

**Name of Call Center:**

**Primary Contact:**

**Name:** Henry Spiller

**Title:** Director

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**Is this after hours call center affiliated with a hospital?** Yes

**If yes, please list the name of the hospital:** Kosair Children's Hospital

**Is this after hours call center affiliated with a managed care plan?** no

**What services does your call center provide?**

**Pediatric triage and advice for physician offices:** yes

**Pediatric telephone triage and advice for the general public:** no

**Adult triage and advice for physician offices:** no

**Adult triage and advice for the general public:** no

**Physician referral services:** no

**Outbound calls for hospitals:** no

**Appointment reminder calls:** no

**Telephone case management:** no

**States in which the after hours service operates:** Kentucky, Indiana

**In what year was the service started?** 1995

**Which triage guidelines and/or vendor protocols are used by telephone triage staff?** LVM – Barton Schmidt/AAP guidelines

**Total number of clinical patient calls handled in 2008?** 12,000

**Total number of pediatric clinical patient calls (age 0-17) handled in 2008?** 12,000

**Number of physicians served in 2008?** 68

**Number of medical practices served in 2008?** 13

**Who answers clinical patient calls?**

**Medical Assistants:** no

**Licensed Practical Nurses:** no

**Registered Nurses:** Yes

**Physician Assistants:** no

**Resident Physicians:** no

**Other:**

**Describe training program for triage staff:**

**Are telephone triage staff certified by the AACN in telephone triage?**

No

**Who supervises telephone triage staff?**

**Nurses:** Yes

**Nurse Practitioners:**

**Physician Assistants:**

**Physicians: Yes**

**None:**

**Is the after hours service accredited by URAC? No**

**Name of your Medical Director? Stephen Wright, MD**

**Is the Medical Director board certified? Yes**

**If yes, in what specialty? Pediatrics**

**How do patients access triage and advice services at your call center?**

**Through their Physicians office**

**Describe your program quality assurance program:**

**Date Information submitted: 1/2009**