The Call Transfer Flow Process

Quick Links:

- About Call Flows
- Standard Greeting & Verification
- Outbound Calls Greeting & Verification
- Internal Transfers
- Administrative Call Flow
- Clinical Handoff Call Flow
- Alert Care Patients
- Non-Urgent Triage Mailbox Call Flow
- Non-Urgent Clinician Shortage Call Flow
- Urgent Buzzwords Call Flow
- Contacting Emergency Medical Services
- Urgent Unresponsive Patient Call Flow
- Suicidal Patient Call Flow
- Return / Missed Call Flow
- Caller Asks to Speak to a Market Staff Member
- Answering Service Call Flow
- Complete A Callback Request
- Market Nuances
- Other Call Types
- Contacting the Interpreter Line
- Handling a Verbally Abusive Call

Training Tip:

Do not provide callers with your direct contact information, or the direct contact information of your co-workers.

- Hold times should not exceed 1-2 minutes.

About Call Flows

Landmark First provides 24 / 7 remote call coverage to the Market office locations. If a patient is unable to reach their Market office by phone, their call will automatically route to a Landmark First PCC.
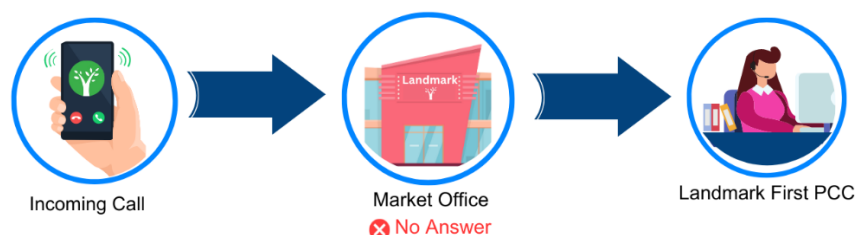
Once received, the PCC will handle the call according to the Transfer Flows described throughout this section.

Alternative Call Routing:

If no PCCs are available to take the call, the patient will be given the chance to request a callback. The callback will be sent to the next available PCC.
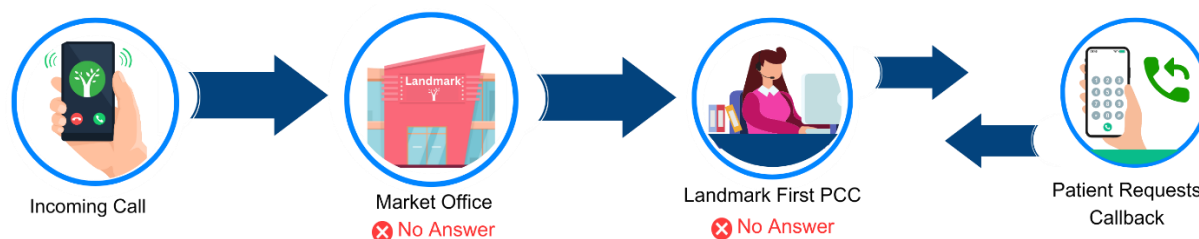
Support Teams:

- *LM1 Full APP & PCC is* used to communicate with the administrative and clinical teams all at once. Use to request 911 contact.

- *LM1 PCC* is used to communicate with your PCC co-workers & team leads.

- *LM1 APC* is used to communicate with your APC co-workers & team leads.

- *LM1 TIQ (Training, Implementation, & Quality)* is used to request updates to our training materials or documents and access the training manuals.

Standard Greeting & Verification

The standard greeting and verification apply to all external incoming calls:

1. Greeting
*Standard

"Thank You for calling Landmark First. My name is (*Your Name*), Patient Care Coordinator."

Actions:
- ➢ Answer the incoming call.
- ➢ Open Ubiquity and prepare to search for the patient.

2. Patient Lookup
*Standard

"May I have the patient's Name and Date of Birth, please?"

Actions:
- ➢ Enter the patient's details in Ubiquity's search fields.
- ➢ Open the patient's "Patient Summary".

3. Address Verification
*Standard

"For security purposes, can you please provide me with the patient's full address including city, state, and zip code?"

Actions:
- ➢ Open the "Demographics" section of Ubiquity and check for accuracy.
- ➢ Note the address given to you by the caller in your documentation.

4. Phone Number Verification
*Suggested Dialogue

"In the event we get disconnected, is the number ending in (*Last four (4) digits of the caller's phone number*) a good callback number to reach you?"

Actions:
- ➢ Verbally confirm a primary phone or callback number for the caller.

Outbound Calls Greeting & Verification

There will be circumstances that require you to call a patient / caregiver. For example, patients should be called back in the event of call disconnection or as the result of a submitted Answering Service message. Please see the call flow below for details:

1. Patient Lookup
*Standard

Actions:
- ➢ Open the patient's chart before making the call.
  - • *This will help identify authorized contacts and complete the HIPAA verification steps.*

2. Call the Patient or Caregiver
*Required

Actions:
- ➢ Use Genesys to call the phone number provided.
  - • This number may be included in an Answering Service message or provided by a caller as a valid callback number.

3. Greeting
*Standard

"Good Morning / Afternoon. This is (Your Name) (Your Title) calling from Landmark First."

Actions:
- ➢ Introduce yourself and Landmark First when the call is answered.

4. Ask to Speak With the Patient / Caregiver
*Standard

"May I please speak to (patient / caregiver)?"

Actions:
- ➢ Do not assume that you are talking to the patient or caregiver. Request to speak to them by name.
- ➢ Do not provide any HIPAA protected information to an unauthorized caller.

5. Recorded Call Notification
*Suggested Dialogue

"Please be aware that we are on a recorded line for quality and training purposes."

Actions:
- ➤ Inform the patient / caregiver that the call is being recorded.

6. Address Verification
*Standard

"For security purposes, can you please provide me with the patient's full address including city, state, and zip code?"

Actions:
- ➤ Open the "Demographics" section of Ubiquity and check for accuracy.
- ➤ Note the address given to you by the caller in your documentation.

7. Phone Number Verification
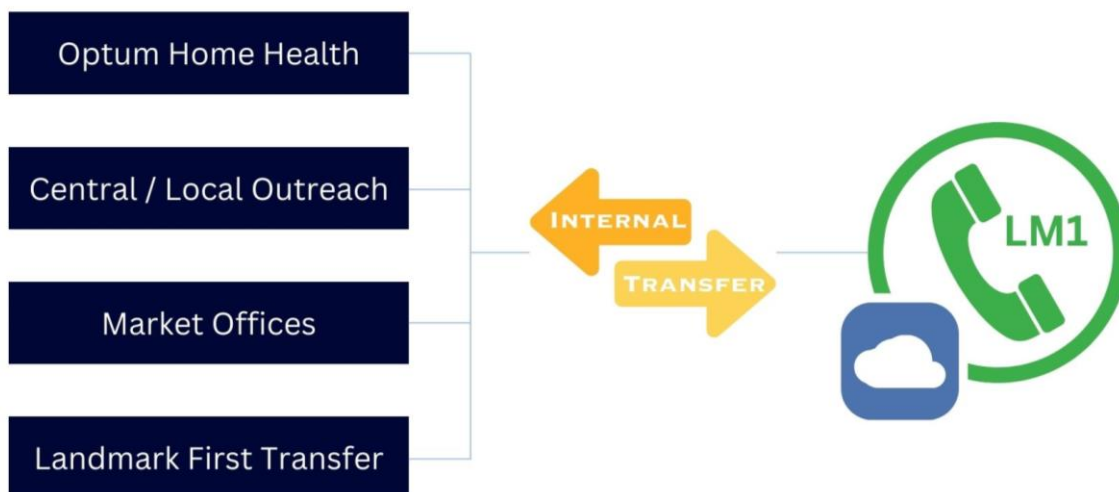**Suggested Dialogue*

"In the event we get disconnected, is the number ending in (*Last four (4) digits of the caller's phone number*) a good callback number to reach you?"

Actions:
- ➤ Verbally confirm a primary phone or callback number for the caller.

Internal Transfers

Some calls will come from within the organization:

Call Flows to Complete		
Greeting	*Yes*	(Standard Greeting)
Patient Lookup	*Yes*	
HIPAA Verification	No	(If HIPAA verification was done prior to transfer)
	Yes	(If HIPAA verification was NOT done prior to transfer)

Accepting a Warm Transfer:

- ✓ Document the caller's **name** and **department** (Local Outreach, Optum Home Health, etc….).

- ✓ Locate the patient in Ubiquity using the name and date of birth (DOB) provided.

- ✓ Find out who is calling on behalf of the patient (this may be the patient, caregiver, or provider's office).

- ✓ Inform the caller that they can transfer the contact when ready.

Administrative Call Flow

When the caller's request requires administrative attention:

1. Admin Request
Suggested Dialogue

"How can I help you today?"

Actions:

- ➢ Listen to the caller's request and ask for more information when needed.
- ➢ Follow the correct workflow according to the caller's request. Administrative requests may include:
  - Appointment Date / Time verifications.
  - Appointment cancellation / reschedule.
  - Noting messages for the Care Team.
  - Noting messages for the Outreach Team.
  - Updating demographic information.
  - Other administrative tasks as needed.

2. End the Call
Suggested Dialogue

"Is there anything else I can do for you today?"

"Thank you for calling Landmark First."

Actions:

- ➢ Check to see if the caller needs any further assistance before ending the call.
- ➢ End the call using a courtesy phrase.

3. Documentation
Required

Actions:

- ➢ Document and Finalize your Note in Ubiquity.
- ➢ Complete additional documentation procedures as needed.

Check the "Documenting Calls" and "Documentation Guidelines" sections for Note templates and other procedures.

Clinical Handoff Call Flow

When the caller's request requires clinical attention:

1. Clinical Request
Suggested Dialogue

"Thank you for that information. Is it alright if I place you on hold while I connect you to one of our clinicians to further assist you?."

Actions:

➢ Obtain the caller's verbal permission before placing them on hold.

- *Hold time should not exceed two (2) minutes.*

2. LM1 Clinician Warm Handoff
Standard Transfer

Actions:

➢ Warm transfer to an "LM1 Clinical" skill that matches the patient's market.

- *If you cannot identify the patient's market, open the HSPI tab in Ubiquity for more information.*

➢ Summarize the caller's request to the clinician.

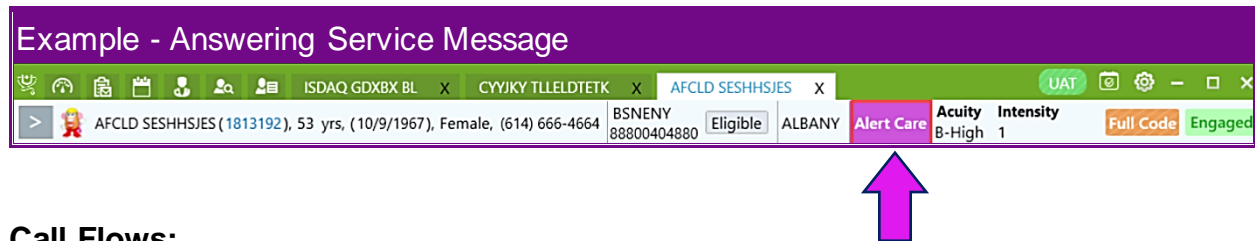➢ Transfer the call.

3. Documentation
Required

Actions:

➢ Document and Finalize your Note in Ubiquity.

Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

Alert Care Patients

Alert Care Status:

Alert Care patients do not have a Care Team assigned to them. Charts in Ubiquity will display with a bright purple indicator in the chart's heading, as shown:

Call Flows:

Call transfers and handling is UNCHANGED when an alert care patient calls Landmark First. Please proceed with the call as normal.

Documenting Alert Care Patient Calls:

1. Documentation
Required

Actions:

➢ Document and Finalize your Note in Ubiquity.

Attention – Alert Care Email Documentation

Any email sent on behalf of an Alert Care patient should be sent to the corresponding Market (Call Center) mailbox.

If there is an NCM or other care team members listed, DO NOT INCLUDE THEM IN THE EMAIL.

Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

Non-Urgent Triage Mailbox Call Flow

Send a message to a market-specific triage mailbox under the following conditions:

The Triage Checklist

✓ Patient has a clinical question / concern

✓ An LM1 Clinician does <u>NOT</u> answer your transfer attempt after one-to-two (1-2) minutes of hold time

✓ The caller <u>CAN</u> wait one (1) hour for a callback

✓ <u>NO</u> Buzzwords were used during the call.

Triage Mailbox Information:

Triage mailboxes are sorted, by market, in the <u>Markets Summary</u> document.

Attention – Triage Mailbox Contact
If an email needs to be sent to the triage mailbox, it should be sent to ONLY the triage mailbox. • Do **NOT** CC members of the Care Team in triage mailbox emails. • Do **NOT** CC the market (Call Center) email contacts when sending a message to a triage mailbox.

Email Contents:

Subject:: *Patient ID, Patient's Market*

Content:: Patient's First Initial, Last Name
Callback Number:

<u>lm1followup@optum.com</u>

The LM1 R Triage Mailbox is a backup triage email used as a safety net should other communication systems become unavailable. This email is used **ONLY** when specified by a Team Lead / Supervisor.

Example – Triage Email

From ∨	paul.nichols@optum.com
To	Triage Mailbox (Example)
Cc	
Subject	1234567, Temple

Patient: A, Wright
Callback Number: (518) 353-4157

Call Flow:

1. Clinical Request
Suggested Dialogue

"Thank you for that information. Is it alright if I place you on hold while I connect you to one of our clinicians to further assist you?."

Actions:

➢ Obtain the caller's verbal permission before placing them on hold.

- *Hold time should not exceed two (2) minutes.*

2. Unsuccessful LM1 Clinician Warm Handoff
Standard Transfer

Actions:

➢ Attempt a warm handoff to an LM1 Clinician.

➢ If there is no answer after one to two (1-2) minutes, proceed to take a message for the Triage Mailbox.

➢ Inform the caller that they will receive a callback from a clinician in about one (1) hour.

3. End The Call

Actions:

➢ Check to see if the caller needs any further assistance before ending the call.

➢ End the call using a courtesy phrase.

4. Email the Triage Mailbox
Required

Actions:

➢ Send an email to the correct Landmark First Triage Mailbox that best matches the patient's market.

- *You can find a complete list of Triage Mailbox email addresses in the Markets Summary.*

5. Documentation
Required

Actions:

➢ Document and Finalize your Note in Ubiquity.

Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

Triage Email Follow-Up:

IF the caller is NOT contacted by an LM1 Clinician after one (1) hour:

6. Follow-up Email
Conditional

The PCC will receive a reply to their Triage email with instructions to call the patient or caregiver back:

7. PCC Callback
Conditional

Actions:

➢ Call the patient / caregiver back.
➢ Explain that our remote clinicians are busy and offer to connect them with a On-Call provider in their area.
➢ Obtain verbal permission to place the patient on hold.

8. #1 Provider / #2 Provider Transfer
Conditional

Actions:

➢ Warm Transfer to the #1 Provider listed in Humanity for the patient's market.
  • *If unsuccessful attempt a warm handoff to the #2 Provider*
➢ Summarize the caller's request to the provider.
➢ Transfer the caller.

9. Documentation
Required

Actions:

➢ Document and Finalize your Note in Ubiquity.

Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

Non-Urgent Clinician Shortage Call Flow

When there are no LM1 Clinicians available to work a shift, PCCs will be notified by their Team Lead or Supervisor in Teams. At that time, do not attempt to transfer the caller to an LM1 Clinician and instead adhere to the following process:

1. Market Provider Warm Handoffs
   *Required

Actions:

➢ Use Humanity to locate the names of providers listed in the roles below. Attempt warm transfers to these individuals in the following order:

➢ Proceed to the next conditional step if there is no answer.

Market Location Call Order:

1st Call = #1 Provider On-Call

2nd Call = #2 Physician On-Call

3rd Call = #3 Backup Clinician On-Call

4th Call = #4 Backup Physician On-Call

2. End The Call
   *Conditional

Actions:

➢ Inform the caller that there are no clinicians currently available.

➢ Explain that you will leave a note in their chart and they will be contacted by a provider within 24 hours or the next business day.

➢ End the call.

3. Documentation
   *Required

Actions:

➢ Document and Finalize your Note in Ubiquity.

Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

Urgent Buzzwords Call Flow

This is a list of **Urgent Situations / Symptoms** that require immediate clinical attention:

Blood Pressure and Heart Rate Issues

- **Heart rate pulse Low = 50 or less**
- **Heart rate pulse high = 110 or more**
- **Oxygen/pulse ox Low = 90 or less**
- **Blood Pressure Low = 90/60 or less**
- **Blood Pressure High = 180/120 or more**
- **Blood Sugar High = 300 or more**
- **Blood Sugar Low = 70 or less**

Cardiac / Respiratory Issues

- **Chest pain**
- **Wheezing**
- **Problem breathing**
- **Defibrillator or pacer issues / malfunctions**
- **Left Ventricular Assist Device (LVAD) issues**

Stroke & Stroke Symptoms

- **Stroke**
- **Trouble Walking (Loss of Balance or Fall)**
- **Sudden Loss of Speech**
- **Sudden Slurred Speech**
- **Sudden Difficulty Understanding Speech**
- **Sudden Paralysis or Numbness of Face**
- **Sudden Numbness of Arm or Leg**
- **Loss of Sensation**
- **Sudden Severe Headache (no known cause)**

Loss of consciousness

- **Faint or light-headed**
- **Patient is going to 'pass out'**
- **Patient is unconscious**
- **Patient has fainted**
- **Patient expects to faint**
- **Patient expects to 'pass out'**
- **Patient expects to 'black out'**
- **Unresponsive / Lethargic**

Chemicals

- **Overdose**
- **Intake of harmful chemicals**
- **Intoxicated**

Serious Physical/Mental Injury

- **Fall and hit head**
- **Fall and can't get up**
- **Confused**
- **Throat Swelling / Closing**
- **Suicide**
- **2nd or more time calling**
- **Continuous / Steady Bleeding**

  Please ask the patient if they are still bleeding during the call.
  _____

  A temporary bleed (such as a brief nosebleed) is not considered an urgent situation.

Urgent Call Flow:

If a caller uses a *Buzzword* or similar phrasing:

1. LM1 Clinician Warm Handoff
Required

Actions:

➢ Warm transfer to an "LM1 Clinical" skill that matches the patient's market.
- *If you cannot identify the patient's market, open the HSPI tab in Ubiquity for more information.*

➢ Summarize the caller's request to the clinician.

➢ Transfer the call.

➢ Proceed to the next conditional step if there is no answer.

2. #1 Provider / #2 Provider Transfer
Conditional

Actions:

➢ Warm Transfer to the #1 Provider listed in Humanity for the patient's market.
- *If unsuccessful attempt a warm handoff to the #2 Provider*

➢ Summarize the caller's request to the provider.

➢ Transfer the caller.

➢ Proceed to the next conditional step if there is no answer.

3. Offer EMS Contact
Conditional

Actions:

➢ Inform the caller that there are no clinicians available.

➢ Recommend calling 911 for Emergency Medical Services (EMS).
- *Is someone able to call 911 on the patient's behalf?*

➢ Offer to contact Emergency Medical Services on the Patient's Behalf.

➢ Proceed to the next conditional step if there is no answer.

4. Notify Available Team Lead / Supervisor
Required

Actions:

➢ Stay on the phone with the patient.
➢ Post an **IMPORTANT!** message in Teams to alert your Team Lead / Supervisor of the patient's condition.

5. Emergency Service Contact
Required

Actions:

➢ An available PCC, Team Lead, or Supervisor will contact Emergency Services on the patient's behalf.
➢ PCC will remain on the phone with the patient until Emergency Services arrive.

➢ If the call disconnects, proceed to the next conditional step.

6. Call Disconnect
Conditional

Actions:

➢ PCC will attempt patient callback.
➢ If no response, PCC will call an authorized contact listed in the "Demographics" section of Ubiquity.

7. Documentation
Required

Actions:

➢ Document and Finalize your Note in Ubiquity.

➢ If the caller refuses contact with EMS, proceed to the next conditional step.

Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

8. Email LM1 R Triage
Conditional.

Actions:

➢ Inform the patient that a Landmark provider will follow-up with them within 24 hours.
➢ Email lm1followup@optum.com and specify the patient's refusal of EMS contact.

Contacting Emergency Medical Services

Use this call flow if you are currently "Available" and a PCC needs help contacting Emergency Medical Services on a patient's behalf.

1. Respond in Teams
Required

Actions:

> Respond to the PCCs request in teams.
> Keep the PCC informed of your progress as you contact Emergency Medical Services.

2. Patient Lookup
Required

Actions:

> Use the information provided in Teams to locate the patient in Ubiquity.
> Navigate to the Demographics section of the chart to view the patient's address.

3. NENA EMS Number Lookup
Required

Actions:

> Use the NENA 911 Database to search for the patient's Address / Zip Code.
> Use the map and contact information displayed to locate an EMS phone number for the patient's area.

4. Emergency Service Contact
Required

Actions:

> Call the EMS phone number listed in NENA and provide the patient's name, address, and urgent status information to the dispatcher.

5. Post Updates in Teams
Require

Actions:

> Post any estimated times of arrival (ETA) and other dispatch updates in Teams until arrival is confirmed.
> - *Add posts as replies to the original EMS request posted by your co-worker.*

Urgent Unresponsive Patient Call Flow:

This Call Flow applies to patients who become unresponsive during a phone call.

1. Notify Available Team Lead / Supervisor
Required

Actions:

➢ Stay on the phone with the patient.
➢ Post an **IMPORTANT!** message in Teams to alert your Team Lead / Supervisor of the patient's condition.

2. Patient Call Confirmation
Required

Actions:

➢ PCC remains on the phone with the patient.
➢ PCC Team Lead / Supervisor will attempt a separate call to the patient to confirm unresponsive status.
➢ PCC Team Lead / Supervisor will communicate patient's status in Teams.

3. Emergency Service Contact
Required

Actions:

➢ PCC Team Lead / Supervisor will contact emergency services on the patient's behalf.
➢ PCC will remain on the phone with the patient until Emergency Services arrive.

4. Call Disconnect
Conditional

Actions:

➢ PCC will attempt patient callback.
➢ If no response, PCC will call an authorized contact listed in the "Demographics" section of Ubiquity.

5. Documentation
Required

Actions:

➢ Document and Finalize your Note in Ubiquity.

Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

Suicidal Patient Call Flow:

What to do.	What NOT to do…
Take the threat seriously.	Joke.
Ask about immediate safety.	Judge.
Ask about plan and means.	Overreact.
Only transfer the caller when it is safe.	Minimize feelings.
Maintain active listening.	Downplay seriousness.
Respond with empathy.	Make empty promises.
Keep your voice calm.	Say "It's going to be OK".
Express support & concern.	Force a cheerful voice.
Ask how you can help.	Get into philosophical debates.
Be patient.	Share a personal story as a form of empathy.

Active Listening:

What are the best active listening practices while call handling?

- The caller should feel that they have been heard and that you have made every effort to understand them.

- Active listening responses are as follows:

  o Restatement – In your own words, restate what the caller is attempting to communicate.

  o Clarification – Probe for more information when needed.

  o Summarization – Summarize the caller's primary concern to demonstrate your understanding.

In active listening, you must WANT to hear what the caller has to say and accept their feelings / views without offering contrary opinions or personal judgements. Remember, people will be more open to what you have to say once they have had time to speak.

Training Tip:

Please note the 24 / 7 suicidal hotline information below:

(800) 273-8255

This is a resource we can provide our patients once immediate concerns are resolved.

Immediate Intent Call Flow:

1. Immediate Intent Determined
Conditional

If the patient indicates immediate intent to commit suicide:

Actions:

➢ Ask about immediate plan and means.
➢ Maintain active listening.
➢ Follow the Urgent Call Flow for contacting 911.

2. Notify Available Team Lead / Supervisor
Required

Actions:

➢ Stay on the phone with the patient.
➢ Post an **IMPORTANT!** message in Teams to alert your Team Lead / Supervisor of the patient's condition.

3. Emergency Service Contact
Required

Actions:

➢ An available PCC, Team Lead, or Supervisor will contact Emergency Services on the patient's behalf.
➢ PCC will remain on the phone with the patient until Emergency Services arrive.

➢ If the call disconnects, proceed to the next conditional step.

4. Call Disconnect
Conditional

Actions:

➢ PCC will attempt patient callback.
➢ If no response, PCC will call an authorized contact listed in the "Demographics" section of Ubiquity.

5. Documentation
Required

Actions:

➢ Document and Finalize your Note in Ubiquity.

Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

Urgent Suicidal Feelings Expressed:

1. Non-Immediate Urgent Suicidal Expressions
Conditional

If the patient expresses suicidal thoughts or feelings, but expresses NO IMMEDIATE INTENT:

Actions:

➢ Maintain active listening. Let the patient talk about what is bothering them.
➢ Reach out to an APC in Teams to participate in a conference call.

2. Post Important Teams Message
Required

Actions:

➢ Request APC assistance in the "LM1 Full" team and wait for APC response. Please include:

• Patient ID.
• A summary of patient's condition.

3. Include APC in a Conference Call
Required

"Thank you for speaking with me and trusting me with this information. I've found a clinician who can take this conversation further and provide you with some additional resources, but for them to speak with you, I would need to place you on hold for only a few seconds. Is that OK?"

Actions:

➢ Place the patient on hold.
➢ Use the address book to locate the specific APC who responded to your Teams message.
➢ Confirm APC readiness to accept the call.
➢ Transfer the call.

➢ If an APC does not respond in teams after 1-2 minutes, proceed with the Urgent Call Flow.

4. Documentation
Required

Actions:

➢ Document and Finalize your Note in Ubiquity.

Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

Return / Missed Call Flow

Use this call flow when a caller states that they have missed a call from Landmark and wish to be connected to the provider / staff member who left them a message:

5. Greeting + HIPAA Verification
*Required

Actions:

- ➢ Offer the standard greeting and introduction.
- ➢ Verify the patient's name, date of birth, and address.
- ➢ Verify the patient's primary or callback number.
- ➢ Open the patient's chart in Ubiquity.

6. Obtain More Information
*As Needed

Actions:

- ➢ Ask the caller for additional information:
  - *Did the original caller leave a voicemail?*
  - *Has the patient been waiting for any health updates from their care team?*
- ➢ Briefly review recent notes in Ubiquity to determine the nature of the original call.
- ➢ Determine who attempted to reach the patient.
- ➢ Follow the call flow process for the type of call made.

7. Staff Member Transfer

Actions:

- ➢ Transfer the caller to the original Market contact ONLY IF:
  - *The original call was made the same day as the current return call.*
  - *The current time falls within local Market hours.* 8:30 AM – 5:30 PM *(Local Time)*

8. Follow the Call Transfer Flow
*Required

Actions:

- ➢ Follow the correct Call Transfer Flow Process.
- ➢ Complete documentation procedures.

Please see the "Market Nuances" section for market-specific call flows.

Return Call Handling:

During traditional business hours, Ubiquity Notes are pulled by the market multiple times a day. For this reason, sending emails to the Care Team + Market for return calls is unnecessary.

Call Type	*Procedure*
If Clinical	Transfer to an available APC.
If Administrative	Attempt to manage the call and fulfill the request.
If the Caller Demands to Speak to a Specific Provider	***During Business Hours*** – Call the Provider using Genesys. • If there is no answer, or the number appears to be invalid, please check the "Staff" tab in Humanity for any alternate mobile numbers listed for the market employee. • If no answer, document Ubiquity. ***After Business Hours*** – Take a message and document Ubiquity.
Requests Lab Results, Chart Updates, or other Documents	Take a message and document Ubiquity

Attention - APC Transfers

Our APCs are qualified to address the Immediate medical concerns of our callers.

There is no reason for a specific individual employed in one of our markets to address the urgent medical need of a patient.

If a patient is hesitant to speak to one of our APCs, please inform them that, if needed, we can send a provider to their home to address urgent needs.

Teams Messaging:

We use Microsoft Teams to communicate real-time patient updates and work activities to our colleagues at Landmark First.

However, we will ***NEVER*** message an employee of a market using Teams.

Caller Asks to Speak a Market Staff Member

Patients and caregivers may prefer to confide in someone they know from their care team. However, since our job is to provide coverage for the markets, we will try to keep the call within Landmark First.

1. Greeting + HIPAA Verification
Required

Actions:

- ➤ Offer the standard greeting and introduction.
- ➤ Verify the patient's name, date of birth, and address.
- ➤ Verify the patient's primary or callback number.
- ➤ Open the patient's chart in Ubiquity.

2. Ask Follow-Up Questions
As Needed

"Can you please tell me what this call is concerning?"

"Are you in need of medical assistance?"

"In the event that (Staff Member) is unavailabe, can you provide more information so I can leave them a detailed message?"

"I would be happy to help you, I just need to know some more information about why you are calling."

Actions:

- ➤ Ask the caller for additional information.

3. Follow the Call Transfer Flow
Required

Actions:

- ➤ If administrative, attempt to resolve the request.
- ➤ If clinical, attempt a transfer to an available LM1 Clinician, or send to Triage if none are available.
- ➤ Follow all administrative, clinical, and urgent call flows that apply.
- ➤ Document any messages for Market staff members in Ubiquity, but DO NOT send a follow-up email.

Attention – Requests for specific Market staff

Requests to speak to specific Market staff members does not alter the Call Transfer Flow Process.

DO NOT attempt to transfer the caller to a specific market staff member, if asked.

Answering Service Call Flow

Answering Service Communication Flow:

Incoming Call → **Market** ❌ No Answer → **Landmark First** ❌ No Answer → **Answering Service** ✅ Accepts Caller's Message

Answering Service ✅ Transcribes and forwards Patient's Message to LM1 Queue → **Landmark First** ✅ Accepts Message When Available

Example - Answering Service Message

Answering Service Call Flow:

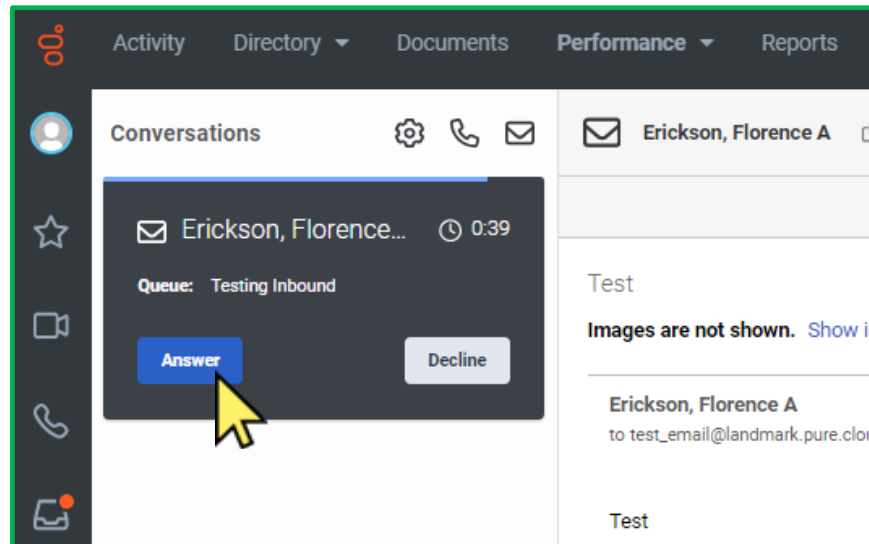When an Answering Message is Received through Genesys's Interactions panel:

1. Answer the Incoming Notification
Required

Actions:

➢ Answer the incoming answering service message. These will ring in similar to incoming calls.

2. Patient Lookup
Required

Actions:

➢ Use the patient's information included in the Answering Service Email to find their Ubiquity chart.

3. Review the Message
Required

Actions:

➢ Review the information left by the caller under the "Message" heading of the Answering Service Email.
➢ Handle the Answering Service Message according to the applicable call flow.

Message for Admin Services Call Flow:

1. Admin Request
Conditional

Actions:

➢ Complete the admin request according to PCC Administrative Workflows.

2. Patient Callback
Required

Actions:

➢ Contact the caller using the "Telephone" number indicated in the Answering Service Message.
➢ Ensure that the caller's request has been resolved.

3. Reply to the Answering Service Email
Required

Actions:

➢ Select the "Reply" option located at the bottom of the message.
➢ Enter the standard Reply message and send.
  • If you are still working to complete the patient's request, reply using the "Option 2" format.

prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

↩ Reply   ➡ Forward

Standard Reply Message
Option 1: Administrative – Complete, (Your Initials)
Option 2: Administrative – Working, (Your Initials)

Example: Answering Service Reply Message
Administrative – Complete, (PN)

4. Documentation
Required

Actions:

➢ Copy / Paste the Answering Service Message into your open Ubiquity note. The standard not template does not apply to this process.

Message for Clinical Services Call Flow:

1. Clinical Request
Conditional

Answering service messages that indicate a need for clinical attention will be sent to the Triage Mailbox matching the patient's market.

2. Email the Triage Mailbox
Required

Actions:

➢ Open a new email in Outlook and copy / paste the entire Answering Service Message into the body.
➢ Enter the patient's Name, Date of Birth, and ID into the subject line.
➢ Send to the Triage Mailbox specific to the patient's Market.

3. Reply to the Answering Service Email
Required

Actions:

➢ Select the "Reply" option located at the bottom of the message.
➢ Enter the standard Reply message and send.

prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

↩ Reply   ➔ Forward

Standard Reply Message

Administrative – Sent to Triage, (Your Initials)

Example: Answering Service Reply Message

Administrative – Complete, (PN)

4. Documentation
Required

Actions:

➢ Copy / Paste the Answering Service Message into your open Ubiquity note. The standard not template does not apply to this process.
➢ Complete the Answering Service wrap-up code.

Complete A Callback Request

When Calling Landmark, patients are offered the chance to request a callback if they are unable to wait for someone to answer the phone. These callback requests are received and completed in Genesys:
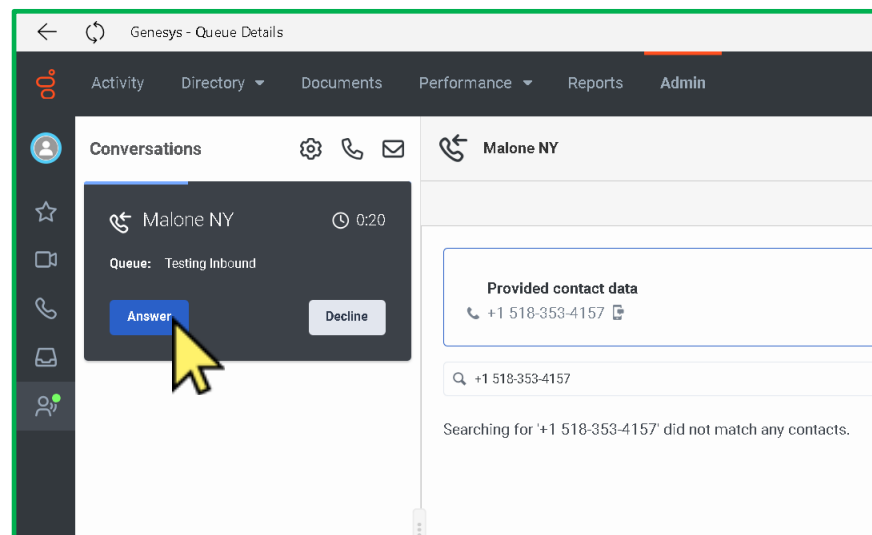
1. Answer the Incoming Notification
Required

Actions:

➢ The callback request will ring into Genesys similar to an incoming call.
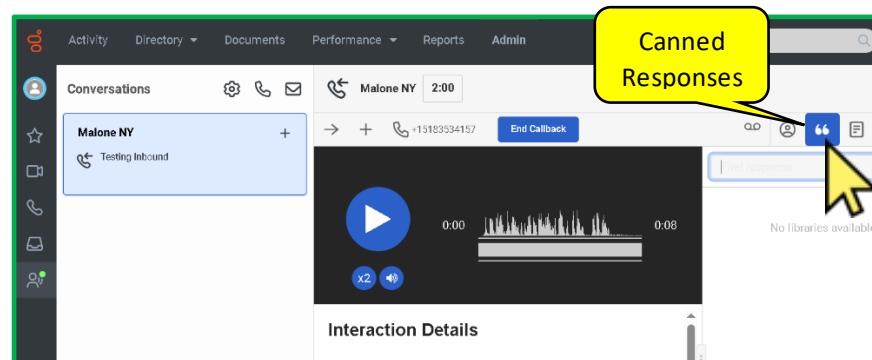
➢ When the notification appears, click "Answer".

2. Review the Callback Request
Required

Actions:

➢ Once answered, click on the "Canned Responses" button on the right side of the dashboard.

➢ Review the call recording.

3. Call the Patient, Caregiver, or Contact

*Required

Actions:

➢ The original caller's phone number will be included in the callback request.

- *Click the phone number to call the contact if no alternate phone number is specified in the recorded message.*

➢ If a different callback number is specified in the recording, use the Interactions pane's call button to enter a custom number.
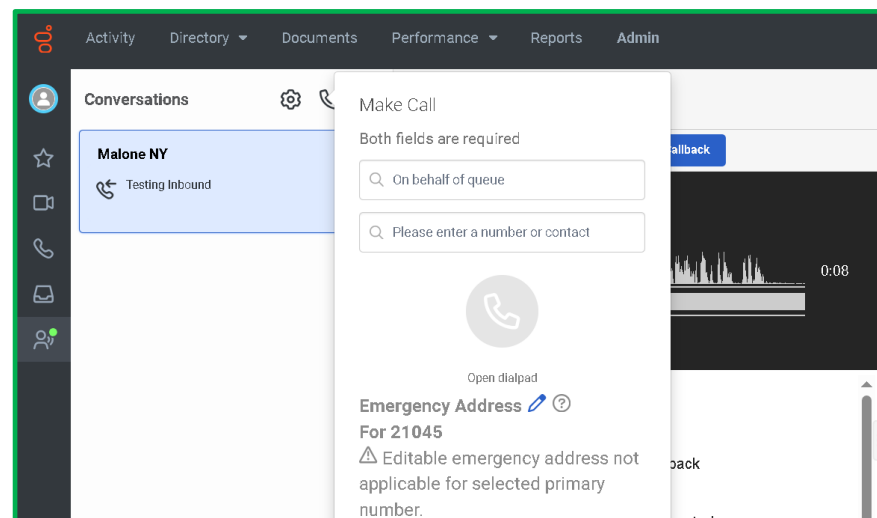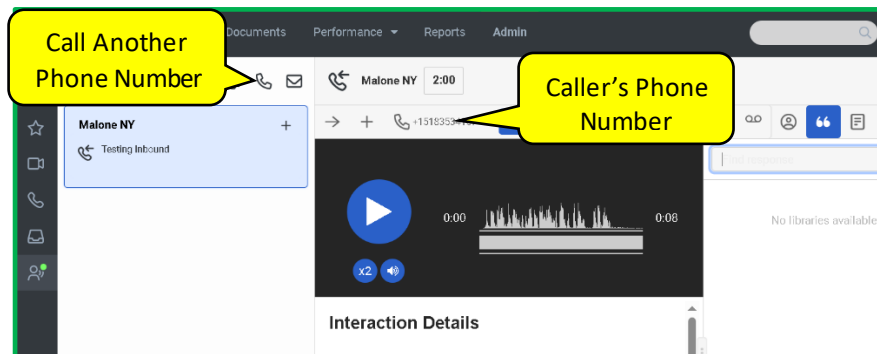
4. Follow the Call Transfer Flow Process

*Required

Actions:

➢ Completing the Outgoing Call Transfer Flow Process.

- *Introduce yourself, your title, and inform the caller that they are on a recorded line.*

- *Complete administrative duties, call transfers, and documentation as required by the Call Transfer Flow Process.*

5. Complete Call Wrap-Up

Required

Actions:

➢ Complete the call wrap-up code by selecting the option that best matches the call type.

- *Once selected, click "Done".*
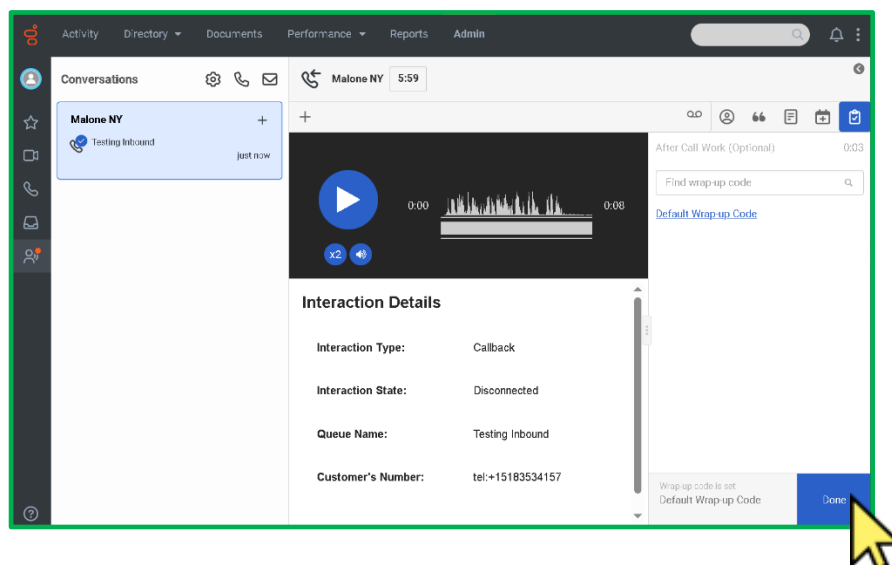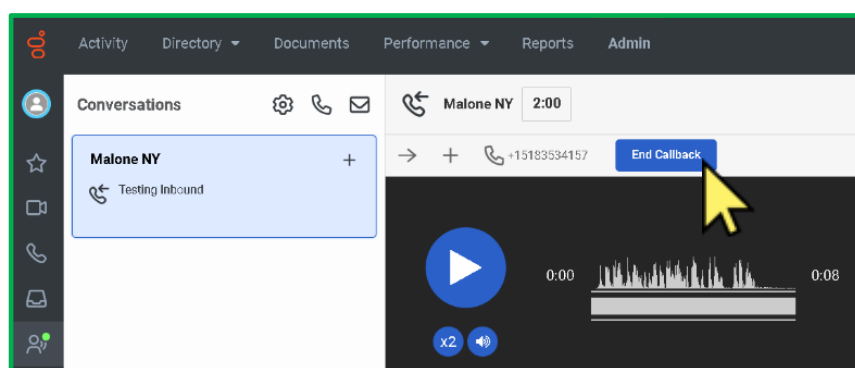
6. Complete Callback Wrap-Up

Required

Actions:

➢ Click the "End Callback" button on the dashboard.

➢ Complete the callback wrap-up code.

7. Documentation

Required

Actions:

➢ Complete the Answering Service wrap-up code.

Market Nuances

Some Markets require alternate communication flows based on provider licensing, coverage, or alternate services available. These are listed below:

Texas – MedStar & Acadian EMS

MedStar and Acadian will dispatch a provider to a patient's home for urgent visits. These MedStar or Acadian providers will work with Landmark services to coordinate oversight.

PCCs will get two (2) types of calls from MedStar or Acadian:

1. A Dispatcher calling to obtain the contact details of an oversight provider.

2. A MedStar or Acadian provider calling from the patients home to request oversight.

Medstar / Acadian Dispatch Call	
Caller's Job Title:	Dispatcher with MedStar or Acadian
Calling From:	EMS Dispatch (either MedStar or Acadian)
Location:	Dispatch
Request:	Request for the name and phone number of the Oversight Physician.

1. Patient Lookup
Standard

Actions:

- ➢ Enter the patient's details in Ubiquity's search fields.
- ➢ Open the patient's "Patient Summary".

2. Humanity Provider Lookup
Required

Actions:

- ➢ Use Humanity's 'ShiftPlanning' tab to locate the patient's market under the 'Locations' list.
  - Use the HPSI tab in the patient's chart if you are unsure of the correct market to select.
- ➢ Locate the correct provider based on the caller's organization:
  - Acadian EMS Physician OnCall.
  - MedStar DFW – Physician OnCall.

3. Provide Name and Phone
Required

Actions:

- ➢ Provide theOnCall Physician's name and phone number to the dispatcher.

4. End The Call
Required

Actions:

- ➢ Ensure that you have answered all the Dispatcher's questions.
- ➢ End the Call

5. Documentation
Required

Actions:

- ➢ Document and Finalize your Note in Ubiquity.

Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

Medstar / Acadian Provider Call

Caller's Job Title:	EMS Provider
Calling From:	MedStar / Acadian
Location:	Patient's Home
Request:	Request to speak to the oversight physician.

1. Patient Lookup
Standard

Actions:

➢ Enter the patient's details in Ubiquity's search fields.
➢ Open the patient's "Patient Summary".

2. Humanity Provider Lookup
Required

Actions:

➢ Use Humanity's 'ShiftPlanning' tab to locate the patient's market under the 'Locations' list.
 • Use the HPSI tab in the patient's chart if you are unsure of the correct market to select.
➢ Locate the Physician OnCall:
 • Acadian EMS Physician OnCall.
 • MedStar DFW – Physician OnCall.

3. Market Provider Warm Handoff
Required

Actions:

➢ Attempt a warm transfer to the Physician OnCall.

➢ If no answer, attempt warm transfers to the following:
 • 1st Call = #3 Backup Clinician On-Call
 • 2nd Call = #4 Backup Physician On-Call

4. Documentation
Required

Actions:

➢ Document and Finalize your Note in Ubiquity.

Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

Interim Hospice UV Oversight Workflow

Registered Nurse (RN) Call	
Caller's Job Title:	Registered Nurse (RN)
Calling From:	Interim Hospice
Location:	Patient's Home
Request:	Transfer to specific LM1 Clinician for oversight. *(The RN will name the APC they would like to speak to)*

1. LM1 Clinician Warm Handoff
Required

Actions:

➢ Warm transfer to the specified LM1 Clinician requested by the Interim Hospice RN.

➢ Transfer the call.

➢ Proceed to the next conditional step if there is no answer.

2. Market Provider Warm Handoff
Conditional

Actions:

➢ If the requested LM1 Clinician does not answer after 1-2 minutes, locate the On-Call provider in Humanity.

➢ Attempt a warm transfer to the #1 Provider listed.

➢ If no answer, attempt a warm transfer to the #2 Provider listed.

3. Documentation
Required

Actions:

➢ Document and Finalize your Note in Ubiquity.

Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

Other Call Types

Employment Verification Calls:

When a call includes an Employment Verification Request:

1. Provide Office Contact Details
*Required

Actions:

- ➤ Explain to the caller that this is not the correct contact line to obtain that information.
- ➤ Provide the caller with the Employment Verification office phone number:

  Phone: (844) 772-2161

Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

Requests for Medical Equipment:

Our remote clinicians will not handle requests for medical equipment such as wheelchairs, oxygen tanks, or hospital beds. For these requests, please:

1. Documentation
*Required

Actions:

- ➤ Document and Finalize your Note in Ubiquity.

Leave a note in Ubiquity detailing the caller's request. The Market will check local resources in the patient's area and attempt to assist.

Grocery / Transportation / Home Health Aide Services:

While Landmark may not provide these services, there may be local agencies that can:

1. Documentation
*Required

Actions:

- ➤ Document and Finalize your Note in Ubiquity.

Leave a note in Ubiquity detailing the caller's request. The Market will check local resources in the patient's area and attempt to assist.

Durable Medical Equipment (DME) Requests:

This is not a request that can be handled remotely. A note for the Market should be left in Ubiquity.

1. Documentation
Required

Actions:

➢ Document and Finalize your Note in Ubiquity.

Leave a note in Ubiquity detailing the caller's request. The Market will check local resources in the patient's area and attempt to assist.

Medical Record Requests / Calls Regarding 3+ Patient Charts:

1. Provide Office Of Medical Records Phone Number
Required

Actions:

➢ Provide the caller with the Phone / Fax numbers for the Central Medical Records office:
- Phone: (833) 908-6722
- FAX: (844) 576-2533

2. Send a Follow-Up Email
Required

Actions:

➢ Note the callers name and contact number.
➢ End the call.
➢ Send a follow-up email to the Central Medical Records Office at: CentralMedicalRecord@Landmarkhealth.org

Cancel Landmark Services:

A request to cancel Landmark services should be handled by the patient's Care Team:

1. Documentation
Required

Actions:

➢ Document and Finalize your Note in Ubiquity.

The patient's Care Team will follow-up with the patient to gather additional information.
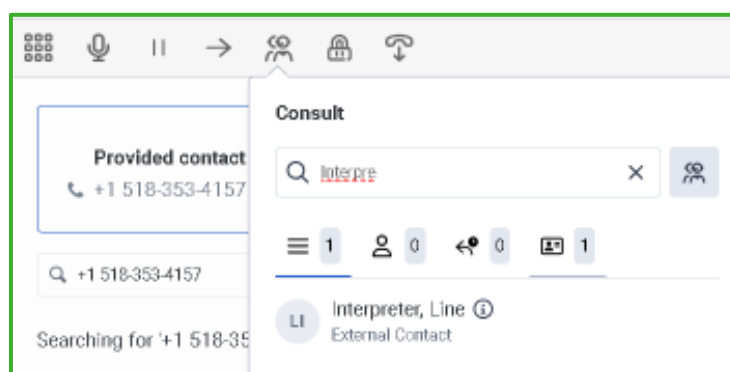
Contacting the Interpreter Line

1. Call the Interpreter Line
Standard

Actions:

➢ Inform the caller that you will attempt to get an interpreter on the line to speak with them.
➢ Place the caller on hold.
➢ Search for the "Interpreter Line" in the Address Book.

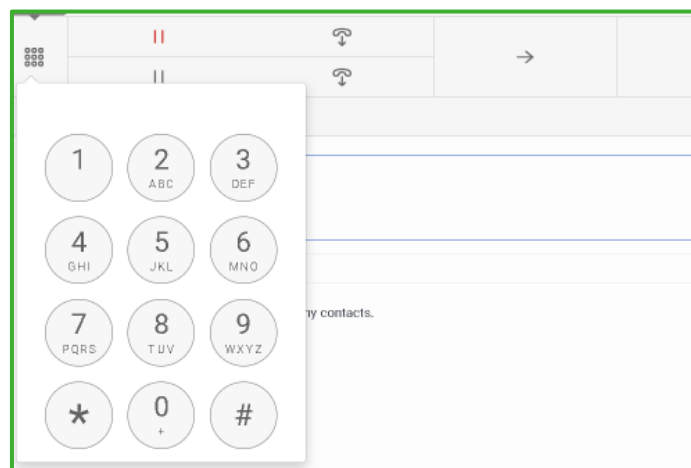- If the Interpreter Line option does not appear, enter the number manually: (844) 447-1667

2. Language Selection
Standard

Actions:

➢ Using the touch tone pad, select "1" for Spanish and "2" for all other languages.

- If "2", specify the desired language when prompted.

3. ID Entry
Standard

Actions:

➢ If prompted, enter your 9-digit employee ID including any 0's.

4. Market Specification
Standard

Actions:

➢ The interpreter may ask what "region" or "state" the patient lives in. Please provide the patient's Market.
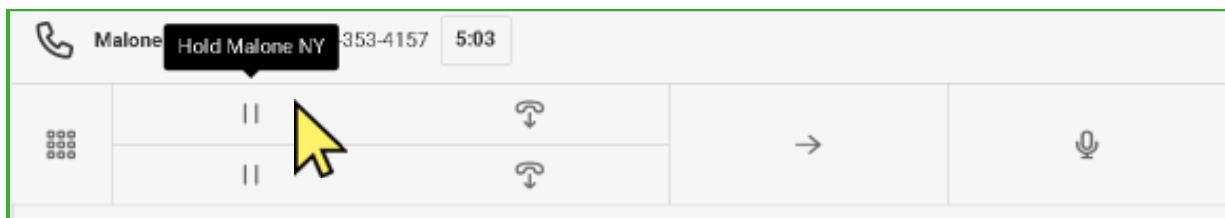
5. Start a Conference Call
Standard

Actions:

➢ Give the interpreter a summary of what you wish to accomplish.
➢ If prompted for a client ID, provide: #686165
➢ When ready, take the patient off of hold to begin the conference call between the interpreter, the patient, and yourself.

• No hold buttons should be red at this time.

Malone   Hold Malone NY -353-4157   5:03

Attention – Escalated Call Handling

The Call Transfer Flow Process DOES NOT change depending on what language a patient speaks.

• When transferring a call to a clinician, the interpreter WILL NOT be included in the transfer. Please inform the provider that they will need to contact the Interpreter Line once the patient is transferred.

Handling a Verbally Abusive Call:

1. Attempt Deescalation
Standard

"I understand that this is frustrating and I will try my best to resolve this for you as quickly as possible."

Actions:

➤ Acknowledges the caller's frustration.

➤ Inform the caller that you are making every effort to address their concerns.

2. Establish Boundaries
Standard

"I would like to assist you, but please refrain from using profanity."

Actions:

➤ Establish a boundary by clearly stating the behavior you find offensive.

➤ Kindly ask the patient to refrain from behaving in an offensive manner.

3. Announce Call Termination
Required

"I am disconnecting the call due to your continued use of profanity. Please call back at a later time."

Actions:

➤ Announce your intention to end the call.

➤ If the situation does not improve, end the call.

Attention – Escalated Call Handling

During an escalated call, DO NOT:

- Raise your voice in a negative / threatening way when speaking to the caller.

- Reciprocate the use of profanity or offensive language.

- Include any subjective mention of the patient's behavior in your call documentation.