

Physician Referral & Telephone Triage TIMES

Hospital Switchboards and Physician Referral

BEDFORD, TX – In our May 2006 issue we carried a story, “Communicating with Your Switchboard” in which Ellen Faw, the Vice President of Strategic Customer Relations with the Bedford, Texas-based offsite call center company Beryl, makes the argument that individuals looking for a doctor who initially contact the hospital switchboard sometimes don’t get where they ought to go or if they get there, it comes with a delay.

Now, Beryl through its research and education arm, *The Beryl Institute*, has formally published a White Paper on this topic. “Moments of Truth: Hospital Switchboards a Bottom-Line Issue” argues that there is definitely a financial angle in the breakdown between the switchboard and the physician referral function.

In October 2006, researchers at Beryl made five call attempts to 341 of its healthcare client facilities. Each time the same question was asked: “I am new to the area. Can you help me find a doctor?”

Here are the results:

- “More than 12 percent of the switchboard attendants told prospective customers that the hospital had no referral system – when in fact the hospital had an active physician referral program.

- More than 40 percent of callers were simply given another number to call for physician referral rather than being transferred directly.

- Nearly 8 percent of future customers were transferred to the wrong number.

- Nearly 40 percent of callers were directly transferred to the physician referral hotline.”

Altogether, the company calculates that 21.1 percent of these calls were lost while 40.1 percent were at risk. Only the 38.8 percent that went straight to the physician referral program were completely safe.

The White Paper uses a statistic from the 2003 Solucient Call Center Study that “the average call center caller generates \$4,000 in downstream charges within 12 months subsequent to the call center interaction.

“Therefore,” the White Paper says, “for a hospital that generates an average of 1,000 calls per month to their switchboard seeking a physician referral, the nearly 40 percent of calls that were connected may produce nearly \$20 million in charges.” Lost revenues come in a \$844,000 monthly or a whopping \$10.1 million annually.

The language Eric Davis, Beryl’s Director of Product Management, uses to describe this situation is that hospitals are “just leaking revenue”

because of this. Some leak more than others. Indeed, he adds “24 facilities that we called never admitted they have a physician referral program while we know for a fact that they have it.”

Among the Institute’s recommendations are:

- **“View each call as a potential (or repeat) customer –** Make sure that all switchboard operators understand the importance of each customer and potential customer. Measure and reward outstanding customer service on a regular basis.

- **Implement technology that enables easy switchboard transfers –** Rather than giving out second numbers, operators can transfer calls directly to ensure first call resolution.

- **Communicate, Communicate, Communicate –** Ensure that all switchboard staff is familiar with and understands the goals of ALL marketing programs. This means providing ongoing training, easy accessible collateral, and appropriate incentives. Make the switchboard part of your communications and marketing team.

- **Don’t underestimate the direct number of the hospital –** Since this number may appear in the Yellow Pages, in collateral, and on the Web site, it is frequently used by customers even if the institution has a branded marketing number. Operators answering that number must be trained to field a variety of service requests. ■