**SOD Phone System Improvement Work Summary**

**October 11, 2021**

**Background:**

In early 2021, a workgroup was formed to address the consistent issues concerning long wait times for patients calling in to the School of Dentistry practices, including the predoctoral clinics and billing services. The group was given the charge to explore implementing a call center approach to phone management in Predoc, including design, implementation, shadowing employees, defining and building standard work and job descriptions, and interviewing/hiring call center employees. Discussions included the other clinics as well.

In the process of discovery, the group realized that there were other incremental improvement steps that needed to be designed, implemented, and measured prior to determining if a call center model was the best and needed approach.

**Goal:**

Reduce patient phone wait times, improve responsiveness rates, and streamline and improve the phone experience.

**Steps:**

1. Formation of workgroup and charge established
	* Arlene Boro, Manager, Patient Billing Services
	* Chris Cadwell, Clinic Manager, UCSF Dental Center
	* Cindy Giertych, Communications Consultant
	* Ian Gwin, Unified Communications Manager, IT Customer Services
	* David Hernandez, Unified Communications Engineer, IT Customer Services
	* Victor Jimenez, Department Manager, PRDS
	* Sunil Kapila, Division Chair, Orthodontics
	* Melissa Telli, Director of Communications
	* Eva-Marie Turner, Director of Clinical Operations, Health
	* Alessandro Villa, Chief of the Sol Silverman Oral Medicine Clinic
	* Victor Jimenez, MSO, Preventive and Restorative Dental Services,
2. Collection of data
	* Call flow diagrams
	* Cisco call reports
	* Shadowing of predoc, ortho, and oral med front desk staff
3. Analysis and findings
	* Original call tree had multiple points of entry, some paths led to hang ups, dead ends
	* Some voice mails were ending up in unattended boxes where staff had left
	* Few agents consistently logged in, only one assigned to phones at any time
	* Lots of unaddressed voice mails in billing
	* Messaging to patient calling in: “you will receive call back within an hour” – not being managed or met
	* Repetitive instructions in call tree, including language options
	* Frustrated customers just calling any line to get a person, rather than target clinic
4. Actions taken
* Billing lines consolidated to route to billing directly
	+ Went live May 3
	+ Analysis of call service levels pre and post change showed improvements
	+ We will continue to focus on reporting, managing, and training to drive further improvements
* Updated Cisco system with personnel changes
* Hardcoded 911; direct dial buttons were added and staff is encouraged to and technological able to quickly dial other internal clinics with a single button
* Implementation of warm handoffs to other clinics with continued rounding
* Inbound call handling reports automated to send weekly to MSOs to improve transparency and management – went live September 6
* Patient automated reminder communication system (Intiveo) revisited with improved messaging and reporting. Changes went live September 1. Patient and departmental feedback has been gathered and has informed continued improvements.
* Proposal and drafting of consolidated phone tree under the 5800 number
	+ Build of consolidated tree
	+ Testing began last week of September

**Future Actions:**

1. Go Live with consolidated phone tree - TBD October pending testing results
2. Add Cantonese option
3. Transparency of call answer rates and training of staff to enhance responsiveness
4. Meet regularly with the staff to review metrics
5. Pull metrics on pre/post new phone tree
6. Make recommendation to pursue Call Center model or not based on results from improvements