Automated Scheduling & Inspection Readiness

Practical Insights For Implementation

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Why Schedule Ready?

- We had 8 different paper schedules
  - Each required various amounts of time and attention
- We estimated that we were spending in excess of 2000 hours a year generating and maintaining schedules. (1 FTE) at the management level.
- Automation of the scheduling piece saves in excess of 0.5 FTE per year.
- We try to give staff their schedule 6 weeks in advance (not always possible).

Implementing Schedule Ready

- We chose to implement Schedule Ready in Phases due to limited resources.

  Phase I
  - Phlebotomy Services (team 1)
  - Laboratory Core Operations (team 2)

  Phase II
  - Anatomic Pathology Dept. (team 3)
  - Client Services/Outreach (team 4)
**Allocation of Resources**

- Each phase consisted of 2 teams
- Highest volume/most problematic areas first as PHASE I
  - Phlebotomy – problematic staffing issues
  - Core Operations – largest # of staff, most technical staff and largest testing variety (complicated scheduling)
- Chose key staff members for the teams
  - Phlebotomy was the supervisor and a senior phlebotomist who was a seasoned scheduler.

**Phase II**

- Anatomic Pathology followed quickly
  - Easy to schedule
  - 8 hour shifts
  - Limited Assignments
    - LTAs and Technical Staff
    - Accessioning, Gross Assist, Routine Histology, IHC and Special Stains
- Client Services/Outreach is the final piece
  - Least urgent area – mostly M-F (8hrs)
    - Some flex scheduling.
  - Client Services Representatives
    - Easy staffing, least demanding schedule
Practical Applications
(the real work from the real worker)

Dawn will detail the work necessary for building the schedule ready portion and the various issues that were identified due to the variety and complexity of our staffing and specialties.

Lab Core Operations Group

Consists of

– Automated and Manual Core
  – Hem/Chem/Coag/Urines plus Kit Tests
– Special Analysis Section
– Microbiology
– Blood Bank Transfusion Service
– Stem Cell Processing
– Molecular Diagnostics
– Flow Cytometry
– LTA Bay (Accessioning and Distribution)
Resource Allocation (cont)

- Team 2 consisted of Dept. Manager and Evening/Nite Supervisor
  - These two did most of the scheduling
  - This was the technically most demanding schedule.
  - Lean rules our lab so our staff are cross-trained in multiple areas
  - We have 8, 10 and some 12 hour shifts.
    - Some call in specialty areas – Stem Cell Processing and soon HLA Lab.

Building your unique schedule

- Select dedicated staff who will have 2-4 hours to commit to the project during the first 8 weeks
- Involves in-putting employees and their unique hours, rotations, etc.
- Work one on one with Maplewood’s implementation specialist
Customizing

- Apply rules to each employee for shift rotations and start times
- Customize weekend rotations and holidays
- Set priorities for certain individuals to receive shift assignments
- Can override any parameters set

Individual cycles
Pros

- Web-based application so staff can access from home
- Randomization
- Time-saving
- User-friendly
- Continues to build schedules weeks out
- Customizable
- X, Y and Millennial generations love it
- Time stamps vacation requests
- Requested days off, PTO is all inputted into the system

Cons

- Web-based application, vulnerable to “bugs”
- Staff must have access to internet
- Very time consuming to build on the front end
- Change-staff have hard time with change!
- Adding and deleting employees
- Shift changes don’t have assignment tags follow them
- Certain requests have to be taken to development and may take a while for a fix
- If schedule is rebuilt, any manually changes will not be saved
Schedule at a Glance

Inspection Readiness
Inspection Ready

Was exceptionally important to us because of the number of inspections and complexity of the various agencies

- CAP – general lab and specialty areas
- FACT – Stem Cell Processing Section
- ISO-15189 – **All** areas of the laboratory
- AABB – Blood Bank and Donor Room
- FDA – Blood Bank, Donor Room, Mobiles
- ASHI – Upcoming for HLA Lab.

New Module but fleshing out well

- Contains Checklist questions, answers and documentation in one module
- Contains competency documentation and other documentation that is critical for organizing your response to accreditation inspections/assessments.
- Links are used to provide the documentation in an easy to use format.
Inspection Checklists
CAP and ISO Loaded

Choose Checklist Question
(Green=complete, Yellow=incomplete)
Answer Questions

There is a policy that prohibits referral of proficiency testing specimens to another laboratory.

NOTE: Under CLIA regulations, there is a strict prohibition against referring proficiency testing specimens to another laboratory. In other words, the laboratory may not refer a proficiency testing specimen to a laboratory with a different CLIA number even if the second laboratory is in the same health care system. It is the responsibility of the laboratory director to ensure that this prohibition is enforced.

The prohibition takes precedence over the requirement that proficiency testing specimens be handled in the same manner as patient specimens. For example, a laboratory's routine procedures for receipt of patient blood samples might involve a volume of the specimen to a pathologist located at another site (i.e., with a different CLIA number than the referring laboratory). For proficiency testing specimens, the referring laboratory must NOT follow its routine procedure in this situation. Rather, the laboratory must submit a FT result of "test not performed" since the waiver does not occur within the referring laboratory.

Add compliance notes – answers and links

Click Here

Pulls documentation
Search for like questions on other checklists

Wonder how another discipline answered the same question? Use Matching Requirements

Pulls list of like questions on other checklists
Checklist Ready is integrated with Schedule Ready

Can click here and go directly to checklist questions assigned to you

Orientation / Training / Competency Checklists

Integrated with Schedule Ready and requirements appear on calendar
Training Checklist

Inspection Ready Calendar

Capillary Collection Orientation

Document Description

Capillary Training
Capillary Collection Training Checklist required for new phlebotomist

1. Read & understand Capillary procedure
   - Sign Puncture Procedure PHL 039.pdf
   Points: No
   Comments:

2. Determining when to draw capillary specimen.
   Points: No
   Comments:

Click Here

Avera McKennan Hospital & University Health Center
Sioux Falls, SD
Laboratory Department

SECTION: PHLEBOTOMY AND FRONT DESK
PROCEDURE: PHL 039
LAST REVISION: 10/17/03

SKIN PUNCTURE PROCEDURE

PRINCIPLE:
Blood specimens obtained by skin puncture are especially important in pediatrics and newborn infants because, with this technique, small but adequate amounts of blood for testing can be obtained. It can also be advantageous to obtain blood specimens from some adult patients in this manner.

PROCEDURE:
1. Acquire an order
2. Identify yourself
3. Identify the patient
4. Assemble supplies and put on gloves
5. Choose the puncture site
6. Warm the puncture site
Results Data
Checklist Completion

Percent of CAP Inspection Checklist complete on-line
And
Percent of Orientation & Training Checklists available on-line

<table>
<thead>
<tr>
<th></th>
<th>completed</th>
<th>available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phlebotomy</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Laboratory wide roll-out in process
Future time saving in checklist maintenance and staff training ease and documentation

Financials

- Due to the large number of inspections, we estimated that we spent a combined 6000 hours in preparation and maintenance of documents for inspection.
- With Inspection Ready, we estimate that we can reduce this down to 3000 hours or less.
- This saves 1.5 FTEs in very expensive staff and management time.
Summary

- Major Time Saver
- Very organized and easy to update
- Draws from links so we don’t need to change the inspection ready very much.
- Helps with documentation control.
- Everything available to inspectors in a quick, organized fashion.
- Readily available on web from any PC as long as you have the password access.

- Allows inspectors ready access without a stack of manuals.
- Keeps management advised of status on a real time basis.

KEEPS ME SANE!!
QUESTIONS??