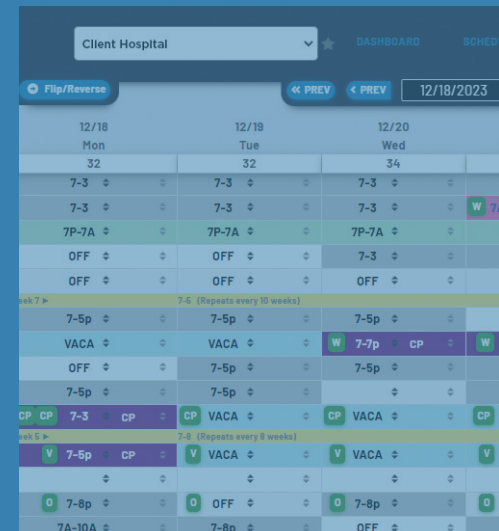# Transforming CRNA Scheduling: How myStaffSchedule Streamlined Operations and Improved Provider Satisfaction

myStaffSchedule

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INTRODUCTION

Efficient staff scheduling is critical for healthcare organizations, particularly those managing specialized roles such as Certified Registered Nurse Anesthetists (CRNAs). Traditional scheduling methods — often reliant on paper systems and spreadsheets — can create significant administrative burdens, reduce operational efficiency, and ultimately impact provider satisfaction.

This white paper examines how **myStaff**Schedule (MSS), a web-based staff scheduling solution developed with healthcare professionals in mind, transformed operations for a large anesthesiology group. By implementing this purpose-built scheduling system, the organization achieved substantial time savings, improved staff satisfaction, and enhanced overall operational efficiency.

CLIENT PROFILE

PRACTICE PROFILE

- Large anesthesiology group in the Southeast serving multiple facilities.
- Managing complex scheduling needs for 70+ staff.
- A mix of full-time, part-time, PRN, and locum providers.

LOCATIONS

- Supporting multiple site locations, including:
  - Main hospital with 32-36 operating rooms daily
  - Women's and Children's Hospital (6 ORs + procedure room)
  - On-site ambulatory surgery center (8 ORs)
  - Endoscopy suite handling both inpatient and outpatient procedures

STAFFING MODEL

- Complex scheduling requirements with multiple shift types, including:
  - Standard 5-day / 8-hour shifts / 13-hour shifts
  - 4-day/10-hour shifts
  - 24-hour OB coverage
  - Rotating night shifts / Weekend coverage
- Managing rotations that ensure fair distribution of weekends and holidays.

PREVIOUS SCHEDULING SYSTEM

Before implementing **myStaffSchedule**, the practice relied on Excel spreadsheets and a paper-based, "blue book" system. Schedules were printed quarterly and maintained in a single physical binder that functioned as the master schedule.

CHALLENGES

PRE-IMPLEMENTATION CHALLENGES

1. Time-Consuming Manual Processes

The organization's scheduling coordinator spent an average of 1.5 hours per day on scheduled maintenance tasks:

- 30-45 minutes daily making manual schedule changes.
- 15-30 minutes collecting change requests through various communication channels (texts, emails, calls, in-person conversations).
- 30-45 minutes updating the physical "blue book" and digital copies.
- Additional time to locate the schedule binder when needed.

The quarterly schedule creation process was particularly burdensome, requiring 8-10 hours of manual work to adjust rotations, update provider assignments, and ensure appropriate coverage.

2. Limited Accessibility

Staff could not view their schedules remotely. Providers could only access current schedule information when physically present at the facility to view the "blue book" binder, which posed specific challenges for:

- Providers needing to schedule personal appointments in advance.
- Staff away from the facility needing to coordinate shift swaps.
- On-call assignments requiring up-to-date schedule access.

3. Communication Fragmentation

Schedule change requests and communication occurred through multiple uncoordinated channels:

- Text messages
- Emails
- Phone calls
- In-person conversation: The lack of a centralized system created tracking challenges and increased the risk of missed changes.

4. Error Vulnerability

The manual system was prone to errors and discrepancies:

- Changes sometimes failed to be updated across all copies.
- The single physical copy could be misplaced.
- Manual tracking of shift counts and daily staffing totals.
- Difficulty ensuring accurate staffing levels by shift time.

5. Limited Planning Capability

Providers could only view schedules three months in advance, limiting their ability to:

- Plan personal appointments.
- Coordinate vacation requests efficiently.
- Maximize the use of scheduled days off.

SOLUTIONS

IMPLEMENTATION APPROACH

Purpose-Built Healthcare Scheduling Solution

my**Staff**Schedule was partly selected because it was co-developed by a CRNA scheduler who understood the unique challenges of anesthesia scheduling.

This healthcare-specific design ensured the system addressed the practice's complex requirements, including:

- Multiple shift types and rotations
- Fair distribution of weekends and holidays
- 24/7 coverage requirements
- Integration of full-time, part-time, and locum staff

2. Risk-Free Implementation Strategy

The implementation followed a low-risk approach:

- A no-obligation, trial period with no credit card required.
- Six-month free trial period to ensure team adoption.
- Direct support from the company founder throughout implementation.
- Multiple training sessions tailored to the practice's specific needs.

3. High-Touch Support Experience

Implementation was supported through:

- Direct access to the company founder for questions and configuration.
- Personalized Zoom training sessions for administrators.
- Responsive support for feature requests and customization needs.
- US-based support team familiar with healthcare scheduling requirements.

4. Minimal Technical Requirements

The system required minimal IT resources:

- Cloud-based solution with no hardware requirements.
- There are no integration requirements with existing hospital systems.
- Simple user management for administrators.
- Mobile-friendly design is accessible from any device.

5. Seamless Transition Process

The transition from paper to digital required minimal effort:

- Existing schedules were easily transferred to the new system.
- Providers quickly adapted to the intuitive interface.
- Template-based scheduling simplified ongoing maintenance.
- Administrator handover required minimal training (completed in one afternoon)

KEY BENEFITS

RESULTS POST-IMPLEMENTATION

1. Significant Time Savings

- **Schedule Creation Efficiency:** Eliminated the 8–10-hour quarterly schedule creation process through template-based scheduling.
- **Daily Maintenance Reduction:** Saved approximately 1.5 hours per day (7.5 hours weekly) on schedule maintenance.
- **Self-Service Capabilities:** Providers can view schedules and submit requests directly, reducing the administrative burden.
- **Location Independence:** Changes can be made from anywhere, eliminating the need to be physically present with the schedule book.

2. Enhanced Provider Satisfaction

- **Long-Term Visibility:** Providers can view schedules 6+ months in advance for better personal planning.
- **Schedule Optimization:** Staff can better coordinate personal appointments with built-in days off.
- **Improved Vacation Planning:** The annual vacation selection process with complete schedule visibility is more efficient.
- **Transparency:** All providers have equal access to schedule information.
- **Mobile Access:** Schedules are accessible anytime, anywhere via smartphone or computer.

3. Improved Operational Efficiency

- **Real-Time Updates:** Schedule changes are instantly visible to all staff.
- **Automated Tracking:** The system automatically counts and tracks different shift types.
- **Data-Driven Staffing:** Reports on critical need shifts help identify staffing gaps and FTE requirements.
- **Locum Utilization Tracking:** Better visibility into supplemental staffing needs and costs.
- **Centralized Communication:** Single source of truth for all scheduling information.

4. Seamless Leadership Transition

- **Institutional Knowledge Preservation:** Schedule templates and history maintained in the system.
- **Simple Administrator Handover:** New scheduler trained in a single afternoon.
- **Consistent Process:** Standardized procedures for vacation requests and shift changes.

5. Room for Growth:

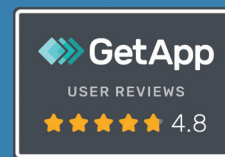The practice continues to find new ways to leverage the system:

- Exploring potential use for team communications and event planning
- Consider extending access to locum providers.
- Utilizing advanced reporting for staffing decisions.
- Implementing group calendar functionality for meetings and events.

CONCLUSION

By implementing **myStaffSchedule**, this anesthesiology practice has transformed its scheduling operations from a time-consuming, error-prone process to an efficient, transparent system that benefits administrators and providers. The significant time savings, improved provider satisfaction, and enhanced operational efficiency demonstrate the substantial value of purpose-built scheduling solutions for healthcare organizations.

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