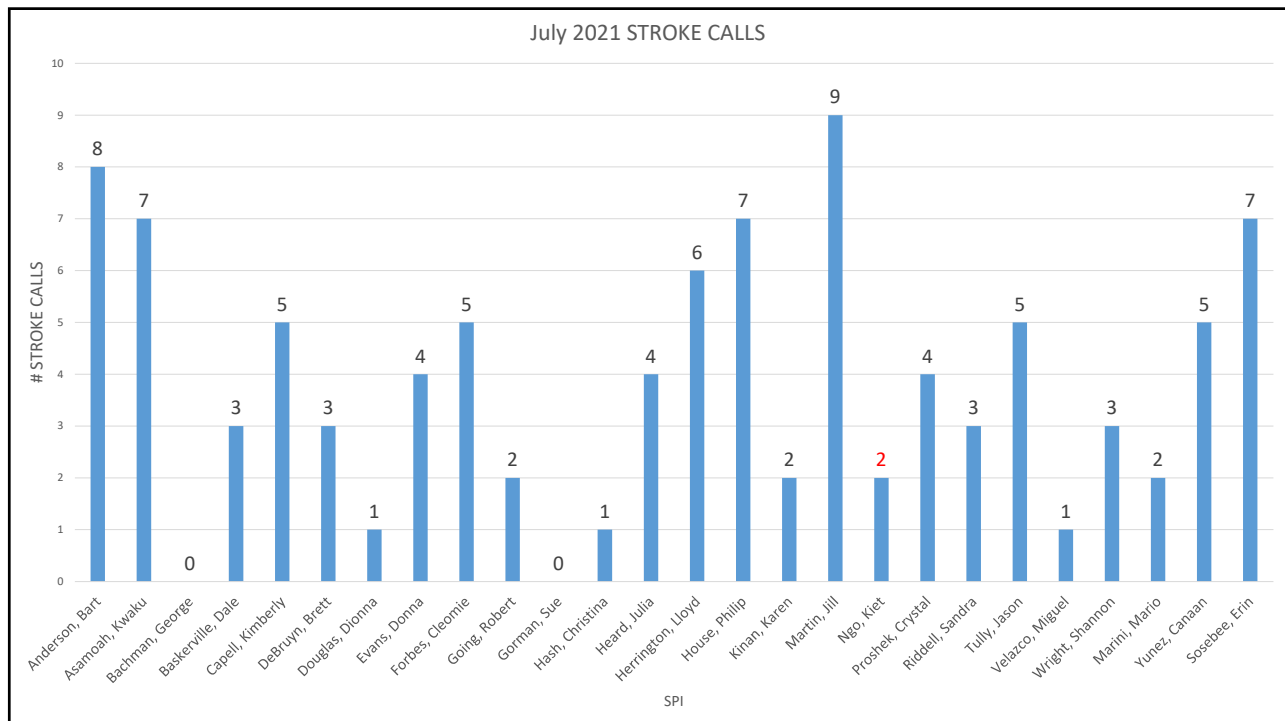
Call Volume

Year	Total Stroke Calls	Calls Per Day
2018	76	0.83
2019	1215	3.33
2020	1020	2.79
2021	755	3.63
TOTAL	2968	

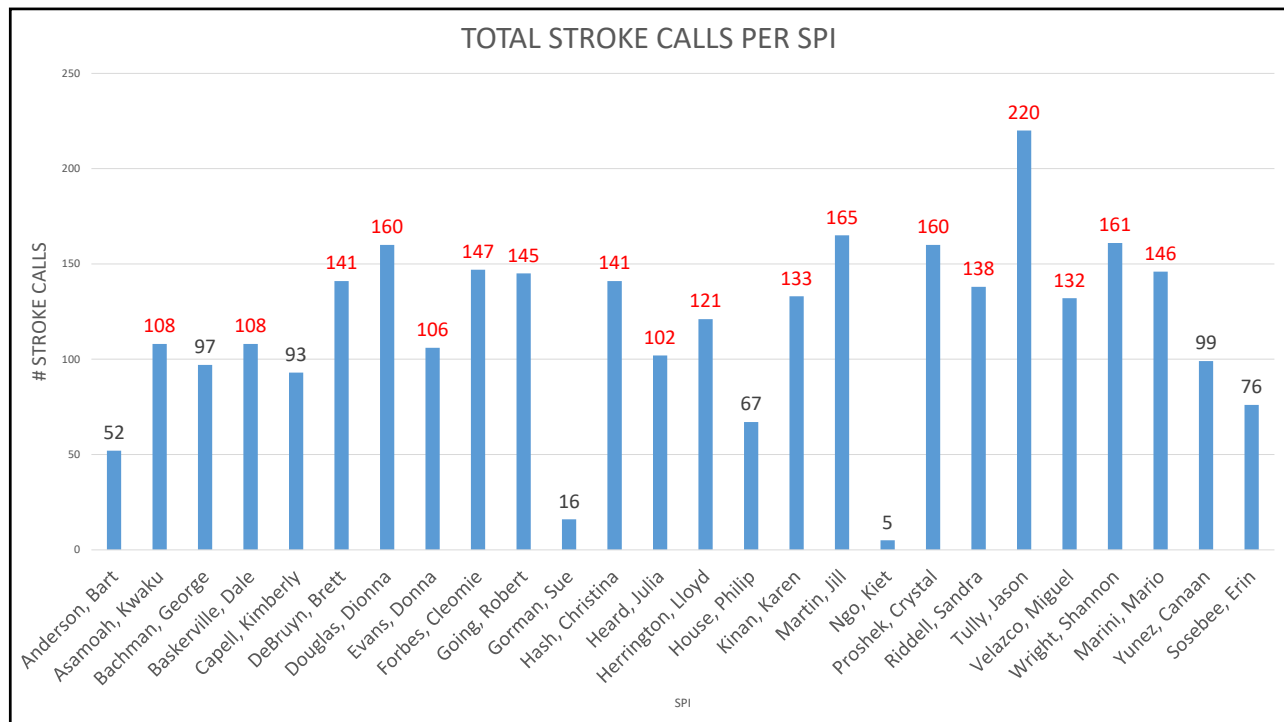
4



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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



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Today's MSN Call Schedule									
Date	Day	Time	1st VN	Phone	Time	2nd VN	Phone	APP	PICC #
7/27	Tues	0800-1800	Bhatt	508-410-0517	0800-1800	Belagaje	513-477-9581	Javacia	77328
				#N/A					
		1800-0800	Burrell	405-830-5413			#N/A		
					ONLY Text the VN on CALL				
Lysis Numbe 404-686-550(LYSIS = 59747									
MSN Call back Number 1-844-678-3627									
PAOC 720-927-1720									
"Physician Administrator on Call"									
ONLY for times when Blue Sky VN cannot be reached									
In the rare case if Blue Sky VN cannot be reached, leave a voicemail and escalate to 720-927-1720 which is the Physician Administrator on Call (PAOC) number. This phone number will continuously ring the physician leaders and administrative team for Blue Sky telehealth. Please stay on the line until the phone gets picked up. You may hear either ringing or silence on the line as the system tries to connect you. If it connects you to the PAOC voicemail, please leave a message, and call the PAOC again.									

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Stroke Survey

- Results:
- nothing

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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.

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CHARTING

- New Tox Sentry Info Chart 2.3.1.6 AD
- Troubleshooting: Glitch with Alteplase Given question
- Validation Error
 - If this happens to you, click unknown, unknown and specify in the answer field tPA was NOT recommended

*Updates with new Tox Sentry Version

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Issue in Tox Sentry affecting some users

- Unable to see the first 2 pages of consult.
- .pdf still prints and sends visibly

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Questions?

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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



POISON CENTER HANDLING OF CALLS ROUTED OUT-OF-DESIGNATED-AREA

American Association of Poison Control Centers

Poison centers should initially triage and manage all phone calls received, no matter where the caller is geographically located. If necessary to transfer to a geographically appropriate center, the initial center should transfer the caller to the receiving poison center.

1. **If an out-of-designated-area call is received from a non-HCF**, the initially contacted poison center should keep calls that can be managed on-site. If the patient is deemed to require more extensive follow up due to number of calls or duration of follow up, the initially contacted poison center may transfer the remainder of care to the geographically appropriate center after recording patient information, providing stabilizing care, and informing the caller that it will be transferring the remainder of care to the geographically appropriate poison center.
2. **If an out-of-designated-area call is received from a non-HCF** and the patient is deemed to require a health care facility referral, the receiving center should record the patient information and health care facility that the patient will visit, provide stabilizing care and inform the caller that it will be transferring the remainder of care to the geographically appropriate poison center.
3. **If an out-of-designated-area call is received from a HCF**, the initially contacted poison center should record patient information, provide stabilizing care and inform the health care facility that it will be transferring the remainder follow-up care to the geographically appropriate poison center.
If the incoming call originates from outside of the poison center's region but the caller intentionally is seeking to contact the center receiving the call, this call may be fully handled by the receiving poison center or handled as an out-of-designated-area call, at the receiving center's discretion.
4. After determining that a call should be transferred, the initial center should transfer information to the geographically appropriate center and in their PCC record code the new poison center the case was transferred to as the Primary Center; the initial center is now a secondary center.
5. If it is determined that the geographic area does not have a PCC that is a member of the AAPCC serving it, the case may be kept by the initially contacted poison center or transferred to a capable entity as determined by local organizational policies.
6. Transfers to another PCC should involve the specialist communicating appropriate and relevant information for the exposure to the receiving center (i.e. warm transfer).
7. Once a call is transferred, there is no requirement for the original PCC to follow-up.
8. All out-of-designated-area calls, regardless of origination, shall be documented with the standard demographics.
9. All PCCs will make available appropriate direct call numbers (backdoor numbers) for these transfers to occur. These backdoor numbers will not be shared with the public.

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**

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

TO: Dr. Michelle Wallace, DNP,RN,TCRN,NEA-BC,FACHE, Chief Clinical Officer
FROM: Gaylord P. Lopez, PharmD, DABAT, Executive Director, GaPC
RE: Monthly Report June 2021
P.O. BOX: 26066

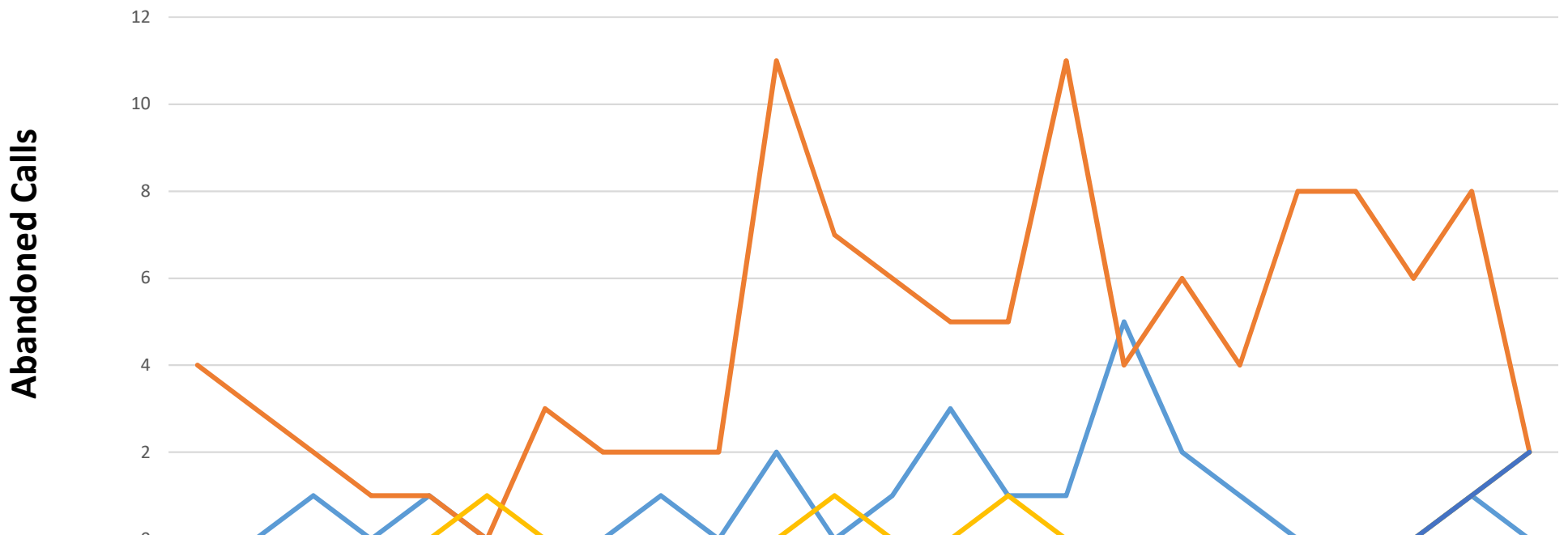
DATE: July 27, 2021

Service

Call volume stats for June 2020 - June 2021

	June-20	June-21	% Change
Total Calls (Incoming)	9,012	7,686	-14.71%
Exposure Cases*	6,220	6,183	-0.59%
Human	5,924	5,891	-0.56%
Animal	296	292	-1.35%
Information Request	2,792	1,503	-46.17%
Public Health Situation	2,346	1,017	-56.65%
Pill Identification	38	20	-47.37%
Other	80	27	-66.25%
Follow-ups	5,829	6,441	10.50%
 Customer Satisfaction			
Calls Abandoned	7537	7438	
Calls Accepted	93	114	
Abandoned Call Rate	1.2%	1.5%	
 Customer Service Survey Completed			
Live Agent	462	119	
 Year-to-Date (6 months)	2020	2021	% Change
Total Calls (Incoming)	48,753	64,202	31.69%
Exposure Cases*	37,174	36,197	-2.63%
Human	35,510	34,592	-2.59%
Animal	1,664	1,605	-3.55%
Information Request	11,579	28,005	141.86%
Public Health Situation	8,806	25,154	185.65%
Pill Identification	227	153	-32.60%
Other	401	195	-51.37%
Follow-ups	34,098	39,541	15.96%
 Customer Satisfaction			
Calls Abandoned	409	710	
Calls Accepted	45363	51981	
Abandoned Call Rate	0.9%	1.4%	
 Customer Service Survey Completed			
Live Agent	1470	747	-49.18%

Abandoned Calls for July 1, 2021 - July 25, 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	0	0	1	0	1	0	0	0	1	0	2	0	1	3	1	1	5	2	1	0	0	0	1	0
E-Gen. Pub	4	3	2	1	1	0	3	2	2	2	11	7	6	5	5	11	4	6	4	8	8	6	8	2
S-HCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S-Gen Pub	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	1	2
S-Overflow	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2

Total Calls Accepted = 6,995
 Abandoned Calls = 94
 Abandoned Call Rate = 1.3%

SPI Workload Report

July 1, 2021 - July 25, 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	521	223	42.8	21	4.0	277	53.2	12	1	0.1	24.4%	2.54	41.2	33	2.8	0:18:10	70	5.8	9
Asamoah, Kwaku	59509	407	228	56.0	17	4.2	162	39.8	20	0	0.0	18.8%	1.53	35.9	34	1.7	0:18:15	13	0.7	6
Bachman, George	59996	23	6	26.1	1	4.3	16	69.6	0	0	0.0	32.2%	0.00	39.4	0	0.0	0:00:00	0	0.0	0
Baskerville, Dale	51242	464	197	42.5	12	2.6	255	55.0	18	0	0.0	20.8%	1.45	43.3	23	1.3	0:23:10	52	2.9	17
Capell, Nicky	59651	439	213	48.5	13	3.0	213	48.5	19	0	0.0	21.6%	1.49	35.8	28	1.5	0:17:27	12	0.6	7
Debruyne, Brett	50190	582	208	35.7	18	3.1	356	61.2	16	0	0.0	29.8%	1.77	42.3	21	1.3	0:07:17	161	10.1	7
Dillon, Kelly	57100	135	69	51.1	8	5.9	58	43.0	5	0	0.0	15.6%	1.93	48.7	9	1.8	0:16:55	0	0.0	2
Douglas, Dionna	50884	450	176	39.1	12	2.7	262	58.2	14	0	0.0	18.3%	1.34	40.8	26	1.9	0:18:34	0	0.0	2
Evans, Donna	55779	466	200	0.0	19	0.0	247	63.2	13	2	0.2	28.6%	2.11	38.8	26	2.0	0:18:26	2	0.2	5
Forbes, Cleomie	56239	391	168	43.0	12	3.1	211	62.8	17	0	0.0	38.3%	1.32	30.7	29	1.7	0:23:30	0	0.0	0
Going, Robert	50089	336	155	46.1	3	0.9	178	43.0	12	0	0.0	18.2%	1.65	47.0	21	1.8	0:18:13	49	4.1	12
Hash, Christina	50081	414	229	55.3	20	4.8	165	27.0	19	0	0.0	13.0%	1.64	49.3	32	1.7	0:25:30	0	0.0	0
Heard, Julia	50358	610	219	35.9	17	2.8	374	61.3	16	0	0.0	19.8%	1.48	36.7	40	2.5	0:20:00	7	0.4	7
Herrington, Lloyd	51879	517	242	46.8	24	4.6	251	48.5	17	0	0.0	18.4%	1.96	43.6	13	0.8	0:15:57	11	0.6	14
House, Philip	59631	783	264	33.7	23	2.9	496	63.3	10	0	0.0	13.6%	3.59	28.1	39	3.9	0:21:22	0	0.0	6
Kinan, Karen	59508	368	148	40.2	11	3.0	209	56.8	18	0	0.0	22.4%	0.88	40.5	18	1.0	0:16:58	16	0.9	15
Marini, Mario	58142	471	196	41.6	12	2.5	263	55.8	18	3	0.2	19.3%	1.44	44.6	39	2.2	0:19:38	73	4.1	20
Martin, Jill	57580	588	208	35.4	29	4.9	351	59.7	12	2	0.2	30.2%	2.47	35.2	8	0.7	0:06:05	5	0.4	7
Proshek, Crystal	56610	264	139	52.7	13	4.9	112	42.4	17	0	0.0	14.8%	1.12	52.3	17	1.0	0:16:37	20	1.2	2
Rentschler, Alexandra	53980	605	267	44.1	16	2.6	322	53.2	16	0	0.0	18.3%	2.21	35.1	40	2.5	0:17:52	63	3.9	2
Riddell, Sandra	54197	377	189	50.1	12	3.2	176	46.7	15	0	0.0	31.0%	1.68	42.3	38	2.5	0:18:06	143	9.5	5
Sosebee, Erin	59138	581	248	42.7	15	2.6	318	54.7	13	0	0.0	21.5%	2.53	41.2	35	2.7	0:17:21	41	3.2	4
Tully, Jason	56508	471	240	51.0	21	4.5	210	44.6	13	0	0.0	12.5%	2.51	44.3	26	2.0	0:16:37	16	1.2	2
Velazco, Miguel	55974	268	148	55.2	4	1.5	116	43.3	15	0	0.0	22.5%	1.27	50.1	28	1.9	0:17:06	0	0.0	0
Wright, Shannon	59820	402	193	48.0	16	4.0	193	48.0	18	0	0.0	17.7%	1.45	45.9	27	1.5	0:17:58	13	0.7	12
Yunez, Canaan	59368	294	129	43.9	15	5.1	150	51.0	17	0	0.0	32.6%	1.06	43.5	43	2.5	0:24:56	0	0.0	2
10706	4679	43.7	384	3.6	5941	55.5	368	7	0.0	21.7%	1.67	41.7	626	1.7	0:17:21	697	1.9	165		

*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

SH TEAM GOAL REPORT – as of July 27th, 2021

Quality – 35%

Increase the number of patient chart reviews conducted, to further improve charting accuracy, from 900 per month to 1200 per month, as measured by ToxSentry electronic database to support AAPCC standard for charting accuracy and accreditation.

Reviews per month May 2021	Reviews per month June 2021	Reviews per month July (MTD) 2021	GOAL per Month
1320 😞	1500 😊	900 😐 😐	1500

Service Excellence – 30%

To achieve a goal of completed caller satisfaction surveys from the current 600 per quarter to 750 per quarter, as reported in Survey Monkey summary reports, to monitor customer sentiments about the services we provide.

Surveys per month May 2021	Surveys per month June 2021	Surveys per month July (MTD) 2021	GOAL per Month
126 😞	119 😞	192 😐 😐	250





Service Excellence – 35%




To increase the percentage of pill identification and public health related calls transferred to and managed by the clinical support staff monthly from **45% to 70%** in an attempt to maintain the Center's low abandon call rate and improve customer service.

Pill + PH/COVID calls Completed by admin staff / total number May 2021	Pill + PH/COVID calls Completed by admin staff / total number June 2021	Pill + PH/COVID calls Completed by admin staff / total number July (MTD) 2021	*NEW* GOAL per Month
1235/1308 (94%)	960/1016 (95%) 😊	1101/1155 (95%) 😊	80%

July 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	00:16:55 	00:16:55 
E - HCP	00:15:01 	00:21:24 

3	4	5
Breaks July 2021 	Abandoned call rate July 2021	Surveys (minimum of 5 and no zeros) 
5 breaks were longer than 20 minutes	1.3% 	SPIs w/ zero surveys – 4 SPIs w/less than 5 surveys - 7