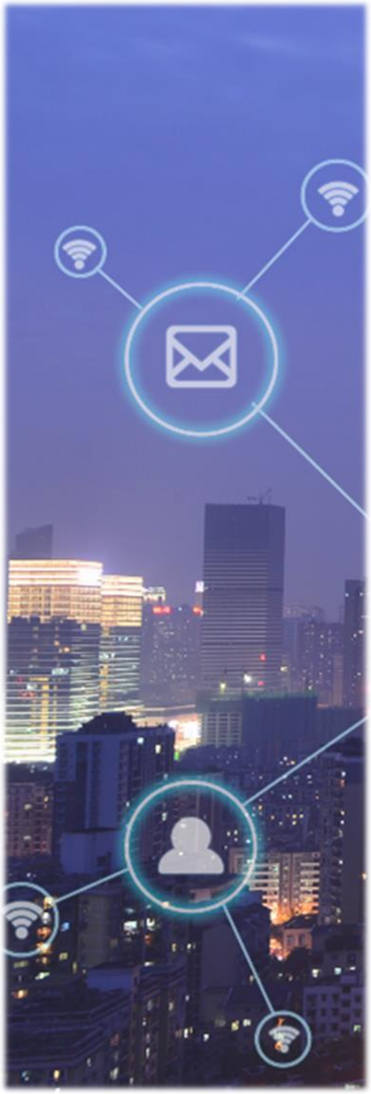
The Call Transfer Flow Process



Training Tip:

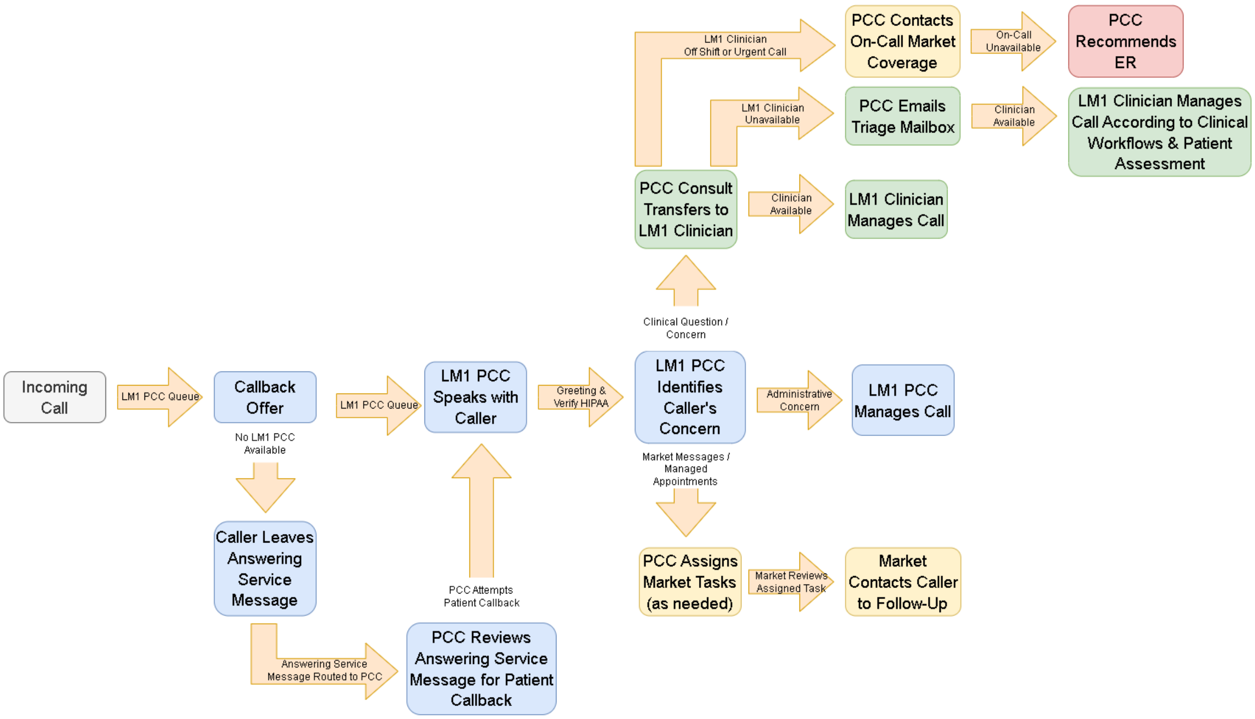
Do not provide callers with your direct contact information, or the direct contact information of your co-workers.

- Hold times should not exceed 1-2 minutes.

Quick Links:

About Call Flows

Landmark First is a first point of contact for incoming calls. After reviewing the caller's request, PCCs should route or manage the call according to the workflow that best-matches the concern expressed. See below for details:



View Full-Sized Image

Once answered, the PCC will manage the call according to the transfer workflows described throughout this section.

- See the "Administrative Workflows" section for all other LM1 PCC workflows, including appointment management and documentation guidelines.

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 & supervisors.
- ***LM1 APC*** is used to communicate with your APC co-workers & supervisors.
- ***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**
**Required*

"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**
**Required*

"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**
**Required*

"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**
**Required*

"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.

5. **Confirm the Caller's Identity**
**Required*

"Thank you for that information. Who do I have the pleasure of speaking with today?"

Actions:

- ➢ Identify and note the name of the caller as well as their relationship to the patient.

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.

8. **Follow the Call Transfer Flows**
**Required*

Actions:

- ➢ Follow the Call Transfer Flow based on the type of call identified:
  - *Administrative within the scope of LM1.*
  - *Administrative outside the scope of LM1.*
  - *Urgent / non-urgent clinical concerns.*
  - *Market requests, transfers, & tasks.*
  - *Lab / imaging results requests.*

Unauthorized Caller Permissions

If a caller is requesting Protected Health Information (PHI), the patient ***MUST*** provide verbal authorization for any unauthorized caregiver, family member, or personal contacts that do not appear in the Alerts, Demographics, or uploaded documents sections of their chart.

If caller authorization cannot be provided, proceed with the call, but ***DO NOT*** provide any PHI and indicate the caller's unauthorized status during any internal transfers.

1. **Verbally Confirm Caller's Status as Unauthorized**
   **Required*

"My apologies, I do not see that you are listed as an authorized contact on the patient's chart."

Actions:

- Inform the caller that they are not authorized to receive the requested information.

2. **Ask to Speak with the Patient**
   **Required*

"Is the patient available to provide a brief verbal authorization so we may continue?"

Actions:

- Inform the caller that verbal authorization must be provided by the patient before any protected health information is shared.

3. **Patient Name Verification**
   **Required*

"To help me confirm your identify and protect your health information, may I have your first and last name, please?"

Actions:

- Introduce yourself and your role to the patient.
- Ask the patient to confirm their full name.

4. **Patient DOB Verification**
   **Required*

"Thank you for that information. Please provide me with your date of birth as well."

Actions:

- Request the patient's date of birth.

5. Address Verification
**Required*

"Thank you for your patience. As a final step, please provide your full street address including city, state, and ZIP."

Actions:

- Open the "Demographics" section of Ubiquity and check for accuracy.
- Note the address given to you by the patient in your after-call documentation.

6. Obtain Verbal Authorization
**Required*

"Do I have permission to speak to (Caller) on your behalf?"

Actions:

- Ask the patient to confirm authorization for the caller.
- If the patient does not provide verbal authorization, complete the call with the patient as needed.

7. Obtain Verbal Authorization
**Required*

"Thank you. Is this a one-time or ongoing authorization?"

Actions:

- Ask the patient to confirm ongoing authorization for the caller and update the Demographics section of the chart as needed.

8. Follow the Call Transfer Flows
**Required*

"When you are ready, I can now speak to (Caller)"

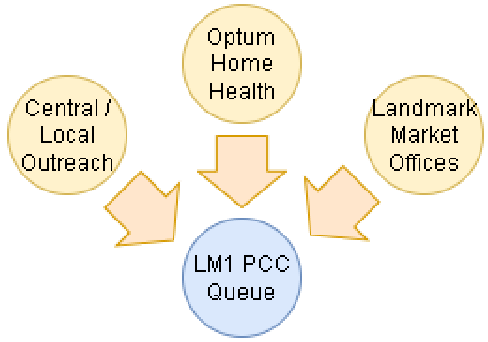
Actions:

- *Resume speaking to the original caller.*
- Follow the Call Transfer Flow based on the type of call identified:
  - *Administrative within the scope of LM1.*
  - *Administrative outside the scope of LM1.*
  - *Urgent / non-urgent clinical concerns.*
  - *Market requests, transfers, & tasks.*
  - *Lab / imaging results requests.*

Internal Transfers

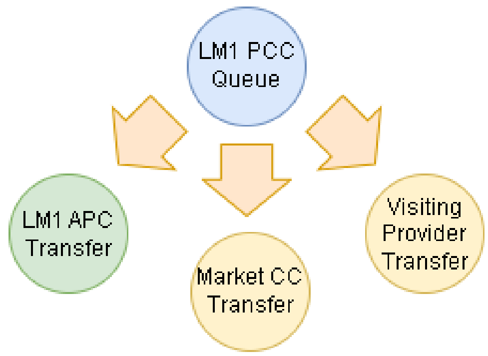
Internal Transfers Received:

- ✓ 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).
- ✓ Confirm that the HIPAA verification steps have been completed.
- ✓ Inform the caller that they can transfer the contact when ready.



Internal Transfers Initiated:

1. Introduce yourself and your role.
2. Ask if the consult (warm transfer contact) is ready for the patient's ID number and provide it when prompted.
3. Indicate who is calling, their relationship to the patient, and their HIPAA verification / authorization status.
4. Briefly describe the caller's concern.
5. Transfer the call when prompted.
6. Document the name and title of the individual who accepted your call transfer.



Attention – Company Audit in Progress
At this time, Landmark First is under audit. For this reason, DO NOT delete any emails received in your inbox.

Standard Call Transfer Guidelines:

Transfer Procedure:

We will ***ALWAYS*** follow the “warm” transfer process at Landmark First. This means that we will speak to our consult and outline the caller’s reason for contact us ***BEFORE*** completing a transfer.

Transfers in Genesys:

Consult Transfer:

Places the caller on hold while a Landmark staff member is contacted. When the staff member is reached, provide relevant patient details / caller information and outline the caller’s request.

- Caller → LM1 Clinician
- Caller → On-Call Provider
- Caller → Market Staff Member

Conference Transfer:

Allows multiple callers, Landmark staff members, or interpreters to participate in the same call so that each contact can freely hear, and speak to, one another.

- Caller + Interpreter
- Caller + 911 Dispatcher

Cold Transfer:

ONLY USE DURING A CONFERENCE CALL

This allows the transfer of multiple conference call participants to a specified contact.

- Caller + Interpreter → LM1 Clinician

Transfer Handoff Procedure:

When handing a call off to a member of our clinical staff, use the following process:

1.	Transfer Contact	*"(Standard Call Greeting)"*
2.	LM1 PCC	*"Good morning / afternoon, this is (Your Name), (Your Title) with Landmark. Are you ready for the patient's ID?"* • Provide the patient's ID when prompted.
2.	Transfer Contact	*"I'm showing a patient for (state of residence: California, New York, Texas, etc…), is that correct?"* • Open the patient's chart and provide the LM1 PCC with the patient's state of residence.
3.	LM1 PCC	*"Correct, the patient is (Patient's Full Name)."* • Verify your transfer contact's search result. • Provide the patient's full name.
4.	LM1 PCC	*"I have (Caller), (Caller's Relationship to the Patient) on the phone and they are calling to (Reason for Call)"* • Identify the caller, the caller's relationship to the patient, and summarize the reason for call.
5.	Transfer Contact	*"Ok, you can go ahead with the transfer."* • Confirm readiness for the call transfer.

Handoff Exceptions:

A clinical staff member may refuse a call if:

- The patient's chart is closed.
- There is a conflict in RN licensure or APC credentialling.

Additional Procedural Guidelines

During the Handoff process, PCCs should ***NEVER***:

- Leave the patient on hold for extended period s of time.
- No small talk / No Personal Chatting.
- No commentary on patient's request.
- Give clinical advice of any kind.

Voicemails:

If redirected to a provider's voicemail, ***DO NOT LEAVE A MESSAGE***. Move to the next stage of the Call Transfer Flow Process. This also applies to Same-Day Appointment Cancellations.

Non-Eligible Members Expressing Medical Concerns:

Urgent

- Advise the caller to contact 911 or emergency services in their area.
    1. If the caller is unable to contact 911 on their own:
    2. Confirm the caller's location.
    3. Use the NENA 911 Database to locate the 24 x 7 emergency services number.
    4. Initiate a Conference call with a 911 dispatcher.

Non-Urgent

- Advise the caller that they are not eligible to receive Landmark services.
- Any inquiries of eligibility should be discussed with the caller's insurance provider. ***DO NOT*** guarantee eligibility.
- The caller should contact the phone number found on their insurance card for more information.
- Send an email to Central Outreach for caller follow-up: centraloutreachscheduling@optum.com

Attention – Eligible Patient Transfers

Eligible patients listed as *Non-Engaged* should be transferred to a clinician even if they do not have an IV or IV2 listed in the chart.

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.
- ➢ LM1 PCCs may resolve Administrative requests within the scope of:
  - *Appointment cancellations / reschedules.*
    - ❖ *Confirm appointments.*
    - ❖ *IV2, Maintenance Visits, & Telemedicine (4+ days from the call date).*
  - *Visit Address updates in Ubiquity.*
  - *Authorize new contacts in Ubiquity with the patient's verbal consent.*
  - *Document / Task messages in Ubiquity.*

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.
- ➢ Send Tasks (as needed).

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

CC Transfer Queue Call Flow

Overview:

There are some administrative workflows handled exclusively by a Care Coordinator (CC) within the local market offices. Specific workflows handled within market offices can be found in the “Administrative Workflows” section of the Administrative Process Manual.

Transfer Guidelines:

Unless otherwise specified, Landmark First staff should ***NOT*** transfer a call to a specific Care Coordinator.

- Instead, attempt a consult transfer to the CC Transfer Queue in Genesys. This will contact any CC who is On Queue and ready to take calls.

Business Hours Call Flow:

1. **Out-of-Scope Admin Request**
**Conditional*

“How can I help you today?”

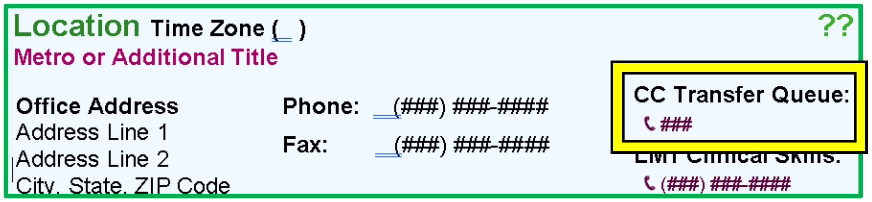
Actions:

➢ Market CCs manage the following requests:
- *Post-Discharge appointment cancellation and reschedule requests.*
- *Palliative Co-Visit appointment cancellation and reschedule requests.*
- *IV2, Maintenance Visit, and Telemedicine appointment cancellation and reschedule requests (-4 days from the call date).*

2. **Locate the CC Transfer Ext.**
**Required*

Actions:

➢ Locate the correct three-digit CC Transfer Queue extension listed in the Markets Summary document.

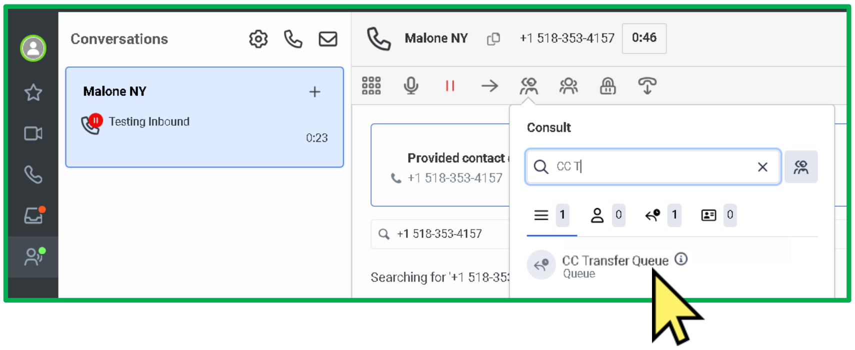


3. Genesys Consult Transfer
**Required*

"I am unable to reschedule or cancel this type of appointment. May I place you on a brief 1-2 minute hold while I transfer you to the appropriate department?"

Actions:

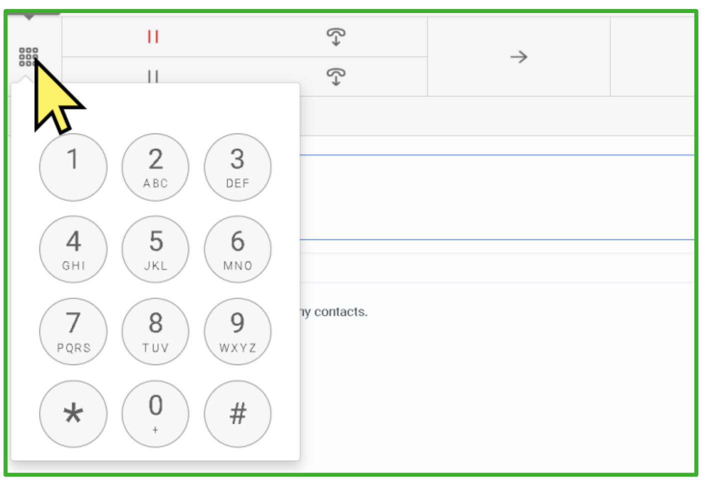
- ➢ With the caller's verbal consent, place the call on "Hold" and start a consult (warm) transfer in Genesys.
- ➢ Enter "CC Transfer Queue" as the consult contact.
- ➢ Select the address book contact to proceed.



4. Enter CC Queue Transfer Ext.
**Required*

Actions:

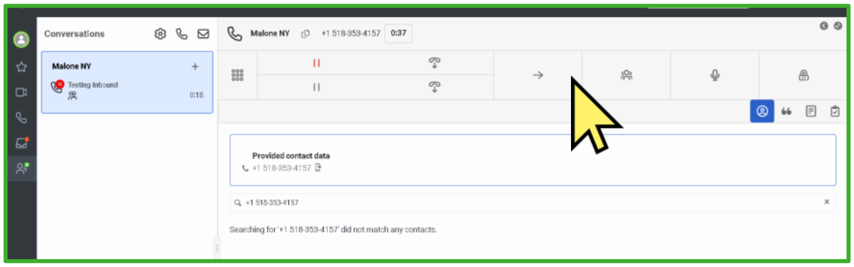
- ➢ An automated message will state: "Does the following metro match. Press 1 for yes and 2 for no"
  - *Press 2 to enter an extension manually.*
- ➢ When prompted, enter the three-digit CC Transfer Queue extension using the Keypad option.
- ➢ Once entered, the call will route to a CC On Queue.
  - *Follow the Internal Transfer Call Flow*



5. Complete Call Transfer
**Required*

Actions:

- ➢ Follow the Internal Call Transfer Call Flow.
- ➢ Transfer the call when prompted by the CC.



6. Documentation
**Required*

Actions:

- ➢ Document and Finalize your Note in Ubiquity.

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

No Answer / After Hours Call Flow

7. End the Call
**Suggested Dialogue*

“Unfortunately, I am not able to reschedule this appointment right now, but I will notify your visiting provider of this update and they will contact you during business hours to complete this for you.”

Actions:

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

8. Documentation
**Required*

Actions:

- ➢ Document and Finalize your Note in Ubiquity.
  - *If a CC is listed on the patient’s chart, create and send a task to that individual while completing your note.*

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.

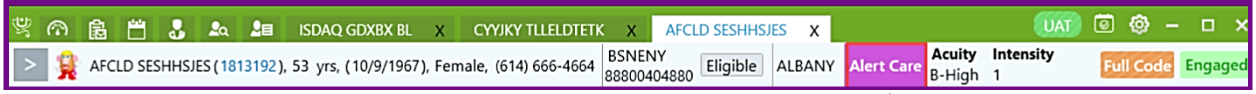
Check the "Documenting Calls" and "Documentation Guidelines" sections for note templates and other procedures.

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:

Example - Answering Service Message



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 ***NOT*** answer your consult transfer attempt after one-to-two (1-2) minutes of hold time
- ✓ The caller ***CAN*** wait for a callback from an LM1 Clinician.
- ✓ NO Buzzwords were used during the call.

Attention – The Triage Mailbox

- Do ***NOT*** indicate failed transfer attempts in your documentation.
- 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.

Triage Mailbox Information:

Refer to the profile cards in the Markets Summary to locate the triage email addresses.

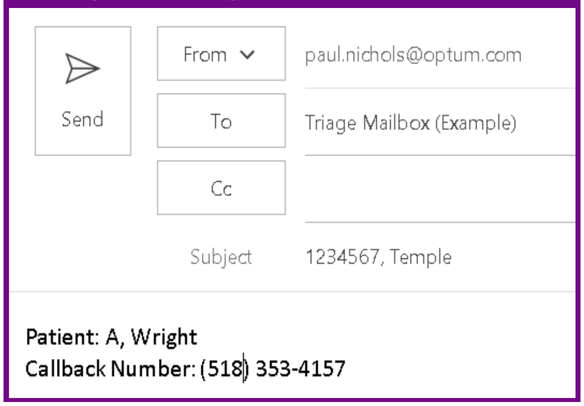
Email Contents:

Emails are kept simple, and should NOT include your Ubiquity note. Please refer to the format below

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

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

Example – Triage Email



Call Flow:

1. **Clinical Request**
   **Suggested Dialogue*

"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**
   **Standard*

"A member of our clinical team will return your call once one becomes available. If your symptoms should be worse, please call us back or call 911"

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 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.

Contacting On-Call Providers in Genesys

If you need to contact an On-Call Provider, please adhere to the following call flow:

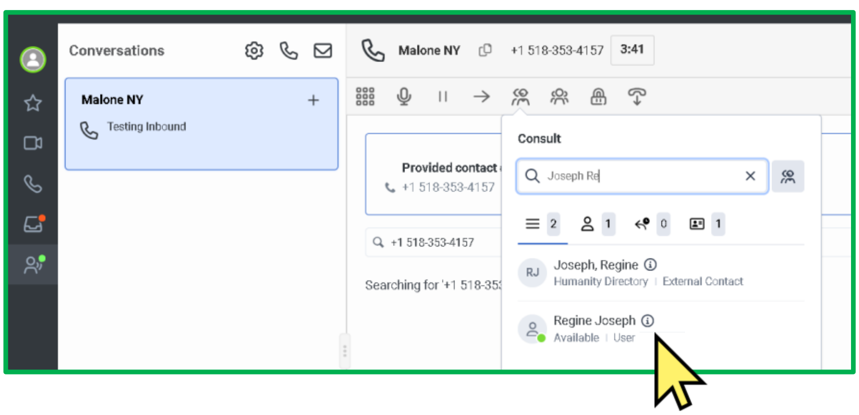
- On-Call Providers should be contacted ***ONLY*** after LM1 APC contact was attempted, or unless instructed by a Supervisor due to a clinician shortage.
- ***DO NOT*** message market providers / staff in Teams instead of, or before, attempting to call them.
    - Some providers may request that you email or message them in Teams to communicate the patient's information and concern. If instructed by a provider to do this over the phone, please fulfill their request.
        - This request does not alter call documentation.

Call Flow:

1. **Genesys Account Consult Transfer**
   **Required*

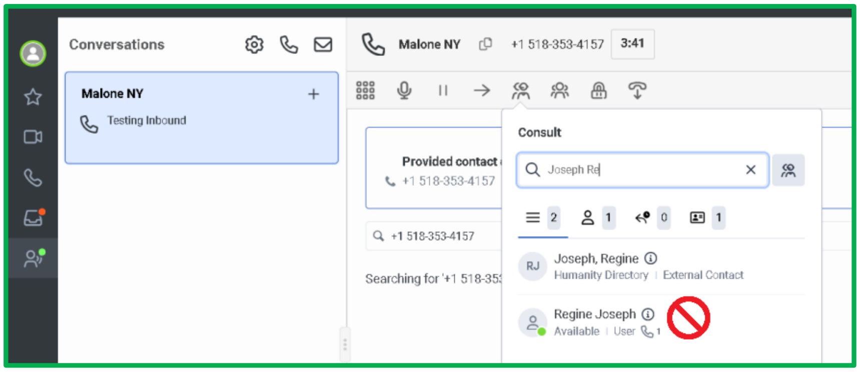
Actions:

- Initiate a Consult (warm) transfer in Genesys.
- Enter the name of the On-Call Provider.
- From the search results, find the provider's Genesys account listing.
- Ensure that the provider is listed as "Available".
- Click the provider's name to initiate the consult call.



Actions:

- If there is a phone icon beside the provider's status, this indicates they are in a call and should **NOT** be contacted.
- ***DO NOT*** call providers who are listed as Busy, Meeting, or Training.
  - *Move to the next step of the Urgent Clinical or Clinician Shortage call flow.*

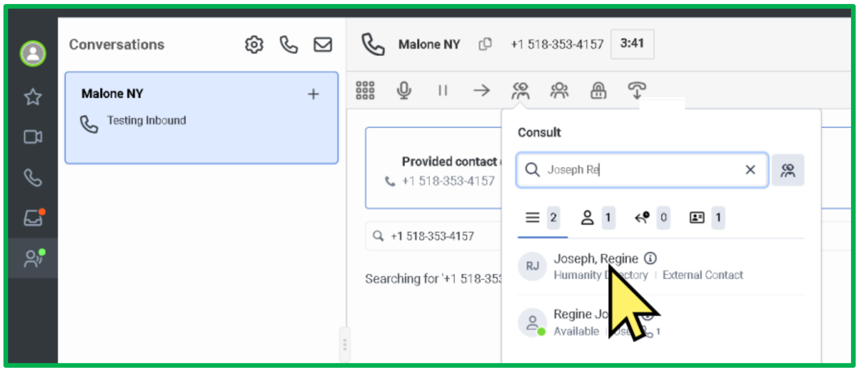


2. Genesys Account Consult Transfer

**Required*

Actions:

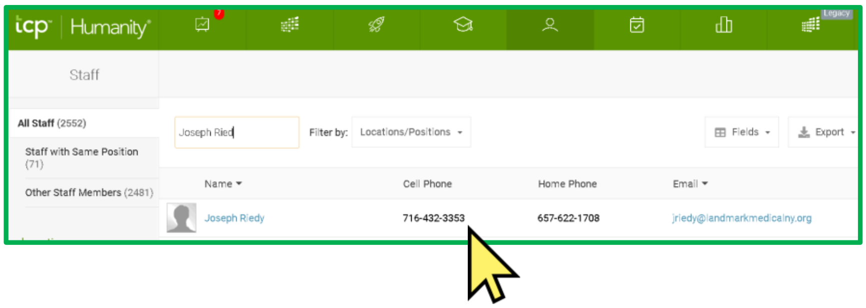
- If the On-Call Provider does not respond to your 1st attempted call, initiate a Consult (warm) transfer to their "Humanity Directory" account.

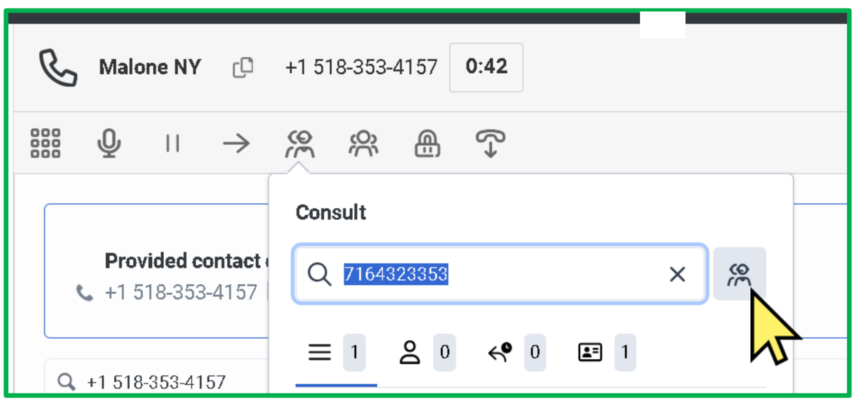


3. Genesys Account Consult Transfer
**Required*

Actions:

- ➢ If a Humanity Directory phone number is not listed in Genesys for a provider, locate their Cell Phone or Work number as listed in Humanity's "Staff" tab.
- ➢ Initiate a Consult (warm) transfer to the provider's phone number as listed in Humanity.
- ➢ If the provider does not respond to any of your call transfer attempts, move to the next stage of the Urgent Clinical or Clinician Shortage call flow.





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.

Contact Local Emergency Services for the Patient:

If a patient requests that you call 911 on their behalf:

4. **Address Verification**
**Required*

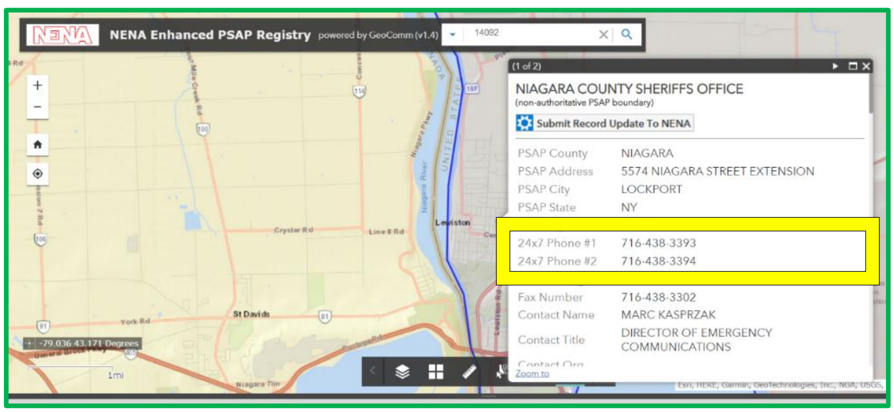
Actions:

- ➢ Verify the patient's location:
  - *The patient may be at their Home, Visiting, or Mailing address as listed in Ubiquity.* ***DO NOT*** *assume the patient's location.*

5. **NENA EMS Number Lookup**
**Required*

Actions:

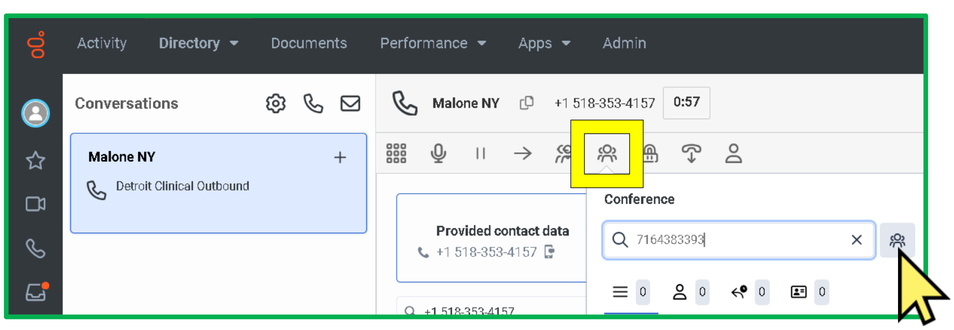
- ➢ Use the NENA 911 Database to search for the patient's Address / Zip Code.
  - *Locate the 24x7 Phone number on the map overlay.*



6. **Conference with EMS Dispatch**
**Required*

Actions:

- ➢ Use the "Conference" feature in Genesys to call the 24x7 number found in Genesys.



Call Disconnection:

1. **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.

Patient Refuses 911:

1. **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.

Attention – Patient Communication
During communications with an emergency service dispatcher, patients should ***NEVER*** be placed on hold.

Calling EMS for a Market Staff Member

While in the field or using the Genesys Mobile application, market staff members do not have uniform access to an EMS phone number database. Therefore, market staff members may call Landmark First and request EMS contact for a patient.

When such a request is made, Landmark First is expected to use the NENA 911 phone number database to locate and call EMS for the patient.

Call Flow:

1. Market Calls Landmark First

**Required*

Actions:

- ➢ The market staff member will call LM1 via the emergency line.
  - *The LM1 Staff Member (APC, Triage RN, or PCC) will be included in a conference call with the market staff member.*

2. Market Request For EMS Conference

**Required*

Actions:

- ➢ The market staff member will request an EMS conference call on behalf of a patient.
  - *The market staff member will provide the patient ID for Ubiquity lookup.*

3. Patient Lookup

**Required*

Actions:

- ➢ Enter the patient's ID into Ubiquity's search field.
- ➢ Open the patient's "Patient Summary".
- ➢ Navigate to the "Demographics" section of the chart.

4. Address Verification

**Required*

Actions:

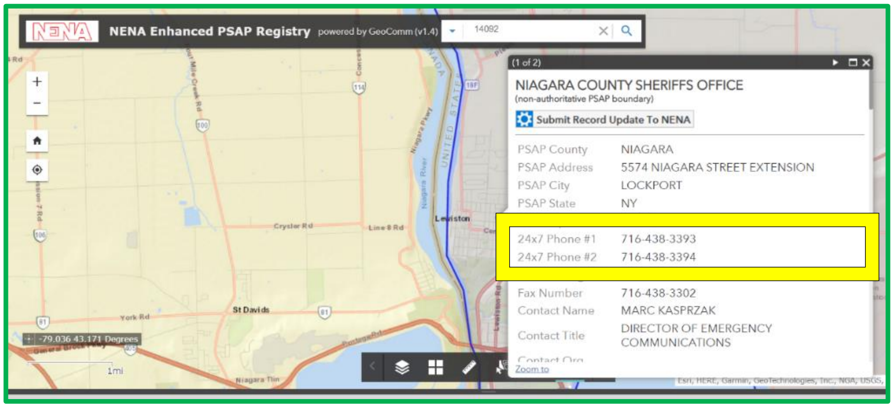
- ➢ The market staff member will verify the patient's current location / address.
  - *If listed in the chart, copy the address to your clipboard.*

5. NENA 24x7 Number Search

**Required*

Actions:

- ➢ Use the NENA 911 Database to search for the patient's Address / Zip Code.
  - *Locate the 24x7 Phone number on the map overlay.*

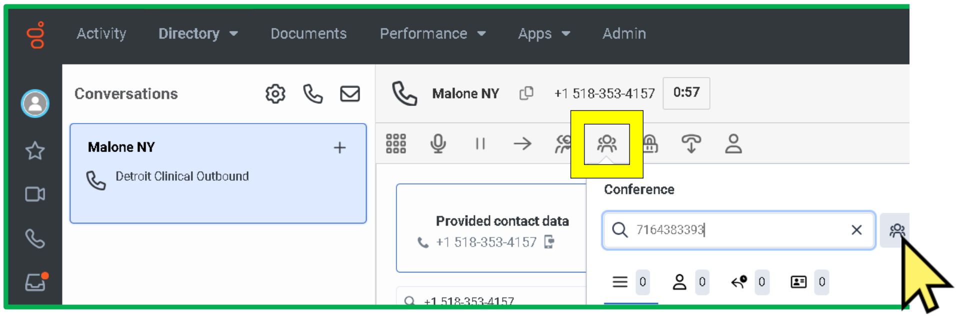


6. Conference with EMS Dispatch

**Required*

Actions:

- ➢ Use the "Conference" feature in Genesys to call the 24x7 number found in Genesys.
  - *Remain on the line until the market staff member concludes the call.*



7. Documentation

**Required*

Actions:

- ➢ Document and Finalize your Note in Ubiquity.

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

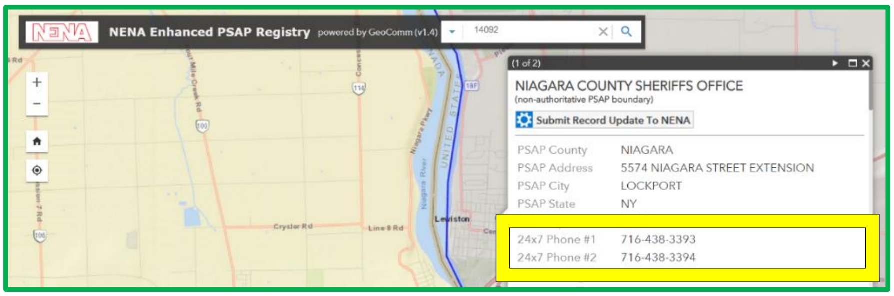
Urgent Unresponsive Patient Call Flow:

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

1. NENA EMS Number Lookup
**Required*

Actions:

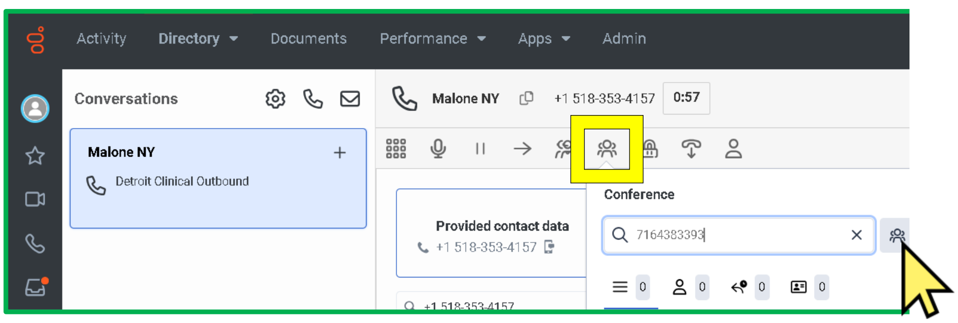
- ➢ Use the NENA 911 Database to search for the patient's Address / Zip Code.
  - *Locate the 24x7 Phone number on the map overlay.*



2. Conference with EMS Dispatch
**Required*

Actions:

- ➢ Use the "Conference" feature in Genesys to call the 24x7 number found in Genesys.



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.

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:
  - Restatement – In your own words, restate what the caller is attempting to communicate.
  - Clarification – Probe for more information when needed.
  - 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

2. **Supervisor Notification**
   **Required*

Actions:

- ➢ Stay on the phone with the patient.
- ➢ Post an **IMPORTANT!** message in Teams to alert a Supervisor of the patient's condition.

3. **Emergency Service Contact**
   **Required*

Actions:

- ➢ An available PCC, 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. Is that OK?”

Actions:

- ➢ Use the Conference feature in Genesys to contact the specific APC who responded to your Teams message.

- ➢ 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:

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. 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.

3. Follow the Call Transfer Flows

Actions:

- ➢ Follow the Call Transfer Flow based on the type of call identified:
  - *Administrative within the scope of LM1.*
  - *Administrative outside the scope of LM1.*
  - *Urgent / non-urgent clinical concerns.*
  - *Market requests, transfers, & tasks.*
  - *Lab / imaging results requests.*

4. Documentation

**Required*

Actions:

- ➢ Complete documentation procedures.
- ➢ Send Tasks (as needed).

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

Return Call Workflows:

Business Hours: 8:30 AM – 5:30 PM (Local Time)

Call Type:	Business Hours	After Hours
Administrative *(within the scope of Landmark First)*	Resolved by LM1 PCC	Resolved by LM1 PCC
Administrative *(Outside the scope of Landmark FIrst)*	Follow transfer / tasking procedures as outlined in Administrative Workflows	Note & Task in Ubiquity
Urgent / Non-Urgent Clinical Concern	Follow the clinical handoff, triage, clinician shortage, & urgent buzzword call flows as needed based on the concern expressed	Follow the clinical handoff, triage, clinician shortage, & urgent buzzword call flows as needed based on the concern expressed
Market Requests, Transfers, & Tasks	Attempt a consult (warm) transfer to the original caller	Note & Task in Ubiquity
Lab / Imaging Results Request	Attempt a consult (warm) transfer to the original caller	Note & Task in Ubiquity

Attention – Landmark First "Scope"

Because Landmark First provides call coverage and is the first point of contact for our markets, we will attempt to resolve any return call requests remotely before contacting market staff.

This includes clinical requests. All standard administrative and clinical call flows apply to return calls.

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 speak to someone familiar from their Care Team. However, we should attempt to resolve the request remotely, if possible:

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*

“Are you in need of medical assistance?”

“In the event that (Staff Member Name) is unavailabe, can you provide more information?”

“I would be happy to help you, but I will need to know more information about why you are calling.”

Actions:

- Ask the caller for additional information.

3. **Follow the Call Transfer Flows**
   **Required*

Actions:

- Follow the Call Transfer Flow based on the type of call identified:
  - *Administrative within the scope of LM1.*
  - *Administrative outside the scope of LM1.*
  - *Urgent / non-urgent clinical concerns.*
  - *Market requests, transfers, & tasks.*
  - *Lab / imaging results requests.*

4. **Follow the Call Transfer Flow**
   **Required*

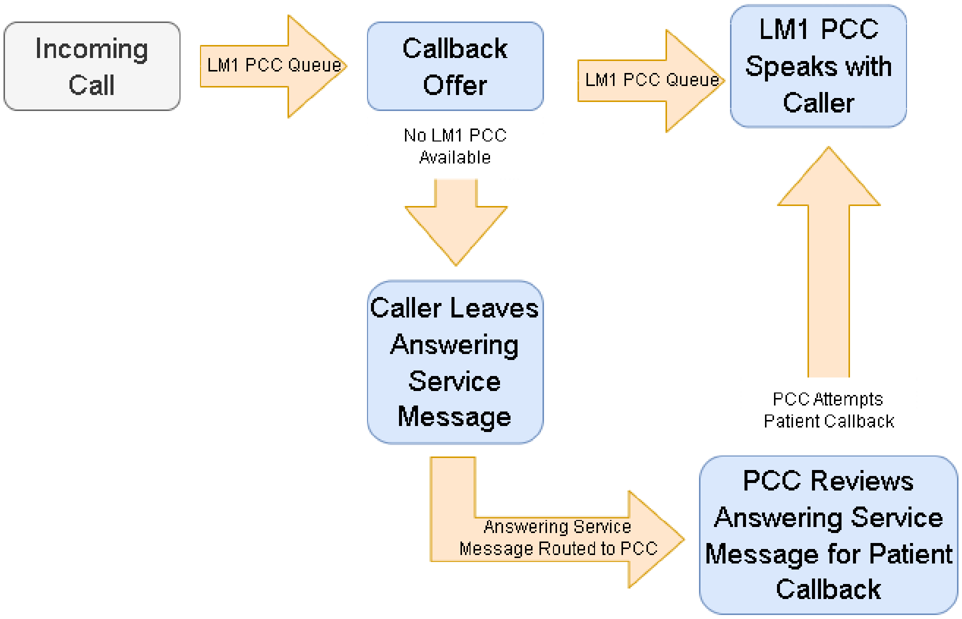
Actions:

- Complete documentation procedures.
- Send Tasks (as needed).

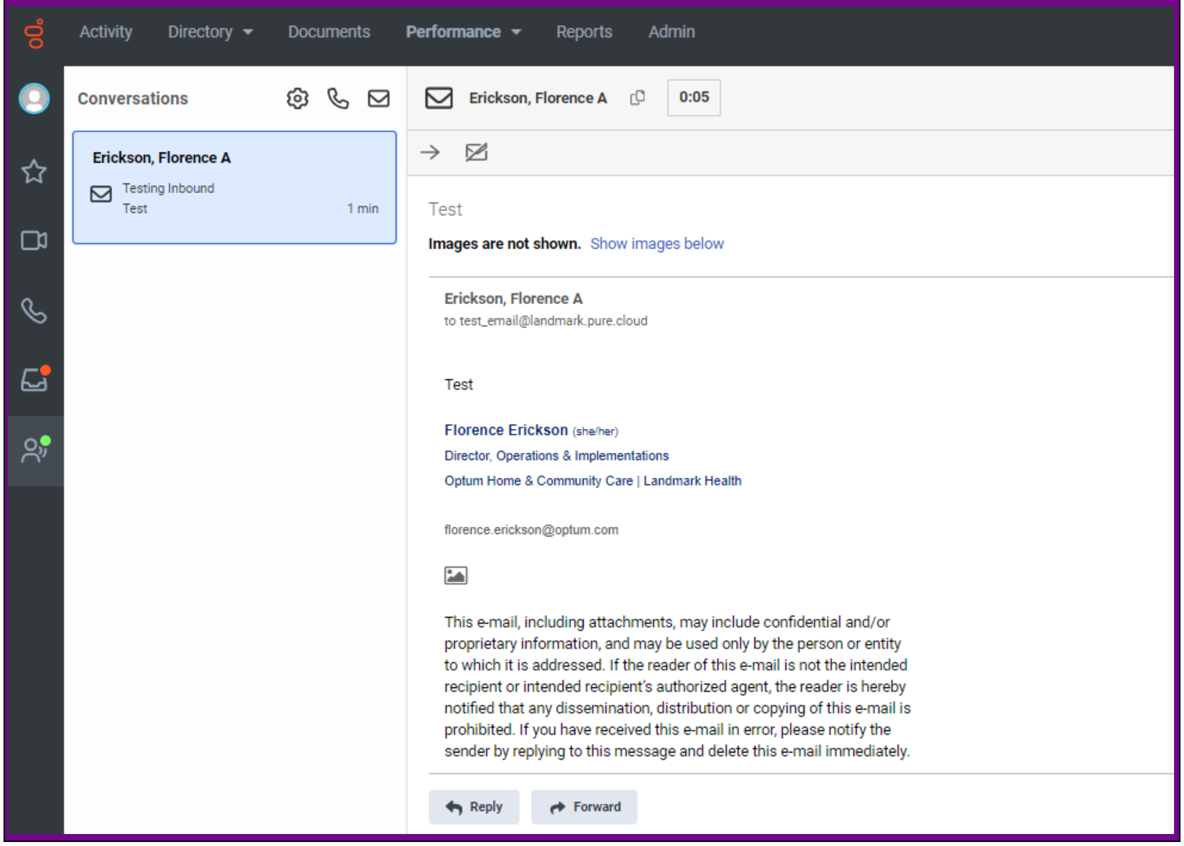
Please see the “Market Nuances” section for market-specific call flows.

Answering Service Call Flow

Answering Service Communication Flow:



Example - Answering Service Message



Answering Service Call Flow:

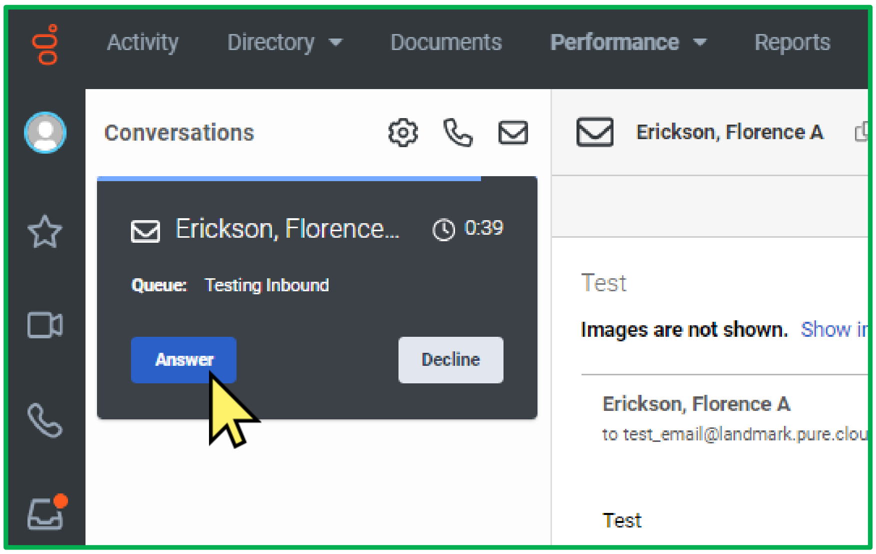
When an Answering Message is Received through Genesys's Interactions panel:

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*

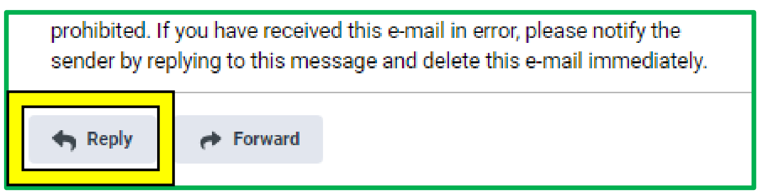
Actions:

- ➢ 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.



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

Example - Answering Service Reply Message
Administrative – Complete, Paul Nichols

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*

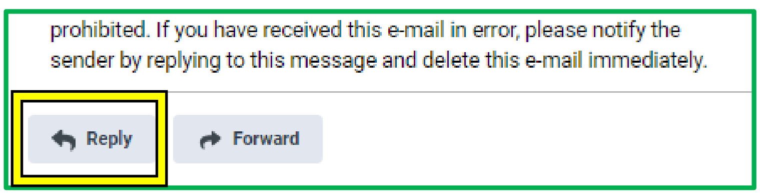
Actions:

- 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.



Standard Reply Message
Administrative – Sent to Triage, (Your Full Name)

Example - Answering Service Reply Message
Administrative – Complete, Paul Nichols

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

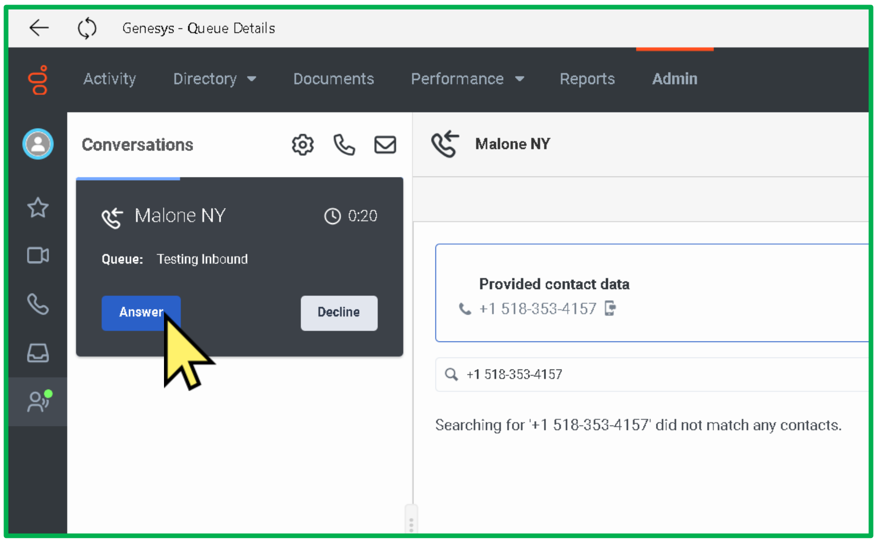
When Calling Landmark, patients are offered the chance to request a callback if they are unable to wait for someone to answer the phone. These callback requests are received and completed in Genesys:

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".

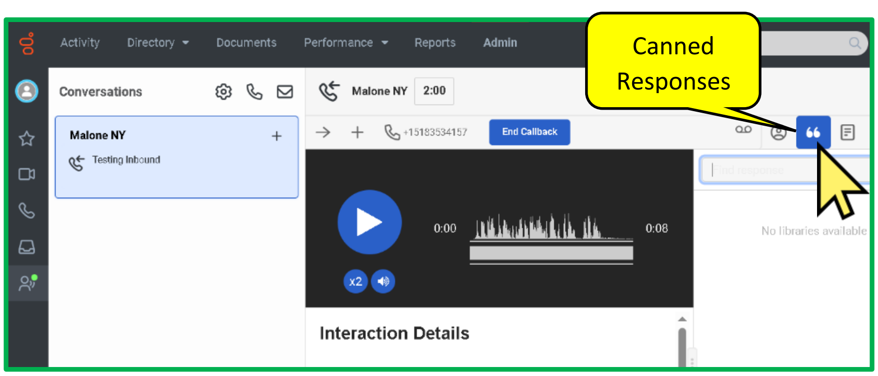


2. Review the Callback Request

**Required*

Actions:

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

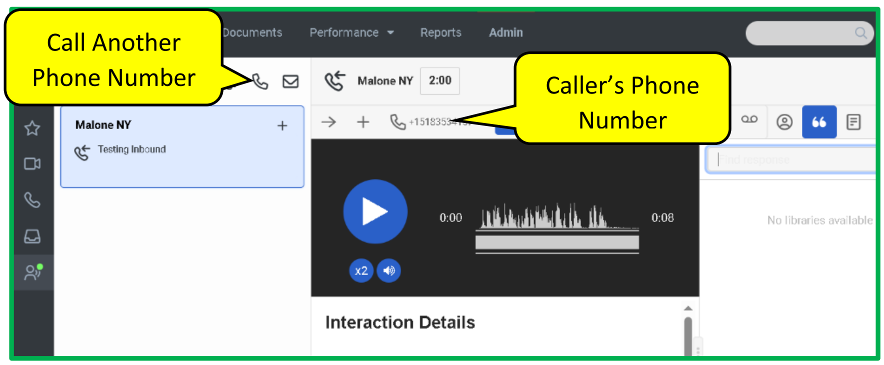


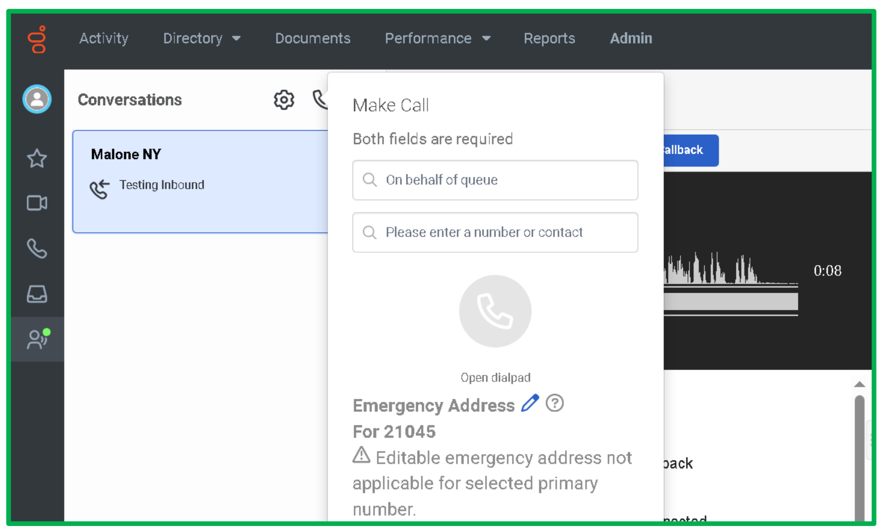
3. Call the Patient, Caregiver, or Contact

**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:

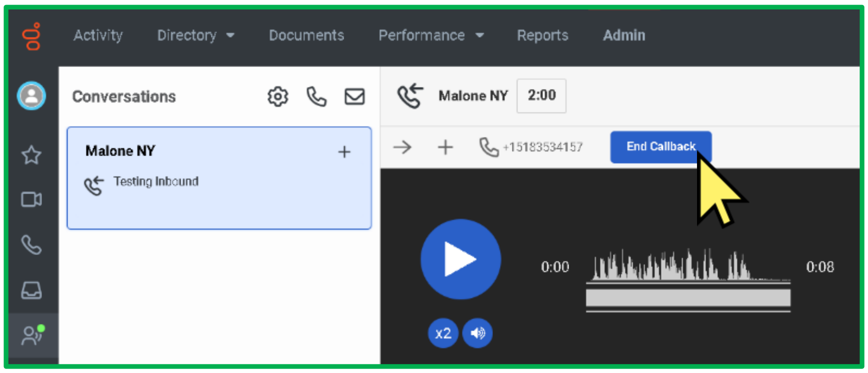
- ➢ Complete the call wrap-up code by selecting the option that best matches the call type.
  - *Once selected, click "Done".*

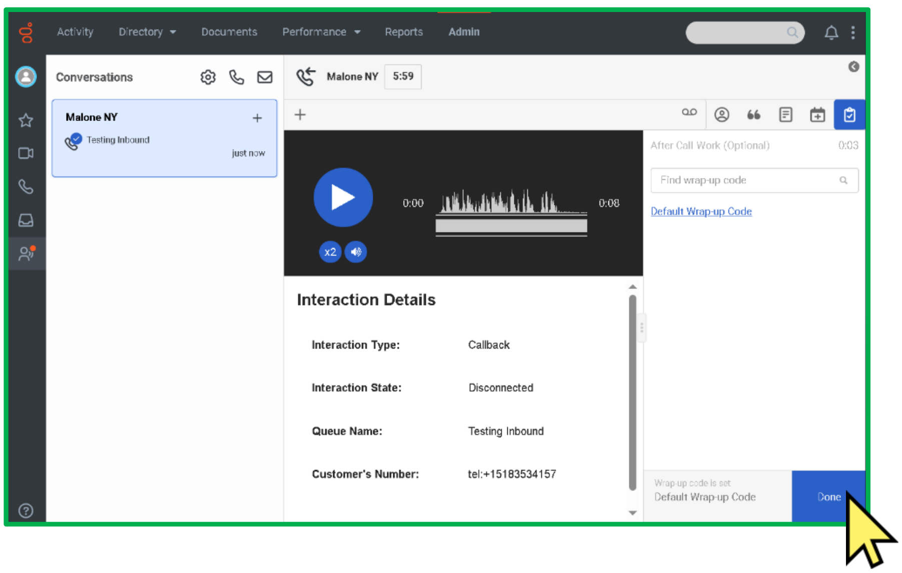
6. Complete Callback Wrap-Up

**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.
- ➢ Document Ubiquity
- ➢ Send Tasks (as needed).

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.

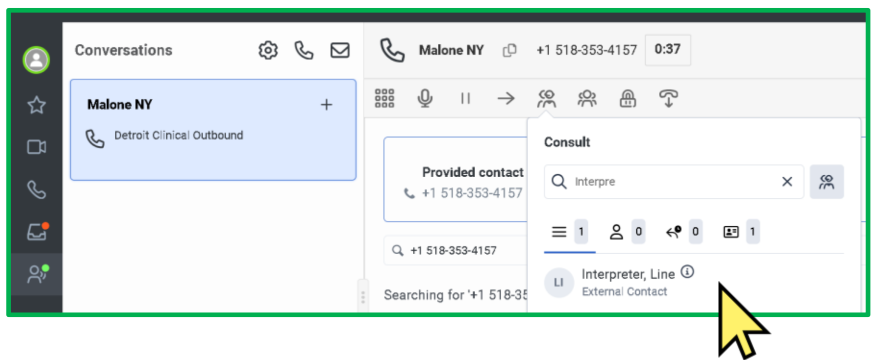
The patient's Care Team will follow-up with the patient to gather additional information.

Contacting the Interpreter Line

1. Consult the Interpreter Line
**Standard*

Actions:

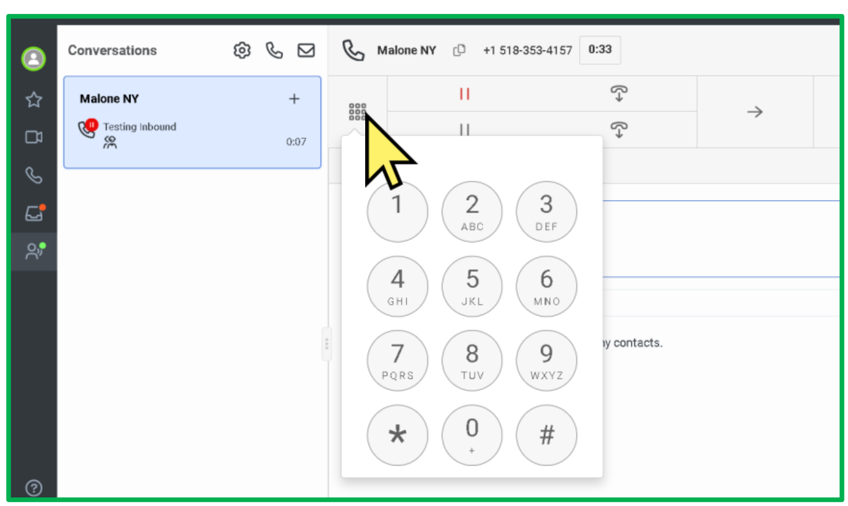
- ➢ Inform the caller that you will attempt to get an interpreter on the line to speak with them.
- ➢ Place the caller on hold.
- ➢ Use the "Consult" feature in Genesys to locate and call the Interpreter Line.
  - Search "Interpreter Line" in the Address Book.
  - If the Interpreter Line option does not appear, enter the number manually: (844) 447-1667.



2. Language Selection
**Standard*

Actions:

- ➢ When prompted, use the touch tone dial pad to select "1" for Spanish and "2" for all other languages.
  - If "2", specify the desired language when asked.



3. ID Entry
**Standard*

Actions:

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

4. Market Specification
**Standard*

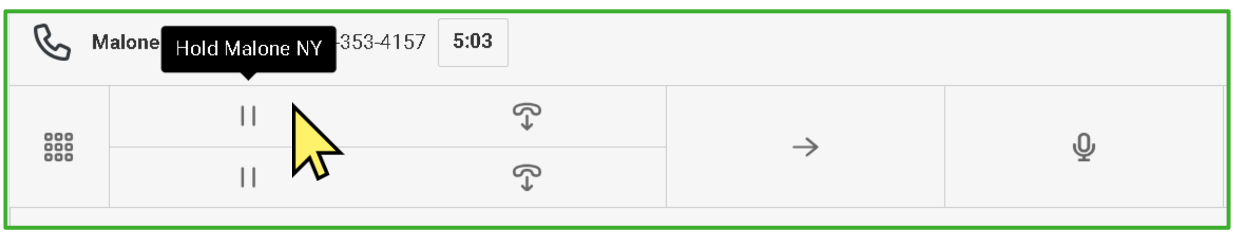
Actions:

- ➢ The interpreter may ask what "region" or "state" the patient lives in. Please provide the patient's Market.

5. Take the Caller off of 'Hold"
**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 "Hold" to begin the conference call between the interpreter, the patient, and yourself.
  - No hold buttons should be red at this time.



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.

Internal Warm Transfers with Interpreters:

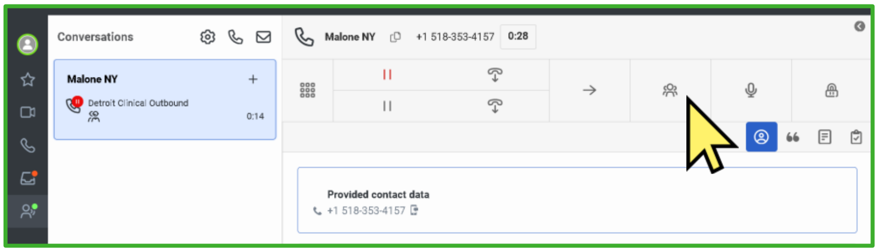
The presence of an interpreter does not change any call transfer flows. However, the Conference feature in Genesys must be utilized to transfer both the caller and the interpreter to an LM1 Clinician or market staff.

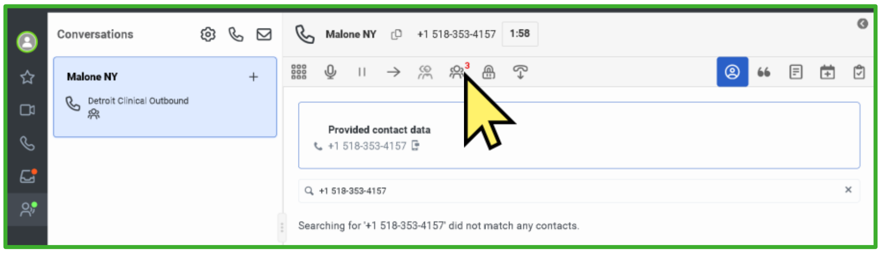
1. Initiate a Conference Call

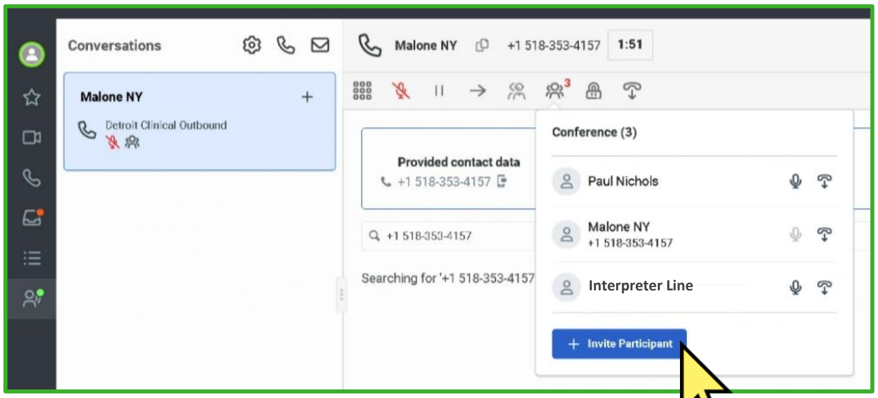
**Required*

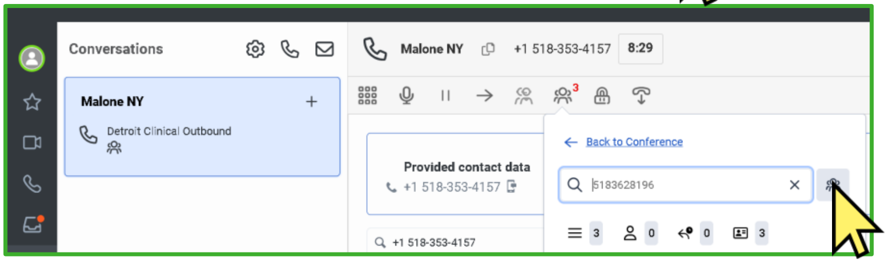
Actions:

- ➢ Select the “Conference” option from the dashboard and enter a the conference contact’s information.
- ➢ Press the “Conference” button to make the call.









2. Follow the Call Transfer Script

**Required*

"Hello, This is (Your Name), (Job Title) in an active Conference call with (Caller's Name), (Caller's Relationship to Patient) and their interpreter. Are you ready for the ID?"

Actions:

- Inform the LM1 Clinician or market staff that you are in a conference call with the caller and interpreter.
- Provide a summary of the caller's request.
- Wait for the LM1 Clinician or market staff member to confirm their readiness for transfer.

3. Confirm Genesys Availability

**Required*

"Are you Available for transfer?"

Actions:

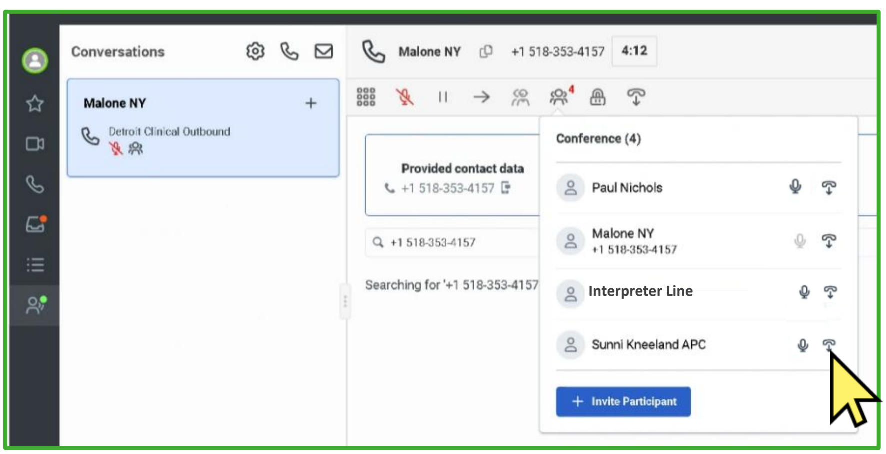
- Ask the LM1 Clinician or market staff to confirm that their Genesys status is set to "Available" to receive your call transfer.
  - The conference contact will set their Genesys status to "Available".

4. End Conference Contact Call

**Required*

Actions:

- End the call ***ONLY*** with the conference contact.
  - keep the caller and interpreter in the call.

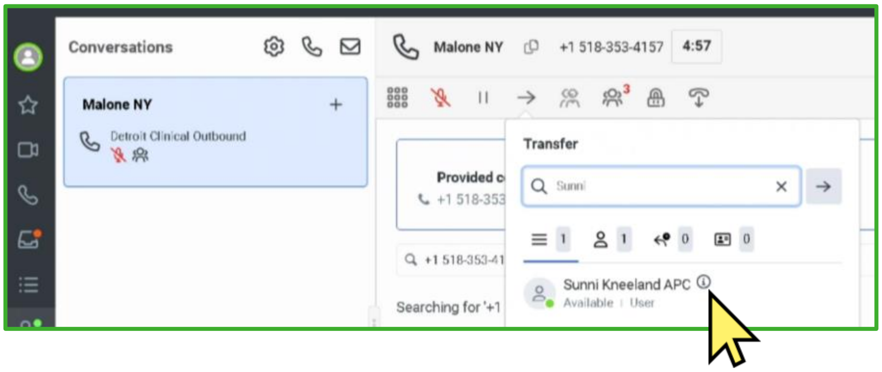


5. Transfer the Call

**Required*

Actions:

- ➢ Select the Transfer (→) button from the dashboard.
  - Enter the name or phone number of the contact that you included in the conference call.
  - If transferring to a Genesys profile, ensure that the status displayed is "Available".
  - Click the Transfer (→) button to transfer both the caller and interpreter to the conference contact.



6. Documentation

**Required*

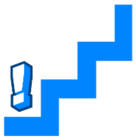
Actions:

- ➢ Document and Finalize your Note in Ubiquity.

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

Handling a Verbally Abusive Call

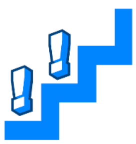
1. **Attempt Deescalation**
   **Standard*



"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.

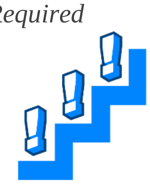
2. **Establish Boundaries**
   **Standard*



"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.

4. **Supervisor Notification**
   **Required*

Actions:
- Use a private chat in Teams to notify your Supervisor of the call escalation immediately.

Attention – Escalated Call Handling

During an escalated call, ***DO NOT*** raise your voice or reciprocate the caller's derogatory language.