

Georgia Poison Center Staff Meeting Minutes
Date: June 25, 2024

In Office: Gaylor Lopez, Kayla Ellis, Jason Tully, Patrick Filkins, Stephanie Hon, Tiaona Witcher, Jasmine Gibson, Jill Martin, Robert Geller, Wilson Boyce, Ty Minton, Britni Overall, Matthew Dernbach, Amber Patt

Remote: Donna Evans, Karen Kinan, Christina Hash, Brett Debruyn, Erika Lockhart, Perri Kern, Kimberly Capell, Alexander Rentschler, Kiet Ngo, Dionna Douglas, Sandra Riddle, Crystal Proshek, Canaan Yunez, Jason Tully, Julie Heard, Miguel Velazco, Shannon Wright, Kwaku Asamoah, Alison Jones, Miguel Velazco

1:30 PM—7:33 -Meeting Introduction— GPL:

- **New Hires/Position Changes/Recognitions:** None
- **FLMA/Resignation/Termination— AP, NH:**
- **GLP:** We're sad to see Amber Patt, 2 Year Fellow go, but proud to let her go, knowing that she goes out with a great foundation, knowing what being on a team all is about.
- **SLH:** We also are sadly saying goodbye to Nicholas Horas, who joined us at the onset of Covid hotline, which will go away June 30th. He became a valuable asset, not just with Covid, but also Stroke Hotline as well. We are excited to see where he goes next. Well wishes were expressed by all on their future endeavors.

1:42 PM— RTS: 22:39 -Medical Director Update—RG, GPL, WB:

Budget and Legislative Affairs:

- **RG:** Currently drafting a document, they have been asked to prepare for the Grady C-Suite, to be reviewed by Dr. Halpert, the CFO, and hopefully get it in front of the legislators. We have enough money to cover the anticipated deficit for 2024 and 2025, so there is not a great risk of having personnel changes. Meantime, we are positioning ourselves in a way, so that Grady's, who has not assisted us a lot in the past, can help out.

IT Infrastructure Maintenance:

- **RG:** Since Ty left, we have interviewed one person and have another interview coming up next week and will hopefully decide between them. We hope to have someone on board by the end of July. We've already spent a chunk of change on upgrades to our infrastructure and some of the equipment and prevent it from becoming obsolete, in spite of the deficit. This is what Wilson, and our new employee will be implementing, and we also have some improvements underway for ToxSentry and Query Builder, we are hoping to have them updated by July.
- **WB:** Since you mentioned Grady helping us, we are about to pick up some equipment that Grady has donated, replacing some of our network equipment and it really did save us a nice chunk of change, so that was nice of them.

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1:52 PM— RTS: 31:38 -Presentation, “Saved by the Bolus”— Amber Patt, PharmD:

- **GPL:** Due to technical difficulties, moved to the Education Department update.

1:57 PM— RTS: 36:40 -Education Department Updates— BO:

- **BO:** We had two health fairs last month and we have one coming up July 15 at the Cobb Safety Center if anyone is interested contact me.
Thank you, Tiana, for helping out while I was on vacation.
I’m currently working on the online cannabis course of another poison center.
Also working on material, course and website development with Dr. Filkins and Dr. Kiernan and the real-time project.
Will start putting together a quilt for giveaway items for our health fairs.

2:00 PM— RTS 39:03: -Presentation resumed, “Saved by the Bolus”— AP:

For the full PowerPoint presentation, replay the recording starting at the timestamp restart time (39:31 – 2:02:40).

- **AP:** Today we are going to talk about, “**Saved by the Bolus**”
The inspiration for this title is, “Saved by the Bell”, since I’m a 90s kid at heart, and watched the series.
Physostigmine (Fizo) and its role in treating anticholinergic toxicity. She explained how physostigmine, a reversible acetylcholinesterase inhibitor, increases acetylcholine levels at the synapse to counteract the effects of anticholinergics and antimuscarinics, which can cause agitation, confusion, delirium, and peripheral dry effects.
Team Lisa: Strongly supported this finding, emphasizing that cholinesterase inhibitors can have adverse cardiac effects like bradycardia, hypotension, and potentially life-threatening bradyarrhythmia’s in TCA overdoses.
Team Slater: Presented evidence-based use of physostigmine for managing patients with Antimuscarinic Syndrome, particularly those with agitated delirium.
Emphasis was put on training and perspectives on physostigmine (Fizo) have evolved over time, with many professionals initially being taught benzodiazepines (Benzos) as the primary treatment.
It’s important for specialists to understand the data, why and when physostigmine works, and to offer it as a treatment option.
- **JH:** Mentioned that the presentation made her less fearful of using physostigmine.
- **SLH:** Emphasized that the goal was to provide an option for treating truly anticholinergic patients.
Praised Amber’s presentation, noting its engaging format and valuable insights.

3:02 PM— RTS: 2:02:52 -Information Technology Update— WB:

- **WB:** Workstation updates are ongoing, but some deployments are delayed due to a shortage of display port cables.
- The new candidate will assist with machine and software configuration.
- Machines have been upgraded, and Windows 11 transition will follow remaining deployments.
- Monitor compatibility is being checked, and necessary cables for monitors will be provided.
- Airsepring is addressing issues with the new Airefax 2 portal; the old Airefax will remain operational during testing.

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- Tentative cutoff for Airefax is at the end of July, but the old system will continue if issues persist.
- A new front door system will allow remote access control.

3:09— RTS: 2:09:41 -GPC Stroke Service Updates— GPL, JT, SLH:

- **JT:** Reiterated that Georgia hospitals should now be fully transitioned to the Halo system and emphasized that they have had two weeks to adapt to this process.
- Florida’s Bethesda East and West hospitals are still facing IT-related issues.
- Additional coverage will be provided throughout the weekend to handle any calls that might still come through; however, operation will officially stop on Friday.
- Hospitals must be informed that as of Friday, they should be using Halo exclusively.
- Calls will be transferred to Carol’s phone for a very limited time before the final transition.
- Gaylord, Stephanie and Julia expressed appreciation for Jason’s dedication and efforts throughout the process.
- Further acknowledgments were made to other contributors, including Jamila and Miller, for their roles in keeping operations running smoothly.

3:29— RTS: 2:20:33: -GPC Operation Updates— GPL, JT, SLH:

NPDS Coding Survey, Answers: CH

- **NACCT 2024**
SLH: Congratulations to Chris and Krystal, they will be going to NACCT to present their posters.
 Congratulations to Brett who will be going and will be honored for his 20 plus years as a Certified Specialist in Poison Information.
 Spy Advisory Board –Please complete an application to join the spy Advisory Board.
- **Public Health Updates**
SLH: So just a reminder if you have to fax something, make sure the fax goes through, if it does not go through the health department or epidemiologist that is on call. If it is overnight and you don’t want to wake up the epidemiologist sends me the case via email and lets me know to send it in the morning.
- **Covid ending June 30th**, all positive cases and other COVID related questions will be taken by 1-866-Public Health.

(Part 1 of the Recording ended at RTS: 3:04:40 and the meeting continues on Part 2 of Recording)

4:15— RTS: 0:11: -Crisis Call Guideline

SLH: The 1-800-715-4225 number for 988 will be added to the main Bezoar page for easy access, will also look into having it added to the Mitel address book.
 Will Send an email confirming all of the new procedures regarding how Covid calls are to be handled, and I will be updating the Public Health Manual.
 From January 1 through the end of June (as of the day before the meeting), the poison center received 394 identified crisis calls, 3 transfers to 988 and 6 cases should have involved 911, however calls were not transferred.

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Stressed the importance of collecting data for PSAP, including more information for possible 911 transfer, and how patients will get to hospital, if they refuse 911 transport, are saying they will drive themselves and are threatening suicide.

Agreed with Kimberly regarding building a CE for the protocol

- **Diamond Shrooms**

SLH: When you type in Diamond Shrooms you're going to get a full list of codable substances. If say they took this and it caused illness we are to be asked to report these immediately to our health department.

If you get a call on this, it's symptomatic and supportive care call Toxicology, call your Tox fellows.

Once clinical management and documentation of a case completed, email me, Dr. Lopez and Dr. Geller a case number with Diamond Shrooms.

And one of the three of us will be forwarding the chart, directly over to our public health partners. Doctor Edison at Public Health wants to know about these cases as soon as possible.

- **ECMO Update**

SLH: The SPIs are not to call the 877 for ECMO alone from now on 3 way them in with the Tox Fellows. This way the Tox fellows and the ECMO attending or physician can directly talk, and the SPI's stay on the phone to document everything that was discussed.

- **Special Call Designations**

SLH: Compliment calls and complaint calls. If you have a compliment or complaint I want emails, but then I also need them to be coded in the chart, these codes are important because we use them for our own data collection purposes.

- **Phone Number:**

SLH: Will send Jason and Julia the primary hospital phone spreadsheet to assist with updating the hospital phone number in ToxSentry.

5:06— Meeting End

******* Next Meeting July 30th, 2024, 130p-430p *******

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