

# **Surgical Scheduling**

### **ABOUT THE PROJECT**

Cerner had a robust existing scheduling platform, but lacked the ability to schedule for a surgical setting. Surgical scheduling existed in a legacy platform but needed to be uplifted in addition to have multiple features added.



# **Research Methods**



### **Field Studies**

5 facilities, 13 participants, 3 different cities.

My role: observe and ask questions.



### **Interviews**

Stakeholders within Cerner and previous users.

My role: gather info and iterate, iterate,



# **Usability Testing**

3 rounds of testing, over a dozen participants.

My role: create prototypes, make changes based on results.





# **Field Study Quotes**

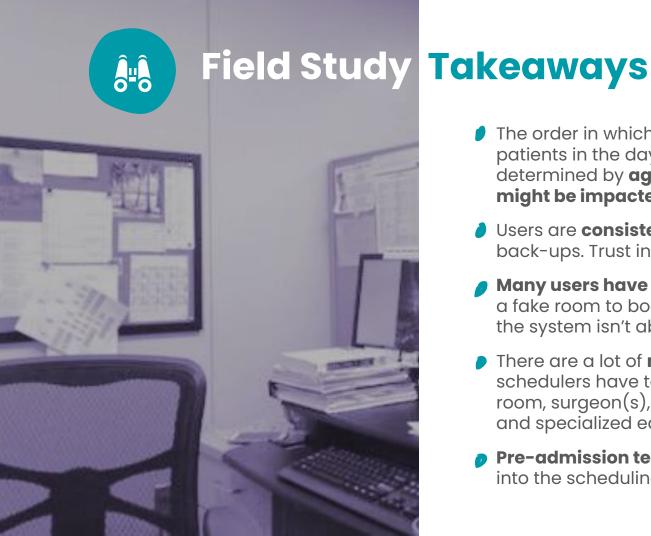


"Things change quickly on the day of surgery. I **need the system to be more flexible**." "A lot of these fields aren't big enough to see the procedure names."

"If the code information changes, I'm not able to modify it. I have to go back and start all over!"









- The order in which the system places patients in the day needs to be determined by age and conditions that might be impacted by fasting.
- Users are consistently using paper back-ups. Trust in the system is low.
- Many users have "cheats" like creating a fake room to book patients in because the system isn't able to easily overbook.
- ▶ There are a lot of moving parts. Surgical schedulers have to take into account the room, surgeon(s), multiple procedures, and specialized equipment.
- Pre-admission testing needs to be built into the scheduling process.

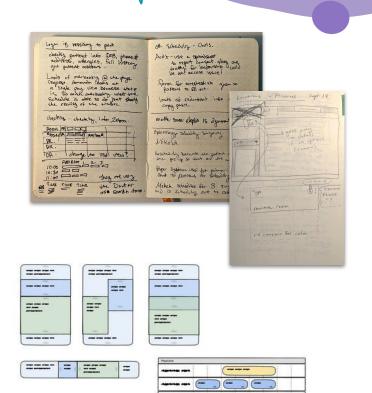




# Stakeholder Interviews

I interviewed internal subject matter experts that have been working in surgery, and not specifically scheduling. I also had some follow up calls with the original participants to gain clarity.

Fortunately I had a lot of access to some very experienced SMEs. I was able to apply a massive amount of feedback to the design process.









I worked closely with the HF resource and the stakeholders while writing the script and building the prototype. Users had some pretty noticeable task failures, which gave us the opportunity to make updates and run additional rounds of testing.

The biggest challenge in testing was getting enough participants. Schedulers are already specialist and surgical specialist have additional training and often years of experience.







## **Experience**

### Principal UX/UI Designer

Banjo Health, Remote April 2022 (current employer)

#### **User Experience Lead**

Cerner Corporation, Kansas City, MO November 2021 to April 2022

#### **Senior User Experience Designer**

Cerner Corporation, Kansas City, MO March 2019 to November 2021

#### **User Experience Designer**

WellSky (Formerly Mediware), Lenexa, KS December 2014 to September 2018



# Jen Maxted

816-288-6822 jen@jenmaxted.com www.jenmaxted.com www.linkedin.com/in/jen-maxted/

