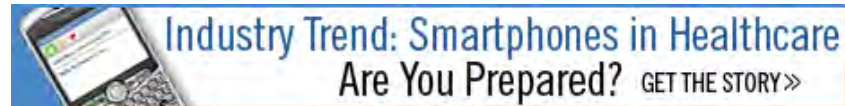


# MEDICAL CALL CENTER NEWS

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## Create a Call Center Culture of Optimism

By Ozzie Fonseca

Working as a customer service supervisor can be challenging for many reasons. It is not rare to encounter low morale and a lack of enthusiasm for the job. However, dwindling motivation should not be an inevitable attribute that all call center operations share. It is possible for contact center supervisors and managers to create an environment where optimism can flourish. Supervisors can accomplish this by consistently modeling desired behaviors, enforcing policies, and instituting appropriate reward systems.

**Model Desired Behaviors:** Call center representatives must follow strict policies regarding attendance, breaks, etc. In contrast, supervisors may have more lax requirements, which permit them to attend to duties such as coaching, meetings, and administrative tasks. The difference between the phone agent's level of freedom and that of a supervisor can be grounds for discontent if not properly managed. Such paradoxes are always detrimental to employee motivation because they reinforce the notion that supervisors are paid more but are held to a lower standard of conduct.

**Enforce Policies And Guidelines:** Successful call center operations require stringent requirements for call handle time, up-sell or cross-sell quotas, and quality scores – all managed and enforced competently by proficient supervisors. Without this ability, a supervisor's actions can undermine a key component of employee motivation: clear expectations.

**Institute Appropriate Reward Systems:** While the definition of what is appropriate can vary from one call center to the next, the basic characteristics of a good reward system remain constant. In order to achieve their objective, rewards must appeal to various motivators, encourage only desired behaviors, and provide incentives that are of value to the agents. Successful reward systems begin by appealing to the various motivators that compel people to action. It is important for call center managers to identify and consider the most prevalent motivators within their groups before finalizing any type of incentive program. Assuming that money is the best or only way to motivate call center representatives can prove to be a very expensive and counterproductive proposition.

Call center supervisors have the responsibility as well as the privilege of creating a positive atmosphere in their call centers – a culture of optimism that allows their agents to flourish.

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## Virtual Agents to Capture and Report Student Illness Symptoms for CDC Pilot Program

David Kirsh, a professor of cognitive science at UC San Diego, working with a grant from the Centers for Disease Control and Prevention (CDC), has chosen SmartAction virtual agents to capture and report on student illness symptoms at an elementary school in 4S Ranch, California.

Smart Action Company LLC is a provider of automated virtual agents powered by artificial intelligence that answer and make calls for contact centers. The system also features the best natural language speech recognition and synthesis technology available, making user interaction open and easy.

The pilot project was established to determine if increased information about medical absences reported to schools would lead to improved intelligence about contagious diseases, possible biological attacks, or other notable trends in student health. According to Kirsh, "This type of system greatly improves information quality and enables more rapid analysis, allowing us to detect trends in symptoms and disease."

When parents call the school to report children absent or ill, the virtual agent answers the call and asks a number of questions about symptoms. Information provided goes into a database for later reporting and analysis. The virtual agent automatically identifies parents or relatives based on Caller ID and remembers yesterday's symptoms for speedy reporting.

The system also gives callers the option to provide additional information, which is then recorded. The system reports the results to the researchers in three ways: 1) by email with a summary of information captured, including the recorded parts; 2) with a real-time database update to the university system; and 3) with a web-based report with a click-to-listen feature.

David Kirsh added, "After a poor experience trying a conventional interactive voice system, it was clear we had to find something more advanced to do the job. We needed a technology that would provide an optimal caller experience and capture the needed information."

"This was an ideal project for our artificial-intelligence-based virtual agents," added Peter Voss, CEO of Smart Action. "Not only is the necessary information captured quickly and easily, but it is available immediately to the school district and the CDC in a database. They have real time access to current health trends and will be able to mine growing historical data to uncover longer-term trends."

At the conclusion of the pilot program, Kirsh and other researchers will present their findings to the CDC with hope that it will be adopted as the new way to gather such information in school districts across the state and country.

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## Making the Best of Healthcare Reform

By Peter DeHaan, publisher and editor

As 2009 ended, I speculated that President Obama would doggedly [pursue healthcare reform as an ideology](#) (which, for better or worse, could become [his legacy](#)). In February, I pointed out that the [House of Representatives could do an end-run](#) on the whole political process, merely passing the bill that the Senate had already approved.



This is one time when I am sad to say that I was right. It's not that I am against

healthcare reform. There is a definite need for it, which I heartily support; unfortunately, [my ideas for healthcare reform](#) didn't make it into the bill:

- Each person has a responsibility to take control of their health, lifestyle, and healthcare, treating it like we do everything else, as a cost/benefit consideration.
- Place limits on medical liability and *reasonable* caps put on settlements; penalize those who file frivolous lawsuits.
- Cut back on unneeded procedures, tests, and treatments, evaluated on their cost/benefit.

While it remains to be seen if this law will result in substantive, positive improvements, I personally expect that my healthcare costs will go up and the quality of my care will go down. I hope that I am wrong but fear that I am right.

Aside from a present shortage of doctors, the threats that more will choose to leave the field, and a growing shortage of nurses, the reality is that millions of new patients will soon be added to the system, putting additional strain on already stretched personnel.

Now that President Obama has signed the bill, it's a done deal – except for the lawsuits – so the most effective thing we can collectively do as a nation is to be supportive of our president and make the best of the situation.

Let's not fixate on what did and didn't happen – let's just move forward.

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### **The World Congress Customer Centric Solutions Expo – June 24-25, 2010**

As health plans implement strategies to transform their business into customer centric organizations, essential to their success will be new customer service models supporting marketing, communications, and benefit design strategies. To remain competitive in the changing healthcare landscape, The World Congress Customer Centric Solutions Expo will discuss how health plans should reassess their customer service practices to ensure they implement "new" service models that meet the needs of their members.

The World Congress Customer Centric Solutions Expo will be held June 24-25, 2010, at the InterContinental, New Orleans, Louisiana. Attendees will learn “strategies for improving their customers' experience, satisfaction, brand loyalty, and retention.”

Registrants can save \$200 on the current rate by mentioning Promo Code: FTK743 and Priority Code: HL10018-88441 (not valid for government rate).

For more information, call 800-767-9499 or visit [www.worldcongress.com/Customer](http://www.worldcongress.com/Customer).

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### **Rady Children's Hospital Selects Amcom Software for Unified Communications**

Rady Children's Hospital is implementing unified communications solutions to support information sharing throughout its facilities. The San Diego-based hospital will use Amcom Software solutions for contact center operations, on-call scheduling, and staff messaging in concert with its Cisco PBX and phones. At the heart of the project is Rady Children's goal of enhancing the patient experience through more seamless communications among staff, patients, and their families.

Rady Children's is replacing a system that limited its ability to communicate efficiently. Going forward, Rady Children's will rely on a common, centralized framework that hinges on automation and interconnected applications to eliminate the difficulties of managing separate systems.

"The children and families who enter our facilities every day trust us to provide the best possible care. An effective communications blueprint is essential to our ability to achieve this," said Albert Oriol, CIO, Rady Children's Hospital. "Amcom's unified communications solutions will allow us to serve our patients' needs better, with a more nimble staff and the ability to incorporate changes in the way we need to communicate over time."

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### **IBM Fosters Creation of Health Information Exchanges**

At the HIMSS10 Conference, IBM introduced Initiate Exchange, a new service that enables health systems to exchange patient data with physicians. The company also announced that Initiate client CareSpark has been awarded a Social Security Administration contract through the American Recovery and Reinvestment Act.

IBM desires to enhance its ability to help healthcare clients draw on data from hospitals, doctors' offices, and payers to create a single, trusted, shareable view of millions of individual patient records. Widespread adoption of electronic medical records (EMRs) is anticipated with the availability of stimulus funds set aside through the Health Information Technology for Economic and Clinical Health Act (HITECH Act), part of the American Recovery and Reinvestment Act of 2009 (ARRA). According to the legislation, healthcare providers seeking funds must be "meaningfully using health information technology, such as through the reporting of quality measures."

While EMRs are essential to improving care and reducing costs, EMRs alone will not meet the requirements of meaningful use and, more specifically, will not improve the quality of care or reduce costs. A gap still remains in the ability to connect healthcare participants with effective sharing of health information.

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### **Dangers of the Graveyard Shift**

Chronobiology International has published a fourteen-year study of more than 7,000 subjects which concludes that shift-work constitutes an independent risk factor for impaired glucose metabolism.

Modern industrialization, consumer expectations, and globalization have led to the widespread adoption of round-the-clock operations in many industries throughout the world, including call centers. This has resulted in an increased proportion of the population routinely engaged in shift-work.

An association between shift-work and cardiovascular disease has been widely reported. Disturbed circadian rhythms, sleep and lifestyle problems, and increased stress have been implicated as possible risk factors for many serious diseases. This study highlights a previously unrecognized risk for the millions of people who work atypical shift schedules.

"It has long been known that sleep debt has a harmful impact on carbohydrate metabolism and endocrine function," says Michael Smolensky, coeditor of Chronobiology International. "It is therefore reasonable to expect that shift-work may influence glucose tolerance. Alternating between day and night shifts – resulting in continuous disruption of the body's circadian rhythms – has been shown by this study to be damaging to the health of workers."

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### **Ambulatory Care Nurses to Convene at Annual Conference**

Focusing on leadership, research, and innovation, the American Academy of Ambulatory Care Nursing (AAACN) will convene its 35th Anniversary Conference May 4-7, 2010, in Las Vegas, Nevada.

A broad range of healthcare providers who work in ambulatory care settings, including military and telehealth, are expected to attend. Attendees will earn continuing education nursing education (CNE) contact hours, enjoy special events, network with colleagues, and meet with vendors in the exhibit hall. The conference also features an interactive Town Hall on resources developed by AAACN on the RN's role in ambulatory settings.

Many topics will be covered, including interviewing techniques in the telehealth arena and using social networking sites for professional communication and development. Participants may earn up to 18.25 CNE contact hours during the conference, with additional hours available for pre-conference events, the post-conference certification review course, and for courses completed through AAACN's online library.

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### **High Hospital Occupancy Linked With Higher Risk of Death**

Admission to a hospital when most of the beds are already full can be deadly for patients, according to a new University of Michigan Health System study that shows high occupancy increases the risk of dying in the hospital by 5.6 percent. For the study, published in the March issue of *Medical Care*, researchers evaluated a set of critical factors that can affect hospital deaths: hospital occupancy, nurse staffing levels, weekend admission, and seasonal influenza.

Having more nurses made patients safer, decreasing the risk by 6 percent, but weekend admission raised the risk by 7.5 percent, and admission during widespread seasonal flu had the greatest impact by increasing the risk of death by 11.7 percent, according to the study.

Because of the size of the study – which included 166,920 adult patients admitted to thirty-nine Michigan hospitals over three years – the findings can be generalized to hospitals nationwide, the authors say.