



Title: First Time Call Resolution

Authors: Hope Rader; Luke Johnson; Celina Quinonez; Lisa Wulff, Frances Trinidad; Lonnie Ruffin, Jr.; Keith Courtney; Greg Ferrell; Dean Wienhoff; Martha Berrios; Steve Sample Jr.; Paula Newsome-Williams; Frances Bishop; Jason Weams

Objectives of the Program: The national standard for Veterans Health Administration (VHA) call center operations is a telephone call response time of 30 seconds or less and a telephone call abandonment rate of 5% or less (SAIL Definitions, 2019). Meeting this standard has been an ongoing challenge for the Southern Arizona VA Health Care System (SAVAHCS), contributing to both Veteran and staff frustration. As a result, an improvement team was chartered in 2021 to improve call handling effectiveness – the objectives of which were to:

- a. Decrease the telephone call response time from an average of 436 seconds to 30 seconds or less by March 31, 2022
- b. Decrease the telephone call abandonment rate from an average of 41.7% to 5% or less by March 31, 2022

Planning/research methods: To improve call handling effectiveness, the SAVAHCS chartered an interdisciplinary improvement team. The team reviewed facility data on call center operations for the period February 2020 to October 2021. The data showed an average telephone call response time of 436 seconds and an average telephone abandonment rate of 41.7% - well above the VHA national standard. The team used A3 structured thinking to map both current and target state flows, conduct root cause analysis, and identify and pilot solutions to address root causes. In mapping out the current state process, the team noted numerous constraints and barriers. The primary root cause, however, was that assigned staff could not consistently and sustainably handle the high volume of incoming calls, oftentimes resulting in a frustrating cycle in which Veterans were having to hang up and call again. Doing so served to increase call volume and exacerbate call wait times. Moreover, given the complexities of scheduling specialty appointments, call center operators were not always able to achieve a “first call resolution.”

Implementation methods: To address the primary root cause, the improvement team proposed creating a hybrid model to support the high volume of inbound calls. The hybrid model would consist of separate telephone queues for both Surgery and Primary Care to be staffed by department-level medical support administrators (MSA). In a hybrid model, the existing centralized call center would provide back-up support to the decentralized queues, as well as handle all unassigned calls. Real-time monitoring of call volume and distribution would trigger the need for back-up responsibilities. The Call Center leads, along with the Surgical and Primary Care supervisors, would provide initial training and real-time coaching to the MSAs as they transitioned from the legacy model to the hybrid model. It was expected that the hybrid model, once successfully piloted, would decrease the telephone call response time and the telephone call abandonment rate appreciably. It would also improve first call resolution, with calls routed to representatives better suited to address customer scheduling needs.

Results: Surgery implemented its call queue beginning July 19, 2021, and Primary Care implemented its call queue beginning August 25, 2021. Telephone call response times and abandonment rates began to decrease almost immediately. By September 30, 2021, the call wait time and call abandonment rate for the Surgical queue decreased from a facility-wide average of 436 seconds/41.7% to 63 seconds/9%, respectively. The call wait time and call abandonment rate for the Primary Care queue similarly decreased from an average of 436 seconds/41.7% to 70 seconds/8%, respectively*. More important, these outcomes have sustained. In June 2022, for example, call wait times for the Surgical, Primary Care, and Unassigned queues were 17 seconds, 13 seconds, and 14 seconds, respectively. The call abandonment rates were equally impressive - 3%, 3%, and 2%, respectively. Feedback from Veterans and staff has been very positive.

*As there were not recent data on clinic-specific call response times and call abandonment rates at the start of this project, the overall aim was benchmarked against the facility’s unassigned queue.

Reference:

U.S. Department of Veterans Affairs. (2019). *Strategic Analytics for Improvement and Learning (SAIL) Value Model Measure Definitions*. Retrieved from [Strategic Analytics for Improvement and Learning \(SAIL\) Value Model Measure Definitions - Quality of Care](#)