

Georgia Poison Center Meeting Agenda

March Staff Meeting 1:30pm-4:30pm

1:30 PM – Meeting Introduction – GPL, SLH

STROKE AVAYA ANNOUCEMENT **must be made in the beginning of the meeting**

- FMLA/ Resignations/ Terminations – PH
- Open Positions/New Hires/ Position Changes/ Recognition – KN, MV

1:45 pm – GPC Operations – GPL, RJG, SLH, PCF

- 2022 NACCT Abstracts
- 2022 CSPI Exam
- Grady Biometric
- Future Schedule Changes
- Use of the Triage List
- Med Tox Fellow Evaluation
- AccessChOA/ EPIC Access
- BP Med Recall
- Covid Updates
- Open Info Charts
- PCC Follow-ups/ Critical Patient
- Important Coding Reminders
- QA Review for April
- STP Revision Updates
- Mandatory Page Situations
- W2W Schedule Updates
- March/April Pharmacy Students
- 2022 SPI CE
- SH Team Goals
- Records requests
- Counterfeit clusters- DPH reporting

3:00 pm – Education Department – BO, GPL

- 2022 Education Outreach Projects
- 2022 Webinar Series
- Bezoar Remake Plans
- EOY 2021 Award

3:15 pm – Medical Director Update – RJG

3:25 pm – Information Technology Update – GPL, CNP IT

- New Avaya Phones for TW
- New TICKET System
- Telstrat Phone Recording Update
- Mitel/ Avaya Phone Updates
- Static documentation
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3:45 pm – GPC Stroke Service Update – Jason Tully, MD, CSPI

4:30 pm – Meeting Adjourned

******* Next Meeting TUESDAY April 26th, 2022 *******

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

TO: Ashley Gresham, Vice - President of Clinical Operations
FROM: Gaylord P. Lopez, PharmD, DABAT, Executive Director, GaPC
RE: Monthly Report March 2022
P.O. BOX: 26066

DATE: March 29, 2022

Service

Call volume stats for March 2021 - March 2022

	March-21	March-22	% Change
Total Calls (Incoming)	10,956	6,443	-41.19%
Exposure Cases*	6,128	5,583	-8.89%
Human	5,850	5,410	-7.52%
Animal	278	173	-37.77%
Information Request	4,828	860	-82.19%
Public Health Situation	4,292	452	-89.47%
Pill Identification	30	20	-33.33%
Other	34	19	-44.12%
Follow-ups	6,532	6,340	-2.94%
Customer Satisfaction			
Calls Abandoned	62	62	
Calls Accepted	7392	7067	
Abandoned Call Rate	0.8%	0.9%	
Customer Service Survey Completed			
Live Agent	132	294	

New Incentive Metrics – Beginning February 2020

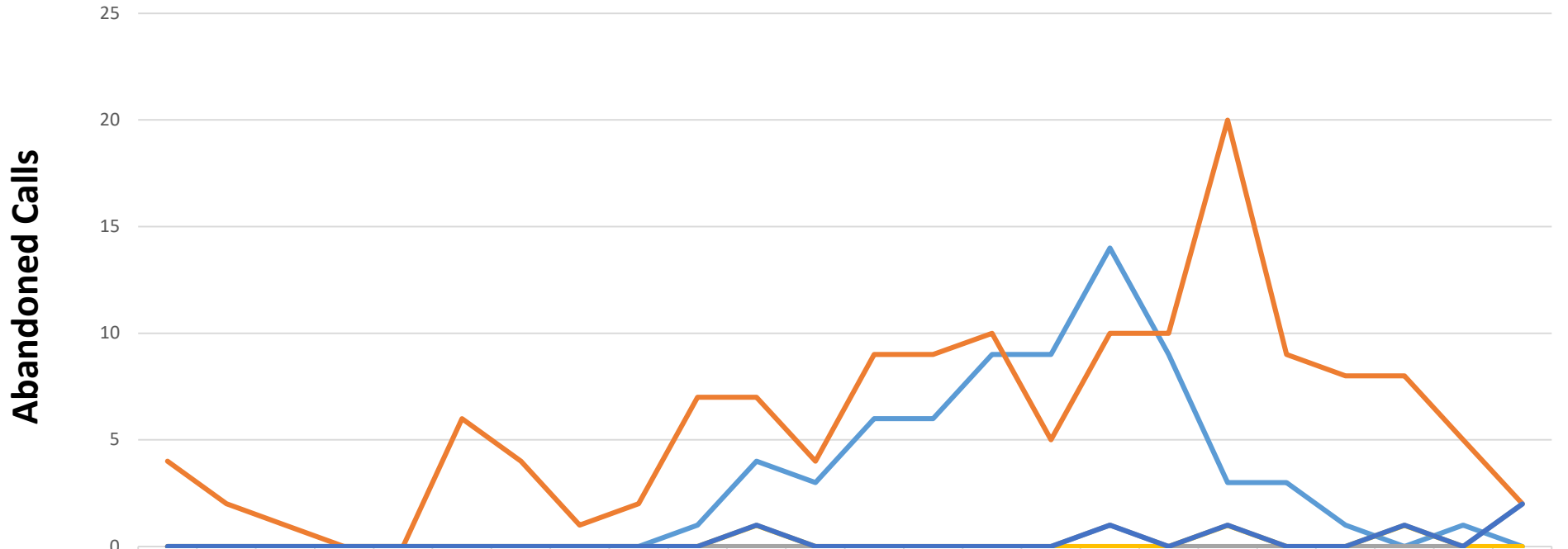
- **Must meet all 4/5 metrics PLUS all of Stephanie's goals by the end of the month for an extra TW day**
 - **Surveys**
 - Minimum of 5 surveys
 - No zeroes allowed
 - **Breaks**
 - The longest break cannot exceed **20 min**
 - **Max wait to abandon***
 - Not to exceed **10 min** for a single person 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 March 1, 2022 - March 27, 2022



	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	0	0	0	0	0	0	0	1	4	3	6	6	9	9	14	9	3	3	1	0	1	0
E-Gen. Pub	4	2	1	0	0	6	4	1	2	7	7	4	9	9	10	5	10	10	20	9	8	8	5	2
S-HCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2
S-Gen Pub	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	1	0	0
S-Overflow	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	1	0	2

Total Calls Accepted = 7,067

Abandoned Calls = 62

Abandoned Call Rate = 0.9%

SPI Workload Report

March 1, 2022 - March 27, 2022

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	157	80	51.0	5	3.2	72	45.9	5	0	0.0	20.7%	2.13	47.9	11	2.2	0:17:16	20	4.0	4
Asamoah, Kwaku	59509	277	143	51.6	7	2.5	127	45.8	12	0	0.0	13.1%	1.56	44.5	20	1.7	0:16:41	17	1.4	14
Bachman, George	59996	117	29	24.8	3	2.6	85	72.6	9	0	0.0	14.1%	0.44	54.9	3	0.0	0:09:26	0	0.0	2
Baskerville, Dale	51242	395	152	38.5	11	2.8	232	58.7	17	0	0.0	20.9%	1.20	50.1	23	1.4	0:25:35	35	2.1	13
Capell, Nicky	59651	550	291	52.9	16	2.9	243	44.2	19	0	0.0	16.1%	2.02	41.7	39	2.1	0:24:25	15	0.8	9
Debruyne, Brett	50190	561	183	32.6	8	1.4	370	66.0	15	0	0.0	25.2%	1.59	48.8	20	1.3	0:07:48	283	18.9	5
Dillon, Kelly	57100	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0.0%	0.00	0.0	0	0.0	0:00:00	0	0.0	0
Douglas, Dionna	50884	440	204	46.4	16	3.6	220	50.0	15	1	0.1	12.9%	1.47	54.3	19	1.3	0:18:31	44	2.9	9
Evans, Donna	55779	369	142	38.5	8	2.2	219	59.3	15	1	0.1	23.5%	1.25	49.5	27	1.8	0:22:21	29	1.9	22
Forbes, Cleomie	56239	527	248	47.1	19	3.6	260	49.3	19	0	0.0	33.4%	1.76	32.6	40	2.1	0:19:08	2	0.1	4
Going, Robert	50089	201	95	47.3	4	2.0	102	50.7	8	1	0.1	15.1%	1.55	50.9	15	1.9	0:17:25	15	1.9	6
Hash, Christina	50081	625	307	49.1	23	3.7	295	47.2	21	1	0.0	17.8%	1.96	45.5	46	2.2	0:18:29	8	0.4	12
Heard, Julia	50358	582	234	40.2	20	3.4	328	56.4	17	0	0.0	23.3%	1.49	38.9	43	2.5	0:18:57	46	2.7	11
Herrington, Lloyd	51879	373	171	45.8	10	2.7	192	51.5	15	2	0.1	12.0%	1.51	55.5	16	1.1	0:17:28	80	5.3	18
House, Philip	59631	880	308	35.0	14	1.6	558	63.4	21	0	0.0	16.3%	1.92	42.8	63	3.0	0:18:05	83	4.0	21
Kinan, Karen	59508	533	224	42.0	15	2.8	294	55.2	17	0	0.0	18.7%	1.41	50.6	35	2.1	0:18:43	54	3.2	47
Marini, Mario	58142	232	99	42.7	4	1.7	129	55.6	13	4	0.3	14.3%	0.99	55.4	26	2.0	0:18:35	65	5.0	14
Martin, Jill	57580	592	214	36.1	20	3.4	358	60.5	18	2	0.1	30.5%	1.63	42.0	19	1.1	0:08:06	93	5.2	15
Ngo, Kiet	54504	650	381	58.6	35	5.4	234	36.0	20	1	0.1	22.1%	2.60	45.8	44	2.2	0:17:46	0	0.0	9
Proshek, Crystal	56610	510	237	46.5	23	4.5	250	49.0	21	0	0.0	13.3%	1.55	62.5	43	2.0	0:18:15	114	5.4	9
Rentschler, Alexandra	53980	755	294	38.9	6	0.8	455	60.3	18	0	0.0	15.1%	2.08	42.5	38	2.1	0:18:51	35	1.9	7
Riddell, Sandra	54197	427	196	45.9	17	4.0	214	50.1	18	0	0.0	15.9%	1.48	56.5	38	2.1	0:18:42	181	10.1	4
Sosebee, Erin	59138	525	246	46.9	11	2.1	268	51.0	17	0	0.0	14.8%	1.89	49.3	34	2.0	0:17:44	7	0.4	7
Tully, Jason	56508	231	135	58.4	9	3.9	87	37.7	8	0	0.0	36.7%	2.25	49.8	15	1.9	0:15:33	23	2.9	2
Velazco, Miguel	55974	454	235	51.8	22	4.8	197	43.4	17	1	0.1	24.5%	1.89	52.4	39	2.3	0:24:30	0	0.0	11
Wright, Shannon	59820	350	175	50.0	16	4.6	159	45.4	15	0	0.0	14.9%	1.59	53.9	33	2.2	0:18:09	19	1.3	8
Yunez, Canaan	59368	363	185	51.0	14	3.9	164	45.2	19	1	0.1	36.9%	1.31	41.3	52	0.0	0:21:46	0	0.0	9
11519		5128	44.5	356	3.1	6112	53.1	404	15	0.0	19.8%	1.63	46.4	767	1.9	0:17:21	1248	3.1	292	

*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

March Incentive Metrics

Must meet 4 out of the 5 metrics

Group Name	1 Time - Max Wait to Abandon		2 Time - Queued Max	
	E - GEN PUB	00:08:04		00:12:53
E - HCP	00:05:55		00:09:21	

3	4	5
Breaks March 2022 	Abandoned call rate March 2022	Surveys (minimum of 5 and no zeros) 
5 breaks were longer than 20 minutes	0.9% 	SPIs w/ zero surveys – 1 SPIs w/less than 5 surveys - 4



Dear Community Partner,

The Georgia Department of Public Health (DPH) has received reports of increased overdoses (OD) in various areas of the state over the past month which are caused by drugs mixed with fentanyl, particularly cocaine, methamphetamine, and counterfeit pills. We have reason to suspect these substances and related overdoses will continue to show up across the state of Georgia. In addition, these fentanyl-containing drugs have appeared in and caused overdoses in other states, including Florida. *It is critical that drug users understand that there is a risk of overdose when using stimulants or other drugs that may be mixed with fentanyl.*

Fentanyl-related overdose deaths have been increasing in Georgia since the start of the COVID-19 pandemic. Compared to the previous 12-month period, during May 1, 2020 – April 30, 2021 Fentanyl-involved overdose deaths increased 106.2%¹.

If you are seeing unusual overdose activity or suspect the presence of possible counterfeit pills or street drugs mixed with fentanyl in your area, please notify the DPH Drug Surveillance Unit (DSU) at ga.opioidprogram@dph.ga.gov. To report an overdose you think may be related to these drugs or for toxicological advice, call the Georgia Poison Center at **1-800-222-1222**.

Summary of Suspect Fentanyl Cluster

On Thursday 2/17 DSU received an alert from the Savannah Police Department, via the Coastal Health District 9-1, of a drug seizure that included pressed oxycodone pills containing fentanyl and a mixture of cocaine + fentanyl called “cream”.

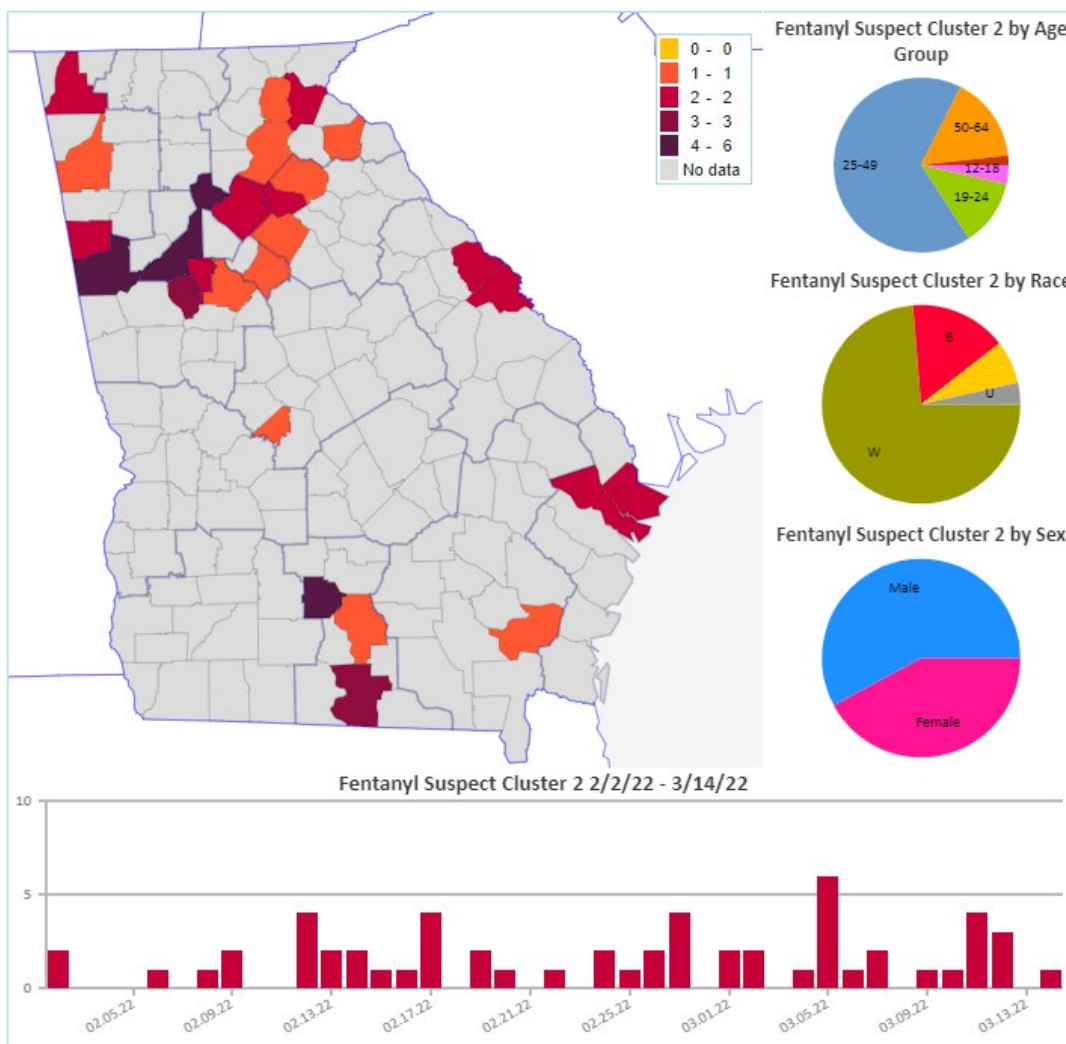
DSU reviewed Syndromic Surveillance (SS) data from around the state to identify ODs that may be related to drugs that contain fentanyl. SS tracks suspected drug overdose-involved emergency department visits based on the patient’s chief complaint upon admission and/or discharge diagnosis, and is used as an early detection method for potential clusters or outbreaks².

- 57 ED visits were identified from 2/2/22 – 3/14/22, with 89% of visits occurring after 2/12/22.
- These visits mentioned cocaine, amphetamine/methamphetamine, crack cocaine, heroin, or pills (e.g. oxycodone, hydrocodone, Klonopin, “muscle relaxers”, “unknown pill”).

¹ Data Source: Georgia Department of Public Health (DPH) Vital Records death certificates. Includes deaths that occurred in Georgia among Georgia residents and deaths that occurred outside of Georgia among Georgia residents.

²Because syndromic surveillance is based on chief complaint upon admission to an ED, it does not always reflect the true diagnosis, and can have limited detail to understand the true nature of the visit. For this reason, cases picked up by syndromic surveillance are only *SUSPECT* overdoses until further investigation is completed. Please see [here](#) for additional SS data limitations.

- Visits also indicated that the substance was possibly mixed with fentanyl, described an extreme reaction to a drug (e.g. patient reported taking 1 pill and went unresponsive immediately), or indicated that they had taken a stimulant or an unknown pill or substance and had a positive response to naloxone (i.e. Narcan).
- See below for geographic and demographic distribution of the visits related to this suspect cluster. (*note: Visits are de-identified and may include patients that were seen multiple times, and do not represent the number of individuals involved.*)



Examination of Emergency Medical Services (EMS) data during the same time period (2/6/2022 – 3/15/2022) revealed 16 OD incidents reportedly involving cocaine. In each case, EMS responded to a possible overdose where the patient or a friend on the scene indicated cocaine or crack use. No other substances were mentioned, however each of the 16 patients responded positively to naloxone. These incidents took place in several counties throughout the state including Fulton (6 cases), DeKalb (3 cases), Gwinnett (2 cases), Habersham (2 cases), and 1 case each in Cobb, Hall, and Tift.

Follow-up Investigation and Actions to date

Coastal District 9-1 (Savannah) has updated their community partners including law enforcement, first responders, and harm reduction, and has not received any additional reports to date.

South District 8-1 (Valdosta) notified their community partners after receiving an OD SS alert and confirmed a cluster of 4 overdoses involving cocaine and fentanyl.

Response and Next Steps

These drugs are dangerous and should not be handled without Personal Protective Equipment (PPE). They could possibly be inhaled or absorbed through the skin and are extremely toxic in even the smallest quantities. Early recognition of symptoms of overdose and appropriate PPE is critical to preventing overdoses and protecting first responders.

If a counterfeit pill or drug suspected to contain fentanyl is found:

- Wear adequate PPE when handling the substance.
- Specific recommendations from the GBI include double gloving, gown, n95 mask and goggles (please see the attached guidance for more specific details).
- Double bag the substance with a bio-hazard label on the outside and handle per agency protocol.

Whenever possible, naloxone should be carried when working in an environment where an overdose incident may occur.

- Georgia has a standing order for prescription of naloxone for overdose prevention, which makes naloxone available at any pharmacy without a prescription. For details on the standing order, please see the document available here: <https://dph.georgia.gov/document/document/standing-order/download>.
- When administering naloxone, please note that multiple doses may be necessary.

DPH will continue to monitor this situation and provide updates as they are warranted. We ask that you continue to keep DPH informed of any relevant updates. For more information about overdose prevention and Georgia's response please visit, <https://dph.georgia.gov/stopopioidaddiction>.

Thank you for all that you do.

Sincerely,

Cherie L. Drenzek, DVM, MS
State Epidemiologist

Amy Benson, MPA, ICPS
Opioid Grant Manager