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Partner guide · Clinics

Phygital Clinic Simulator

A day of outpatient appointments: what gets resolved, how long the doctor waits and what each model costs.



What it adds and how it works, in five minutes.

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What the clinic loses without seeing it

The clinic knows how many appointments it books. It doesn't see the phone ringing in an empty room, the follow-up the patient never books, or the time the doctor spends waiting.

Empty rooms ringing, doctors waiting

The secretary is there when her doctor is, and her phone isn't forwarded. Reference day: 18 calls ring in an empty room and doctors spend 1.4 h waiting for an answer.

Same patients, three models

Sc 1 Conventional, with a secretary in each room. Sc 2 + Video Kiosks, with scheduling and phone in VCCaaS agents. Sc 3 + Video QR, with extended hours. Same schedule, same calls.

Results on the spot

Calls and tasks resolved (Z), who leaves unserved, the wait and the cost per resolved task recalculate when any input changes.

6-doctor clinic, reference day: 78.9% of calls and tasks are resolved with in-room secretaries, 90.8% with Video Kiosks and 98.7% with Video QR. 32, 14 and 2 leave unserved.

What you see on screen

A full day on fast-forward. In the image, the 6-doctor clinic at 12:54 in Scenario 3, + Video QR.



1 **Consulting rooms**

Doctor and patient; in Scenario 1, the secretary too. An amber halo marks a doctor kept waiting for an answer.

2 **Front desk and checkout**

Check-in, payment and signed paperwork: what requires presence stays here in all three scenarios.

3 **Video Kiosks**

Patients book their next appointment, a test or an authorization by talking by video with an agent.

4 **QR zone**

Patients who don't want to wait for the kiosk continue on their phone, seated in the waiting room.

5 **VCCaaS agents**

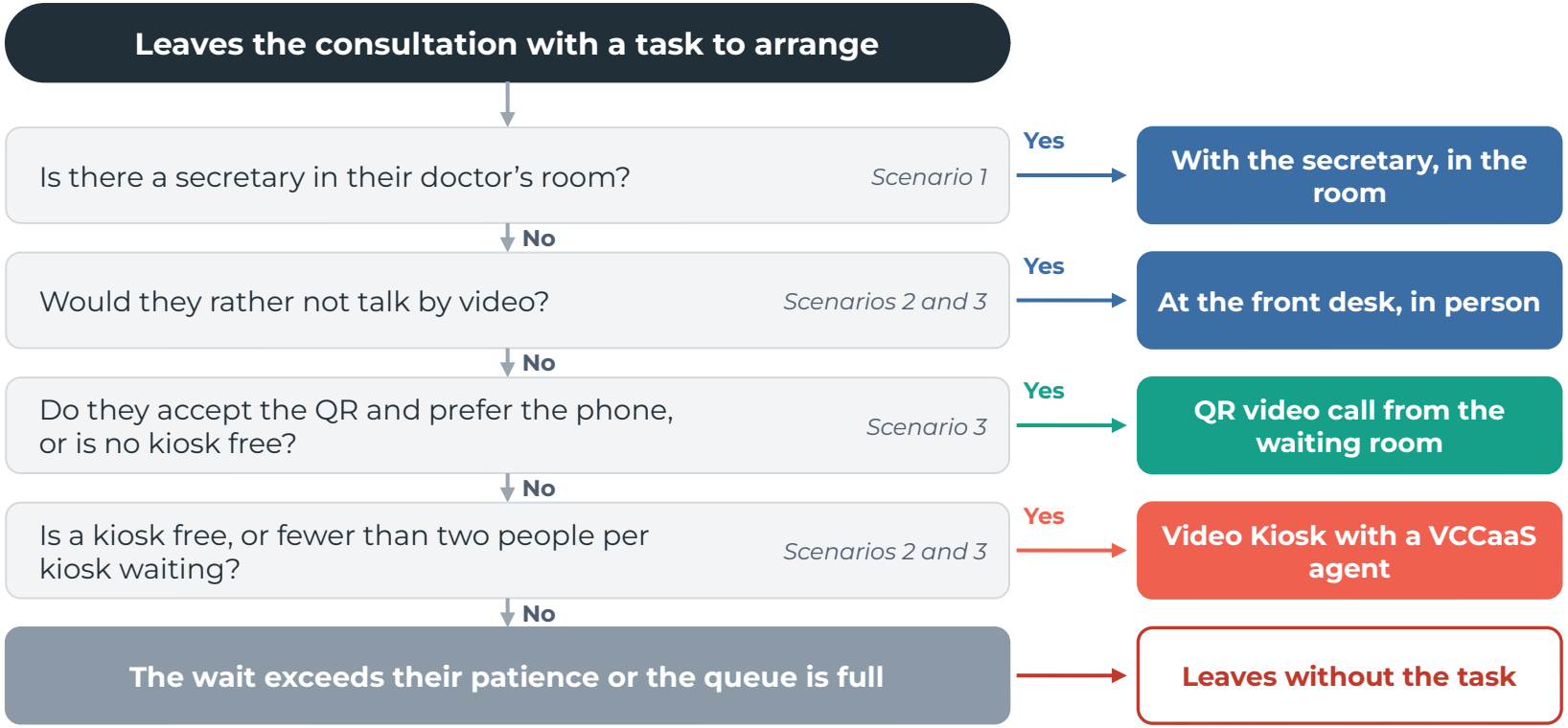
Outside the building: they handle kiosk, QR, phone and doctors' requests. The lines show whom.

6 **The day's timeline**

Interaction minutes by channel and, below the line, what is lost. One click jumps to that time.

How each patient decides

After the consultation, the patient arranges what is left: next appointment, test or authorization. Calls and the doctor's requests have their own queue.



Default values

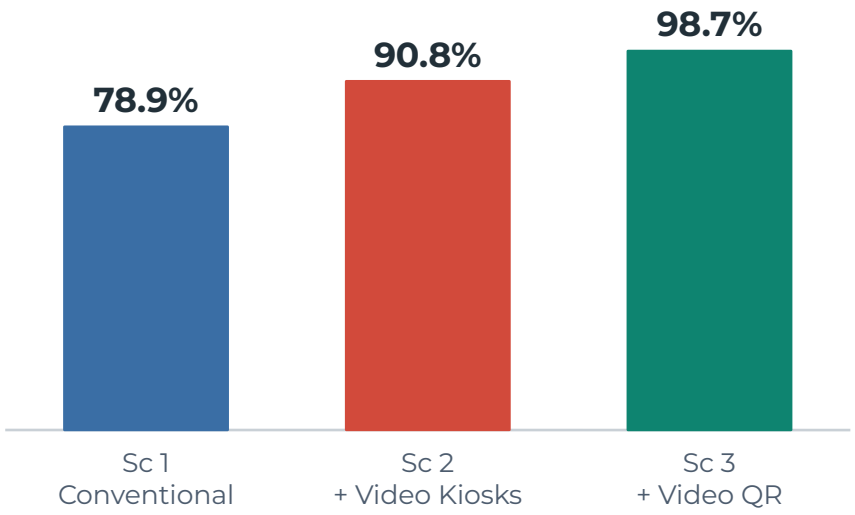
- Abandonment threshold in the ticket queue: 8 min (CX Gap)
- Willing to talk by video when no staff is free: 80%
- Willing to continue on their phone: 55%; 45% of them even when a kiosk is free
- Calls: 11 per doctor; callers hang up after 55 s and 45% call back
- The secretary arrives 30 min before her doctor, leaves 30 min after and takes a 45-min break

Everything can be changed in "Clinic parameters".

More gets resolved, and each task costs less

6-doctor reference day with the default values. Cost per interaction at CX Gap rates; a month is the day × 22.

Z · Calls and tasks resolved



Reference day	Sc 1 · Conventional	Sc 2 · + Video Kiosks	Sc 3 · + Video QR
Z · Calls and tasks resolved	**78.9%**	**90.8%**	**98.7%**
Doctor kept waiting	1.4 h	11 min	7 min
Leave unserved	32	14	2
Average wait, until served or leaving	1.1 min	0.8 min	0.6 min
Served by video or QR	0	50	50
Service cost per resolved task	25.54 USD	17.33 USD	16.52 USD
Total cost per month, USD	106,359	66,143	55,283

Cost per interaction at CX Gap rates: 13.50 USD in person and 7.16 USD remote; Video Kiosk 50 USD per month and QR totem 5 USD per month. Per-position alternative: 410 USD per day per position and 220 USD per VCCaaS agent. All adjustable. Total cost = service cost + what is lost (follow-up 70 USD, first visit 110 USD).

With Video QR, the time doctors spend kept waiting drops from 1.4 h a day to 7 min, and no call rings in an empty room (18 a day in Scenario 1). Total cost drops from 106,359 to 55,283 USD a month; 75% of the difference is revenue not captured.

Use it with the clinic

Five steps, a single HTML file.

1. **Set up their doctor roster**
   Doctors, appointments and calls per doctor at the top; shifts, profiles and slots in “Clinic parameters”.
2. **Show the afternoon in Scenario 1**
   Morning rooms empty, phones ringing with nobody there and doctors waiting for an answer.
3. **Switch scenarios**
   No restart: same time and same patients, now with Video Kiosks and Video QR.
4. **Adjust with their data**
   Staff and screens, the secretary’s other tasks and break, and the value of a follow-up.
5. **Close with the economics**
   Service cost and what is lost, per month; “Copy simulation” to paste it into an email or a report.

What you need

- A single HTML file
- Opens in any browser, nothing to install
- The clinic’s doctor roster, appointments and calls per doctor, and costs
- No data is sent: everything is computed in the browser

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