



2020

A comprehensive call center supporting safe, efficient operations during a pandemic

Janice P. Finder

The University of Texas MD Anderson Cancer Center

Ashlyn Proske

The University of Texas MD Anderson Cancer Center

Judy Overton

The University of Texas MD Anderson Cancer Center

Elizabeth Comcowich Garcia

The University of Texas MD Anderson Cancer Center

Michael Frumovitz

The University of Texas MD Anderson Cancer Center

Follow this and additional works at: <https://pxjournal.org/journal>



Part of the [Health and Medical Administration Commons](#), [Health Policy Commons](#), [Health Services Administration Commons](#), and the [Health Services Research Commons](#)

Recommended Citation

Finder JP, Proske A, Overton J, Garcia EC, Frumovitz M. A comprehensive call center supporting safe, efficient operations during a pandemic. *Patient Experience Journal*. 2020; 7(2):87-91. doi: 10.35680/2372-0247.1456.

This Case Study is brought to you for free and open access by Patient Experience Journal. It has been accepted for inclusion in Patient Experience Journal by an authorized editor of Patient Experience Journal.

A comprehensive call center supporting safe, efficient operations during a pandemic

Cover Page Footnote

This article is associated with the Infrastructure & Governance lens of The Beryl Institute Experience Framework. (<http://bit.ly/ExperienceFramework>). You can access other resources related to this lens including additional PXJ articles here: http://bit.ly/PX_InfraGov

A comprehensive call center supporting safe, efficient operations during a pandemic

Janice P. Finder, *The University of Texas MD Anderson Cancer Center*, jpfinder@mdanderson.org

Ashlyn Proske, *The University of Texas MD Anderson Cancer Center*, aaproске@mdanderson.org

Judy Overton, *The University of Texas MD Anderson Cancer Center*, jboverton@mdanderson.org

Elizabeth Comcowich Garcia, *The University of Texas MD Anderson Cancer Center*, elizgarcia@mdanderson.org

Michael Frumovitz, *The University of Texas MD Anderson Cancer Center*, mfrumovitz@mdanderson.org

Abstract

Research has shown that a comprehensive call center can support a safe, efficient, and quality experience for patients and their families. When a patient receives a cancer diagnosis, the stakes are already high. Add a pandemic to an immunocompromised patient population and fear escalates. In order to accommodate the ever-changing information and ease patients' anxieties surrounding their cancer diagnoses, it is necessary that an institution be available 24/7 to inform, help navigate systems, and manage symptoms because the emergency room, and many times the clinics, have too many inherent risks.

MD Anderson expanded the hours of operation for askMDAnderson, a comprehensive call center staffed by operators, health information specialists, registered nurses, and advance practice providers, to cater to all the needs, and to support safe and efficient operations during the pandemic. This highly skilled team serves as a critical information link to patients and their loved ones for all transitions in care needs, such as guidance on food delivery, parking, medication renewals and side effect management.

The askMDAnderson staff educates our stakeholders about MD Anderson services, programs, treatments and clinical trials during and after the pandemic until we return to the "new normal." Our employees are available for all levels of "hand holding" and provide a constant flow of timely, factual information. In this case study, you will learn how MD Anderson expanded this newly evolving system and how our team's efforts led to a safer, more efficient, less expensive, and more satisfying care experiences for patients and their families.

Keywords

Call center, cancer, pandemic, patient experience, patient-centered, information specialist, nurses, COVID-19

Introduction – Program Description

The University of Texas MD Anderson Cancer Center, a National Cancer Institute (NCI)-designated comprehensive cancer center, takes great pride in its ability to respond after hours and on weekends to improve the patient experience. Before COVID-19, MD Anderson had already experienced improved patient satisfaction with the askMDAnderson call center, which is staffed with health information specialists, Monday through Friday, 8 a.m. to 11 p.m., and Saturday and Sunday, 8 a.m. to 7 p.m. Advanced Practice Provider Nurses and Registered nurses are available outside standard business hours when ambulatory clinics are closed. The team provides a critical information link to patients and their family members for all transitions in care needs, as well as education about MD Anderson services, programs, treatments and clinical trials to prospective patients, families and health care

providers. In addition, they assist patients in assessing the electronic medical record and initiate new patient referrals as requested. The COVID-19 pandemic resulted in strict visitor restrictions, mandated testing and/or quarantine for patients, fear of coming to the emergency center or hospital, and panic among those with fever, coughs or sore throats. These are all symptoms of COVID-19, but they are also a sequela of medical treatments for chronic illnesses such as cancer. askMDAnderson became a vital source of information and education for patients and their families in real time. Timely answers to questions and education about safety procedures and symptom triage allayed fears and helped make patient visits efficient and effective.

In response to the COVID-19 crisis, this clinical support resource of registered nurses and advanced practice providers within the call center was expanded to include

overnight hours for symptom triage and clinical support to patients and caregivers. Patients became frightened to seek necessary cancer care because of COVID-19. In addition, MD Anderson could not risk the livelihood of their cancer patients who are already immunosuppressed and whose symptoms needed to be closely monitored. The call center enabled patients to safely discuss their concerns and make potentially life-saving decisions.¹

The Texas Medical Center, the largest in the world, is the community partner of MD Anderson. Resources such as intensive care beds, respirators, healthy personnel, and accurate, efficient testing are managed across institutions. Hospitals, regardless of specialty, are an information source for the greater Houston area. At times, annual testing or critical symptoms, such as pain, were overlooked during the COVID-19 pandemic due to the perception that entry into a hospital could cause more harm than good. Nursing call centers such as askMDAnderson provided the emotional support, education and direction to patients and families to appropriately address symptoms or issues. Data indicates that creating nurse call centers decreases readmissions to the emergency center and the hospital, increases patient and family understanding of care plans, and significantly increases patient, family, and physician satisfaction.^{2, 3, 4}

In 2019, the institution approved the use of a new service of our askMDAnderson patient call center, askMDAnderson Nursing Service, which is composed of nurse practitioners and registered nurses. In current times of COVID-19, the askMDAnderson clinical team became available 24/7; but having round-the-clock availability is not enough. Members of the service learned to adhere to standards in which they would enhance the patient experience and provide accurate assessments and escalation of symptoms.

Measurable Outcomes and Data Analysis

In a retrospective review, the call center received and responded to nearly 300,000 requests for assistance during a 90-day period from mid-February to the end of May 2020. The clinical team received 3,600 calls for symptom triage support. Health information specialists answered more than 41,000 requests for new treatment, status of treatment, MyChart assistance, video visit assistance, and very important COVID-19 testing screening and testing site appointment information. The operators handled more than 250,000 requests pertaining to visitors, whether centers and entrances were opened or closed, waiting areas, discharge times, and locations for pick up.

Before the COVID-19 pandemic, patients were accustomed to having family members with them during their treatment and inpatient hospital stays. This is no longer safe. Patients who are waiting for treatment are

often distraught and some of them indicate they would risk a diagnosis of COVID-19 rather than potentially experience a spread of a cancer exacerbation. Care is taken to use social workers to speak to patients and/or family members to assess for suicidal thoughts due to studies that indicate that cancer patients are at higher risk for suicide than members of the general population.⁵ Patients coping with complex cancer treatment and now a pandemic need a patient, kind and knowledgeable staff member to listen to their concerns, present options for families to participate in visits with technology and help relieve their fears and concerns. Patients often call in middle of the night when they are unable to sleep due to anxiety, so having call center experts available at any hour has become very important. During these calls, the nursing staff had to make a meticulously thorough assessment often asking the patient to call back to confirm if the instructions they received prevented them from coming to the emergency room.

One of the services the team provides is after-hours clinical support. This program enables patients to speak with a nurse when clinics are closed, rather than paging a provider and waiting for a call back. These clinically trained nurses manage the patient issues and concerns that are within their scope; however, they will always refer issues to the provider when necessary. Research has shown activities such as these elevate the quality of care patients receive.^{6,7} Such activities also lower the overall costs of care of an organization and protects the time and capacity of emergency centers and hospitals to care for their most critical patients.^{8,9} This results in a safer, more efficient, less expensive and a better experience for patients.

In the initial six months of the new program, specific clinical services provided feedback about the algorithms utilized to determine when to page the physician on call. Despite the need to change some of the algorithms, incremental improvements were already seen in readmission rates which decreased by 1%. In addition, patient satisfaction improved 1% in the Top Box, which is a measure of the patients who give the highest scores, and 2% in Peer Ranking, which reflects the comparison to thousands of hospitals across the country. The clinical team managed 50% of the calls without paging the physician on call. The decreased number of calls that providers received after hours, weekends and holidays garnered many positive comments from physicians on call, as well as from our patients, who were happy to speak with a nurse.

Another service askMDAnderson provides is follow-up phone calls for patients discharged home from the hospital. Over the course of the COVID-19 response, the participation rate for discharge phone calls increased from 61% to 69%, and the alerts are as high as 30%, or more

than 1,000 alerts, which indicates that patients quickly need prompt, reliable answers. Because of the no visitor policy, a discharged patient does not have the luxury of having a family member with them to hear the discharge instructions. Nurses and health information specialists proactively contact them to answer their questions and concerns.

The Discharge Follow-Up total calls and unique patients are up 12% even though census has decreased by 50%. We divided the concerns into the following categories: medication issues, follow-up care, and health care concerns. Emergency center 48-hour bounce backs have decreased by from 2.54 % to 1.26%, and 30-day readmissions are at an all-time low of 19.5 percent. The top three reasons patients call the askMDAnderson nurse line after hours are for fever, pain and nausea and vomiting. Because these symptoms could be signs of COVID-19, the assessment and analysis of each patient is critical with the risk of potentially missing neutropenic fever or sepsis.

The COVID-19 pandemic came into clear focus at MD Anderson in early February. As we mentioned earlier, because of their already immunocompromised conditions, cancer patients are highly susceptible, so responsiveness to patients and caregivers became even more critical. Patients and caregivers were understandably anxious and had many questions. It became apparent, almost immediately, that they needed access to accurate, timely information and standardized, evidence-based screening of symptoms, 24/7. The newly formed askMDAnderson clinical team, as well as the Welcome Center operators and other members of the call center, needed to respond quickly, effectively and accurately.

The institution's appointment, visitation and screening policies for physical entry into the institution changed almost daily, along with regulatory agencies' recommendations. COVID-19 related calls increased daily, and within one month, askMDAnderson registered more than 1,000 calls for testing sites, visitor policies, patient appointments, new patient appointments and research activities. The team educated patients about the option for connection with their loved ones such as FaceTime or Zoom, since only family caregivers or visitors who are granted exceptions can enter the facility with the patient. The askMDAnderson team connected clinical teams, social work, chaplains and other resources with family members to assist in supporting patients. They used an algorithm to screen patients who call with symptoms and direct them to testing centers as appropriate.

Cancer does not rest, so MD Anderson responded quickly with off-campus testing sites. The askMDAnderson call center became the dependable, go-to information source to confirm that patients were aware of the hours of the

testing sites and to ensure they had appointments before going to the site. askMDAnderson is also a source of hope to potential new patients who just learned their cancer diagnosis and are anxious to schedule their first appointments.

The askMDAnderson employees readily responded to the need for them to increase their level of expertise and to keep our patients and family informed. The nurse practitioners received the institution's approval to use their prescriptive authority, within a limited range. This involved calling in already-ordered medications and prescription renewals after hours and on weekends. The clinical team also received the positive COVID-19 test results for the providers from the testing centers, so the staff could rest at night and be refreshed for another day of testing. They informed patients to quarantine, either at home or in a hotel, and told them what to expect upon their arrival to our campus.

Thirty percent of MD Anderson patients live outside of the State of Texas. These patients needed a system to keep them informed about current the state and county laws regarding entry into the state and the facility. Out-of-town patients received protocols that their local providers received from their MD Anderson providers until they could return for their appointments and treatments at MD Anderson. The changing policies led providers to the reschedule many appointments or shift to the use of video visits, which MD Anderson implemented in April 2020. Within the first three weeks, the institution recorded more than 2,500 scheduled video visits.

askMDAnderson continues to send patients to the emergency center, but only if a registered nurse, advanced practice provider or physician determines their issue is an emergency and that it cannot be managed at home. Understandably, patients, who under normal conditions seek out the emergency room, did not want to go there because of the enhanced risk to contract the COVID-19 virus.^{10, 11} The clinical resources available 24/7 in askMDAnderson allowed many more patients to safely manage their symptoms at home. Their anxiety levels decreased knowing they could call a nurse any time of day and get an immediate answer.¹²

As the rates of COVID-19 grew across the country, the executive team at MD Anderson required that out-of-state patients quarantine for two weeks in their homes before arriving to the hospital to keep patients and staff safe. Potential new patients from other states utilize technology to monitor and report symptoms with case management overseeing their quarantine. The patients undergo the COVID-19 testing and their results are determined before they arrive on campus. Out-of-state returning patients follow specific guidelines for quarantine before arriving to our facilities. Because the returning patients do not have

the technology or case management oversight for their quarantine, askMDAnderson has become an information source for these patients since they are actively in quarantine.

Discussion and Implications for Further Exploration

Eighty percent of the patients responded to the call center nurses' advice to go to the emergency center. Of those patients, 70% were admitted to the hospital. Nurses frequently review these statistics to ensure their escalations are correct. Further study is necessary to determine what is needed to get the other 20% to the emergency center and what symptom management could have been addressed using other modalities such as video visits. Documentation for all events are in the electronic medical record, and additional research is needed to determine whether those patients who did not call askMDAnderson came to the emergency room due to exacerbations. The re-admission's team will then review the chart to determine if these could have been handled more appropriately thru video visit or another technology. The discussions pertaining to care goals can also prevent unnecessary visits to emergency centers and should be piloted to determine their relevance for the patient experience. Historically, re-admissions occur 72 hours to seven days after discharge. Research is being discussed surrounding providing a video visit to discharged patients before the critical three-to-seven-day post-discharge window to possibly decrease readmissions.

The Patient and Family Advisory Council, a body of 80-plus members who either are patients or family caregivers at MD Anderson, emphasized the need for robust, transparent communication during this time. MD Anderson executive leaders provided daily updates to all employees through a myriad of modalities. Patients and families were also provided frequent updates, but more research is needed to determine the right amount of information to disseminate, and through which modalities, to keep our patients and families knowledgeable but not overwhelmed with information.

Patients, families and on-call providers have identified the safety, quality and experience benefits of having a nurse call center available to cancer patients 24/7. MD Anderson is exploring the 24/7 availability of clinical staff to add value to the patient and provider experience, including receiving and communicating COVID-19 test results and possibly providing access to COVID-19 testing appointments to patients and employees.

Patients, caregivers and providers have verbalized their appreciation for these services numerous times and are especially grateful for the peace of mind they have because of the 24/7 availability. The next step in our mission has begun in earnest by safely and effectively restoring patient

care activities to their previous levels. This ramp-up of inpatient care activity is being done with visitor restrictions and social distancing in place. Technology is being used ubiquitously to keep family caregivers engaged. Hours of care are being extended to allow for social distancing. This includes extending clinic hours into the evenings and scheduling surgeries on the weekends.

The COVID-19 pandemic has set the stage for all hospitals, regardless of the specialty, to prepare for the ever-changing needs of the community and be prepared to share the most current, reliable information with patients at all times. Our patients rely on us for this information and knowledge.

At MD Anderson, there is realization that many of the services that we developed in response to the COVID-19 crisis have added tremendous value to safety, quality and experience and will continue after the crisis has subsided. One of these services is the 24/7 clinical support provided by askMDAnderson. The immediate responsiveness and accessibility of this service will continue to increase patient adherence to care plans, thereby drive down unnecessary visits to the emergency center, increase necessary visits to the emergency center and improve the experience of patients, family members and staff.¹²

References

1. Rosenbaum, L. The Untold Toll – The Pandemic's Effect on Patients without COVID-19. *N Engl J Med.* 2020; Jun 11; 382(24):2368-2371.
2. Forster, A., Murff, H., Peterson, J., Gandhi, T.K., Bates, D., *Ann Intern Med.* 2003; 138(3):161-16.
3. Bunik, M, et al. Pediatric Telephone Call Centers: How do they affect Health Care Use and Costs? *Pediatrics* 2007; 119(2): e305-e313.
4. CMS MedPAC. 2007. <https://www.cms.gov/newsroom/fact-sheets/long-term-care-hospital-prospective-payment-system-proposed-rule-rate-year-2007>. Date accessed. 06.30.20.
5. McFarland, D.C., et al. Suicide in Patients with Cancer. *Cancer Network.* 2019; 33(6):221-6.
6. Coons K., et al. Telephone triage. *American College of Physicians – American Society of Internal Medicine: White Paper.* 2000. https://www.acponline.org/acp_policy/policies/telephone_triage_diagnostic_techniques_procedures_2000.pdf. Accessed 06.30.20.
7. Dudas V., et al. The impact of follow-up telephone calls to patients after hospitalization. *Am J Med.* 2001; 111: 26-30.
8. Grandinetti D. Patient phone calls driving you crazy? Here's relief. *Med Econ.* 1996; 73:72–88.
9. Harrison, et al. Impact of Post-Discharge Telephone Calls. *J Gen Intern Med.* 2014; 29(11):1519-25.

10. Kennedy B. et al. Three nursing interventions' impact on HCAHPS scores. *J Nurs Care Qual.* 2013; 28(4): 327-334.
11. Makaryus, A, Friedman, E.A., Patients' Understanding of Their Treatment Plans and Diagnosis at Discharge. *Mayo Clin Proc.* 2005; 80(8):991-994.
12. Nekane N. et al. Heart failure patient post discharge follow up by phone calls by nurse call center 24/7/365. *Eur J Heart Fail.* 2016; 1): 233.
13. Schuller K. et al. Enhanced transitions of care: Centralizing discharge phone calls improves ability to reach patients and reduces hospital readmissions. *J Healthc Qual.* 2017; 39: e10-e21.