



## ***Adjuvant Client Highlight***

### ***Client: Austin Medical Center, Mayo Health System***

- ***Location: Austin, MN and surrounding rural areas***
- ***Active /associate Medical Staff: 71 Physicians, 879 Allied health staff***
- ***Active Departments: 8 including ED, Family Medicine/Internal Medicine/Pediatrics, General Surgery, OB/GYN, Psychiatry, Psychology, Urgent Care, Anesthesia and various specialties.***
- ***Integrated Medical Center with 5 locations***

### **Background:**

Austin Medical Center is an 82 bed hospital attached to a 70+ physician multi-specialty clinic. Annual patient visits for Clinic is 137,276; Hospital-Inpatient is 1907 and Outpatient is 49,284. It has grown from a 25-physician clinic to 70+ physicians in 10 years. With such rapid growth has come an increasing need for efficient processes.

The different departments within Austin Medical Center were each using a different system for managing call schedules. Word, Excel, Yahoo Calendar were all used at differing levels of effectiveness within each department. This lack of a consistent process inside and between departments caused multiple problems for staff in all areas.

- There was no one person or location to find an updated and accurate schedule. This led to doctors mistakenly being called when they were not supposed to be on call and staff spent valuable time tracking down providers.
- Schedule changes lacked policy or procedure; providers would submit requests via phone, text, email, handwritten notes and verbally. Requests were not time or date stamped, leading to confusion and miscommunication.
- Combining call from each department was done by hand. When changes occurred,

staff would physically change the calendar, print and redistribute the changes to all staff... until another change would occur. Mistakes were commonplace.

- Due to the time-intensive inefficiencies for scheduling call, specific administrative staff were consumed by managing call changes throughout the day.

Lori Carroll was hired as Medical Staff Scheduling Coordinator; she was charged with creating a consistent system for call scheduling within the Austin Medical Center and all the various departments.

### **System Requirements:**

Carroll did not have a medical scheduling background so it was critical that any scheduling tool adopted was intuitive, comprehensive and easy to use. She began looking at the tools currently owned by Austin Medical Center and found that two departments (ER and Adult Combined On-Call) had purchased Call Scheduler a few years prior but were not using the solution consistently or to its maximum capabilities.

As Carroll researched other scheduling solutions and thought through the needed process, she found Call Scheduler to provide most features needed. After a few conference calls, Carroll felt confident she and her team could successfully roll out a new scheduling process across each



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department with ample training and support from Call Scheduler. One of the key questions Carroll asked the Call Scheduler staff was, *"Are we maximizing the capabilities and features of Call Scheduler? How else can the software help us?"* The Call Scheduler staff consulted with Carroll to help her understand best practices in utilizing the software as a comprehensive solution. In addition, Carroll had requests for additional features and was pleased to know that Call Scheduler would flex and stretch to meet the needs of this complex group.

### **Implementation:**

Carroll began the rollout of the new system (utilizing Call Scheduler) one department at a time. She started by finding and training users who understood the benefits and were excited to use the product. They created a team of Call Scheduler enthusiasts to test and provide feedback for the new scheduling system. Once the system was finalized, she focused on the benefits to the providers in order to bring them on board. The specific benefits most important to providers included anywhere access and ensuring they would not be mistakenly called for call.

Carroll and her team provided brief training that highlighted the user-friendliness of the system. Carroll recommends focusing on basics first and not to overwhelm providers with all the features and benefits right away. Keep it simple. Once using Call Scheduler, most providers were pleased with how easy the program is to learn.

However, like any group of providers, there were a small number of physicians who insisted that the old system was better (even when evidence to the contrary was apparent). The organization's leadership fully supported the conversion process and

were willing to mandate and enforce the change in the rare cases it was needed. The support of leadership in the process was critical to the conversion success. Additional implementation strategies included Carroll and her team creating personalized "Cheat Sheets" for each provider. Each sheet included basic instructions on using Call Scheduler; the provider's username and password; and the name and number of an internal staff member able to answer questions and provide help. Even though Call Scheduler has a help desk and is willing to help with any questions at any time, Carroll has internal staff trained to handle basic questions because she finds that physicians are more likely to call an internal staff person for help.

Over the course of one year, Carroll and her team completed the scheduling conversion in a majority of the departments in the organization. The timing had to do with budgetary planning and gradually stepping in each department as time and resources would allow. Carroll says this gradual process for change worked well and allowed for users to help build buy-in and excitement with non-users (making conversion even easier over time).

### **Results:** **Provider Requests:**

The Call Scheduler time/date stamping on all provider requests has improved provider relations and neutralized any potential for miscommunication regarding time off requests. In addition, providers greatly appreciate the ability to access and request time off from anywhere with an internet connection. And because Carroll recommends a best practice of entering notes in the time off requests, providers are able to keep accurate track of their CME's.



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### **Tallies:**

Carroll used to spend days preparing quarterly reports. Now, using the tallies and reporting features, they are able to quickly pull accurate reports for review. In addition, the tallies feature ensures that the call schedule is fair and equitable to all providers. As a result of this transparency, call satisfaction has risen dramatically with Austin Medical physicians.

### **Communication:**

The entire staff now knows how and where to access an updated and accurate schedule at all times. There is one streamlined process for making changes to the schedule. Because everyone is viewing the same schedule, miscommunications are rare. Mistakes have been reduced to almost none and providers are secure in knowing that all staff knows who is and who is not on call.

### **Merged Month View:**

One of the favorite features is the Call Scheduler 'Merged Month View.' This feature allows Carroll to select several jobs (or all jobs) from several different calendars and combine them into one monthly calendar view for staff viewing. The bird's eye view allows for administrators and staff to quickly gain an understanding of call needs for the month.

### **Time and Resource Savings:**

Carroll estimates that implementing a new call scheduling system utilizing Call Scheduler has saved Austin Medical Center FTEs. Staff was able to focus on more proactive aspects of their jobs including meeting additional needs of providers. Carroll feels strongly that there is no good reason that any clinic or hospital needs to waste time with the "busy work" of call scheduling when an effective software and process is available.



### **Future Growth:**

As Austin Medical Center continues to grow and become more efficient, Carroll continues to consult the staff at Call Scheduler to anticipate and brainstorm solutions for future needs. In addition, Carroll is excited about the changes and additional features Call Scheduler continues to roll-out. For example, Carroll and staff currently utilize the Merged Month View and are anxiously awaiting the release of the Merged Daily View in order to further simplify the daily call scheduling duties.

Austin Medical Center has had such success with implementing Call Scheduler that integrating any new calendars and the Providers associated with them is expected to be seamless.

### ***Austin Medical Center's Keys to Success in implementing Call Scheduler:***

- *Complete leadership support*
- *Active communication with Call Scheduler regarding their future needs*
- *In-House enthusiasts*
- *Sell Provider on benefits that will impact their quality of life*
- *Start simple and add complexities gradually*
- *Create individualized "cheat sheets" for providers to keep on their desks*