

## Poison Center Staff Meeting Minutes

**Date: May 27, 2025**

In Office: Gaylor Lopez, Patrick Filkins, Stephanie Hon, Jasmine Gibson, Wilson Boyce, Brett Debruyne, Andrew Yetka, Ajani Jeffreys, Britni Overall

Remote: Donna Evans, Karen Kinan, Christina Hash, Tiana Witcher, Ereka Lockhart, Perri Kern, Kimberly Capell, Alexander Rentschler, Kiet Ngo, Dionna Douglas, Sandra Riddle, Crystal Proshok, Yunez Canaan, Jason Tully, Julie Heard, Miguel Velazco, Kayla Ellis, Jason Tully, Jill Martin, Robert Geller, Matthew Dernbach, Darrielle Barnes, Kwaku Asamoah, Perri Kern, Shannon Wright, Ereka Lockhart, Karen Kinan, Alison Jones, Sal Hamed, Brent Morgan, Alexandra Rentschler, Jamila Hudson

**Special Guest: Bernard Gordon, Human Resources Consultant**

### 1:30 PM -- Meeting Introduction – GPL, SLH:

- **FMLA/Resignations/Terminations:** None
- **Recognition— SLH:** Congratulations to Kwaku Asamoah, Shannon Wright for passing their recertification of the Poison Specialist Certification.  
Congratulations to Kayla Ellis, who took the test for the first time, they all passed the Poison Specialist Certification.  
We are now in 100 % compliance for C SPI's Certification.

### 1:58 PM—RTS: 27:14 Special Guest Bernard Gordan: HRC Updates— GLP, BG:

- **BG:** Women's Health Virtual Webinar on Thursday May 29, 2025, at 11 AM  
Annual Mandatory Training (AMT) modules are available and need to be completed by December 21, 2025.  
Please update your contact and emergency contact information in PeopleSoft as we are transitioning to Workday and we will need to have the correct information.  
The goal is to have us transitioned to Workday by January 2026.  
For questions, please contact Bernard at bgordon@ghm.edu.

### 2:02— PM—RTS: 31:47 -Education Department— BO:

- **BO:** Thanked Dr. Yetka for the Vaping and Sentinel Webinar, last week, there were 237 attendees. It was very beneficial if you missed it, you could still see it on our training platform, under webinars.  
Will send out the link for his upcoming presentation on Toxidromes and on June 4<sup>th</sup> at 12:30; and it will also be saved to the training website as well.
- **SLH:** We are still working on getting at least a nursing CE for that and we are already going to get EMS CE credits for his upcoming webinar on June 4<sup>th</sup>.
- **BO:** We were also contacted by CDC train website which is a platform where they host different recordings of webinars, so hopefully we can get it added to them to share it as well.  
Have a few Health Fairs coming up this June and a couple in July, so I will send out the updated list, or please reach out if you would like to participate.

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**2:08—RTS: 34:14 -Medical Director Update – BM:**

*(This is a summary of Dr. Morgan's Presentation on, “Hospital Drug Testing”, please see the full presentation in the in the video: 34:14 – 1:31:41)*

**BM:** Provided an in-depth overview of hospital drug testing practices, focusing primarily on urine drug screens. He explained that urine is commonly used due to its non-invasive collection, concentrated drug content, and longer detection window compared to blood.

- He distinguished between two primary types of testing: **immunoassay screenings** and **confirmatory tests** (like gas or liquid chromatography with mass spectrometry). Most hospitals perform only immunoassay screens due to cost, time, and staffing limitations. However, these screens can yield false positives due to cross-reactivity with similar substances, and confirmatory testing is advised in legal or forensic contexts.

**BM:** Discussed specific challenges with drug classes:

- **Opiates vs. opioids:** Immunoassays often only detect natural opiates (like morphine), missing many synthetics (e.g., fentanyl, methadone).
- **THC:** Detection can vary with frequency of use, body fat content, and exposure. Secondhand exposure is typically insignificant unless under intense, enclosed conditions.
- **Benzodiazepines:** Many modern benzos are not detected well due to unique metabolism or low urine excretion. Screens are often outdated.
- **Amphetamines:** Tests may show false positives from common medications (e.g., Sudafed) or herbal products and may miss designer variants.
- **PCP:** Often yields false positives from drugs like dextromethorphan or ketamine; he suggests its screening is now of limited value.
- **TCAs:** Prone to false positives, but ECG findings are more reliable indicators of toxicity.
- He emphasized the importance of clinical judgment in interpreting results and determining the need for further testing, especially since urine screens rarely alter immediate medical treatment. Psychiatry often uses results to guide substance use discussions post-overdose.
- Finally, Dr. Morgan highlighted the variability between hospitals' assays and the limitations of current testing methods. He closed by inviting follow-up questions and encouraging clinical context to guide interpretation.

**2:34—RTS: 1:14:24 -Information Technology Updates: GPL, SLH, WB, AJ:**

- **WB:** Thanked everyone for using Avaya while the Mitel updates were taking place. Apologized for AireSpring faxing being down, it is now back up and we are now officially using AireFax2.com the old Airefax is finally defunct. So, only use Airefax2.com and the username and password will remain the same.

*(Please review the RTS: 1:15:56 – 1:17:27, for steps on sending a fax)*

- Select: New Outbound Fax
- Title: Enter title
- Click Upload Document: Enter Doc Name, Enter Description
- *Click Choose a File: from where you stored it.*
- *Click Upload File: get message: Document Uploaded Successfully*
- *Scroll down to: Chose Doc. Or Upload, click the dropdown arrow, find and select the file you uploaded.*
- Then you can complete the final steps of entering the phone number and sending the fax.

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- **WB: Windows 11**— We have rolled out 5 new Window 11 computers, so when you come in you will need to update your information, because your Mitel, contact center login and passwords...etc., will not be encrypted anymore.
- **Ticketing System**— We will be using CNP’s ticketing system because it is just simpler and our current system is just not serving us at all.
- **The Front Door**— the software is up and is working but there are still a few kinks to work out. We will update you as it comes along and we will be asking that you download the front door app onto your phone, this will allow you to open the door remotely if someone is at the door.
- **GPL:** We are also working on allowing you to see the person at the door via the mobile app.
- **WB:** Currently waiting on more information about being able to open the door via the desktop.
- **GPL:** We are going to test the Nest camera, but if it becomes too cumbersome, we have already considered replacing the Nest with the Avigilon Camera, as it is not too expensive to get. We are also giving out key fobs that will allow front door access, however, there will be a \$25 replacement fee if you lose the key fob.

**2:56 PM—RTS: 1:36:23 -GPC Operations - GPL, SLH, CH**

- **GL: Budget Status**— Our partners over at Grady we unable to unsuccessful at getting us funding for the 25-26 year, are looking at a serious deficit. We are looking at creative ways to minimize the deficit.
- **Badge access** for the day shift staff will have 24-hour parking cards for those who have the potential to work early morning hours before the garage gates open.
- **New TV monitors** have been installed in the breakroom and call center.

- **Team Event** we are planning to have sometime early fall, calling it the Fall Carnival Festival, Please reach out to Alison, Britni, Tiona and Jasmine if you have any ideas about what you would like to see at this staff meeting event.
- **SLH: Laundry Pod Study Extension** – The Proctor and Gamble Laundry Pod Study has been extended. The study explores laundry pod exposure and is based on the type of exposure, dermal, ocular or ingestion, it is important that you please make sure you attempt to schedule follow ups on these cases.

**2:29 PM—RTS: 1:53:31: Special Guest: 988 Refresher Presentation – Bari Blake, LPC, Director, Georgia Crisis & Access Line, (GCAL) Call Center -911/988**  
*(Please see the full presentation at 1:53:31 – 2:41:18)*

**3:33 PM—RTS: 2:41:22 -Crisis RBC Form Update—SLH:**

- **SLH:** Reviewed the Changes to the Mental Health Crisis RBC Form. Working with Matthew to shrink some of the redundant details and remove some of the cascading questions, to see if keep the system from slowing down. We will still collect data on when we do a warm transfer to either 988 or 911, how long do those transfers take and how long are we on the phone with those agencies and then when did we drop off? These are the numbers we report during our quarterly and twice-a-year meetings with both agencies.

**3:42 PM—RTS: 2:50:32 -GPC Operations continue: -GPL, SLH, CH:**

- **SLH: NACCT 2024** – Waiting to see what abstracts will be accepted, will keep you posted.

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- **Public Health** – Did a great job of emailing reports versus faxing reports when Airefax was down last week.  
Asked Jessica at the State Public Health Department to notify all the districts to update their contact with e-mail added in case of an event such as this.
- **Measles Update**— If there is a call in for measles exposure and have reported positive or says they have a rash or someone that they know are under active monitoring and now they're reporting symptoms, no matter their age, we will be calling somebody at the state medical epidemiologist immediately.
- **Shift Supervisor Responsibilities**— Sandra suggests follow-ups should include the 2:00 PM people that are coming in.
- **DE:** Noted that morning shift supervisors are getting, sometimes up to 15 follow-ups due to them being reassigned,
- **JT:** Agreed with Donna and says that all teams should complete their additional assigned follow-ups because sometimes there is just going to be more.
- **SLH:** Shift Supervisor Responsibilities will be posted in Bezoar under Operational Protocols and will include scheduling up and including the 2:00 PM person.  
And she agreed there should be some sort of hard stop as to how late to send follow-ups.
- **Phone Survey Update**— Will be moved to June, there will be one additional question added for people calling from home. “How did you know to call us today or how did you hear about us?”

*(Part 1 of the Recording ended at RTS: 3:16:19 and meeting continues on Part 2 of the Recording)*

**4:07 PM—RTS: 0:06 - GPC Operations continue: -GPL, SLH, PCF, CH:**

- **SLH:** The reason for this question is there is a question about people using more of a digital poison center versus actual people maned poison centers.  
There was an APC Town Hall a couple of weeks ago and there are concerns on both sides of the argument.  
They are claiming to collect data and claim to be sending the State of Georgia about 3000 calls, meaning 3000 callers called our physical center because they used the digital poison center.  
So, on June 1<sup>st</sup>, that question will go live, because we need to see if there is some validity to that number and at least collect data for a month to see if their number matches up with the numbers we collect.  
And we will have to do follow-up on a person staying at home.
- **Fellow/Attending Consults**— Reminder don't consult shop, meaning calling the Attending first or thinking, “I didn't like the answer that was given so I'm going to call someone else.”
- **ENP Students, May/June**— We have nurse practitioners and emergency nurse practitioner students that are coming in May and June, for learning, training and exposure purposes.  
We will give them some exposure to some of our phone calls and so I'll get on teams, and I'll say, “Hey, I have a listener”, just to give you all a heads up.

**4:23 PM—RTS: 16:56 -Coding Survey— CH:**

- **CH:** Went over a past survey to compare the new answers to the old answers to see how they have changed over the years.

**4:25 PM—Meeting End**

**\*\*\*\*\* Next Meeting June 24th, 2025, 130p-430p \*\*\*\*\***

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