Analysis of Implementing a Scheduling Software in a Hospitalist Department

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Introduction

Background:
Each department at Seattle Children’s hospital uses a different process for physician scheduling. This project focuses on the Hospitalist Department at the hospital. The department includes 92 hospitalists across 10 locations in the Greater Seattle Area.

Previous State:
The schedule for each location was created by a hospitalist in Excel by hand. The schedule was then uploaded by an administrator to Amion (an online viewing platform). In total, this process would take more than 800 labor hours per year.

Current State:
In January 2017, the hospitalist department purchased a new scheduling software, Qgenda, to save time spent on scheduling. We are seeking to understand the costs, benefits, and future opportunities of Qgenda.

Objectives:
Gain a complete understanding of Qgenda and its functions.
Analyze and assess the costs and benefits of implementing Qgenda.
Find opportunities within Qgenda to improve its utilization.
Reduce overall time spent on scheduling by hospitalists.

Methodology

Determine current and optimal states of the scheduling process.
Interview schedulers to collect process times for implementing schedules in Excel and Qgenda.
Gather data on costs for each scheduling method.
Survey hospitalists to understand schedule preferences.
Collaborate with Qgenda to assess the capabilities of the Qgenda software.
Determine feasible and scalable recommendations.

Analysis

A cost benefit analysis was conducted to evaluate the state of the hospital before, during, and after the implementation of Qgenda.

Recommendations

Recommendation A: Delegate scheduling responsibilities to the administration. Have the administrators create the initial iteration of the schedule instead of the hospitalists. Since hospitalists’ hours are valued at a higher cost, this will reduce overall costs by $3,587/year.

Recommendation B: Standardize the distribution of shifts. Reduce the number of individual hospitalist preferences and replace them with a standardized set of preferences. This will allow the Qgenda algorithm to produce a more complete schedule on the initial iteration. Physician hours will be reduced by 36 hours and costs will be reduced by $3,110/year.

Future Opportunities:
Continue to work with Qgenda engineers to improve the visual interface.
Enhance the scheduling process by developing forecasting and analytical capabilities to support staffing decisions.

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