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Objectives

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:

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

Planning/Research Methods

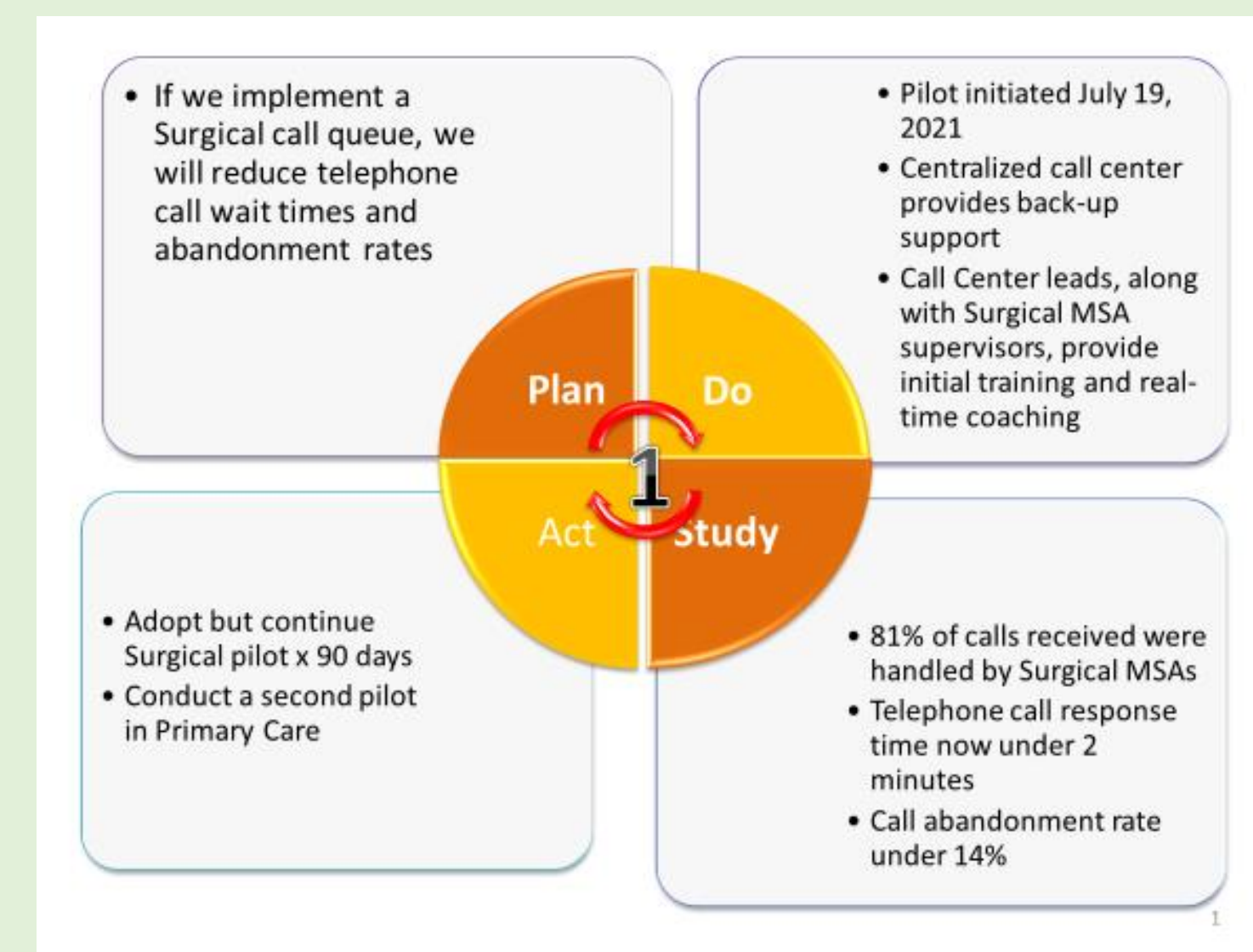
Metric	Baseline Data	Target Data
SAVAHCS Telephone Call Abandonment Rate	41.7%	<5%
SAVAHCS Telephone Call Speed of Response	436 seconds	<30 seconds

- 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 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.”

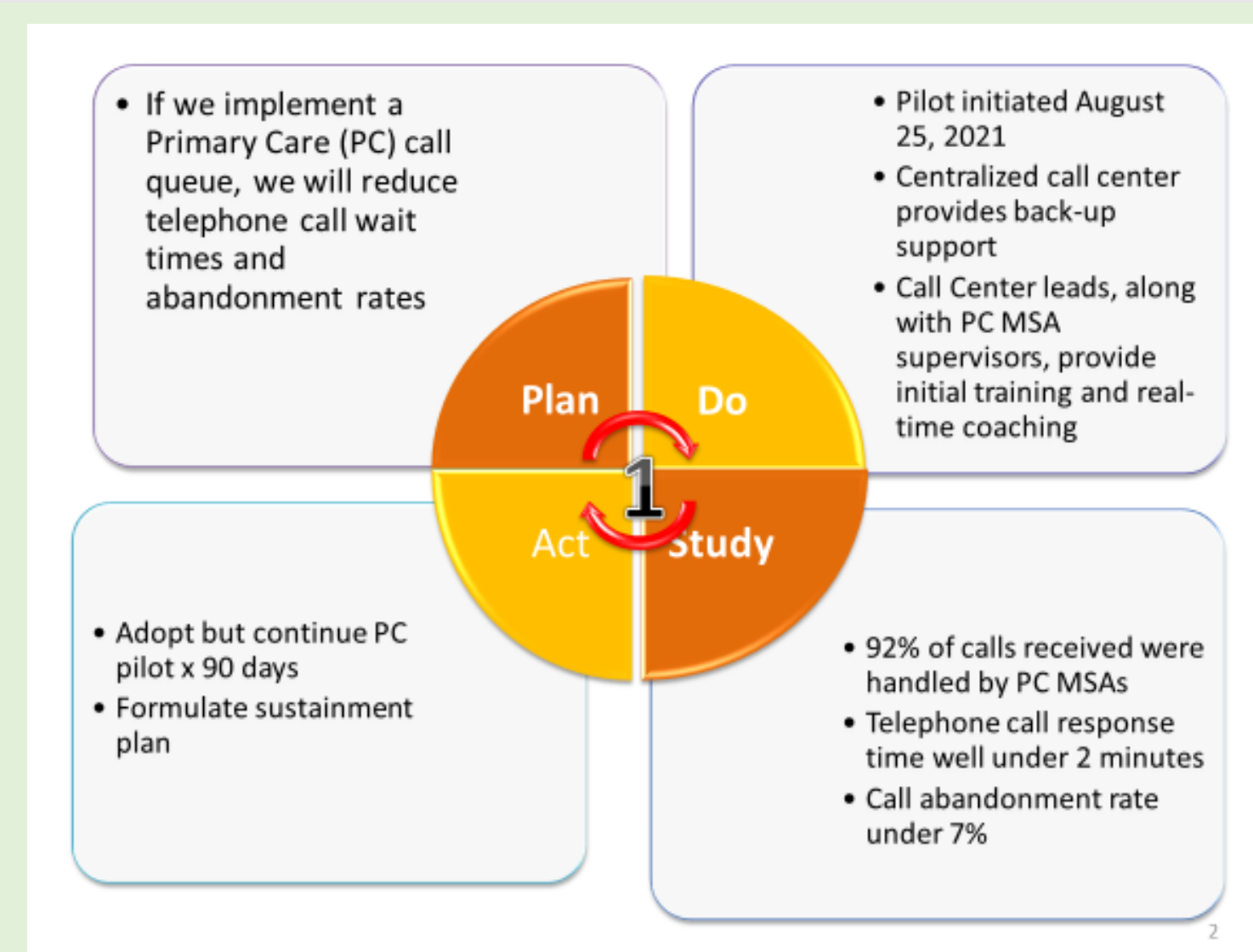
*As there were not recent data on clinic-specific call response times and call abandonment rates at the start of this project, the overall aim was benchmarked against the facility’s unassigned queue.

Implementation

- 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 MSA 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.



Plan-Do-Study-Act (PDSA) for Surgical Clinics



Plan-Do-Study-Act (PDSA) for Primary Care Clinics

Results

Metric	Baseline Data*	Target**	Confirmed Data 07/2022	Confirmed Data 08/2022	Confirmed Data 09/2022	Confirmed Data 10/2022	Confirmed Data 11/2022	Confirmed Data 12/2022	Confirmed Data 01/2023	Confirmed Data 02/2023
Surgical Call Queue	41.7% - abandonment rate	<5%	3%	2%	3%	3%	3%	2%	2%	2%
	436 sec. - Wait time rate	<30 seconds	17 seconds	17 seconds	18 seconds	20 seconds	16 seconds	10 seconds	10 seconds	11 seconds
Primary Call Queue	41.7% - abandonment rate	<5%	3%	2%	1%	3%	2%	2%	1%	2%
	436 sec. - Wait time rate	<30 seconds	13 seconds	13 seconds	13 seconds	20 seconds	14 seconds	11 seconds	11 seconds	13 seconds
Call Center Unassigned Queue	41.7% - abandonment rate	<5%	2%	2%	2%	2%	2%	1%	1%	2%
	436 sec. - Wait time rate	<30 seconds	17 seconds	21 seconds	22 seconds	21 seconds	26 seconds	13 seconds	16 seconds	19 seconds

As of February 2023, outcomes continue to sustain. Call wait times are at 11 seconds and 13 seconds and call abandonment rates are at 2% and 2% for Surgical queue and Primary Care queue, respectively!

Discussion

- 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 telephone 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 telephone call wait time and call abandonment rate for the Primary Care queue similarly decreased from a facility-wide average of 436 seconds/41.7% to 70 seconds/8%, respectively.
- More important, these outcomes have sustained. As of February 2023, for example, telephone call wait times for the Surgical and Primary Care queues were 11 seconds and 13 seconds, respectively. The call abandonment rates were equally impressive - 2% and 2%, respectively.
- Feedback from Veterans and staff has been very positive.

Lessons Learned

- Giving the scope and complexity of this facility-wide initiative, completing this project over multiple phases was the recipe for sustainable success.
- A positive aspect of the project facilitation and coaching was the use of the ADKAR (Awareness, Desire, Knowledge, Ability, Reinforcement) model (Hiatt, 2006), which is a framework for understanding and navigating change at the individual level.
- Use of ADKAR allowed for facilitators to engage staff most impacted by the change in the entire A3 structured thinking process. Doing so allowed the improvement team to articulate constraints and barriers with the current and proposed future state and to identify solutions and implementation strategies to position the initiative for long-term, sustainable success.
- Monthly reporting of call center metrics within the governance structure has helped maintain continued visibility of this initiative and, thus, sustainment.

Sources

Hiatt, J. (2006). *ADKAR: A model for change in business, government and our community*. Prosci Learning Center Publications. Loveland, Colorado
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 and Definition – Quality of Care