

Project background / Problem Statement

Alexandra Hospital Call Centre (AH-CC) is a 24/7 call centre based in Block 20C, the Administration Office Block which is located right at the far end of the AH compound. A typical AH-CC setup requires all the call centre agents doing shift work to be assigned to a permanent

Aims / Objectives / Mission Statement

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The team aims to achieve the most cost-effective method of setting up a BCP site for call centre in the event of emergencies.

seating arrangement. Due to secluded location of Block 20C, the call agents had expressed their fear of safety during the afternoon and night shifts. The office block is extremely quiet after 7pm since all the non-shift work staff has returned home. Relating to this, AH-CC would Methodology also like to take a proactive approach to Business Continuity Planning (BCP) which would be vital to minimize disruption of call centre services that would have a nominal impact to our customers, Sengkang Health Employees and all stakeholders.

The team used rapid improvement event (RIE) to quickly identify the pros and cons of implementing the hot-desking concept in AH-CC, and thereafter, plan setup at AH.

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Annex 1: Pros and Cons Analysis of Hot-desking Model			and implement the mobile call centre se
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1	Employee Autonomy The flexibility of hot desking compliments an office where staff are constantly mobile – allowing teams to shift and restructure based on who is in the office, rather than working in silo.	No Permanent Storage As there is no permanent storage, staff will have to carry essential items, such as paperwork or stationary, around with them.	Description of the intervention The team did a quick comparison of the pr "Hot-desking" (refer to Annex 1) and decide hot-desking solution as the benefits o disincentives. With the chosen hot-desking Call Centre M tender to harness on technology to enable ca in anywhere within the compounds of Alex (AH) to handle inbound and outbound calls (refer to Annex 2).
	Advanced Telephony Solution People can log in to their extension whether in the office or out, and from whichever desk they sit at.	Non-Exclusive Team/Individual Space It's good to keep the team connection and work with each other to share space effectively.	

Before Implementation After Implementation No mobility for Call Centre agents as traditional call centre is planned with agents All AH-CC agents are able to handle all calls anytime and anywhere in AH without sitting at allocated cubicles. any disruption.

Call Centre agents feel unsecure in Block 20C during afternoon and night shifts as no Moving forward, the team will work towards AH-CC agents taking calls not only from other working peers around except 2 call agents on duty. the compounds of AH but also from other SIngHealth Institutions.

Minimal BCP as call centre agents permanent seating location does not allow The BCP is more proactive since our agents are able to provide operational services mobility. There is no back up location for call agents during emergency outbreak. during minimal impact to customers, employees and all stakeholders.

Conclusion / Future plans if applicable

This project was completed in 10 man-days. It took two staff involved to assist in the patching and re-patching of telephone lines, and four staff to shift equipment in the call centre from Block 9 to a temporary site and moving back to Blk 9

With the implementation of hot-desking and success of the mobility using laptop, the team re-assigned the respective agents' desktops and hardphones into shared resources. In addition, leveraging on the expansion of call agents, the team leased 5 laptops and equipped four of laptops with mobile softphone licenses. This was implemented in 30 June 2015 when AH call centre was setup.

Annex 2: Mobility Locations of Call Centre









Block 9 Security Office



