Average Handle Time

Workload, capacity, and the danger of optimizing time alone

An executive guide to what AHT measures, what changes it, and how to use it responsibly.

PURPOSE

Executive education

PERSPECTIVE

Healthcare operations

MODEL

Illustrative assumptions

AHT estimates average employee handling effort

For voice, a common definition includes talk, hold, and after-contact work for handled interactions.

$$\text{AHT} = \frac{\text{talk time + hold time + after-contact work}}{\text{handled contacts}}$$

01

Talk time

Conversation with the patient or customer

02

Hold time

Time the interaction remains connected while work continues

03

After-contact work

Documentation or activity completed after the conversation

04

Local definition

Rules for consults, conferences, transfers, and digital work

The arithmetic is simple; the interpretation is not

An average of time components does not establish whether the interaction was complete, accurate, or appropriate.

TALK		HOLD		AFTER CONTACT		HANDLED
5,000 min	+	500 min	+	1,000 min	+	1,000

(5,000 + 500 + 1,000) ÷ 1,000 **6 min 30 sec**

DOES NOT SHOW

- Resolution
- Accuracy
- Patient effort
- Repeat demand

Illustrative example only

Thirty additional seconds can create 833 workload hours

The result represents raw monthly workload under the stated assumptions, not guaranteed expense.

ILLUSTRATIVE ASSUMPTIONS

100,000 handled contacts per month · +30 seconds per contact · $30 illustrative productive-hour value

VOLUME	CHANGE	WORKLOAD	CAPACITY VALUE
100,000	**+30 sec**	**833 hrs**	**$25,000**
contacts	per contact	raw monthly	illustrative

100,000 × 30 ÷ 3,600 = 833.3 hours · 833.3 × $30 = $25,000

Potential capacity and realized expense are different

A workload change creates operating options. Financial impact requires a corresponding staffing or spending decision.

WORKLOAD AND CAPACITY

What changed

Handling hours required by the work

What it can create

More available time, lower queue pressure, or capacity for other work

FINANCIAL REALIZATION

Requires an action

Change overtime, outsourcing, hiring, attrition replacement, or staffing

Other valid uses

Absorb growth, improve access, complete deferred work, or reduce strain

A capacity model should never label every theoretical hour as cash savings.

AHT reflects the surrounding operating system

Employee pace is only one possible influence on handling effort.

Contact mix	Simple and complex work change the average
Process design	Approvals, verification, documentation, and ownership
Knowledge and skills	Accuracy, training, proficiency, and judgment
Patient circumstances	Language, accessibility, emotion, and available information
Technology	System speed, navigation, integration, and search
Authority and routing	What employees can complete and where work travels

A billing-queue increase may signal a broader change

Pressure to shorten interactions can hide the cause and create additional demand.

Observed result — **Average handle time increased in a healthcare billing queue**

POSSIBLE CAUSES

New statement format	**Failed digital payment**	Separate research system
Policy explanation	New employee mix	Unresolved repeat contacts

Faster closure can lower the metric while increasing transfers, repeat contacts, complaints, or unresolved balances.

Lower AHT is valuable only when the system improves

Interpret time with measures of completion, accuracy, patient effort, and workforce sustainability.

AHT IMPROVES RESPONSIBLY	POSSIBLE HARM	READ ALONGSIDE
01 **Fewer system steps**	01 **Rushed discovery**	01 **Resolution**
02 Better routing	02 Premature transfer	02 Repeat contacts
03 Clearer knowledge	03 Incomplete records	03 Transfers
04 Less duplicate work	04 Unresolved need	04 Quality and accuracy
05 Stronger proficiency	05 Pressure on employees	05 Patient and employee effort

The goal is appropriate handling effort that produces accurate, complete, and sustainable resolution.

Questions for executives

AHT becomes useful when leaders examine the operating conditions and outcomes behind it.

01	What exact time components and contacts are included in our definition?
02	Has contact mix or complexity changed?
03	Which component moved: talk, hold, or after-contact work?
04	How do changes relate to resolution, repeats, transfers, quality, and patient effort?
05	Does the business case describe workload, capacity, expense, or realized savings?

09 · CONTINUE THE FIELD GUIDE

AHT connects workload with the broader capacity model

The next entries explain why raw workload cannot be converted directly into headcount or savings.

RECOMMENDED NEXT

Shrinkage

Why paid hours do not equal available handling capacity

CAPACITY

Occupancy and Utilization

How available time is used and where resilience disappears

WORKFORCE

Staffing Requirements

How workload, timing, variation, and service objectives become required capacity

OUTCOMES

Resolution and Repeat Contacts

How completion and future demand change the interpretation of time

Sources

NICE AHT glossary · ICMI Metrics of Contact Center Productivity · Huang, Krishnamoorthy, and Armony on customer retrials · SELAS illustrative analysis