

# Georgia Poison Center Meeting Agenda

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December 12<sup>th</sup>, 2023  
Staff Meeting  
1:30pm-4:30pm

**1:30 PM – Brief Meeting Introduction – SLH, GPL**

- FMLA/ Resignations/ Terminations – none
- Open Positions/New Hires/ Position Changes/ Recognition – none

**1:40 pm – Medical Director Update – Robert Geller, MD**

- Pesticides Rule Based Coding, TS
- Video on Pesticides, completion by Jan 31 2024

**1:50 pm – Education Department – BO**

- 2023 Education Outreach Projects
- Future collaborations

**2:00 pm – GPC – Radiation Injury Treatment Network (RITN) Collaboration – Joseph Ebersole, MD, ToxFellow**

**2:30 pm – Mental Health Crisis Protocol Review – Matthew Dernbach, MD, ToxFellow/ SLH**

**3:30 pm – GPC Stroke Service Update – Jason Tully, MD, CSPI**

**3:40 pm – Information Technology Update – GPL, SH, CNP IT**

- Telestrat/ Engage Update
- System upgrades-

**3:50 PM – GPC Operation – SLH, PCF**

- Grady AMT 2023
- Grady High Reliability
- NC/GA Staff Meetings
- Bezoar Guidelines
- NPDS Coding Survey, Answers – C.Hash
- Shift Supervisory Updates
- W2W Schedule Updates
- REAL TTIME Update
- Advocacy update- THC isomers
- Abu Dhabi lectures

**4:30 pm – Meeting Adjourned**

**\*\*\*\*\* Next Meeting TUESDAY January 30<sup>th</sup>, 2024 130p-430p \*\*\*\*\***

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[DRAFT PROPOSAL – 12/12/2023]

## Guidance for Managing Mental Health Crisis Calls Received by the Georgia Poison Center

### A. Background

1. *Whereas*, the Georgia Poison Center (GPC) is a non-profit unified command for the state of Georgia dedicated to providing clinical advice free-of-charge to callers regarding the management of acute poisonings; and,
2. *Whereas*, GPC internal review of one month (July 2023) of calls revealed that GPC receives an average of approximately 1-2 mental health crisis calls daily in which GPC is the caller's first point of contact with emergency services; and, of these calls, some of these callers require active rescue and some do not; furthermore, of these calls, some of these callers disclose locating information and some do not; and,
3. *Whereas*, GPC has surveyed America's Poison Centers and discovered that other poison centers also receive mental health crisis calls; however, there is no established best practice for poison centers to manage such calls; and,
4. *Whereas*, GPC does not possess the resources to deploy personnel to the scene of a crisis; and,
5. *Whereas*, at this time, GPC does not have access to geolocating technology (e.g., Carbyne).

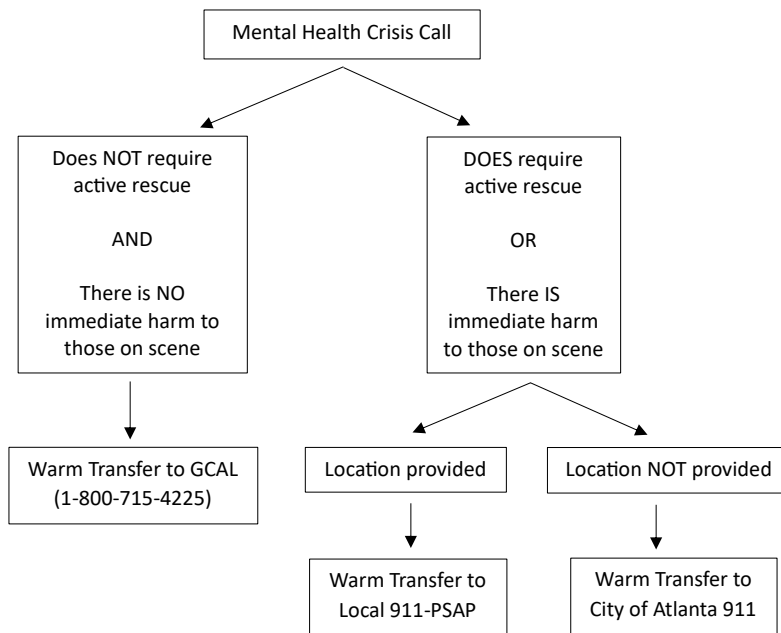
### B. Crisis Call Guideline

1. *Therefore*, we propose the following guidance (Figure 1):
  - i. If a caller presents with a mental health crisis, and [a] does not require active rescue, and [b] there is no immediate harm to those on scene; then, GPC will attempt to transfer the call to 988/Georgia Crisis and Access Line (GCAL), regardless of whether the caller's location is known or unknown.
  - ii. If a caller presents with a mental health crisis, and [a] does require active rescue or [b] there is immediate harm to those on scene; and [c] does provide locating information; then, GPC will attempt to transfer the caller to the appropriate Georgia 911-Public Safety Answering Point (PSAP) that services the caller.
    - a. If it is known that the 911-PSAP only dispatches medical services, then GPC will also attempt to notify emergency services that dispatch law enforcement to the caller's dispatchable location.
  - iii. If a caller presents with a mental health crisis, and [a] does require active rescue or [b] there is immediate harm to those on scene; and [c] does not provide locating information; then, GPC will attempt to transfer the caller to City of Atlanta 911.
  - iv. If a caller presents with a mental health crisis and subsequently prematurely terminates the call ("hangs-up") with GPC, then GPC will make one attempt to re-connect with the caller. If the re-

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connect attempt is unsuccessful, then, based on the information available at the time that the call was terminated, if the caller [a] required active rescue or [b] there was immediate harm to those on scene, then GPC will call either the local 911-PSAP or City of Atlanta 911 (if caller information not available) and transfer the caller's information to the respective agency (i.e., local 911-PSAP or City of Atlanta 911). GPC will not make further transfer attempts if either [a] or [b] were not met.

Figure 1. Transfer guideline for mental health crisis calls received by GPC.



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**C. GPC**

1. The target “Go Live” date for this guideline is January 1, 2024.
2. Prior to the “Go Live” date, GPC will:
  - i. Provide GPC staff with Question, Persuade, Refer (QPR) suicide prevention gatekeeper training via certified QPR instructor(s);
  - ii. Develop a mechanism to code mental health crisis calls within the standards of the National Poison Data System (NPDS), such that the calls are queryable and countable;
  - iii. Develop a queryable database of 988/GCAL and 911 phone numbers (see below); and,
  - iv. Train GPC staff on the rationale, details, and procedure of this guidance.
3. When receiving mental health crisis calls, GPC staff will attempt to obtain the following information from callers prior to transferring the call:
  - i. Name;
  - ii. Age;
  - iii. Physical Address (if possible) and Zip Code;
  - iv. Phone number (caller ID);
  - v. Purpose of call; and
  - vi. Whether there is anyone else in the home/available.
4. Stress debriefing services will be available for GPC staff following management of mental health crisis calls, via:
  - i. GPC staff peers who have been trained in stress debriefing; or,
  - ii. Post-docs, fellows or faculty of the Emory University Department of Psychiatry and Behavioral Sciences.
5. Management of mental health crisis calls will be discussed during GPC staff meetings at least every 4-6 months for the first 12 months following the “Go Live” date, and then at least annually thereafter for the purpose of sharing feedback on calls, procedure, and quality improvement.

**D. GPC and 988/GCAL**

1. In order to expedite transfers and minimize the need for GPC staff to provide mental health counseling to callers, 988/GCAL will assist GPC in developing a transfer script to facilitate transfer of calls from GPC to 988/GCAL.

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2. For transfers from GPC to 988/GCAL, in order to facilitate both continuity of care and privilege the caller’s confidentiality regarding their mental health concerns, GPC staff will provide a “warm transfer” to 988/GCAL operators and then will disconnect from the call after the “warm transfer” has concluded and the 988/GCAL operator has acknowledged receipt of the transfer.
3. 988/GCAL will consider providing GPC with a 10-digit “back-door” phone number for transfer and disaster recovery. GPC will provide 988/GCAL with a priority “back-door” phone number to GPC in case a connection is broken and 988/GCAL needs to reach back to GPC. Neither 988/GCAL nor GPC will relay the phone numbers to callers.
4. 988/GCAL will meet with GPC at least every 4-6 months for the first 12 months following the “Go Live” date, and then at least annually thereafter for the purpose of sharing feedback on calls, procedure, and quality improvement.
5. GCAL/988 will develop a mechanism to track the calls that are incoming from GPC.
6. 988/GCAL will attempt to provide GPC with de-identified information regarding this guideline every 4-6 months, to include:
  - i. Number of mental health crisis calls received as transfers from GPC; and,
  - ii. The respective outcomes of the calls.

**Commented [MD1]:** GPC's primary phone system will show 404-230-8989 as caller ID; there will be a different 10-digit number for back-up phone system. GPC operators will also identify themselves during "warm handoff".

**E. GPC and 911/GECA**

1. For transfers from GPC to 911, in order to facilitate both continuity of care and provide clinical assistance, GPC staff will provide a “warm transfer” to the 911-PSAP operator. After all pertinent information is relayed to the PSAP, GPC staff will ask 911 operator if the 911 operator wants GPC staff to remain on the line. GPC staff will remain on the call with 911 operators for as long as needed up to the entire duration of the call.
2. In order to best facilitate rapid transfer of emergency calls to PSAPs, GPC will work with the Georgia Emergency Communications Authority (GECA) in order to attempt a good faith effort to obtain unpublished PSAP “back-door” phone numbers that ring directly into the PSAP and receive a priority answer. Neither 911 nor GPC will relay the phone numbers to callers.
  - i. If such “back-door” phone numbers are unavailable, GPC will utilize a 10-digit phone number published on the local 911 center directory (<https://gema.georgia.gov/local-911-center-directory>).
3. GECA will meet with GPC at least every 4-6 months for the first 12 months following the “Go Live” date, and then at least annually thereafter for the purpose of sharing feedback on calls, procedure, and quality improvement.
4. GECA will work with GPC to develop guidance on 911-PSAP transfers to GPC, and on poison center education to 911-PSAP.

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5. The GPC/911 collaboration will be included in GECA's NG911 initiatives.

**Commented [MD2]:** Reduced miss-routed call rate. Increase access to call address.

**F. GPC and City of Atlanta 911**

1. For transfers from GPC to City of Atlanta 911, in order to facilitate both continuity of care and provide clinical assistance, GPC staff will provide a “warm transfer” to the 911 operator. GPC staff will disconnect from the call after the “warm transfer” has concluded and the City of Atlanta 911 operator has acknowledged receipt of the transfer.
2. City of Atlanta 911 will provide GPC with a 10-digit “back-door” phone number for transfers and disaster recovery. GPC will provide City of Atlanta 911 with a priority “back-door” phone number to GPC in case a connection is broken and City of Atlanta 911 needs to reach back to GPC. Neither City of Atlanta 911 nor GPC will relay the phone numbers to callers.
3. City of Atlanta 911 will meet with GPC at least every 1-2 months during the pilot period, at least every 4-6 months for the 6 months following the pilot period, and then at least annually thereafter for the purpose of sharing feedback on calls, procedures, and quality improvement.
4. City of Atlanta 911 will develop a mechanism to track the calls that are incoming from GPC.
5. City of Atlanta 911 will attempt to provide GPC with de-identified information regarding this guideline every 4-6 months, to include:
  - i. Number of mental health crisis calls received as transfers from GPC;
  - ii. Whether the respective callers had a known or unknown dispatchable location; and
  - iii. The respective outcomes of the calls, to include:
    - a. Dispatchable location was identified and dispatch was notified;
    - b. Dispatchable location was identified and call was transferred to appropriate local 911-PSAP; or,
    - c. Dispatchable location was not identified and caller refused intervention.
6. This guidance will be piloted in partnership with City of Atlanta 911 for the duration of the pilot period. At the end of the pilot period, City of Atlanta 911 will either continue the guidance or else assist GPC in augmenting the guidance. If City of Atlanta 911 determines not to continue participation in the guidance, City of Atlanta 911 will not terminate participation in the guidance until GPC has implemented a further plan to manage mental health crisis calls, not to exceed 90 days.

**G. Follow-Up**

1. GPC will continue to follow-up on callers until the case is closed, per NPDS standards.
2. At this time, 988/GCAL will follow-up on callers through last point of contact (i.e., transfer of care).

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3. 911 will follow-up on callers through last point of contact (i.e., transfer of care).

**H. Definition of Terms**

1. **Mental Health Crisis:** Anyone at elevated risk of harm to self, experiencing suicidality, or exhibiting signs of psychosis or mania; substance use disorder or developmental disability crisis. Examples include (but are not limited to):
  - i. Caller reports suicidal ideation;
  - ii. Caller reports persecutory auditory hallucinations;
  - iii. Caller experiencing emotional distress;
  - iv. Caller seeking substance use treatment;
  - v. Caller seeking supportive conversation;
  - vi. Caller seeking information on lethal/toxic dose of a xenobiotic with concern for self-harm purposes, without known imminent plan/intent.
2. **Active Rescue:** Anyone in immediate danger or requiring assistance in the order of clinical decision making. Examples include (but are not limited to):
  - i. Caller reports suicidal ideation with imminent access to means;
  - ii. Caller reports imminent plan to overdose;
  - iii. Caller reports that they have intentionally overdosed;
  - iv. Caller reports a medical emergency;
  - v. Caller reports being in crisis, but refuses to facilitate medical/mental health intervention.
3. **Immediate Harm:** Any threat to individual or public safety; observed with or known access to a dangerous weapon; reported crime requiring some level of investigation. Examples include (but are not limited to):
  - i. Caller reports homicidal ideation;
  - ii. Caller is actively causing physical harm to self, others, or property.
4. **Warm Transfer:** Introducing self and role, and relaying information from the calling operator to the receiving operator, to include any known information detailed in C.3, as well as any other pertinent information obtained during the call.
5. **Follow-up:** The point at which the organization stops tracking the outcome of the call.

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6. **Pilot Period:** The first 6 months following the “Go Live” date of the guideline.

**I. Conclusion**

1. We hope that this guidance will lead to improved patient care and improved coordination between emergency services in the state of Georgia, and serve as a model for the entire United States.
2. We are indebted to the emergency services of the state of Georgia for their innovation in having developed the infrastructure that made this guidance possible.
3. This guidance was developed in mutual collaboration with the following:

**Georgia Department of Behavioral Health and Developmental Disabilities**

Kevin Tanner

**Georgia Department of Behavioral Health and Developmental Disabilities, Division of Behavioral Health**

Malika Bey  
Brenda Cibulas  
Erin Conaway  
Dawn Peel  
Cassandra Price

**Georgia Department of Behavioral Health and Developmental Disabilities, Georgia Crisis and Access Line**

Anna Bourque  
Andrea Corley  
Katie Cossette  
Kelly Parry

**Georgia Emergency Communications Authority**

Amy Ramsey  
Aleisha Rucker-Wright  
Greg Whitaker  
Skylar Whitaker

**City of Atlanta 911**

Desiree Arnold  
Cliveita Brown  
Lekshmi Kumar  
Stephanie Medina  
Cynthia Romero  
Ryan Solis

**Emory University, Department of Psychiatry and Behavioral Sciences**

Sophie Arkin  
Nadine Kaslow

**Georgia Poison Center**

Matthew Dernbach  
Robert Geller  
Stephanie Hon  
Alison Jones  
Gaylord Lopez  
Brent Morgan  
Britni Overall

*Accepted: December \*\*\*, 2023*

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**Appendix 1: Transfer Script**

*This is an example script that can be used to guide questions when assessing a patient in mental health crisis, and referring them to either GCAL/988 or 911. The script should be utilized in accordance with the above guidance, and can be modified by GPC staff as appropriate to fit a particular clinical circumstance.*

**Phase 1**

- *Has a mental health crisis been identified?*
  - If Yes:
    - Proceed to Phase 2
  - If No:
    - Proceed with GPC standard of care.

**Phase 2**

- “Are you (or the person you are calling about) having any unsafe thoughts, like thoughts to hurt or to kill yourself, or someone else?”
  - If Yes:
    - “Do you (or the person you are calling about) have a plan?”
      - If Yes:
        - Can you share with me what the plan is?”
    - “Have you (or the person you are calling about) done anything to act on these thoughts?”
      - If Yes:
        - “Can you share with me what you/they have done?”
    - “Do you (or the person you are calling about) have access to a weapon, or large stores of pills?”
      - If Yes:
        - “What type of weapon/pills?”
        - “Is that weapon/pills present?”
          - If Yes:
            - “Can you put the weapon/pills away, or can you leave the room where they are?”
  - If No:
    - Proceed to next question.
- “Are you (or the person being called about) under the influence of drugs or alcohol?”
  - If Yes:
    - “Are you (or the person being called about) showing dangerous behaviors?”
    - “What is being used? How much was consumed/ smoked/ inhaled/ injected, etc?”
    - “Do you have Narcan?”
  - If No:
    - Proceed to next question.
- “Do you (or the person being called about) have any urgent medical needs?”

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**Phase 3**

- *When you have identified the appropriate transfer pathway according to B.1:*
  - “I’d like to transfer you to the 9-8-8 crisis line. They are experts in handling situations like yours, is that OK? Please do not hang up. I am connecting you with the Georgia Crisis and Access Line. I am not disconnecting the line.”
    - If No:
      - “OK, we are here to help you, and we will remain on the line until we can get you help. Your options include connecting with a mental health counselor through the 9-8-8 crisis line or active rescue.”
  - “I’m worried about your safety, and I’m going to transfer you to 9-1-1. Please do not hang up. I am connecting you with 9-1-1. I am not disconnecting the line.”

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**Appendix 2: Rule-Based Coding**

*This is an outline of how to code mental health crisis calls in ToxSentry® using rule-based coding for both exposure calls and information calls.*

**Rule-Based Coding Conditions [both conditions must be met]**

Caller Site

- Own Residence *OR* Other Residence *OR* Workplace *OR* School *OR* Restaurant/Food Service *OR* Public Area *OR* Other (code) *OR* Unknown

Special Call Designation

- Mental Health Crisis

**Rule-Based Coding Questions [all questions must be answered]**

Type of mental health crisis *[select all that apply]*

- Seeking supportive conversation
- Anxiety
- Depression
- Substance use
- Developmental disability
- Intentional ingestion
- Seeking information on lethal/toxic dose of a xenobiotic with concern for self-harm purposes
  - Imminent plan/intent *[select one]*
    - Yes
    - No
- Suicidal ideation *[select one]*
  - Yes
    - Has plan *[select one]*
      - Yes *[select one]*
        - Plan to overdose
        - Other
      - No
  - No
- Homicidal ideation *[select one]*
  - Yes
    - Has plan *[select one]*
      - Yes
      - No
  - No
- Auditory verbal hallucinations
- Delusions (e.g., paranoia)
- Other *[free text]*

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Caller hung-up prematurely *[select one]*

- Yes
- No

Caller requires active rescue *[select one]*

- Yes
- No

There is immediate harm to those on scene *[select one]*

- Yes
- No

Caller provided dispatchable location *[select one]*

- Yes
- No

Caller refused transfer *[select one]*

- Yes
  - Refused transfer to *[select all that apply]*
    - GCAL
    - 911
- No




Call transferred to *[select one]*

- GCAL
- 911
  - Specify 911-PSAP *[free text]*
- Unable to transfer

# December Incentive Metrics

Must meet 4 out of the 5 metrics

	<b>1</b>	<b>2</b>
<b>Group Name</b>	<b>Time - Max Wait to Abandon</b>	<b>Time - Queued Max</b>
E - GEN PUB	00:10:12 	00:11:14 
E - HCP	00:04:57 	00:10:55 

<b>3</b>	<b>4</b>	<b>5</b>
<b>Breaks</b> December 	<b>Abandoned call rate</b> December 2023	<b>Surveys</b> (minimum of 5 and no zeros) 
2 breaks were longer than 20 minutes	<b>1.4%</b> 	SPIs w/ zero surveys - <b>9</b> SPIs w/less than 5 surveys - <b>10</b>

**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 December 2023  
**P.O. BOX:** 26066

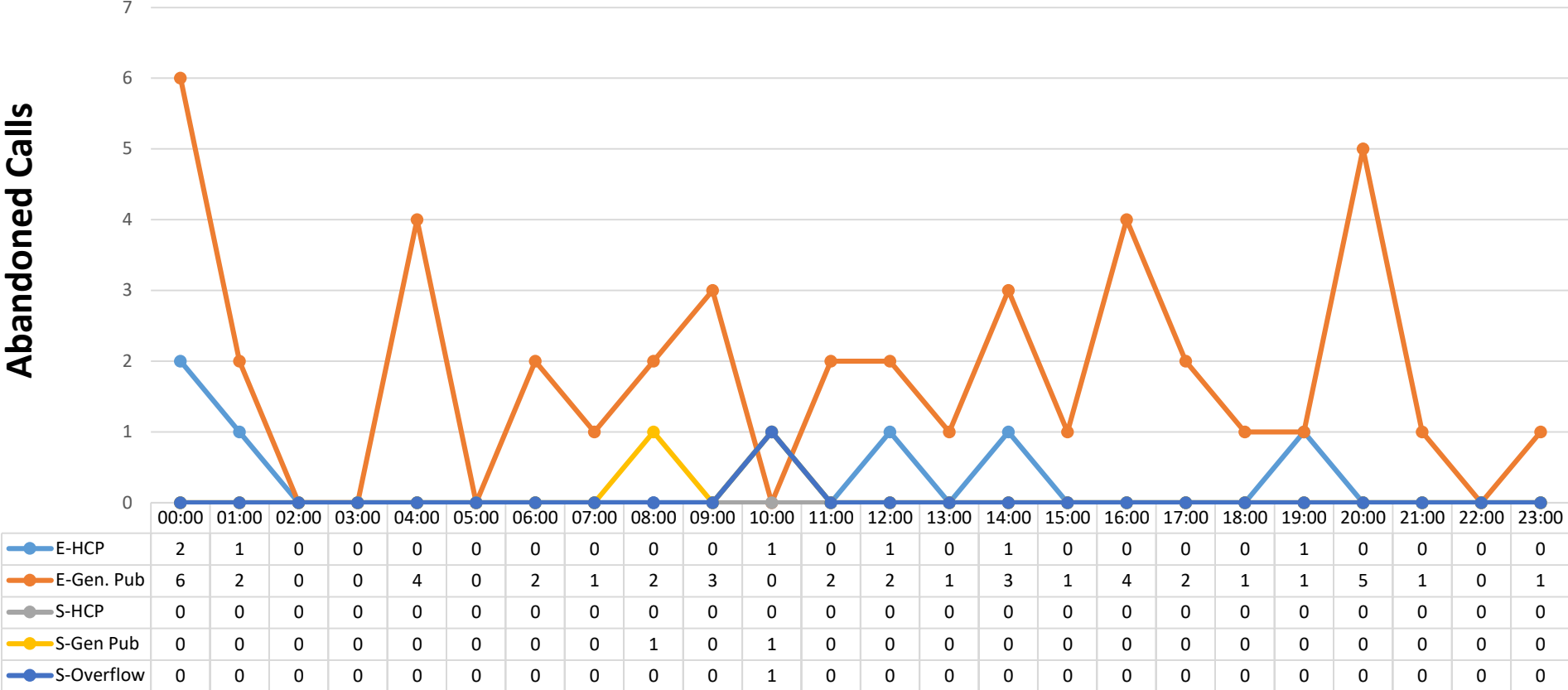
**DATE: December 11, 2023**

**Service**

**Call volume stats for December 2022 - December 2023**

	<b>December-22</b>	<b>December-23</b>	<b>% Change</b>
<b>Total Calls (Incoming)</b>	<b>2,388</b>	<b>2,063</b>	-13.61%
<b>Exposure Cases*</b>	<b>2,131</b>	<b>1,862</b>	-12.62%
Human	2,054	1,862	-9.35%
Animal	77	0	-100.00%
<b>Information Request</b>	<b>257</b>	<b>201</b>	-21.79%
Public Health Situation	84	95	13.10%
Pill Identification	8	2	-75.00%
Other	21	8	-61.90%
<b>Follow-ups</b>	<b>1,936</b>	<b>1,557</b>	-19.58%
 <b>Customer Satisfaction</b>			
Calls Abandoned	27	34	
Calls Accepted	2408	2451	
Abandoned Call Rate	1.1%	1.4%	
 <b>Customer Service Survey Completed</b>			
Live Agent	<b>100</b>	<b>62</b>	

## Abandoned Calls for December 1, 2023 - December 10, 2023



Total Calls Accepted = 2,451  
 Abandoned Calls = 34  
 Abandoned Call Rate = 1.4%

## **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

December 1, 2023 - December 10, 2023

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
Asamoah, Kwaku	59509	158	92	58.2	7	4.4	59	37.3	7	0	0.0	17.3%	1.90	39.0	10	1.5	0:16:40	0	0.0	4
Bhaskaran, Raja	58868	183	106	57.9	3	1.6	74	40.4	6	0	0.0	10.9%	2.18	50.2	15	2.4	0:16:32	0	0.0	3
Capell, Nicky	59651	157	88	56.1	4	2.5	65	41.4	6	0	0.0	15.0%	1.92	49.7	14	2.3	0:20:30	0	0.0	0
Debruy, Brett	50190	156	0	0.0	0	0.0	156	100.0	3	0	0.0	33.9%	0.00	18.8	0	0.0	0:00:00	18	6.0	0
Dillon, Kelly	57100	37	21	56.8	1	2.7	15	40.5	1	0	0.0	28.9%	2.75	33.2	4	4.0	0:18:50	0	0.0	0
Douglas, Dionna	50884	190	112	58.9	2	1.1	76	40.0	8	0	0.0	16.7%	1.84	45.1	14	1.8	0:17:48	33	4.3	4
Evans, Donna	55779	168	70	41.7	4	2.4	94	56.0	6	0	0.0	20.8%	1.58	49.2	13	2.2	0:19:06	0	0.0	7
Going, Robert	50089	66	25	37.9	0	0.0	41	62.1	2	1	0.5	11.6%	1.56	42.0	5	2.5	0:16:22	0	0.0	0
Hamed, Sal	52698	219	129	58.9	6	2.7	84	38.4	8	0	0.0	9.3%	2.01	59.8	13	1.6	0:15:50	0	0.0	5
Hash, Christina	50081	278	120	43.2	13	4.7	145	52.2	9	1	0.1	16.9%	1.87	34.9	17	1.9	0:16:25	0	0.0	1
Heard, Julia	50358	213	79	37.1	5	2.3	129	60.6	8	0	0.0	18.8%	1.39	42.8	15	2.0	0:15:51	0	0.0	3
Kern, Perri	59631	151	82	54.3	3	2.0	66	43.7	5	0	0.0	13.9%	2.13	54.7	11	2.2	0:15:37	20	4.0	0
Kinan, Karen	59508	375	160	42.7	11	2.9	204	54.4	11	0	0.0	14.0%	1.98	52.0	23	2.1	0:17:24	20	1.9	25
Martin, Jill	57580	204	85	41.7	1	0.5	118	57.8	6	1	0.2	12.2%	1.79	55.3	6	1.0	0:08:38	18	3.0	2
Ngo, Kiet	54504	159	87	54.7	8	5.0	64	40.3	5	0	0.0	11.9%	2.38	56.4	11	2.2	0:17:36	0	0.0	0
Proshek, Crystal	56610	176	81	46.0	2	1.1	93	52.8	6	1	0.2	11.7%	1.89	61.8	12	2.2	0:16:57	0	0.0	0
Rentschler, Alexandra	53980	216	120	55.6	5	2.3	91	42.1	6	1	0.2	9.8%	2.50	47.1	9	1.4	0:16:43	20	3.2	1
Riddell, Sandra	54197	176	103	58.5	3	1.7	70	39.8	7	0	0.0	13.9%	1.89	52.3	18	2.6	0:17:21	35	5.0	1
Tully, Jason	56508	194	105	54.1	3	1.5	86	44.3	6	0	0.0	11.7%	2.25	41.4	11	1.8	0:15:38	0	0.0	2
Velazco, Miguel	55974	151	96	63.6	4	2.6	51	33.8	6	2	0.3	20.4%	2.00	50.0	12	1.9	0:20:42	0	0.0	0
Wright, Shannon	59820	122	77	63.1	4	3.3	41	33.6	5	0	0.0	11.9%	2.03	58.5	10	2.0	0:17:25	9	1.8	2
Yunez, Canaan	59368	48	25	52.1	4	8.3	19	39.6	2	1	0.4	35.2%	1.53	44.1	6	2.5	0:16:13	0	0.0	0
		<b>3797</b>	<b>1863</b>	<b>49.1</b>	<b>93</b>	<b>2.4</b>	<b>1841</b>	<b>48.5</b>	<b>128</b>	<b>8</b>	<b>0.1</b>	<b>16.7%</b>	<b>1.88</b>	<b>47.6</b>	<b>249</b>	<b>1.9</b>	<b>0:16:06</b>	<b>173</b>	<b>1.3</b>	<b>60</b>

\*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