

# MEDICAL CALL CENTER NEWS

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## Improved Patient Care Through Telehealth Nursing

Medical call centers utilizing telehealth nursing services have found it to be a cost-effective and vital method of patient care delivery. However, nurses (and the call centers associated with them) often face legal risks when speaking to patients calling from states in which they are not licensed. The American Academy of Ambulatory Care Nursing (AAACN) has released a position statement endorsing the Nurse Licensure Compact (NLC), which recognizes multistate nurse licensure and encourages all states and U.S. territories to introduce legislation supporting uniform adoption of the NLC.

*"Uniform adoption of the Nurse Licensure Compact (NLC) would benefit ambulatory care nurses who provide care via telecommunications technology and organizations that provide telehealth nursing services. Adoption would ultimately serve to improve patient care and safety."* -AAACN NLC Position Statement

In 1999, the National Council of State Boards of Nursing (NCSBN) proposed the NLC, which allows nurses from a Compact member state to have one license (in their state of residence) and practice in other Compact member states (both physically and via telecommunications technology), subject to practice laws and regulations in that state. The Compact began on January 1, 2000, when four states passed legislation; currently, twenty-three states participate in the NLC.

According to the position statement, AAACN believes that the lack of uniform adoption of the NLC among all states and U.S. territories poses significant risks to nurses involved in interstate practice, and it also raises the question of patient abandonment if care is declined. The statement also illustrates the benefits of being a Compact state and provides documentation in support of legislation or regulation adopting the NLC.

"The position statement is meant to provide telehealth nurses and their employers with the information necessary to encourage and support their state to join the NLC," says AAACN President Kitty Shulman, MSN, RN,C.

The [full statement is available as a pdf](#) on AAACN's Web site, [www.aaacn.org](http://www.aaacn.org), and includes the background, definitions, and references supporting the statement. For more information, contact AAACN's national office at 800-262-

6877 or [aaacn@ajj.com](mailto:aaacn@ajj.com).

*The American Academy of Ambulatory Care Nursing (AAACN) is an association of registered nurses and other health care professionals who identify ambulatory care practice as essential to the continuum of high quality, cost-effective health care. As the premier nursing organization for this specialty, AAACN is devoted to advancing the art and science of ambulatory care nursing.*

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## **Chronically Ill Patients – The Dark Side of Hope**

*By Mary F. Masson*

*It's not unusual for medical staff, including call center nurses, to encourage patients not give up hope. But in surprising new research, physicians at the University of Michigan and Carnegie Mellon University have found that holding on to hope may not make patients happier.*

Holding on to hope may not make patients happier as they deal with chronic illness or diseases, according to a new study by University of Michigan Health System researchers. "Hope is an important part of happiness," said Peter A. Ubel, MD, director of the U-M Center for Behavioral and Decision Sciences in Medicine and one of the authors of the happily hopeless study, "but there's a dark side of hope. Sometimes, if hope makes people put off getting on with their life, it can get in the way of happiness."

The results showed that people do not adapt well to situations if they are believed to be short-term. Ubel and his coauthors – both from U-M and Carnegie Mellon University – studied patients who had new colostomies; their colons were removed and they had to have bowel movements in a pouch that lies outside their body.

At the time they received their colostomy, some patients were told that the colostomy was reversible – that they would undergo a second operation to reconnect their bowels after several months. Others were told that the colostomy was permanent and that they would never have normal bowel function again. The second group – the one without hope – reported being happier over the next six months than those with reversible colostomies.

"We think they were happier because they got on with their lives. They realized the cards they were dealt, and recognized that they had no choice but to play with those cards," says Ubel, who is also a professor in the Department of Internal Medicine. "The other group was waiting for their colostomy to be reversed," he continued. "They contrasted their current life with the life they hoped to lead, and thus they didn't make the best of their current situation."

The research was published in this month's edition of *Health Psychology*. Ubel was joined in the research by Dylan M. Smith, PhD, a research specialist at the Ann Arbor VA Health Services Research and Development Center and a U-M psychologist; Aleksandra Jankovic, of U-M's Center for Behavioral and Decision Sciences in Medicine; and George Loewenstein, professor in the Department of Social and Decision Sciences at Carnegie Mellon University.

Loewenstein said these results also may explain why people who lose a spouse to death often recover better emotionally over time than those who get divorced. "If your husband or wife dies, you have closure. There aren't any lingering possibilities for reconciliation," Loewenstein said.

Ubel said health professionals find it easier to deliver optimistic news to patients even when they believe the prognosis is unfavorable, justifying it by assuming that holding on to hope was better for the patient. Said Loewenstein: "It may be easier for a doctor to deliver a hopeful message to a patient, even when there isn't much objective reason for hope, but it may not be best for the patient."

"Hopeful messages may not be in the best interests of the patient and may interfere with the patient's emotional adaptation," Ubel says. "I don't think we should take hope away. But I think we have to be careful about building up people's hope so much that they put off living their lives."

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## **Timely Tips for Telephone Triage Nurses**

While use of computerized guidelines is the standard of care in telephone triage, nurses can sometimes rely too heavily on these decision support tools and miss essential elements of a patient's problem. In her article in the September/October 2009 issue of *AAACN ViewPoint*, Carol Rutenberg notes that these tools should be used as blueprints, and that the nursing process should be used just as it is in other types of nursing. She offers tips to adjust the nursing process for telephone triage nurses.

"During assessment, the nurse can glean key information not only from the caller's words but also from listening to the patient's breathing and speech," Rutenberg said. Callers can also provide objective measurements such as temperature, blood pressure, and weight – as well as describe lacerations and amount of bleeding. Rutenberg writes, "A good rule of thumb is that anything nurses can do with their eyes, hands, or nose, callers can do with adequate direction from the nurse."

During each call, the telephone triage nurse must identify a problem as emergent, urgent, or routine, develop a plan of care that the patient is likely to follow, and implement that plan. This continuity of care is an essential part of the telephone triage nurse's role.

Finally, to evaluate the interaction, the nurse must have a plan to determine if the patient got better. If not, the nurse must reassess the patient, revise the plan of care, implement the new plan, and reevaluate. Rutenberg says that doing a thorough assessment, anticipating the worst possible scenario, and erring on the side of caution are key to successful telephone triage.

*Taken from Telephone Triage: Timely Tips by Carol Rutenberg, RNC-BC, MNSc, September/October 2009 AACN ViewPoint; [www.aaacn.org](http://www.aaacn.org).*

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## **Microsoft Health Care IT Video Series Debuts November 10**

*By Nicholas Kolakowski*

On November 10, Microsoft introduced a new online video series, *Health Tech Today*. Hosted by Bill Crouse, Microsoft's senior director of worldwide health, the show focuses on how health and information technology intersect.

Although products such as Windows 7 and Xbox dominate most of the media's attention, Microsoft has been working to make health care IT a pillar of its overall corporate strategy. Microsoft's cloud-based repository for patient information, HealthVault, is just one of its health care IT-related applications. Released in October 2007, HealthVault is an encrypted repository where patients can store their medical information online.

In February 2008, Google debuted Google Health, its own resource for storing personal health information online, as well as sending their medical data to their doctors. The federal government sees cloud computing as a way to help streamline the U.S. health care system. In a keynote address at the CEA Line Shows conference in June, the nation's first-ever chief technology officer, Aneesh Chopra, talked about the need to "bring innovation platforms" and the cloud to bear on issues such as health care IT.

"I'm fascinated by the idea that we can interconnect all sorts of things that we never connected before," Chopra said.

Companies ranging from Intel to Oracle have also inserted themselves into the health care IT space, either through acquiring smaller start-ups or introducing their own products, demonstrating in the process that the tech sector views health care as a potentially lucrative revenue stream.

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## **Microsoft Launches H1N1 Response Site**

*By Roy Mark*

On October 7, 2009, Microsoft announced a new Web site, the H1N1 Response Center, which provides users with relevant content and allows consumers to gauge symptoms and receive guidance using an H1N1 self-assessment service licensed from medical and public health experts at Emory University.

If a person decides to see a provider after taking the assessment, a prepare-for-visit tool allows him or her to compile an organized health history for providers by combining the self-assessment answers with health information stored in the user's account in Microsoft HealthVault, a personal health application platform designed to put consumers in control of their health information.

"Any pandemic has the potential to create major disruptions in society," David Cerino, general manager of Microsoft Health Solutions Group, said in a statement. "Now more than ever, we are in a position to implement solutions to help people make better decisions during these outbreaks, such as social distancing, because of the technological advancements that companies like Microsoft have made over the past few years."

The Emory University self-assessment is based on a SORT (Strategy for Off-site Rapid Triage). The assessment reflects current public health and clinical science, vetted by a national network of experts from public health, clinical medicine, health education, and infectious disease. It is grounded in a clinical strategy endorsed by the American College of Emergency Physicians, the leading organization for emergency medicine in the United States.

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## **Finally! Patient Registration Emerges as an Online Service**

Thanks to the rise in consumer health electronics and online services, the health care vision of the future is being built around the premise of patients receiving continuous health care from any location. Gone will be the hours spent wasted in the doctor's office; these will now be replaced by the ability to utilize convenient online patient services to streamline trips to the doctor, dentist, etc. EMG Productions recently introduced [ePatientHistory.com](http://ePatientHistory.com) as a simple, effective solution for the secure digital capture of patient medical records that decreases patient wait-time and improves the quality of the health care experience.

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) is intended to "advance the use of health information technology" – in large part so the U.S. will be able to move to e-health records by President

Obama's 2014 deadline. However, in spite of HITECH stimulus incentives, many medical practices have not yet acquired one key element required to implement such a transition: digital patient health data.

Now, however, ePatientHistory.com provides a simple method of digitally capturing data directly from patients completing forms in the comfort of their own home, where they have full access to all their medical records. ePatientHistory is a much more convenient and efficient alternative to sitting in a waiting room, clipboard perched in the lap, trying to remember the dates of that last surgery. The value of this service focuses on the convenience offered to patients, but the immediate capture of digital data will clearly enable physicians and nurses to provide more efficient health care services. Once data is captured and securely stored, patients can rely on a higher quality of care that comes with full and accurate disclosure of their medical history prior to appointments with their health care providers.

ePatientHistory.com employs the latest technology for secure online data capture, validation, encryption, storage, and backup for 100 percent restoration in full compliance with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA mandates industry-wide standards for health care information during electronic processes, as well as the protection and confidential handling of protected health information. Patients using ePatientHistory gain a level of trust imparted by the simplicity of site use and the transparency of security measures employed to protect their sensitive health data, and they perceive a higher level of care and service.

*EMG Productions, Inc. is an experienced Web design/development and production studio that has offered a variety of online services to national clients for over fifteen years. EMG specializes in creating affordable custom online services that meet the specific needs of their clients, which include rich media, data capture, product/service presentation, video production, and Web design. You can learn more by contacting president Pamela Alford at [Pamela@epatienthistory.com](mailto:Pamela@epatienthistory.com) or visiting [www.epatienthistory.com](http://www.epatienthistory.com).*