

Optimal Scheduling PDSA updated 1/20/20

Addendum 2

Updated Process for Scheduling

To assess the needs for the upcoming week on Friday or Monday: (Option)

Ensure all staff hours scheduled for upcoming week have been updated in Activities

Open Assignment board

Click auto assign to populate pts to primary therapist

Assign new pts to a primary therapist

Open Appt book: open a discipline; check bottom of each day to assess how short you are each day.

Assess How much in the neg you are; Estimate # of hours will be able to add in concurrent (or group if not already added to projections) against the estimate # of new admits to project the future needs. Request the estimated hours for assist.

Refine/Update each day as changes occur.

Each day prior:

Supervisor reviews Projections – 1.0 for non-Med Pts & 2.0 for PDPM Medicare pts

Review / Monitor for any missed visits, minutes or units and add them to upcoming days

Schedule / Monitor for ARDs – CMI patients

Mark planned DC dates and update minutes for DC planning appropriately

Add in schedule template for new patients

Move Minutes to group column for anyone scheduled for Group

Supervisor opens Assignment Board

Click auto assign to populate pts to primary therapist

Assign new pts to a primary therapist and save for future

Move group pts to Group therapist – but just for the day (more easily identifiable in assignment bd)

Edit the group session by going to comments section and make any notation on the scheduled group name the pt will participate

Supervisor opens Appointment Book

Any evals expected?

Add pre-admit pt onto therapists' schedule – Option: Complete in Assignment Bd

Use comment box to add name of pt, Insurance, etc

Adjusts schedule to manage productivity

Assess productivity for each therapist using productivity bar

Consult list of concurrent-able pts

Move additional pts to staff to achieve a manageable level with concurrent

Documentation column: If a recert is due – pt needs to be scheduled with a therapist. If a Med B (or any payer following Med B Rules) pt has a PR or DC Summary due, it needs to be scheduled with a therapist.

Assess the need for additional help – pt's still not scheduled with a therapist or anticipated admits and evaluator not present

If no added help needed: Scheduling Complete

Make sure staff know if prod over 90% they should do concurrent or added group within 8 hour day or approve overage dependent on prod level given

If help needed is it for Tx or Evals?

Follow Eval or Tx triage process – moving pt's to another day; moving minutes, update group or concurrent minutes

Request help if needs remain

If help coming

Add in additional staff coming to help

Go back to assignment board and add the therapist (this will not give you a productivity bar in Appointment book)

Or

Supervisor goes to Staff Schedules under Activities

Or

Supervisor goes to Appointment Book and hits edit schedule before opening a discipline

Add in any additional help staff with hours scheduled to work

Adjusts schedule moving pts to help staff now scheduled

Add preadmit pt to the help staff now coming if help needed for evals – use comment box to add in name, payer and other needed info

If help not coming

Go back to appointment book

Pull pts off schedule that can be moved to another day

Another weekday or weekend

Consider CMI ARD for Med B or PA pts or IPA ARD for Med A

Check if any patients that are scheduled already can be reduced in min or units to allow for time for the unscheduled pts

Can minutes/units be moved to another discipline as medically appropriate

Any additional Group or Concurrent able to be added

Are FT staff willing to provide more than 8 hours / approve overtime

**Variation (additional step)*

Supervisor goes to Time Assignment section in Appt book

Slides pts into times in the order that staff have given to supervisor

If entire session to be concurrent -may need to preschedule pts for concurrent in order for times to work. Alternate process: run concurrent as dovetailing; overlap times when sliding pts into time slots on Appointment Book

Can be done in projections or in Apt book or Assignment Board once determined capability of each day

Additional Suggestions:

- To address pt's not ready for group: Continue with the group session but with less pts and do an ind session with pt not ready.
- To address pt's being unavailable and staff losing pts on schedule – to keep staff prod move a med b pt from a different day to the schedule or move pt from Evaluator to open them for any new admits

- Each week discuss groups that may be appropriate for the pt population and schedule those groups – do not need to sched same group every week
- Utilize newly created Group tool (Addendum #3) to identify pts appropriate for group and which groups they are appropriate for to allow for sup to readily id groupable pts when scheduling. Instructions on use was given and also in Addendum #3
- Avoid scheduling Med B pts on days when there are staff off
- Tools that currently exist that help some sups: Hovering over the minutes box in Appt book tells you if pt min are sched for concurrent; use of comment box in assignment bd or appt book to describe group or concurrent as well as communicate any needed info; use of pre-admit pt in assignment bd or appt book to block evals out on therapist's schedule and communicate to therapists who they are going to evaluate
- For those that use time assignments – use of a book to keep track of outside appts, pt time preferences, careplan mtgs, etc can help when setting therapy tx times.