

Scheduling Therapy Rooms: De-Identified Responses

[Redacted]

We do use EPIC to schedule into rooms. We had a situation on days where we had more providers than booths that too many patients were being booked and we'd get backlogged. Now those visits are scheduled with a provider and a booth in EPIC. So there is a template for the provider and the booth. It's good because we don't have the surges any more. Also, if we need to calibrate equipment, we can block the booth to prevent scheduling into it.

[Redacted]

[Redacted]

IMG_4050.JPG
103 KB

*****This email is from an external source.*****
Hello Sara,

Cathy forwarded on your email regarding our pediatric scheduling process to see if I could share our process/procedures with you. I am the primary pediatric scheduler for 15 therapists with a total of about 450 patients each week. Space is always an issue, and we do not use any specific software or use Epic for scheduling purposes – but we have come up with a room chart/magnetic board. (picture attached). Each therapists has about 10 magnets with their name on it. Each morning, based on who the therapists have on their schedule what type of space they need, they put their name on the board 'reserving' the room for that hour. It has worked pretty well considering we technically have more therapists than rooms, but considering not everyone is here every hour of every day – it was worked out well.

Hope this helps and good luck!

[Redacted]

[Redacted]

Thu 2/6/2020 11:37 AM
Oravec, Sara

*****This email is from an external source.*****
We don't use that function for outpatient; however, we do schedule the patient and technology through Epic. We also schedule a therapist and a fluoro room for video swallow studies so I know that it is possible from an Epic standpoint, it just complicates the scheduling. They would need to build "dummy templates" for your treatment rooms I believe.

[Redacted]

[REDACTED]

[REDACTED]

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At this time for outpatient we use weekly calendars that are placed outside of each room or treatment space. Therapists sign up in the evenings or morning of to use the room /space. This doesn't solve the problem of having to find a treatment space, but makes it a little better. We schedule out of Cerner and will be moving to checking patients into a room/treatment space in the near future so then therapists know that room is not available.

[REDACTED]

[REDACTED]

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This email is from an external source.
Sara,
Not sure if this will help, but our Audiology dept schedules some of their rooms and equipment as a "resource" in Epic. I don't know if it would streamline finding a room in real-time when the patient is here, but it prevents "overbooking."

For real-time help, we had been using a commercial "patient and provider locator" system. Sensors were installed on all rooms where patients receive care. Both the patients and the clinicians wore tags that would "trip" the sensor and trigger an indicator light directly above the room – different colors for patient vs provider. There was also a display monitor in the clinical area that showed a "blueprint" of the clinical space with avatars of patients and providers in the occupied rooms so that a provider with a new arrival would know where to look for an open room. It was extremely helpful. However – also extremely costly because of all of the lost patient sensors – families not returning them at the end of the visit, despite multiple reminders and receptacles. We weren't able to sustain the process.

Currently, we've gone back to flipping out the "flags" like the "old days" – so you can at least take a look down the hallway and see if there is an open room...

[REDACTED]

[REDACTED]

[REDACTED] 📧 ✨ ↶ ↷ → ...

This email is from an external source.
Sarah,
We do nothing electronic.
We just have white boards on the outside of each room and when the therapists come in for the day, they write the day of the week at the top, ie. Wed. and then the time they need the rooms with the therapists name.
It works out and if a therapist really needs the space they talk to the therapist that is signed up.

[REDACTED]

[Redacted]

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*****This email is from an external source.*****
We have level loaded our therapists (i.e. created shifts so that they are not all here at the same time) and then level loaded rooms (specific assignments based on the clinician schedule)

[Redacted]

[Redacted]

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We don't have any software we use to schedule or assign rooms. For the majority of our sessions it's basically first come first serve. The staff are pretty accommodating if a specific room is needed unexpectedly, and the patient/family in that room doesn't need a specific space, then they'll swap rooms.

I do have a primitive room reservation system that includes a weekly calendar on a read-only shared file for staff to reserve a room. They email me with the reason for needing the room (something in that room is specifically needed for that session or the session wouldn't be successful without using that room). If one of those criteria is met, then I'll reserve the room for that pt for that hour. I then hang a sign on the door that morning indicating that room is reserved for that hour. I review the reservations with the staff every month or so to see if those rooms are still needed.

The patients that usually fall into this category include patients who need a very strict routine (including the same treatment space during therapy) with each visit and patients receiving feeding therapy (we have 2 rooms for this).

At first I had a lot of room reservation requests, and I was denying most of them. Now we've settled into a decent system that works for us and I usually have only between 2-10 rooms reserved for an hour each week.

I hope this helps! Good luck!

Thanks,

[Redacted]

[Redacted]

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We don't do this with every room but we do have a few room that we schedule like a resource or piece of equipment. If therapists need specific room we book it with the patient as a resource. Not perfect but good enough right now.

[Redacted]