Centralized scheduling brings both consistency and cost efficiency to a 45-hospital group

A decentralized scheduling system resulted in inconsistent practices and processes, which led to dissatisfied physicians and patients and an inability to measure performance due to a lack of data. By developing standardized scheduling policies and procedures and updating technology, a centralized system was created to cover scheduling for a 45-hospital group. Scheduling is now handled through five regional scheduling centers, each managed by one of Parallon’s shared services centers. Centralization has reduced call abandonment rates by 39 percent, improved average hold time by 32 percent, and increased imaging equipment capacity by as much as 20 percent.

**CLIENT**
HCA, Eastern Group

**FACILITY TYPE**
For-profit health system including approximately 163 hospitals in 20 states

**LOCATION**
Florida, Georgia, South Carolina

**CHALLENGE**
The scheduling process was handled differently at each of the 45 hospitals. At some facilities, the process was managed by individual departments, while at others it was more centralized. In a few cases, staff still scheduled services using pen and paper.

“The approaches were all across the board. It was far from a unified system,” says Shannon Dauchot, senior vice president of Corporate Operations and Client Relations for Parallon, who spearheaded the project.

This decentralized system led to inconsistencies in such vital areas as asset utilization, organizational structure, and staff training and management.

In addition, inadequate technology limited the ability to gather and report meaningful data, such as call volumes, hold times, and the number of lost and abandoned calls—pertinent metrics required to identify lackluster performance.
HOW WE HELPED

Parallon leveraged the expertise of its shared services centers to develop a toolkit of best practices for centralized scheduling, customized to the needs of the Eastern group. The shared service teams met with hospital leadership to discuss existing processes. Team directors shared lessons learned from implementing centralized scheduling systems for other HCA markets. Parallon’s Richmond shared services team then developed a set of standardized policies and procedures focusing on staff, processes, and technology, covering everything from staff training to duration of appointments.

The team also researched what telephony technology would best meet the needs of the hospitals and determined what upgrades and new technology would be required. For example, the existing scheduling module on the hospital information system was upgraded to automatically block time for a specific test according to terms defined in an appointment dictionary. In addition, call accounting software and equipment were installed to gain a better understanding of resource availability, physician order volumes and comparison of services.

RESULTS

The centralized system went live in all hospitals in 2010. Services handled at each of the scheduling centers include: outpatient diagnostic scheduling, insurance verification, patient pre-registration, pre-certification and authorization, physician order capture, medical necessity screening (when applicable), and upfront collections and financial transparency for patients.

In 2011 one HCA hospital, Aventura Hospital and Medical Center, Aventura, Fla., saw a 19 percent increase, or $407,000, in point of service cash collections (cash collected prior to or within 48 hours of discharge). The 407-bed acute care facility also significantly improved registration services, including total registration time by 19 percent, to 7.3 minutes.

LESSONS LEARNED

• Build relationships with key stakeholders through regular communication. Gain facility buy-in by including hospital leaders and department directors in the planning stages and address their concerns upfront. Ensure that physician office staff understands the changes that will be taking place and the resulting benefits.

• Document scheduling processes, and standardize and automate as much as possible to remove variation and gain efficiencies. Establish toll-free numbers for better business continuity planning.

• Stay steady and focused. Don’t rush change or results. Centralizing scheduling services requires significant change; it takes time to stabilize and manage the change curve without disrupting patient care.

ABOUT PARALLON

Parallon is a leading provider of healthcare business and operational services, providing revenue cycle, purchasing, supply chain, technology and workforce solutions to more than 1,400 hospitals and 11,000 non-acute care providers.

To learn more, visit parallon.com or call 855.478.7255.