



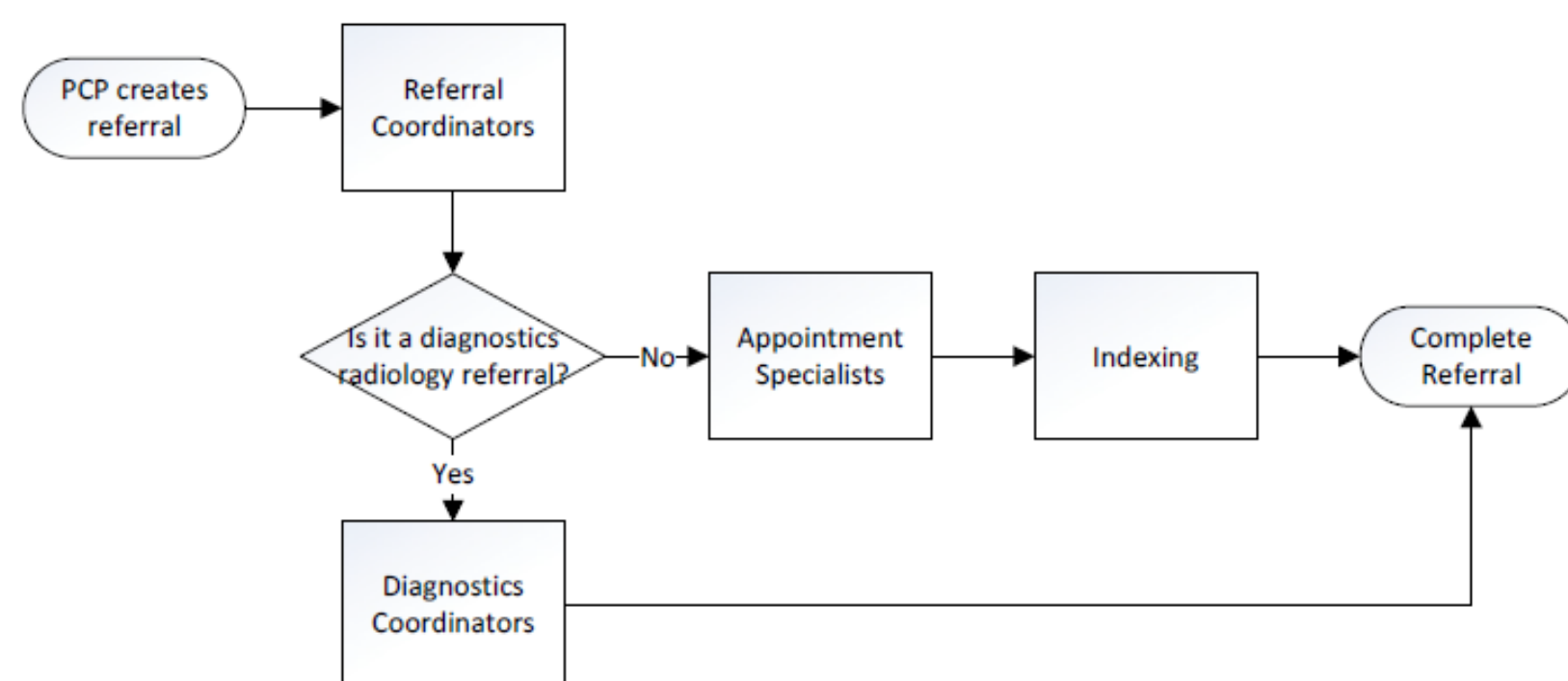
Abstract

Our project focuses on the staffing levels and referral process at IMC health. Our goal was to reduce cost and time for the company in both the referral department and the queue. After data collection efforts through observation, interviews, times studies, and raw data given from the management team, we were able to come up with several recommendations for the company. These conclusions included better staffing levels, optimal distribution of work, and general recommendations for different aspects of the queue.

Introduction

IMC health is a healthcare service company that has multiple clinics around South Florida. These clinics resources are primary care physicians with most patients having to be referred to specialist for extra examination. This is when referrals need to be created. Six different teams are involved in the creation of the referral and most of the work is done in the centralized office. The objective of our project was to improve the customer service experience by improving the processes related to referrals and call lines, while minimizing cost and time, as well as, make an assessment of FTEs required and workload distribution per team, Figure 1.1 is a very high-level flow chart of the referral process.

Figure 1.1: High-Level Process Map



Methods | Design | Analysis

Our data collection efforts included observation, interviews, and a time study. These were necessary to get a better understanding but to also validate the data that was given to us. The following analysis process was done for each team:

Queue (Call Center):

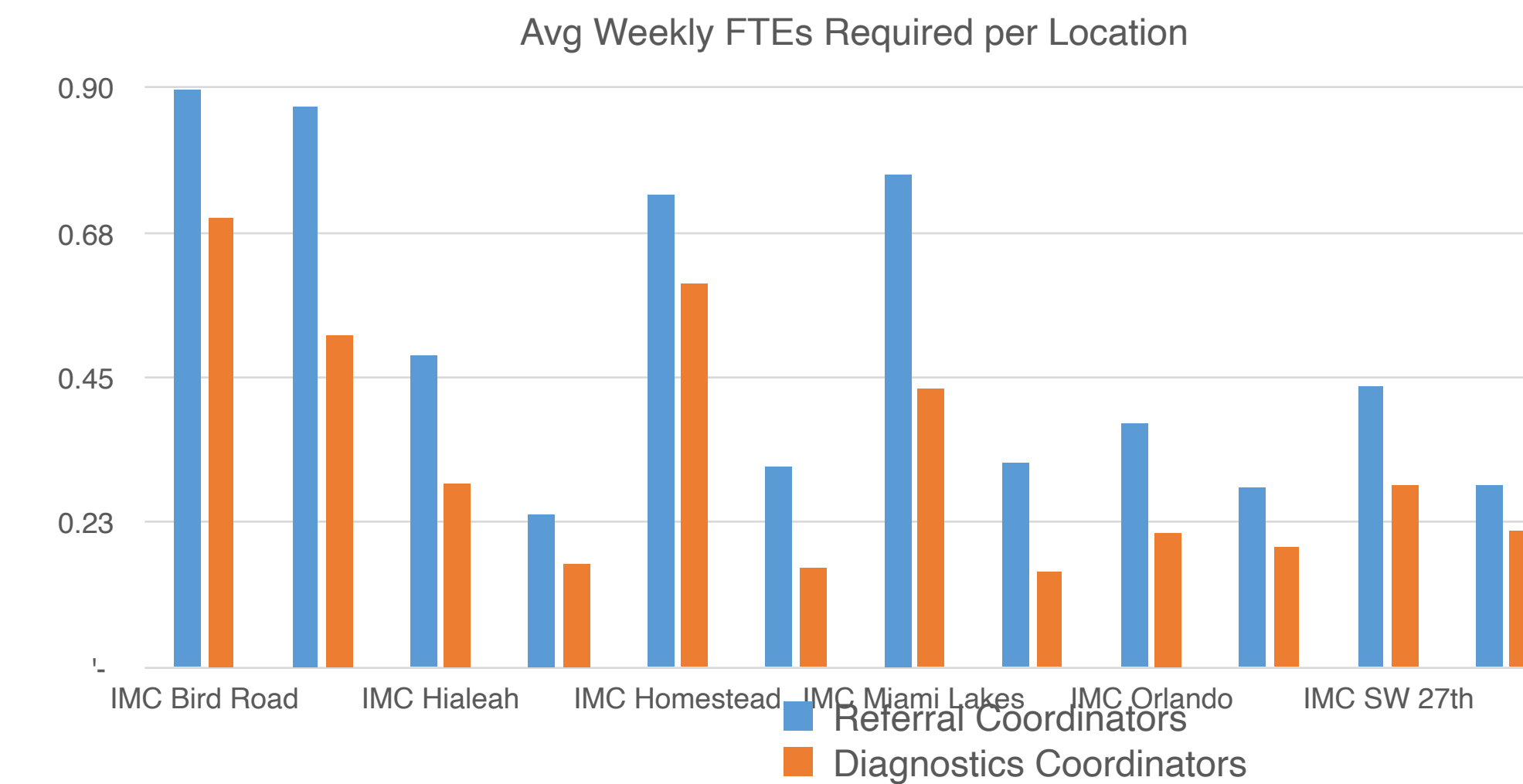
- Time study & data sampling
- Arena simulation model
- Predictive capacity model

Referrals:

- Avg. Weekly volume per week per team.
- Avg. FTEs required per week per team
- Workload distribution assessment.

Figure 1.2 below, was used to, calculate how many FTEs are required per week per team, and compare current workload distributions within each team and recommendations based on these.

Figure 1.2: Avg. weekly FTEs required per location



Results

After analyzing the data, we were able to produce a fair workload distribution for the three teams. We calculated the appropriate FTE for each clinic and specialist taking shrink levels into account. Once this was completed, we changed these distributions for each team so that the workload assigned to each agent was between 08 and 1 FTE. This resulted in finding an excess of FTEs in all teams.

Regarding the queue, we observed that there was a huge fluctuation of the number of calls throughout the day. A predictive capacity model was created based on forecasted calls to calculate the number of workers they needed throughout the day.

Conclusion

In conclusion, these were the main recommendations made:

- Use predictive capacity model to determine FTE requirements for call center based on expected incoming volume of calls.
- Update IVR call tree to decrease number of transferred calls.
- Cross-train all agents and associates to be able to meet SLAs.
- Better workload distribution between staff members.
- Decrease number of FTEs in each team (total reduction of 10 FTEs)

Smaller recommendations were also brainstormed and presented to attain our overall goal which was: to improve the customer service experience by improving the processes related to referrals and call lines, while minimizing cost and time.

Acknowledgments

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References

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