

Imaging Customer Surveys Point the Way to New Call Center

Jill Schlabig Williams

Murray Rice and his team of medical imaging equipment specialists at the University Health Network in Toronto were frustrated. Although the technical aspects of the in-house service they provided were excellent, their customers were becoming dissatisfied. “Our team was focused on getting the technical repair done correctly, but we were having problems communicating with our imaging customers within the hospital,” says Rice. His group was getting non-specific complaints about response times, repair times, and quality of repairs. “Our customers were losing faith in our service and beginning to look outside the hospital for vendor support of new equipment rather than investing in training for the in-house team.”

Eager to maintain their role servicing high-end equipment, Rice and his team resolved to ensure that both their service quality and customer satisfaction levels were as good as those of original equipment manufacturers.

In a team meeting, one of his technicians suggested performing an initial customer survey to benchmark performance, then continuing to survey customers after each service call to better identify problems and track customer satisfaction on an ongoing basis. These surveys ultimately gave them the information they needed to win back the trust of their customers.

Survey Implementation

The team designed the surveys to gather specific information about customer complaints. Benchmark survey questions focused on customer satisfaction with call center services, overall repair services, response times, scheduled maintenance service, and overall level of service support. Incident-specific surveys, which would be sent after each service call, asked about client satisfaction with that particular service intervention, response time, and overall level of service support.

The survey process itself was remarkably easy. Murat Firat, the department’s quality management and project

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Subject: University Health Network, which includes Toronto General Hospital, Toronto Western Hospital and Princess Margaret Hospital

Location: Toronto, Ontario, Canada

Size: 707-bed nonprofit health system

Staff: 42-person centralized in-house medical engineering department includes an 11-person medical imaging equipment support group

support engineer, managed the implementation of the surveys. He knew that another department in the hospital was using an online survey site called SurveyMonkey.com, and decided to use the same service for the imaging customer surveys. For an annual fee of \$200, this web-based service allowed him to design, implement, and analyze the results of the surveys.

While it took little time or money to set up the surveys, it did take a bit longer for Firat to integrate the application with the current work order tracking database. Ultimately, he integrated the systems to automatically send a survey to the customer after every service call.

Results Pinpoint Problem Areas

In April 2004, the team sent the six-page, 25-question benchmark survey to more than 200 medical imaging department employees. The response rate was 40%. As Rice suspected, survey results showed that his customers were largely satisfied with the technical quality of repair

services. However, significant dissatisfaction with call center services was found. Customers that were “somewhat” or “very” dissatisfied with repair services overall totaled 19%; 26% were “somewhat” or “very” dissatisfied with response times when a repair was urgent. Respondents that were “somewhat dissatisfied” with overall level of service support totaled 11%.

“We delved into these dissatisfied results to find out what really upsets people,” says Rice. “We found situations where it was not communicated to customers that repairs were delayed due to extenuating circumstances.” In many cases, he said, imaging service technicians were relying on the clinical team to pass on messages about repairs, rather than communicating directly with the “charge technologist” and closing the loop on the repair.

“From a process/systems point of view, we showed that our system was good. There were just many communication problems,” says Rice.

Improvement Initiatives Focus on Communication, Call Center Services

Armed with the survey results, Rice knew that improving his team’s communications skills was key to improving customer satisfaction. “It was too easy to say that we were technically right. Instead, we had to take time and work with the customers to address their needs.”

He found that the survey itself was a motivator for change among his staff. Simply knowing that their customers would be surveyed put increased focus on customer service for the technicians. Rice’s next step was to send team members to seminars about communications and customer service where they talked about the importance of communicating reasons for repair delays to customers.

A new call center system was also key to improving customer satisfaction. Under the existing system, clinical staff would call or page technicians directly, or use an option to reach the department’s administrative assistant to locate a technician. This system did not offer 24-hour coverage, and too often resulted in repair delays.

Again, Firat stepped in to help out, this time managing the call center improvement effort. A two-month trial of using the hospital’s existing IT help desk to field imaging service calls failed. They found the typical one-day response time of that call center to be inadequate in the clinical imaging world, where a computed tomography (CT) machine operator wants a response within 10 minutes.

Firat decided instead to implement an automated paging system. This interactive voice response system required the purchase of a computer and a voice card, which totaled about \$5,000. The four-channel system he purchased was compatible with the hospital’s existing phone system. He created an interface between it and the equipment database, and worked with the administrative assistant to record greetings, prompts, and instructions.

The system offers customers one centralized number to call for imaging service. Based on information provided by the caller—including equipment number, area of the hospital, and urgency level—the system automatically assigns a case number, generates a work order and pages a technician. It escalates the call every 10 minutes by paging another technician until a response is received.

Efforts Yield Success

A second survey and the incident-specific surveys show that these efforts are succeeding. The ratio of “completely satisfied” customers increased from 6% to 30%. Overall satisfaction levels increased from 89% to 98%, while the “somewhat dissatisfied” ratio dropped from 11% to 0.

“The latest survey shows that we’re moving customer response toward ‘completely satisfied,’” Rice says. Rice has used the survey results to show the clinical team that quality is improving and that there is more to service than just fixing equipment.

The call center system, which was rolled out in the winter of 2004, has also been a success. It has offered customers a better way to reach technicians, and has benefited the technicians by automatically creating a case number and work order for each service call. While customers still largely prefer to call technicians directly, use of the call center is gradually increasing. Significantly, use of the call center has eliminated the negative feedback and the negative image the department was receiving about slow response times.

Beyond the survey results, Rice has seen an improvement in the clinical staff’s confidence in his team. “The effort of performing these surveys and undertaking these improvements has been well worth it,” says Rice. “We’ve struggled for years to solve this issue of customer satisfaction. The survey was the tool we needed to solve the problem.” He credits the cooperation of the clinical staff as key to success, and also appreciates the efforts his team has made. “My team has done a great job. They want to continue to learn new technologies, and were motivated to improve.” ■