# Call Center Implementation Leads to Improved Patient Care and Patient Satisfaction

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## Background
- Multiple points of entry of patient calls.
- Heavy reliance on voicemail.
- Licensed staff doing administrative tasks.
- Long waits for return calls and resolution.

## Methods
- A multidisciplinary team used the call and in-basket data to determine what job category was best suited for each call type.
- Established incoming call algorithm.
- Established “minimum information necessary” templates to collect important incoming call information.
- Restructured scheduling department, trained-up Schedulers to receive all incoming calls and distribute incoming calls to the correct work area using templates in EHR.
- Implemented clinical teams based on in-basket/call volumes.

## Results

<table>
<thead>
<tr>
<th>Topic</th>
<th>Pre-Live</th>
<th>Post-Live</th>
<th>Difference</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Call Volume Per Day</td>
<td>903</td>
<td>780</td>
<td>123</td>
<td>14%</td>
</tr>
<tr>
<td>Nurses Total Weekly Talk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time (in hours)</td>
<td>140</td>
<td>91</td>
<td>49</td>
<td>35%</td>
</tr>
<tr>
<td>Patient Experience Scores</td>
<td>87th %</td>
<td>93rd %</td>
<td>+6</td>
<td></td>
</tr>
</tbody>
</table>

- From 80% of patients leaving a voicemail for clinical staff to 82% of patients getting needs met at first contact by non-clinical staff.
- Clinical teams created equity in workloads.
- Reduced staffing by 3 Clinical FTEs (repurposed to Call Center by attrition or available job posting)
- Reduced wait times and delays from first contact to resolution from 1 business day to < 4 hours.

## Conclusions
- Call Centers enable effective communication and put the right work to the right person at the right time with each patient telephone contact.
- Improves patient satisfaction.

## References

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