

# Dialogue

## Focus

## Surviving and Thriving in a Recession

**H**ealthcare is often cited as a safe industry during downward economic times; but, we know that no industry is immune to the effects of a recession.

What may cause healthcare to experience difficult times in this current recession?

There are several theories:

- People may be deferring elective, self-referred procedures like screening colonoscopies and mammograms if these tests aren't fully covered by insurance.
- They may also be delaying 'necessary' procedures which are non-urgent; things like arthroscopy and other repairs which would improve life, but can be postponed until the economy is better (and a sense of job security returns).
- The number of uninsured and underinsured continues to grow with the unemployment rate. This, in turn, causes bad debt at hospitals to increase when patients can't afford to pay for the care they receive.
- Ongoing issues with cuts in government reimbursement (Medicare and Medicaid) have a significant impact on the hospital's bottom line.



The healthcare industry has not escaped layoffs and program cuts in recent months. According to our Question of the Month, 33% of call centers responding to our survey attested to job losses in their organizations. Another 71% reported budget cuts in the past few months. So, is our call center industry safe?

The April 2007 issue of Dialogue was titled "Survival of the Fittest." At that time, our message was not driven by a recession. It was "don't be complacent with the status quo." The articles, still available at [www.lvmsystems.com/dialogue.php](http://www.lvmsystems.com/dialogue.php), described a plan for developing survival and growth strategies via taking the following steps:

- Aligning with your organization's strategic plan
- Integrating the call center with core operational functions
- Proving ROI and clinical outcomes

*Surviving and Thriving in a Recession*  
Continues on page 2

JANUARY / FEBRUARY 2009

## What's In This Issue

### Focus

Surviving and Thriving in a Recession

### Manager's Corner

Your Call Center Portfolio

### Staff Support

Supporting Staff During Rocky Times

### Tool of the Month

Creating a Communication Plan  
Your Call Center C.V.

### Question of the Month

Survival and Growth Practices

## Tell a friend!

If you believe someone else would benefit from receiving this complimentary newsletter, please have them register online at [www.lvmsystems.com](http://www.lvmsystems.com) by clicking the NEWS icon on the home page.

Dialogue and related articles can also be found at

[www.lvmsystems.com/ccsnews](http://www.lvmsystems.com/ccsnews).

## Comments?

If you have questions, suggestions or comments for Dialogue, please send them to [news@lvmsystems.com](mailto:news@lvmsystems.com).

Dialogue is funded by LVM Systems for the purpose of promoting the well-being of healthcare call centers.



4262 E. Florian Ave., Mesa, AZ 85206

Ph: (480) 633-8200

Fax: (480) 892-7016

[news@lvmsystems.com](mailto:news@lvmsystems.com)

# Surviving and Thriving in a Recession

Continued from page 1

- Analyzing and adjusting service mix to optimize contribution
- Maintaining visibility
- Leveraging technology for maximum efficiency

In this issue we will touch on selected strategies you can use to position your call center for survival and even long term growth.

## Running a Tight Ship.

Our first recommendation is to tighten up your processes and make sure you are operating at optimal efficiency. Many of the comments received in Question of the Month described belt-tightening responses, from cutting specific budget items, such as travel and conferences, to really digging into efficiency.

Approximately 70% of any call center budget is spent on wages and benefits. So, to best leverage your contribution, you need to focus your staff on the right services, supported by efficient processes and performance.

Erlanger Health System in Chattanooga, Tennessee went through an enterprise-wide belt-tightening in mid-2008.

During budget discussions prior to their new fiscal year of July 1st, senior leadership asked for a 10% cut across all programs. Beyond this first measure, specific programs were examined more closely; the pediatric call center being one of them. Their challenge was to develop a strategy to become budget-neutral. The plan was to be presented by October 1, along with evidence that they were already adjusting to their new course.

It was really a team effort. Chris Vaughn, RN, BSN, Clinical Director, Marketing and Medical Call Centers, worked on the business plan, pricing model adjustments and new service strategies. Kathy Guidry,

RN, Lead Technical RN of their Medical Call Center, knew she would have to reduce staff to achieve the immediate 10% reduction. And with that, realized the remaining staff would need to increase their efficiencies to maintain the center's service levels. She and Rhonda Garth, RN, Lead Clinical RN evaluated their current metrics and developed a course of action.



*"Sometimes we lose sight of the fact that call centers were initially designed to centralize communication"*

First came communication. The staff knew that FTE counts were being reduced in many departments. The next step was to describe the 'how' and 'why' of improving productivity and efficiency. They worked closely with the remaining nurses to evaluate areas for improvement and offer focused education. The following tactics were helpful:

- Developed scripts to help nurses take greater control of the call from the beginning.
- Encouraged more concise Nurse's Notes. They often included details that were not necessary to make a decision on the current problem.

- Encouraged greater use of initial assessment questions
- Had the nurses listen to call recordings and evaluate instances when a call could have been better controlled.

The story has a positive ending. By the October 1st deadline, productivity was already increasing. A more favorable pricing model was instituted and the center was actively pursuing additional after hours contracts.

## Proposed Actions:

- Examine your current service offerings. Are there any that no longer make sense or provide less value to the organization? How does each service rank in order of contribution?
- What service might you be doing "because you've always done it?" Stopping these activities or finding another way to do them may free up valuable capacity for more important tasks.
- Use Six Sigma or LEAN. If you have trained staff in your organization, seek their help. "Black belts" and "yellow belts" are trained specifically to analyze a process, review data and lead you to ideas for improvement.
- Don't have the luxury of Six Sigma trained staff? You can still take a hard look at call processes. What can you do to safely reduce call times? Are you using your software effectively? Pull together a team of your top performers and challenge them to take a closer look.
- What staffing options do you have available? Can you flex your staff to make your services more productive? Are there hours when you are overstaffed and you could free up people for other work?
- Look at call volume and staffing hour by hour, day by day. This could be an exercise to reduce budget and FTE, but in this case, view it as a way to increase your capacity to accept new business, thereby making your service more vital.

Dialogue interviewed Tanya Crews, RN, BSN, the Telephone Triage Supervisor of

Children's Health System in Birmingham, Alabama. She described how their unusual staffing model, greater than 80% remote staff, has given them incredible flexibility in managing staff-to-demand mix. The after hours call center has experienced no lay offs and no forced time off.

During slower months (and even some slower-than-anticipated evenings), Ms. Crews may ask, "Does anyone want to take the night off?" Many of the RNs have children at home. Someone is always willing to have extra family time: whether it's to help with homework, tuck a little one in at night, or just enjoy dinner together. If the call volumes pick up again, that same nurse may be asked to log back in and work from the queue.

But the flexibility is by no means one-sided. The staff is hard-working and committed to covering open shifts. If a scheduled nurse calls in absent, Crews lists the open shifts and asks for volunteers. One employee may not want the entire shift, but the nurses are willing to split it up and take two or three hour 'chunks' to meet the need. Since they are working from home, it's much easier to fill-in. There is no commute or 'getting-ready-for-work' time.

## Communicating your Value.

If members of your senior leadership team were asked, "What does the call center do and why is it valuable?" what would they say?

Don't wait to be asked about the call center's contributions. Be proactive and tell your story. Here are four suggestions:

- Invite senior leaders, service line directors and others to tour the call center and listen in on a few calls. No presentation or report can describe your world like actually living in it, even briefly. Plus, they may come away with ideas for growth that haven't occurred to you.

- Design and distribute reports that illustrate, in very few pages, what value the call center provides. Focus on call center results using action verbs and graphs that convey clear, positive messages. Don't bury the reader with pages of data.
- Prepare brief case studies or vignettes to showcase call center success stories. Real examples, especially those that increased business or decreased cost/waste, can be more effective than charts or spreadsheets.
- Remember that your senior leaders come from varied backgrounds. An executive meeting may be comprised of experts in information systems, finance, marketing, planning, medicine, nursing, human resources, operations and support services. Some may even be new to healthcare. Be aware of any jargon you may use specific to telecom, call center services, or clinical processes. If you provide a handout, be sure the information is clear and leaves no room for misinterpretation.

## Look for New Growth Opportunities

Sometimes we lose sight of the fact that call centers were initially designed to centralize communication, and by doing so, reduce costs and gain efficiencies. Before the recession, there was already a growing trend to centralize functions, such as scheduling, navigation and outreach. In the spirit of cost containment, now may be the time to move an idea forward.

Managers are sometimes so focused on pet projects (post-discharge calls, nurse navigator services, access management, etc.), that they may not recognize them as services that your existing call center could provide. There is opportunity to proactively describe your capabilities, even if they are not services you perform today. Consider the following approach:

1. Schedule a meeting with planning or business development. They usually have the pulse of the future of your

organization and know what ideas and new service lines are in the pipeline. It's crucial to make sure that planning knows how the call center functions and what it can do. Equally important is for them to know that you are willing to take on new opportunities.

2. Look for committees or work groups you can join that will expose the call center to other departments.
3. Invite leaders in your organization to visit the call center and observe your operation. Have them put on a headset and listen to calls with your staff. Help them see the call center "in action."
4. Design a capabilities presentation and ask for time on the agenda at leadership meetings, operations meetings, and key service lines that drive volume.
  - a. Your presentation should be brief and to the point. Use no more than 8 to 10 slides and limit your message to 15 minutes, maximum.
  - b. Focus on the value and results of your activities, versus merely reporting call volumes. As an example, describe the percentage of referral calls that are converted to appointments. Or how your center handled the XYZ project that resulted in X% volume growth for heart services. The nugget is the business driven.
  - c. Offer your vision for the call center and your willingness to partner with other departments to achieve success.
5. Is your call center open outside of normal business hours? Can you provide off-hours services for other departments such as outpatient testing? If you step up, will fewer callers go to voicemail?
6. You have two things that perhaps no one else in your organization does: first-hand "voice of the customer" information and a rich database of people interested in your hospital. Help planning and service line

# Your Call Center Portfolio

**F**oreclosures, layoffs, a sinking stock market, recession. Have you been overwhelmed by hearing the depressing economic news on a daily basis? Is your job safe? Can the call center survive? What is a manager to do?

You've probably been hearing lots of advice about how to preserve your personal finances. Here are a few suggestions in financial terms to get you through this rough patch and continue to thrive in your role as a call center manager.

- 1) **Calm down.** Easier said than done, right? But as disheartening as recent news has been, right now you still have a job. You get to work in a rewarding industry. You probably work with good people. Yes, it's natural to think about how things can go bad, but panic will get you nowhere. Take a deep breath and focus on the here and now. You can't control the economy or your own organization's financial health, but you can control your response to the situation.
- 2) **Don't bury your head in the sand.** It's always best to face a challenge head on and this is no different. Open your eyes, understand what's going on in your organization and keep your ears open for new opportunities. Now is a time to be visible, to participate, and to demonstrate your capacity for work.
- 3) **Diversify.** The more variety in your portfolio of services, the safer you are. Don't stake your call center's future on just one or two activities – check out our cover article to help you look for opportunities to expand. On a personal level, this may be a good time to learn a new skill and make yourself more marketable. Take advantage of employer-sponsored classes, sign up for a class at the community college, or get involved with a local business or civic organization.
- 4) **Re-balance your portfolio.** Do you have activities in your call center that are no longer useful or needed? Get rid of these “losers”. Are you spending enough time and energy on the core services that are aligned with your organization's priorities? Do you have one or two higher risk activities that stretch your thinking and test your creativity?
- 5) **Now may be the time to buy.** In a down market, many see it as an opportunity to look for bargains and add new stocks to our portfolio. So it is with our call center. This may be a very good time to pick up business from departments who aren't able to continue some of their services. These services might include post-discharge calls, scheduling, etc. In the long run, these could become real winners for your call center.
- 6) **Boost your credit rating.** In other words, make sure you are viewed in your organization as a good bet to get results. Take stock of your internal clients and reach out to them to ensure their satisfaction with your service. Ask what more you can do to help. Demonstrate personal accountability. Choose to have a positive attitude and a can-do spirit.
- 7) **Consult your advisor(s).** Seek out the vision and good judgment from leaders in your organization whom you respect. Ask how they think the call center can contribute. Every time you hear “we need more...” or “we need different...” ask yourself how the call center might be part of the solution.
- 8.) **Take care of your family.** Your work family, that is. Support your staff; these times are hard on them, too. Don't promise them their jobs are safe, but do promise them that you'll work like crazy to sustain and grow the call center – and that you expect the same from them. Help them understand that taking on extra work, especially now, can make the call center more indispensable. Continue to develop and cross-train your staff to increase their value to the organization. How you lead during tough times can be your defining moment.
- 9) **Take care of yourself.** Get enough rest, eat healthful foods, exercise, enjoy a hobby outside of work. You'll face any problem with energy and confidence if you are strong and healthy. 🗨️

# Supporting Staff During Rocky Times

**M**anaging employees is challenging, even in good times. During tough times it can feel overwhelming. Here are some thoughts regarding how you can help your staff survive the uncertainty we're all feeling now.

Coach your staff on how they can react to tough times in a positive manner. By letting them know they should try to get involved and ask, "what more can I do?" you are giving them positive approaches to dealing with the troubling times we face. You as a manager should be doing the same thing.

Look for the people on your staff who seem to embrace the challenges ahead maintain an upbeat approach. These are the staff members that are likely to emerge as leaders. These are people you should be developing for future roles. This is the group you want to keep.

If your organization measures employee satisfaction, watch your scores more closely now. If you see declines in some areas, address them immediately. Go to your staff and try to dig deeper into problem areas. Ask for their help in understanding why scores are lower and their suggestions to improve. Although you may not be able to fix some of their concerns, the fact that you ask and listen will be meaningful.

Continue your efforts to ensure quality – now is the time to "wow" your customers, both internal and external. Keep up your standard QA activities, but take care to let your staff know that this is not "big brother" watching, just waiting for a mistake to be made. Instead, the message should be that QA remains a core method of ensuring customer satisfaction – and provides the help staff needs to do the job better.

Communicate! Often, honestly and in person. Listen for "news from the underground" and deal up front with the rumor mill. Even more important – don't be a part of spreading the rumors. Make sure the information you pass on to your staff is accurate. Ask what they are hearing and what you can clear up for them.

Be aware of what your staff may be going through on a personal level. Even though their jobs may not be in danger, you don't know what is going on at home. Perhaps a spouse has been laid off. The reality of a significant

decline in retirement funds is hitting hard. Maybe they are in danger of a home foreclosure. While it's not your role to do personal financial counseling, do make sure you are keeping your radar up for these potential issues. A good employee can develop performance issues over the other stresses in his/her life. Encourage staff to utilize your organization's Employee Assistance Program (EAP), if one is available.

Stay positive. As hard as that may sound, the last thing your staff needs is to sense your worry and anxiety. As leaders, we have to sometimes put aside the turbulent personal emotions we're feeling. An optimistic outlook will not only help your staff but can be a source of coping for you as well. When we emerge from this current crisis our organizations will be in a better position, our call centers will have learned new ways to be of value, and we will be stronger people.

## If Layoffs or Other Losses Happen

37% of Dialogue readers indicated that layoffs have occurred or are pending in their organization. The good news, less than 15% report that the call center has been affected to date. If a lay-off or change in compensation should occur, be observant for a set of behaviors which has been labeled "psychological recession" and "layoff survivor syndrome." It is described in a recent article<sup>1</sup> as a state of "increasing fearfulness, distraction and non-productivity" among the employees who remain "after having said goodbye to co-workers, bonuses, pay raises and benefits — all while taking on more work."

According to the article, strategic recognition is needed to re-engage disenchanted or disconnected employees. "Now, more than ever, employees are in dire need of a boost to lift their spirits and re-focus them on their jobs," said Derek Irvine, vice president of global strategy with Globoforce. "A simple 'thank you' or a small reward can do wonders to elevate mood, ignite morale and engage employees. When these rewards are tied to company values and goals, it reinforces those important messages and infuses them back into the workforce."

<sup>1</sup> Rescue Employee Morale, Productivity With Strategic Recognition is the title of a briefing released by Globoforce. For more info: <http://www.globoforce.com>

# Communication Plan Design

As mentioned in the “Communicating your Value” section of the lead article, selling your call center’s value internally is an important strategy to its survival and growth. Consider your senior leadership team and ask yourself the following questions:

- Who is the strongest supporter of the call center? The CEO? CFO?
- What would happen to your support within the organization if your strongest advocate left tomorrow?
- How many senior managers understand the value your call center adds to the organization's bottom line?

If this exercise generates concern, it’s time to take action. Smart call center managers recognize that communication is the key to building internal commitments. The first step is to create awareness. Step two, is to deliver a series of communications which demonstrate your value. Assembling a communication plan isn’t difficult, but it does take energy and forethought

**1. Understand your audience and how best to connect with them.** Consider what information about the call center and its benefits would provide the greatest impact. Analyze their roles and responsibilities and then match your call center’s strengths to their interests. The acronym WIFM (What’s in it for me?) is a simple test to use in considering whether your message will be of importance to them.

Internal Audience	Players	WIFM: Message Targets
Executive Team	CEO/CFO/COO	<ul style="list-style-type: none"> <li>• Market Visibility/Differentiation</li> <li>• Risk management</li> <li>• Increase Volume</li> <li>• Provide Access</li> <li>• Financials – revenues and cost containment</li> <li>• Improved Satisfaction and Retention of Key Audiences: Physicians and Patients</li> </ul>
(Senior) Management	Vice Presidents Managers Supervisors	<ul style="list-style-type: none"> <li>• Market Position/Share</li> <li>• Appropriate utilization</li> <li>• Increased productivity</li> <li>• Support physicians</li> <li>• Drive revenue</li> <li>• Reduce costs</li> <li>• Patient follow-up; outcomes</li> </ul>



Also, reflect on the backgrounds of your senior team. Are they clinical or do they dwell in spreadsheets and numbers? It is probably safe to assume that they suffer from information overload; we all do. So keep your messages clear, simple and powerful. Do not leave anything open to interpretation.

**2. Get on their agenda.** Healthcare leaders are constantly in meetings. Talk to your director or vice president (your highest ranking advocate) about your options for

getting five minutes on the agenda of a recurring meeting. As for frequency, monthly is ideal. That gives you time to prepare a solid message and secures twelve appearances per year. If the idea of presenting to a group is daunting, or simply cannot be arranged, Plan B is to organize for informal hallway and lunchroom chats. Meeting with leaders individually is more work and requires more discipline, but may be just as effective.

### 3. Vary your message to highlight multiple aspects of your call center's value.

Playing off the Managers' Corner portfolio concept, it is smart to diversify. One month's message may wow part of your audience, but seem only 'so-so' to others. Here is a range of topics, covering a spectrum of financial, human experience and clinical outcomes.

**JAN** Contribution report: previous year

**FEB** Revenues from service contracts

**MAR** Conversion: referrals to appointments

**APR** Triage redirection results; 10 most common symptoms

**MAY** Downstream revenues (reconciliation)

**JUN** Real life impact: patient testimony

**JUL** Disease management outcomes

**AUG** Labor savings: web automation

**SEP** Improved patient access

**OCT** Real life impact: stellar staff performance scenario

**NOV** Offloaded call report

**DEC** Hospital transfers facilitated

Similarly, experiment with different presentation media, such as graphs, outcome data, testimony, satisfaction scores and case studies.

### 4. Test your message prior to presenting it.

- Eliminate call center jargon.
- Cover one topic.
- Is there a perception the audience holds toward this topic, that I must overcome?
- Is this the best method for presenting my message?
- How can I minimize any misinterpretation?
- Practice in front of staff or peers. Ask for feedback.

On the day of your presentation, or a chance meeting in the hallway, you'll be prepared.

## Industry Contributors

### Primary Writer:

**Julie Bruns, Director, Call Center & Market Research**

BJC Healthcare  
St. Louis, MO

### Contributing Writer

**Geri Hammes, RN, BSN**

**Call Center Supervisor**

Franciscan Skemp Healthcare  
La Crosse, WI.

### Editor

**Sue Altman, President**

Call Center Consulting Network

## A special thanks for sharing your survival and growth stories:

**Geri Hammes, RN, BSN**

**Call Center Supervisor**

Franciscan Skemp Healthcare  
La Crosse, WI

**Kathy Guidry, RN**

**Lead Technical RN**

Medical Call Center  
Erlanger Health System  
Chattanooga, TN

**Kathy Ingalls Hefni, RN, BA**

**Corporate Director, Health Access Center & Central Region Operator Services**

Detroit Medical Center  
Detroit, MI

**Tanya Crews, RN, BSN**

**Supervisor Telephone Triage**

Children's Health System  
Birmingham, AL

# Your Call Center C.V.

As mentioned in the lead article, Geri Hammes, supervisor of the Franciscan Skemp Call Center conducted a team-building exercise to assemble their team's capabilities. The final document became the curriculum vitae of CC Callie (Call Center Callie), which was distributed, along with a cover letter, to Franciscan Skemp Healthcare providers and staff. It demonstrated the depth and diversity of her staff, touting their:

- 221 combined years in nursing (an average of 18 years per nurse)
- experience in a spectrum of cultures and settings,
- breadth of knowledge and areas of study, and
- undeniable ability to bring success to nearly any challenge.

A curriculum vitae, or cv, is defined as a summary of one's education, professional history, and job qualifications, as prepared for a prospective employer. It's similar in concept to the capabilities document suggested in Looking for New Growth Opportunities (page 3). If you haven't created one, now might be a good time to do so. Mrs. Hammes was willing to share her creative team process, along with the final product.



## CC Callie

615 South 10<sup>th</sup> Street, Suite 435  
LaCrosse, WI 54601  
608-392-7998

**Objective:** To showcase and effectively utilize the collective pool of talent within the Call Center for the overall advancement of Franciscan Skemp Healthcare and those we serve.

**Summary:** Diverse group of multi-generational health professionals experienced in multiple levels of nursing, customer service, business, marketing, computer data management, leadership, organization, and secretarial duties.

**Education:**

- Master's Degree Nursing:** *Viterbo College, La Crosse, WI*
- Bachelor of Science Nursing:** *Viterbo College, LaCrosse WI; Winona State University, Winona MN; Washburn University, Topeka, KS; University of Wisconsin-Oshkosh, Oshkosh, WI*
- RN Diploma Degree:** *Northwestern University, Chicago IL; St Francis School of Nursing, Evanston, IL*
- Bachelor of Science Biology:** *University of Wisconsin-Milwaukee, Milwaukee, WI; University of Wisconsin-La Crosse, La Crosse, WI; St Mary's College, Winona, MN*
- Bachelor of Science Chemistry:** *St Mary's College, Winona, MN*
- Bachelor of Arts Marketing and Management:** *Viterbo College, La Crosse, WI*
- Bachelor of Arts English Literature and Language:** *Winona State University, Winona, MN*
- Graduate Studies in Nursing Education:** *Winona State University, Winona, MN; University of Wisconsin-Eau Claire, Eau Claire, WI*
- Diploma Degree Medical Secretary:** *Winona Technical College, Winona, MN*
- Diploma Degree Massage Therapy:** *Minnesota School of Business, Rochester, MN*
- Pre-Pharmacy:** *University of Wisconsin Madison, Madison, WI*
- Masters Degree in Biology:** *Franciscan Skemp School of Anesthesia, La Crosse, WI (in progress)*
- Spanish:** *University of Wisconsin-La Crosse, La Crosse, WI (in progress)*
- Pre-Veterinary Medicine:** *University of Wisconsin-La Crosse, La Crosse, WI (in progress)*

## Group Resume

The underlying premise is that the attributes of one become the attributes of the team. The goal is to recognize how amazing your team is when you work together. Gather your team to brainstorm as many strengths as possible. Challenge their creativity. Nothing should be left out.

You will need a flip chart, markers, and tape. Allow at least 30 to 45 minutes.

1. Choose a name for the resume. You may name it as if it were a person, a team, an idea, or anything else that comes to mind.
2. Explain that the attributes of each person will be included in this resume.
3. Answer any questions. Ask everyone to participate.
4. Start writing and have fun with this. Hang the completed sheets on the wall.
5. Review the list aloud. Ask the group what they think. Share your thoughts as well. (Wow! We are stronger together. We have almost unlimited potential! This is us?)
6. Shape the resume into a professional format. Post it on the wall. Post it on your department home page. Share it with every group you can. Let your organization know how much talent your Call Center holds and what an amazing resource they are.

<b>Experience:</b>	Medical /Surgical OB and High Risk OB Oncology Home Health Intensive care Radiology Emergency Nursing Flight Nursing Geriatrics Float Nursing Nursing Management Nursing Education Ambulatory Care Anatomy Instructor Cardiac/Telemetry Plasma Services Pediatrics Complimentary Medicine Triage Orthopedics Neurology Neurosurgery Infection Control	Infectious Diseases Psychiatric Nursing Business Owner/Operator Secretarial Studied Abroad (Spain) Anesthesiology Medical Transcription Health Unit Coordinator Holistic Care Animal Caregiver Guest Services Representative Viterbo and WWTC Nursing Instructor Case Manager Diabetes Educator Dementia Care Quality Improvement Coordinator Receptionist Project Manager Patient Referral Sales
--------------------	---	---

*We have a combined Total of 221 years of nursing experience with an average of 18 years of experience per RN.*

<b>Volunteer/ Community Service:</b>	Interpretive Guide Whitewater State Park Shakespeare Festival Humane Society Winona School District Hoops Club Bible School Instructor Girl Scout Leader Exploring Post Advisor/Boy Scouts Host Foreign Exchange Student CCD Instructor CSA (Community Sustained Agriculture) Riverfest First Aid Tent Attendant Habitat for Humanity – won the Behind the Scenes Leadership award St Elizabeth Hospital Pharmacy/Oncology volunteer
--	---

<b>Professional/ Community Membership:</b>	American Nurses Association Coulee Region Herbal Institute Parent Teacher Association PETA-People for Ethical Treatment of Animals	Sierra Club Rails to Trails Minnesota Pubic Radio
--	--	---



# Survival and Growth Practices

## How it Works:

Questions are sent to our database of call center managers, with the hope of receiving one response per call center. 3CN collects and aggregates the answers, keeping the individual responses anonymous, and then publishes the results. The “N” value associated with each question identifies the number of responses that were received.

## Regarding the financial well-being of your sponsoring organization:

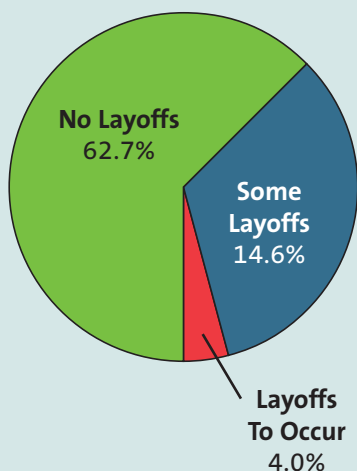
### Budget cuts and adjustments

(N = 75)

- 37.3% Budget cuts have occurred in specific programs, departments and/or services
- 33.3% Budget cuts have been made across the board
- 29.3% There have not been notable changes made to the organization’s budget

### Lay-offs (N = 75)

- 62.7% No lay-offs to date
- 33.3% There have been lay-offs in the last 6 months
- 4.0% Layoffs have been confirmed and will occur in the next 6 months



## Specific to your Call Center:

### Have you had to downsize or lay-off call center staff in the last 6 months?

(N = 75)

- 85.3% No
- 10.7% Yes
- 4.0% No, but I feel this is pending

### Have you had to reduce your call center’s operational budget in the last 6 months? (N = 75)

- 49.3% No
- 45.3% Yes
- 5.3% No, but I feel this is pending

### If program/service changes were made in the past 6 months, which statements describe them? (N = 75)

- 38.7% None; we are holding steady
- 29.3% Added services more central to our sponsor’s core operations
- 22.7% Increased services provided
- 17.3% Added services which are more profitable
- 10.7% Decreased hours or volume of services provided
- 8.0% Eliminated one or more of the services we were providing

### If “Added services” was chosen, where are you looking for new business?

(N = 45)

- 46.7% Both within our organization and external
- 37.8% Within our organization; new services or serving additional departments
- 15.6% External to our organization (new clients)

### Actions call centers have taken to sustain their services and staff

- 9 Reduced expenses: staff, travel, other budgetary items; several mentioned eliminating overtime, tightening hours of operation
- 6 Expanded or honed marketing to drive volume and/or new business
- 5 Are now helping/serving other departments (internal)
- 5 Increased scope of services (verifying insurances, making appointments versus warm transfer, working more closely with practices)
- 5 Increased focus on communicating value; meeting with senior managers to discuss ROI and value
- 3 Integrated more with sponsoring organizations core functions
- 3 Got LEAN: improved productivity, streamlined processes
- 2 Increased price for telephone triage
- 2 Improved service levels
- 1 Discontinued low or no value services
- 1 Engaged in fund raising efforts

**Actions call centers have taken to grow their services**

- 7 Increased the number of external clients or contracts
- 6 Increased the number of internal department supported
- 5 Added new services (hospital transfer, disease management, system-wide service to obtain physician referrals for employees)
- 3 Increased direct mail and marketing campaigns to drive service line volume; newcomers, etc.
- 3 Started scheduling appointments: for physicians, for after hours patients
- 2 Implemented services to improve access (which has led to addition of staff)
- 2 Implemented outbound call services for current programs and for other departments
- 1 Expanded hours
- 1 Increased focus on reporting to provide more trend analysis and strategic information to managers and marketing
- 1 Outsourced telephone triage and shifted staff focus to disease and case management
- 1 Used software and ACD reports to justify more staff

**What do you currently use for reporting your call center's value? (N = 74)**

- 93.2% Call volume statistics
- 43.2% Operational analyses from the data we collect
- 40.5% Client satisfaction ratings
- 31.1% Measures of operational improvement
- 27.0% Cost savings / cost avoidance attributable to our services
- 27.0% Revenue reconciliation report (match data with patient accounting)
- 24.3% Clinical outcomes
- 23.0% Billing receipts (because we charge for our services)
- 16.2% Market share growth statistics
- 10.8% Case studies of patient or physician interactions
- 10.8% Other (included service line-specific reporting; appointments made; demonstrate reach of the service; demonstrate decrease in non-accommodation of patients; rely in satisfied internal clients to speak for our customer service)

**What best describes the financial expectation of your call center? (N = 72)**

- 48.6% We are a cost center only
- 40.3% We are expected to be budget-neutral expectation
- 11.1% We are expected to show a profit

**Do you have a Communication Plan for making managers/stakeholders aware of your value? (N = 71)**

- 43.7% Yes
- 56.3% No

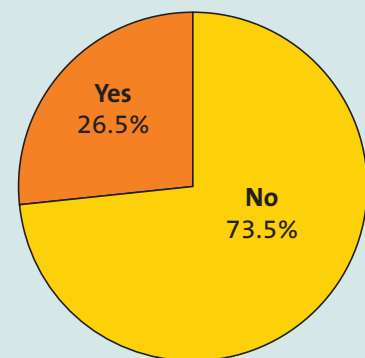
**Have you recently evaluated whether the goals of your call center are aligned with priorities of your sponsoring organization? (N = 72)**

- 86.1% Yes
- 13.9% No

**For those call centers who serve external contracts (provide services for a fee):**

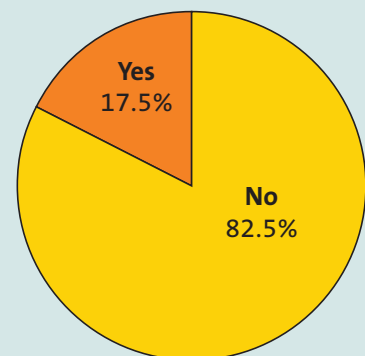
**Has the economic environment affected your price (what you charge customers)? (N = 34)**

- 73.5% No
- 26.5% Yes



**Has the economic environment affected cost per call or service? (N = 40)**

- 82.5% No
- 17.5% Yes



# Surviving and Thriving in a Recession

*Continued from page 3*

managers understand how your data can help them with target marketing and outreach.

7. Expand your horizons outside of your organization. Do you collaborate with any other businesses or community organizations that could benefit from your services? Not only could you increase the revenue you're bringing in, you may also create indirect revenue by growing referrals.

Geri Hammes, RN, BSN, is the Supervisor of the Franciscan Skemp Call Center in LaCrosse, Wisconsin. Her response to this month's question, "How are you growing your call center?" led us to give her a call. She had mentioned using the call center's services to save dollars elsewhere in the organization.

Mrs. Hammes started our conversation by confiding, "I know call centers can be considered money-pits. 'Just another overhead expense.' Well, we are becoming a spider's web, in a good way; taking on

as many operational functions as makes sense, until we are truly irreplaceable." One of the creative services the Franciscan Skemp call center has recently planned is a collaboration with the System's clinics. The 4PM to 5PM time slot has historically been less productive for the after hours triage center, but for the clinics, it's chaos. "We will soon be taking over their phones to help sort out their remaining calls of the day. While our staff is providing triage and customer service, the clinic staff will have a chance to get caught up on the referrals, paperwork, labs and other necessary activities, without the added stress and distraction of the phones," states Hammes. Call center productivity will be optimized and our hope is that once the data is interpreted, the clinics will incur less overtime (over-budget) hours.

In exploring other growth opportunities, Mrs. Hammes realized that many departments in her organization did not understand the call center's services or their capabilities. To address this (and also as a team-building project), she and her staff wrote the call center's resume. Please see Staff Support to learn more about this creative initiative.

The Question of the Month (pages 10-11) presents many additional ideas for

sustaining and growing your call center. Please read and consider each on its merits and potential fit for your situation.

One growing theme, regardless of the economic conditions, is to claim a more mainstream role in scheduling and patient access services. Through referral and wayfinding, most call centers fulfill a small piece of this larger picture. Scheduling, order management, registration and insurance verification continue being handled in other departments; other call centers.

Dialogue interviewed Kathy Ingalls Hefni, RN BA, of Detroit Medical Center, where she serves as the Corporate Director of the Health Access Center & Central Region Operator Services. She described their evolution from a triage and referral call center to the central scheduling service for six of DMC's seven hospitals. The redefinition came in phases. And now, five years later, her team continues to learn and implement new ways to improve throughput and reimbursement, not only for the health system, but for their affiliated physicians. This topic is an issue in itself and will be covered in the March/April issue of Dialogue. ☛

## Industry Resources

### **3CN - Call Center Consulting Network**

[www.3cn.org](http://www.3cn.org)—Experienced consultants focused exclusively on healthcare call centers

### **American Academy of Ambulatory Care Nursing (AAACN)**

[www.aaacn.org](http://www.aaacn.org)—Also ViewPoint bi-monthly newsletter and e-mail

### **American Telemedicine Association (ATA) Telenursing**

[www.atmeda.org](http://www.atmeda.org)—Members receive a Telemedicine Journal

### **AnswerStat (bi-monthly publication)**

[www.answerstat.com](http://www.answerstat.com)

### **CPM Marketing Group**

Expertise in Customer Relationship Management (CRM)  
[www.cpm.com](http://www.cpm.com)  
608-831-7880

### **Greystone Group**

[www.greystone.net](http://www.greystone.net)—providing Internet strategies and solutions for healthcare organizations

### **LVM Systems, Inc.**

University of LVM  
April 20-24, 2009, Mesa, AZ  
LVM User's Conference  
October 21-22, 2009, Scottsdale, AZ  
[www.lvmsystems.com](http://www.lvmsystems.com)

### **Pediatric Telephone Triage Conference: Answering the Call**

May 6, 2009, St. Louis, MO,  
St. Louis Children's Hospital  
[www.stlouischildrens.org](http://www.stlouischildrens.org)  
("professionals" section) or 1-800-678-4357

### **Physician Referral and Telephone Triage Times (monthly publication)**

**Annual Conference: June 17-19, 2009, Indianapolis, IN**  
Phone: 770-457-6106 Fax: 770-457-4606

### **Telemedicine Information Exchange (TIE)**

Information on telemedicine and telehealth  
<http://tie.telemed.org> produced by the Telemedicine Research Center