Share & Learn: Helping patients to access care

Improving wait times on the phone

May 17, 2022
Land Acknowledgement

We acknowledge this land on which the University of Toronto operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississaugas of the Credit River. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.
Share & Learn: Helping patients to access care

Improving wait times on the phone

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• Dr. Lynda Ekeh, Family Physician, Barrie and Community Family Health Team, Barrie, ON

St. Michael's Hospital
• Dr. Noor Ramji, Family Physician, St. Michael's Academic Family Health Team, Toronto, ON
• Mr. Mo Alhaj, Quality Improvement Specialist, St. Michael's Hospital, Toronto, ON

Moderators:
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Disclosures

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• Relationships with financial sponsors: None
  • Grants/Research Support: N/A
  • Speakers Bureau/Honoraria: N/A
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• Relationships with financial sponsors:
  • Grants/Research Support: N/A
  • Speakers Bureau/Honoraria: N/A
  • Other: QIDDS salary provided by St Michael’s Hospital Academic Family Health Team and Ministry of Health of Ontario
How to participate

- All questions should be asked using the Q&A function at the bottom of your screen.

- Press the thumbs up button to upvote another guest's questions. Upvote a question if you want to ask a similar question or want to see a guest’s question go to the top and catch the panel's attention.

- Please use the chat box for networking purposes only.

Reminder: this session is being recorded and will be available along with the slides at https://dfcm.utoronto.ca/share-learn
Background

• Common patient experience survey across DFCM
• Wave 5 surveys were sent between Nov 2021 and Feb 2022 at 13 of the core DFCM teaching sites
• Survey emailed to all patients with an email on file and a birthday in May, June, July, August, September, and October
How did you book your most recent appointment? Note: Not all of these methods may be available at our practice.

N=11960
When you called [CLINIC] to book your appointment by phone, how long did you wait before being able to speak to someone who could book your appointment?

N=8337
Why did you rate your last booking experience as fair or poor?

N=1504

- Too long on phone
- I got disconnected
- No appointment time worked
- Unhappy how treated on phone
- Had call multiple times
- Unable to leave message
- Other
Share & Learn

• Shared improvement initiative presented by the QPC
• Exploring how different teams have approached improving wait times on the phone
  • What interventions have been tried? What happened? What can we learn?

To view our past session recordings and slides please visit
https://dfcm.utoronto.ca/share-learn
The Barrie FMTU at RVH

• The Barrie FMTU at RVH is one of approx. 80 practices in Barrie that are part of the Barrie and Community Family Health Team, a non academic FHT

• Our team is composed of 6 Staff physicians running full time clinics and 18 residents with 1.5 FTE NP, 3 full time RNs, 1 part time RN and 4 admin staff

• We care for approx. 10,000 patients. 3500 are in resident practices
Barrie FMTU – who is on the phone?

• All FHT programs are off site and thus appointment bookings for our FHT programs are not done through our FMTU staff

• Admin staff book patient appointments for the resident physicians, staff physicians, NPs and RN visits

• RNs do telephone assessments; triage patients for appointments & communicate tests results/management plans

• Our after hours coverage/clinic is not onsite and run by our Barrie and Community Family Medicine Clinics
Barrie FMTU - QI Infrastructure

• QI in the Barrie FMTU is lead primarily by the QI program co-directors
• There is no formal QI committee
• No dedicated QI supports from the BCFHT and our work is independent from the QI work done at RVH (hospital)
• BCFHT QIDS provides support as needed to access data and participate in QI work e.g. PEM and learning collaboratives
What problem were we addressing?

Suboptimal Patient Satisfaction with Phone Access
What problem were we addressing?

Suboptimal Patient Satisfaction with phone access

DFCM PEM

INFORMAL FEEDBACK

PATIENT EXPERIENCE SURVEY

DATA FROM PHONE SYSTEM
What problem were we addressing?

When you called [CLINIC] to book your appointment by phone, how long did you wait before being able to speak to someone who could book your appointment?

N=557

DFCM
Patient Experience Measures
Wave 05 (Nov 2021 - Feb 2022)
What problem were we addressing?

How would you rate your overall experience when last booking your appointment over the phone? 
N=557

Why did you rate your last booking experience as fair or poor? 
N=56
What changes did you try?

Advocated for removal of *eprescribe* tool in EMR:

- Identified that eprescribe tool in QHR/ Accuro was not functioning as it was intended and thus, we collaborated with other offices and advocated for removal of this tool

- Inadvertent discovery by patient safety committee while processing mapping: *Requests for Medication Renewals* was that our admin and nursing staff spend an inordinate amount of time on phone discussing prescription renewals
What happened?

Phone Traffic Before & After Discontinuing E-Prescribe
What happened?

Phone Traffic Before & After Discontinuing E-Prescribe

Dates 2021-2022

% Abandoned  % Handled
What happened?

- MDs report lesser requests to resend prescriptions that were already sent via ePrescribe
- Nursing and admin report fewer calls from pharmacy and patients asking for Rx renewals that show already renewed in EMR and electronically sent
- Decreased calls presented

- Any change in number of outgoing calls – need this data
Next Steps

1. Implement an online booking tool—pending start date June 1 …
2. Continue to explore the content of phone activity to determine how to improve other workflows that will impact availability of staff to answer phones in timely manner
3. Train staff to pull informative data from our new phone system
4. Continue to review phone traffic data at regular intervals
5. Await results of DFCM PEM wave 6 survey
What did you learn in the process?

• Importance of exploring all stakeholder perspectives on workflow processes

• Electronic process, like *eprescribe*, can have both positive and negative impacts

• Phone traffic in our primary care office is very complex
Thank you!

Questions?

• Dr. Melissa Witty
  wittym65@gmail.com

• Dr. Lynda Ekeh
  ekehl@rvh.on.ca
Who are we (current as of 2022)?

Our Current Staff

- 266 Staff
- 80 Physicians
- 38 Resident Physicians
- 38 Nurses
- 7 NPs
- 56 Clerical Staff
- 28 Health Disciplines
- 19 Non-clinical

- 43.6 FTE
- 23.7 FTE
- 39.6 FTE
- 22.9 FTE
- 6.1 FTE
- 18 FTE
What problem were you addressing?

Unsatisfactory experience with the call center where patients stated that they experienced:

1. Lengthy wait times
2. Extended on-hold times
3. Complicated pathways involving multiple transfers to reach a staff member able to resolve their inquiry.
4. Patients abandon their calls before receiving an answer.
Daily Phone Wait times: 1 May - 25 Oct, 2019

- Median wait time = 4:22 mins
- Median longest wait time = 17:45 mins

**What problem were you addressing?**
What problem were you addressing?

Abandoned Calls: 1 May - 25 Oct, 2019

Total inbound calls = 132,023

- Answered: 101,972 [77%]
- Abandoned: 30,051 [23%]

N= 30,501 calls
Median= 6.57 mins
Mean= 8.24 mins

10th Percentile: 1.58 mins
Understanding the Problem

Timely & Patient Centered Response to Patient Phone Inquiry

Demand
# of Patients calling

Supply
# of Calls that can be answered

Phone System Operations
Understanding the Problem

The Supply:

- Timely response to patient inquiry
- Supply # of Calls that can be answered
- Capacity of Staff
- Up-time: Amount of time staff answering calls
- # of staff
- Length of calls
- Staff experience & Training
- Complexity
- Instant Message policy
- # of Providers/patients/clerical know?
- Information overload: coordinating 6 different sites
- Standard [lack of] polices and procedures among sites
- MD overload
- Staff Supervision & Management
- Staff motivation & Morale
Understanding the Problem

The Demand:

- Number of Phone calls
- Call abandonment rate [patients call back]
- Day & Time of phone call
- Patient roster size & New Patients Enrollment
- Policies that drive demand
  - Urgent care policies
  - Call for flu shot booking
- Virtual booking options & alternative ways to access care
Understanding the Problem

Phone System Operations

Message:
- Thank you
- Emergency
- Email
- Flu
- Construction

Alerting + Handling + Holding + Wrapping =

Average call length 2:00 mins

Message length
1:26 mins

Median Wait time
4:22 mins

Coordination with Sites
Understanding the Problem

Phone System Operation: Work Station
What changes did you try?

1. Weekly tracking and continuous data feedback to the phone center staff, clerical coordinators and leadership
2. Understanding the reasons of why our patients call the phone center
3. Identifying the bottle necks and high demand times and resource accordingly
4. Registration staff supporting phone staff temporarily logging on when volumes are high (Ask for Help)
5. Work hours were modified to address end of the day telephone call pressures
6. Creating hub model [Central and East] hubs
7. Identifying call volumes trends [higher call volume after long weekend]
8. Relocating staff to be embedded in local sites
9. Calculating the right ratio of staff to phone calls
10. Clerical coordinators having live data through Icebar Manager which provide live data on call wait times and staff activity
11. Offering appointments booking through FHTbookings@smh.ca
12. Creating an online booking system
What changes did you try?

- **Weekly tracking and continuous data feedback to the phone center staff, clerical coordinators and leadership**

Hub Model

- Relocating to local sites
- Central line - Wait time overtime
- Hub Model
- Understanding bottle necks after long weekends
- Flu season prep
- New Icebar management system
What changes did you try?

- Identifying the bottle necks and high demand times
- Registration staff supporting phone staff temporarily logging on when volumes are high (Ask for Help)
- Work hours were modified to address end of the day telephone call pressures – staggard lunch times
What changes did you try?

Clerical coordinators having live data through Icebar Manager which provide live data on call wait times and staff activity.

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<th>Calls Handled</th>
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What changes did you try?

- Creating hub model [Central and East] hubs
- Relocating staff to be embedded in local sites
- Calculating the right ratio of staff to phone calls
What changes did you try?

- Understanding the reasons why our patients call the phone center

### Reasons for phone call [East Line, n=1094]

- 50% Book, change or Cancel apt
- 10% Msg to MD/RN/NP
- 10% Rx renewal

70% of phone calls reasons are:

- 50% Book, change or Cancel apt
- 10% Msg to MD/RN/NP
- 10% Rx renewal
What changes did you try?

Offering appointments booking through FHTbookings@smh.ca

Alert: This email is an auto-generated message from the St. Michael’s Hospital Academic Family Health Team (SMHAFHT). It may take up to 3 business days to respond to your email. If your request is urgent, or if you require a faster response time, please call your clinic.

***ATTENTION***

Please be advised that we are only accepting email booking request for non-urgent virtual care appointments at this time to help decrease the spread of COVID-19. Virtual care appointments consist of phone calls and in certain cases, video visits. If you require an urgent appointment, please call and speak with our phone center.

Thank you for emailing the SMHAFHT appointment booking account. Please ensure that your email includes the following details information each time you schedule an appointment:

- Full name:
- Date of Birth (MM/DD/YYYY):
- Telephone number:
- Provider name:
- Clinic site:
- Reason for Visit:
- In-Person or Virtual Phone Visit
What changes did you try?

Creating an online booking system

Welcome! To start your online booking, please input the information below.

Welcome! Thank you for using our online booking service to book, change or cancel your appointment. Please call your clinic if your clinical concern is urgent or you are not able to book the type of appointment you’re looking for in a time-frame that suits your needs. Should you have any questions, comments or suggestions, please contact your clinic to speak to one of our reception staff. Thank you.

Online booking is only available for registered patients at this clinic. New patients cannot book appointments online.

First Name
[Input field for First Name]

Last Name
[Input field for Last Name]

Health Number
Enter numbers only
[Input field for Health Number]

Birth Date
[Input fields for yyyy, mm, dd]

Check In
What did you learn in the process?

• Change is bottom up rather than top down [involving phone center staff in problem solving and decision making early on]

• The data only doesn’t tell the whole story. Understanding the context is a key

• Continuous feedback and data monitoring is a key to generate PDSAs

• Incorporation Quality Improvement into daily operations by involving all stakeholders
Thank you!

Questions?

• Dr. Noor Ramji
  noor.ramji@unityhealth.to

• Mr. Mo Al-Haj
  mohammad.alhaj@unityhealth.to
Visit pollev.com/ictdfcm912. Wait for the question to appear, and type your response.

**Web voting**

What questions do you have for our leadership panel?

- What advice would you give?
- What topic will you be addressing next?
- Can we discuss company goals for the upcoming year?

**SMS voting**

Start a new text message. Put the five digit code in the ‘to’ line. Type in ICTDFCM912 followed by your answer in the body of the message.
Upcoming session dates:

• Monday, June 13 from 12-1PM (Zoom)
  o Southlake Regional Health Centre & Women’s College Hospital

You can still register for sessions 3!

Please visit dfcm.utoronto.ca/share-learn to register and view past session recordings and materials.