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## E-Centaurus Telehealth Overview

Telehealth, aka telephone triage, has been shown to be an effective process for directing consumers and patients to the appropriate level of care. If your focus is to run a **triage-only** call center, LVM Systems offers a stand-alone triage system to start or enhance your telephone triage program. Or, if triage is only one facet of your full-service call center operation, the Telehealth component integrates fully with marketing/referral and/or disease management. Either way, *E-Centaurus Telehealth* is an easy-to-use software system and can be implemented with minimal training.

Over the past few years, many existing call centers have replaced their previous software systems with LVM's E-Centaurus product. Experienced managers demand quality content, ease of use, high functionality and robust reporting capabilities. The following are highlights of why knowledgeable buyers have selected E-Centaurus:

- ✚ Schmitt / Thompson Clinical Content
- ✚ Nurse Support: features and enhancements that make nurses' lives easier
- ✚ Queuing for efficiency and flexibility
- ✚ Reporting and Documentation (information is power)

### Schmitt - Thompson: Proven Clinical Content

LVM has partnered with Drs. Barton Schmitt and David Thompson to make available the most tested and clinically proven protocols. The content is available in both after-hours and office-hours versions, providing consistency for the setting in which it is used.

Barton Schmitt, MD is the renowned expert and pioneer in pediatric telephone triage. Dr. Schmitt's pediatric protocols are widely recognized as the gold standard of telephone care among pediatricians and have been field tested by more than 400 call centers, nationally and internationally.

Our adult protocols were developed by emergency and internal medicine physician, David Thompson, MD, in partnership with Dr. Schmitt. Dr. Thompson's experience includes several years as Medical Director of a call center. His adult protocols follow an identical structure and philosophy to Dr. Schmitt's pediatric content, resulting in a synergistic approach that reduces the length of calls.

The clinical content can be modified to meet the preferences of your medical advisors. Also, the software will track and alert nurses to provider-specific or health plan-specific exceptions which may exist. Samples of the protocols are included at the end of this document.

LVM also has a relationship with the American Academy for Family Physicians (AAFP) for use of their 600+ patient education topics within the E-Centaurus software and WebLink products. The AAFP developed this library (also known as familydoctor.org) as a robust collection of patient handouts for their member physicians to use in their practices.

*Parent Advice Messages*, authored by Barton Schmitt, MD, includes 285 pediatric topics covering acute childhood illnesses and common behavioral health and developmental issues, from newborns to adolescents.

### Software: Focused on Nurse Support

The purpose of call center software is to automate the triage process and provide a system for efficient data capture and call tracking. What sets E-Centaurus apart are the “nursing support” enhancements - the result of listening to feedback from hundreds of triage nurses and developing features to make their lives easier.

- **Customization:** unlike any other vendor, LVM will customize the software to support your unique call process. The implementation team will work side-by-side with you to tailor screens, data fields and reports to address your unique requirements. The final screens reflect your practice and individual business needs.
- **Medication / Dosage Calculator:** when OTC medications are recommended within Care Advice, the nurse can access the software’s dosage calculator. Calculations are based upon patient weight and the medication’s strength and form – saving time while enhancing accuracy.

IBUPROFEN

To use drug dosage table: Find the child's weight in the top row of the dosage table. Scan down the column and double click on dosage that corresponds to selected product concentration.

IBUPROFEN DOSAGE: 3-5mg/pound/dose (5-10 mg/kg/dose) q 6-8 hrs prn  
 · Adult max dose: 400 mg  
 · Don't use under 6 months of age (Reason: safety not established and doesn't have FDA approval.)

Pt. Age 11 Years Weight 80 lbs. 36 Kg q 6-8 hours prn T> 102 or pain.

Child's weight range (pounds)	lbs	12	18	24	36	48	60	72	96
Recommended amount (mg)	mg	50	75	100	150	200	250	300	400
Drops 50 mg/dropper	dropper	1	1½	2	3	4	--	--	--
Syringe: 100 mg/2.5 ml	ml	1.25	--	2.5	--	5.0	--	--	--
Liquid 100 mg/5 ml (tsp)	tsp	½	¾	1	1½	2	2½	3	4
Chewable 50 mg. tablets	tabs	--	--	2	3	4	5	6	8
Junior-strength 100 mg tablets	tabs	--	--	--	--	2	2 ½	3	4
Adult 200 mg. tablets	tabs	--	--	--	--	1	1	1½	2

65 Record: 6/7 Exclusive NUM 16:29:15

- **Question or advice-specific comments:** E-Centaurus allows ad hoc information to be captured at the point (question or advice piece) it occurs. This allows more precise documentation and eliminates the nurse having to recreate the scenario in log notes (shortens typing).

The screenshot shows the E-Centaurus software interface for a Nurse Telephone Triage session. The window title is "E-Centaurus - ECentest". The interface includes a menu bar (File, Edit, Help) and a toolbar with various icons for navigation and actions. The patient information section shows the caller as Brown, Carol, and the patient as Brown, Kyle, with a call date of 12/11/2002 and a patient birth date of 12/02/1991. The complaint is "FEVER". A highlighted instruction reads "See Physician Within 24 Hours - Within 24 Hours (9.4)". Below this, there is a table of questions with checkboxes for "Y" (Yes) and "N" (No). A blue arrow points to the "Fever not constant, but..." checkbox.

Question	Y	N
Fever lasts > 3 days (72 hours) (R/O: bacterial superinfection)	<input type="checkbox"/>	<input type="checkbox"/>
Fever not constant, but...	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

- **Frequently Used Protocols feature:** most call centers can verify that 75% of the calls are addressed by the top 20 protocols. LVM's Frequently Used Protocol option presents a pick list of perhaps the "top 15 or 20" protocols of your selection. This is a time-saver during the virus season.

- **Adjustable views of protocols:** telehealth nurses have different needs and preferences, some of which change with their experience levels. With this in mind, LVM provides two ways to view triage questions: one/few at a time, or full screen (showing many questions in sequence). As the manager, you can assign nurses the privilege of one or both views, to support your training process or policies.

**(eCent) E-Centaurus - LVM Ecentest**

File Edit Help

**Nurse Telephone Triage**

Add Drug/Ut Find FollowUp History Next Previous Pt Chart Other Reports Save Save/End Utilities Exit

Caller [ ] First [Carol] Call Date [06/07/2002] St/Time [14:10:12] End Time [ ]  
 Patient [Brown] First [Kyle] Pt. Bdate [12/02/1991] Pt. Age [10 Years] Call Length [52]

Start/Detail 1 | Pt. Memo/Alerts 2 | Prelim/Quest/Notes 3 | **Triage Questions 4** | Finish/Follow-Up 5 | Other 6 | Work Inj Z

Load Guideline 1 [SAF-FEVER2] Level [ ] Load Guideline 2 [ ] Level [ ]  
 Load Guideline 3 [ ] Level [ ] Load Guideline 4 [ ] Level [ ]  
 Pre Disposition [ ] Override Disp [ ] GoTo Facility [ ] Disagree/Reason [ ]

**Fever - (Ped. After Hours)** Instructions | Nurse Adtnl Inform

**CALL 911 - Immediately** Prev Quest Mark All No View Guidn

Limp, weak, or doesn't move (R/O: sepsis, shock)  Y  N

Unresponsive or difficult to awaken (R/O: sepsis)  Y  N

[1] Difficulty breathing AND [2] severe (struggling for each breath, unable to speak or cry, grunting to push air out, severe retractions)  Y  N

Cont... Next Quest First Quest

T3 Record: 1/1 Exclusive NUM 15:03:02

**(eCentest) E-Centaurus - ECentest**

File Edit Help

**Patient: Kyle Brown Caller: Carol Brown Guideline: Fever - (Ped. After Hours)**

Complaint [FEVER] Add Drug Dosage Edit Prelim/Quest Notes Exit

**See Physician Within 24 Hours - Within 24 Hours (9.4)** Pt. Age [11 Years] Length [2]

Lvl	Question	Yes	No	Response	Edit
	(EXCEPTION: onset within 24 hours of DPT shot) (Reason: difficult age to assess)	<input type="checkbox"/>	<input type="checkbox"/>		<=>
24	[1] Age 3-24 months AND [2] fever present > 24 hours AND [3] without other symptoms (no cold, cough, diarrhea, etc.) (R/O: bacteremia, UTI)	<input type="checkbox"/>	<input type="checkbox"/>		<=>
24	<b>Fever lasts &gt; 3 days (72 hours) (R/O: bacterial superinfection)</b>	<input type="checkbox"/>	<input type="checkbox"/>	Fever not constant, t	<=>
HK	Probably viral fever with no complications (all triage questions negative)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<=>
HK	[1] Age < 12 weeks AND [2] no fever per guideline definition AND [3] no other symptoms (Triage is unnecessary, caller just needs reassurance)	<input type="checkbox"/>	<input type="checkbox"/>		<=>
HK	[1] Age > 12 weeks AND [2] no fever per guideline definition AND [3] no other symptoms (Triage is unnecessary, caller just needs reassurance)	<input type="checkbox"/>	<input type="checkbox"/>		<=>
CA	1. REASSURE the CALLER: Most fevers are good for children and help the body fight infection. The goal of fever therapy is to bring the fever down to a comfortable level. Use the following definitions to help out the child's	<input type="checkbox"/>	<input type="checkbox"/>		<=>

Zz Record: 72/222 Exclusive NUM 9:16:39

- **Remote access:** improving staffing flexibility can be a key to running an efficient call center. Remote access allows you to 1) staff for short periods of peak call volumes (which could include overflow situations) and/or 2) gain access to staff further than driving distance away from your call center – maybe tapping into more abundant labor pools. LVM is a Citrix business partner and has implemented several remote applications; encrypted and protected to address HIPAA standards.

**Queuing:** the ability to place calls into a hold or follow-up call queue is easily facilitated by E-Centaurus.

The *Receptionist Model* (or call back model) is being implemented by many call centers to improve response times and use nursing time more cost-effectively. To support this, LVM has a Quick Entry screen for registration and initial data capture by a staff member who “fronts” the call (typically non-clinical staff). The call is then put into queue for the next available nurse. The queue is feature rich, allowing assignment of RVU (relative value unit, severity), language, wait time, number of attempts, specific staff or role, etc.

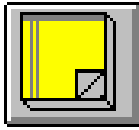
The queue also facilitates *follow-up calls*, which may be indicated by the disposition, protocol, call center policy or nurse’s discretion. E-Centaurus tracks queue time and each time segment of call activity, so that call performance and customer service may be analyzed in great detail.

**Documentation and Reporting:** both are mission critical to the triage process – for both communication and management purposes.

Call documentation is the basis for communicating triage encounters to physicians, health plans and/or contracted clients. Each customer (receiving call documents) may want to see a different level of detail to meet their information requirements. E-Centaurus can easily facilitate multiple versions of the call document, and also transmit the information in the preferred format of the customer (print, fax, e-mail, export).

Reporting and analysis are essential for managing quality, performance, efficiency, and risk. While there are many standard performance metrics, the ability to produce custom reports is key in managing your call center operation. LVM understands this. E-Centaurus provides more than 2000 standard reports and LVM provides custom reports at no charge. The number of free custom reports allotted monthly is based upon the number of licensed workstations.

## Supporting Modules (included)



### **Triage Setup**

Management of triage protocols has never been easier. The protocols provided can be modified or additional protocols added. If modified, your “new” protocols are tagged as custom (“C”) and are not overwritten during product updates.



### **Health Information**

Two sets of health information are available: Parent Advice Messages (Schmitt) and Family Doctor (American Academy of Family Physicians). The software also links directly to MedlinePlus Health Topics for information on more than 700 diseases and conditions. You may also enter information about your programs, auxiliary services, or other custom topics. The information may be reviewed with the consumer during a call, printed, faxed or e-mailed.



### **Facility (Hosp/Clinic/Pharmacy)**

This module establishes a database and then tracks activity with facilities such as hospitals, clinics and pharmacies. Examples of data: facility name, address, owner, administrator, main contacts, phone numbers, and memo field, etc. Capturing this information enhances outcome analysis and expedites contact/communication during, or after, the triage process.



### **Drug Prescription**

Nurses and counselors often need to document patient medications. Sample information that is captured: dosage amount, prescription refills, allergic reactions, drug information, patient memo alerts, and pharmacy information. Reports can be generated to compare a patient population and the medications treating various conditions.



### **Insurance / Managed Care**

Health plan information is critical to proper referral and documentation. E-Centaurus establishes a database of the payer sources associated with your callers. Captured are: name and address, phone numbers, benefit schedule, exclusions, pre-certification, and other contact requirements.



### **Physician – On Staff**

Provider profile information is important in making accurate referrals and also in managing ongoing communication/contact. Beyond the primary contact information, the database also tracks elements such as hospital affiliation, office locations, insurance accepted, education, medical staff/privilege status, office contacts, correspondence and participation in CME.

# Sample Reports

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04/04/02

## Mercy Hospital System Patient Chart

---

Call Date: 04/02/2002 Start Time: 10:06 Ending Time: 10:15 Counselor: Linda Swanson  
Caller is: Albert Brown  
Patient is: Carol Brown M/F: Female Birth Date: 02/14/56  
Follow-Up Date: 04/04/2002 Follow-Up Time: By: LVM

Protocoll: Fever Adult Protocol  
Pre Disposition: Do Nothing  
Triage Level: See Doctor  
Call Outcome: See Doctor

### Yes/No Quest/Resp for **Fever**

---

Do any of these problems come with the fever?

N • Seizure  
N • Listlessness  
Y • Abnormal breathing  
Resp: SOB, Wheezing  
N • Stiff neck  
N • Excessive irritability  
N • Confusion

Does the person have any of these problems along with the fever:

Y • Ear pain  
Y • Persistent sore throat  
Y • Vomiting  
N • Diarrhea  
Y • Urinary pain, burning, or frequency

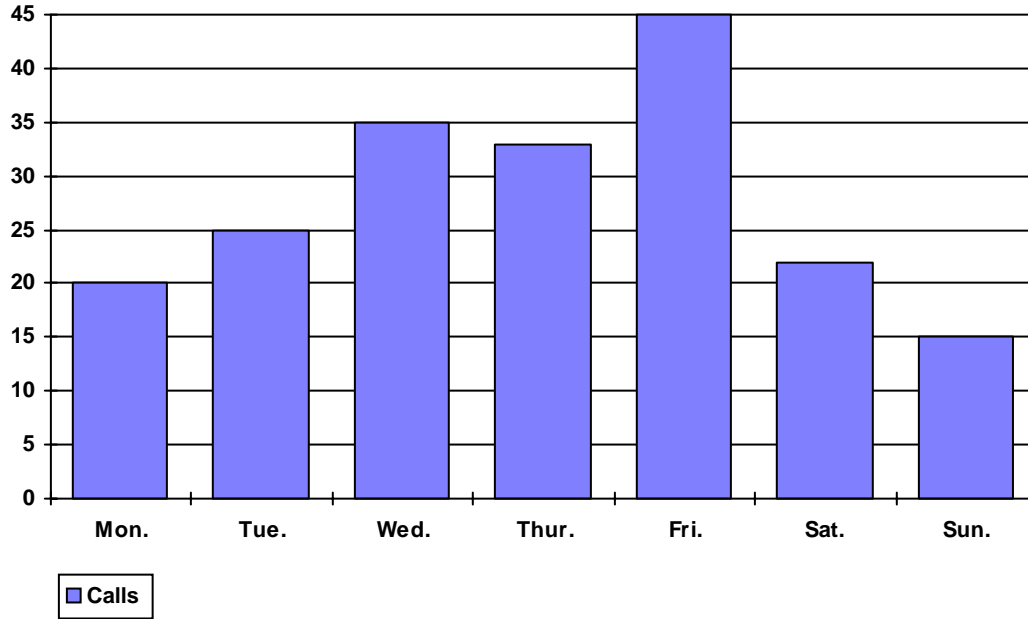
.....Home Care.....

Y • Drink fruit juice, water and other soft drinks.  
Y • Take a sponge bath with warm (about 70°F ) water. (Sponging with alcohol has no advantage and often makes people feel ill because of alcohol's pungent odor.)  
Y • Take the appropriate dose of an over-the-counter medicine to reduce fever. {Note: See "Pain relievers" in "Your Home Pharmacy".}  
• Rest in bed.



# Sample Reports

## Nurse Telephone Triage Calls by Day-of-week



Page 1

04/04/2002

## Mercy Hospital System Protocol by Main Complaint Summary

<u>Protocol</u>	<u>Main Complaint</u>	<u>Description</u>	<u>Count</u>
	COGH	Cough	5
	HDACH	Headache	4
	FILL	Feeling Bad	3
	FEVER	Fever	10
		===	22
	CPAIN	CHEST PAINS	
	LH	Light Headed	2
	APN	Arm Pain	5
	SOB	Shortness of Breath	8
	VOM	Vomiting	3
	CHRT	Chest Hurts	5
		===	23

V 4/28/2006