

Entry Title

HICS (Health Care Interpreter Service) at Sydney West - Offering 24-hour health Language Services for Culturally and Linguistically Diverse Communities

Abstract

Professional interpreters must be used in all patient care settings to promote effective communication, ensure quality and safety in patient care and to minimise potential adverse events. SWAHS HCIS has been in high demand since its establishment in 1978. A review of the Service was conducted in 2004 that showed unsatisfactory call response times and abandoned call levels as well as poor customer satisfaction with the booking process.

In order to improve the service quality, a 24-hour HCIS Call Centre equipped with modern technology and telecommunication systems was established in 2006. The services offered include on-site, telephone and videoconference interpreting. The changes have had a major impact on improving access to health care interpreters with improvements to the call response rates.

Aim

The aim of the HCIS Call Centre Project was to improve access to language services through the implementation of a 24-hour telephone interpreter service and improving call response times.

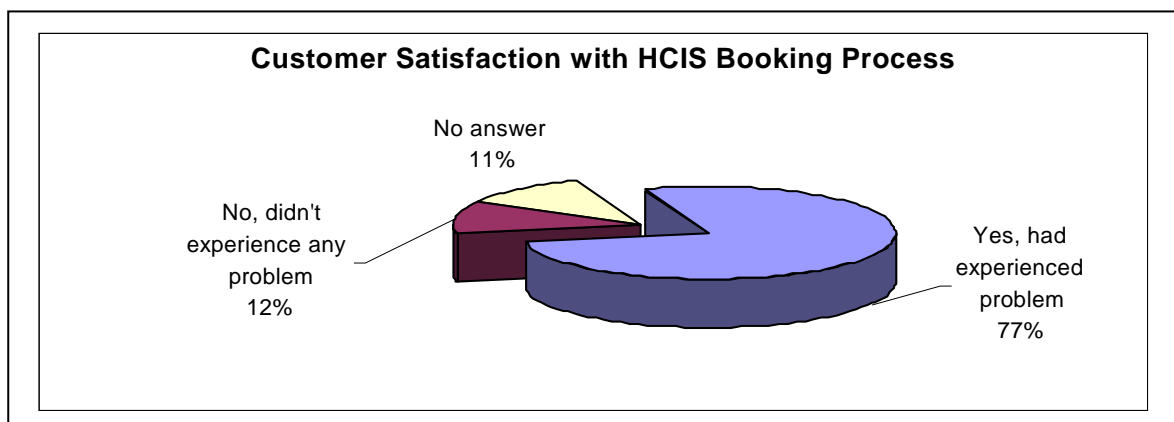
Nature of the Problem

SWAHS HCIS booking office utilised outdated booking system and telecommunication equipment. This caused a long call waiting queue and a high incidence of abandoned calls when making an interpreter booking, and in 2004 the implementation of a new telecommunication system enabled the HCIS to measure the extent of the problem.

In addition, SWAHS health providers utilised telephone interpreters from the Commonwealth Translating and Interpreting Service, since the HCIS booking office was not staffed between 11 pm and 7 am, which restricted access to health care telephone interpreting services in those hours. A need was felt to establish a 24-hour telephone interpreting service to address the challenge to improve the interpreter booking system and cost effectiveness.

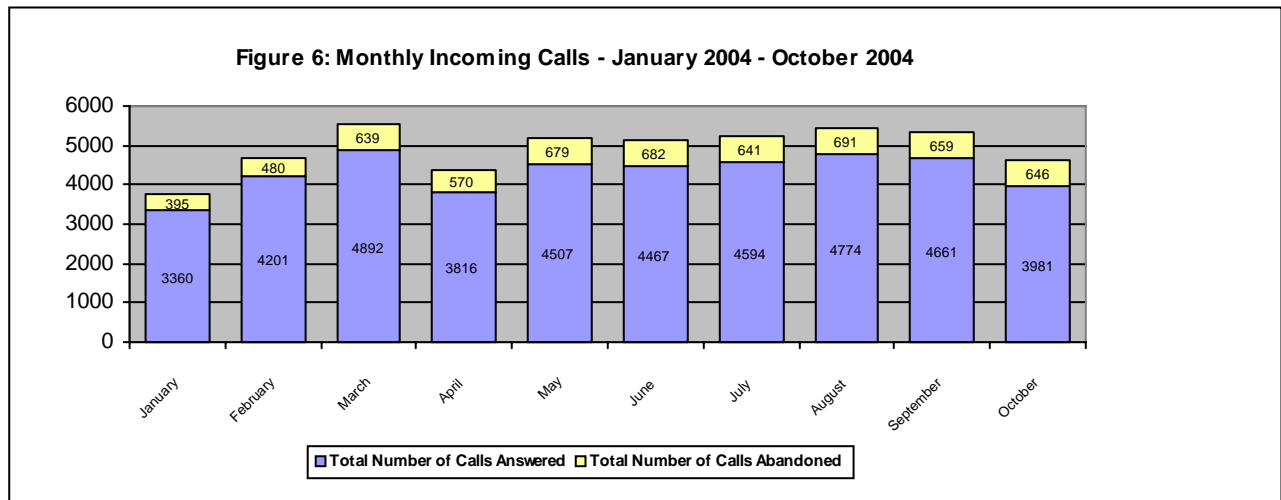
Extent of the problem

The 2003-04-customer satisfaction survey showed that only 12% of the respondents were satisfied with the booking process.



In order to measure the extent of the problem, data was collected regarding the call waiting time and the number of abandoned calls for the period of January-October 2004. The data

collected showed that HCIS received an average of 4,934 calls every month with an average of 608 calls abandoned due to an extended waiting time (12.29% of total incoming calls). The average waiting time when calling HCIS was 2 minutes 2 seconds with the longest waiting time averaging at 21 minutes.



There was a concern that the long waiting time and incidence of abandoned calls could be a disincentive to book interpreters, which may lead to the increased use of relatives / friends of patients to interpret and potentially causing adverse events.

Strategic importance

Provision of professional interpreters for culturally and linguistically diverse (CALD) patients ensures equal access to health services. HCIS needs to respond effectively to service demand and ensure that CALD clients are not denied access to language services due to inefficiency in the booking process or the lack of flexible interpreting services. The HCIS 24-hour Call Centre with its new technology ensures rapid response time in terms of call answering speed and provision of interpreting services. It prepared the Service for new risks and opportunities (Strategic Direction 7). HCIS is able to respond strategically to all unexpected situations including disasters and medical emergencies in remote areas.

Planning and implementing solutions

Provision of professional interpreters for culturally and linguistically diverse (CALD) patients ensures equal access to health services. HCIS needs to respond effectively to service demand and ensure that CALD clients are not denied access to language services due to inefficiency in the booking process or the lack of flexible interpreting services.

HCIS Manager and Business Manager for DHI undertook research for call centre technology options and aimed to implement a strategy to increase the effectiveness of the HCIS booking process and service structure. The HCIS Manager and DHI Business Manager reviewed the booking process and the data collected. In addition to the internal review, they visited a number of external organisations in order to research their structural and operational systems.

The reviews lead to the decision to implement a modern Call Centre Service in order to ensure a high quality service and an increase in customer satisfaction. The strategies included:

- Upgrading hardware, booking and telecommunication systems
- Introducing fax and e-mail booking requests
- Implementing a comprehensive 24-hour language service call centre.
- The Call Centre utilises NEC Client Term software that allows HCIS to run regular reports on operator activity levels and monitor the call traffic including the waiting time and

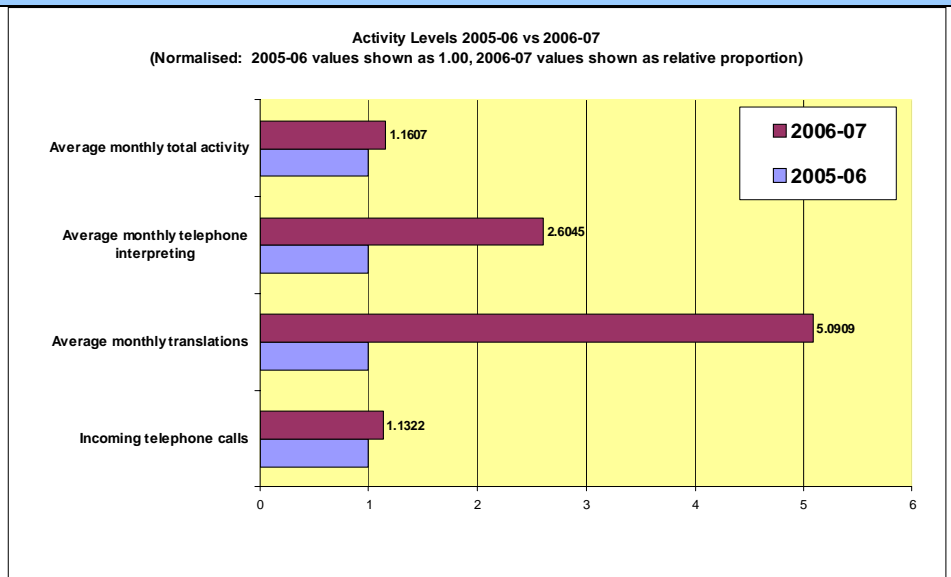
abandoned calls daily.

- The new structure enables health care providers to book interpreters through three different methods: by phone, e-mail or fax.
- Cerner scheduling system was implemented in May 2005 and workstation facilities were upgraded.
- In March 2006, 6 new Customer Service Officers (CSOs) were recruited to work on rotating 24-hour shifts.
- The new CSOs attended orientation training, which emphasised the requirement to answer calls within the specified target times.
- In April 2006, HCIS went live with the 24-hour telephone interpreting service.
- The teleconference system was upgraded in July 2006 to Telebridge Plus, which allows up to 60 simultaneous teleconferences. The technology was further advanced by the addition of videoconference interpreting in January 2007.

Outcomes and Evaluation

The following was achieved:

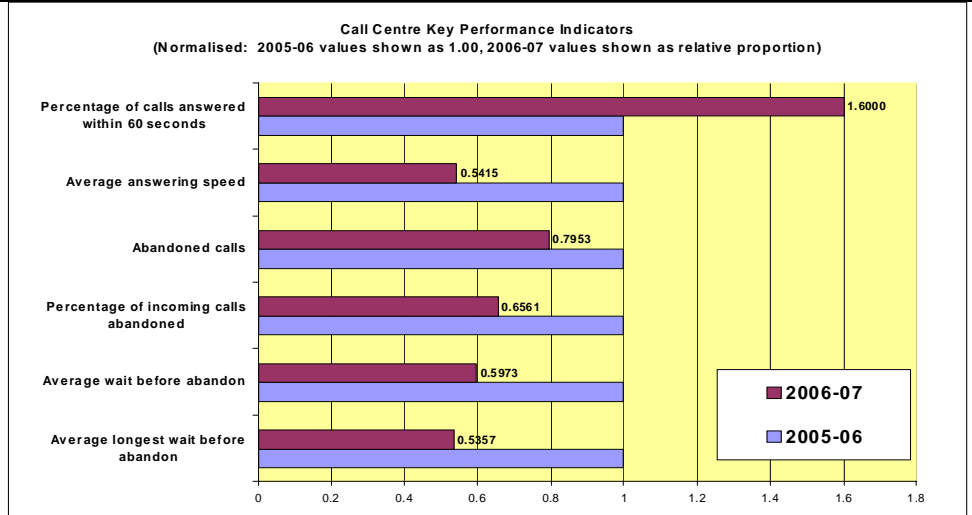
- Total Activity (all types) increased by 16.09% from 4,275 to 4,962 average appointments per month
- Telephone Interpreting increased by 160.41% from 134 to 349 average appointments per month
- Translation Occasions of Service increased by 426.70% from 11 to 56 average per month
- Incoming Calls to the HCIS Call Centre increased by 13.21% from 5,667 to 6,416 average per month



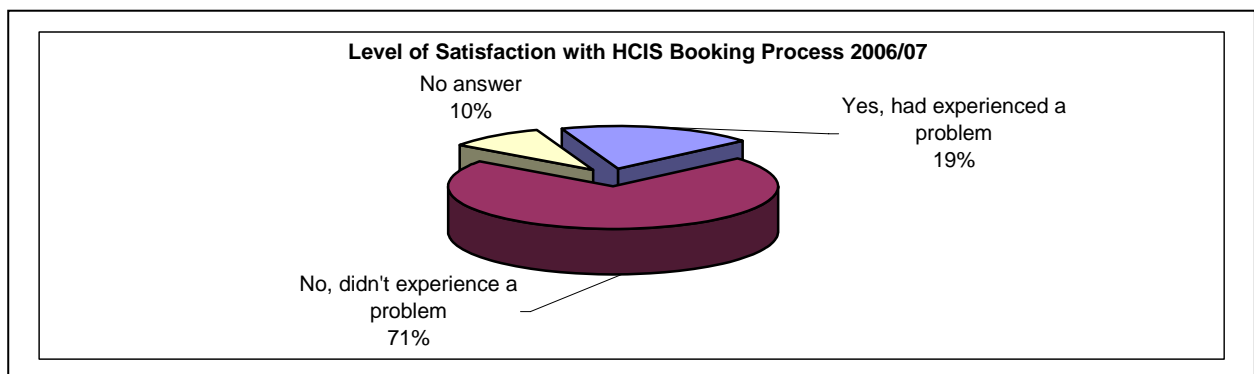
Over the same period, significant improvements have been recorded in all Call Centre Key Performance Indicators:

- Percentage of incoming calls answered within 60 seconds – increased by 60% from 25% to 40%.
- Average answering speed – decreased by 46% from 229 to 124 seconds.
- Abandoned calls – reduced by 20% from 928 to 738 average per month
- Percentage of incoming calls abandoned – reduced by 34.42% from 16.37% to 10.74% average per month

- Average waiting time before call abandoned – reduced by 40.2% from 149 to 89 seconds
- Average longest wait before call abandoned – reduced by 46.08% from 28 to 15 minutes



Customer Satisfaction with the HCIS booking process has increased significantly as demonstrated by the graph below. In 2004, 77% of respondents reported that they had experienced a problem with the booking process compared to 19% in 2007.



Sustaining change

HCIS continues to monitor the average call waiting time and abandoned calls. Call Centre staff are coached regularly and their performance against KPIs is monitored. The Call Centre Supervisor reports monthly to the Manager on the Call Centre activities. The 24-hour on-site, telephone and videoconference interpreting services are promoted on a regular basis to ensure user awareness of the language services available. Sending requests via email and fax is also actively promoted. In order to further enhance the response time, HCIS is in the process of developing an on-line booking system, which is expected to go live in early 2008.

Future Scope

SWAHS Health Care Interpreter Service modern 24-hour Call Centre model is easily transferable to other Interpreter Services. Other Health Care Interpreter Services could benefit from the extensive technology research undertaken by SWAHS HCIS and following the model of implementing call activity monitoring software, on-line bookings, teleconference and videoconference software. The HCIS services, telephone and videoconference interpreting in particular, have the flexibility and strength to be accessed by other area health services. There is a potential to centralise health interpreting services and therefore to reduce service duplication and cost.