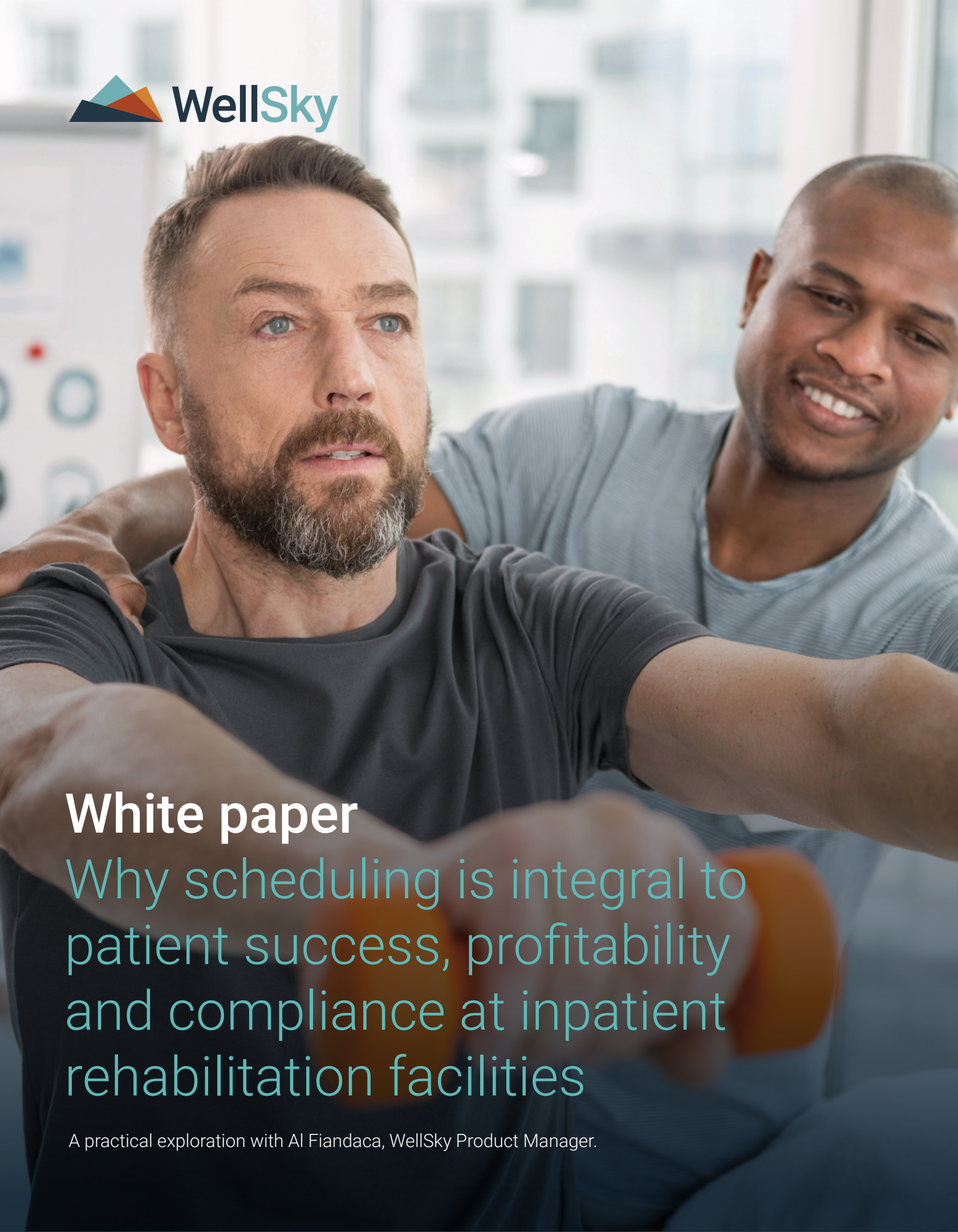

WellSky

White paper

Why scheduling is integral to patient success, profitability and compliance at inpatient rehabilitation facilities

A practical exploration with Al Fiandaca, WellSky Product Manager.

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About Al Fiandaca

Al Fiandaca has been the Product Manager of WellSky Scheduling for over 7 years. He is one of the nation's leading experts in the role of scheduling in patient care. His expertise has led to many proprietary innovations that reduce no-shows, enhance patient adherence, increase revenue at the front desk, improve the patient experience, and increase provider efficiency. Al came to WellSky in 2011 as part of the SpectraSoft acquisition where he served as the Chief Sales Officer. His background is in sales leadership and training.

Given the understandable importance of outstanding therapy and patient care at inpatient rehabilitation facilities, administrative functions, such as scheduling, may be overshadowed and take a back seat in terms of priority. However, scheduling is integral not only for desired patient outcomes, but it can also have profound impact on other critical aspects of a facility including efficacious delivery of care; enormous missed opportunities for reimbursement from Medicare; significant cost savings; and even employee morale.

Alberto Fiandaca, Product Manager at WellSky, noted that while the needs and approaches for scheduling may vary by facility, all have objectives to provide high-quality care for patients while maximizing capacity and optimizing reimbursement. Fiandaca said scheduling presents a unique challenge to those objectives because meeting the goals depends on a highly-efficient, real-time scheduling system.

In fact, filling beds at inpatient rehabilitation centers has been a challenge in itself – not because there aren't enough people who need the rehab - because patients have to meet requirements to qualify.

Requirements to qualify for **inpatient rehabilitation.**

- **Multiple Therapies** - One of which must be PT or OT
- **Require an intensive rehab therapy program** - three hours of therapy per day at least five days per week. Under some circumstances, if well documented, 15 hours within seven-consecutive day period.
- **Patient is expected to actively participate** in, and benefit from therapy program. There must be measurable improvement.
- **Require physician supervision.**

Scheduling for success

Fiandaca said the second requirement – called "Scheduling for Success" – is among the most compelling reasons for a highly effective scheduling system, since patients who need therapy may get fatigued or sick, and fall short of three hours on any given therapy event.

"When they do, the shorted time needs to be scheduled for later in the day, or if not possible, then the patient must be scheduled for an extra '3-hour' day." Fiandaca said. "How can something that complex be done accurately on a white board? Imagine having to do that for 80 patents at a facility, with multiple people having to be on the same page on a daily basis. It's an incredible challenge even with the most well-intentioned and diligent staff. And the consequences for not doing it accurately are steep."

The Centers of Medicare Services (CMS) will check for three-hour rule compliance during an audit. CMS can pull reimbursement for the entire stay of every patient for just one singular incident that doesn't comply with the three-hour rule. That's approximately $17,000 that won't be reimbursed for each patient.

Some facilities throw people at the challenge, which means longer hours put toward administration in addition to, or instead of, therapy and patient care. It also puts a deep dent into employee morale. Plus, execution is inconsistent – while some are extremely diligent, others are not.

Fiandaca said a highly proficient software system that can track complex and multiple scheduling variables in real-time, and can be shared on a digital whiteboard, will mitigate all of the potential negative outcomes and risks. And instead of viewing it as an expense, Fiandaca showed the significant, tangible return on investment such a system can provide after observing the scheduling function at a prominent California-based inpatient rehabilitation facility.

California dreams & nightmares

"I received a call from the CIO of the facility asking me to help the center get off the whiteboards they had been using for years, and onto the electronic scheduling they had recently purchased," Fiandaca said. "When they had attempted to go live with the system, the therapy staff became frustrated and wanted to go back to the old whiteboard system, even claiming 'it only took 15 minutes' to schedule for the 80-bed facility."

At 5:50 a.m. on a Monday, Fiandaca arrived with coffee in hand and a laptop in tow to document all the activity related to scheduling.

"The morning started with a senior occupational therapist writing on the whiteboard to work on the schedule. Presto. 15 minutes. Done."

"Not so fast. She did it for one discipline. On one board. There are three disciplines and five whiteboards – the facility divides the patient population among teams and each team had a whiteboard."

Fiandaca also pointed out the OT did not create the schedule from scratch. She was adjusting a schedule that was generated the previous afternoon. The exercise recurred twice a day – once in the morning to adjust for new admissions, discharges and potential sick calls, and once in the afternoon to set up the following day. Assuming the afternoon session was as fast as the morning, which it wasn't, "15 minutes" really was 7.5 hours.

Let's run the numbers

15 minutes x three disciplines = 45 minutes

45 minutes x five whiteboards = 3.75 hours

3.75 hours x twice a day = **7.5 hours**

Fiandaca continued to document every scheduling event for the next 14 hours, such as:

- Hand writing patient schedules for the day
- Distributing patient schedules
- Hand writing therapists' schedules
- Creating a copy of the entire schedule for the nurses' stations
- Adjusting the schedule throughout the day
- Making wheelchair cards
- Tracking the three-hour rule
- Re-writing some percentage of hand-written schedules
- Re-distributing schedule changes
- And more…

"Instead of 15 minutes, the reality was, scheduling the 80-bed unit took a little more than 16 hours a day," Fiandaca said. "Other events at the whiteboards, such as idle chatter, were excluded from the 16-hour total because I didn't want to overestimate the effort. The facility was incurring staggering, unnecessary administrative expense, and opportunity costs just for the scheduling function."

Fiandaca cautioned the numbers alone show only part of the inefficiency. Therapists were spending time on scheduling instead of treating patients, or completing documentation, causing the facility to run tight on three-hour rule coverage. Therapists were also working during lunch hours and late into the evening, some missing time with their families, to get their charting done for the day.

"I showed the CEO the numbers soon after and he asked, 'How do we pivot to get therapists to generate revenue instead of driving up administrative costs?'" Fiandaca recalled. "My answer was simple: Shift how you use personnel, and you need to make better use of technology."

Fiandaca recommend adding one administrator dedicated to scheduling. However, the director of rehab rejected it, saying there is no budget for additional staff. The alternative recommendation was to assign scheduling to a less expensive but dedicated resource such as a therapy assistant. The director agreed.

"I spent the next two days training the staff on how to best utilize the system to meet their patient-care and business needs.

"I spoke with the CIO a few months back and he told me the inpatient rehab department has the scheduling time down to two hours a day, and they are still using a dedicated therapy assistant. Patients get their three hours of therapy each day, and because the new system is so efficient, the therapist can eat their lunch and go home on time."

Do the math

16 hours
of clinical resources managing scheduling and compliance

$560 a day
spent on scheduling (16 hours X $35* an hour)
*$35 an hour median income per therapist

$174,000+ a year
spent on scheduling
+ based on a 6-day scheduling week

The facility turned a nightmare into a dream by dedicating a therapist assistant to scheduling, allowing other therapists to care for patients and generate revenue. Other outcomes included:

- Switch from whiteboards to five large TV monitors
- Real-time updates to the displays
- The three-hour rule updates and tracks automatically – assuring compliance
- No time needed to go to a central source
- Patient schedules are easily printed
- Elimination of the water-cooler affect

Fiandaca asked the CIO if they would ever go back to the whiteboards. The CIO's answer: "They would kill me if I took the scheduling system away."

The whiteboard system cost the facility $174,000 a year. The new cost of the dedicated resource, with enhanced technology:

- 2 hours a day at $20 an hour = $40 a day
- $40 a day six days a week = $12,480 a year
- $174,000 vs. $12,480 = Net savings of 161,520 a year

Conclusion

While the California facility used whiteboards, others use binders, spreadsheets and many more antiquated methods. All are incredibly inefficient. But they are free. Generally, facility directors get what they pay for – or less. The costs and risks of "free scheduling:"

- The average ratio of staff handling paperwork to doctors and therapists can be as high as 4.23 FTE.[1]
- Roughly 25% of all U.S. hospital spending consists of administrative costs.[2]
- 91% of health care practices are cloud-based services, yet 47% are not confident in their ability to keep data secure due to manual processes.[3]

References

1. https://www.aafp.org/fpm/2002/0900/p45.html
2. https://www.healthaffairs.org/doi/10.1377/hlthaff.2013.1327
3. https://entechus.com/the-scariest-healthcare-it-security-statistics/

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