Improving Patient Outcomes with Clinical Staff in Ambulatory Call Center

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BACKGROUND

Ambulatory call centers serve as the frontline for patient interaction and support. Effective communication and coordination within call centers are essential for ensuing optimal patient outcomes. The current state of the UMC Ambulatory Call Center is staffed with a non-clinical workforce.

We will explore the impact of staffing the call center with LPNs/MAs versus non-clinical staff to show how patient satisfaction, care coordination, and patient safety will improve with clinical staff knowledge and experience.

PURPOSE

Improving patient outcomes in the outpatient setting by implementing clinical staff roles to provide a more efficient and effective patient experience which will aim to improve patient satisfaction, care continuity, and health outcomes.

METHODS

Baseline Data Collection:
Patient Outcomes: Data on patient satisfaction, incidences of delayed care, message errors and routing, and lack of clinical knowledge with severity of patient complaints.
Call Center Performance: Metrics for call resolution time and the frequency of escalations to higher-level of care.
Intervention Implementation:
Staff Integration: Pilot program incorporating clinical staff at call center.
Workflow Redesign: To incorporate clinical staff into key decision-making positions including triage and patient education.
Post-Intervention Evaluation:
Comparative Analysis: Comparison of clinical staff versus non-clinical post implementation to the baseline data.

RESULTS

A pilot was implemented that placed clinical staff in the call center during a 4 week period. Due to budget constraints, the pilot was unable to be continued. During the 4 week period, the department saw a decrease in messages regarding referrals, medication refills, and medical concerns in nursing pools. There was also a decrease in inappropriate messages being sent to nursing pools as they were addressed at the first level by clinical staff.
It is anticipated that the results would continue to show improvement in these areas as well as improved patient satisfaction and improved patient outcomes if the pilot was continued.

CONCLUSIONS

The integration of clinical staff into the ambulatory call center improves patient outcomes with the intervention leading to higher patient satisfaction, reduction of adverse events, and enhancing overall health outcomes. Call center performance metrics will show improvements in resolution times, effective triage processes, and patient satisfaction. Ultimately, the involvement of clinical staff in the call center will be instrumental in achieving a more patient-centered and effective ambulatory care system.

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