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OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS HEALTH ADMINISTRATION

Atlanta Call Center Staffing and Operational Challenges Provide Lessons for the New VISN 7 Clinical Contact Center

Review | **23-01609-14** | **January 30, 2025**

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Executive Summary

The VA Office of Inspector General (OIG) received a hotline complaint in January 2023 alleging that the call center at the Joseph Maxwell Cleland Atlanta VA Medical Center (facility) was not effectively answering calls and scheduling appointments within the expected time frame. This included calls received in its mental health appointment queue and was reported to be a result of inadequate staffing and hiring delays in the regional human resources department. The Veterans Health Administration (VHA), which oversees VA's nationwide healthcare system including the Atlanta facility, established call center performance standards to ensure staff efficiently assist callers and schedule appointments in a timely manner to improve veterans' access to care. When veterans call in, VHA expects at least 95 percent of all calls to be answered before the caller hangs up the phone—an abandonment rate of 5 percent or less. VHA also established a timeliness standard that required at least 80 percent of calls to be answered within 30 seconds.[1] In a discussion with the review team in July 2023, the complainant reported the call center was answering over 95 percent of calls to the mental health queue because the call center had diverted staff from its primary care and surgery appointment queues to answer the calls. Consequently, these other appointment queues still were not meeting VHA call abandonment and timeliness standards. The complainant also indicated congressional scrutiny had forced local leaders to start hiring additional call center staff, but the call center was still experiencing staffing shortages and hiring delays.[2] To assess the merits of the allegation, the OIG conducted this review to determine whether the call center's call abandonment rate and timeliness standards from July to September 2023 (the review period) fell short of VHA standards due to staffing shortages.[3]

What the Review Found

The OIG substantiated the complainant's allegations that the call center did not meet VHA abandonment rate and timeliness standards because it did not have enough staff during the review period.[4] The call center's inability to meet these standards meant callers did not consistently receive timely assistance and access to appointments for needed care. Summary

[1] *VHA Clinical Contact Center Modernization Data and Metrics Guidance*, January 14, 2021.

[2] The regional human resources department did not consistently onboard medical support assistants, which include call center staff, in a timely manner, as the complainant alleged based on the facility's human resources data shown in VHA, *Time to Hire (T2H) Implementation Guidebook 2.0*. The call center data, however, also indicated that despite these challenges, the call center's staffing had increased from 29 employees in January 2023 to 57 in July 2023, and 30 of these additional employees were being onboarded or in training. Thus, the OIG team did not assess the hiring delays and instead focused on whether staffing shortages prevented the call center from meeting VHA call center performance standards.

[3] *VHA Clinical Contact Center Modernization Data and Metrics Guidance*.

[4] See appendix A for the OIG team's scope and methodology.

figure 1 shows the call center failed to meet VHA's abandonment rate and timeliness standards during the review period. The call center only answered about 94,400 of 135,600 calls, and its 30 percent abandonment rate was well above the 5 percent standard.[5] Further, only 20,400 of the answered calls, or 22 percent instead of the 80 percent standard, were picked up within 30 seconds.[6] Many callers waited over five minutes to have their calls answered, and the wait time averaged about seven minutes.

Summary figure 1. *Call center failed to meet VHA abandonment rates and timeliness standards.*

Source: Review of VHA Clinical Contact Center Modernization Data and Metrics Guidance*; VA OIG analysis of Cisco Unified Intelligence Center system data covering July 1, 2023, to September 30, 2023.*

Analysis of the call center data also substantiated the complainant's follow-up allegation concerning the shift of resources to the mental health review. The OIG team found that, during the review period, the mental health queue exceeded VHA's performance standards, while the primary care and surgery queues fell well below the standards. The mental health queue had an abandonment rate of only 3 percent and staff answered 94 percent of the handled calls within 30 seconds. In contrast, the primary care and surgery queues had a combined abandonment rate of 32 percent and staff only answered 16 percent of the handled calls within 30 seconds.[7]

The OIG also substantiated that the call center did not meet VHA call center performance standards due to insufficient staffing. During the review period, the call center averaged 29 staff available to answer 135,600 calls. This fell below the 53 staff threshold the OIG estimated the

[5] The number of calls, the time taken to answer calls, and the total number of staff answering calls are rounded throughout this report.

[6] *VHA Clinical Contact Center Modernization Data and Metrics Guidance.*

[7] The OIG team combined the calls for the primary care and surgery queues because most call center staff were assigned to answer calls in these two queues, while the mental health queue had five dedicated staff assigned to answer calls.

call center needed to answer the calls.[8] That said, the OIG team acknowledges the facility followed through on the approved July 2023 staff request, hiring 80 staff by the end of February 2024, which may have then caused the call center to become overstaffed.[9]

Besides understaffing, the OIG found that other factors contributed to the call center's inability to meet VHA's performance standards. Call abandonment rates and wait times generally worsened during certain periods of the day because fewer staff were available to take calls. The team's analysis showed the call center did not have sufficient staff available to take calls within the first hour after opening at 7:00 a.m. and during the lunch, morning, and afternoon break periods. Thus, during these periods, the call center experienced peaks in its number of abandoned calls, and callers' average wait times typically increased from about three minutes to over 10 minutes.

During the review period, the call center's average handle time—time spent on a call plus after-call work—was about five minutes and 46 seconds. However, OIG analysis showed 11 of the call center's 34 staff (32 percent) did not meet the call center's six-minute handle-time goal.[10] Although call center supervisors reviewed daily productivity reports and monitored the call center's dashboard for real-time data about current call status, the OIG team found no indications that supervisors examined staff productivity over longer periods of time, such as a month or a quarter, to evaluate staff performance and to identify operational inefficiencies.

During the review, the OIG team also addressed some concerns the call center staff raised about possible problems in the health administration services' management of the specialty clinic telephone lines and the mental health queue at the facility. The call center typically received calls intended for specialty clinics when the callers could not reach the clinics to schedule appointments or to address other concerns. The mental health queue was also moved several times organizationally between the call center and health administration services. Following one of these moves to the health administration services, the team observed real-time call data indicating that as of 2:37 p.m. on the day of observation, administrative staff had not answered 24 of 100 mental health calls received. The OIG believes leaders need to evaluate the concerns raised by the call center staff and address potential performance issues.[11]

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[8] The OIG team used the Erlang-C calculator recommended in the *VA Health Connect Guidebook* to estimate the number of needed staff. The Erlang-C calculator is a staffing model that considers variables such as the number of incoming calls in a given time period, amount of "shrinkage" (time off, breaks, meetings attended by call center staff, and so forth), target average speed of answer, and target abandonment rate in its calculation.

[9] In July 2023, facility leaders approved increasing call center staffing to 180, including 82 staff to answer calls for the three queues referenced in this report.

[10] The VHA policy requires its call centers to establish a handle-time goal for their staff but allows the call centers to set the exact goal. The call center selected six minutes as its average handle-time goal.

[11] Health administration services oversees medical support assistants, referred to as administrative staff in this report, who are generally responsible for handling specialty care clinic calls. Specialty care calls include calls that are not primary care, such as geriatrics and extended care and radiology.

Since the conclusion of the review, the facility call center and other local call centers in Veterans Integrated Service Network (VISN) 7 have been consolidated into the VISN 7 clinical contact center.[12] At the time of the consolidation in March 2024, the facility call center appeared overstaffed based on the OIG's assessment of VHA's recommended call center staffing model and the volume of calls received. Further, the chief of the call center became the executive director of the contact center, and supervisors from the call center also assumed supervisory roles at the contact center. VHA clinical contact center data showed that, in June 2024, this new contact center faced significant challenges. The contact center's 33 percent call abandonment rate needed to decrease to meet the VHA standard of 5 percent, and the percentage of calls it answered within 30 seconds needed to improve from 14 percent to 80 percent. This report provides valuable insights to VISN 7 leaders and the VISN 7 clinical contact center executive director and supervisors on how strong staffing and performance monitoring can promote efficient operation of the contact center and help it meet VHA performance standards.

What the OIG Recommended

The OIG made three recommendations to the VISN 7 director and one recommendation to the facility director to assess the staffing and operations of the contact center and specialty clinic telephone line at the facility. VISN 7 needs to evaluate current contact center data against VHA's recommended call center staffing model to determine whether the call center is overstaffed following consolidation. Further, VISN 7 needs to evaluate the call coverage and handle times of the clinical contact center staff at the facility and address any issues that may affect the clinical contact center's overall ability to meet VHA performance standards. The OIG recommended that VISN 7 periodically review call data and establish a review process for the facility's specialty care clinics. Finally, the facility also needs to evaluate the performance of health administration services staff who handle mental health and specialty care clinic calls to make sure abandonment rate and timeliness standards are met.

[12] VHA divides the United States into 18 regional networks, or VISNs, which provide administrative and clinical oversight over the region's local facilities. See www.va.gov/HEALTH/visns.asp.

VA Management Comments and OIG Response

The VISN 7 director and the facility director concurred with their respective recommendations. The VISN director will make sure the contact center follows the latest VHA directives and the contact center uses the VHA-recommended call center staffing model. An integrated project team will monitor the call center's data, providing status updates for the call center's performance and discussing compliance with VHA requirements during a VISN monthly meeting that is co-chaired by the VISN director. Additionally, contact center leaders will review the performance of those who answer specialty care clinic calls to ensure these staff are meeting VHA call center performance standards.

The facility director will have the health administration services team establish a patient scheduling team to address all mental health and specialty care calls related to scheduling and other needs. The health administration services team will track performance standards for timeliness, abandoned calls, and handle time.

The OIG will monitor implementation of the recommendations until all stated actions are documented as completed. Appendixes B and C provide the full text of the VISN director's and the facility director's comments.

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Contents

Abbreviations

OIG	Office of Inspector General
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

VA call centers are designed to provide veterans timely access to care and help direct veterans to the medical care they need. These centers receive calls and use an automated system to distribute them to dedicated telephone support staff. The call center staff answer these calls, obtain information from patients, schedule appointments, and document this information accurately in VA's medical records system.[13] The Veterans Health Administration (VHA), which oversees VA's nationwide healthcare system, has a goal to achieve first-contact resolution. This means that call centers should address a patient's reason for contacting VA during the initial call, which helps to connect veterans with services in a timely manner.[14] In January 2021, VHA established standards for call centers to make sure staff effectively and efficiently assist callers and reduce patient wait times and delays in care. VHA expects an abandonment rate of 5 percent or less, meaning that at least 95 percent of all calls are answered before the caller hangs up. VHA also established a timeliness standard that at least 80 percent of all calls should be answered by staff within 30 seconds.[15]

In January 2023, a complainant contacted the VA Office of Inspector General (OIG) and alleged that the call center at the Joseph Maxwell Cleland Atlanta VA Medical Center (facility) was unable to answer calls and schedule appointments. This included calls received in the facility's mental health appointment queue and was reportedly due to inadequate staffing levels and hiring delays in the regional human resources department. The complainant provided data showing the call center had not answered 52 percent of the more than 3,700 calls received in its mental health appointment queue in January and February 2023.[16]

In a discussion with the review team in July 2023, the complainant reported the call center had diverted staff from other queues to answer mental health calls. Thus, the call center was answering over 95 percent of calls for mental health appointments, but other appointment queues within the call center were still not meeting VHA call abandonment and timeliness standards. The complainant also indicated congressional scrutiny had forced local leaders to start hiring additional call center staff, but the call center was still experiencing staffing shortages and hiring delays (the follow-up allegation).

The facility's human resources data confirmed, as the complainant alleged, that the regional human resources department did not consistently onboard medical support assistants, including

[13] VHA Directive 1090, *Telephone Access for Clinical Care*, September 20, 2023.

[14] VHA Directive 1006.04(1), *Clinical Contact Centers*, amended October 25, 2022. Callers who have a life-threatening emergency are prompted to call 911.

[15] *VHA Clinical Contact Center Modernization Data and Metrics Guidance*, January 14, 2021. For additional call center performance standards, see table 1 in this report.

[16] The number of calls, the time taken to answer calls, and the total number of staff answering calls are rounded throughout this report.

call center staff, in a timely manner, and that these problems persisted when the OIG contacted the complainant in July 2023.[17] The complainant-provided data, however, also indicated that despite these challenges, the call center's staffing had increased from 29 employees in January 2023 to 57 in July 2023, and 30 of these additional employees were being onboarded or in training.[18]

To assess the merits of the allegation, the OIG conducted this review to determine whether the facility call center's call abandonment rate and timeliness standards from July through September 2023 fell short of VHA standards due to staffing shortages.[19]

Facility Call Center Operations

At the time of the OIG's review, the facility operated its own call center to handle the appointment scheduling for its primary care, mental health, and surgery specialty care clinics. The OIG team was informed by the facility staff that they planned to have the call center handle scheduling for primary care only. However, facility leaders additionally assigned the mental health and surgery specialty care clinic scheduling queues to the call center because the clinics struggled to answer these calls, and they believed the call center was better staffed to answer them. The call center operated between 7:00 a.m. and 4:00 p.m., Monday through Friday.[20] Calls placed outside of business hours were redirected to staff at the Veterans Integrated Service Network (VISN) 8 contact center.[21]

Call center staff answer and attempt to resolve all calls in their respective queues in accordance with first-contact resolution, regardless of the call's intent. For calls relating to clinical triage or

[17] When the OIG received the allegations in January 2023, medical support assistant positions, to include call center staff, were not hired in a timely manner based on human resources data—hiring milestones were outside of VHA's hiring time frames. For example, in January 2023, human resources averaged 20 days to issue tentative job offers to medical support assistant candidates, including the call center, which was 17 days more than VHA's required time frame of three days. VHA, *Time to Hire (T2H) Implementation Guidebook 2.0*, September 2020.

[18] The additional staff onboarded and in training in June 2023 account for a greater number than the difference from the January 2023 staffing data. This is due to attrition within the call center, according to the call center chief.

[19] *VHA Clinical Contact Center Modernization Data and Metrics Guidance*.

[20] Since the conclusion of the OIG's review, the facility call center and other local call centers in Veterans Integrated Service Network (VISN) 7 have been consolidated into the VISN 7 clinical contact center. VHA divides the United States into 18 regional networks, or VISNs, which provide administrative and clinical oversight for the region's local facilities. The VA Southwest Network, also known as VISN 7, comprises eight facilities: Atlanta, Augusta, and Dublin in Georgia; Birmingham, Tuscaloosa, and Central Alabama in Alabama; and Charleston and Columbia in South Carolina. See www.va.gov/HEALTH/visns.asp. VHA Directive 1090, *Telephone Access for Clinical Care*, September 20, 2023; VHA Directive 1006.04(1); *VA Health Connect Guidebook*, April 2023, release #8. VISN 7 was the last regional network in VHA to establish a clinical contact center to provide its medical facilities telephone support. Additional information about VHA clinical contact centers is discussed later in the "Clinical Contact Centers" section of this report.

[21] This review focused on calls handled by the call center staff and did not include any calls handled by the VISN 8 clinical contact center. VISN 8's role in assisting the Atlanta call center is discussed later in this report in the "Clinical Contact Centers" section.

pharmacy concerns, call center staff transfer the calls to the staff managing those specific queues. If call center staff are unable to resolve a call, they transfer the call to the appropriate department.[22]

Staffing Levels

During the team's site visit, the call center chief provided data demonstrating the call center had 29 staff in January 2023 at the time of the initial complaint.[23] In July 2023, facility leaders approved the call center chief's request for 82 staff.[24] To arrive at this figure, the chief relied on a VA call center staffing model, the Erlang-C calculator, contained in the *VA Health Connect Guidebook*.[25] The calculator considers variables such as the number of incoming calls in a given time period, amount of "shrinkage" (time off, breaks, meetings attended by call center staff, and so forth), target average speed of answer, and target abandonment rate.[26] The guidebook does not explicitly require use of the calculator to establish and reevaluate staffing levels when call volumes significantly change; however, the chief informed the OIG team that the call center revisits staffing levels with facility leaders if call volume exceeds 110 percent of the baseline amount.

At the start of the review in July 2023, the call center had 27 staff answering calls and 30 additional staff in training or in the process of onboarding. At the end of the review period (the end of September 2023), the call center had 61 staff, 29 of whom were in training; additional hiring efforts were still in progress to reach the approved level of 82 staff to answer calls. According to the call center chief, new staff typically need 90 days of training before they become fully functional.

Call Center Management Responsibilities

The call center had one chief, five supervisors, and an average of 29 staff during the review period.[27] The chief is responsible for monitoring the entire call center, working with regional

[22] If transferred calls are not answered by the receiving service, call center staff document the call and request that the service conduct a callback. To maximize customer service, call center staff stay on calls throughout this process, ensuring patients are connected to the appropriate service.

[23] Facility leaders approved various changes to the call center's target staffing level during fiscal years 2022 and 2023. For example, leaders had approved 98 call center staff in June 2022, well beyond the 29 staff answering calls at the time of the January 2023 complaint. In July 2023, leaders reduced the call center staff target level to 82.

[24] The full staffing request approved by facility leaders called for increasing staffing at the call center to 180 staff, including 98 administrative, leadership, or nursing staff and 82 staff to answer calls for the primary care, surgery, and mental health queues.

[25] *VA Health Connect Guidebook*.

[26] *VA Health Connect Guidebook*.

[27] This is the monthly average of fully trained staff for the review period (July through September 2023) who answered at least one call. For the purposes of this report, the OIG used the average to analyze various data. In this report, averages are rounded to the nearest tenths place, or when representing people, to the nearest whole number.

human resources offices on recruiting and hiring, and briefing facility leaders on the call center's performance. The supervisors are responsible for monitoring staff performance as well as training employees.

To oversee the call center's daily operations, the chief and the supervisors review daily call center productivity reports to determine the number of veterans served, how long it took to serve them, the numbers of calls abandoned, the total time staff are logged in, and the time staff spent talking with veterans. The supervisors also monitor the call center dashboard, which shows the number of active calls in real time. The call center has followed the performance standards established in VHA's national call center policies, which are shown in table 1.[28]

Table 1. Fiscal Year 2023 Call Center Performance Standards

Standard	Operational definition	Goal
National abandonment rate	Percentage of incoming calls terminated by the person originating the contact before being answered by call center staff	≤5%
National average speed of answer	Average time in seconds a person waits in the queue before their call is answered by the call center staff	≤30 seconds per month
National service-level agreement	Percentage of time incoming calls are answered by staff within the average-speed-of-answer goal (30 seconds)	≥80% per month
National staff availability*	Percentage of time staff should be available to answer incoming calls; the remaining 30% is considered not available	70%
Handle time‡	Average time staff spend on a single call, to include time on the phone and after-call work§	6 minutes per day

Source: VHA Clinical Contact Center Modernization Data and Metrics Guide *and the call center fiscal year 2023 performance plans for staff.*

** VHA staff availability is based on employee "Not Ready" status, to include breaks, outbound calling, and training.* VHA Clinical Contact Center Modernization Data and Metrics Guidance.

‡ VHA Clinical Contact Center Modernization Data and Metrics Guidance *requires VHA call centers to establish a handle-time goal for their staff but allows the call centers to set the exact goal. The call center selected six minutes as its average handle-time goal.*

§*After-call work includes documenting and summarizing the call in VA's electronic health record system and forwarding the record to the caller's primary care physician.*

[28] *VHA Clinical Contact Center Modernization Data and Metrics Guidance.*

Workload

During the review period (July through September 2023), the call center received about 135,600 calls. The primary care queue received the most calls at 124,600, followed by the mental health queue with 6,900 calls, and then the surgery queue with 4,200 calls.[29] Figure 1 shows the distribution of the calls across these three months.

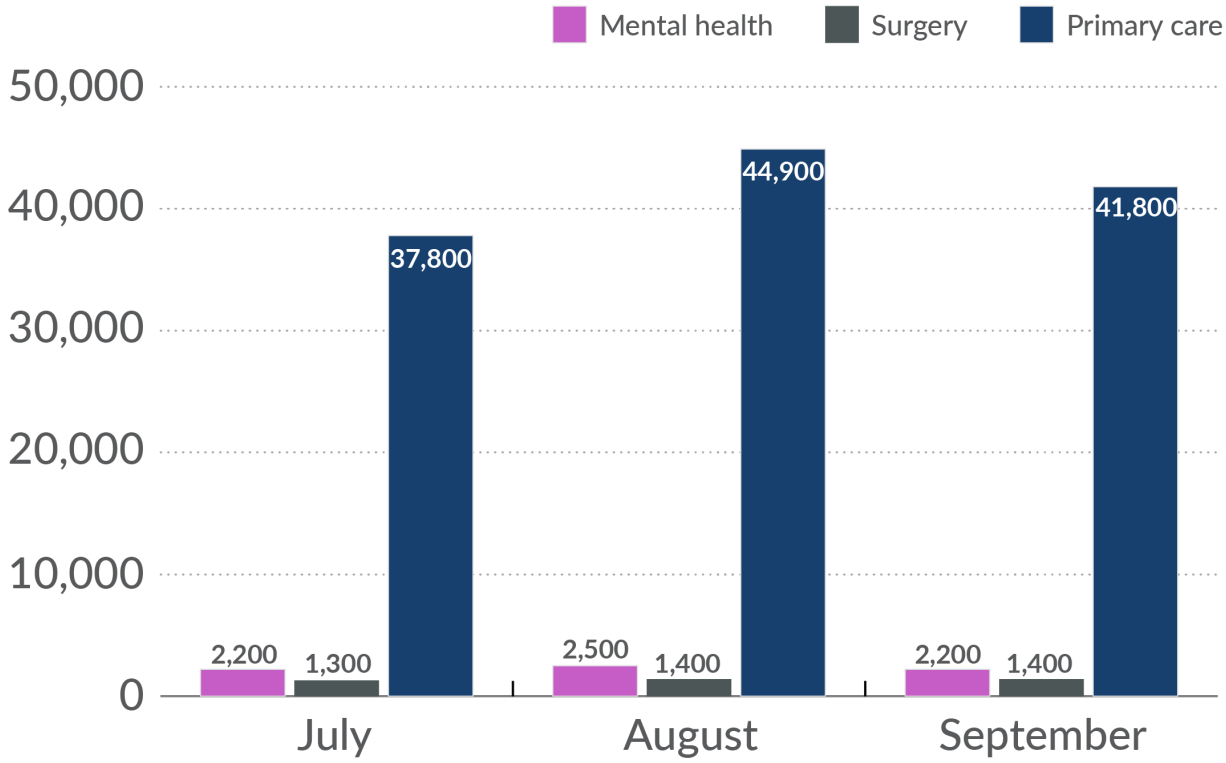

Figure 1. *Number of calls received by month for the three queues (primary care, surgery, and mental health).*
Source: VA OIG analysis of Cisco Unified Intelligence Center system data from July 1, 2023, to September 30, 2023.

The OIG team analyzed the call center's incoming calls during operational hours (7:00 a.m. to 4:00 p.m.) to determine the average number of calls received per hour, which is shown in figure 2.

[29] The total calls for each queue (primary care, surgery, and mental health) are rounded to the nearest hundred, so they do not total 135,600 when added together.

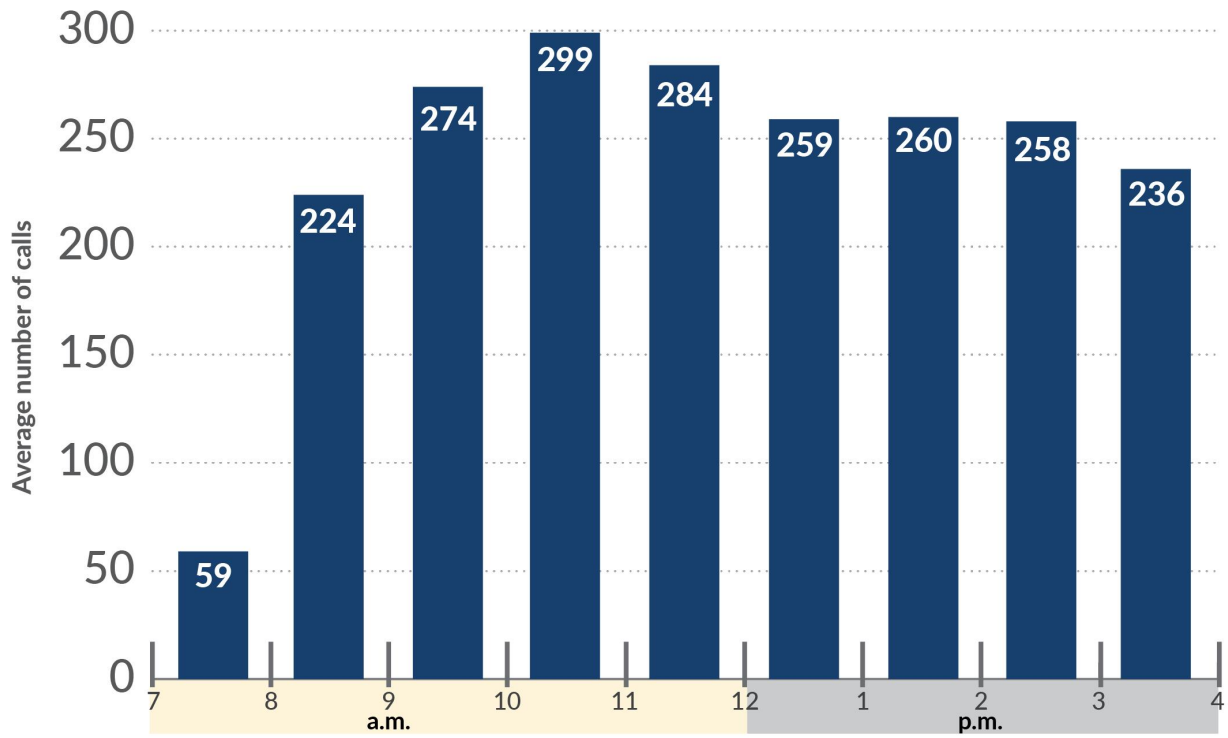

Figure 2. *The average number of calls (answered and unanswered) per hour during the review period.*
Source: VA OIG analysis of Cisco Unified Intelligence Center system data from July 1, 2023, to September 30, 2023.

During the review period, the call center received the fewest number of calls per hour from 7:00 a.m. to 8:00 a.m., about 60 on average. After 8:00 a.m., the hourly volume increased greatly, with each hour averaging over 200 calls. The call center received the most calls per hour between 10:00 a.m. and 11:00 a.m., with about 300 calls daily during this time.

Clinical Contact Centers

Historically, VHA allowed medical facilities to operate their own call centers and had not required them to standardize the call centers' operating hours or services. Staff at facility call centers addressed callers' inquiries or forwarded the callers, in real time, to the appropriate clinic or triage clinicians to address the callers' concerns. According to VHA, however, local operation of facility call centers created gaps in service coverage, poor customer service, and inconsistencies in the assistance provided throughout VHA.[30]

In June 2020, VHA officials charged VISNs with establishing clinical contact centers (contact centers) to address these weaknesses and improve access to care in all facilities across the networks. VHA required the contact centers to have staff available 24 hours a day to address

[30] VHA Directive 1090; VHA Directive 1006.04(1); *VA Health Connect Guidebook*.

various healthcare concerns. Scheduling and administrative staff assist patients with scheduling, canceling, or rescheduling primary care appointments and share information about VA services; clinical triage allows patients to talk to a registered nurse about symptoms and concerns and receive recommendations for healthcare needs; pharmacy staff help refill prescriptions, request prescription renewals, and answer prescription-related questions; and virtual clinic visits allow patients to conveniently talk with clinicians by phone, video, or chat to discuss healthcare needs. Contact centers that cannot provide all the required services can partner with another VISN's contact center to address the gap in services.[31]

At the beginning of 2023, VISN 7, which includes the Atlanta facility, had not yet consolidated its medical facilities' call centers into a contact center. At this time, many of the VISN 7 facility call centers, including Atlanta, did not provide the clinical triage, pharmacy services, and evening and weekend coverage typically offered by contact centers. As a result, leaders from VISNs 7 and 8 agreed that the Atlanta facility, beginning in June 2023, would route its clinical triage and pharmacy queues to the VISN 8 contact center—which had been established since July 2019—and the VISN 8 contact center would also handle all the VISN 7 medical facilities' call center queues after business hours.[32] VISN 7 had planned to have its contact center established by December 2023, but integration of all VISN 7 facility call centers did not start until March 2024.[33]

[31] Assistant under secretary for health for operations, "Veterans Integrated Service Network (VISN) Clinical Contact Center Expectations and Next Steps (VIEWS 03414352)," memorandum to VISN Directors (10N1-23), September 11, 2020.

[32] Additionally, during the review period, the VISN 8 contact center provided comprehensive, 24-hour coverage of contact center services for three VISN 7 facilities, located in Birmingham, Alabama; Columbia, South Carolina; and Tuscaloosa, Alabama.

[33] According to the VISN 7 business manager, VISN 7 leaders chose to partner with VISN 8's contact center because it had been established in 2019 and was used as the model for neighboring VISNs. It set a standard for contact centers' functional infrastructure and performance.

Results and Recommendations

Finding: Understaffing and Operational Inefficiencies Increased Wait Times and Abandoned Calls, and Staffing Requires Reevaluation

The OIG substantiated the complainant's allegations that the facility call center did not meet VHA abandonment rate and timeliness standards because the call center did not have enough staff answering calls during the review period. Not meeting these standards can contribute to delays in scheduling appointments as well as potential increased wait times and decreased access to care. From July through September 2023, the call center did not meet VHA's call center standards, with 30 percent of the callers abandoning their calls and only 22 percent of the answered calls picked up within 30 seconds.[34] Moreover, the average of 29 staff the call center had available to answer the 135,600 calls received during the review period fell below the staffing target of 53 staff the OIG estimated the call center needed based on the recommended VHA call center staffing model.[35]

Although the team substantiated the complainant's allegations, the team found other factors, besides understaffing, contributed to the call center's inability to meet the performance standards. Call center supervisors focused on reviewing daily performance reports and real-time data provided through the call center dashboard but did not review cumulative data that could improve staff monitoring to ensure adequate phone coverage throughout the day and help address substandard handle times.

Finally, call center staff also raised concerns during the review about possible problems in the management of the specialty care clinic telephone lines and mental health queue, which may also need to be addressed by facility leaders.

The finding is based on the following determinations:

- The call center did not meet national performance goals for incoming calls.
- The call center was understaffed during the review but now may be overstaffed.
- The call center met the staff availability standard, but additional operational problems affected its performance.
- The call center merged with the VISN 7 clinical contact center, but improvements are still needed.

[34] VHA expects 5 percent or less of the received calls to be terminated by the caller before call center staff can answer the phone (abandonment rate) and at least 80 percent of the call center's handled calls to be answered by staff within 30 seconds. *VHA Clinical Contact Center Modernization Data and Metrics Guidance*.

[35] *VA Health Connect Guidebook.*

What the OIG Did

The OIG team reviewed criteria from VHA policy related to call center staffing, scheduling practices, and standards, as well as performance standards for facility call center staff. The team reviewed performance data for call center staff and visited the Atlanta, Georgia, facility to interview call center managers and staff. The team also listened in on calls handled by the staff to better understand their process.

In addition, the team analyzed the call center's data as well as its management practices for the review period of July through September 2023. Since the call center continued to hire staff after the review period, the OIG team also examined call center data from October 2023 to February 2024 to determine whether the staffing level and performance improved after the initial review period. Moreover, the team conducted some limited follow up after the call center consolidated with the VISN 7 clinical contact center in March 2024. See appendix A for additional details on the methodology.

The Call Center Did Not Meet National Performance Goals for Incoming Calls

The OIG substantiated the complainant's allegation that the call center did not meet VHA's national performance standards.[36] The call center averaged about 29 staff available to answer the 135,600 calls received during the review period. However, 41,200 of the calls (30 percent) went unanswered and were abandoned by callers. This abandonment rate was well above VHA's performance standard of 5 percent. Figure 3 provides a monthly comparison of the answered and abandoned calls for the review period.

[36] *VHA Clinical Contact Center Modernization Data and Metrics Guidance.*

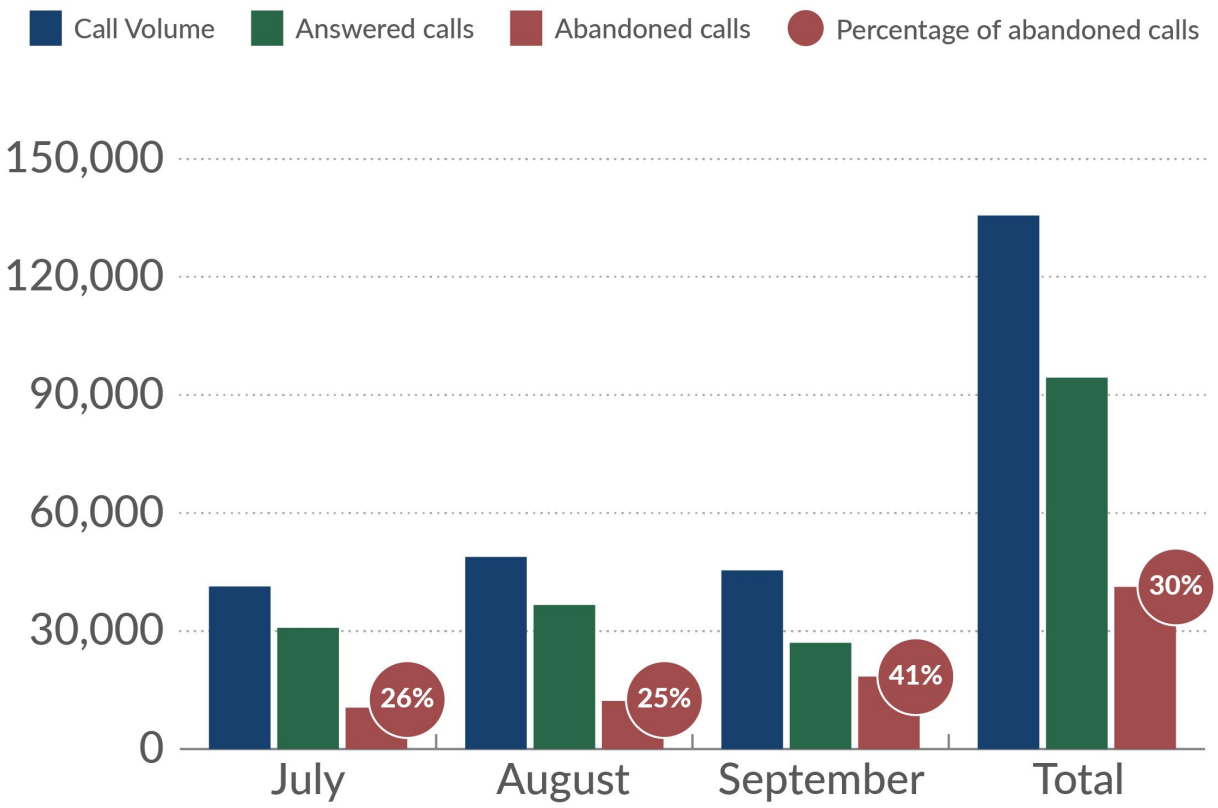

Figure 3. *The total number of answered and abandoned calls by month during the review period.*
Source: VA OIG analysis of Cisco Unified Intelligence Center system data from July 1, 2023, to September 30, 2023.

The OIG team also determined the call center did not meet VHA's 80 percent timeliness standard for answered calls during the review period.[37] The call center only answered about 20,400 of 94,400 calls within 30 seconds, or 22 percent. Figure 4 breaks down this standard by month.

[37] *VHA Clinical Contact Center Modernization Data and Metrics Guidance.*

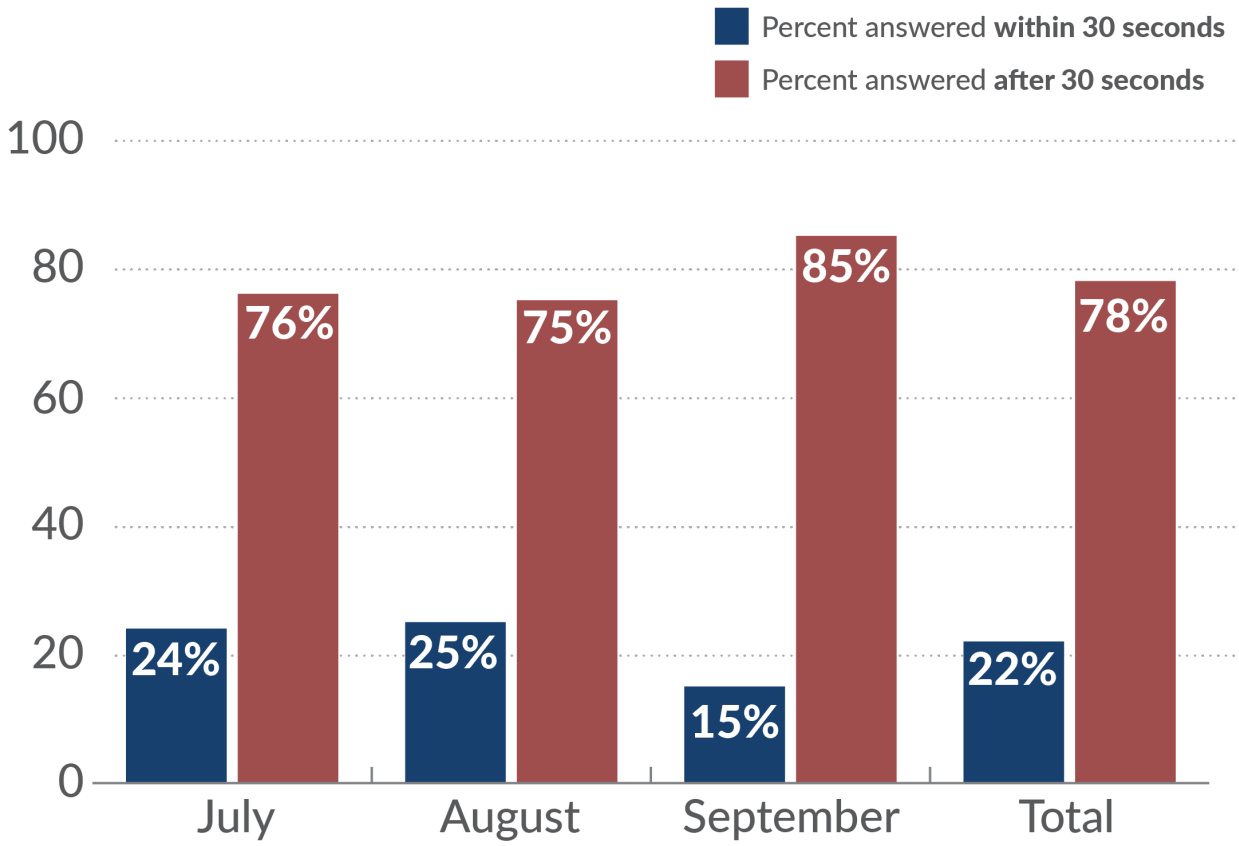

Figure 4. *The percent of calls answered within 30 seconds and after 30 seconds during the review period.*
Source: VA OIG analysis of Cisco Unified Intelligence Center system data from July 1, 2023, to September 30, 2023.

The team's analysis of the answered calls disclosed that about 3,300 were answered within 31 to 59 seconds. However, many callers waited over five minutes to have their calls answered, and the wait time averaged seven minutes. Figure 5 shows the distribution of calls based on callers' wait times.

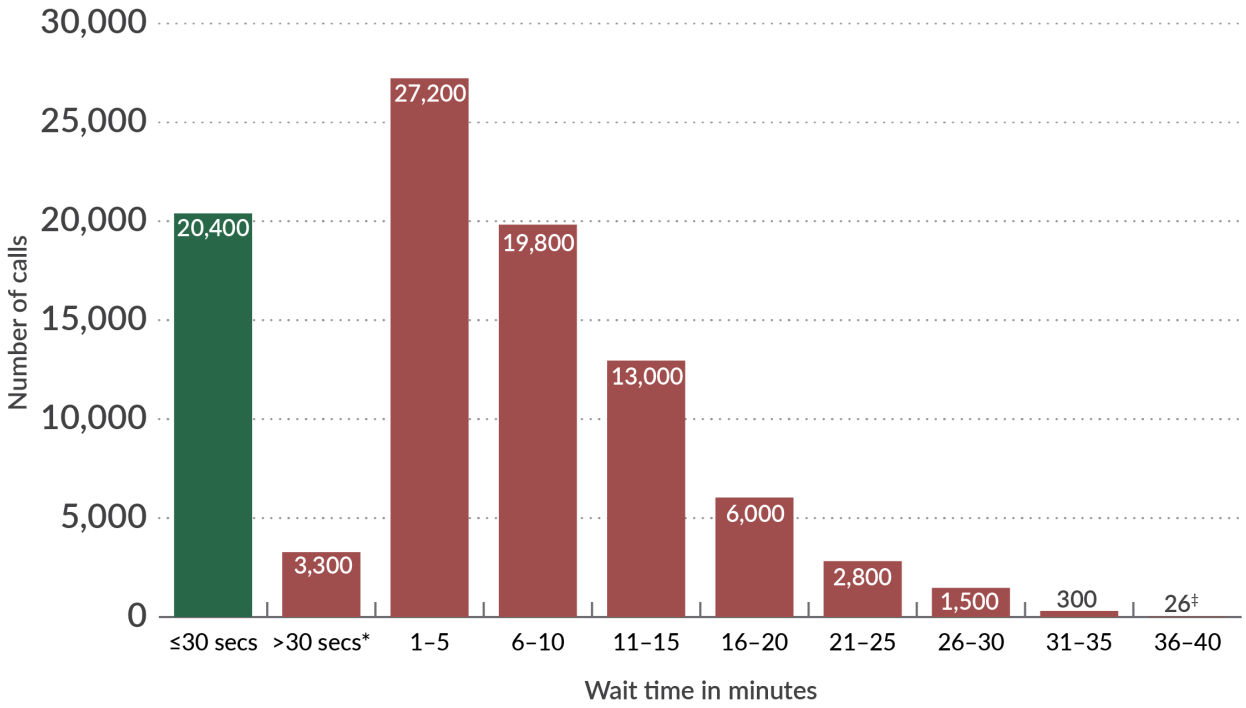

Figure 5. *The distribution of callers' wait times for all handled calls during the review period.*

Source: VA OIG analysis of Cisco Unified Intelligence Center system data from July 1, 2023, to September 30, 2023.

** The column values include seconds up to the next whole minute.*

‡ The longest wait time was 39 minutes and 59 seconds.

A closer analysis of the abandonment rate by queue also substantiated the complainant's follow-up allegation that although the call center's mental health queue had improved after the call center diverted staff from other queues to answer mental health calls, the other queues were still not meeting the abandonment standard. VHA expects 5 percent or less of the received calls to be terminated by the caller before call center staff can answer the phone (abandonment rate).[38] Figure 6 shows the mental health queue was below the VHA standard for abandoned calls at 3 percent. In contrast, the primary care and surgery queues had a combined abandonment rate of 32 percent.[39]

[38] *VHA Clinical Contact Center Modernization Data and Metrics Guidance*.

[39] The OIG team combined the data for the primary care and surgery queues because most of the call center staff answered calls from both queues, while the mental health queue had about five dedicated staff to answer calls. The complainant-provided call data showing that as of June 28, 2023 (just before the OIG's review period), the combined abandonment rate for the primary care and surgery queues was 34 percent.

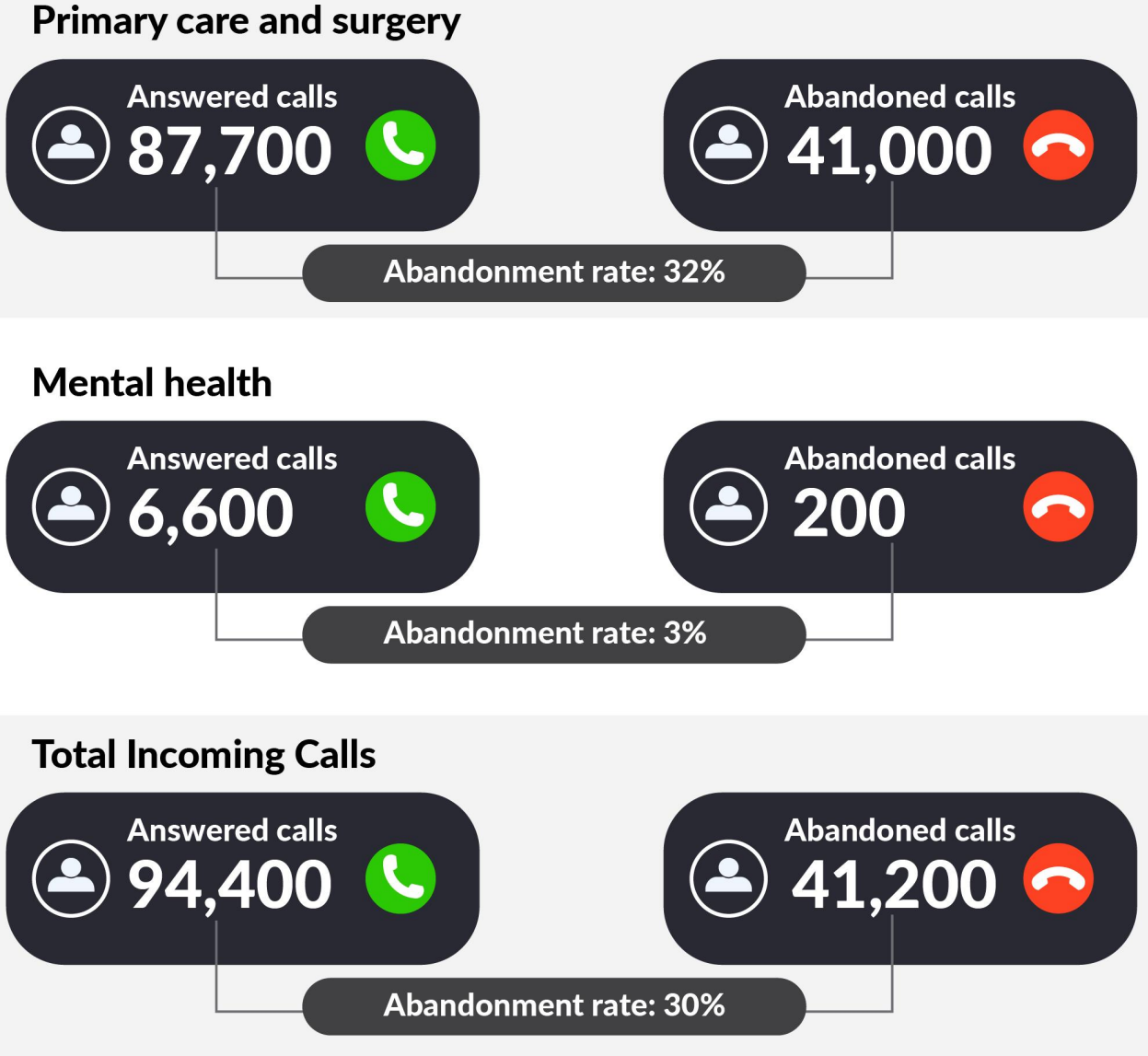

Figure 6. *An overview of the call center's answered calls and abandonment rate during the review period by queue.*

Source: VA OIG analysis of Cisco Unified Intelligence Center system data from July 1, 2023, to September 30, 2023.

A review of the call center's timeliness showed the mental health queue exceeded the 80 percent standard, with 94 percent of the answered calls picked up in 30 seconds or less. VHA expects at least 80 percent of the call center's handled calls to be answered by staff within 30 seconds.[40] In contrast, only 16 percent of answered calls in the primary care and surgery queues were picked

[40] *VHA Clinical Contact Center Modernization Data and Metrics Guidance*.

up within 30 seconds.[41] Figure 7 shows the percentage of answered calls picked up within 30 seconds and the average time to answer calls in the queues.

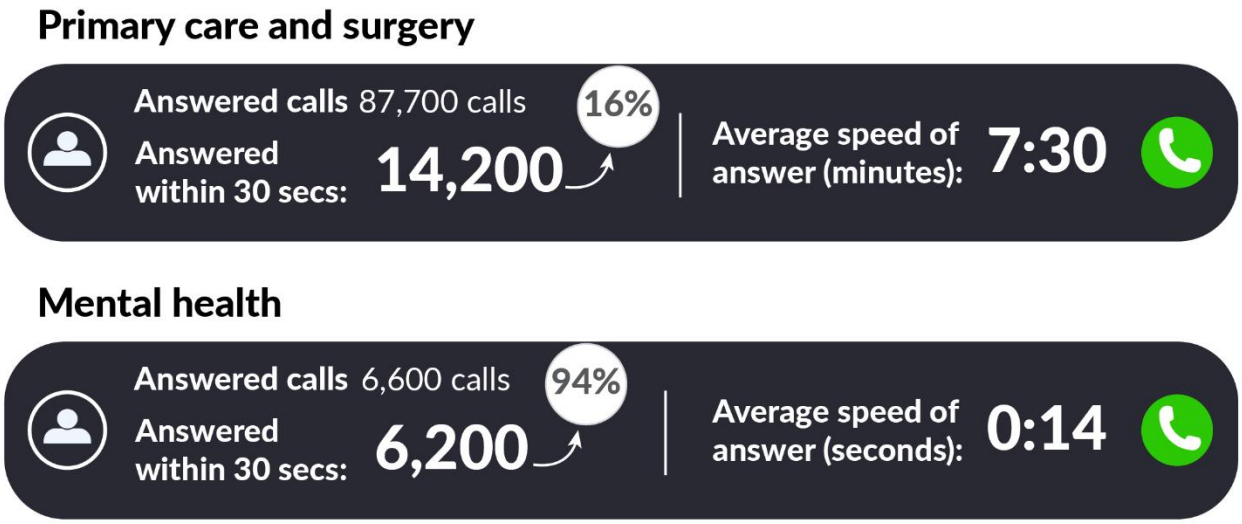

Figure 7. *An overview of the call center's answered calls within the timeliness standard and average speed of answer during the review period by queue.*

Source: VA OIG analysis of Cisco Unified Intelligence Center system data from July 1, 2023, to September 30, 2023.

The team attributed the differences in performance metrics between the call center's queues to two factors: the call center prioritized the mental health queue by designating five staff to answer only mental health calls, and the mental health queue received a considerably smaller number of the call center's overall calls. The primary care and surgery queues, with about 24 assigned staff, received about 128,700 calls while mental health received only 6,900 calls during the review period. Consequently, the OIG team determined primary care and surgery received on average about 85 calls daily per assigned staff member compared to about 22 calls per staff member assigned to mental health, and this significant difference in call volume made it much easier for staff assigned to mental health to meet and exceed VHA's performance standards.

The Call Center Was Understaffed During the Review but Now May Be Overstaffed

The OIG team substantiated the call center was not meeting VHA standards due to understaffing. During the review period, the call center had an average of 29 staff available to answer calls. On

[41] A review of the call center data showed the diversion of the five staff to the mental health queue did not affect the other two queues (primary care and surgery), and the call center answered roughly 16 percent of the calls within 30 seconds even after the five staff were diverted.

some days during the review period, up to 32 staff were available to answer calls, but the staffing level was still insufficient at that time based on call volume and handle times.

In July 2023, the call center used the Erlang-C calculator, discussed earlier, and identified the need for 82 staff. To assess the call center's staffing during the review period, the OIG team applied the same calculator but made some minor adjustments to determine how many staff the call center needed to meet the timeliness standards based on data from July through September 2023.[42] The team used many of the same inputs for each variable in the calculator (for example, timeliness standards and hours of operation) as the call center, with two exceptions: average daily call volume and average handle time. The team updated the average daily calls to reflect the average number of calls received per day during the review period and changed the handle time from four minutes—the time the call center used to calculate its request—to six minutes based on the performance expectation set by the call center in order for staff to meet the minimum daily call volume.[43] During the review period, the average daily number of calls received was about 2,150 with an average handle time of five minutes and 46 seconds. Using this data and the calculator, the OIG team estimated the call center needed about 50 to 53 staff to meet the center's call volume as shown in figure 8, but it only had 32 staff by the end of the review period. Still, the OIG team's estimate is lower than the 82 staff the call center requested based on its own calculation.

[42] Although use of the Erlang-C calculator is not mandated, the *VA Health Connect Guidebook* recommends its use in calculating staffing levels because it is considered a standard industry performance metric.

[43] Variables used in the Erlang-C calculator include number of incoming calls, length of time call center operates per day, target handle time, target answer time and the respective percentage of calls answered in that target time, maximum occupancy of staff, shrinkage, average patience (the expected time a caller will wait before hanging up), working hours per week, and reporting interval. In the OIG team's analysis, all inputs were matched to guidance from the *VA Health Connect Guidebook* and VHA Directive 1090, the telephone access directive. Performance expectations for employees at the call center outline that staff should handle calls within 360 seconds (six minutes) and answer a minimum of 80 to 90 calls per day to meet standards. A handle time of six minutes allows staff to answer 10 calls per hour, or a total of 80 calls per day in a normal eight-hour workday.

Figure 8. *Erlang-C calculation results based on average of incoming calls during the review period.*

Source: Erlang-C calculation conducted using the online call center staffing tool yields the average of about 50 staff, not to exceed 53 staff, as shown at the bottom of the calculator. See Erlang Calculator for Call Centre Staffing for more information.

Note: "Staff (Max)" or the maximum number of staff, corresponds to the anticipated staffing needs of "Critical Work Days" (days when the call volume is higher than normal). Call centers staffed beyond this maximum would be at risk of having a greater number of staff than needed to accommodate incoming calls and consequently increased amounts of downtime. See Definitions | Call Centre Helper for more information.

Although the OIG team substantiated the complainant's allegation that the call center was understaffed during the review period, the OIG team noted the facility followed through on the approved July 2023 staff request. As a result, the facility had hired 80 staff by the end of February 2024.

The call center used 4,000 calls as the daily call volume in its July 2023 calculation. However, the call center could not provide the OIG team any support for this number, which was well above the daily average of about 2,150 calls during the review period, when the daily call volume ranged between about 1,640 and just under 2,900 calls. As a result, the OIG team also analyzed the call center's telephone system data for an additional period, October 1, 2023, to February 29, 2024, to determine whether its call volume had increased significantly. The February 2024 data showed a slight increase in the daily average with approximately 2,340 average daily calls, but this only raised the target staffing level for the call center in the Erlang-C calculator to between 54 and 59 staff for the month. Therefore, the call center appeared to be overstaffed by 21 to 26 people at the end of February 2024.[44]

The Call Center Met the Staff Availability Standard but Additional Operational Problems Affected Its Performance

While evaluating the call center's performance during the review period, the team determined the call center met VHA's national staff availability standard, which requires staff to be available at

[44] The team recognized possible seasonal variations in call volume, but a review of the call center's data for the period of October 2020 to September 2021 found that average daily call volume by month ranged from about 1,260 to 2,650 calls a day and never reached 4,000 calls.

least 70 percent of the day to answer calls. The team's analysis disclosed that staff spent 8,483 of 15,406 total hours (55 percent) in phone calls and on after-call work (handle time) during the review period. Staff spent an additional 2,442 hours (16 percent) ready and waiting for calls and the remaining 4,481 hours (29 percent) in a "break," "not available," or "other" status and were unavailable to take calls.[45] Figure 9 shows the breakdown of hours spent in these various statuses, and the percentage of total time, during the review period.

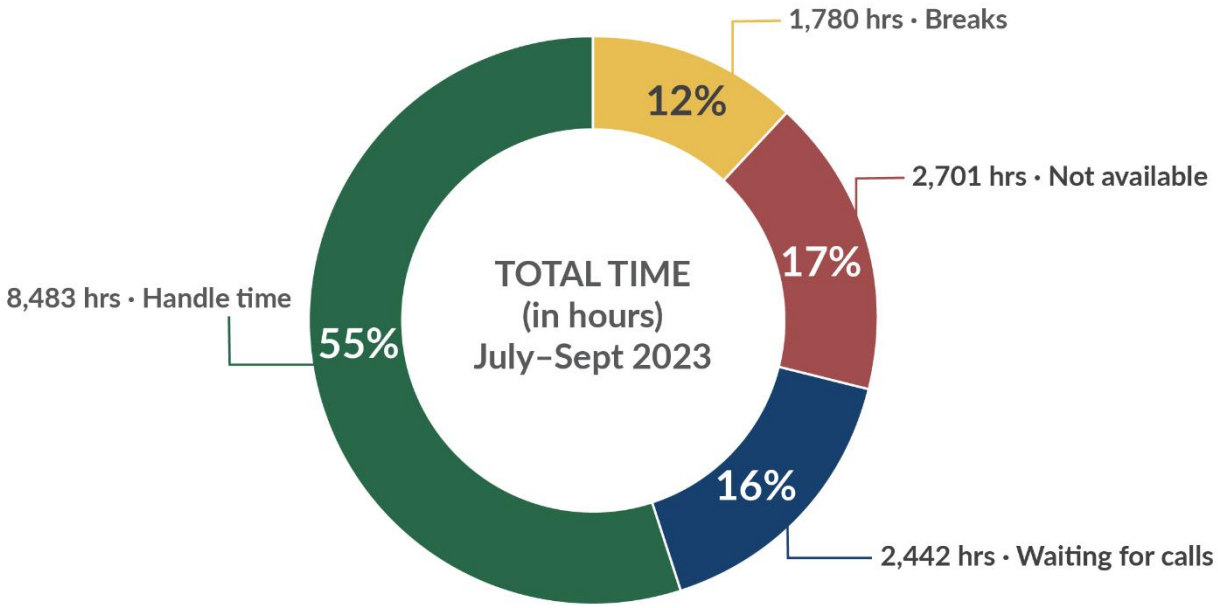

Figure 9. *Breakdown of call center staff time during the review period.*

Source: VA OIG analysis of Cisco Unified Intelligence Center system data from July 1, 2023, to September 30, 2023.

Note: The "not available" category includes other duties, connection failure, and leave during the day.

Consequently, adding the handle time and the time staff waited for calls, the call center just met the national standard with 71 percent of its staff available to take calls. However, the team found when it analyzed this data more granularly, based on the workday, it noted the call abandonment rates generally worsened during certain periods of the day when fewer staff were available to take calls. Moreover, a significant number of staff were unavailable for several hours during the day or did not meet the performance standard of an average six-minute handle time during the review period.

Call center supervisors are responsible for managing the staff's schedules and review daily staff productivity reports, which include data for individual staff such as abandonment rate, handle time, total calls handled, and staff's availability to take calls.[46] Throughout the day, the

[45] These numbers are rounded to the nearest hour.

[46] The OIG team reviewed the call center supervisor position description.

supervisors also monitored the call center's dashboard, which provided real-time call status data. The supervisors stated they had ongoing discussions with staff regarding performance. However, the OIG team found no indications the supervisors tracked the availability of individual staff members to take calls or evaluated staff productivity over longer periods of time, such as by month or quarter.

The call center chief reported she and the supervisors were overwhelmed by the administrative burden of hiring and onboarding new staff, as well as the challenge of handling the volume of calls while understaffed. Therefore, they were only able to identify and address the daily operational problems. The OIG team noted that the supervisors may have been particularly focused on the review of the daily staff productivity reports because their position descriptions specifically mentioned that "supervision is generally limited to review of overall results on daily scheduling reports."[47]

If call center leaders had periodically evaluated and monitored cumulative staff performance over a longer period, such as by month or quarter, they might have identified additional operational problems affecting performance. Moreover, these operational issues would still affect call center performance even with the hiring of more staff. For example, the supervisors neither made sure staff started early enough to answer calls nor made sure staff sufficiently staggered breaks to provide needed call coverage.

Insufficient Call Coverage Worsened Abandonment Rates

The OIG team determined the call center coverage worsened at certain times in the day when large numbers of staff were either on break or unavailable to take calls. When staff take their 30-minute lunch break, 15-minute short break, attend to other duties, or are otherwise "unavailable" to accept calls, they change their status in the phone system to "Not Ready," which prevents the telephone system from routing calls to them. The phone system prompts staff to select the reason to include, "Short Break (15 min)," "Lunch Break," "Meeting," "Other Duties," or "Phone Failure" for changing their status to "Not Ready."

As shown in figure 10, the center's call volume starts to increase significantly between 7:00 a.m. and 8:00 a.m., growing steadily until it peaks between 10:00 a.m. and 11:00 a.m. Then it declines slightly but stays relatively high until about a half hour before the call center closes at 4:00 p.m. When the OIG team compared changes in the call volume with changes in the abandonment rate throughout the day, the volume of abandoned calls generally followed the call volume, increasing and decreasing throughout the day based on the flow of the incoming calls. However, figure 10 also shows some notable peaks in the abandonment rate around 7:45 a.m., 10:30 a.m., 12:00 p.m., and 2:00 p.m. The peak at around 12:00 p.m., or during lunch time, is particularly

[47] Functional Statement for Supervisory Medical Support Assistant (position description for call center supervisor) at Atlanta facility, approved August 2018.

notable because the abandonment rate reaches its highest point even though call volume is beginning to decline.

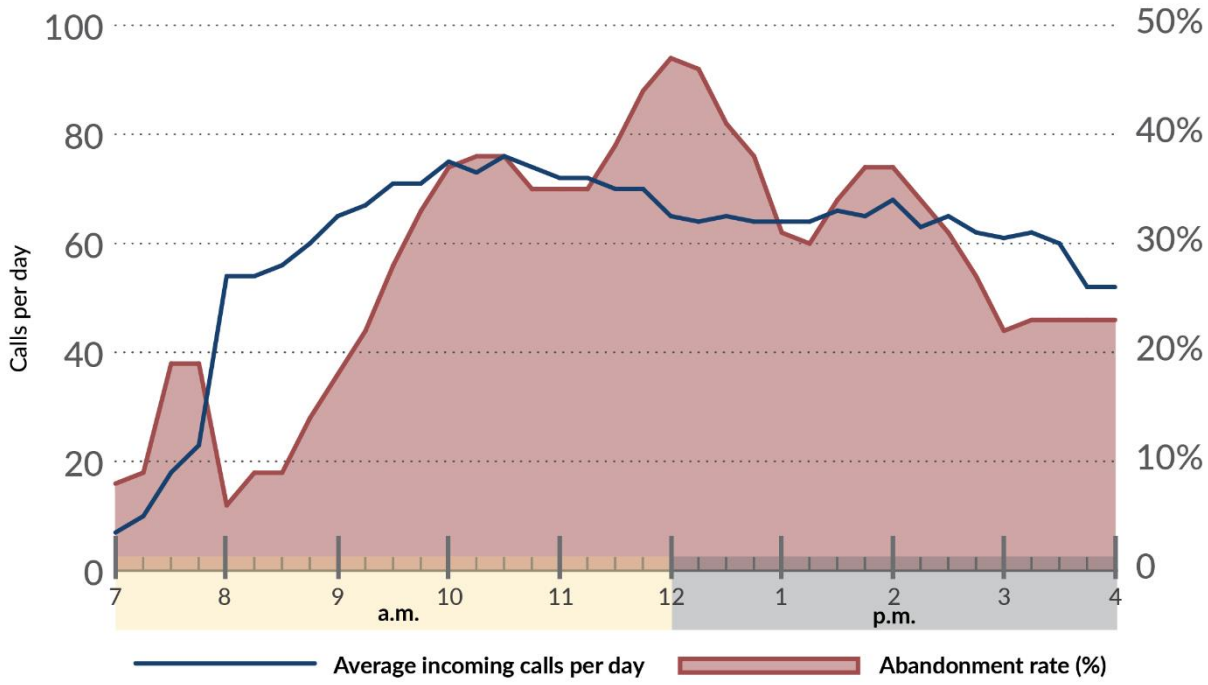

Figure 10. *The number of calls and the abandonment rate during call center operations for the review period.*

Source: VA OIG analysis of Cisco Unified Intelligence Center system data from July 1, 2023, to September 30, 2023.

To determine whether the peaks in the abandoned calls were related to shifts in the staff's availability throughout the day, the team compared the changes in the abandonment rate with both the percent of staff who were in any "Not Ready" status, and the percent of staff who were in "Not Ready" status because they were on break.[48] The team's analysis shows the only time the call center came close to meeting VHA's 5 percent abandonment rate was just after 8:00 a.m., around the time when all call center staff should have signed on for the morning. Just before this, between 7:45 and 8:00 a.m., the abandonment rate peaked at 19 percent when up to 76 percent of the staff were unavailable to take calls. The decrease in the abandonment rate can likely be attributed to staff scheduled to start work at 8:00 and 8:15 a.m. (the final daily start times) signing on and beginning to take calls. Moreover, the team noted additional peak abandonment rate periods occurred during periods when a significant percentage of staff were on break or otherwise indicated they were not ready to receive calls:

[48] Staff who were in full-time training during the review period were excluded from staff availability metrics to improve accuracy.

- Between 10:30 and 10:45 a.m., the abandonment rate peaks at 38 percent and staff unavailability peaks at 35 percent (including 14 percent of staff on break).
- Between 12:00 and 12:30 p.m., the abandonment rate peaks at 47 percent and staff unavailability peaks at 46 percent (including 37 percent of staff on break).
- At about 2:00 p.m., the abandonment rate peaks at 37 percent and staff unavailability peaks at 37 percent (including 20 percent of staff on break).

The team's full analysis is presented in figure 11.

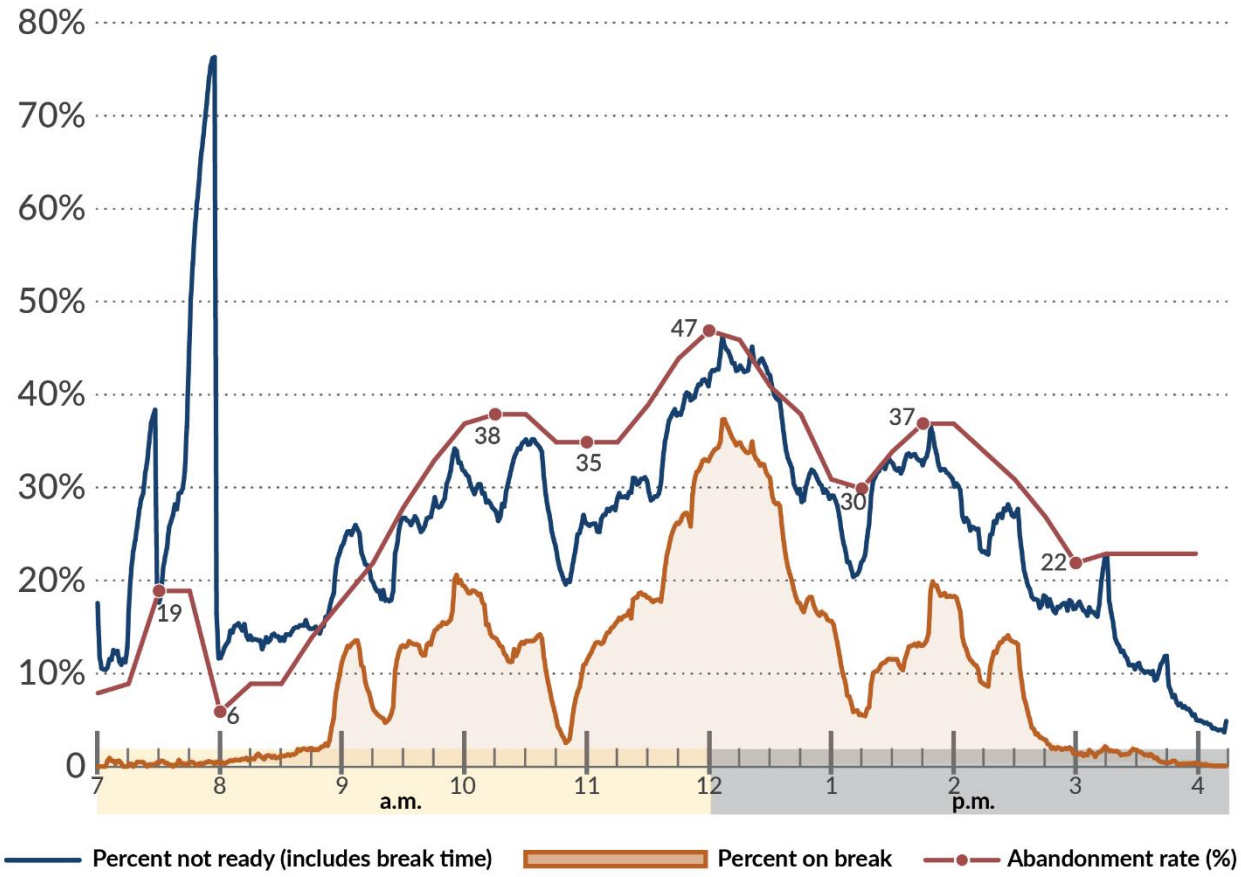

Figure 11. *Comparison of abandonment rate to percentage of staff not ready or on break throughout the day during the review period.*

Source: VA OIG analysis of Cisco Unified Intelligence Center system data from July 1, 2023, to September 30, 2023.

Note: Some shifts at the call center do not end until 4:45 p.m. to allow staff to finish calls that cannot be resolved before the call center officially closes at 4:00 p.m.

Though the OIG team substantiated the allegation that the call center did not have sufficient staff to accommodate call volume during the review period, these data suggest that the high abandonment rate was not attributed to understaffing alone. This analysis also demonstrated that

the abandonment rate was further inversely affected by the number of staff ready and available to answer calls throughout the day, as displayed by the corresponding four peaks of abandonment rate and "Not Ready" status.

According to the call center chief, staff are assigned a specific time between the hours of 11:00 a.m. and 1:30 p.m. to take their standard 30-minute lunch break. According to one of the staff supervisors, staff are also assigned specific times to take one 15-minute break before lunch and one 15-minute break after lunch. Call center leaders assign lunch and break start times to staff during onboarding and stagger the times among staff to provide the best coverage possible. According to the call center chief, lunch and break times are adjusted daily to ensure minimal overlap and proper staggering in case of absences or increased call volume, with an updated schedule sent out each morning to notify staff of their lunch and break times for the day. However, the OIG team could not confirm that lunch and break times are adjusted daily. Two staff members the team interviewed stated they did not receive updated daily break schedules, and they essentially followed the same schedules they were assigned when they onboarded.

The call center chief and the staff supervisor believed that aside from staggering lunches and breaks, they did not have the means to significantly improve call center performance during peak call periods due to understaffing. The chief also noted that transitioning to a 24/7 call center could potentially help with peak times because of the greater ability to vary staff schedules and break times—staffing around the clock would also require expanding staffing to cover 24 hours. Shifts frequently overlap because the call center takes calls for only nine hours a day. Thus, a manager's ability to stagger breaks is limited when many of the staff essentially work the same shift.

Although understaffing during the review period may have limited the call center's ability to effectively answer incoming calls, the OIG team's analysis in figure 11 shows that staff's unavailable time contributed significantly to abandonment rate peaks throughout the day. Further, the OIG team noted that the amount of unavailable time for some call center staff to take calls was particularly pronounced.

To be able to meet the national availability standard of 70 percent, staff at the call center with a typical 8.5 hour workday (including lunch and breaks) needed to, on average, be available to take calls for about six hours and unavailable only about 2.5 hours.[49] However, the OIG team's analysis of the phone system data for the call center's fully trained staff determined nine of the 34 staff who took calls during the review period (26 percent) were routinely unavailable to take

[49] To calculate the number of hours staff should be available to take calls based on the 70 percent standard, the OIG team multiplied the 70 percent to a typical workday of 8.5 hours (0.70 × 8.5 hours = 5.95 hours, which, rounded to the nearest hour, is 6 hours). The team then subtracted 6 hours from the 8.5 hours to reach 2.5 hours of unavailability.

calls for more than 30 percent of their workday.[50] These staff were not available 31 to 60 percent of their respective workdays or the equivalent of 2.6 to 5.1 hours a day during the review period. Figure 12 summarizes the unavailable hours for each of the nine staff members on a typical 8.5-hour workday during the review period.

Figure 12. *The amount of time per day nine fully trained staff were unavailable to take calls during the review period.*

Source: VA OIG analysis of Cisco Unified Intelligence Center system data from July 1, 2023, to September 30, 2023.

The OIG concluded that insufficient call coverage, specifically during the first hour of the call center opening and during breaks and lunch, worsened abandonment rates, raising the rate to almost 50 percent at peak. Additional staff unavailability, as shown in figure 12, also likely contributed to the significant abandonment rates.

[50] The OIG team identified 34 unique call center staff who were answering calls during the review period and analyzed their work time. This number differs from the 32 staff discussed previously because a few staff members had resigned during the review period and other staff started answering calls after completing training.

Insufficient Call Coverage Contributed to Longer Wait Times

The OIG team plotted callers' average wait times throughout the day and found that wait times typically increased during the same peak periods when staff were unavailable to take calls, which also coincides with peak abandonment rates. VHA's standard is that 80 percent of calls should be answered within 30 seconds. Figure 13 shows that around the same times the abandoned calls peak—7:45 a.m., 10:30 a.m., 12:00 p.m., and 2:00 p.m.—wait times are also at or near their peak.

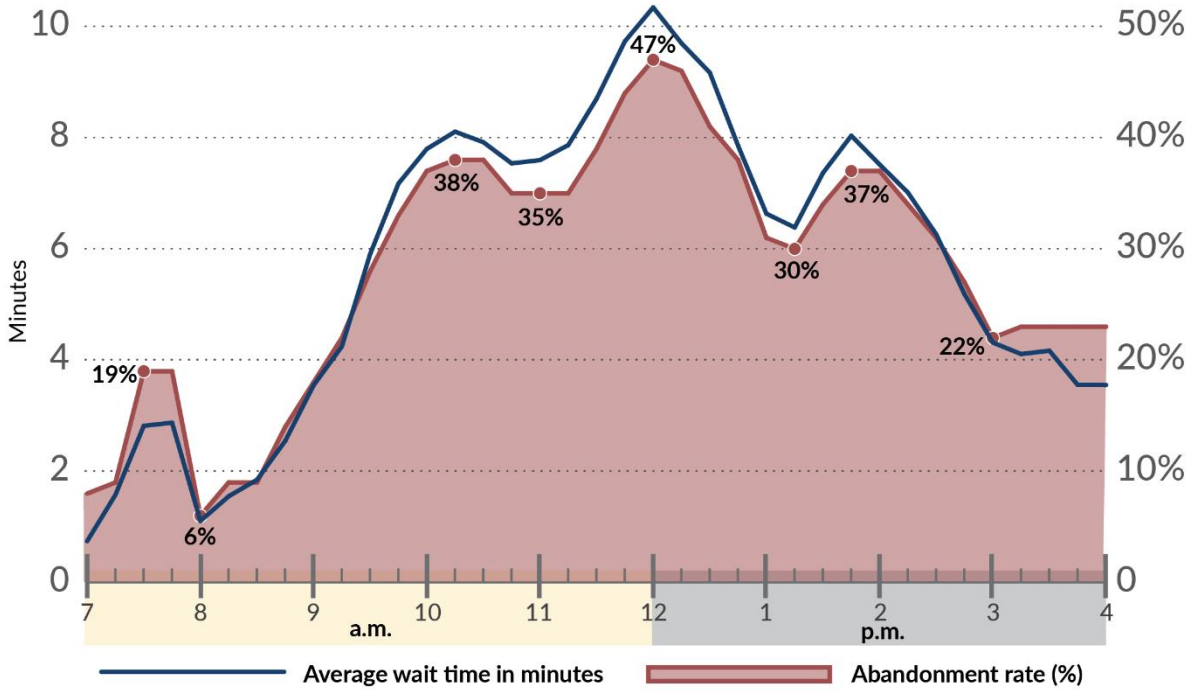

Figure 13. *The average time callers waited throughout the call center's operations versus the abandonment rate during the review period.*

Source: VA OIG analysis of Cisco Unified Intelligence Center system data from July 1, 2023, to September 30, 2023.

The OIG team's analysis shows that the average caller wait time during nonpeak call volume times and outside of the lunch period (before 9:00 a.m. and after 2:45 p.m.) ranged from less than one minute to over four and a half minutes, and during the peak times/lunch period, the average wait time ranged from about three minutes to over 10 minutes, well above the timeliness standard of 30 seconds. According to figure 13, the average wait time in minutes increases during short break times and during the lunch period and decreases as staff return from their breaks. The figure also demonstrates that the only time the call center has an average speed of answer within the threshold of 30 seconds is for the first few minutes of the morning around 7:00 a.m.

Some Call Center Staff Did Not Meet the Handle-Time Performance Standard

The call center established a handle-time goal in accordance with VHA policy, choosing six minutes as its goal, and incorporated that into the performance plans of call center staff. During the review period, the call center had an overall average handle time of about 5.8 minutes (talk time plus after-call work). However, the OIG team's analysis showed 11 of the 34 fully trained staff (32 percent) did not meet the six-minute handle time; their averages ranged from 6.3 minutes to 8.7 minutes per call. The OIG acknowledges complex calls may require more than six minutes to handle, and this can raise a staff member's average. However, all staff members receive complex calls at some point; the team found three staff members who fielded calls that lasted 48 minutes or more, and two of these staff achieved the goal of six minutes or less. In other words, complex calls do not always prevent staff from meeting the handle-time goal. Thus, the OIG team concluded that if 68 percent of the call center's fully trained staff met the standard, the remaining staff should also be reasonably expected to meet this standard in their performance plans. Consequently, call center managers need to monitor staff closely and actively work with any who are not meeting the standard to improve their handle times. If more call center staff met the six-minute standard, they would, in theory, be available to answer more calls, which in turn would help reduce the call center's number of abandoned calls and caller wait times.[51]

Insufficient Oversight Affected Performance Standards

Under the principle of first-contact resolution, call center staff are expected to address all received calls.[52] Approximately 6,300 of the 135,600 calls (5 percent) the call center received during the review period appeared to be callers trying to reach the facility's specialty care clinics; most of these were for the geriatrics and extended care clinic and the surgical clinic.[53] According to staff and information the OIG team found in the available call records, the call center typically received calls for specialty care clinics because the callers could not reach the clinics to schedule appointments or to address other concerns.

[51] Call center monthly performance meetings demonstrate that the call center analyzes each staff member's average handle time by month and average daily call volume against the six minutes.

[52] First-contact resolution refers to call center staff answering and attempting to address all calls received, regardless of the call's intent. VHA Directive 1006.04(1).

[53] The OIG team was informed that health administration services oversees the medical support assistants who are generally responsible for handling calls for the facility's specialty care clinics, which provide patient care in areas such as geriatrics and extended care, radiology, and surgery; they exclude primary care. The OIG team could not perform a more thorough analysis of specialty care clinic calls due to the limited information the call center maintained for these calls. The team could only identify the number of calls related to the specialty clinics and basic information about the calls through the Microsoft Teams chat logs that call center staff created as they communicated information back to the specialty care clinics to assist the callers.

The OIG team was informed that call center staff are unable to schedule appointments for specialty care clinics and cannot address callers' clinic-specific needs. Thus, facility leaders told the OIG team that calls for the facility's specialty care clinics took longer to handle because they had to first attempt to connect the caller with the clinic; if unsuccessful, they had to document in a Microsoft Teams chat the patient's information—such as name, last four numbers of their social security number, and a callback number—and who they wished to speak to and why.

These types of calls indicate some specialty care clinics, where health administration service staff (administrative staff) answer the phones, may also be experiencing challenges with abandoned calls. For example, the OIG team identified a patient who had attempted to call the physical therapy clinic four times before calling the call center. The OIG hotline also received a complaint in November 2023 alleging the care of three veterans at a clinic associated with the facility was delayed because they could not reach anyone in the radiology department to schedule the tests they needed. The OIG referred the radiology hotline to VISN 7 leaders for resolution. The interim facility director in place at the time of the referral reported the allegation was partially substantiated and that the medical facility had assigned staff to answer radiology calls and was in the process of hiring additional staff to ensure calls are answered timely.[54] Though they represented a very small percentage of the call center's workload, specialty care clinic calls could have limited veterans' access to care through the call center if they were received during high-volume periods and peak call hours.

Finally, the OIG team was informed by the call center analyst that facility leaders transferred responsibility of the mental health queue from the call center to the facility's health administration service on January 9, 2024. However, the team observed real-time dashboard data on incoming calls on January 22, 2024, which indicated that as of 2:37 p.m. that day, administrative staff had not answered 24 of 100 mental health calls received. The team subsequently requested additional mental health queue data from the facility for January, but facility leaders had already transferred the queue back to the call center on February 1, 2024. Facility leaders stated they could not provide the requested January data because the phone system was new, and they did not yet know how to run the appropriate reports.

The OIG team was informed by the call center analyst that the call center eventually transferred the mental health queue back to the facility's health administration service on April 15, 2024, when it was consolidated with the VISN 7 clinical contact center.[55] Call center data provided by call center staff for May 2024 showed administrative staff were meeting VHA abandonment and

[54] Executive Director (Interim), Atlanta VA Health Care System (508/00), "OIG Hotline Non-Case Referral 2024--02976; Decatur, GA VAMC; RP 72," memorandum to VISN 7 Executive Leadership Team, January 18, 2024. This memorandum is not available to the public.

[55] Clinical contact center staff are available 24 hours a day to schedule facility primary care appointments, triage callers' health concerns, and provide clinical pharmacy and virtual healthcare services. Contact centers focus on primary care; typically, medical facilities still handle specialty care clinic calls, such as mental health.

timeliness standards, with an abandonment rate of 2.9 percent and an average speed of answer of 16 seconds. However, due to the movement of the mental health queue several times and performance issues the team observed in January 2024, the OIG believes the VISN and facility directors should continue to monitor mental health calls to make sure they are answered in a timely manner.

The Call Center Merged with the VISN 7 Clinical Contact Center, but Improvements Are Still Needed

In March 2024, the call center consolidated with the call centers of the other regional medical facilities in its network to form the VISN 7 clinical contact center. The VISN 7 contact center operates only during business hours and continues to use the VISN 8 contact center to handle after-hours calls. VISN 8's support will terminate March 31, 2025, or upon VISN 7 hiring a full after-hours staff, whichever is sooner. All the staff from the individual call centers remained at their respective medical facilities, but they are now responsible for the primary care scheduling queues of all VISN 7 facilities. The OIG team's analysis indicated the Atlanta call center's staffing was higher than the target level in the VHA call center staffing model and that it was likely overstaffed in February 2024 just before the consolidation. The former Atlanta call center chief assumed the role of executive director of the VISN 7 contact center, the call center supervisors transitioned to similar leadership and management roles, and all call center staff also joined the contact center.

According to VHA's clinical contact center data, as of June 2024, the VISN 7 clinical contact center was not meeting VHA call center performance standards, with an abandonment rate of about 33 percent and only 14 percent of handled calls answered within 30 seconds.[56] In September 2024, the VISN 7 director reported that the VISN 7 clinical contact center is still working toward accommodating all calls, and they are committed to hiring and onboarding staff to improve both the abandonment rate and the average speed of answer.

Conclusion

The OIG substantiated the allegation that the call center did not meet VHA abandonment rate and timeliness standards because it was understaffed. However, the OIG also noted that insufficient call coverage during peak times and excess handle times also contributed to the call center's performance problems. The apparent overstaffing of the call center before becoming part of the contact center makes it imperative for VISN 7 leaders to address staffing and performance issues to mitigate concerns about overall effectiveness and efficiency at the contact center. The OIG believes this report provides valuable insights as to how robust staffing and performance monitoring can benefit the facility-based staff and will help the contact center meet

[56] VA Health Connect Telephone Dashboard, accessed July 2 and July 3, 2024 (not publicly accessible).

VHA call abandonment and timeliness standards. Although the allegations and review focused on the call center's operations, the OIG team also found indications callers could not consistently reach staff responsible for answering calls in the facility's specialty care clinics, including the mental health clinic. Thus, facility leaders should continue to monitor health administration staff to make sure they meet VHA call center performance standards.

Recommendations 1–4

The OIG made three recommendations to the VISN 7 director:

1. Use up-to-date contact center data and the recommended Veterans Health Administration call center staffing model to ensure the clinical contact center is operating within indicated target staffing goals.
2. Evaluate call center staffing and call data for clinical contact center staff based at the Atlanta facility to identify possible operational inefficiencies related to scheduling, handle time, and availability for calls, and address inefficiencies as needed.
3. Periodically evaluate the performance of health administration services staff who answer specialty care clinic calls at the Atlanta facility to ensure they meet Veterans Health Administration call center performance standards.

In addition, the OIG made one recommendation to the Atlanta facility director:

4. Evaluate call data to ensure health administration services staff at the Atlanta facility who answer calls for the mental health and specialty care clinics meet Veterans Health Administration call center performance standards for timeliness and abandonment rate.

VA Management Comments

The VISN 7 director and the facility director concurred with all their respective recommendations and provided an action plan for each. Appendixes B and C provide the full text of the VISN director's and facility director's comments.

In response to recommendation 1, the VISN director will make sure the contact center follows the latest VHA directives and uses VHA's recommended call center staffing model. The Atlanta facility has started an integrated project team to address the contact center's performance.

For recommendation 2, the VISN director will have an integrated project team monitor the call center's data, providing status updates for the call center's performance and discussing compliance with VHA requirements during a VISN monthly meeting that is co-chaired by the VISN director.

To address recommendation 3, contact center leaders will review the performance of staff who answer specialty care clinic calls to ensure they are meeting VHA call center performance standards.

In response to recommendation 4, the facility director will have the health administration services team establish a patient scheduling team to address all mental health and specialty clinic calls related to scheduling and to track performance standards for timeliness, abandoned calls and handle time.

OIG Response

The corrective measures in VHA's action plans appear responsive to the recommendations. The OIG will monitor implementation of these proposed actions and will close the recommendations when VA provides sufficient evidence that the actions are completed.

Appendix A: Scope and Methodology

Scope

The VA Office of Inspector General (OIG) review team conducted its work from September 2023 through October 2024. The team conducted this review to assess the merits of a January 2023 hotline allegation that the call center at the Joseph Maxwell Cleland Atlanta VA Medical Center (facility) has a high call abandonment rate due to staffing shortages. Specifically, the complainant alleged the call center was unable to answer incoming calls to schedule appointments, to include mental health appointments, due to inadequate staffing levels. According to the complainant, inadequate staffing levels were the result of the regional human resources department's failure to hire call center staff, to include medical support assistants to schedule appointments. In a July 2023 follow up with the OIG, the complainant-provided data showing that the call center was able to answer most of the mental health calls, over 95 percent. However, the complainant also disclosed that the call center was still not meeting Veterans Health Administration (VHA) call abandonment and timeliness standards due to ongoing staffing shortages.

Thus, the review focused on the call center's staffing levels and performance relative to VHA call abandonment and timeliness standards during the review period, July 1, 2023, through September 30, 2023.

Methodology

The OIG team identified and reviewed applicable VHA policies and guidance related to call center operations. The team also conducted a site visit in September 2023 and interviewed facility leaders as well as call center managers and staff. The team also listened to incoming calls at the call center and observed how staff responded to requests and transferred calls to specialty care clinics for next steps. The site visit and interviews provided the team with an understanding of the processes, challenges, and general governance structure of the call center. Additionally, the team interviewed Veterans Integrated Service Network (VISN) 7 human resources staff to understand the process to hire call center staff and VISN-level oversight of call center operations.

The team obtained call center staffing and performance data from July 1, 2023, to September 30, 2023, and summarized this data to determine whether the call center met VHA abandonment rate and timeliness standards. The OIG team completed staffing level calculations utilizing the Erlang-C model linked in the *VA Health Connect Guidebook* and call center telephone system data. The team analyzed call data to identify trends in calls and average call volume during the review period. The team also collaborated with OIG statisticians to analyze

call center staffing and performance data from Cisco Unified Intelligence Center to determine the nature and extent of call center operational issues.

Internal Controls

The OIG team determined performing an internal control step was not necessary unless internal control deficiencies were noted during the review. During the review, the OIG team exercised diligence in identifying internal control deficiencies and noted that call center and facility leadership should increase their designed internal control activities to identify and address operational inefficiencies.[57]

Data Reliability

The OIG team relied on computer-processed data obtained from the Cisco Unified Intelligence Center system for the review period. To determine the reliability of this data, the team performed tests to identify any errors, including missing data attributes, calculation errors, duplicate records, alphabetic or numeric characters in incorrect fields, or illogical relationship among data elements.[58]

For data validation, the team compared the call data to summary call center reports provided by the call center. The team also judgmentally selected five call center employees and then reviewed patient source documents from VA's medical records and compared them to the call center data to confirm that they were answering calls. The team also reviewed human resources and call center staffing records to confirm the number of staff answering calls during the review period.

The OIG team did not identify any data issues, and the team concluded that the Cisco Unified Intelligence Center data was sufficient and reliable to support the review's objective and conclusions.[59]

Government Standards

The OIG conducted this review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation.*

[57] Government Accountability Office (GAO), *Standards for Internal Control in the Federal Government*, GAO-14-704G, September 2014.

[58] GAO, *Assessing Data Reliability*, GAO-20-283G, December 2019.

[59] The team's initial testing did not identify data issues that would prevent the team from achieving the review's objective.

Appendix B: VA Management Comments, VISN 7 Director

Department of Veterans Affairs Memorandum

Date: 11/26/2024

From: Veterans Integrated Service Network (VISN) 7 Network Director, Department of Veterans Affairs (VA) Southeast Network (10N7)

Subj: Office of Inspector General (OIG) Draft Report: Atlanta Call Center Staffing and Operational Challenges Provide Lessons for the New VISN 7 Clinical Contact Center

To: Assistant Inspector General for Audits and Evaluations (52)

Executive Director, Office of Integrity and Compliance (10OIC)

Thank you for the opportunity to review OIG draft report, Atlanta Call Center Staffing and Operational Challenges Provide Lessons for the New VISN 7 Clinical Contact Center. The VISN Director and Medical Center Director work together to ensure quality of care and patient safety are priorities at Joseph Maxwell Cleland Atlanta VA Medical Center. We appreciate the Office of the Inspector General's partnership in our continuous improvement efforts for our Veterans.

The Atlanta Call Center will be held to the standards outlined in VHA Directive 1090 Telephone Access for Clinical Care. The VISN-level Clinical Contact Center will be held to the standards outlined in VHA Directive 1006.04(2) Contact Center Centers and VA Health Connect Guidebook, version 10, to ensure staffing levels and the operational requirements for the organization are met and sustained. I have reviewed and concur with the recommendations and action plan for 1-4.

I appreciate the opportunity for this review as part of a continuing process to improve the care of our Veterans.

The OIG removed point of contact information prior to publication.

(Original signed by)

David M. Walker, MD, MBA, FACHE

Attachment

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Network Director Action Plan

Office of Inspector General (OIG) Draft Report, Atlanta Call Center Staffing and Operational Challenges Provide Lessons for the New VISN 7 Clinical Contact Center

(OIG Project Number 2023-01609-AE-0063)

Recommendation 1: Use up-to-date contact center data and the recommended Veterans Health Administration call center staffing model to ensure the clinical contact center is operating within indicated target staffing goals.

VHA Comments: Concur. The Veterans Integrated Service Network (VISN) Director will ensure the local Contact Center at the Atlanta facility is compliant with VHA Directive 1090, Telephone Access for Clinical Care (September 20, 2023). A review of the Atlanta facility call center (Patient Scheduling Team) was completed using Erlang C Call Center Staffing Calculator. The Atlanta facility has chartered an integrated project team (IPT) to address the contact center's challenges and barriers. The VISN Chief Nursing Officer and the VISN Clinical Contact Center Director will serve as ad-hoc members of the IPT and attend biweekly meetings beginning Thursday, October 31, 2024. The IPT will improve efficiency and effectiveness of the customer experience related to answering phones. Status updates for the Atlanta facility call center efficiencies and compliance will be reported monthly at the VISN Quality and Patient Safety Committee, which is co-chaired by the VISN Director.

The VISN Director will also ensure that the facility adheres to the established productivity standards, the national call center metrics of less than or equal to 5% for the abandonment rate and less than or equal to 30 seconds for the average speed to answer.

Status: In progress Target Completion Date: August 2025

Recommendation 2: Evaluate call center staffing and call data for clinical contact center staff based at the Atlanta facility to identify possible operational inefficiencies related to scheduling, handle time, and availability for calls, and address inefficiencies as needed.

VHA Comments: Concur. The VISN Director ensured a review of the call center staffing using Erlang C Calculator and an analysis of Atlanta's call center data. It was identified that the Atlanta local call center installed ACD lines and Cisco Finesse Software. The installation of this software will allow for improved oversight of call center staff efficiencies. The status on call center scheduling, handle time (may vary based on the complexity of the call), and availability for calls will be monitored by the integrated project team (IPT). Status updates for the Atlanta facility call center efficiencies and compliance will be reported monthly at the VISN Quality and Patient Safety Committee, which is co-chaired by the VISN Director.

Status: In progress Target Completion Date: August 2025

Recommendation 3: Periodically evaluate the performance of health administration services staff who answer specialty care clinic calls at the Atlanta facility to ensure they meet Veterans Health Administration call center performance standards.

VHA Comments: Concur. The VISN Director will ensure the performance of the Health Administration Services staff who answer specialty care clinic calls at the Atlanta facility is periodically evaluated. The VISN Chief Nursing Officer and the VISN Clinical Contact Center Director will review the Atlanta facility's

performance metrics and individual staff productivity during biweekly integrated project team (IPT) meetings to ensure the local call center staff is meeting VHA call center performance standards. The status on call center abandonment rates, average speed to answer, productivity measures, and staff availability to take calls will be monitored by the IPT. Status updates for the Atlanta facility call center efficiencies and compliance will be reported monthly at the VISN Quality and Patient Safety Committee, which is co-chaired by the VISN Director.

Status: In progress Target Completion Date: August 2025

For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

Appendix C: VA Management Comments, Atlanta Facility Director

Department of Veterans Affairs Memorandum

Date: 10/31/2024

From: Director, Joseph Maxwell Cleland Atlanta Department of Veterans Affairs (VA) Medical Center Director (508)

Subj: Office of Inspector General (OIG) Draft Report: Atlanta Call Center Staffing and Operational Challenges Provide Lessons for the New VISN 7 Clinical Contact Center

To: Veterans Integrated Service Network (VISN) 7 Network Director, VA Southeast Network (10N7)

Thank you for the opportunity to review and comment on the draft report regarding the Atlanta Call Center staffing and operational challenges.

There has been a full review of the OIG Draft Report: Atlanta Call Center Staffing and Operational Challenges Provide Lessons for the New VISN 7 Clinical Contact Center. The Atlanta Call Center will be held to the standards outlined in Veterans Health Administration Directive 1090, Telephone Access for Clinical Care. I have reviewed and concur with the Medical Center recommendation.

The OIG removed point of contact information prior to publication.

(Original signed by)

Mr. Kai Mentzer

Executive Director

Attachment

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Network Director Action Plan

Office of Inspector General (OIG) Draft Report: Atlanta Call Center Staffing and Operational Challenges Provide Lessons for the New VISN 7 Clinical Contact Center

(OIG Project Number 2023-01609-AE-0063)

Recommendation 4: Evaluate call data to ensure health administration services staff at the Atlanta facility who answer calls for the mental health and specialty care clinics meet Veterans Health Administration call center performance standards for timeliness and abandonment rate.

VHA Comments: Concur. The Atlanta Medical Center Director has ensured that the Health Administration Services (HAS) team established a Patient Scheduling Team (PST) to address Veteran calls timely. The team is trained to handle all mental health and specialty calls related to scheduling and other needs. The staff has been provided with instructions and scripts for calls. HAS supervisors monitor calls and metrics. The established metrics of percent abandoned, handle time, and speed of answer is tracked for each individual line, summarized, and reported to the Executive Leadership Team daily during tiered huddling. An interdisciplinary team (IDT), to include our Veterans Integrated Service Network 7 colleagues, continues to meet with the goal of continued telephone service improvements. The IDT will focus on efforts to improve efficiency and effectiveness of the customer experience related to answering phones. Status updates on the PST's efficiencies and compliance will be reported monthly at the Atlanta Quality and Patient Safety Council and tracked through the Governing Board.

Target Completion Date: May 2025

For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

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