Objectives

The national standard for veteran health represents a major challenge for all centers operations to telephone call response time of 15 seconds or less and a telephone call abandonment rate of 5% or less (VA Directive 5010, 2011). 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 43 seconds to 30 seconds or less by March 31, 2022
b. Decrease the telephone call abandonment rate from an average of 43.7% 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 team used ADKAR structured thinking to re-pair current and target state flows, understand root cause analysis, and identify and pilot solutions to address root causes. In mapping out the current state process, the team noted numerous causes and barriers.

The primary root cause was noted to be the pilot staff not consistently and successfully handle the high volume of incoming calls, otherwise resulting in a frustrating state in which veterans were having to hang up and call again. Being over burden by increasing call volume and awaiting call times.

Moreover, given the complexities of scheduling specialty appointments, call center operations were not always able to achieve a “first call resolution.”

### 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 (MSAs).
- In a hybrid model, the existing centralized call center would provide back-up support to the decentralized queues, as well as handle all unplanned calls. Real-time monitoring of call volume and distribution would trigger the need for back-up responsibilities.
- The Call Center team, along with the Surgical and Primary Care MSA supervision, would provide restructuring 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 as well. Additionally, it would also improve first call resolution, with calls routed to representatives better suited to address customer scheduling needs.

### Results

<table>
<thead>
<tr>
<th>Month</th>
<th>First Time Call Resolution (1)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>11.9%</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>11.3%</td>
<td></td>
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<tr>
<td>April</td>
<td>11.1%</td>
<td></td>
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<tr>
<td>May</td>
<td>11.0%</td>
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<td>June</td>
<td>11.0%</td>
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<tr>
<td>July</td>
<td>11.0%</td>
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<td>August</td>
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<tr>
<td>November</td>
<td>11.0%</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>11.0%</td>
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</tbody>
</table>

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 and Primary Care queues, respectively.

### Discussion

- Telephone call response times and abandonment rates began to decrease almost immediately.
- As of February 2023, the telephone call wait time and call abandonment rate for the Surgical queue decreased from a facility wide average of 43.6 seconds (SD 7.7) to an average of 11.0 seconds (SD 7.0) for Surgical/MPS, respectively.
- The telephone call wait time and call abandonment rate for the Primary Care queue similarly decreased from a facility wide average of 13.6 seconds (SD 7.9) to an average of 11.0 seconds (SD 7.0) for Primary Care, respectively.
- More important, these outcomes have been sustained. As of February 2023, 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 the project (two phases was the recipe for sustainability).
- In a positive aspect of the project facilitation and coaching was the use of the ADKAR (Awareness, Design, Insight, Reflection, Action) model (Hanssen, 2010). With this framework understanding not changing the individual level.
- Use of ADKAR allowed for facilities to engage staff most impacted by the change in the early A’s structured thinking process. Using as allowed the improvement team to outline constraints and budget the current and proposed future state and identify solutions and implementation strategies through the initiatives 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


H ranged, J. E., Goepp, J. E., & Lendrum, S. W. (2009). Strategic Analytics for Improvement and Learning (SAIL): Value Model Measure and Definition – Quality of Care

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Southern Arizona VA Health Care System