

MEDICAL CALL CENTER NEWS

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Recognizing Panic Attacks in the Medical Call Center

By Dr. Nancy O'Reilly

Panic attacks affect a person's behavior, body, and emotions and can be frightening and paralyzing. If left untreated, panic attacks can lead to more chronic medical conditions such as substance abuse, depression, or ulcers. Unfortunately, panic attacks can happen anywhere, at any time – even in the medical call center. In the workplace, the results of panic attacks may include poor job performance, possible termination, or the loss of a valuable employee. The symptoms include:

- Racing heartbeat
- Difficulty breathing, feeling as though you can't get enough air
- Terror that is almost paralyzing
- Dizziness, lightheadedness, or nausea
- Trembling, sweating, shaking
- Choking, chest pains
- Hot flashes or sudden chills
- Tingling in fingers or toes (a "pins and needles" feeling)
- Fear that you are going crazy or about to die

One in about seventy-five people is diagnosed with panic disorder. In addition, the symptoms are not warranted and there are no particular reasons or circumstances that they should be occurring (no danger exists).

Panic attacks can occur without warning. The level of fear experienced is way out of proportion to the actual situation; often, in fact it is completely unreal to what the person is doing or where they are. Often an attack passes within a few minutes; however, other attacks can be repeated and can recur for hours.

A panic attack is not dangerous, but to the person experiencing the attack, it is terrifying and very real. The social impairment for persons with panic attacks can also lead to complete social withdrawal.

The medical call center environment can be impacted when an agent experiences panic attacks. Talented agents may leave jobs that are perceived as possible triggers for future attacks. An agent may be passed over for a promotion because of past panic attacks. It is not unusual for a person with panic attacks to be embarrassed about their condition and therefore try to hide it from coworkers and supervisors. Often, the condition is hidden until a situation arises when the attacks can no longer be ignored.

When a panic attack occurs in your call center, here are some steps you can take:

- Deal with the situation quickly. Remain calm and don't overact.
- Be supportive and empathetic. Do not jump to conclusions. People with panic attacks often fear telling others of their disorder, because they are afraid they will be viewed as "crazy" or abnormal. Remember that the person experiencing panic attacks cannot make them go away. These attacks are not a sign of weakness or poor character.
- If you are a supervisor, encourage the agent to talk about the situation with you in private. This may be a first-time panic attack, or the agent may have them frequently. There may be stressors at work causing the attacks, or the attack may have been triggered by something that happened in their personal life.

In the future, the agent experiencing panic attacks may need to take it slow at work. Supervisors should consider the situation carefully and offer support. Working together with other staff members and sharing the workload is an option. The employee suffering the panic attack may need some time off from the call center to receive appropriate treatment from a medical professional.

Read other articles and learn more about [Nancy D. O'Reilly](#).

It's Been a Long Winter!

By Claudia Volkman

Most of us would agree – it's been a long, harsh winter, and we're ready for spring! For too many of us, it's been a painful winter too, with record numbers of injuries along with the record snowfalls.

Doctors across the country (but particularly in the Northeast) report seeing a spike in strained muscles from shoveling snow, broken bones from slick stairs and sidewalks, and dangerously low blood banks as fewer people venture out.

At Hartford Hospital in Connecticut's capital, according to the Huffington Post (February 9, 2011), about two dozen people were treated the second week of February alone after falling off roofs and ladders while trying to clear snow. Some suffered fractured limbs after slipping on the ice, others lost fingers in snow-blower accidents, and a few have suffered heart attacks while shoveling. "We've seen this before, but never in these huge numbers," said Dr. A. J. Smally, the hospital's emergency department director. "It's an epidemic."

A CDC study reports that slip and fall accidents account for millions of injuries every year in the United States, and over 15,000 people are killed due to complications from slip and fall accidents.

While we often cannot avoid the icy conditions frequently lead to these types of accidents, we can take preventative steps to lessen our chances of injury.

Spring is around the corner, but winter's not over yet – so take steps to be safe and strong!

- Don't rush! The faster you try to walk on icy conditions, the easier it is to lose your footing and slip and fall. Take your time, and make sure to allow extra time to reach your destination.
- Wear the proper footwear. Shoes with good traction that fit correctly can do a lot to prevent a fall.
- Strengthen your bones by drinking plenty of milk and eating foods rich in calcium. Building strong bones is the best way to prevent broken bones.
- Take a multivitamin every day. Most of us do not get all the vitamins and nutrients from our diet that our body needs. Especially make sure to get the recommended amounts of calcium.
- Even if you can't follow your usual exercise routine outside, don't neglect using hand weights to strengthen your bones. Perform stretching exercises to stay flexible and limber.
- Keep decks, sidewalks, and driveways cleared of snow; use an eco-safe ice-melting product on icy sections.

AAACN Addresses RN's Role in Ambulatory Care

To ensure that the public understands that quality healthcare provided by registered nurses (RNs) is just as important in outpatient settings as in the hospital, the American Academy of Ambulatory Care Nursing (AAACN) has released a position statement advocating for the RN's role in these settings. The statement, which was approved by AAACN's board of directors and reviewed by members, is entitled "The Role of the Registered Nurse in Ambulatory Care." It outlines four key points regarding the role of this specialized nurse:

- RNs enhance patient safety and quality care, thus they are essential and irreplaceable in ambulatory settings.
- RNs are responsible for all aspects of professional nursing services within an organization and are familiar with – and abide by – state practice acts and other professional standards.
- RNs provide leadership and coordination of care and services by delegating tasks as appropriate to licensed practical nurses/licensed vocational nurses (LPNs/LVNs) and unlicensed assistive personnel in ambulatory care settings.
- RNs are fully accountable in ambulatory care settings for all nursing services and outcomes of care provided under their direction.

The goal of the position statement, according to Carol Rutenberg, MNSc, RN-BC, C-TNP, chair of the AAACN task force that wrote the statement, is to educate others about the importance of the RN in ambulatory care and to provide support to RNs in these settings.

Ambulatory care nurses work in a wide variety of settings, from the community to physician group practices to call centers. The [full position statement](#) (pdf) is available at www.aaacn.org.

Emergency Physicians Say Asthma Emergencies Are Preventable

Asthma kills thousands of people in the US each year. Millions more suffer from the disease. The nation's emergency physicians urge individuals to know and respond to the basic symptoms before asthma progresses to a life-threatening situation. "Each day, thousands of people end up in the ER because of poorly controlled asthma," said Dr. Sandra Schneider, president of the American College of Emergency Physicians (ACEP). "Many don't understand that asthma is a chronic condition that needs to be managed regularly."

According to the CDC, nearly 25 million people in the US have asthma. That number has tripled in the past 30 years. There were also 17.5 million ER visits because of asthma in 2007. ACEP wants to help Americans recognize the warning signs that can help them avoid an asthma emergency.

- Waking at night wheezing and/or coughing
- Requiring a quick-relief inhaler more than twice a week
- Missing school or work because of breathing-related issues
- Having consistent breathing problems while exercising or being physically active
- Being unable to participate in everyday activities
- Requiring emergency or urgent care

Parents need to pay particularly close attention to their children and recognize the warning signs early. According to the CDC, 7.1 million children currently have asthma. That's nearly 10 percent of all children.

For more information, go to www.EmergencyCareForYou.org.

Emergency and Primary Care Physician Coordination Studied

Haphazard communication and poor coordination between emergency and primary care physicians can undermine effective care, according to a new study conducted by the Center for Studying Health System Change (HSC) for the nonpartisan, nonprofit National Institute for Health Care Reform (NIHCR).

Little attention has been paid to care coordination for patients treated in hospital emergency departments (EDs), according to the study. As more people become insured under health reform coverage expansions, ED use likely will increase, along with the importance of better coordination between emergency and primary care physicians to avoid duplicative and misapplied treatment.

"There are no easy answers to the coordination issues between emergency and primary care physicians. Policy makers will need to examine a broad range of ways to address the problem – pieces of the puzzle include payment reforms, standards for health information technology, and malpractice liability reform," said HSC senior researcher Emily Carrier, MD, MSCI, coauthor of the study with Tracy Yee, PhD, HSC researcher, and Rachel A. Holzwart, a survey associate at Mathematica Policy Research.

The study's findings are detailed in a new NIHCR research brief, *Coordination Between Emergency and Primary Care Physicians*, available at www.nihcr.org/ED-Coordination.html. Researchers conducted telephone interviews with twenty-one pairs of emergency department and primary care physicians. Emergency department and primary care physicians were case-matched to hospitals so the perspective of both specialties working with the same hospital could be represented.

Healthcare Social Media Sites Neglect Privacy Protections

By Nicole Lewis

As the Internet in general and social networking in particular are used as a point of reference for gathering and sharing health information, a study that examined ten diabetes-focused social networking sites has found that the quality of clinical information and privacy policies varied significantly across these sites.

The study, "Social but Safe? Quality and Safety of Diabetes-Related Online Social Networks," was conducted by researchers in the Children's Hospital Boston informatics program. They performed an in-depth evaluation of the sites and found that only 50 percent presented content consistent with diabetes science and clinical practice.

The research, published in late January in the *Journal of the American Medical Informatics Association*, also revealed that the sites lacked scientific accuracy and other safeguards such as personal health information privacy protection, effective internal and external review processes, and appropriate advertising.

For example, misinformation about a diabetes cure was found on four moderated sites. Additionally, of the nine sites with advertising, transparency was missing on five, and ads for unfounded cures were present on three. Technological safety was poor, with almost no use of procedures for secure data storage and transmission. The study found that only three sites supported member controls over personal information. Additionally, privacy policies were difficult to read and only three sites (30 percent) demonstrated better practice.

Elissa R. Weitzman, lead author of the study and assistant professor at Harvard Medical School, said "Exchanging information on these sites has the potential to accelerate what we know about this disease and to rapidly disseminate vital information and support. However, the spread of information throughout online communities poses a safety concern for patients," Weitzman observed. "I'm surprised that the clinical healthcare system seems to be lagging behind patients and consumers in engaging with this medium and finding ways to support them synergistically – without trying to replace or control them."

[Read the full article from Information Week](#)

Healthy Snack Tips from Harvard's "Healthy Eating" Special Report

Healthy eating is easier than ever. That's because we know more than ever about what a healthy diet looks like. A newly updated report from Harvard Medical School, "[Healthy Eating: A Guide to the New Nutrition](#)," delivers the latest information on the link between food and health in an easy-to-understand format. It provides specific guidance for making healthy food choices and also features a special section on snacking healthfully by choosing foods with a low glycemic load.

Snacking and eating healthfully needn't be mutually exclusive. There are plenty of healthy foods that are quick and easy to eat, such as fruits, veggie sticks, and moderate amounts of nuts. Because typical snack foods like chips, candy, and crackers have a high glycemic load, these foods won't keep you feeling satiated for very long, and so you run the risk of overeating.

Here are some tips for choosing foods with a low glycemic load:

- Look for non-starchy, non-sugary foods like raw vegetable sticks, bean dips, and fruits such as apples, pears, peaches, and berries.
- Low-fat yogurt is another good snack choice, but avoid yogurt with "fruit on the bottom," which is basically sugar syrup. Add your own fruit instead.
- When choosing grain-based snacks, look for whole-wheat crackers and natural granola.