Hospitals - Want more business? Just answer the phone.

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Operational Management Systems, Inc.
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Operational Management Systems, Inc. Hospitals spend big bucks advertising services and quality. When you call, you may notice some difficulty getting access to those quality services.

Part of our business focuses on improving access to hospital scheduling services. In that effort, we've noticed a disconnect between administration's awareness and the reality of the caller's experience. In an effort to quantify the situation on a larger scale, we conducted a multi-state calling campaign that measured responsiveness of hospital scheduling phone lines.

Benchmarking Survey

Conducted: May – November 2016 (7 months)

Sample Size:
- 690 Hospitals
- 16 States & DC
- 6504 Calls

Methodology:
- Calls to Central or Radiology scheduling phone numbers
- Random days of the week and times of day
- Waited 5 minutes for an answer then disconnected

Results:
- 60% of Facilities answered every call / 40% failed on at least 1 call
- 16% of all calls were not answered (after 5 minute wait)
- Average answer time = 67 seconds
  - 44% of answered calls > 60 seconds
  - 28% of answered calls > 90 seconds

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After first confirming the number's accuracy and services scheduled, we called multiple times and measured the wait time to be answered by a scheduler. Our threshold was to wait 5 minutes before disconnecting.

During 7 months in 2016, we conducted 6504 calls to 690 hospitals across 16 East Coast states. Only 60% of the facilities answered every call, while we experienced an average wait time of 67 seconds. Forty percent did not answer at least one call even when we waited for five minutes. The forty percent included facilities across the spectrum of size and marketing expenditures. In our work, we see how poor access negatively impacts our clients and when corrected the positive turnaround of business results that consistently occurs.

We observe that callers tend to stop waiting after only 20 seconds and abandonment grows as wait time increases. There are major implications for administration to understand in this process.

1. **Physician offices have stopped calling.** Over our 10+ years in this area, we've noticed the percent of physician callers into scheduling departments has dramatically dropped. As a result, call times increase as patients have difficulty communicating order details and more faxed orders are received that require outbound calls to the patient to achieve a booking.

2. **Physician offices incur added expense as a result.** Office staff just don't have the time anymore to spend waiting on the phone and incur such a long call duration. They just give the order to the patient. They might fax it to you. Unfortunately, it results in extra calls later to the office when patients schedule the return visit (after the order is scheduled). Service on the office's scheduling line suffers as a result or costs increase to staff the operation. If the hospital owns the practice, it now incurs unnecessary costs both in the office and the hospital.

3. **Patient satisfaction is impacted.** In our work, we've observed patients in near stat conditions, that would eventually go to the hospital service, but not be expedited by office staff (to scheduling) on the visit day even when the service area was in the same building. Imagine the patient's perception if the practice was the hospital's practice.

4. **Call data becomes unreliable.** As abandonment increases, the call data becomes less trustworthy as it may include callers who've called twice and the timing of calls (demand) is misrepresented. Over time, call volume may not be growing due to the acquired reputation (inaccessible).

5. **Marketing suffers.** Others trying to market your services (Physician Liaisons, Marketing Staff, Service Line leaders) may be failing to generate expected referral volumes; many times not knowing why their effort doesn't produce the desired effect. Office staff may not tell these staff that the scheduling line's service is unsatisfactory.

The first step in correcting the situation is to ensure administration requests scheduling phone data in an understandable format. The second step is to understand how to remedy the situation without throwing dollars at it which doesn't always work. The third step is to develop integrated scheduling and call performance data. Realize scheduling is basically a sales operation.