

2025 | WHITE PAPER

Transforming Scheduling for Small CRNA Teams: How myStaffSchedule Saves Time, Improves Organization, and Elevates Provider Satisfaction

A screenshot of the myStaffSchedule software interface. It shows a scheduling grid for a client hospital, with columns for dates 12/18 Mon, 12/19 Tue, and 12/20 Wed. The grid contains various shift assignments like 7-3, 7P-7A, OFF, 7-5p, VACA, and CP. There are navigation buttons like "Flip/Reverse", "PREV", and "NEXT" at the top. The interface is clean and organized, with a dark blue header and a light blue grid.

TABLE OF CONTENTS

IntroductionPage 3

Client Profile Page 4

ChallengesPage 5

SolutionsPage 6

Key Benefits.....Page 7

Conclusion.....Page 8



INTRODUCTION

Efficient and reliable scheduling is critical for small, rural healthcare teams tasked with managing high-impact clinical services, such as anesthesia. For groups operating with limited staffing, manual scheduling can quickly become a major administrative burden — impacting not only the schedule coordinator's time, but also the group's ability to support vacation requests, document shift swaps, and produce compliance reports for administration.

This white paper explores how **myStaffSchedule** (MSS), a web-based solution designed specifically for healthcare professionals, transformed operations for a small CRNA team at a critical access hospital. By eliminating paper calendars and spreadsheets, the team gained significant time back, improved access and transparency, and established a more professional interface with hospital leadership.



CLIENT PROFILE

PRACTICE PROFILE

- Critical Access Hospital

LOCATIONS

- Single hospital site

STAFFING MODEL

- 4 Full-Time CRNAs
- Pool of 1099 Locums/PRNs for vacation and continuing education coverage

SCHEDULING NEEDS

- Year-round coverage with regular shifts and call
- Quarterly administrative reporting
- Vacation rotation tracking
- Flexibility for short-notice swaps and changes

PREVIOUS SCHEDULING SYSTEM

Before implementing [myStaffSchedule](#), the practice relied on a manual Word document calendar with shift-by-shift modifications, maintained and recreated monthly.



CHALLENGES

PRE-IMPLEMENTATION CHALLENGES

1. Manual Scheduling Burnout

- The scheduler spent 10+ hours/month manually creating, updating, and recreating shift calendars.
- Swaps required recreating calendars from scratch.
- Tracking requests, changes, and shift counts was cumbersome.

2. Fragmented Communication

- Swaps and changes were communicated through emails, texts, and verbal requests, increasing the risk of errors.
- No central repository for approved or pending changes.

3. Lack of Visibility

- Team members had no easy access to real-time schedules.
- Future scheduling visibility was limited, impacting vacation planning and weekend swaps.

4. Administrative Reporting Gaps

- The team needed quarterly reports to comply with updated contract requirements.
- Manual tallying of shifts was time-consuming and error-prone.

5. Limited IT Support

- Hospital IT was unavailable or uninvolved.
- A low-tech, easy-to-deploy solution was essential.



SOLUTIONS

IMPLEMENTATION APPROACH

1. Founder-Led Support Experience

- The team was drawn to [myStaffSchedule](#) (MSS) largely due to the hands-on, high-touch support from founder Ricky.
- Setup was guided in real-time with detailed walk-throughs tailored to the group's unique needs.

2. Risk-Free Trial, No Credit Card Required

- Initial engagement started with a free trial discovered via a CRNA Facebook group.
- No financial risk or IT setup was required to explore the platform.

3. Custom Configuration for Small Teams

- Ricky personally helped configure call tracking, shift counts, and unique rotation rules.
- Links for locum providers were created to view team needs, even without full access.

4. Simple, Mobile-Friendly Access

- MSS required no hospital IT integration.
- All full-time CRNAs could access schedules via their phones or laptops.

5. Scalable Across Service Lines

- While MSS was developed for anesthesia, the team saw potential for expansion to other departments using broken or limited scheduling tools.



KEY BENEFITS

RESULTS POST-IMPLEMENTATION

1. Time Savings

- Saved ~2+ hours per week by eliminating manual changes and shift calculations.
- Onboarding new providers and making adjustments became fast and painless.
- Shift reports are now created in minutes, not hours.

2. Improved Access and Visibility

- CRNAs now view their schedule a year in advance, improving planning and morale.
- They can swap weekends more easily using clear visual calendars.
- Daily shift assignments are available via the Daily Card feature.

3. Professionalization of Operations

- **myStaffSchedule** (MSS) helped legitimize the CRNA group in the eyes of hospital leadership.
- Quarterly administrative reports now demonstrate compliance and operational efficiency.

4. User Satisfaction

- Team members appreciate easy mobile access.
- MSS is intuitive and user-friendly, even for those unfamiliar with digital scheduling.

5. Minimal Administrative Burden

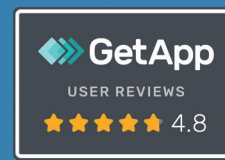
- Ricky's responsiveness means even complex configuration issues are resolved quickly.
- The scheduler is empowered without relying on IT or external resources.



CONCLUSION

For this rural CRNA team, **myStaffSchedule** has been more than just a scheduling tool — it's been a lifesaver, offering a level of support and functionality rarely found in today's software environment. By combining a highly usable digital platform with founder-led guidance, MSS enables small teams to operate like well-oiled, tech-savvy groups — without complexity or cost barriers. The result is improved provider satisfaction, greater transparency, and time back for what matters most: delivering patient care and spending time with family.

RECENT SOFTWARE AWARDS



12/18 Mon		12/19 Tue		12/20 Wed	
32		32		34	
7-3		7-3		7-3	
7-3		7-3		7-3	
7P-7A		7P-7A		7P-7A	
OFF		OFF		7-3	
OFF		OFF		OFF	
7-5 (Repeats every 10 weeks)					
7-5p		7-5p		7-5p	
VACA		VACA		W 7-7p	
OFF		7-5p		7-5p	
7-5p		7-5p			
CP 7-3		CP VACA		CP VACA	
7-8 (Repeats every 8 weeks)					
V 7-5p		V VACA		V VACA	
7-8p		OFF		7-8p	
7A-10A		7-8p		OFF	

