

Volume 9 - Issue 3, 2009 - Cover Story

Operating a Call Centre For Scheduling & Appointments

The call centre for scheduling and appointments in an imaging department is a strategic operational element of the unit. Imaging patients generally make their appointments either by phone or on the spot. Emails are an occasional alternative, but a phonecall remains essential for confirmation purposes.

The speed and quality of the phone response are essential elements in the patient's perception as well as for the doctor or his/her assistant requesting the test. Many opportunities exist to tighten the managerial control of operational effectiveness. Here, we shed light on the issue.

Analyse Your Scheduling Service

The first step is to analyse the real usage and functioning of your call centre set-up, or to monitor how appointments are being made in the department before centralising your scheduling service. As an example of the kinds of calculations you may need to make to improve your call centre, we analysed the July 2008 statistical results of the call centre of the Paris Radiology Institute. There are several elements that you can use to break-down and analyse your own working time, such as:

- Connection time and conversation time;
- Percentage of connected time per working time;
- Percentage of conversation time per connection time;
- Percentage of conversation per working time;
- Total number of calls;
- Number of appointments scheduled;
- Number of appointments per hour of presence of each operator and,
- Average call duration.

Our analysis showed the following results for us:

- Connection time compared with working time was approximately 75%;
- Conversation time compared with connection time was about 35% and conversation time compared with working time was about 27%;
- The total number of calls was 10,882 with 10,946 appointments (each call can lead to several appointments);
- The number of appointments per working hour was eight and,
- Average call duration was 2.03 minutes.

This sort of assessment can greatly inform us when planning improvements to the scheduling system for radiology. The next elements we must examine are operational parameters.

Operational Parameters

In our experience, the non-stop functioning of a call centre requires a halving of the number of operators present between noon and 2 PM, which may lead to an excessive dissuasion rate (see page 19 for glossary). Our call centre is thus open eight to nine hours a day, with a break between 1 and 2 PM. Opening days and hours must be specified on the answering machine. The switchboard operator should be present non-stop, and his/her slots are flexible in the following way:

- Automated sorting of responses to urgent calls during the call centre closing time, based on the caller's selection;
- Call transfer to doctors or staff and,
- Cancellation or confirmation of appointments.

Transfer of Calls

Another important factor is how each call is processed. In our case, incoming calls are integrated into the "loop" with varying choices offered to the caller. Our operators then receive calls directly, based on this. Pending calls are transferred to the first operator available. Call distribution is random or oriented towards specialised operators.

At any given time, only one operator may take a break; this element is essential as the simultaneous disconnection of several operators generates major problems within the system, such as increase of waiting times or an erroneous projected waiting time. Indeed, projected waiting time is based on the number of operators connected when the call is made. A call centre supervisor is in place to check the state of operator connection levels in real-time.

Training for Medical Imaging

Call Operators

Every new operator receives an explanatory handbook with instructions related to tests, e.g., specific scheduling of multiple tests, contrast agent prescriptions, etc.

Moreover, systematic training via tutoring is provided. Continuing education is given every week by the call centre using actual errors noticed, e.g., errors and improvements records, phone conversation recordings. Training scheduling operators "on the ground" enables operators to get a better knowledge of test procedures, which in the long-term optimises their scheduling.

Evaluating Operators

A review of objective monthly indicators is carried out for every operator. It specifies: number of calls per working hour, connection time compared with working time and average call duration.

The quality manager compares the operator's indicators with the group average. These data are used for bonus and salary review and for "people review", a staff appreciation procedure with indication of competence, motivation, and scope of knowledge.

Functioning Verification

The dissuasion rate is presented every day to the medical or administrative head of department, with a segmentation per half day. Three colour codes can be used :

- Green when the dissuasion rate is inferior to 1% of the calls;
- Orange when the dissuasion rate amounts to between 1 and 2% of the calls and,
- Red when the dissuasion rate is superior to 2% of the calls. A red code represents a real operational problem, which triggers an investigation.

The dissuasion rate is the first area where major change can be instigated, when starting a call centre. Our own dissuasion rate was 11% in 2007, but this rate went down to 1% in 2008, and the average waiting time here is about one minute at our institute.

Evidence-Based Data

Fifty calls can be processed by one operator in a four-hour half-day. Connection times should be checked against this. If the number of calls per half day is inferior or equal to fifty times the number of operators, no dissuasion is to be noted. Systematic recording of phone calls has many advantages.

- Random eavesdropping on phone conversations allows a control on individual or collegial malfunctions. It is important to check that the content of phone conversations allows the patient to benefit from all necessary indications before his/her arrival at the department.
- Conversation recording is also useful in case of litigation. It appears that complaints based on patient allegations are rarely confirmed by phone recordings.

Scheduling Aids

A review of the previous weeks' call centre results allows a modification of the number of operators, if need be. The number of calls is very high on Mondays and days after holidays. On the other hand, the number of calls is lower on Fridays or "bridge" days. Call volume data allows the elaboration of holiday plannings through the establishment of the number of operators necessary week by week.

Goal-Linked Bonuses

Generally, awarding goal-linked bonuses should not primarily take into account activity volume, since non-medical staff are not in charge of recruitment. On the other hand, quality is an essential element conditioning the distribution of bonuses based on efforts made. For the call centre, a goallinked bonus was set up in connection with a 10% reduction of the average waiting time for patients in a year.

Glossary or Terms Used in This Article

Average Call Duration:

- Average duration: Average call duration of all operators.
- Average duration per operator : Average call duration per operator.

Dissuasion: System Asks the Interlocutor to Call Again When the Expected Waiting Time Exceeds Five Minutes.

Average Estimated Time: Calculated according to the number of connected operators and the average call duration entered into the database.

Average Waiting Time: Average calculated connection time with operators. Indicators: Number of calls processed by operator and by working hour, dissuasion rate per half day, per day, per week, per month.

Give Up Rate: Number of hang-ups, apart from dissuasion, compared with the total number of calls.

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