

MEDICAL CALL CENTER NEWS

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Do Mobile Devices Lead to Eye Strain?

Several reports indicate that prolonged viewing of mobile devices and other stereo 3-D devices can lead to visual discomfort, fatigue, and even headaches. As per a new Journal of Vision study, the root cause appears to be the demand for our eyes to focus on the screen and simultaneously adjust to the distance of the content. Scientifically referred to as “vergence-accommodation,” this conflict and its effect on viewers of stereo 3-D displays are detailed in a recent Journal of Vision article, “The Zone of Comfort: Predicting Visual Discomfort with Stereo Displays.”

“When watching stereo 3-D displays, the eyes must focus on – that is, accommodate – the distance of the screen because that’s where the light comes from. At the same time, the eyes must converge to the distance of the stereo content, which appears to be in front of or behind the screen,” explains author Martin S. Banks, professor of optometry and vision science at University of California, Berkeley.

Through a series of experiments on twenty-four adults, the research team observed the interaction between the viewing distance and the direction of the conflict, examining whether placing the content in front of or behind the screen affected viewer discomfort. The results demonstrated that with devices like mobile phones and desktop displays that are viewed at a short distance, stereo content placed in front of the screen – appearing closer to the viewer – was less comfortable than content placed behind the screen. On the other hand, when viewing from a longer distance (such as a movie theater screen), stereo content placed behind the screen – appearing as though the viewer is looking through a window scene behind the screen – was less comfortable.

“Discomfort linked to viewing stereo 3-D is a major problem that may limit the use of technology,” says Banks. “We hope that our findings will inspire more research in this area.”

The team of researchers suggested that future studies focus on a larger sample in order to develop population-based statistics that would also include children. With the explosion of stereo 3-D imagery in entertainment, communication, and medical technology, the authors also propose guidelines be established for the range of disparities presented on such displays and the positioning of viewers relative to the display.

“This is an area of research where basic science meets application, and we hope that science can proceed quickly enough to keep up with the increasingly widespread use of the technology,” adds Banks.

From www.medicineworld.org/stories/lead/7-2011/smartphone-making-your-eyes-tired.html.
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One Night at the Call Center

By Claudia Volkman

You might be surprised to know that there is at least one novel that takes place in a call center. It's called *One Night @ the Call Center*, and it's the second novel written by best-selling author Chetan Bhagat, published in 2007 by Ballantine Books. It centers around a group of six call center employees working at the fictitious Connections Call Center in Gurgaon, Haryana. The story unfolds in the course of one night, during which all six of the leading characters confront some aspect of themselves or their lives they would like to change.

Several themes run through the book, including the anxieties and insecurities of the rising Indian middle class. The characters confront questions about careers, inadequacies, marriage, family conflicts in a changing India, and the relationship of the young Indian middle class to both executives and ordinary clients whom they serve in the United States. There is an element of self-help in the book, as the author invites his readers to identify aspects in their own lives they may be angry about and want to change.

Through a series of dramatic events, including a phone call from God, the six confront their issues and also hatch a plan to prevent the closing of Connections, whose employees are about to be radically downsized.

Chetan Bhagat was featured in *Time* magazine's 2010 list of The 100 Most Influential People in the World. A former investment banker, Chetan writes about following your dreams and not bowing to others' expectations, something that's not so easy in his native India.

If you're looking for an entertaining and engaging read for your lunch break, the book is available in softcover from Amazon and also on Kindle.

You can read more about the author at www.chetanbhagat.com.

Sidestep Medical Mishaps While On Vacation

Going on a summer vacation? A few simple steps can help you avoid medical mishaps while you're away from home, notes the August 2011 issue of the *Harvard Health Letter*.

- **Mind Your Feet:** Especially if you take a sightseeing or hiking vacation, you're going to be spending more time on your feet than you do at home. Good, sensible shoes are the first line of defense. Pack some moleskin and small bandages in case of blisters.
- **Don't Mess with Your Meds:** Some people may be tempted to combine a "drug holiday" with their work holiday. That's a really bad idea. Abruptly quitting a drug can cause all sorts of problems that you don't want to be dealing with when you should be enjoying your vacation.
- **Screen Your Sun Worship:** Dermatologists may cringe, but who doesn't seek out a little extra sun while on a summer vacation? That makes sunscreen on vacation all the more important, especially if you have pale skin and are suddenly exposing it to a lot of sunshine.
- **Pack the Purell®:** Many infections are spread through hand-to-mouth transmission. Being on vacation can put you in some pretty germey places. You may also end up doing things that get your hands dirtier than usual. Soap and clean water can be hard to find, especially if you're traveling somewhere off the beaten path, so don't forget the hand sanitizer.

- **International Travel:** Check out www.cdc.gov/travel for information about vaccinations you might need and disease outbreaks you should be aware of.

FDA Proposes Health “App” Guidelines

The variety and availability of smartphone applications – or apps – have exploded in recent years. With so many apps on the market, it’s no wonder the number of healthcare related apps has also spiraled. The Food and Drug Administration (FDA) is now proposing guidelines that outline the small number of mobile apps the agency plans to oversee – medical apps that could present a risk to patients if the apps don’t work as intended. The [proposed guidelines](#) were recently posted on the Federal Register Web site. Consumers may weigh in on the guidelines during a public comment period that ends October 19.

FDA policy advisor Bakul Patel says that some of the new mobile apps are designed to help consumers manage their own health and wellness – like the National Institutes of Health’s LactMed app, which gives nursing mothers information about the effects of medicines on breast milk and nursing infants.

Other apps are aimed at helping healthcare providers improve and facilitate patient care, like the Radiation Emergency Medical Management (REMM) app that gives healthcare providers guidance on diagnosing and treating radiation injuries. There are even apps to aid in diagnosing rashes and heart irregularities.

The FDA has already cleared a handful of mobile medical apps used by healthcare professionals, including a smartphone-based ultrasound and an application for iPhones and iPads that allows doctors to view medical images and X-rays.

Webinar: “Evidence-Based Transitional Care Interventions”

Total Living Choices is partnering with researchers from the University of Pennsylvania School of Nursing to offer a one-hour Webinar on programs that impact patients transitioning from the hospital to post-acute care. Kathryn Bowles, PhD, RN, FAAN, and Kathleen McCauley, PhD, RN, ACNS-BC, FAAN, FAHA, from the NewCourtland Center for Transitions and Health at the University of Pennsylvania School of Nursing will present “Evidence-Based Transitional Care Interventions” on Wednesday, August 17, from 11 a.m. to noon, CDT.

Drs. Bowles and McCauley are part of a nationally recognized research team led by Mary Naylor, PhD, FAAN, RN, that is defining care strategies for vulnerable elders, particularly those with heart failure and cognitive impairment. The team currently is implementing their research findings into real clinical practice through funded projects with major national insurance companies and health systems while expanding knowledge through further research.

During the presentation, they will cover a decision-support tool that identifies which patients should be considered for a referral to post-acute care as well as transitional care model concepts, outcomes, and lessons learned during translation-to-practice experiences. A question-and-answer session will follow the presentation. This one-hour Webinar is offered free of charge. Interested participants can register at tchoices.com.

ATA Criticizes FCC for Rural Healthcare Program

In July, Jonathan D. Linkous, CEO of the American Telemedicine Association, submitted the following letter to Julius Genachowski, Chairman of the Federal Communications Commission, regarding the FCC's handling of the Universal Service Support Mechanism for Rural Healthcare:

"Mr. Chairman: This week marks the one-year anniversary of the FCC's proposed rule-making regarding the flawed Universal Support Mechanism for Rural Healthcare. Also, it has now been sixteen months since the commission adopted the National Broadband Plan, which included an entire chapter on healthcare policy proposals. Finally, eight months ago, the General Accounting Office issued a report sharply criticizing the commission's management of the Rural Healthcare Program.

"Despite the promises, the rhetoric, and the official criticism, a great silence has settled over the commission regarding these issues. Now, we also note the departure of every key professional staff member from the commission involved in healthcare policy. It is deeply troubling to see that the commission is allotting practically no resources with no apparent plans to address the proposed rule-making or the approved Broadband Plan, or to respond to the GAO report.

"This delay has not been without consequence. Despite the commission's stated goal to provide up to \$400 million annually in support of telecommunications to improve healthcare delivery, only about \$80 million will be spent this year (outside of a one-time pilot program commitment). Thus, the commission annually leaves over \$300 million in funds that could be used immediately to help improve Americans' access to health services and help reduce the cost of healthcare. With the crisis America faces in healthcare, the commission's failure to take action is disturbing.

"Over the past three years, ATA has repeatedly asked the commission to make changes in the Rural Healthcare program. We have submitted numerous comments during the proceeding and have publicly supported the proposals in the commissions' Broadband Plan. We are now making this plea for the FCC to reach a decision in these matters quickly and to implement the approved changes without further delay."

2011-12 Best Hospitals Rankings

U.S. News Media Group released the 2011-12 Best Hospitals rankings, its twenty-second annual publication of the analysis. The results are available at www.usnews.com/besthospitals.

The latest rankings showcase 720 hospitals out of about 5,000 hospitals nationwide. Each is ranked among the country's top hospitals in at least one medical specialty and/or ranked among the best hospitals in its metro area. Just seventeen hospitals made the national Honor Roll, which ranked near the top in six or more of specialty rankings:

- 1) Johns Hopkins Hospital, Baltimore
- 2) Massachusetts General Hospital, Boston
- 3) Mayo Clinic, Rochester, Minnesota
- 4) Cleveland Clinic
- 5) Ronald Reagan UCLA Medical Center, Los Angeles
- 6) New York-Presbyterian University Hospital of Columbia and Cornell, New York
- 7) University of California, San Francisco Medical Center
- 8) Brigham and Women's Hospital, Boston
- 9) Duke University Medical Center, Durham, North Carolina
- 10) Hospital of the University of Pennsylvania, Philadelphia
- 11) Barnes-Jewish Hospital/Washington University, St. Louis
- 12) University of Washington Medical Center, Seattle
- 13) UPMC-University of Pittsburgh Medical Center

- 14) University of Washington Medical Center, Seattle (tie)
 - 14) University of Michigan Hospitals and Health Centers, Ann Arbor (tie)
 - 16) Mount Sinai Medical Center, New York
 - 17) Stanford Hospital and Clinics, Stanford, California
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In Hot Summer Months — Dehydration Comes On Fast

“Dehydration is very dangerous. It can lead to an emergency visit, and it can do significant damage to your body if left untreated,” said Dr. Sandra Schneider, president of the American College of Emergency Physicians. “But dehydration is also easily preventable, especially if the cause is excessive heat.”

Causes of Dehydration:

- Excessive sweating (from heat and/or exercise) with fluids not being replaced
- Vomiting and diarrhea
- Fever
- Excessive urination (mainly with uncontrolled diabetes or the use of a diuretic)

Signs and Symptoms of Dehydration:

- Dry or sticky mouth
- Rapid heart rate
- Low blood pressure
- Inability to produce tears
- Low or no urine output for eight hours or if urine is concentrated and appears dark yellow
- Sunken eyes
- Dizziness

Untreated severe dehydration can cause seizures, brain damage, or even be fatal. Most mild dehydration issues can be treated simply by drinking more water or fluids. Moderate cases may result in a visit to the emergency department where a patient may need to be given fluids intravenously.

How to Prevent Dehydration:

- Drink plenty of fluids every day, and drink more when the weather is hot and/or you are exercising.
- Stay out of excessive heat if possible and always wear light clothing, apply sunblock, and protect your head by wearing a hat.
- Avoid alcoholic and caffeinated beverages, as they can worsen dehydration and are not a suitable source of fluids for rehydration.

“Most of us would never leave our homes and offices without our wallets, cell phones, and sunglasses,” said Dr. Schneider. “Add bottled water to that list, at least during the hot summer months; it will help keep you cool, hydrated, and hopefully out of the emergency department.”