

MEDICAL CALL CENTER NEWS

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The Challenge of Elderly Callers

By Barry Spiegelman

Delivering and receiving critical information by telephone is an especially challenging proposition when an elderly caller is on the other end of the line. Whether the impediments are technological, physiological, or psychological, or a combination of all three, telephone communication with seniors requires an elevated level of skill, attention, and patience.

While the younger generation is busy applauding the convenience, mobility, and personalization new technology brings, this is often viewed quite differently by seniors. As a rule, older people are less at ease with technology. To most seniors, smaller, faster phones with their buttons and gizmos can present a daunting challenge.

BlackBerries and iPhones are just one of the communication challenges that face older people today. The perceived benefits of new technology are negligible to many elderly persons whose telephone needs are very simple. In addition, seniors can also find the telephone challenging because of physical or sociological factors. These could include:

- Hearing loss, which may interfere with both speech and comprehension.
- Diminished vision and mobility, which may create obstacles to dialing, following phone prompts, and writing or reading notes.
- Strokes, foreign accents, or even ill-fitting dentures, which may complicate even the simplest verbal communications.
- Memory loss, dementia, and age-related attention disorders, which may cause a caller to lose the thread of conversation, forget to ask important questions, become frustrated and angry, repeat themselves, or even fall asleep during the course of a call.
- Loneliness and isolation, which may cause callers to engage in lengthy conversations.
- Social or cultural norms, which may lead the elderly caller to avoid discussing problems directly.

Frustrating as they are to the older people themselves, these issues also create daily challenges to unprepared call center agents at the other end of the connection. Learning and practicing effective communication techniques is one of the most important skills for all call center personnel, especially those in the medical industry.

Based on nearly two decades of experience answering more than 15 million calls, many from the elderly, here are four essential ingredients to communicating with seniors over the phone:

1. **Patience:** Patience means listening carefully, empathetically, not rushing the speaker or jumping to conclusions, not interrupting, and *never* finishing the caller's sentences for them.

2. **Careful, thoughtful speech:** Speak slowly and enunciate clearly, and also pay special attention to vocal quality. If an elderly caller is agitated, their voice may rise in pitch and volume. Unconsciously mirroring that tone or being drawn into the caller's agitation can quickly turn a helpful call into a confrontation.

3. **Special probing skills:** Questions may need to be asked, rephrased, and asked again, and the answers paraphrased and reconfirmed.

4. **Respect:** Using titles such as Dr., Mr., and Mrs. is particularly important. At the same time, be careful to avoid patronizing language or tone.

Medical call centers can do their part to aid in the communication process by providing their agents with special training specifically focused on speaking with elderly callers so they can be better prepared to be of true service to this important segment of the population.

Barry Spiegelman is cofounder and chief customer officer of The Beryl Companies.



Your Call Center's Role in a Disaster

By Peter DeHaan

A few years ago, Dr. Maurice A. Ramirez recommended "[Five Questions to Ask Your Hospital Before Disaster Strikes](#)." Be it a natural disaster, a manmade catastrophe, a terrorist attack, a pandemic, or any other large-scale emergency, it is critical for *all* medical personnel to be trained and ready, including the call center.

Dr Ramirez's five questions were:

- 1) **What has been done to prepare?**
- 2) **Who is grading the drills?** It should be an independent evaluator.
- 3) **Does the ER door lock?** Many ERs have easy access, so the ER and everyone in it can quickly be contaminated.
- 4) **Who is being trained?** It is shortsighted to only train ER staff.
- 5) **What decontamination facilities are available?** In a disaster, 80 percent of the victims arrive in something other than an ambulance, which means they show up potentially contaminated.

Now apply these thoughts to your call center – regardless if it is part of the hospital or not.

- 1) **Be ready.** Have a plan for your call center and test the plan. During an emergency, priorities change – or at least *should* change. Making adjustments on the fly is never a wise idea. Determine these changes ahead of time.
- 2) **Seek an independent review.** Then implement and test the recommendations.
- 3) **If the ER is locked, expect panicked calls.** Know what to tell callers and how to reassure them.
- 4) **Include all call center agents in disaster training.** While they will not be offering in-person assistance, they could very well become the first line of defense – via the telephone.
- 5) **Train call center on decontamination protocols.** They will need to know the options and processes so that they can knowledgeably inform callers.

Now that the basics are covered, ask what else your call center can do. In addition to handling an influx of incoming calls, outbound notification calls can also be placed on behalf of other departments or organizations. Several vendors offer automated emergency notification systems so that key personnel can be quickly informed. Also, include a calling list for your agents; some of them may need to come in or be prepared to work from home or a remote location.

While no one wants a disaster to occur, if it does, your call center could be the hero – if you do some advanced planning.

Hospital Smartphone Messaging with Android Support

Amcom Software, Inc. announced that Amcom Mobile Connect now offers smartphone messaging for the Android. This enables physicians and other staff members at technology-driven hospitals to receive all messages on a single smartphone, negating the need to carry multiple devices for different types of messaging. The solution provides a full audit trail of activities, including date and time stamps for messages sent, received, and acknowledged to ensure traceability and accountability. The result is improved patient care and staff efficiency through a highly streamlined unified communications process, making it clear how to reach the right staff members at all times.

With smartphones as the basis for their pager replacement strategy, healthcare organizations are able to capitalize on devices already in widespread use to simplify the process of contacting highly mobile staff. Amcom Mobile Connect gives hospitals the flexibility to incorporate smartphones without worrying about which telecom carrier provides service. This solution is already in place at several hospitals using BlackBerry smartphones, and the new Android compatibility increases the options for communicating with highly mobile staff.

Hospital operators and others can use Amcom Mobile Connect to deploy critical messages to staff members through a variety of inputs, including a simple Web portal. In addition to this stand-alone deployment option, the solution also integrates with Amcom's unified communications suite. This provides solutions for contact center automation, online employee directories, on-call schedules, and event notification systems. Integration with related communications systems means that everything pulls contact and schedule information from a central database, improving administration, accuracy, escalation procedures, and speed.

"There is a clear need in hospitals for a solution like this," said Chris Heim, CEO, Amcom Software. "Adding support for Android smartphones is just one of many enhancements our development team will be making to the product over the next several months."

Many Elderly Patients Lack Decision-Making Capacity

More than one in four elderly Americans lacked the capacity to make their own medical care decisions at the end of life, according to a study of 3,746 people published April 1 in the *New England Journal of Medicine*.

Those who had advance directives – including living wills or durable powers of attorney for healthcare – received the care they wanted most of the time, says lead author Maria Silveira, MD, MPH, physician scientist at the VA Ann Arbor Healthcare System's Clinical Management Research and assistant professor of Internal Medicine at the University of Michigan.

"Prior to our study, no one knew how many elderly adults might need others to make complex medical decisions on their behalf at the end of life," says Silveira. "Our research shows that a substantial number of older adults need someone else to make decisions about whether aggressive, limited, or comfort care should be provided at the end of life. This study underscores the need to prepare oneself and one's family for the often emotional and difficult medical decisions that can arise at the end of life. It also suggests that the time spent to craft a living will and appoint a durable power of attorney for healthcare can be worthwhile."

Virtual Monitoring Reduces Hospital Readmissions

Patients discharged from the hospital with congestive heart failure (CHF) often are readmitted to the hospital because it is difficult to manage their condition. A home-monitoring pilot program available through Spectrum Health in Grand Rapids, Michigan, has helped to significantly reduce hospital readmissions for these patients. Priority Health, Spectrum Health Heart Failure Clinic, Spectrum Health Visiting Nurse Association (VNA), and West Michigan Heart worked together to develop a program that involves "virtual monitoring" of eligible patients.

"Telehealth has provided just-in-time daily information that helps our members and providers respond quickly to changes in clinical condition. Interventions based on this information have contributed to improved health outcomes for patients," said Dr. Jim Byrne, chief medical officer, Priority Health.

The telehealth program, which began last June, is being used by CHF patients receiving care from VNA nurses at home. The patient's biometric readings, such as weight, blood pressure, and symptom presentation, are transmitted daily by equipment provided by VNA. The patient data is automatically sent via the telephone to a heart failure registered nurse at VNA who reviews the patient's condition. This allows the nurse to contact the patient at the first sign of a change in the condition. Daily phone conversations or home nursing visits are part of the program.

Summer Sun, Summer Fun, Summer Safety

Our skin is our largest organ. It protects us from injury, infections, and regulates our body's temperature. It stores water, fat, and Vitamin D. But for the one in five Americans who will be diagnosed with skin cancer within the next year, skin is a painful reminder of past sun damage.

More than 90 percent of skin cancer is caused by sun exposure, even though sun damage may be the easiest to prevent. Everyone knows the basics of sun safety: wear sunscreen (at least SPF 15 or higher), cover up with hats, t-shirts, sunglasses, and stay in the shade. If sun protection is *common sense*, then why is skin cancer the most *common* form of cancer?

Robert Miller, MD, of Wellspring Oncology weighs in: "Most people are surprised to learn that even UV exposure over short periods of time can still dramatically increase the risk for cancer." For those with lighter skin tones, a family history of skin cancer, and an experience of severe sunburns earlier in life, skin cancer is a very real possibility. Miller advises, "Skin care is a relatively simple concept: if your skin burns easily – stay out of the sun!"

Due to the amount of sun damage that can accumulate earlier in life, children and teens need to be protected. "Many cases of cancer are connected to severe burns from the adolescent stage in life," says Miller. "Men are also twice as likely to develop skin cancer than women. It is the most common form of cancer in men over fifty."

Once the harm is done, it is impossible to erase. However, people can still make lifestyle changes *now* that will reduce their risk for the longer term. Even after a diagnosis, there is still hope. Miller says, "Newer radiation technology enables us to treat skin cancer in six days. There is no scarring, no hospital stays, and minimal side effects."

Miller still advises, "There is no such thing as a safe tan that involves any form of UV exposure. Darker pigmentation is the skin's way of protecting itself – it signifies damage. The only safe tan is a sunless tan."

Online Nursing Resource for People Living with Cancer

Eisai Inc. launched the NSider® Patient Education Tool, an online program that provides patients and caregivers with individualized information about living with cancer. NSider was created by Eisai and a team of oncology nurses who have in-depth professional (and for some, personal) experience with cancer. Nurses can access the site to assemble information for their patients at www.nsidernurses.com.

"As a cancer survivor, I know that the sheer volume of information available to patients can feel overwhelming and impersonal," said Katie Sargent, RN, hematology nurse clinician at Indiana University Simon Cancer Center in Indianapolis and member of the NSider steering committee. "NSider helps make it possible for patients to receive educational material tailored just for them, based on their individual needs and challenges."

The NSider Patient Education Tool allows nurses to assemble patient information based on characteristics such as cancer type, stage of treatment, and type of treatment, as well as topics of interest like insurance information, end-of-life care, and eating tips. In addition, NSider will offer specific information and tools to help educate patients about the side effects of cancer treatment, including a downloadable resource for patients to track chemotherapy-induced nausea and vomiting (CINV), and share with their cancer-care team during office visits.

Nurses can choose from three different methods when preparing information for their patients: the first method allows users to preview and select pages of content to include in one packet; the second method offers previously created packets that can be edited as needed; and the third method allows nurses to search through all available pages using key words to find the most useful information for their patients. A video tutorial is available to help users get started. All three methods produce a tailored educational packet that can easily be converted to PDF format and printed or emailed to the patient.

OBSI Conducts Healthcare Contact Center Best Practices Survey

Optimal Business Solutions, Inc., (OBSI) is conducting a survey to identify best practices for appointment setting in healthcare facilities, worldwide. The survey will explore metrics, tools, and processes that drive patient satisfaction, contact center efficiency, and effectiveness.

The survey's results will provide readers an opportunity to benchmark their operations with best practices of their industry colleagues. Results will be summarized in upcoming issues of *AnswerStat* magazine and *Medical Call Center News*. A full report will be provided free to survey participants.

The survey should take about five minutes to complete and will remain open through June 30, 2010. To participate, please go to www.surveymonkey.com/s/OBSIsurvey1

OBSI is a New York based consulting firm that helps businesses improve profitability and customer satisfaction by making it easier for their customers to do business with them. OBSI tailors customer contact solutions by blending industry-specific best practices with its learnings from a broad array of other industries.