

CATEGORICAL DISTRIBUTION OF CALLS FROM A COVID-19 VOLUNTEER INFORMATION LINE

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RESEARCH QUESTION

Based on the experience of volunteers, were hotline calls predominantly related to infection (symptoms, testing) or alternatively, did questions regarding lifestyle and quality of life (financial status, shelter, legal assistance) predominate?

BACKGROUND

- During a seven-week period in 2020 that saw the introduction of nationwide COVID-19 testing and executive stay-at-home orders, the Tarrant County Public Health (TCPH) 24-hour information line was established and operated by TCPH staff and University of North Texas Health Science Center (UNTHSC) volunteers.
- While crisis hotlines and triage centers routinely assess outcomes, retrospective quality studies are rare¹.
- Given the transient and unpredictable nature of pandemics, failure to reflect on call center experience limits current process improvement and puts future coordinated efforts at risk for lapses in preparedness and inefficiencies.

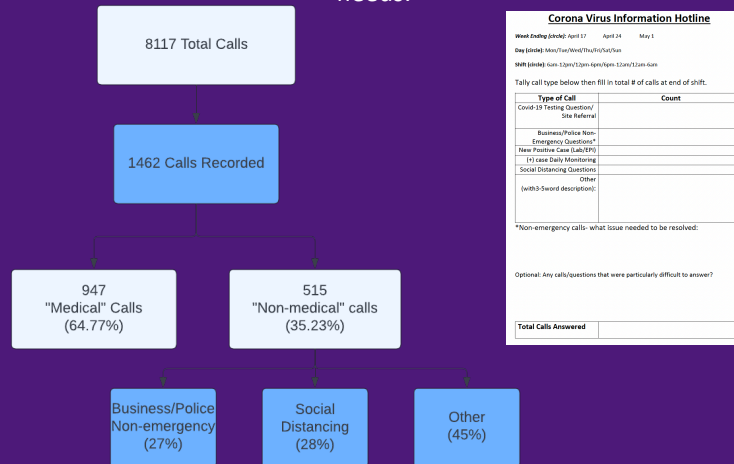
METHODS

Retrospective analysis of categorical data from Call Summary logs from the TCPH information line.

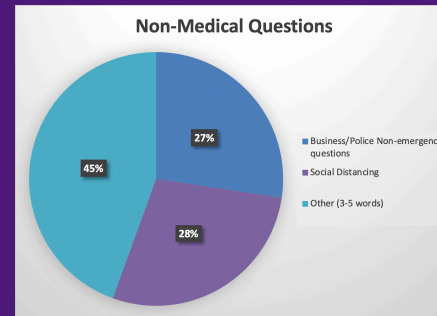
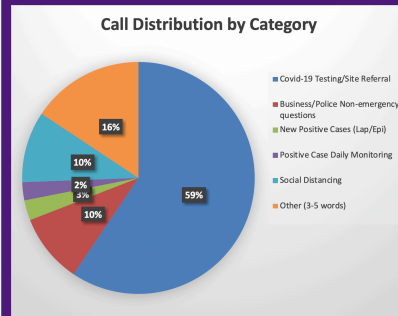
- **Aim 1:** Quantify the number of calls serviced by the UNTHSC call center
- **Aim 2:** Assess differences in proportion of medical and non-medical questions
- **Aim 3:** Assess sub-categorical differences among non-medical calls

During the initial weeks of the COVID-19 pandemic, a significant proportion of calls to a volunteer hotline were not related to infection.

Further, volunteers noted the need for interpreter services, financial/housing assistance, and other non-medical community needs.



Corona Virus Information Hotline	
Week Ending (bridge)	April 17 - April 24 - May 1
Day (bridge)	Mon/Tue/Wed/Thu/Fri/Sat/Sun
WH (bridge)	Mon 12pm-12pm/1pm-1pm 12am-12am
Tally call type below then fill in total # of calls at end of shift:	
Type of Call	Count
Covid-19 Testing Question/ Site Referral	
Business/Police Non-Emergency Questions*	
New Positive Case (Lap/Ep)	
(+) Case Daily Monitoring	
Social Distancing Questions	
Other (with 3-5 word description)	
*Non-emergency calls- what issue needed to be resolved:	
Optional: Any calls/questions that were particularly difficult to answer?	
Total Calls Answered	



SCAN ME



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RESULTS

- **More than one-third** of the volunteer calls were classified as non-medical, suggesting a significant opportunity exists to prepare for non-medical community needs during a pandemic.

Difficult Calls

- 78 calls were documented as “difficult to answer.”
- Within these difficult to answer call descriptions, 30 were related to medical questions (38.4%) and 48 to non-medical questions (61.5%).
- 19 of the non-medical questions referenced the need for language interpreter services, representing nearly 40% of difficult to answer non-medical questions.
- Additionally, many volunteers noted calls related to financial and housing/food assistance.
- The distribution of calls supports an overarching theme of the pandemic creating and exacerbating non-medical concerns alongside the overt medical crisis.

FUTURE DIRECTIONS

- In order to build on the experience of this information line, future pandemic preparedness should include conscious efforts to record real-time data, access interpreter services, housing assistance, up-to-date public health statistics, current public guidelines, and police services, in addition to testing center information.
- Of these recommendations, the authors believe real-time call data acquisition from inception represents the most crucial provision, as this allows public hotlines to capture and adapt to unforeseen needs