



SCHOOL OF MEDICINE  
Psychiatry

# Implementing Lightning Bolt to Prioritize Growth and Support a Complex Clinical Mission

*UNC-Chapel Hill Psychiatry & Lightning Bolt*

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# Agenda

1. Who we are:
  - a. *UNC-Chapel Hill School of Medicine*
  - b. *Department of Psychiatry*
2. Scheduling Vendor Evaluation
3. Implementing Lightning Bolt
4. Outcomes & Value
5. Lessons Learned

# About Us



## UNC-Chapel Hill School of Medicine

- Founded in 1879
- 20 clinical and 8 basic science departments
- 12th largest research university in the United States (\$584 million in total research grants/contracts)
- 2,064 students



## Department of Psychiatry

- 200+ providers (faculty, fellows, and residents)
- Multiple inpatient units, outpatient clinics, and telehealth programs offer comprehensive care and specialized treatment options for all psychiatric disorders
- 2nd largest department in the School of

Medicine

# Scheduling Challenges Pre-Lightning Bolt













## FACULTY

- 20+ admins building 25 schedules manually
  - *Multiple scheduling processes*
- No single source of truth
  - *Excel, Word, Med Rez*
  - *Double-booking faculty*
- Challenging to maintain schedules
  - *Time-intensive for admins*
  - *Inefficient provider request/swap management*
  - *Error-prone*

## RESIDENCY

- 15 schedules manually created by 3 chiefs
- No single source of truth
  - *Double-booking residents*
- Knowledge around scheduling practices and preferences left when chiefs left
- Difficulty adjusting resident schedules to align with changes to ACGME requirements

# Solution Evaluation to Qgenda

Requirement	Lightning Bolt	Qgenda
Advanced Rules with Complete Automation		
Custom Schedule Visibility		
End User Functionality		
Accurate Reporting		
Dedicated Technical Resources		
Cost Effective		

# Implementation

## PLAN

- Implement residents and faculty simultaneously
- Both groups optimized with rules
- All existing schedules centralized in Lightning Bolt
- Train all admins as SMEs
- All end users trained at go-live

## CHALLENGES

- Limited resident schedule intel
- Staggered faculty and residents timeline
- Admin education on preferences vs. requirements
- Affiliate hospital withdrew plan to have psych rotation
- Overlapping resident schedules
- Provider change management
- Schedule component prioritization

# Complexities

## FACULTY

- High degree of complexity
  - *Meet FTE requirements*
  - *Tailor schedules to providers' speciality interests*
- Assignment eligibility for multiple service areas
- Equalization of shifts
- Custom schedule views for each admin

## RESIDENCY

- 12-month schedules
  - *Block rotations and daily schedule built all at once*
- Scheduling layers to prioritize elements of the schedule
- Custom schedule views
- Reports to validate shifts/hours

# Outcomes & Value

## *TIME SAVINGS*

- **40** schedule release days reduced to **2**
- **88%** reduction in time to create schedules
- **Streamlined** request process for admins and end users

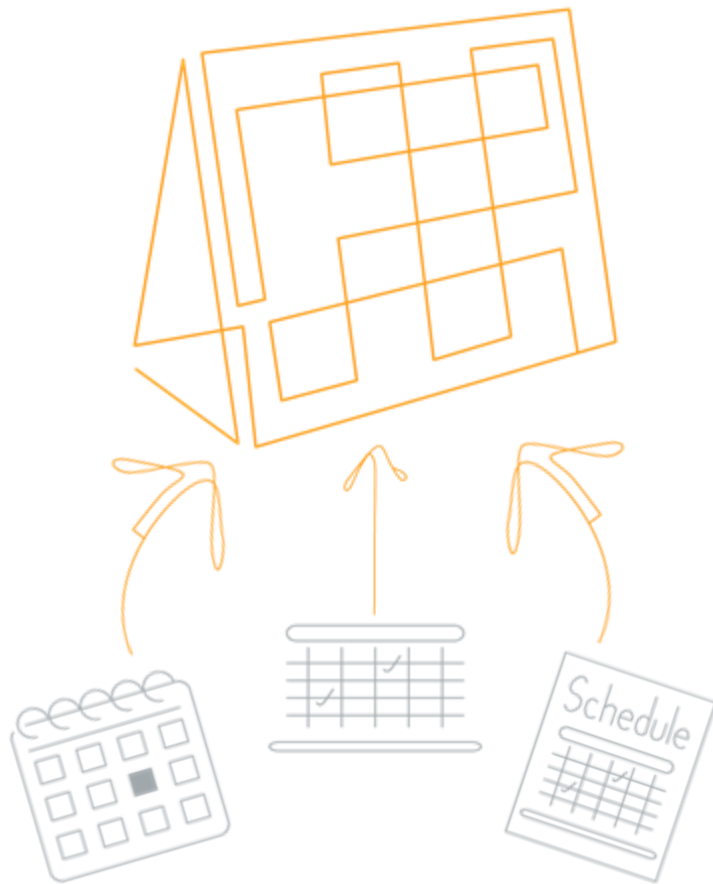




# Outcomes & Value

## *SINGLE SOURCE OF TRUTH*

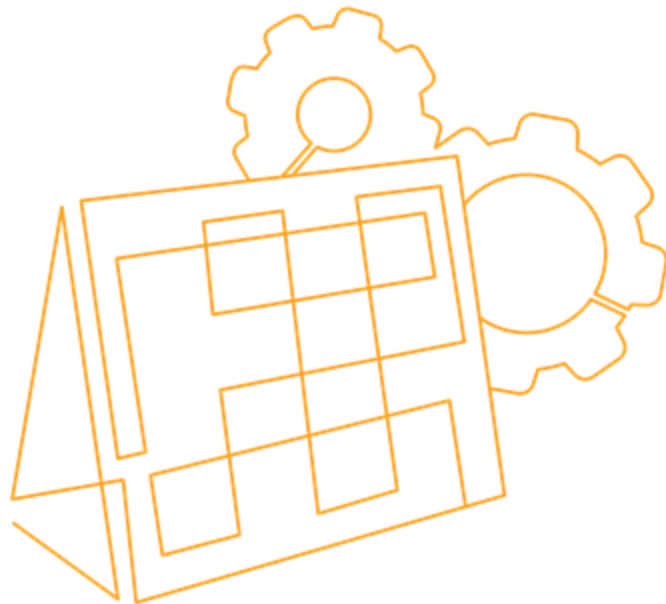
- **Access** for everyone that needs to see the schedule with customizable views
- **Consolidated** 18+ schedules
- **Effective knowledge transfer** across chiefs



# Outcomes & Value

## *ADVANCED REPORTING*

- **Custom reporting** to ensure compliance
- **Improved accuracy** from previous manual reporting method
- **Transparency** of shifts worked



# Outcomes & Value

## STANDARDIZED OPERATIONS

- **Provider autonomy:** swaps & requests
- **Objective allocation** of assignments with auto-generation
- **Consensus** from management on provider requests



“Having a tool like this will allow us to grow our clinical mission in size and complexity, which is essential for today’s mental health care.” - Gary Gala, Senior Advisor to the Chair, MD, FACS

# Lightning Bolt Best Practices

## LESSON LEARNED

- 1 Make the upfront investment and partner closely with your technical consultant
- 2 Understand that there will be outliers, both on the schedule and with adapting to new technology
- 3 A single point-person to address schedule issues is overwhelming for a large team
- 4 Schedulers may have different interpretations of a rule vs. a preference



## BEST PRACTICES

- Record changes needed to your scheduling rules ASAP
- Regularly connect with your consultant
- Leverage your consultant to seamlessly accommodate your teams' unique training needs
- Empower schedule managers to be self-serving to resolve issues and support their individual teams
- Clarify that a rule is different than a preference in Lightning Bolt to prevent confusion