Process Improvement Initiatives in Patient Access Services

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Improving efficiency is essential for successful health network operations. This project, Process Improvement Initiatives in Patient Access Services, focuses on analyzing call volume data for the Patient Access Services Department to identify opportunities for improvement.

Metrics for this project are percent service level, abandoned rate, and average answer delays. Department growth is measured by examining the ratio of inbound vs. outbound calls, as well as the number of accounts created and procedures scheduled.

Addressing these concerns allows the network to increase productivity, control costs, and provide the best service possible to our patients. This project follows LEAN principles to track the department’s progress toward network goals.

Additional analysis shows peak hours for call volumes and where additional staffing can be used to improve efficiency during these times.

### Data

- **Central Scheduling:** 2014 Annual Answer Delay - Average Monthly Answer Delay
  - April 2014: 199.53 0.12
  - May 2014: 201.19 0.08
  - June 2014: 216.30 0.24
  - July 2014: 213.04 0.27
  - August 2014: 213.24 0.24
  - September 2014: 233.85 0.38
  - October 2014: 226.06 0.30
  - November 2014: 221.34 0.31
  - December 2014: 226.27 0.30

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### Methodology

- **Data:** Data was collected using call center software called Avaya. The data was pulled from reports and placed into a Microsoft Excel document. Each department was categorized by offered calls, answered calls, abandoned calls, percent service level, average answer delay, and accounts per month.
- **To visually represent the results and trends, the data was converted into MS Excel charts Goals for all categories were set. Months that met department goals were displayed in green, and months that did not meet goals were colored in red.
- **Finished data analyses was printed and displayed as a visibility wall in the department, measuring the department’s metrics against network metrics for FY14 of People, Service, Quality, Cost, and Growth.** Service was measured based on patient wait times, while Quality was measured by the results of percent service level and abandoned rate. Additionally, Growth was measured by examining the number of accounts per month and the number of procedures scheduled.
- **Additional case study data analysis examined the staffing ratios during peak call hours for the Central Scheduling Department for April 2014. The data pulled was calculated to show the average number of agents scheduled for each day and the times they worked in 30-minute intervals for the entire month.** This data was then converted into a graph and measured against average monthly answer delay to determine peak hours and where additional staffing is needed to improve efficiency.

### Discussion: Data Highlights

- **Opportunities for improvement can be seen in Central Scheduling’s average answer delay. June had the highest average answer delay of 4:30, possibly due to the number of employees on PTO.**
- On the physician scheduling side of Central Scheduling, a clear increase in workload can be seen in September with the addition of Family Health Center to the department.
- **Total accounts created for the entire Patient Access Services department clearly show the department’s growth in just a year’s time.**
- When examining the total procedures scheduled, there is a sharp decline in February. Factors that could have contributed to this were the harsh winter weather and the fewer number of days in this month.
- In the case study of the Central Scheduling staffing ratios data for April 2014, a relationship can be seen between average number of agents, number of offered calls, and average monthly delay. During peak call times of 10AM-3PM, average delay increases. Average delay also spikes up around 12PM even though there is a drop in offered calls because fewer agents are on the phones due to scheduling or lunch breaks. To solve this problem, more agents are needed during peak call times.

### Conclusion and Future Plans

- **Overall, the data conversion into graphs for the department’s visibility wall was a success in that it allows for easy tracking of trends.** It also allows for the easy identification of improvement opportunities that can be used to foster problem-solving and team building within the department.
- **The data’s depiction of departmental growth illustrates the need for additional employees.**
- The onboarding of new hires as of July FY15 will alter the data for future months. The department is expecting to see improvement in all patient access areas due to this staffing increase. Additional data for FY15 is needed to measure the results of this hypothesis.
- **These process improvement initiatives have a direct impact on the department’s key stakeholders.** Increasing service level will also have a positive impact on patient satisfaction and retention. This will also help the network financially in keeping and attracting more patients and creating a positive view of the network.

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