

Background

- The State of Connecticut passed the Shared Service Bill that went into effect February 18, 2022. The bill allows remote order entry and remote order entry verification.
- Call center volume at the Outpatient Pharmacy Services (OPS) at Yale New Haven Health has grown tremendously in recent years with increases in staff volume.
- We sought a cost-effective method for an alternative work arrangement to improve call center staff efficiency.

Objectives

- To implement an alternative work arrangement for call center pharmacy staff while maintaining accreditation call center metrics.

Methods

- We employed a phased deployment plan to maintain our call center metrics within accreditation standards (speed of answer < 20 seconds, and abandonment rate < 2%)
- Eligible employees, staff in their current roles for more than 6 months were given the equipment and allowed one remote test shift prior to commencing the phased deployment.

Phase I

- 25% of all eligible staff working remotely with 75% of eligible staff working onsite.

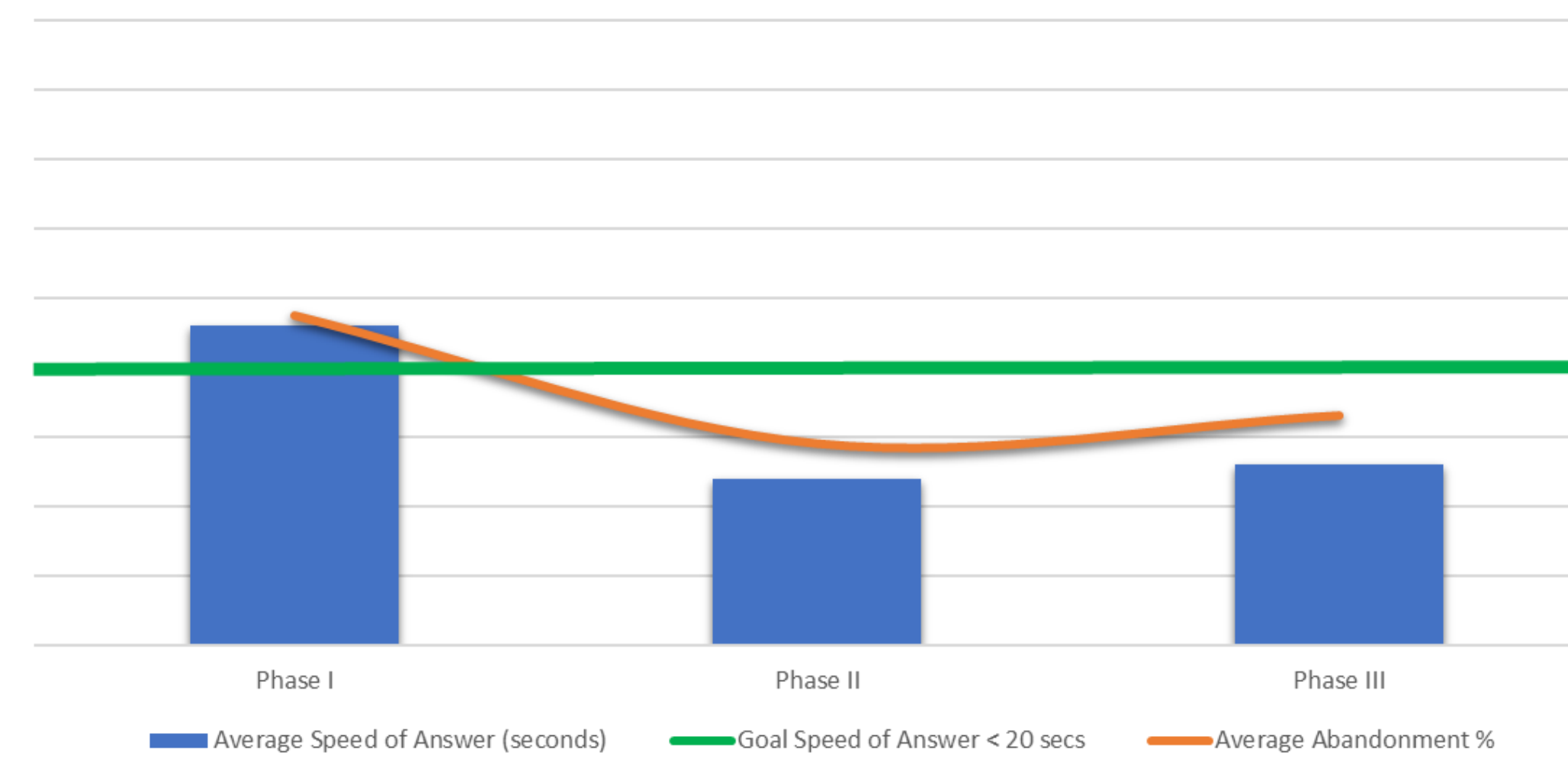
Phase II

- 50% of all eligible staff working remotely with 50% remaining onsite

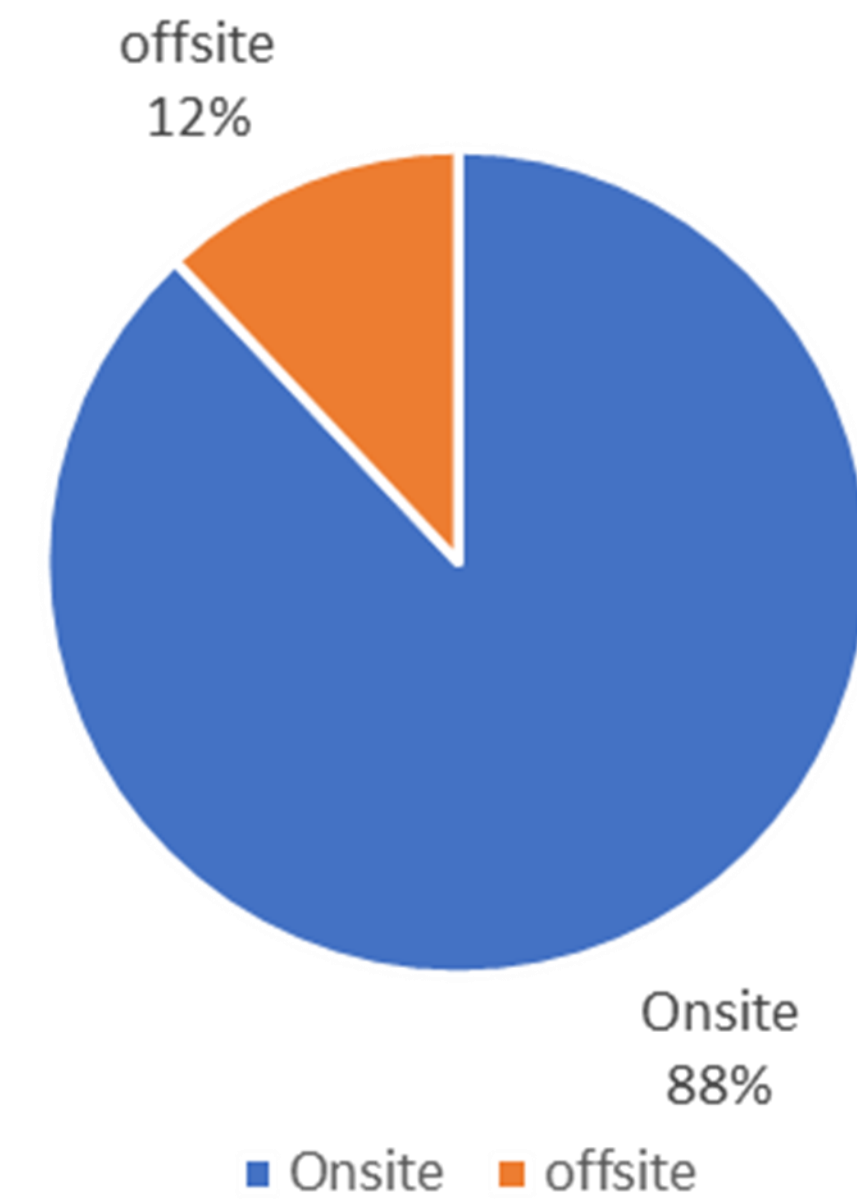
Phase III

- All eligible staff working remotely.

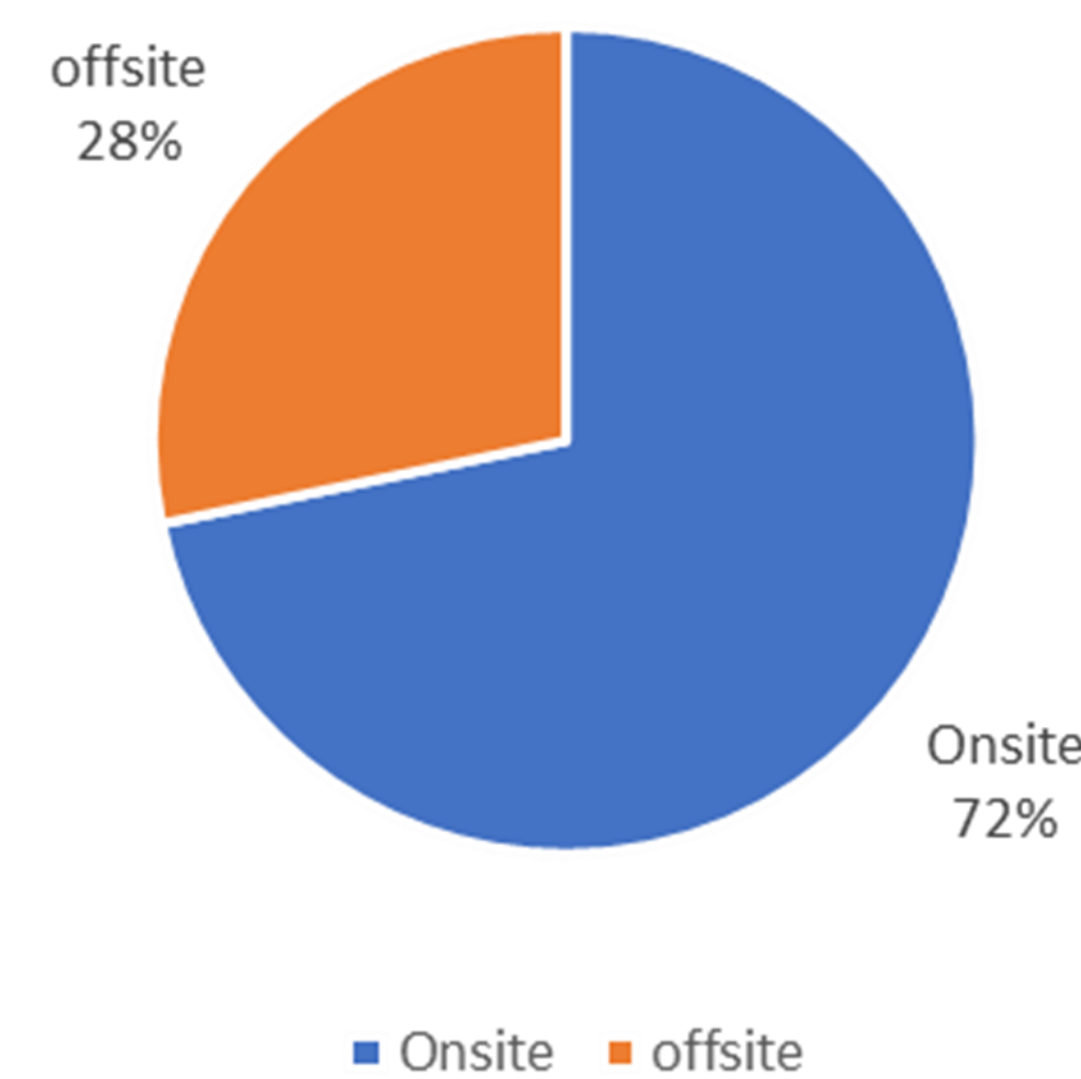
Phase I-III Average Call Center Metrics



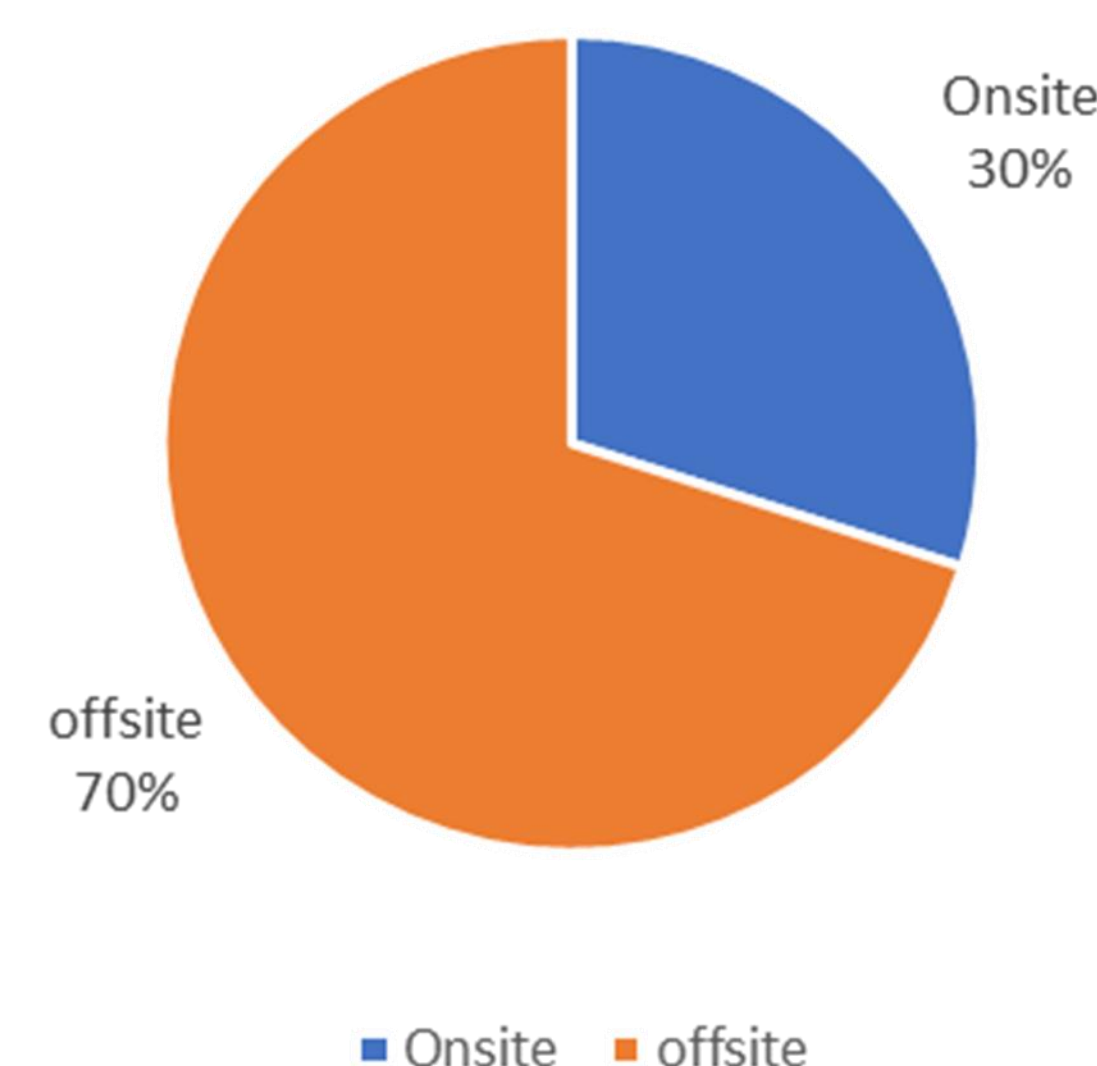
Phase I Staff Work Arrangement



Phase II Staff Work Arrangement

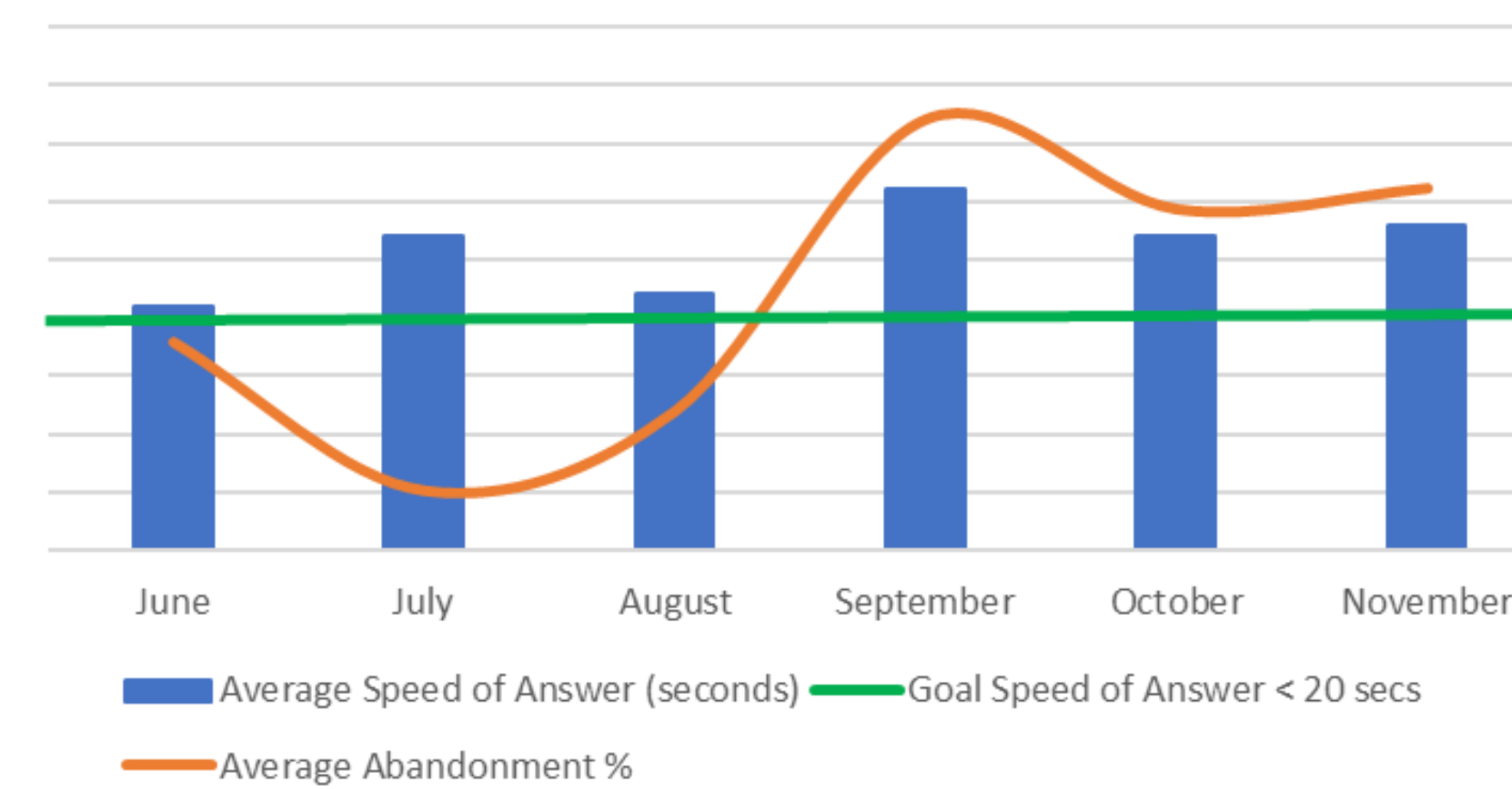


Phase III Work Arrangement



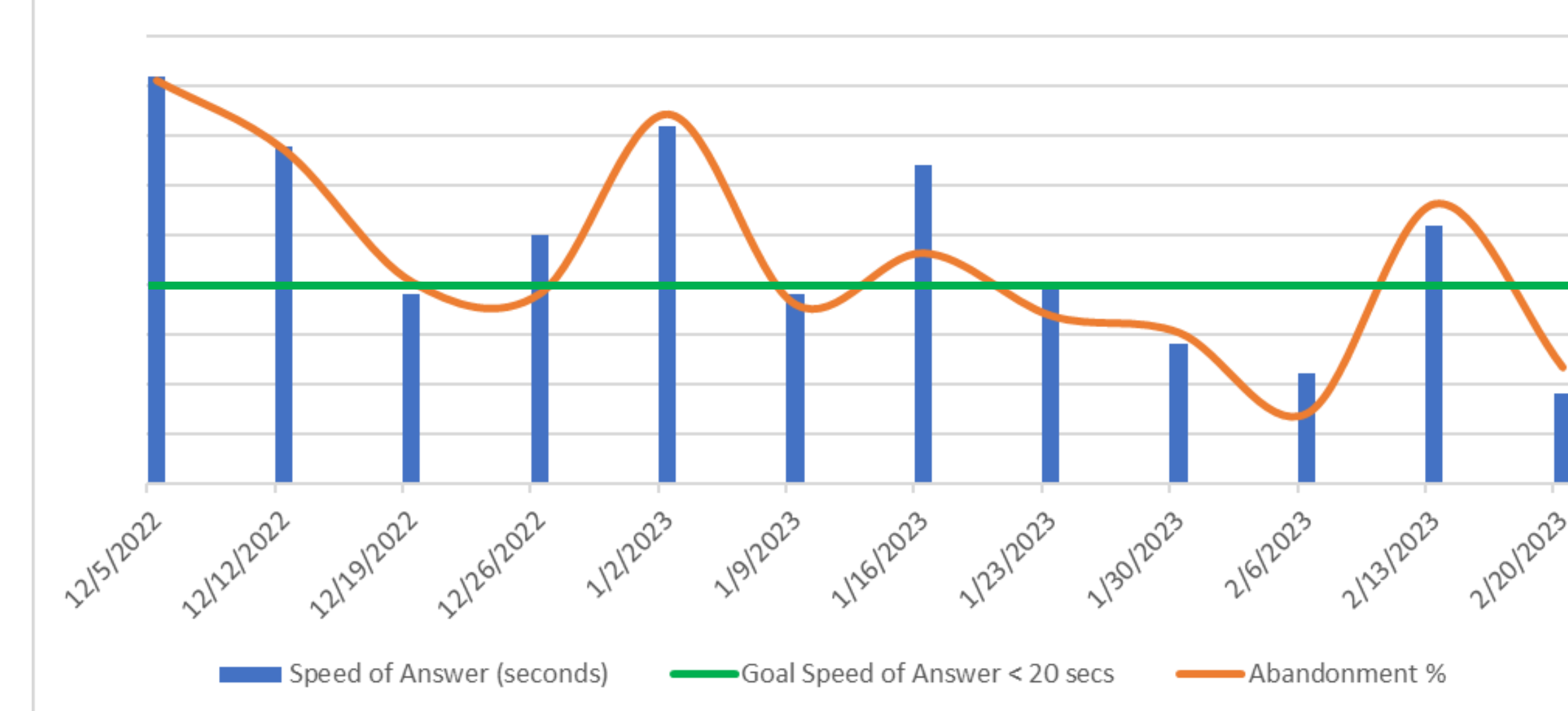
Results

Call Center Metrics Prior to Deployment



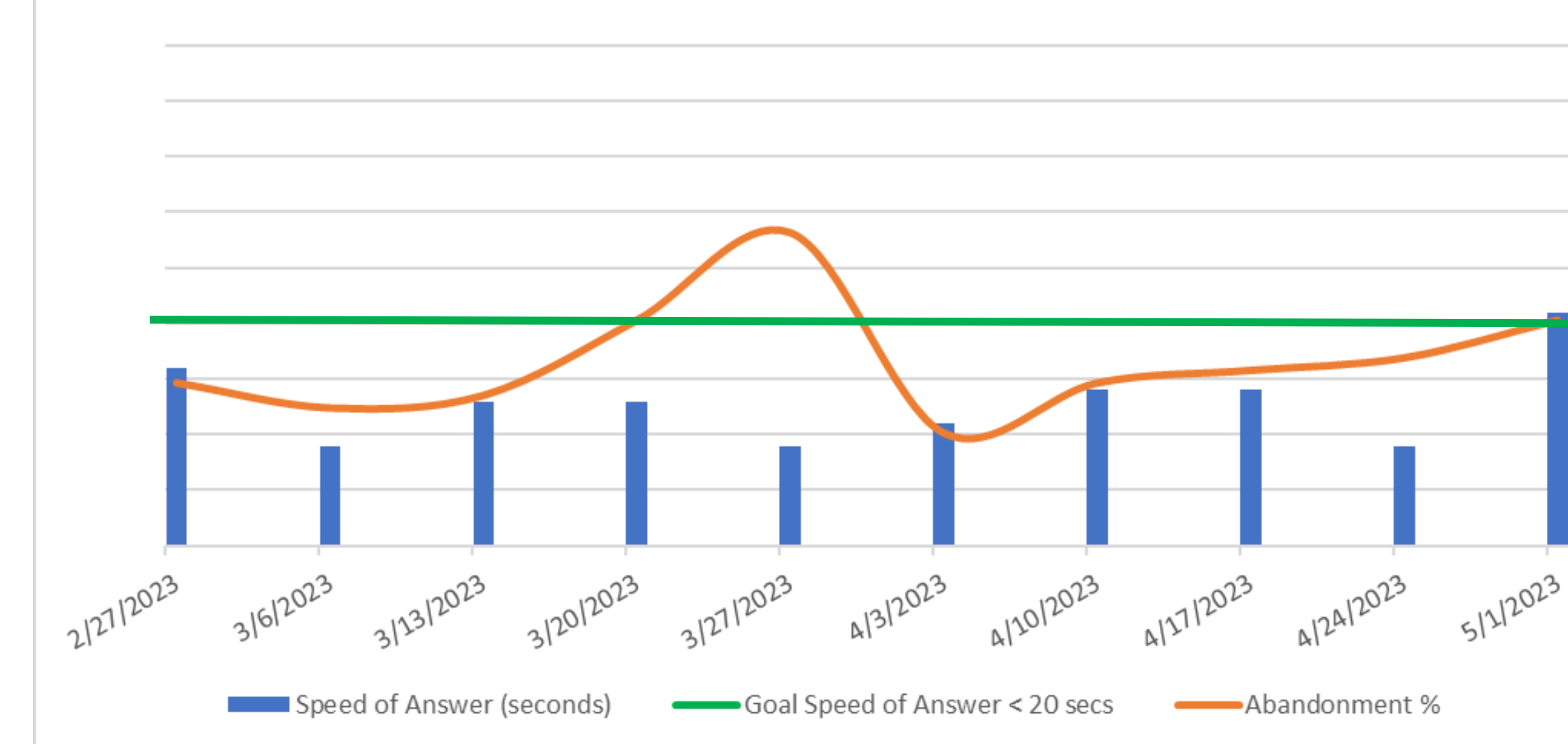
Phase I

Phase I Call Center Metrics



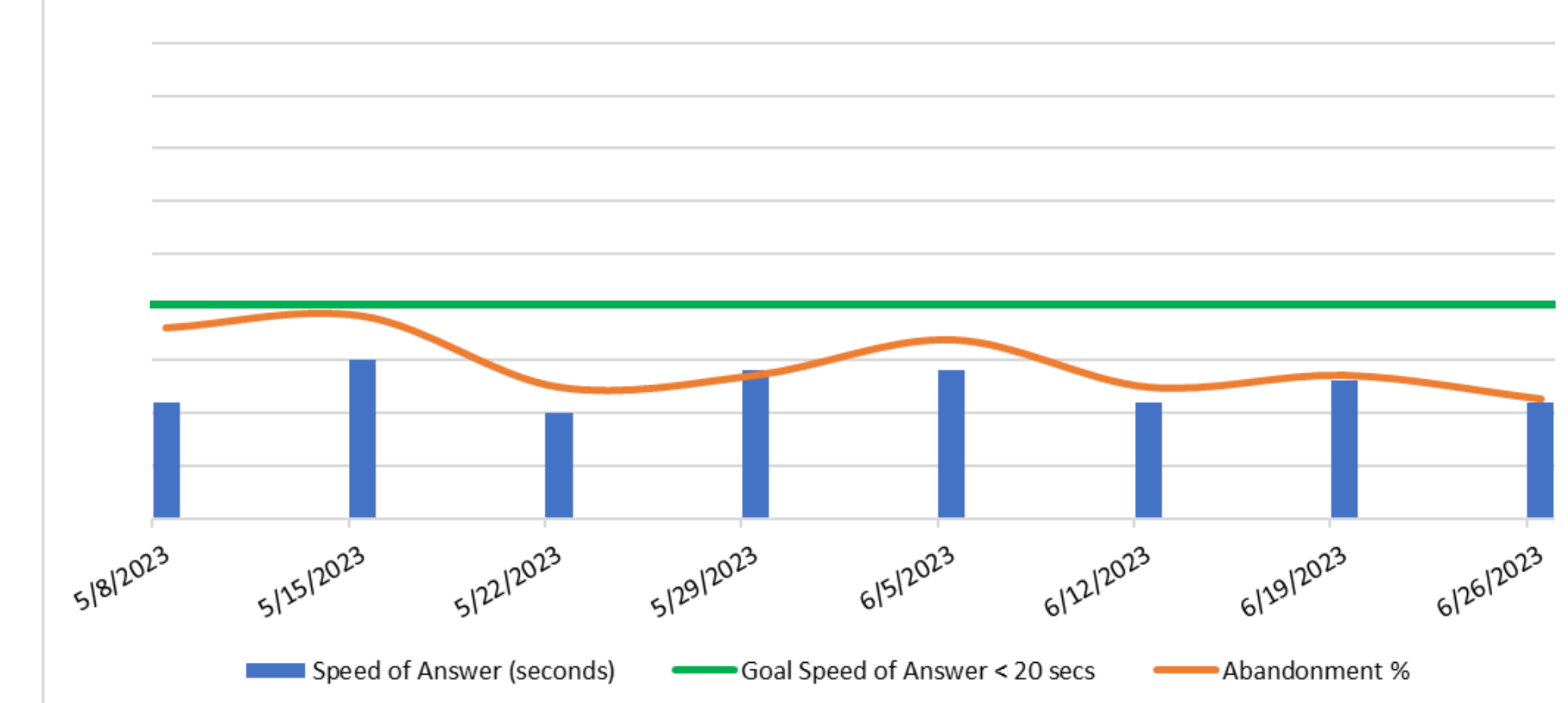
Phase II

Phase II Call Center Metrics



Phase III

Phase III Call Center Metrics



Discussion

- We observed an increase in the average speed of answer and abandonment rate during Phase I. We extended Phase I for an additional 4 weeks to rule out the holiday increase in call volumes.
- With the remote deployment of staff, and constant hiring of new technicians who were on-site, we revised the pharmacist schedule to include an onsite rotation once in four weeks to maintain the pharmacist to technician ratio.
- Phase I to Phase III, we were able to see a 43% improvement in our average speed of answer and a 30% improvement in our average abandonment rate %.

Barriers/Limitations

- Call center staff movement into other positions within the health system created a need for opening requisitions and backfilling positions. Our ratio for onsite: remote staff was affected by this.
- Operational closures due to holidays created an influx of incoming calls.
- Budget for equipment for deployment

Future Directions

- Adaption of the remote work model for all retail pharmacy locations within the health system.

Conclusions

- Maintaining call center metrics while transitioning to an alternative work arrangement can be successful with a phased-out approach

References

Regulation of the Department of Consumer Protection Concerning Shared Pharmacy Service, Secretary of State File Number 6357

Disclosure: The authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation: Alijah Kosarko, BA, CPhT; Bisni Narayanan, Pharm D, MS; Mitchell DelVecchio, Pharm D, CSP; Heather McKeon, BSHCA; Terri Sue Rubino, Pharm D, CSP; Vinay Sawant, RPh, MPH, MBA nothing to disclose.