

Schedule Management for Hospital Medicine

This is a resource developed by the 2022-23 Practice Management Committee for group leaders looking to implement best practices for schedule management systems.

Overview

There are many challenges in building a successful group schedule and its importance cannot be overemphasized. The schedule allows hospitalists some autonomy in their work in the short term and job sustainability in the long term. There are many scheduling tools available, but it is inevitably a very manual and time-consuming process. There is a trade-off between the flexibility provided to staff vs the time it takes to build and maintain it. For example, a 7-on/7-off schedule built every 12 months is quite easy to create but may need to be maintained and updated more often than a variable schedule built quarterly, though the latter is more challenging to create.

In the 2020 *State of Hospital Medicine* Report, 56.1% of respondents reported using a 7-on/7-off schedule. Another 27% reported using variable schedules and only 3.2% reported using a schedule of Monday through Friday, with rotating or moonlighter weekend coverage.

One of the biggest challenges is to accommodate staff requests and create a schedule with a healthy cadence of working vs. not-working. Schedulers will want to survey the staff to collect time-off requests, holiday preferences, and staffing preferences such as location or working with residents. Some shifts can be considered less desirable, and that reality needs to be factored in to be equitable. Some groups choose, if able, to accommodate scheduling differentials based on grandfathering, seniority, or life stage. Other groups might have small seniority differential for compensation model instead of schedule preferences. However, this can depend on contract obligations and some groups may pride themselves on a system of full equity.

Hospitalists will have different needs at different stages of life, and a one-size schedule will not fit all. The more choices that can be incorporated, the better fit they may be able to obtain for the duration of their career. There is a balance, however, between creating flexibility for hospitalists, and the time required to develop a schedule as well as the needs of the patients and health system. Examples of flexibility include allowing some choice regarding percent clinical time worked, type of shift, duration of shift, start day, number of consecutive shifts in a row, and pay options (differentials based on shift).

To successfully maintain a schedule, hospital medicine groups need to maintain adequate staffing, which requires rigorous budget and recruitment efforts. Leaders must also plan for extended absences (due to FMLA or maternity/paternity leave, for example) and natural attrition (the last *SoHM* report estimates 67-80% of groups experienced unfilled positions and 11% of those remain unfilled). If these absences are quantifiable and relatively predictable year to year, they should be built into the hiring need.

Best Practices

- Be transparent and consistent.
- Establish a regular cadence for surveying staff for requests and preferences.
- Provide guidelines and expectations early and often, including in interviews.
- Strike a balance of block length that allows for flexibility but does not become an overly burdensome task for the scheduler.
- Track vacation and holiday requests to ensure even distribution. It is ok to set limits on requests to ensure that there is fairness and that certain shifts are not left uncovered.
- Develop a user-friendly system for hospitalists to swap shifts or parts of blocks. Ideally, this would be done hospitalist-to-hospitalist without additional time or coordination from the scheduler.
- The scheduler need not be a hospitalist but could be an administrator with physician oversight.
- A schedule management tool can be considered as well. Good tools will provide mobile access, options for building rules into them to support unique needs, and can be cost effective for the group.

Considerations

The scheduling model must meet the needs of patient care, the health system, and the hospitalist/team. Size of the group and its culture are important factors in determining the best model for a given hospital medicine group.

Even if the scheduling model provides a regular cadence, scheduling flexibility can be built into the system. In addition to the examples above, pods, pairing hospitalists together to cover a schedule, and point systems (differentials based on type of shift) are all ways to build in flexibility.

Below are some common models with primary considerations for each:

Models	Definition	Things to Consider
7-on/7-off	Hospitalists work seven days then have off seven days.	<ul style="list-style-type: none">• Provides a more regular cadence and increased predictability.• Good for recruiting “26 weeks off” but may contribute to burnout when working seven days in a row.• Positive impact on patient hand-off and continuity of care.• Not as flexible during holiday times or for unexpected travel plans, social events.• Fixed every-other-weekend work.• Difficult to integrate personal and professional life with longer all work/no work stretches.
Monday through Friday, with rotating or moonlighter weekend coverage	Hospitalists work Monday-Friday with weekend coverage scheduled as needed.	<ul style="list-style-type: none">• Supports hospitalists with work/life balance.• Weekends may be busier, and weekenders may have heavier workloads.• More frequent hand-offs.• Expect fewer weekend discharges.• “Weekenders” may be hard to find.
Variable schedule	No specific schedule is used by all hospitalists. Scheduler adapts to specific hospitalist cadence ensuring everyone works the number of shifts required.	<ul style="list-style-type: none">• May be easier to tailor to an individual hospitalist’s needs.• Increased burden on the scheduler.• Blocks can start any day of the week.• Allows the number of consecutive daytime shifts to vary, but to preserve continuity establish a minimum number of consecutive shifts (e.g., no fewer than five).

