

# Streamlining Patient Access in Plastic and Reconstructive Surgery Through a

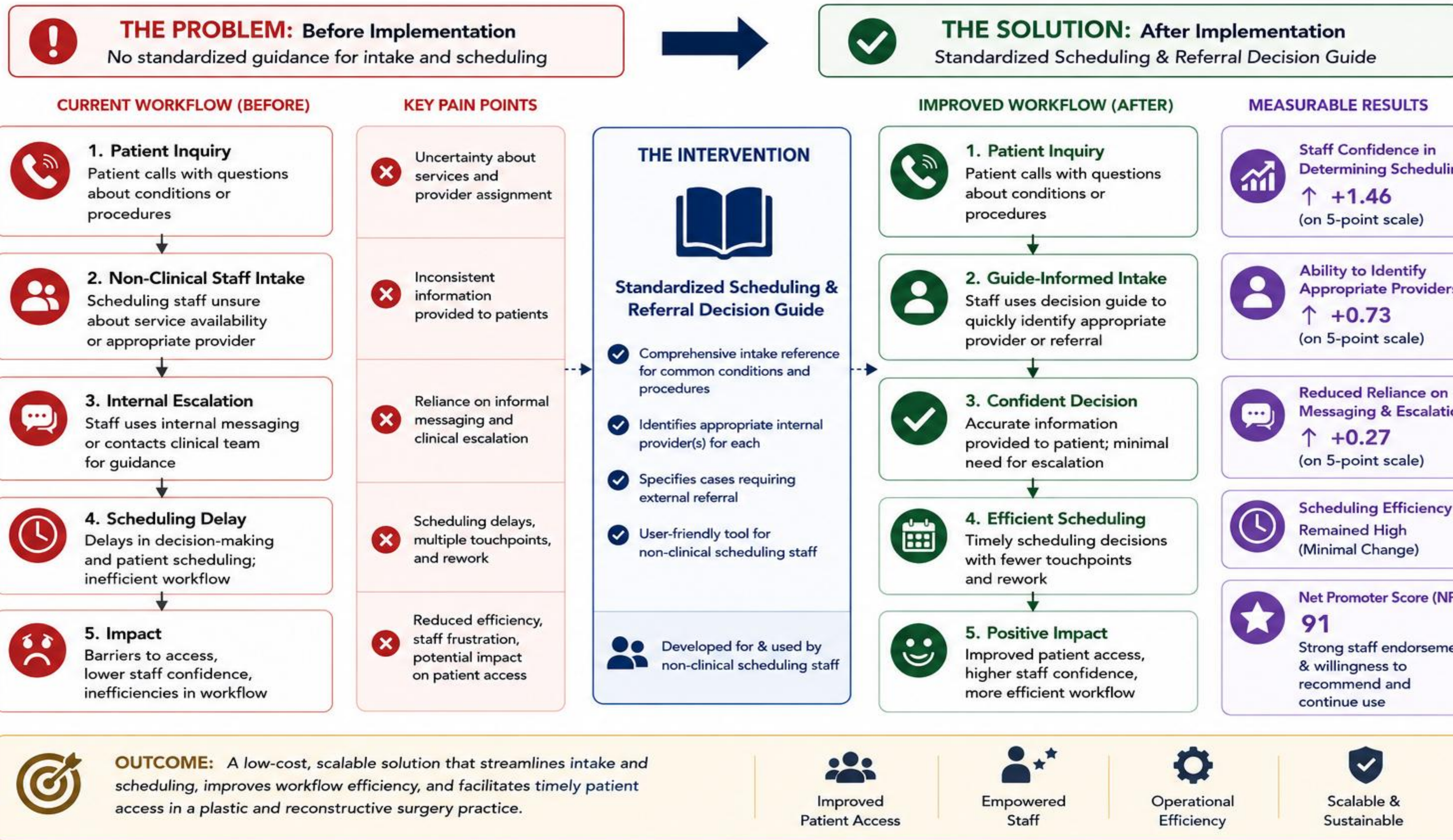


## Standardized Scheduling and Referral Decision Tool



Maurissa C. Harris BA, Adaure Nwaba MD MS, Paige N. Hackenberger MD, Sumanas Jordan MD PhD  
Plastic and Reconstructive Surgery, Northwestern Memorial Group

### WORKFLOW: PROBLEM TO SOLUTION



Based on survey results (N = 11) evaluating staff confidence, efficiency, and guide usability.

### Results

Improvements observed across all domains following tool implementation

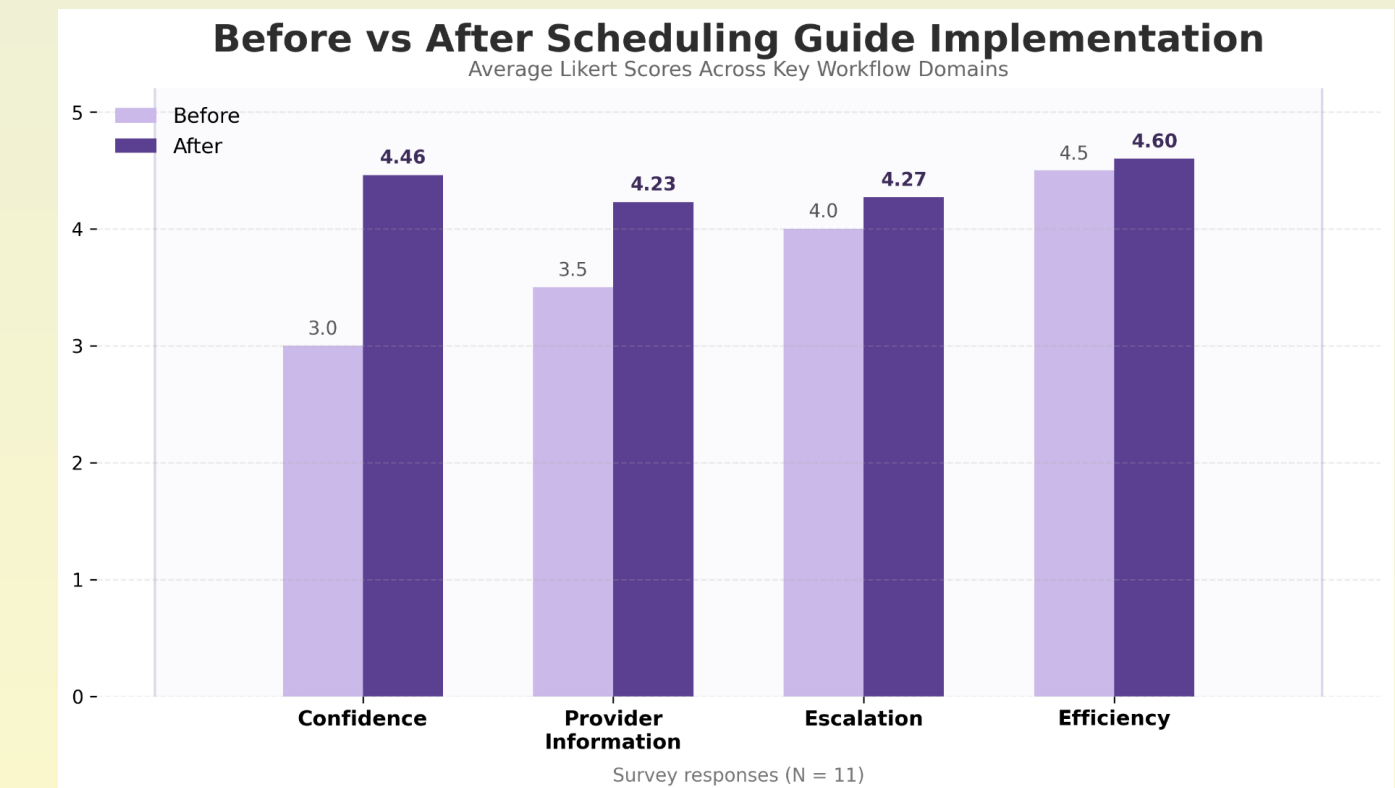


Figure 1. Mean Likert-scale scores (1–5) before and after implementation of intake reference tool

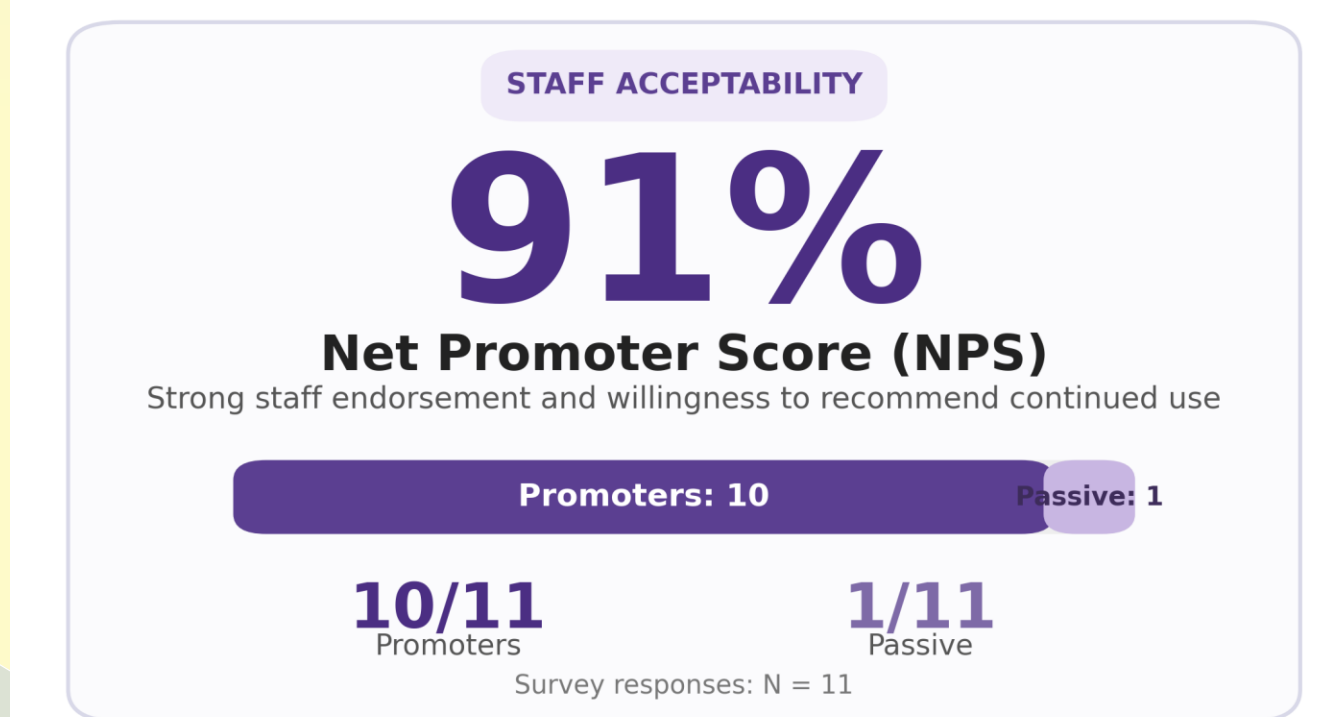


Figure 2. Net Promoter Score (NPS) of 91% (N = 11)

### Conclusions

Implementation of a standardized intake reference tool improves workflow efficiency by increasing staff confidence, reducing reliance on escalation, and supporting more consistent scheduling decisions. This low-cost, scalable intervention enhances intake processes and improves patient access in a plastic and reconstructive surgery practice.

#### Limitations & Next Steps:

Retrospective pre-tool survey administration; lack of objective workflow metrics; small sample size and limited longitudinal timeframe  
Future efforts will incorporate measurable outcomes (e.g., scheduling time, escalation frequency), expand data collection, and allow for tool modification to suit evolving needs

The tool may be further integrated into EMR systems and adapted for broader use across surgical specialties