



BEST PRACTICES GUIDE: ON-CALL SCHEDULING

Locating the right doctor can be a big challenge if On-Call Schedules are out of date or contain erroneous information. In a survey of hospital informatics professionals, 62 percent cited managing On-Call Schedules as a top pain point.⁽⁵⁾ This is because digital spreadsheets may have multiple versions with conflicting information, paper copies become outdated as soon as they are printed, and many physicians' schedules are complex and constantly changing.

When urgent requests are sent to the wrong doctor because contact information is incorrect, the result is a potential delay in treatment that could result in patient harm. The solution to this problem is to have a centralized, web-based On-Call Schedule. Beyond just the existence of the online schedule, it should be readily accessible to authorized staff, pull contact information from a well-maintained directory, and integrate with additional tools such as encrypted smartphone texting and escalation procedures.



Communication is the **number one** root cause of serious injury or death related to delay in treatment.⁶

Big Picture

1) Keeping It Current

Changes made to a hospital-wide, web-based Schedule are immediately available to the organization, without the need to print and distribute revisions to all departments. Web-based scheduling means there is only one source for information, eliminating version control confusion and translation errors from copying information onto paper or white boards. Clinical departments can take ownership of updates and make revisions themselves as assignments change, helping keep schedules more current. It also saves time for contact center staff by removing them from the update process, including printing and distributing amendments.

2) Saving Time

Web-based On-Call Schedules are accessible from the web and mobile apps, by any authorized staff, including clinicians and call center operators.

- Easy access to schedules and contact information for the right provider means urgent messages get where they need to go quickly. Time isn't lost waiting for a response from the wrong person.
- Quick access to information cuts wasted search time for nurses and physicians who need to find out who is On-Call and how to reach that person. Also, once the correct provider is located, the best solutions allow a message to be sent right from the directory.
- Robust solutions enable doctors to input exceptions so users can forward their On-Call to another provider during specific days and times (for example, while in surgery).

3) Staying Connected

Besides having up-to-date contact information, additional benefits of an online On-Call Schedule include integration with paging and secure texting applications that can automatically route messages not only to the correct provider, but also to their preferred device.

Due to the criticality of Healthcare communications, there is a need to quickly determine who should be contacted and how they should be contacted. On-Call Schedules provide this capability to the organization and, if deployed and maintained consistently, help to streamline communications in the organization. With decades of experience, Spok combines best practices along with the latest in communication solutions and technology, to give you a full range of tools to meet these needs and overcome these challenges.

Successful deployment and organizational usage of On-Call Schedules requires that the following items be taken into consideration.

Consider your Audience

There are three primary 'Audiences' to keep in mind when building On-Call Groups/Departments, and certain key elements of importance to remember for each:

- *Operators* – must be able to quickly and easily find the appropriate On-Call Schedule and immediately determine who is currently On-Call
 - If multiple individuals are On-Call, ability to prioritize accordingly
 - If a particular On-Call individual is to be contacted based upon their Role (i.e. Resident, Attending, Fellow, etc.), that information must be clearly defined and assigned on the schedule
 - If specific instructions or contact preferences are present, must be able to quickly decipher the information
- *On-Call Group/Department Schedulers* – creation of On-Call Schedules must be as easy and streamlined as possible for an On-Call Administrator
 - Department/Group Members - predefined for ease of assignment, instead of querying the entire directory to locate an individual to schedule
 - Default On-Call shift times – predefined for the most commonly scheduled shifts, instead of manually entering starting and ending times
 - Default Roles – predefined list from which to select, or preassigned to the individual (where applicable), helps to ensure the correct person is contacted
 - Department/Group Notes or Instructions – predefined notes and instructions ensure a consistent message, or procedure for contact, to all those viewing an On-Call Schedule
- *Enterprise-wide Users* – must be able to quickly and easily find the appropriate On-Call Schedule and immediately determine who is currently On-Call
 - If multiple individuals are On-Call, ability to prioritize accordingly
 - If a particular On-Call individual is to be contacted based upon their Role (i.e. Resident, Attending, Fellow, etc.), that information must be clearly defined and assigned on the schedule
 - If specific instructions or contact preferences are present, must be able to quickly decipher the information

Key Considerations

There are a number of very important factors to consider when developing your On-Call Scheduling system. Putting in the time and effort up front, and considering the usage of and impact upon all 'Audience' members, will dramatically improve the success rate of your program.

- *On-Call Group/Department naming conventions*
 - What will make the most sense for easiest, fastest and intuitive searches performed by both Operators and Enterprise-wide Users when looking-up an On-Call Schedule?
 - Are abbreviations a positive or negative naming convention? (i.e. ER and ED, versus Emergency Room and Emergency Department)
 - If multiple locations are involved, naming is critical. (i.e. North, South, East and West facilities, and each has their own Cardiology On-Call Schedule)

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Note: While there is not necessarily a right or wrong way in determining your naming conventions for your On-Call Groups/Departments, thought should be put into it... and, consistency is key!

- *Spok applications used to leverage On-Call Schedules*

Be mindful of all of the Spok applications your organization currently uses that will integrate with On-Call, but also be forward-thinking of the solutions you may deploy in the future and how those applications may be affected.

 - Console application
 - Web application
 - Spok Mobile
 - e.Notify
- *Put the 'ownership' and administrative responsibilities of the On-Call Schedules on the Departments*
 - This might be a rather large undertaking at first, and there is bound to be resistance and even push-back. But, focus on the 'Big Picture' and the organization as a whole... and, not the frustrations of a few.

- *Education, Education, Education - this cannot be stressed enough!*

For any software solution to be successful, On-Call Scheduling included, the organization as a whole must be aware of and understand how the system will benefit them. Spok urges that a consistent training program be developed and deployed.

 - Operators
 - Familiarity with On-Call Schedules (i.e. naming conventions, searching, roles, priorities, notes/instructions)
 - Ability to edit an On-Call Schedule when necessary (i.e. after office hours, nights, weekends and holidays)
 - On-Call Group/Department Schedulers
 - Provide ample HAND'S ON training
 - Provide Quick Reference Guides (QRGs)
 - Provide access to video tutorials or Computer Based Training (CBTs)
 - Provide Instructor-led training to Schedulers, either onsite or via webinar, by Spok Consulting Services
 - Enterprise-wide Users
 - Incorporate your Spok Web solution and On-Call Scheduling into your Staff On-Boarding and Orientation process (i.e. new residents as they begin their training program, non-medical team members and Physicians)
 - Proper organizational education empowers Staff to be more self-sufficient and, ultimately, will drastically decrease many unnecessary calls to the Operators for information that is readily available
- *Communication*
 - Do not print or fax anything related to On-Call. Always encourage On-Call Schedules to be viewed "live" on-line from your Spok Web application to account for any recent changes and real-time information.
 - Make On-Call information available to everyone who needs it. Long gone are the days of having to call someone else to find out... "Who is On-Call for Cardiology right now?"
- *Clean, accurate and consistent data is key!*
 - It goes without saying that On-Call Schedules must be accurate and kept up to date. But, it is equally important to have a well maintained directory in order to contact the individual who is On-Call.
 - Phone Numbers
 - Pagers/Messaging Devices
 - Departments
 - Titles
 - Individual Instructions

- *Slow and steady wins the race*
 - Don't feel as though you need to conquer the world immediately and roll-out ALL On-Call Schedules at once. If you are able to do so, however... fantastic!
 - If there are circumstances beyond your control for an enterprise-wide implementation... start small. Find a forward-thinking Department who will be a good advocate for your new On-Call program, and begin with them.
 - Good news travels fast. After seeing the On-Call Schedules for your pilot/advocate group, and the ease of access and ability to contact the right person... the other Departments will want to jump onboard too!
- *Test, Play, Show & Get Input, Repeat*
 - Test – begin to build sample On-Call Groups/Departments from your Spok Administrative application
 - Play – review how the On-Call Group/Departments display on your Spok Console and Web applications and Spok Mobile. Do they display as expected? Were they easy to locate? Would it be an intuitive search for an end User? Are your naming conventions and formatting consistent (i.e. spaces, dashes, etc.)?
 - Show & Get Input – work with individuals representing various departments and 'Audience' groups across the organization. Have them perform the same searches? Was it easy for them to locate the information they wanted, or did they struggle? It is critical to get their input at this point in the process for: their opinion, suggestions, buy-in and acceptance. While things may always be edited later, it's always best to start with a solid base.
 - Repeat – based upon the input received, modify where necessary, but keep the momentum going.
- *Change Management and User Adoption*

Not many people like change, especially if going from an antiquated paper On-Call Scheduling process to something entirely online with your Spok Web application. Although most of the following have been previously mentioned with regards to specific 'Key Considerations,' they warrant reiteration as they are essential to User Adoption and a successful On-Call implementation.

- Input from your various 'Audience' Groups
- Enterprise-wide Communication and Education
- Focus on the 'Big Picture,' knowing the short-term points of frustration will quickly subside
- Identify and work closely with a pilot group who will act as your On-Call advocate
- Stay positive and be persistent

- *Routine ‘Health Checks’*

After your organization has successfully deployed an enterprise On-Call Scheduling solution, it is important to ensure the system is being optimized by performing routine ‘Health Checks.’ Periodic evaluation to verify the solution is being used across all ‘Audiences’ is critical to ongoing success (i.e. schedules are being maintained, end-users are able to find what they need in an efficient manner, etc.) The continual review is respective of both the data integrity within the system, as well as end-user feedback, to verify the relevance of the solution.

- Data Review – review On-Call Schedules for continuous updates
 - Verify schedules are being maintained
 - If schedules are not being maintained, determine root cause and take appropriate action to remedy
- End-User Review – system optimization and success
 - Periodically, solicit feedback and recommendations for improvement from On-Call Schedule Administrators. What will make their scheduling-lives easier?
 - Periodically, solicit feedback and recommendations for improvement from end-users to ensure they are able to locate the information they need in an intuitive and timely manner

Policy

In order to mitigate the challenges of inconsistencies with On-Call scheduling (i.e. calendar structure, nomenclature and protocols), it is helpful to create standards and formalize them in an ‘Organizational On-Call Scheduling Policy.’

An On-Call calendar policy should include general principals, design standards, administrative responsibilities, and security requirements. The policy should encompass the administration of On-Call calendars, departmental after-hours services that utilize calendars, call center answering services and technical support.

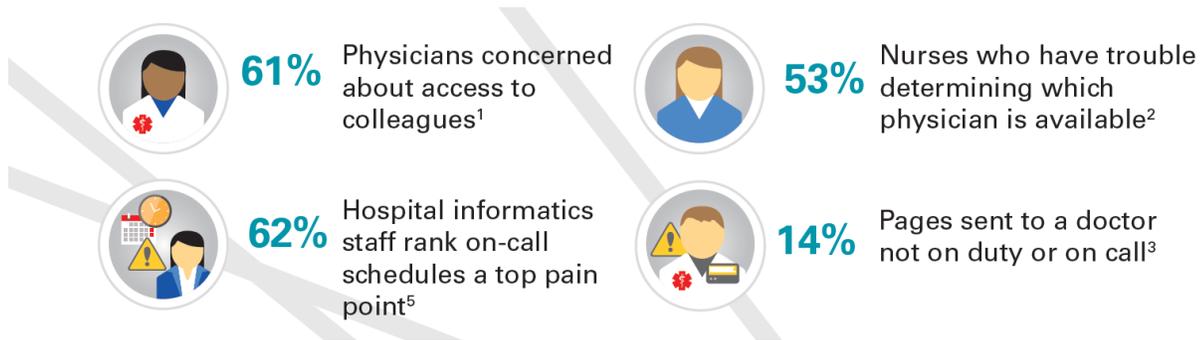
The goal of the policy is to ensure consistency, making On-Call searches more precise and ultimately leading to the right care provider being contacted at the right time and on the right device. The items below are intended to be used as examples for things to consider including, when creating an ‘On-Call Scheduling Policy’:

- *General principles and guidelines* – ensure that all On-Call calendars adhere to organizational standards and requirements.
 - On-Call calendars will be accessible only to physicians, nurses, staff and operators and will not be accessible to outside entities (i.e. anyone not on the organization’s network). Outside entities must use the centralized call center to access On-Call calendars.
 - All calendar assignments must be created, at minimum, 2 weeks prior to occurrence.

- All contact information will be derived from integrated databases and will not be input as free-form instructions.
- *Design standards* – ensure that On-Call calendar structure, nomenclature and instructions are consistent across the healthcare provider system.
 - All On-Call calendars must adhere to a standardized structure and hierarchy (Example: department > location > specialty > academic title)
 - All On-Call calendars must adhere to a standardized naming convention (Example: department and specialty must match hospital services portfolio, academic titles = Attending, Fellow, Resident)
 - All On-Call calendars must adhere to standardized instruction guidelines (Example: 1. Hours, 2. Escalation procedures, 3. Special instructions)
- *Administrative responsibilities* – ensure that On-Call administrators are properly assigned and following standard procedures.
 - Each On-Call administrator must have On-Call administration included in their job description and must allocate an appropriate percentage of time to On-Call administration.
 - All On-Call administrators must be trained and certified to input On-Call assignments. This training will include application training, as well as, policy training.
 - On-Call administrators are responsible for creating and maintaining On-Call assignments and instructions, as well as, compliance reporting.
- *Security requirements* – ensure that On-Call calendars are consistent with other hospital policies, government laws and regulations.
 - No PHI will be used in On-Call instructions that has not been deemed as a secure source to store PHI.
 - Access to On-Call administration will be monitored and maintained at a centralized level.
 - All On-Call administrators will submit On-Call compliance reports on a scheduled basis.

Key Takeaway

With any new process or procedure, On-Call Scheduling included, there will always be a certain number of surprises. To limit the negative, focus on what the positive will look like... while being reasonable with your expectations. It is only with these clear expectations, much like realistic and achievable goals, can you know when you have achieved success.



References

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- ⁶ http://www.jointcommission.org/Sentinel_Event_Statistics/