



## ROI x 45

**Alabama surgical practice uses Web-based scheduling technology to save the equivalent of one FTE per month and achieve incredible annual savings by leveraging surgeons' availability.**

The true test of IT innovation lies with the end-users' ability to apply their wisdom and their organizations' experience to stretch the potential benefits of the latest Web-based technology.

### **PROBLEM**

Headquartered in Birmingham, Ala., Birmingham Surgical PC (BSPC) is a general surgery group practice with five surgeons who practice at four different surgical locations, representing a weekly volume of 75 cases. These weekly cases were organized by four nurse schedulers, one each at the four offices.

BSPC surgical scheduling tasks were at best cumbersome and at worst a financial drain on our small surgical group. Nurse schedulers were armed with only a primitive desktop scheduling tool that relied on Excel. Each day, they would receive multiple phone calls or would meet with the surgeons to go over the daily surgical schedules. The nurse schedulers had to manually juggle and analyze a variety of data, with the ultimate goal of identifying each surgeon's availability to leverage their time and resources.

Three of the four offices used networked computers that permitted schedulers to access the same Excel document; the fourth location had no network interface, so the scheduler had to drive to another office to update the spreadsheet. Surgeons and schedulers called one another throughout the day to track consults and make changes to the schedule. An audit of nurse schedulers' time revealed that they were spending, on average, 35 hours a month in nonproductive scheduling tasks, which led to increased personnel costs.

Beyond the need to economize on the time of all nurse schedulers, we also wanted to leverage the five surgeons' time better. It was important to coordinate surgeon's schedules to make them available to assist one another, or they would need to hire a surgical assistant at a cost to the surgical group of about \$500 per surgery. With better scheduling, we hoped to achieve a significant cost savings, predicting that our own surgeons could cover 10 percent of the monthly surgical assists.

## **SOLUTION**

My nurse schedulers were fed up with working with an antiquated desktop surgical scheduling system, so I conducted a Google search, identified a few companies that might serve our needs and began making calls.

For many of the companies, we were too small a prospect. They didn't want to talk to us unless we had 50 or 60 physicians. Of the remaining few, most were cost-prohibitive.

To support our bottom line and meet the objectives of the surgeons, our wish list was simple. We wanted a custom program that was configurable to BSPC's practice and an IT solution that could help us reduce the cost of operations. We did not want to purchase new software or hardware, because keeping the cost low was critical. We wanted reliable technical phone support from the vendor, and online documentation had to be accessible round-the-clock. We wanted to be able to adapt our work environment to the new scheduling tool with minimal office disruption—and we wanted HIPAA compliance, too.

One company, WebScheduler LLC in Lafayette, Calif., was very receptive to our needs. In fact, I dealt personally with Allen Kent, the CEO, over a period of weeks to make sure their technology was right for BSPC. In the end, we adopted the WebScheduler Surgical Group Scheduler (SGS-35), a customizable Web- and PDA-accessible practice management offering that allows us to streamline not just scheduling, but also surgical assists, surgical consults, rounding lists, vacation, conferences and call schedules.

To customize the technology for BSPC's needs, our nursing staff joined me in working with the WebScheduler business analyst who gathered requirements based on our workflow and actual business practices.

## **IMPLEMENTATION/COSTS**

The journey from identifying and communicating our needs, to the test or Beta product, to BSPC implementing a fully functional practice management scheduling tool, was very quick, marked by a short learning curve and easy-to-embrace online training for the nurse schedulers and surgeons. Our staff received two hours of phone conference training, augmented by spot phone and e-mail training to further adoption success.

The initial implementation was launched in August 2002, and within a month, BSPC was using the SGS-35 Calendar exclusively. It was not long before the schedulers became adept at the intuitive procedures to post additions and changes to the BSPC Calendar—so

comfortable that several enhancements soon were added, especially in the area of reporting, because our nurse schedulers saw additional opportunities to improve the organization's results.

Our cost criterion was met with a minimum upfront, first-year investment: an initial \$300 licensing fee and a quarterly \$750 fee for a total first-year investment of \$3,300. (The normal license fee, depending on the size of the practice, ranges from \$500 to \$1,500, but was reduced for BSPC since we were the first to use the WebScheduler calendrical technology in the Surgical Group Scheduler configuration.)

## **RESULTS**

With all scheduling tasks centralized now, nurse schedulers' time has been reduced, and there is no longer the need to drive from location to location to keep the schedules current. Based on our original projections, we have reduced nurse schedulers' unproductive time by 35 hours a month—in effect, eliminating all the unproductive hours we first noted in our audit. At \$18 an hour, this represents an annual savings of \$7,560 in nurse schedulers' time.

We dramatically exceeded our own objectives in better leveraging surgeons' time and schedules, so they can assist each other in surgery rather than incurring costs for surgical assistants. Instead of the 10 percent reduction in using surgical assistants we originally targeted, we achieved almost a 30 percent reduction.

This means that BSPC was able to arrange our surgeons' schedules so they can assist one another an average of 25 surgeries out of 75 surgeries per month. At a \$500-per-case surgical assist fee, this represents \$12,500 per month in savings, or \$150,000 in savings annually. In just the first year, with a total investment of \$3,300, we added an extra \$150,000 in gross charges, or a gross ROI of 45 times our investment.

There isn't a practice administrator in the world who wouldn't be pleased with those results.

For more information about **WebScheduler**, [www.rsleads.com/308ht-212](http://www.rsleads.com/308ht-212)

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## **PRODUCT/COMPANY**



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