Cardiology Scheduler — Rules Summary & Open Questions

Scope: Consolidates PRD + Rules docs + sponsor directives for January 2026 pilot; structured for 3–6 month automated schedule generation.

# Template Layout & Cell Map

Provider rows per weekday (AM/PM): Mon 11/13 • Tue 16/18 • Wed 21/23 • Thu 26/28 • Fri 31/33.

Do not write names into the time rows; only provider rows.

|  |  |
| --- | --- |
| Column / Cell | Meaning |
| B12, B17, B22, B27 | Weekday Noninvasive Call: "HH: X CH: Y" |
| B32 | Friday Noninvasive Call: single name; also mirrored in G3 |
| B14, B19, B24, B29, B34 | Weekday Interventional Call: "Primary. Backup." |
| G6 | Weekend Interventional Call: "Primary. Backup." (mirror of B34) |
| G3 | Friday Noninvasive call (same as B32) |
| G4 | Saturday Noninvasive call |
| G5 | Sunday Noninvasive call |
| K (CLINICAL) | Cooper Clinical assignment; shows "MD/APN" (e.g., "JOO/KC") |
| H21 & H23 | OBL only; PV-capable INT (DPR, APZ, AML, VKV, ZZR) |
| M | Virtua (M) |
| N | Virtua (V) |
| AB | Jeff – Stratford Hospital |
| AC | Jeff – Cherry Hill Hospital |
| AD | RMC (MD + APN) |
| AL | Elmer Hospital (AM only) |
| AT | WT Hospital (MD + 2 APNs, same MD AM+PM) |
| HH OFFICE | Haddon Heights office (≥1 MD AM and PM) |
| SVI DR | SVI office (≥1 MD AM and PM) |
| WT DR | Washington Township office (≥1 MD AM and PM) |
| O | DIAG — leave blank |
| S | NUC/PET — leave blank |
| T | MAR Echo — leave blank |
| All RN columns | Must remain blank (RN is not an APN slot) |
| Vacation header: L1–L7, M1–M7, O1–O7, then P/Q/R/S | Fill top-to-bottom per column before next; format "NAME — span" (e.g., "APZ — M–F") |

# Provider Categories

• Noninvasive (GEN)  
• Interventional (INT)  
• Electrophysiology (EP)

# Core Rules

• Hospitals first; then ensure at least one MD at HH Office, HH3 (aka test doctor), SVI DR, and WT DR each half-day. Also assign one doctor at HH each AM to arrive at 7:30-12 (should have time slot in red for AM to make easier to see on spreadsheet)

• Only INT and EP cover Cooper (INT #1, INT #2, CLINICAL, EPS). All spots should be filled in AM and PM for each day of every week if possible. Can use APN to fill CLINICAL in PM if interventional doctor not available.

• WT Hospital (AT): one MD + two APNs every AM and PM; same MD AM & PM unless no alternative; APNs can be for AM and PM but must be two different individuals per half-day.(not same APN listed twice in slot)

• Stratford (AB) & Cherry Hill (AC): both covered in AM; in PM, one MD covers BOTH, the other redeploys to an office. APN helps cover other PM location (when available) not covered by PM doctor

• Virtua M/N (M,N): AM — two distinct MDs; PM — a single MD covers both M & V (other AM MD redeployed to office).

• Elmer Hospital (AL): AM only; PM blank.

• RMC (AD): MD + APN pairing in the same cell for both AM and PM.

• OBL (H21, H23) runs only Wednesday AM/PM with a PVD-capable INT (DPR, APZ, AML, VKV, ZZR).

• ICD clinic: exactly one site per weekday (AM+PM same site that day); staff with EP + two distinct EP APNs (JKT, JWW, NMC).

• Cooper Clinical (K): display "MD/APN" at least one half-day per weekday.

• RN columns must remain empty. DIAG (O), NUC/PET (S), MAR Echo (T) left blank.

# Provider Location Restrictions (Overrides) – Hospital and Office (in order of preference) – if office or hospital NOT listed – DO NOT SCHEDULE AT LOCATION

• SMC: Hospital → only RMC; Office → SVI only.

• RAC: never assigned to any hospital. Office 🡪 Elmer, SVI, WT, HH3 (test doctor)

• HAS: never assigned to any hospital. Office 🡪 HH, HH3, SVI, WT

• SHF: hospital → Elmer only. Office 🡪 Elmer, WT, SVI, HH3

DAS: never assigned to any hospital. Does not do weekend or weeknight call. Office 🡪 WT, Marlton, SVI, HH

• MCR: hospital → Elmer only. Office 🡪 SVI, Elmer, Marlton

Hospitals below after name are in order of priority/preference.

JMP: WT hospital, CH hospital, Virtua Marlton or Voorhees only

RAM: WT Hospital, will need to carve out half day one week a month for advanced HF at WT Hospital – add column after WT Hospital so easier to see in schedule, with PM at office in WT Office.

VVS: WT Hospital, RMC, Cherry Hill Hospital

BSA: WT Hospital, RMC, Cherry Hill Hospital

SES: Virtua Voorhees, Virtua Marlton, WT Hospital, Cherry Hill Hospital

NFS: RMC, Cherry Hill Hospital, WT Hospital

DJT: Cherry Hill Hospital, WT Hospital

GLF: Virtua Voorhees, Virtua Marlton

ACP: Stratford Hospital, CH Hospital, Virtua Voorhees, Virtua Marlton, WT Hospital

AMP: Stratford Hospital, CH Hospital, Virtua Voorhees, Virtua Marlton

JAL: RMC, Elmer Hospital, Stratford Hospital

JAS: WT Hospital, RMC, Cherry Hill hospital

MDG: RMC, Elmer hospital

SJG: Virtua Voorhees, Virtua Marlton

DBV: WT Hospital, Elmer Hospital

The Schedule generator rules are as follows:

1. must use all doctors and APNs, without exception, every day of the week for AM AND PM, UNLESS the doctor or APN is on vacation for a given time slot/space
2. The order of importance for filling the schedule on a given day in AM and PM must be to first fill all hospitals (see Hospital FTE rules) in AM every day, FLOAT for both AM and PM (by interventional) for all days of the week, HH3 (test doctor) for both AM and PM by noninvasive doctor (based on rules provided for doctors).

Hospital FTE Rules

1. COOPER
   1. Interventional doctors 1 full FTE in AM and PM slot for “INT #1”, 1 full FTE in AM and PM slot for “INT #2”, 0.5 FTE in “CLINICAL” (should still be interventional but only in AM. Should slash or add in one APN (based on rules document for whole day, AM and PM in “CLINICAL”. 1 full FTE in AM and PM for “EPS” (should be EP doctor only)
2. VIRTUA
   1. Always a noninvasive doctor (never EP or interventional )
   2. M – one doctor in AM, covers both M and V in PM
   3. V – one doctor in AM, goes to office or covers other hospital in PM
   4. Can alternate M and V for PM on which doctor goes to office in PM to balance out over 3 months
3. STRAT Hosp
   1. Always Noninvasive
   2. 1 FTE in AM only Monday, Tuesday, Wednesday, both AM and PM Thursday and Friday. Goes to office or other spot in schedule in PM Monday, Tuesday, Wednesday
   3. PM doctor covers both CH Hosp AND STRAT Hosp
4. CH Hosp
   1. Noninvasive doctor only
   2. 1 FTE covers AM and PM Monday, Tuesday and Wednesday. Goes to office or other hospital in PM (or AD TIME for DJT) on Thursday or Friday
   3. Covers both STRAT Hosp and CH Hosp in PM Monday, Tuesday, Wednesday
   4. Add APN coverage for AM and/or PM only if APN not being used already for WT Hosp, EP clinic, COOPER already has APN and RMC has an APN already assigned.
5. RMC
   1. Noninvasive doctors only
   2. Look at rules for who rounds here
   3. Always has 1 APN in AM and PM
   4. Always has 1 doctor in AM and PM
6. WT Hosp
   1. Always noninvasive doctor (break up so never more than 3 days in a row, should split and go to office for remaining 2 days, balance out split among those who round at WT Hosp per rules over 3 month blocks)
   2. Look at rules for who rounds here for doctors and APNs
   3. Always 1 doctor in AM and PM
   4. Always 2 APNs (see rules) in AM and PM
7. Elmer Hosp
   1. Noninvasive doctor only (see rules for which)
   2. One FTE only in AM

**Provider Offices (below in order of preference): (if not already specified)**

JZC: SVI, Elmer, HH, Marlton

SDD: Elmer, WT, HH, SVI, Marlton

SHF: Elmer, WT, SVI, HH3

GLF: HH, Marlton, WT, HH3

MDG: SVI, Elmer, HH3

SJG: Marlton, HH, WT

KSG: Marlton, HH

GIK: HH, Marlton

JAL: SVI, Elmer, HH3, Marlton

SAL: Elmer, HH

AML: Marlton, WT, HH

RAM: WT, SVI, advanced HF, Woodbury

JOO: SVI, Elmer, Marlton

JMP: Marlton, WT, HH3, Woodbury

ACP: Marlton, HH, WT

AMP: HH, Marlton, WT

ZZR: SVI, HH

DPR: SVI, Elmer, Marlton

MCR: SVI, HH3, Elmer, Marlton, HH

BSA: WT, SVI, Woodbury, HH3, Hammonton

VVS: WT, SVI, Woodbury, HH3

DAS: WT, Marlton, HH, HH3, Elmer

SES: HH, Elmer, HH3, Marlton

NFS: SVI, Elmer, HH3

JAS: WT, SVI, Woodbury, HH3

HAS: see above

DJT: WT, Marlton, HH

VKV: Elmer, HH, Marlton

DBV: Elmer, WT, SVI

APZ: Elmer, HH, SVI

ABS: Elmer, WT, HH, Marlton

• Cooper Hospital: ONLY Interventional & EP MDs.

For all other providers, follow their allowed office/hospital lists and preference order from the Provider Rules.

# Call Schedules

Noninvasive (weekday): B12, B17, B22, B27 → "HH: X CH: Y"; Friday B32 → single name (also in G3).

Noninvasive (weekend): G3 = Friday, G4 = Saturday, G5 = Sunday; the three names must be distinct for that weekend.

Interventional (weekday): B14, B19, B24, B29, B34 → "Primary. Backup."; weekend mirrored in G6.

Across the year, distribute weekend noninvasive call evenly across the noninvasive roster; avoid back-to-back weekends when possible.

# Clinics & Special Assignments

ICD Clinic: one office per weekday (AM+PM). Target: each EP (ABS, JZC, SAL) gets ~1 ICD clinic per week with two EP APNs (JKT/JWW/NMC).

Loop Implants: DPR & SDD ~2/month across HH, WT, SVI, Marlton.

HF Clinic: RAM + ACS monthly (avoid Fridays).

Vein Clinic: APZ, AML, VKV, SJG ~1/week.

**APN rules:**

SB does not go to offices; never duplicate the same APN twice in a single cell.

MJK will not be in schedule in 2026 – retiring

VJC: RMC hospital coverage. Offices 🡪 SVI, Elmer

JKT: RMC hospital coverage. Offices 🡪 SVI, Elmer, ICD clinic

AD: WT hospital, CH Hospital. Office 🡪 Vein clinic

KC: Cooper Hospital. Office 🡪 Vein clinic, PVD clinic

ACS: WT hospital. Offices: Vein clinic and advanced HF clinic with RAM in WT office

MB: Cooper hospital, WT Hospital, CH Hospital. Never in office

AG: Cooper hospital, WT hospital. Office 🡪 Vein clinic

# Administrative Time

KSG: AD TIME PM every weekday (reserve these PM slots first; no other PM duties for KSG those days).

DJT: Half-day AD per week (PM only; default Thursday PM unless otherwise specified).

# Vacations — Policy & Display

Display format: "NAME — span" using weekday abbreviations (M, T, W, Th, F, Sa, Su), compressing consecutive days (e.g., M–F).

Placement: Fill top-to-bottom in L1–L7 first, then M1–M7, then O1–O7, then proceed to P, Q, R, S columns; one provider per cell.

Track each provider’s annual vacation allotment (weeks/days) and exclude them from all duties during those dates.

# Federal/National Holidays

Mark federal holidays as closed (green highlight). No office coverage on those days.

Treat Monday holidays as an extended weekend for rounders (weekend rounder continues through Monday), and similarly for Friday holidays (extend coverage).

# Fairness & Distribution Goals (for 3–6 Month Runs)

• Even distribution of weekend noninvasive call across all noninvasive MDs over 12 months.

• Limit consecutive weekend assignments for any single MD (e.g., no more than 2 consecutive weekends).

• Balance across hospitals and offices per provider preferences.

• Ensure each EP receives roughly equal ICD clinic exposure; avoid repeating the same EP APN pairs excessively.

• Respect AD time locks (KSG PM daily, DJT one PM weekly).

# Open Questions to Finalize the Engine

• Roster: ABS is EP doctor for 2026. Cooper hospital only and ICD clinic.

• Hard site rules: any additional “never/only” mappings beyond SMC, RAC, HAS, SHF, MCR, and Cooper=INT/EP-only? no

• Hospital capacities per half-day: always one MD at each site (Virtua M, Virtua V, Strat, CH, Elmer-AM, WT, RMC), plus Wed OBL? Any site need >1 MD? no

• Office capacities: confirm per-half-day caps for HH, Marlton, WT, Elmer, Woodbury, SVI; any minimums above 1 MD for any office? Optimize Marlton and WT then HH and SVI above all other offices.

• ICD clinic day-per-site: which weekday should each office host ICD (to avoid conflicts across offices)? Can vary week to week and month to month.

• EP rotation rules: how strict should fairness be for ABS/JZC/SAL across weeks? As long as fair over course of 6-8 weeks, does not matter for individual week.

• EP APNs (JKT/JWW/NMC): any fixed-day constraints (e.g., a weekly day off)? NMC only works Monday and Tuesday in 2026. Never Wednesday, Thursday or Friday.

• OBL cadence: is Wed AM/PM fixed all year? Yes. Any max cases/day requiring dual INTs? No only one. Can be different one in AM and different one in PM.

• Interventional call load on days with Cooper duties: avoid double-loading (call + INT#1/#2/CLINICAL) or allowed? No call does not start until 5 PM for them, so no restrictions.

• Virtua & Jeff PM combiner: prefer keeping the busier AM site’s MD for PM combined coverage? No. just rotate to make balanced over 3-month blocks.

• KSG/DJT admin: confirm KSG PM admin every weekday for 2026; confirm default DJT PM admin day. No default day for DJT PM admin, can vary based on need.

• Weekend noninvasive call: confirm any exemptions and the annual target per provider; enforce no Fri/Sat/Sun double-duty in same weekend.

Everyone has to do one holiday weekend for noninvasive and EP doctors. (except HAS and DAS)

Weekends to work in 2026 (counting holiday weekend): VVS, RAM, BSA, SAL, ACP, SES, NFS, SMC, JZC 10 weekends. DPR 2. MDG, RAC, SDD 1 weekend. GLF 2 weekends. SJG 4 weekends. SHF, JAL, AMP, MCR 5 weekends. DBV 6 weekends. JAS 7 weekends. JMP 8 weekends. DJT 8 weekends. ABS 10 weekends.

HAS does no weekends

• Vacations: max concurrent vacations per day/site? Any buffer rules around call (e.g., no call the night before/after vacation)? We sort out the rules for vacations, so I will fix that on front end.

• Holidays: confirm the practice’s full holiday list and whether to auto-extend weekend rounders. Yes, auto extend weekend rounders. Federal holidays (New year’s Day – January 1st, Martin Luther King Jr Day, Memorial Day, Independence Day/4th of July, Labor Day, Thanksgiving, Christmas.

• Template/output: final sheet naming pattern, and whether a CSV export is needed alongside the Excel fill. No need for CSV export, just excel.

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