MAYO CLINIC

Focused Triage and Scheduling: Multidisciplinary Stone Clinic Optimization at Mayo Clinic in Arizona

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Background: The Multidisciplinary Stone Clinic, led by the Department of Urology with multidisciplinary engagement from colleagues in nephrology and nutrition, has existed since 2016 at Mayo Clinic in Arizona. While the clinic has matured and grown over time, the processes and workflows utilized to manage the inflow of patients (new external and internal referrals) had not been reviewed or adapted in many years. Patients were being referred with limited coordination, notably lack of triage, prioritization, review of acuity, or focused scheduling, which resulted in delays in patient care, loss of referrals, and frustrations for patients and providers alike, when managing recurrent stone disease, acute kidney or bladder stones, risk factors and genetic predispositions associated with stone development, and conditions secondary to stone disease.

Objective: To increase triaged and accepted new & consult (N&C) (new= new patient externally referred, consult= new patient internally referred) patients into the Multidisciplinary Stone Clinic by 10%, from 40% triaged and accepted for *new* patients and 80% triaged and accepted for *consult* patients to 50% and 90% respectively, without adversely impacting turnaround time (measured in days) for N&C patients to be seen in the clinic.

Planning/Research Methods: The multidisciplinary team and leadership engaged in a comprehensive review and analysis to determine variables and opportunities to increase accepted N&C patient volume, as well as coordination of inflow of patients:

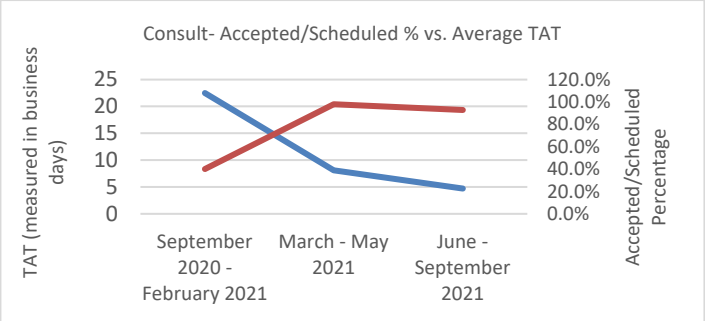
- The team engaged key stakeholders and resources internal and external to the Multidisciplinary Stone Clinic, including staff in urology, nephrology, nutrition, scheduling, medical administrative assistants, referring provider office staff, administrators, and key referring providers to discuss key challenges and opportunities.
- In analyzing challenges impacting accepted patients and care coordination, key insights were arranged into 4 general themes: (1) confusion from referring providers on which patients should be sent to urology vs. nephrology, (2) lack of dedicated triage resulting in inconsistencies in denied and accepted patients, (3) delay in scheduling and turnaround time from appointment request to visit, and (4) lack of coordinated intake with necessary imaging and/or labs prior to visits to expedite and streamline care.

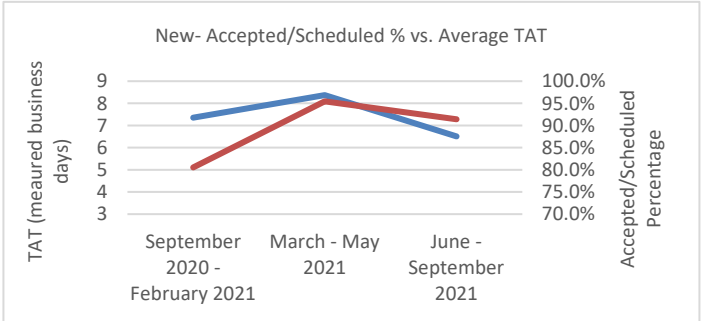
In prioritizing interventions available to address these themes, the key intervention selected were dedication of existing staff, including a Medical Administrative Assistant (MAA), Scheduler, and Physician Assistant (PA-C) FTE to focus on coordination of Multidisciplinary Stone Clinic intake, including PA-C triage of all incoming orders for acuity and appropriate timeline to scheduling, protected Scheduler time to schedule patients based on triage decisions, and protected MAA time for coordination of appointment activities such as receipt of outside records, labs, etc.

Interventions Implemented: Beginning March 1, 2021, focused PA-C, Scheduler, and MAA time was dedicated to coordination of the triage, scheduling, and coordination efforts in lieu of centralized efforts with all department allied health staff supporting the same activities. No incremental staff were hired to support these activities, rather instead of such efforts spread across many, the activities were focused to specific staff, without adding incremental expense or time (i.e. centralized vs. de-centralized/dedicated model). All of these coordinated efforts (triage, scheduling, outside record retrieval, etc.) were coordinated and communicated through the Epic® EMR without additional infrastructure or build.

Results: Total volume of triaged, accepted, and scheduled N&C patients into the Multidisciplinary Stone Clinic grew from 40% to 97.8% for *new* patients and 80.6% to 95.5% for *consult* patients, meanwhile reducing turnaround time from appointment request to scheduled date from 22 to 8 days for *new* patients and no change for *consult* patients. The sample size included 247 appointment requests in the pre-intervention period and 600 total requests in the combined post-intervention periods. These results highlight the success of a focused triage model, whereby allied health staff can succinctly triage incoming new appointment requests for acuity, schedule, and coordinate care in an effective and efficient manner, providing significant benefit to patients and providers alike.

Consult (new, internally referred patient)			
		Avg. TAT (Business Days)	**Accepted/Scheduled Percentage**
Pre- Intervention	September 2020 - February 2021	22	40.0%
Post 1: March-May	March - May 2021	8	97.8%
Post 2: June-September	June - September 2021	5	92.6%
New (new, externally referred patient)			
		Avg. TAT (Business Days)	**Accepted/Scheduled Percentage**
Pre- Intervention	September 2020 - February 2021	7	80.6%
Post 1: March-May	March - May 2021	8	95.5%
Post 2: June-September	June - September 2021	7	91.4%





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