

Improving service quality in East-Tallinn Central Hospital

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Objective:

The purpose of the project was to improve the service quality through improvement of the registration and information system in the outpatient clinics by establishing a call-centre and re-design of working processes.

Methods:

East-Tallinn Central Hospital was established by the City Council of Tallinn in August 2001. By this decision six different healthcare organisations were merged in to one. East-Tallinn Central Hospital provides ambulatory and stationary healthcare services. In 2004 25 994 patients were treated in the hospital and 357 314 specialised healthcare ambulatory visits were carried out.

The Project period was Jan 2003 -Dec 2004. In Feb-March, 2003 the patient's satisfactory survey was carried out. The main purpose of this survey was to find out the patient's opinion of the service quality in the registration desks. The questions covered the following areas: registration channels, telephone service, information quality, employees attitude and communication skills. One of the main problems that came out was the busy lines of telephones. 71% of the respondents (n=300) said they wish to register by telephone, but only 54% were able to do it. Only 7% wanted to register on-site, but 30% had to do it, because the telephone lines were busy. Approximately 2 oral complaints a week was received concerning the busy telephone lines. There was also a problem of big differences in waiting lists in out-patient clinics and bad service quality.

To improve the service quality the following steps were taken:

First, development and implementation of new software, which allowed offering first available appointment time on-line in all out-patient clinics.

Second, re-design of working processes: all out-patient clinics were put under one management, one patient health record was introduced, separation of on-site client services and telephone work by establishing a call-centre.

Third, training of employees and new motivation system

Fourth, improving work environment through renovation and modern IT technology.

Results:

First, new software helped to unify waiting-lists and offer better access of care, it also helped to standardise the registration process in all out-patient clinics.

Second, one management allowed to make resource analysis and implement rotation system, one patient health record helped to reduce the number of records one patient had in different out-patient clinics. After opening the call-centre in July 1, 2004 there has been only two patient oral complaints concerning busy telephone lines. Call-centre offers quicker telephone contact for patients as 8 employees take calls from 7.30-20 in all working-days. New short telephone number (1900) instead of nine long (six numbers) was introduced. Total number of incoming/answered calls: July 22 706/21 462; Aug 23 912/22 132; Sep 30 837/ 27 902; Oct 27 420/24 617; Nov 27 380/25 987; Dec 22 744/21 883. Total July - Dec 2004 22 744/21 883. 90% of calls are served. Working processes of the registration desks were standardised, which allow better use of (human) resources and fastened on-site registration process. On-site servicing times fastened from approximately 7-15 min to 3-5 min.

Third, 25 of 50 registration desk employees had special training in customer service. All of them passed test which ended the training program. Continuing training system was developed. After the implementation of new motivation system the employees' interest in working hours and in "front line" working instead of back-office work has increased as well as interest in service quality and faster servicing.

Fourth, registration desks of two outpatient clinics were renovated and totally new environment for telephone work was created (call-centre). All employees of the call-centre ranked there working environment very good.

The project also won the competition in Estonia – The Service Event of the Year 2004.

Conclusions:

Project achieved its objectives 100%. Establishing a call-centre has made a significant change in the service quality. Re-design and standardisation of processes as well as new software have

allowed using resources more efficiently and through employees training improve the service quality in all out-patient clinics.