

Reducing Unanswered Phonecalls in SOC, Clinic D Listing Room.

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Background: Supervisors noticed that the phones at the Colorectal Surgery listing room were ringing incessantly. Follow up revealed that patients have been complaining about clinic staff not picking up calls while Call Centre has been receiving feedback from patients who could not reach the clinic. Investigations found that the Colorectal Surgery clinic had the most complaints on unanswered calls from July 2009 to August 2010, which correlated with the highest number of listings done in the clinic.

A survey was conducted to understand the current situation. Calls to the listing room that were not answered within 3 rings were diverted to a holding room. Of the 68 daily average calls, 16% (11) were answered and 50% (34) were requests for appointment changes or enquiries which Call Centre could handle.

Aim: The project aimed to improve the experience of patients at the Colorectal Clinic listing room by ensuring that all calls were attended to promptly. Using Call Centre's key performance index for drop calls (5%), which is an industry standard, the project target was set to answer 95% of calls.

Methodology: To understand the current situation in Clinic D listing room, the team conducted a survey on the number of calls to the listing room over 2 weeks.

The survey results revealed that there was an average of 57 unanswered calls per day while the staff at the clinic answered an average of 11 calls per day. The team evaluated the calls from the survey and analyzed the nature of the calls.

Findings: Based on the analysis, the team concluded that 50% of the calls were from patients requesting for change in procedure or appointments.

From the results of the survey, the clinic answered 16% of the calls which indicates that the drop call rate was 84%!

Identifying Root Causes: The team used the Cause and Effect Diagram to identify the root causes of the problem as illustrated in Figure 2 below.

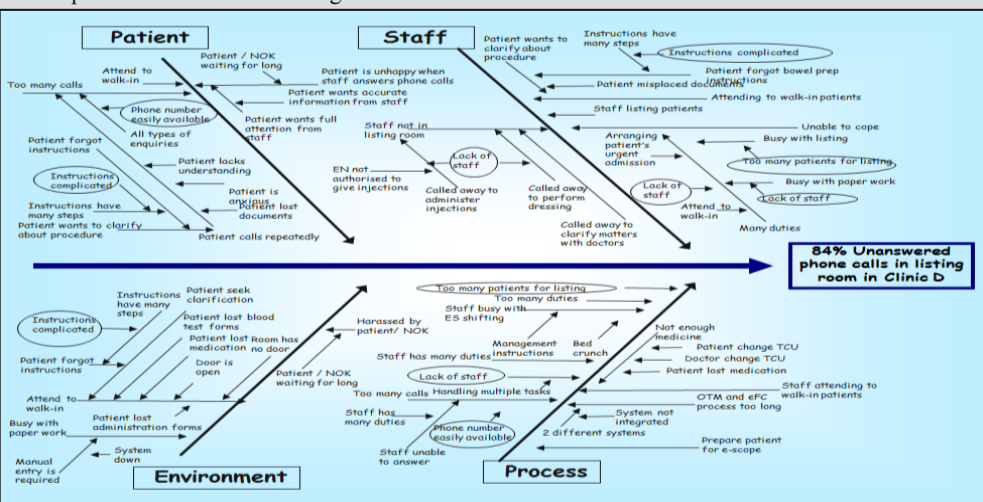


Figure 2: Cause and Effect Diagram to identify the root causes of the problem

Through multi-voting, the team organized the root causes using a Pareto Chart to identify the 4 root causes that contributed to 80% of unanswered calls as illustrated in Figure 3 below.

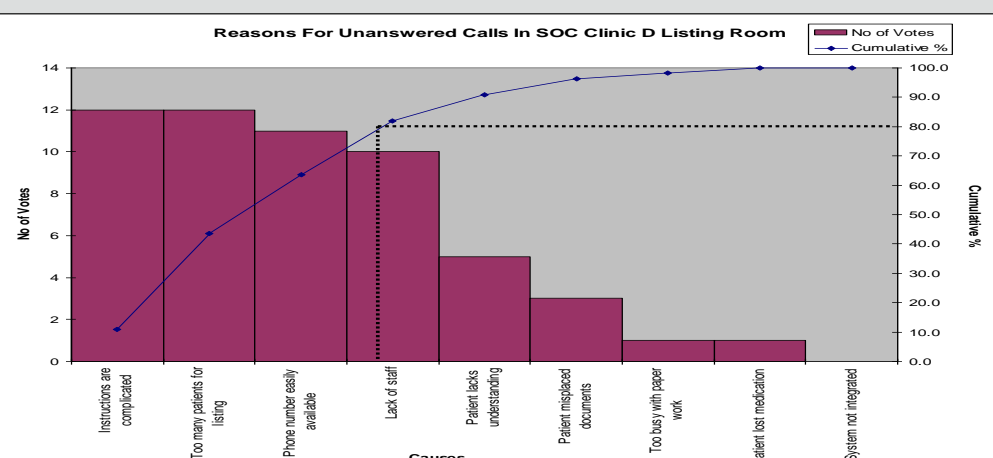


Figure 3: Pareto Chart to identify root causes

Solution Implementation: The team listed the 4 verified root causes and used the serendipity and brainstorming techniques to identify actions and develop solutions to solve these root causes. Various alternative solutions identified were evaluated using the Decision Matrix Table. The following solutions were implemented:

1. Simplify the bowel preparation pamphlet and instructions - The team simplified the bowel preparation pamphlet using visuals to help patients to remember the instructions better.

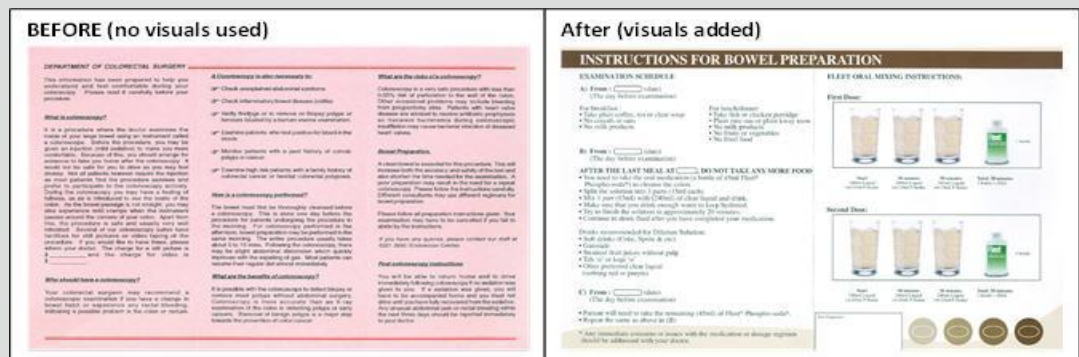


Figure 4: Bowel Preparation pamphlet, before and after solution implementation

2. Divert calls to Call Centre - The team replaced the current telephone numbers of the listing rooms in Clinic D and patients were given Call Centre's number to call instead.

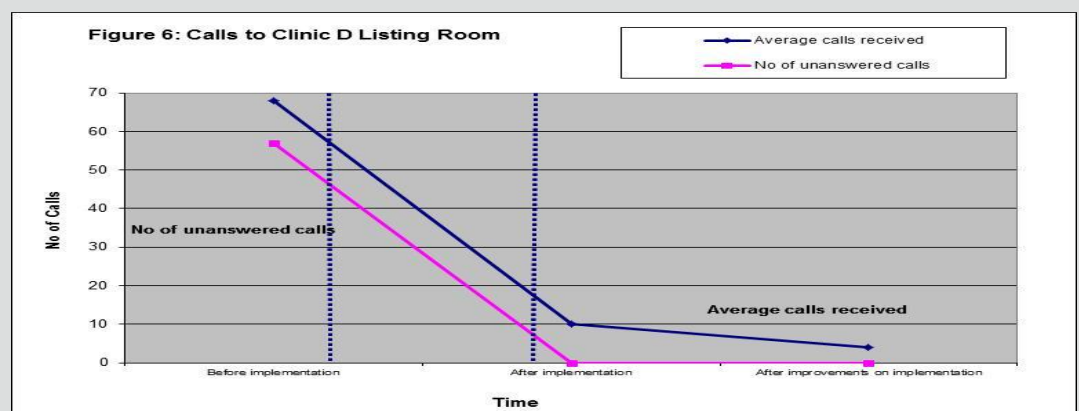
3. Create a standard template for Call Centre - From the survey conducted at Clinic D, the team collated a list of common queries from patients based on the calls received to filter the calls accordingly and developed a standard template for Call Centre. Call Centre will email the clinic when patients require assistance from the clinic staff directly and handle all the other calls.

For calls that require the clinic to respond immediately, Call Centre would call the clinic supervisor directly on her mobile to inform her.

Email Template from Call Centre to SOC Clinic : (D)	
Patient's name:	Patient's NRIC:
Caller's name:	Caller's Tel / hp no:
(X) the relevant request below:	
Confirm patient's date of procedure:	Date is next Working Day, clinic will revert on the same day Date is > 1 Working Day, clinic will revert the next working day
For Bowel Prep, Scope Date:	Clinic will revert by 5pm the next working day
Patient wishes to speak to a specific staff:	
Prescription / medication top-up	
Check if lab / test results are ready	
Lost item (to specify, eg: investigation forms, medications, etc):	
Estimated bill size	
Others:	
Clinic Acknowledgement	Action Taken
Name of clinic staff to follow up on action:	Date & time:
Date & time staff received request for action:	Details of action taken:

Figure 5: Email template for Call Centre

Results: The team monitored the implementation for a month and tremendous results were achieved. The total number of unanswered calls for Clinic D reduced to zero.



As staff can now focus on listing the patients receive greater attention from staff. This reduces staff frustrations in handling both listing patients and incoming calls and increases job satisfaction in the staff. This improves patients' satisfaction and enhances the image of the organization. There were no complaints regarding unanswered calls to Clinic D listing room from April - May 2011. Patients calling Call Centre are also less frustrated as their calls are attended to. These increased the staff morale of both Clinic D and Call Centre.

Overall Besides the time saved in answering phone calls, the team also achieved the following:

1. Improved patient care
2. Increased job satisfaction
3. Increased professionalism image
4. Enhanced staff morale
5. Reduced staff frustration

Project Sustainability: From the feedback from staff of Call Centre and Clinic D, the number of complaints from patients reduced after the project was implemented. With the success of the project, the project has extended to 4 other clinics and the department is in the process of setting up its own call centre.