Clinical Safety & Effectiveness
Cohort # 13

Optimize Call Center Operations to Improve Efficiency
The Team

» John Calhoon, MD
» David Abramson, MBA
» Debbie Gold
» April Lopez
» Aileen Wilkinson
» Facilitator: Edna Cruz
What Are We Trying to Accomplish?

OUR AIM STATEMENT

Place incoming referring physician calls in the appropriate CT authority within 1 minute, 90% of the time, by January 2014.
Project Milestones

• Team Created August 2013
• AIM Statement Created September 2013
• Held 1st Team Meeting September 17, 2013
• Background Data October 2013
• Workflow and Fishbone Analyses October 2013
• Interventions Implemented December 2013
• Data Analysis December 2013
• CS&E Presentation January 2014
Background

- Optimize the referral interactions between referring physicians and UT Medicine Cardiothoracic Surgery.

- Minimize difficulties associated with finding appropriate faculty surgeon on-call.

- Minimize ability for referring physicians to circumvent existing systems in place.

- We anticipate pushback from faculty and staff normally encountered in making changes to existing systems.

- Leadership is supportive of the need to make changes.

- I believe if we are able to make our call schedule work easily and get appropriate on-call faculty on the phone reliably and promptly, the work will serve as a template for UT Medicine.
How will we know that a change is an indeed an improvement?

– **Types of measures** – The measure is quantitative in nature with a multiple timed series comparison of pre and post intervention results.

– **How you will measure** – The Return Call Cycle Time is collected on each call and measures the Date/Time call received to Date/Time of call returned by the on-call physician.

– **Specific targets for change** – The target set within the Aim Statement is to place incoming calls into the appropriate CT authority within 1 minute, 90% of the time, by January 2014.
What Interventions Can We Make That Will Result in an Improvement?

Outline the changes that will be implemented by the UT Medicine Call Team and Cardiothoracic Surgery.

Determine findings from your process analysis tools, decision-making tools and relevant organizational factors.
Calls to CT Business Office Redirected to 450-9000

Incoming call received on Priority Line 450-9000 (5pm – 7am)

Operator answers Priority Line with prompted script

Provider

Determine Location

Follow Script:
Dr. X is not on call tonight. Dr. Y is covering. Would you like me to contact Dr. X anyway, or is this something that can be referred to the on-call surgeon?

Patient Questions:
What kind of surgery?
What hospital?
What doctor?
When was your surgery?
What are your present symptoms?
How long experiencing symptoms?

Hold Call if:
- Appointment
- Billing
- Prescription
- Other office calls

Contact Provider?

Contact Resident per Call Schedule

Resident calls Back <15 minutes

Yes

Relay message to resident or patch call

Complete Call Center Ticket

No

Call Resident back within 15 minutes

Yes

Resident calls back <15 minutes

Faculty notified of Call
Relay Message or Patch call

No

Faculty notified of Call
Relay Message or Patch call

Yes

Resident calls Back <15 minutes

Contact Resident on the primary # listed. Relay message or Patch Call

No

Send an email to Dr. X documenting the call.

NO

Dr. X available?

YES

Contact Resident per Call Schedule

Call Dr. X on the primary # listed. Relay message or Patch Call

NO

Faculty notified of Call
Relay Message or Patch call

Yes

Resident calls Back <15 minutes

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NO

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Pre-Intervention Data

CT Surgery Call Center Cycle Time
Page to Page Return Cycle Time
Mean (X) Chart
Data Range: Jul - Aug 2013
n=49
## Pre-Intervention Data Con’t

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<tr>
<th>Labels</th>
<th>Count of Calls</th>
<th>Sum of Page to Page Return Cycle Time</th>
<th>Avg of Page to Page Return Cycle Time</th>
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<tr>
<td>11PM-7AM</td>
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<td>Grand Total</td>
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<th>Sum of Page to Page Return Cycle Time</th>
<th>Avg of Page to Page Return Cycle Time</th>
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<tr>
<td>11PM-7AM</td>
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<tr>
<td>Grand Total</td>
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### Descriptive Statistics

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<tr>
<td>Count</td>
<td>182</td>
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Intervention Plan

• Primary Contact Medium will be Cellular Telephone. Backup after 2 attempts will be Pager

• Standardized Call Algorithm for Adult Cardiac & General Thoracic Surgery
Implementing the Change

• Led Meeting with Cardiothoracic Surgery Faculty, Residents & Staff to Communicate Changes in Call Center Protocol on Thursday December 5th, 9:00am.
• Outline Proposed Intervention Strategies.
• Answered Questions and Addressed Concerns.
• Asked for Feedback the following Thursday.
Implementing the Change

• Led Meeting with UT Medicine Call Center on December 18th with Call Center Director Debbie Gold and Supervisor, April Lopez.

• Asked John Calhoon, MD & HelenMari Merritt, MD to illustrate how call center operations play a critical role in the quality of care patients receive.
Results/Impact

Page to Page Return Cycle Time
Mean (X) Chart
Mean (X) Page to Page Return Cycle Time in Minutes

Intervention Implemented 12/18/2013
Expansion of Our Implementation

**Act**

There is potential to expand the intervention strategies across the clinical practice as there are cost savings, measures of efficiency and increased effectiveness.

There is an opportunity to improve customer service to referring physicians and patients, optimizing speed and response time.
Potential Return on Investment

The Return on Investment can be measured in the potential benefits derived and costs avoided as described below:

• Potential Referring Physician Satisfaction
  – Ease of Referrals

• Increase & Measurable Level of Efficiency & Effectiveness
  – Standardized Call Center Operations

• Improved Productivity
  – Potential for Reduced Staffing
Conclusion/What’s Next

• There was an 85% improvement in call response time.
• There was a 43% improvement in the number of calls that were routed to the appropriate faculty physician within 1 minute.
• 66% of calls met the project aim as describe above.
• The intervention strategies can be easily implemented across most disciplines in the practice plan.
• The call algorithms promote measures of efficiency through standardized operations and a significant reduction in the reliance on pagers and reduced expense associated with redundant methods of communication.
Thank you!