Surgical scheduling: Taking an important role to the next level

Wanted: Operating Room Scheduler. Salary $33,000.

Operating room schedulers reserve space for each surgical procedure in a hospital or ambulatory surgery facility. They determine how long a procedure will take and what staff is necessary. OR schedulers work with anesthesiologists to assign one for each procedure, as well as OR managers who help schedulers select nurses, surgical technologists, and surgical assistants to serve on the surgical team. Successful operating room schedulers possess organization, attentiveness to detail, problem-solving skills, and the ability to communicate effectively and work as a member of a team. The ability to find solutions quickly when pressed for time is also crucial for the position because emergencies frequently cause changes in scheduling.

This synopsis of job descriptions for OR schedulers posted online highlights the importance of the scheduling function to the OR. The OR scheduler has become a focus for improving OR efficiency, patient safety, physician relationships, and the business of the OR. Attendees at the 2010 OR Business Management Conference in San Francisco described schedulers as the “the gateway to our business,” “your telephone marketers,” “the face of the OR,” and “the heart of the OR.”

Whatever the title, OR managers are seeing the importance of schedulers and scheduling process to growing their surgical volume and improving OR throughput, and they are working to make the position more appealing.

Gateway to business

“We are going in a direction where health care is a business, and I think it’s high time we address it as such,” says Bettina Celifie, RN, director of perioperative services, Alvarado Hospital, San Diego. “The OR scheduler is the ‘gateway to our business,’ and the competition is fierce. We need to reward them for the work they do.”

Celifie has redesigned the scheduler’s job description to incorporate marketing, customer service, and problem-solving skills and has received senior management approval for a 20% increase in salary to match the intensity and importance of the scheduler’s role.

“If we are going to ask for a critical skill set in our schedulers, I believe we have to pay for that,” she says.

Celifie sees the best candidate for OR scheduler as a person with a background in surgery, such as a surgical technologist (ST), who has good computer skills, a customer-friendly personality, and is willing to troubleshoot.

She prefers having the scheduler located at the OR’s front desk because she believes opportunities for troubleshooting, communication, and marketing to surgeons are missed when the scheduler is at a distant location.
Marketing the OR

Speaking at the conference about transforming an OR into a better performer, Jeffry Peters said, “Your schedulers can make or break your business. You need to have the right person in place, and they need to be customer-relations focused, with training if necessary.”

Peters, who is president of Surgical Directions, LLC, a Chicago-based perioperative and anesthesia consulting firm, refers to OR schedulers as “your telephone marketers.” An important part of their job, he says, is to grow case volume. “If schedulers make it easy and comfortable for surgeons’ offices to schedule cases, they are likely to schedule more.” Peters suggested that sales incentives be awarded to schedulers for helping to grow surgical volume. Better performing ORs are considering incentives for all staff, especially schedulers, he says. Examples are free lunch passes, movie passes, and bonuses based on growth in OR volume.

Building relationships

An initiative at North Shore University Hospital in Manhasset, New York, has helped schedulers to increase the surgical volume by informing them of service line volume budgets for the year as well as the volume year-to-date, says Bini Varughese, director of perioperative business operations.

With this information, the schedulers know which service lines are above and below the volume budget and can work collaboratively to get cases booked with the offices. “Our schedulers are empowered to build relationships with the surgeons’ offices and be the ‘face’ of the OR,” he says.

Heart of the OR

The schedule is the heart of the OR, and the scheduler is what makes it tick, says Patricia Mews, MHA, RN, CNOR, management consultant, Scottsdale, Arizona.

How the scheduler enters cases in the schedule determines many things—staffing, case picking, and equipment availability, among others. If a case is scheduled incorrectly, then the wrong preference card will be picked, leading to an incorrect case setup that could compromise patient safety.

Because the OR scheduler is the first person the surgeon’s office has contact with when scheduling a case, the scheduler’s knowledge of the OR and procedures, marketing skills, and follow-up are what sells an OR. Many surgeons have a choice of facilities and will schedule at the hospital that makes it easiest for them, notes Mews. The scheduler’s job is to make scheduling as easy and streamlined as possible.

In addition to the job description, Mews says schedulers should have defined roles and responsibilities. She also suggests measuring performance annually and holding schedulers accountable to their defined responsibilities. Data is key to tracking the scheduler’s performance, she notes, and can include monitoring incorrectly scheduled cases or wrong preference cards picked for a case.

With the scheduler’s responsibilities and impact on OR operations, Mews suggests that schedulers be paid at least as much as an administrative assistant.

“If your administrative assistants have a starting pay of $15 an hour with experience, then that’s what schedulers should be paid,” she says. Mews recommends that schedulers be paid $20 an hour after they gain experience and be paid incentives for performance but not for volume.

She prefers to have schedulers located in a quiet office in the OR rather than at another location because she finds the close collaboration with the specialty team leaders

4 tips for better scheduling

Standardize nomenclature for all procedures

For example, use the term “Hip, arthroplasty, right” instead of “Right total hip”; “Right hip replacement”; or “Total joint replacement, hip, right.” Some organizations use CPT codes along with the standardized nomenclature in scheduling.

Develop a standard form

Develop a form for surgeons’ offices to fax or send electronically with all pertinent information. Once the case is scheduled, send a confirmation number to the office.

Provide dual monitor screens

Give schedulers 2 computer monitor screens so they can read the electronic fax or e-mail form on one screen while entering information into the OR scheduling system on the other screen.

Communicate with offices

• Provide in-person communication to the surgeons’ offices.
• Hold a lunch or breakfast for all the surgeons’ office schedulers and office managers to review scheduling policies and procedures. Follow up with office visits.

Source: Pat Mews, MHA, RN, CNOR.
and surgeons gives the schedulers a sense of ownership of the process.

“If your schedule is botched up, it’s usually by someone that doesn’t have ownership in the OR,” she says. (Tips for improving scheduling are in the sidebar.)

**Target for improving efficiency**

Carolina East Health System in New Bern, North Carolina, targeted its schedulers and scheduling process as one aspect of improving the functioning of the OR. The system centralized the 3 OR schedulers to 1 location and revamped the way it schedules OR cases. Requests for case time from physicians’ offices are now made by e-fax rather than telephone.

“The old system had a lot of inefficiencies,” says Robin Schaefer, MSNA, CRNA, director of perioperative services.

Schedulers were doing double the work needed. They were answering the phone, writing down the request for case and time, looking at the schedule for a time allotment, telling the office secretary what time was available, and entering the scheduled case into the system. Now the request for a procedure is faxed from the physician’s office. The scheduler enters the case in the schedule and calls the office to confirm it.

**More satisfied surgeons**

Another change that has improved OR performance is that most surgeons have a minimum block time of 8 hours rather than 4.5 hours. This change to 8-hour blocks was based on projected utilization evaluated for several months, notes Schaefer. The surgeons who do not have a block had utilization below 65% or do their cases during off hours. Eventually, they also will have an 8-hour block.

Since making the transition from phone calls to e-faxes and from 4.5- to 8-hour blocks, the schedulers and physicians’ offices are more satisfied, and the process is more efficient, says Schaefer. “We are actually doing more cases in fewer rooms. With assigned blocks, we were able to close 1 room a day. Utilization has improved overall for the entire OR.”

Carolina East holds regular “town hall” meetings, luncheons, and breakfasts for the OR schedulers and the physicians’ office staff.

“This puts a face to a name. When you know who you’re talking to on the phone, it makes all the difference,” she says.

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### Patient safety and the schedule

Regions Hospital in St Paul, Minnesota, is standardizing its scheduling process through an automated system with the goal of improving patient safety. The scheduling team consists of field schedulers for each service line in the clinics, and 2 main schedulers who oversee the surgery schedule in the hospital.

**Lean scheduling**

Surgical scheduling was consolidated into 1 location after a Lean process improvement project 2 years ago, says Dana Langness, BSN, MA, RN, senior director of surgical services.

“Before this, we were playing telephone tag between the field schedulers and the main schedulers for the 17-room main OR and 7-room surgery center. Now the field schedulers who are with the patients in the clinics schedule directly into their specialty blocks in the automated system.” If they want to schedule into an open time, they put the cases into a queue and are given times on a first-come, first-served basis.

Because Regions is part of Health Partners, an integrated health system, most of the patients are seen in the hospital’s clinics rather than in surgeons’ offices.

**Reducing risk of error**

To help standardize scheduling and reduce the possibility of error, the OR is working with each service line to standardize the names of procedures. After this project is complete, all surgeons will be expected to refer to each procedure by the same name, making the work of the schedulers and OR staff easier.

The automated scheduling system is order-based with 5 critical components: procedure, laterality, diagnosis, implants, and positioning. These are verified from the source documents.

With this standardized process, says Langness, “My vision is that the surgery schedule will be as reliable as the informed consent.”
Automating scheduling for offices

In 2008, Northwestern Memorial Hospital, Chicago, rolled out an automated self-scheduling system in Cerner’s Appointment Book software that has streamlined the scheduling process and increased scheduler and surgeons’ office staff satisfaction. Essentially, the process allows office staff to schedule cases directly into the hospital’s scheduling system, which are then placed into a queue in the system. Once hospital schedulers review the queue and place cases in the ORs, an e-mail is generated automatically to the surgeon’s office staff to confirm that cases have been scheduled.

Before the system was automated, hospital schedulers had a goal to have a case scheduled within 48 hours of receiving the request from the surgeon’s office via fax or e-mail. But 36% of the time this process took longer than 2 days and in some cases up to 4 days. Now that the cases are being directly scheduled by surgeon office schedulers, there are no delays.

Productivity gains

Overall, implementation of the system resulted in significant productivity gains for the hospital scheduling department while increasing patient, staff, and surgeon satisfaction, says Arshia Wajid, Northwestern’s financial analyst for surgical services.

Before, hospital schedulers spent approximately 6 minutes scheduling a single case. Now it takes less than a minute for them to review the queue and schedule the case. Hospital schedulers and physician office staff specified the information they wanted to see in the automated system that would make their jobs easier and turnaround time for scheduling shorter.

Northwestern comprises 3 facilities, 52 ORs, and 6 OR schedulers. With the new automated system, all schedulers have been consolidated to 1 office.

“Surgeons’ office schedulers are very pleased with the new system because it allows them to have real-time viewing access to cases in the hospital scheduling system,” says Wajid. Hospital schedulers like it because it has reduced their workload and allows them to spend time on other tasks.

—Judith M. Mathias, MA, RN