

Not Just Another Surgery, Personalized, Patient Centered



Background/Introduction

The labor intensive, error-prone, multiple stakeholder involved surgical scheduling process is all too often running in silo from the rest of the hospital and too reliant on single schedulers to carry the organizational burden. This results in stressed and overworked surgeons, office personnel, surgery schedulers, operating room staff, disgruntled patients who have extensive wait times to have surgeries scheduled and performed and who receive incorrect information pertinent to their surgeries. Additionally lack of insurance verifications and authorizations prior to the day of surgery result in many patients cancelling or postponing procedures until authorizations are obtained and loss of revenue for the organization due to incorrect billing. A recognized need for better communication strategies and tools to ensure that an enhanced, efficient, interdisciplinary approach to improved workflows, curtail the complexity of surgical plans and timelines of scheduling, resulted in inclusion of measures that incorporated the complicated interdependent list of resources needed for successful completion of creation of a more individualized, personalized surgical experience from scheduling to surgery completion.

Purpose/Objectives/Hypothesis

To accurately, effectively, and efficiently schedule pediatric and adult surgical procedures by ensuring safety, efficiency, service, and the clinical needs of the patient are paramount

To ensure orders are valid and compliant, proper collection of patient demographics, and obtainment, verification, and authorization of insurance information is obtained at least 48 hours prior to the surgical experience

Communicate to resolve patient access and quality service matters by keeping open channels of communication with physician, patient, and service areas regarding action taken and outcome.

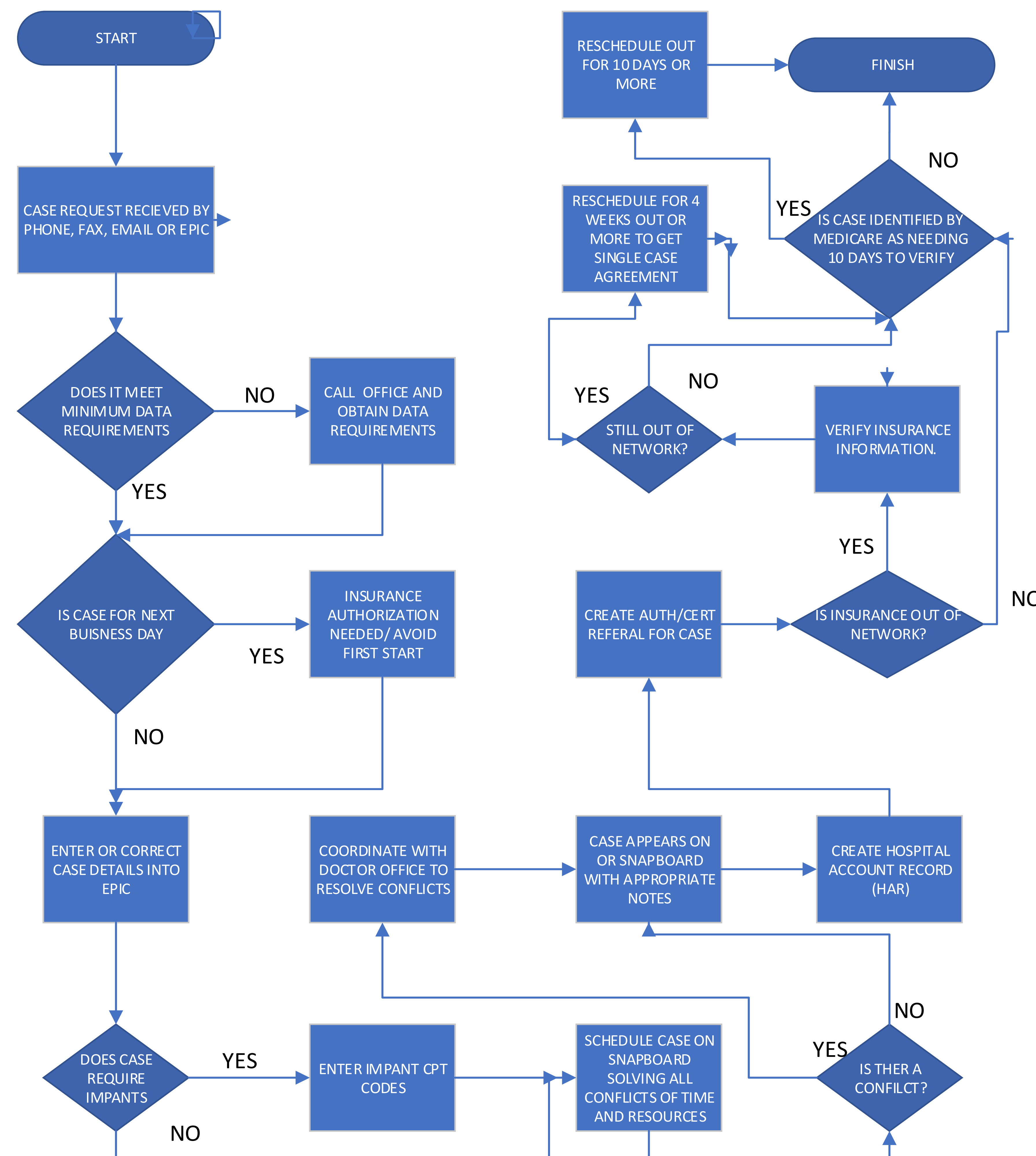
Resolve complex problems and issues by entering data into the Electronic health record (HER) with a high level of thoroughness, accuracy, and timeliness

The team



Method

PROCESS FOR SCHEDULING A SURGICAL CASE



Results/Implications

Improved case management and increased accountability with electronic scheduling as it can be easily determined who made changes to case request and when those changes were made

Legibility issues with paper-based scheduling can be decreased by communicating with surgeons and offices when orders are unclear\ and ensuring obtainment of new orders when any change is warranted

Decreased burden and reliance on schedulers who customarily Perform multiple tasks including playing phone tag with offices and physicians, scheduling cases as they are requested by email, fax, activefax, and depo

Future Actions

Consideration and proper management of surgical planning, and scheduling uncertainties primarily related to perioperative patients, resources, and surgery duration can assist with decreased daily resource utilization (Spratt, Kozan,& Sinnott, 2019). Sufficiently reliable review of previous surgical time averages can assist with ensuring the accuracy of procedure lengths and can decrease extended wait times resulting in increased patient satisfaction scores decreased overtime, and increased employee satisfaction scores, (PANG, XIE, SONG, & LUO, 2019). Accuracy of procedure Information is necessary to accurately and effectively schedule procedures and appropriately bill patients.

Acknowledgments

I am truly blessed and grateful for my leadership team (NaToshia Joseph, MBA, Director of Patient Access Services, Mark Flores, BSN, RN, Manager Centralized Scheduling, and Fese Ngabesong, MPH, BSN Coordinator as well as the entire OR Surgery Scheduling team past and present , all of whom I could not have undertaken this journey to efficient, timely, personalized patient surgery scheduling without. Thank you!

References

Pang, B., Xie, X., Song, Y., and Luo, L. (2019). Surgery Scheduling under case cancellation and surgery duration Uncertainty. IEEE Transactions on Automation Science and Engineering, 16(1), 74-86. doi: 10.1109/TASE.2018.2834486

Spratt B., Kozan E., Sinnott M. (2019). Analysis of uncertainty in the surgical department: Durations, requests and cancellations. Australian health review: a Publication of the Australian Hospital Association, 43(6), 706-711. (doi: 10.1071/AH18082.

Courtesy of Mark Flores, BSN, RN
Centralized Scheduling Manager

