



## Don't Get Left on Hold: Implementing a Proactive Hiring Plan

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**Background:** The Mayo Clinic Rochester Patient appointment scheduling department has 748 schedulers who support 41 offices for the outpatient practice. Each office size range varies from 3 to over 60 schedulers. The scheduling position is an entry level role with a high turnover rate averaging 22% nationally over the past 6 years, according to the Patient Access Collaborative which is National Academic Healthcare Consortium.<sup>1</sup> The baseline to fill an open position was 16 weeks. This gap increases workload for each scheduler within the work unit and negatively impacts scheduling performance and satisfaction for both staff and patients.

**Objectives:** The goals were to 1) decrease time from known employee departure to finishing scheduling foundation training and 2) pre-hire schedulers to reduce time from listing an open position to starting office specific training. These changes would improve scheduling productivity, increase favorable financial performance, reduce candidate loss due to greater than 7-day delay in offer, eliminate office competition for candidates, reduced overstaffing requests, and reduce the 30% turnover rate.

**Methods:** There are four parts to the hiring and training process: 1) job posting and candidate selection, 2) job interviewing and selection, 3) Human resource process for approval to hire, and 4) six-week scheduling foundation training. The project team collaborated closely with Human Resources to develop a new centralized hiring process. The following actions were taken to reduce time, improve efficiency and remove waste:

- Single job posting: For internal and external candidates and offered positions within two days.
- Pre-hire: Analysis showed 15 FTE was needed to pre-hire to be in line with average monthly turnover. Pre-hiring allowed for a bypass of 4-6 week gap in start date.
- Simplify supervisor engagement: Online process to document open positions and to schedule meet and greets with newly hired employee.
- Implemented call simulation training: The call library and simulator created a focused teaching tool compared to observing phone calls.

**Results:** The total open position time decreased from 16 weeks to 3 weeks (an 81% reduction). The pre-hiring process was instrumental in reducing time as supervisors are now doing meet and greets during the last half of foundation training. In addition, simulated call training removed two weeks of foundation training while still covering all necessary topics. Also, overtime in the patient scheduling department was decreased by 18% and multiple work unit performance metrics were improved: average speed to answer calls, abandoned call rate, work queue volumes, and in-basket volumes.

**Conclusion:** Centralizing the hiring process and the ability to pre-hire directly to a department pool provided the opportunity to eliminate 13 weeks of the process which greatly reduced the time spent by supervisors and Human Resources. The implementation of new training methods also helped streamline the process by adding flexibility and the opportunity to focus training where needed. Employee satisfaction was improved by decreasing burnout through reduction of overtime and improving work unit performance measures. The outcome of reducing open position time positively impacted patient experience and practice performance goals. Other healthcare roles could implement this strategy if they constantly measure turnover rate to determine pre-hire volumes and have a training pool for new hires.

Reference:

1. Patient Access Collaborative. (2022). Benchmarks. <https://pas.memberclicks.net/benchmarks>

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