



Operational Excellence in Transplant Clinics: From Gaps to Solutions

TODAY'S PANELISTS



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MODERATOR

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Need Assistance?

Contact Us via Zoom Chat, or info@organdonationalliance.org
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Meet the Presenters



Deepa Kurup

RN, MSN/MBA, LSSBB, CPHQ

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*Equipping a Modern Profession of Lifesavers
in Organ Donation & Transplantation*

"Optimizing Multidisciplinary Transplant Clinic Operations: UCSD's Current State & Quest for 85%+ Arrived Schedule Utilization"

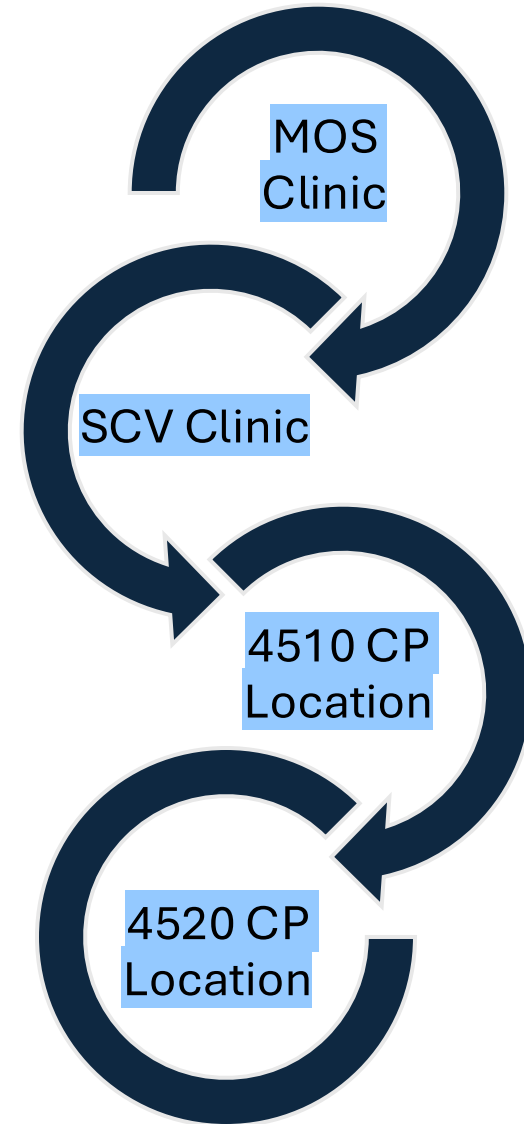
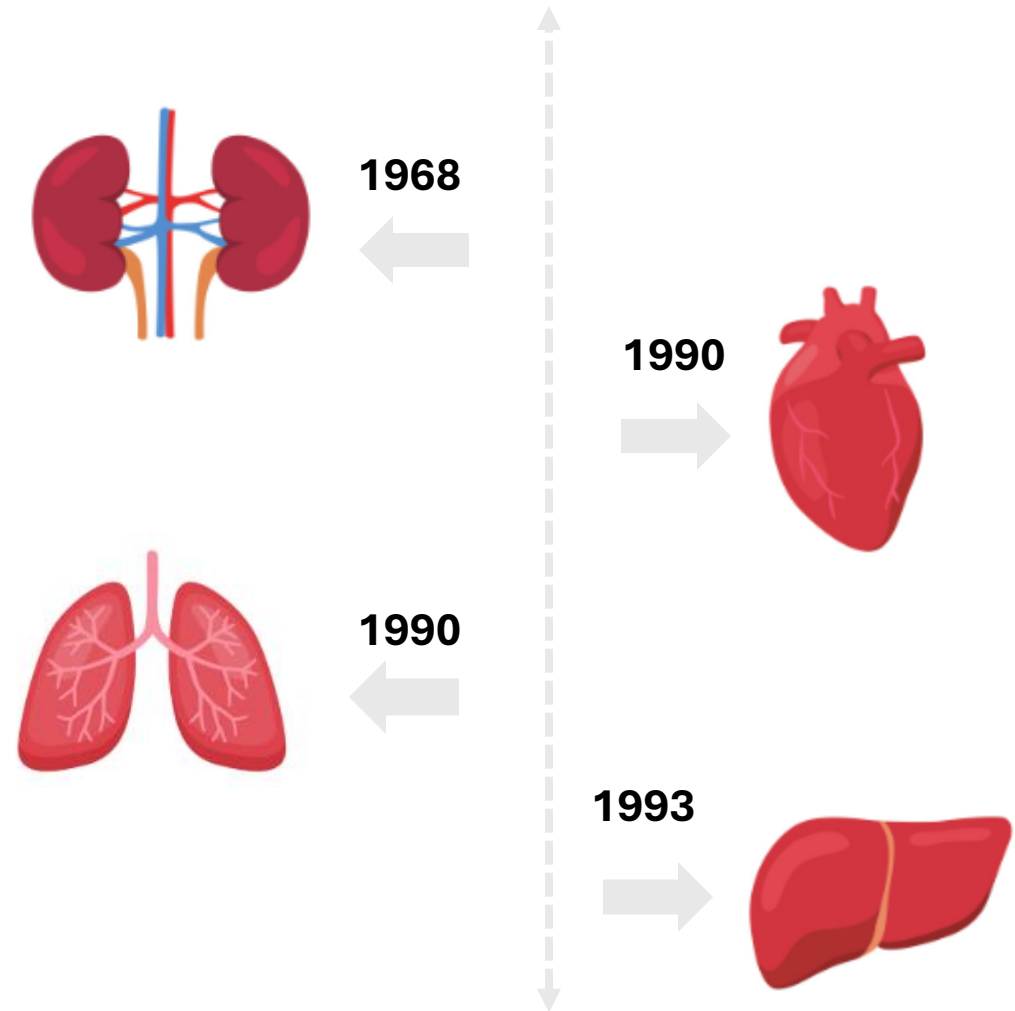
*Melissa Laschinski BSN, RN, CEN, AMB-BC | Nurse Manager
UC San Diego Health | Transplant Multispecialty Clinics*

UCSD's Clinic Optimization Initiative

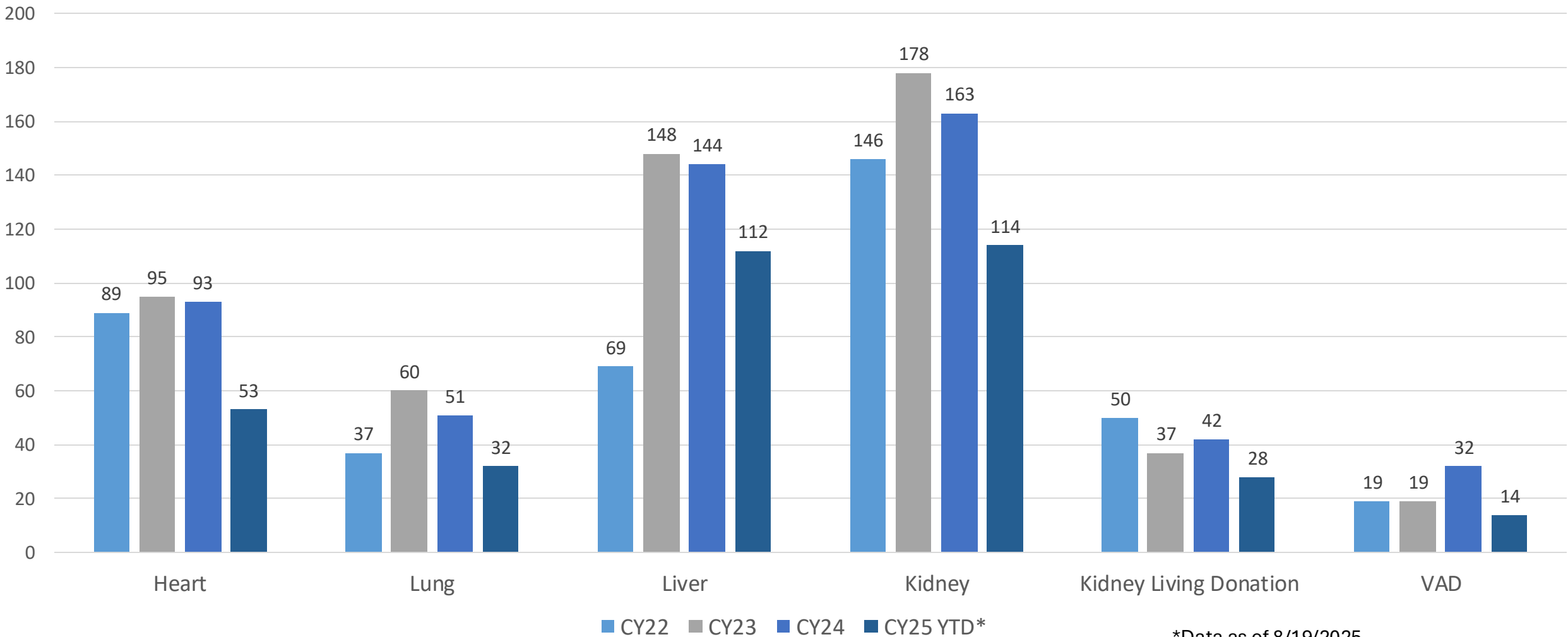
- **Our Strategic Focus:**
- Currently engaged in an organizational initiative focused on:
 - Clinic optimization to increase access
 - Improving patient satisfaction while maintaining exceptional outcomes
 - Fostering innovation and growth
- **Target Outcomes:**
- >85% arrived visits for schedule utilization across all programs
- Improved Multidisciplinary Team (MDT) coordination
- Enhanced patient experience
- Reduced administrative burden



Our Journey.....

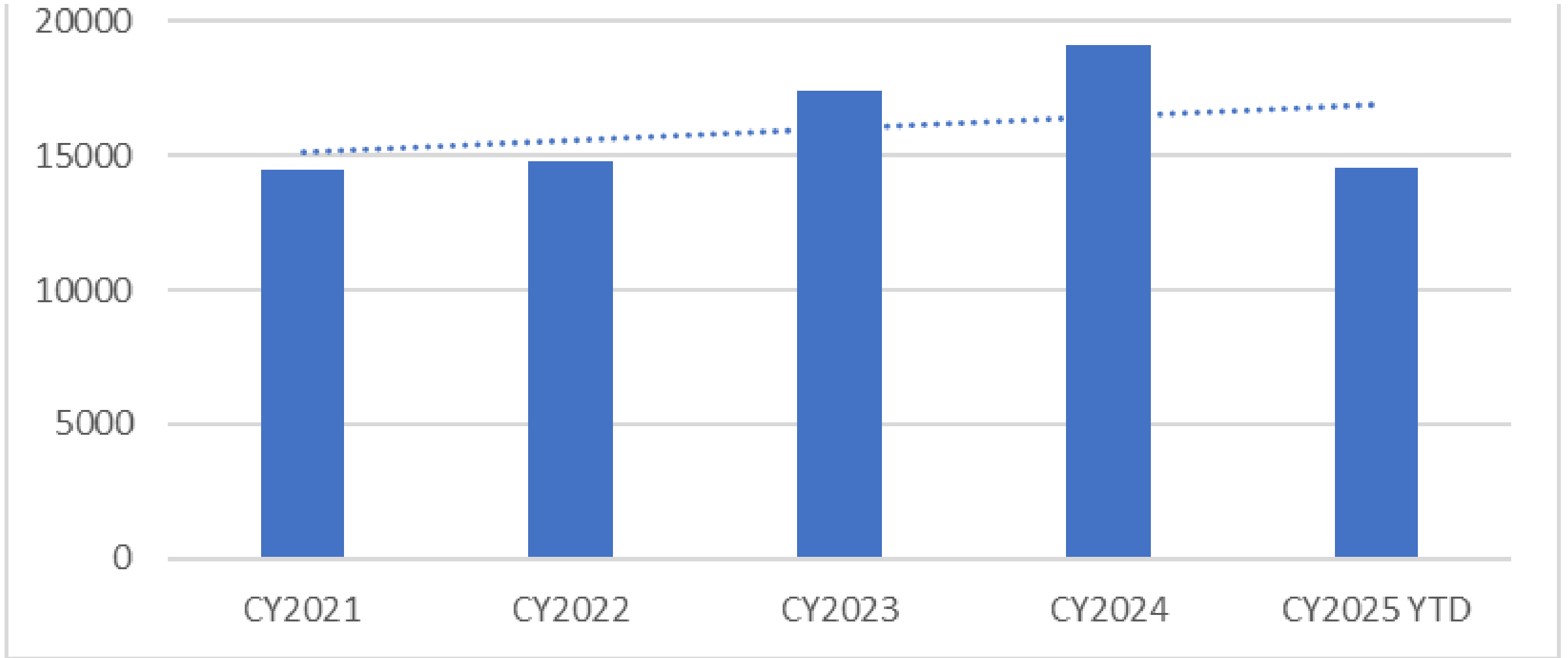


Organ Transplant and VAD Volume



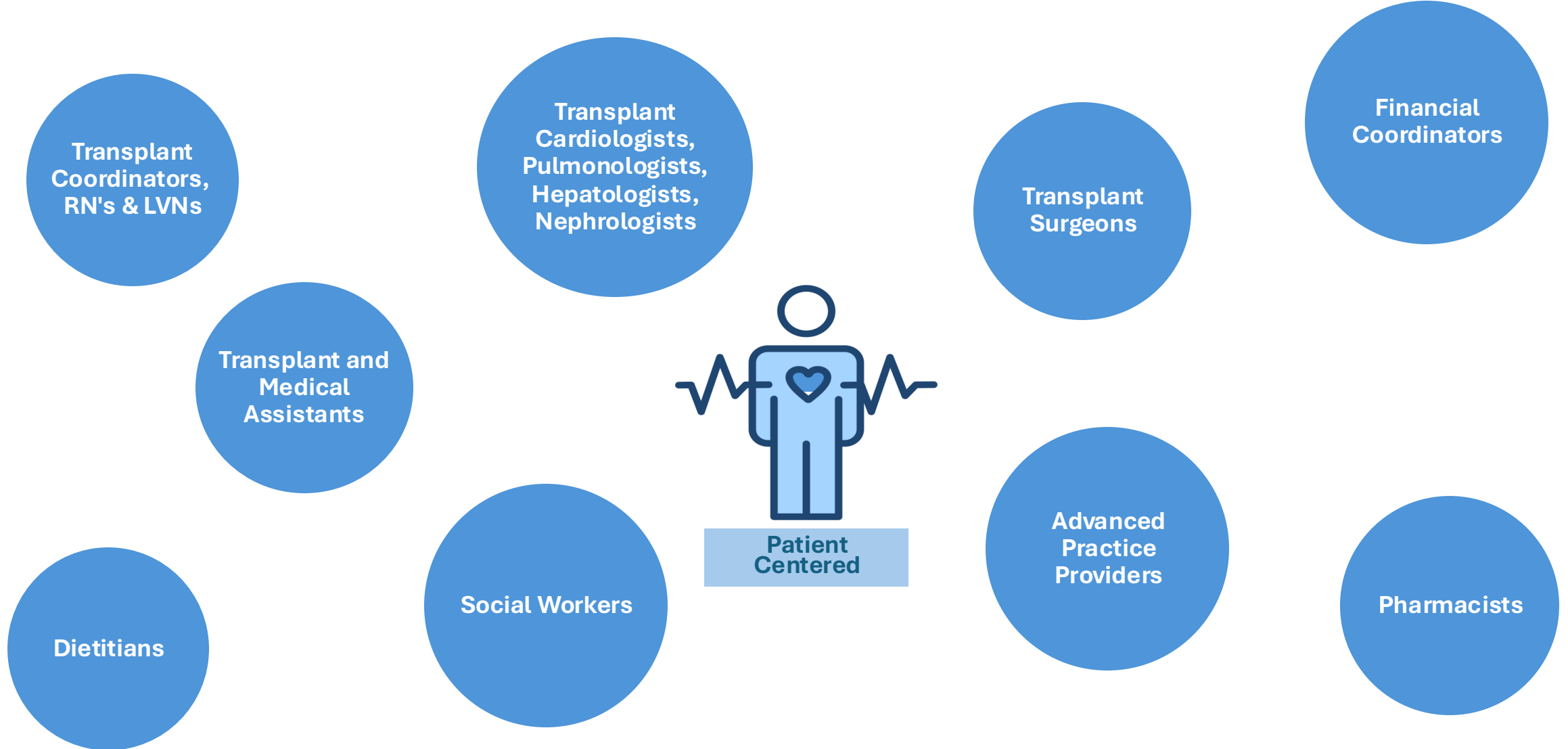
*Data as of 8/19/2025

Clinic Volume

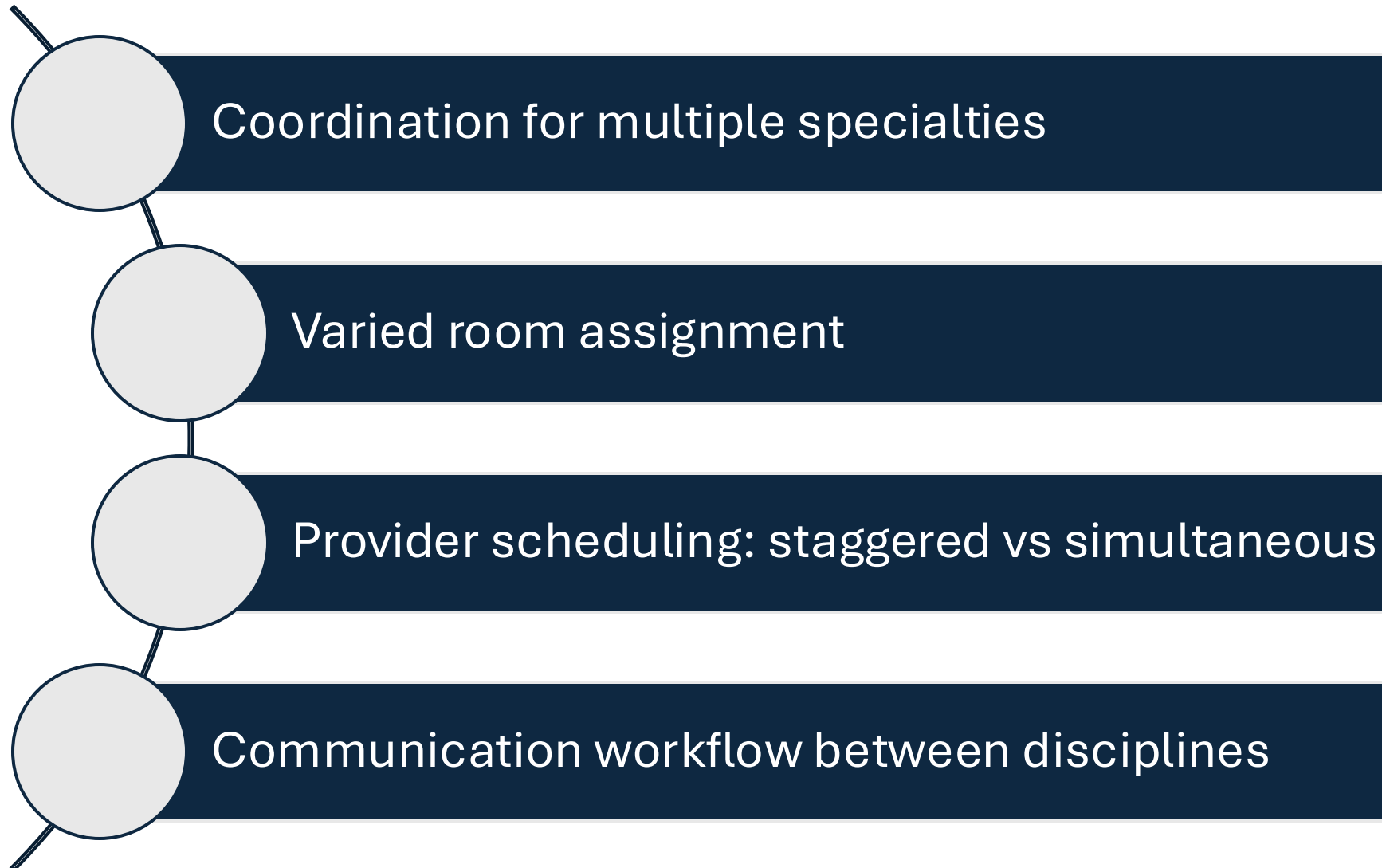


*Data as of 8/19/2025

Multi-Disciplinary Transplant Team & Approach



Multi-Provider Visit Structure: Current Model



Current Multidisciplinary Team Challenges

Patient Access & Experience

- Delays in access and extended clinic visits due to growing demand*

Workforce Sustainability

- Managing staffing demands, training requirements, and burnout prevention while experiencing rapid program growth

Financial & Regulatory Balance

- Navigating budget constraints while maintaining compliance with strict transplant regulations and quality metrics across all different programs

Process Inconsistency

- Lack of standardized workflows between all organ transplant programs creating operational inefficiencies*

Technology & Scheduling Constraints

- Inflexible scheduling systems unable to accommodate complex multi-provider visits compounded by inadequate technology integration*

Improvements in Progress:



Improved communication through Epic dot tracking system, white boards, & secure Epic chats



Time study conducted in clinic identified various opportunities for improvement



Initiated quarterly program and clinic leadership meetings to streamline work



Implementing best practice to achieve institutional goals such as:

- Increased access for new patients, procedures integrated into clinic
- RP2- right patient at the right place
- Reconcile and condense visit types
- Improved template management, min 4-hour template, standardize slot length
- Automation and self-scheduling feasibility

Areas Where We Seek Best Practices:

Template optimization (Provider vs. Block)

Appointment type configurations

Multi-provider coordination workflows

Room assignment solutions

Provider timing strategies

APP utilization in clinic

MDT staffing in clinic

Best collaborative practice between clinic and program staff



Thank you!

Streamlined Multidisciplinary Visits: Templates, HAIKU, and Status Boards

Christine Z. Maxmeister, MSN, RN, CCTC, CPHIMS
Manager – Clinical Informatics Special Projects
UCHealth University of Colorado Hospital Transplant Center
Email: Christine.Maxmeister@uchealth.org

*Patient throughput rose
Providers saved precious time
Status Boards; Haiku*



uhealth

Learning Objectives

1. Discuss pros/cons of EPIC's options to conduct multidisciplinary visits.
2. Explain retooling of Haiku to support hand-off from one provider to another.
3. Use Event Tracking elements to support status boards and dashboards.

FY25 UCHealth Facts

- 14+ hospitals
- >150 clinics
- 33,000 employees
- 524 Adult transplants
- 85 Kidney LD; 19 Liver LD
- >50K Ambulatory transplant completed visits

Organs: Kidney, Pancreas, Liver, Lung, Heart,
Living Donor Kidney & Liver

Service Area: Canada to Mexico, Wyoming to
Kansas; OPOs serve CO, WY, NE

Transplant Employees: >200



Challenge

For multidisciplinary visits, how do we increase patient access, improve patient experience, and optimize providers' time in clinic while maintaining current space constraints?

Solutions

- Conduct individual visits
- Optimize scheduling templates and blocks
- Design an IT-based simple communication solution
- Tighten up rooming and check-out processes

Scheduling Templates & Blocks

Joint Appointments

- Single encounter.
- Scheduled resource must sign the encounter for all joint appointments to be completed.
- Only accounts for productivity of the scheduled resource.

Single Appointments

- Multiple encounters.
- Each member of the multidisciplinary team is scheduled separately.
- Easier to account for productivity.
- Generic Resources

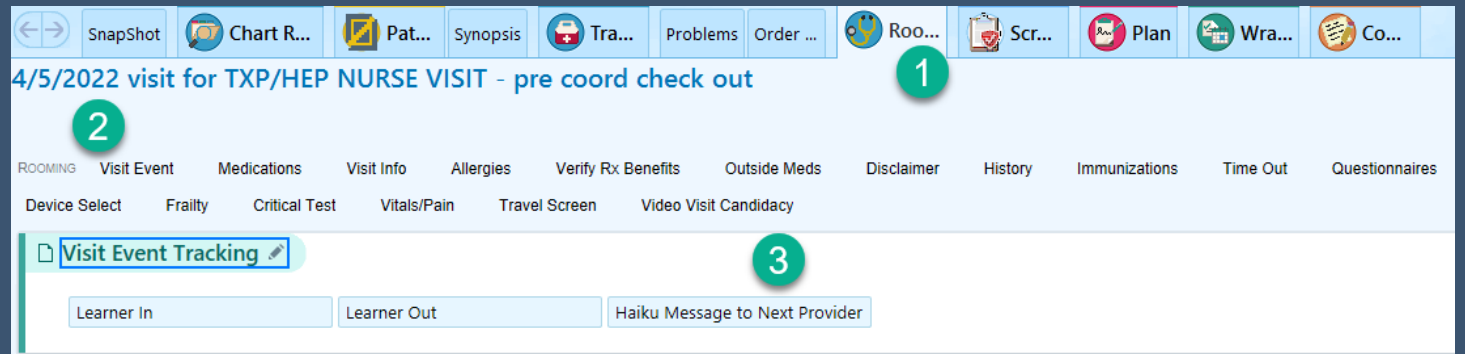
Kidney Evaluation Scheduling Template

Kidney Eval							Surgeon - 39540
	EVAL 1	EVAL 2	EVAL 3	EVAL 4	EVAL 5	Eval 6	
9:30	Labs						
9:45	Check-in						
10:00		Labs					
10:15	COORD 1 804296	Check-in					
10:30							
10:45		COORD 2 804297	Labs				
11:00	SURG (11)		Check-in				
11:15							
11:30	TFCC 39539	SURG (11:30) SW 41001	COORD 1 804296	Labs			
11:45			Check-in				
12:00	MD (12) 41753		SW 803777	COORD 2 804297	Labs		
12:15				Check-in			
12:30	ECHO 12:45	MD (12:45) 41753			Check-in	Labs	
1:00			SURG (1)	TFCC 39539	COORD 2 804297	Check-in	
1:15							
1:30			MD (1:30) 41753	SURG (1:30)		COORD 1 804296	
1:45	SW 41001	ECHO 1:45		RD 803778	SW 41001		
2:00			TFCC 39539	MD (2:15) 41753		SURG (2)	
2:15	RD 41011	RD	ECHO 2:45	SW 41001	SURG (2:30)	RD 803778	
2:45	COORD 804296	RD 803778			TFCC 39539	MD (3)	
3:00		TFCC 39539			RD 803778	41753	
3:15							
3:30	CT/Xray	COORD 804297	RD 41011	COORD 804296	MD (3:45) 41753	TFCC 39539	
3:45		CT/Xray	COORD 804296		COORD 804297	SW 803777	
4:00							
4:15							
4:30							
4:45				CT/Xray			
5:00						COORD 804296	
5:15			CT/Xray				
5:30							
5:45					CT/Xray		
6:00							
6:15						CT/Xray	
6:30							

Eval 1: M-F
 Eval 2: M-F
 Eval 3: M-F
 Eval 4: M-F, excluding Wednesdays
 Eval 5: M-F, excluding Wednesdays
 Eval 6: M-F, excluding Wednesdays

Conducting an Appointment

1. Change provider from *generic resource* to assigned provider the day before clinic
2. MA rooms patient
3. MA *secure chats* 1st scheduled provider
4. Provider enters patient room
5. Provider launches EPIC
6. Provider launches patient visit
7. When completed, provider goes to **Rooming>Visit Event>Haiku Message to Next Provider**



Conducting an Appointment

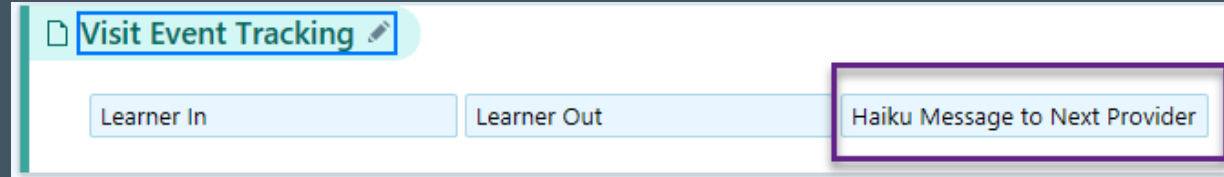
After hitting the Haiku button, “X” out and exit Hyperspace



Provider to Provider Communication HAIKU

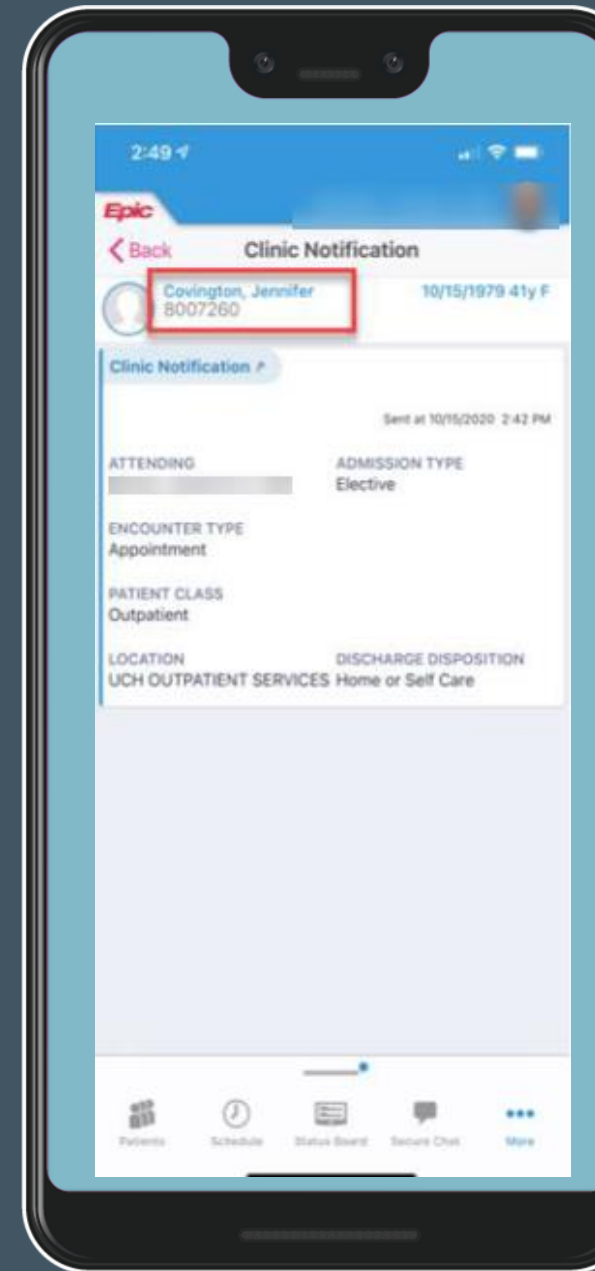
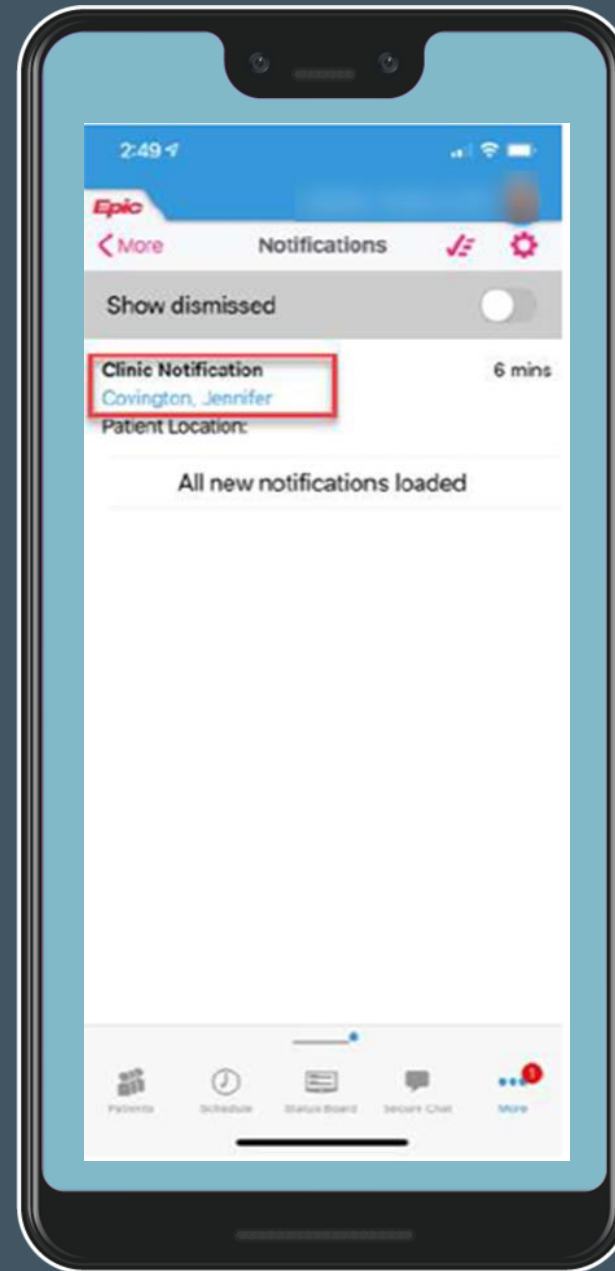
Haiku Message to Next Provider >
Notification sent to next scheduled
provider's phone.

- Set phone to allow notifications
- Desktop shows patient room number
- No PHI displayed



Notification

- Click the notification to the patient's name
- Click the patient's name for more information



Audit Trail

Encounter Events Summary				
Patient Station Event Management Appts Location Management My Events My Unit Expand All Collapse All				
Date / Time	Event	User / Provider	Unit / Location	
04/20/2022 06:34	Checked In		AMC TRNSPLNT KIDNEY OP	
04/20/2022 06:34	Checked In		AMC TRNSPLNT SUPPORT	
04/20/2022 06:34	Checked In		AMC TRNSPLNT SUPPORT	
04/20/2022 06:34	Checked In		AMC TRNSPLNT KIDNEY OP	
04/20/2022 06:34	Checked In		AMC TRNSPLNT KIDNEY OP	
04/20/2022 06:34	Department check-in complete		AMC TRNSPLNT KIDNEY OP	
04/20/2022 06:59	Start Rooming		AMC TRNSPLNT KIDNEY OP	
04/20/2022 07:00	Vitals Assessment Documented - Reminder Trigger/Retrigger Entered 2m later, at 07:02 on 4/20/2022		AMC TRNSPLNT KIDNEY OP	
04/20/2022 07:02	Temp Recheck		AMC TRNSPLNT KIDNEY OP	
04/20/2022 07:06	Done Rooming		AMC TRNSPLNT KIDNEY OP	
04/20/2022 07:25	Taking Flag Changed			
04/20/2022 07:25	Admission Orders Reconciled			
04/20/2022 07:53	Start Visit		AMC TRNSPLNT KIDNEY OP	
04/20/2022 08:38	Patient Event Notification - Mobile App Notification			

Status Boards: Needs Rooming

- Identifies patients in the waiting room who need to be roomed
- Location: computers and walls

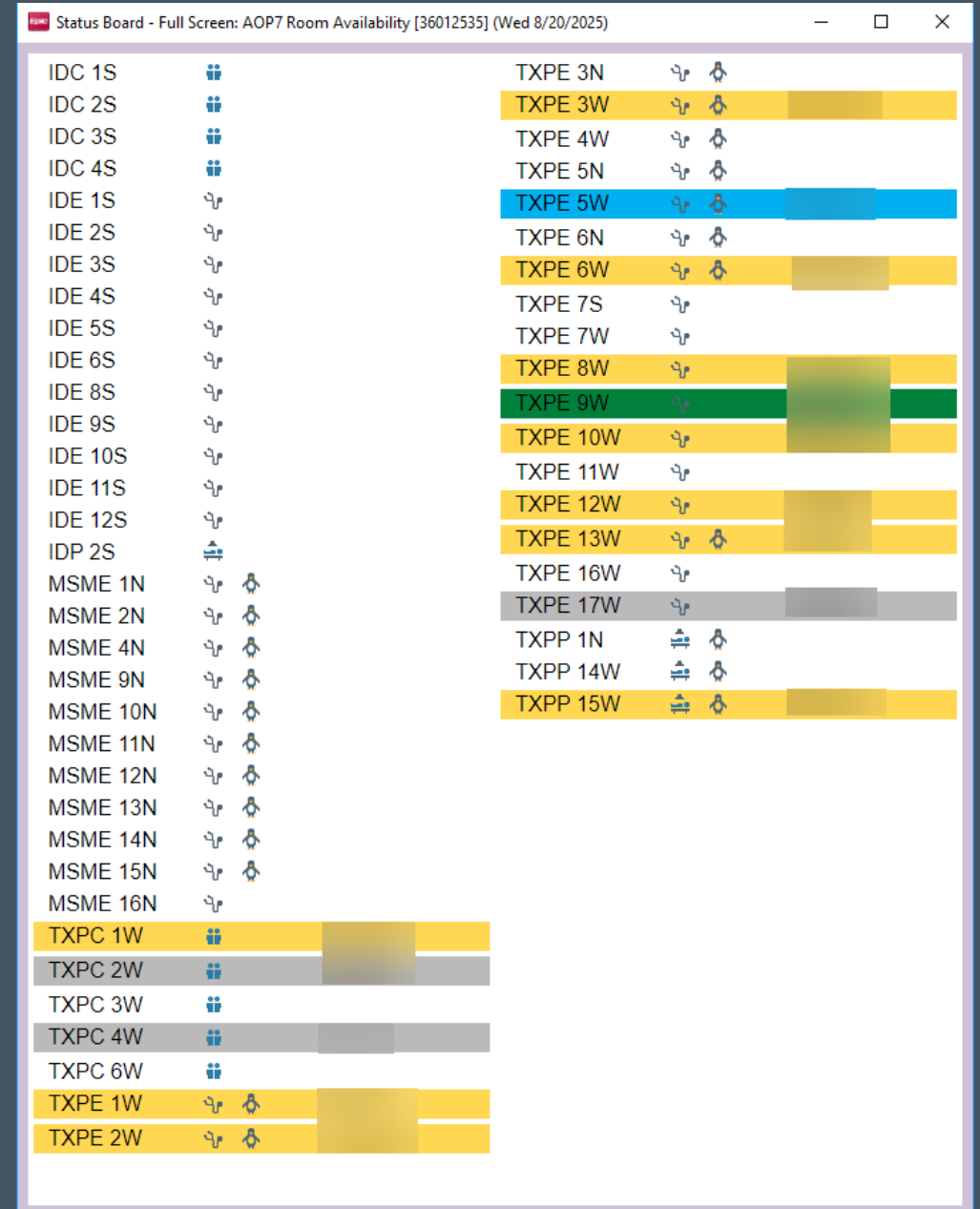
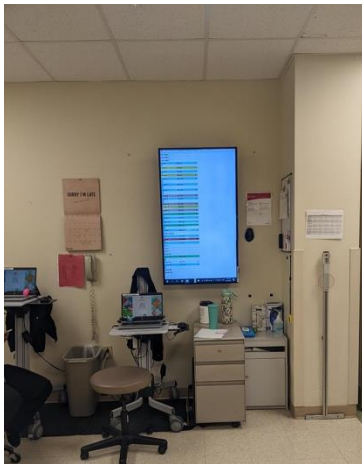
Status Board - AOP Transplant Need Rooming iPad [11550913] for 4/18/2022

Find Refresh Messages Hide Headers Settings OR Reports Update Patient Location Assign Room Wait Room In Nurse In Nurse Out Prov

▲ Appt	▲ Arrival	Patient	Date of Birth	Sex	Current Provider	Appt Notes
1:00 PM	12:19 PM			M		follow up
1:00 PM	12:22 PM			M		KTX POST F/U
1:30 PM	12:22 PM			M		covid neg, 4month f/u

Status Boards: Room Availability

- Populates with 3x3 when occupied
- Patient falls off when checked out (all visits checked out simultaneously)
- Location: MA touchdown



Status Boards: Current & Next Provider v1

- One patient/row; conveyor belt
- Populates when patient location changes with rooming
- Visit falls off when provider closes EPIC

Pros:

- Less clutter
- Ability to see who is schedule next to see patient.

Cons:

- The appt. falls off only when the provider follows workflow
- Next Provider advances to Current Provider slot. If the Current Provider doesn't follow the workflow, the conveyor belt gets stuck.

Patient Loc	Current Provider	Mos Rec	Appt Time	Patient	Visit Type	Next Appt	Next Provider
Room 1			2:00 PM		Kidney Tx Surgeon Consult		
Room 2			3:00 PM		New Patient Visit		
Room 3			2:15 PM		Auto Tx Care Manager Visit	2:30 PM	
Room 4			12:30 PM		Kidney Tx Coordinator Consult	1:00 PM	
Room 6			2:45 PM		rTxp/Hep Nurse Visit		
Room 7			10:30 AM		Kidney Tx Coordinator Consult	11:00 AM	
Room 8			11:30 AM		Post Op		
Room 9			7:30 AM		Kidney Staff Visit	8:00 AM	
Room 10			2:30 PM		rKidney Tx Coordinator Consult	3:00 PM	
Room 11			3:45 PM		Return Patient Visit		
Room 13			11:30 AM		bTxp/Hep Nurse Visit		

Status Boards: Current & Next Provider v2

- One patient/visit/provider per row
- Populates when patient location changes with rooming
- Patient falls off when provider closes EPIC

Pros:

- Does not rely on providers following the workflow
- Ability to see the Next Provider

Cons:

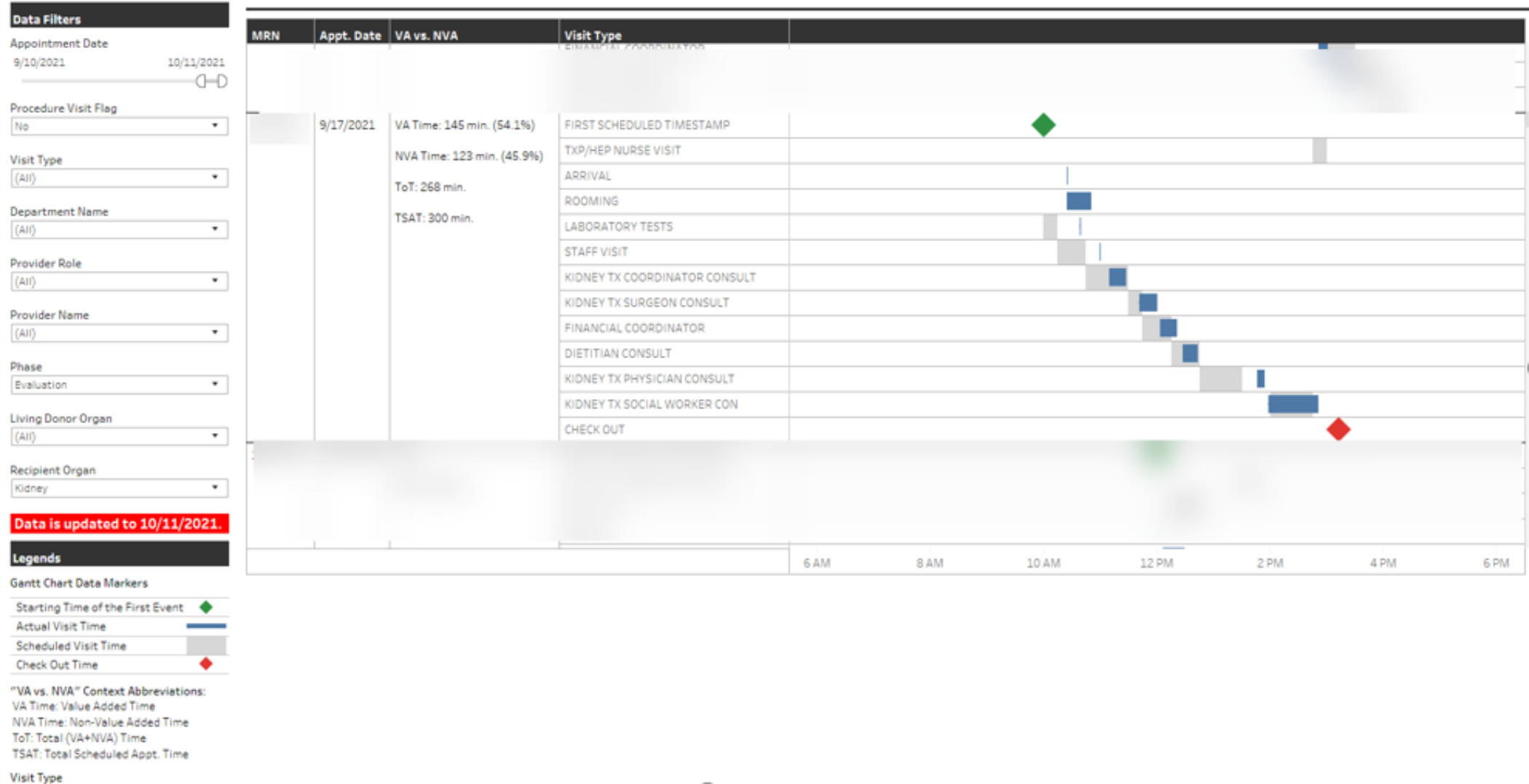
Space – can become overwhelming when patient has multiple appointments and workflow is not followed

Full Screen Status Board - AOP Transplant 2 Multi Roomed 1080 [14470622] for 4/18/2022

Patient Loc	▲ Appt	Patient	Visit Type	Most Current Provider	Next Appt	Next Provider
Room 3	2:15 PM		Auto Tx Care Manager		2:30 PM	
Room 4	12:30 PM		Kidney Tx Coordinator		1:00 PM	
Room 6	2:45 PM		Txp/Hep Nurse Visit			
Room 7	10:30 AM		Kidney Tx Coordinator		11:00 AM	
Room 9	7:30 AM		Kidney Staff Visit		8:00 AM	
Room 10	2:30 PM		Kidney Tx Coordinator		3:00 PM	
Room 13	11:30 AM		Txp/Hep Nurse Visit			
Room 14	9:00 AM		Procedure		9:00 AM	
Room 14	11:00 AM		Procedure		11:00 AM	
Room 15	10:30 AM		Return Patient Visit			
Room 16	9:30 AM		Liver Tx Coordinator		10:00 AM	
Room 8S	9:00 AM		Kidney Tx Physician		9:30 AM	

Template & Room Utilization Analysis

Kidney Evaluation

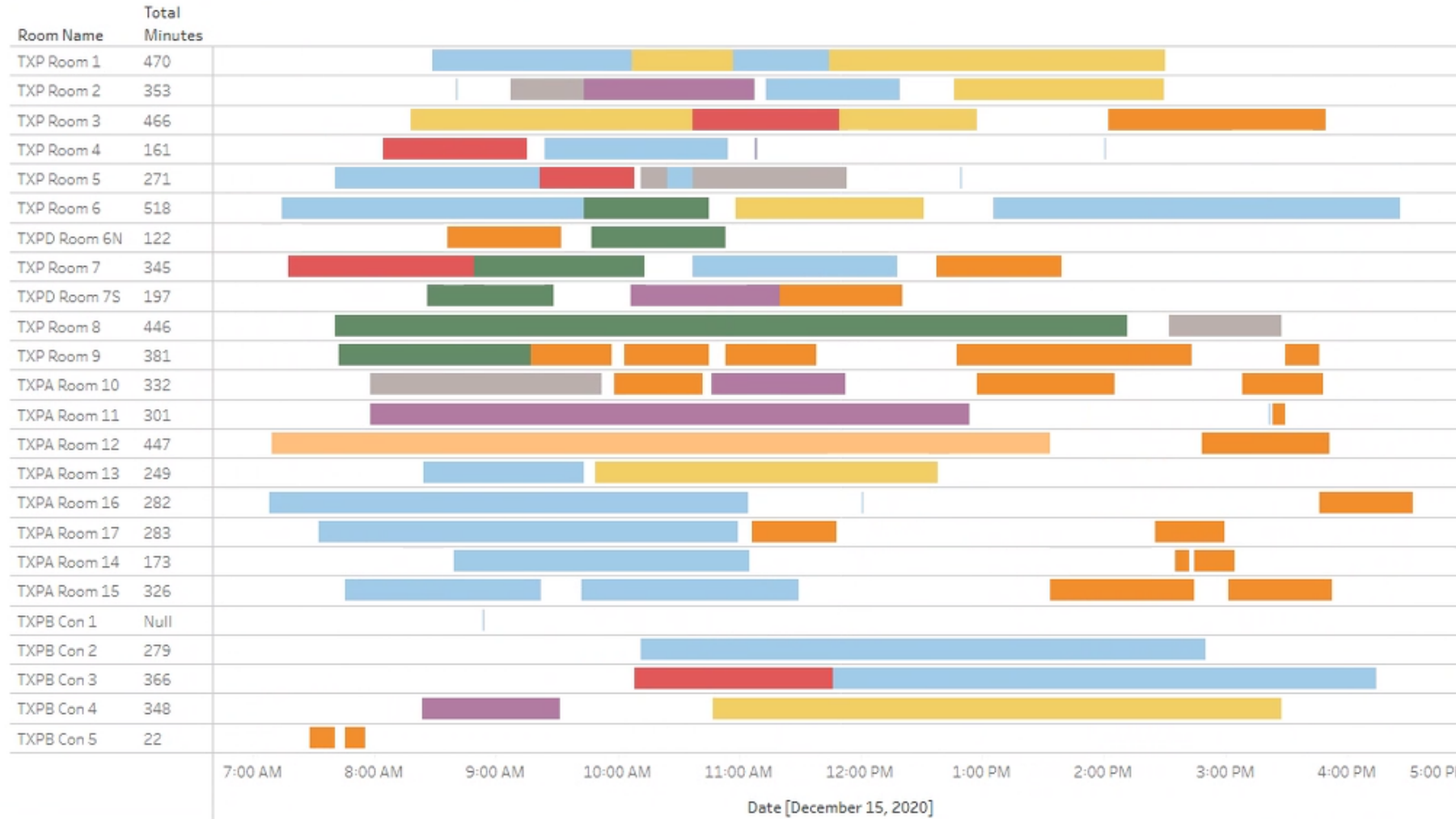


Template & Room Utilization Analysis

Room Utilization

This Dashboard shows times when Transplant rooms were occupied by patients. The data is at a room-level, but patient-level data is used for Start and End time (see definitions below).

Department: Encounter Date:



Considerations

EPIC Build

- The build borrows from OR status board build and requires clinic rooms to be built as “beds”.
- Newly released EPIC build allows for Infusion “track boards” to be mimicked. UCHHealth is exploring this option for optimization of the *Needs Rooming* and *Room Availability* boards.
- Status boards have the potential to be utilized across ambulatory areas.

Operations

- Requires provider and staff buy-in and change management strategies.
- Success is dependent on workflow compliance of all team members; creation of compliance reports for hard-writing purposes.

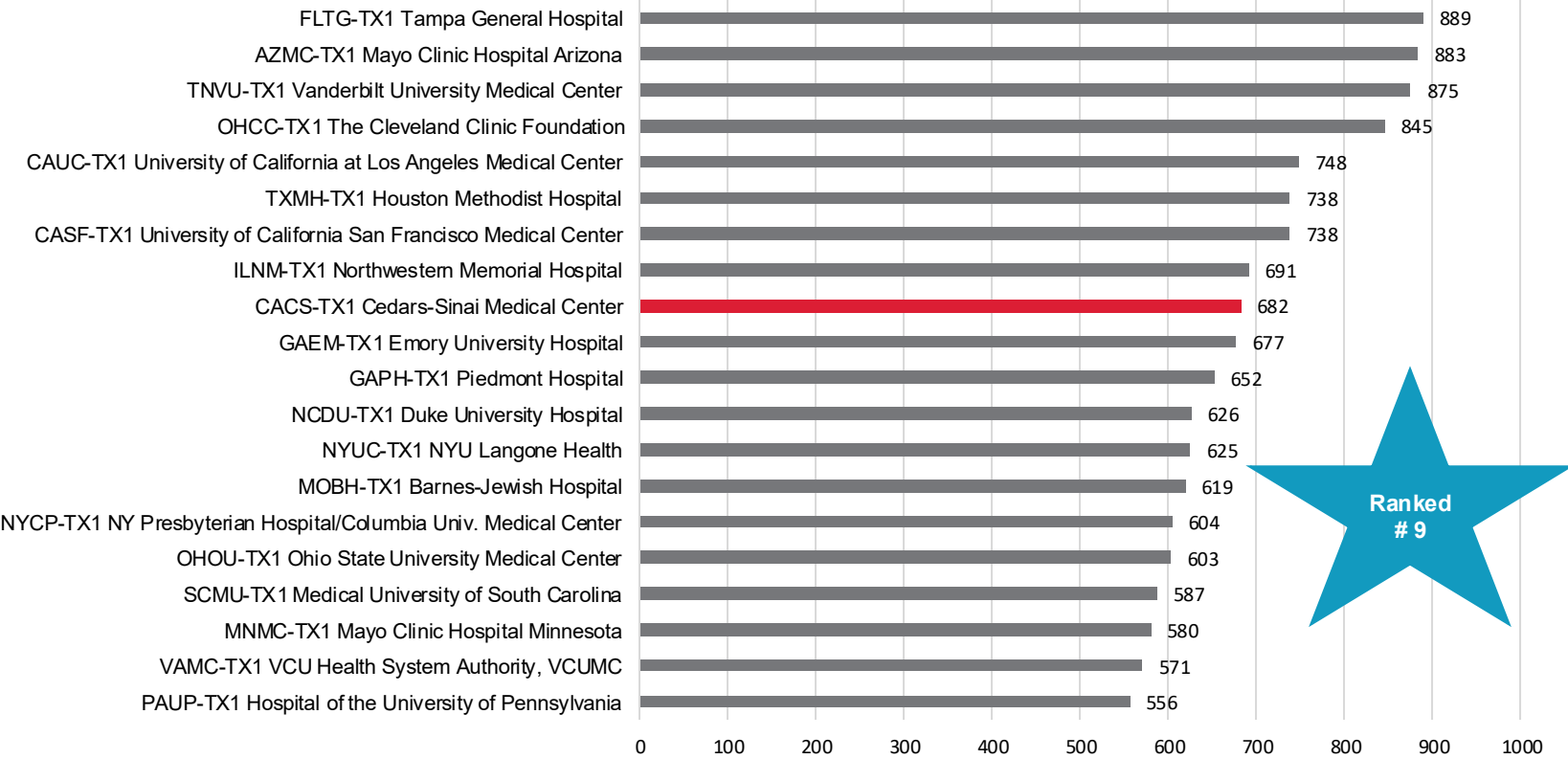
Questions?

Operational Excellence in Transplant Clinics: From Gaps to Solutions

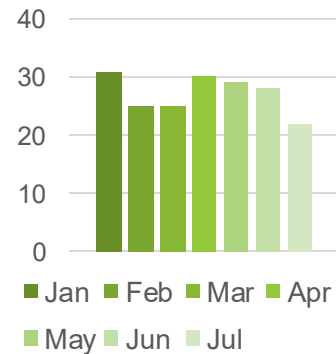
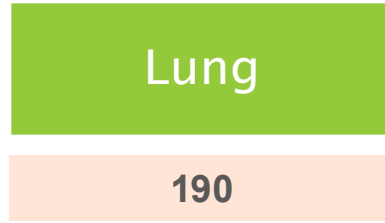
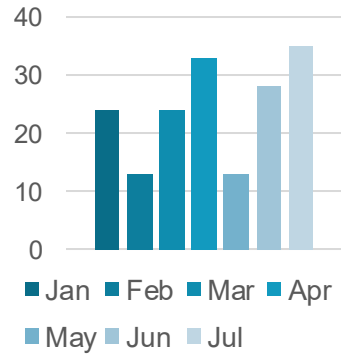
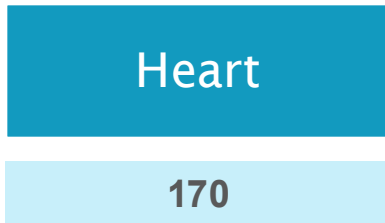
Angela Velleca, MSHS, BSN, RN, CCTC
Cedars-Sinai Smidt Heart Institute and
Comprehensive Transplant Center
Thoracic Transplant Manager

National Transplant Center Ranking by Volume (2024)

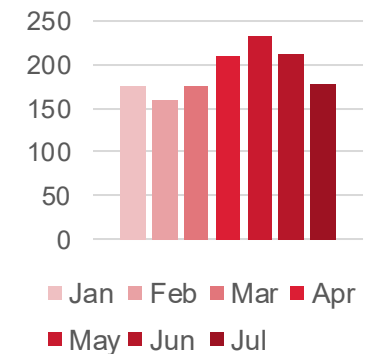
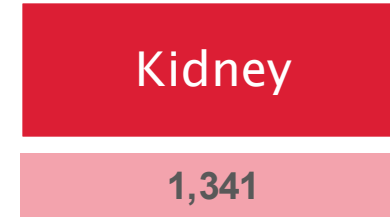
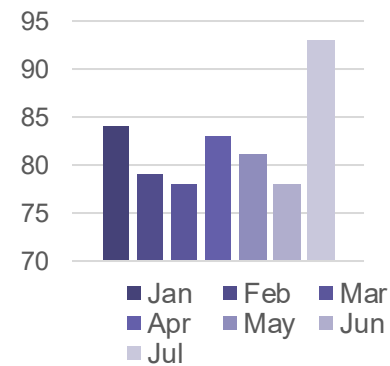
Top 20% of Transplant Centers in the Nation, by Volume



Comprehensive Transplant Center Program Data: Transplant Referrals Jan-July 2025

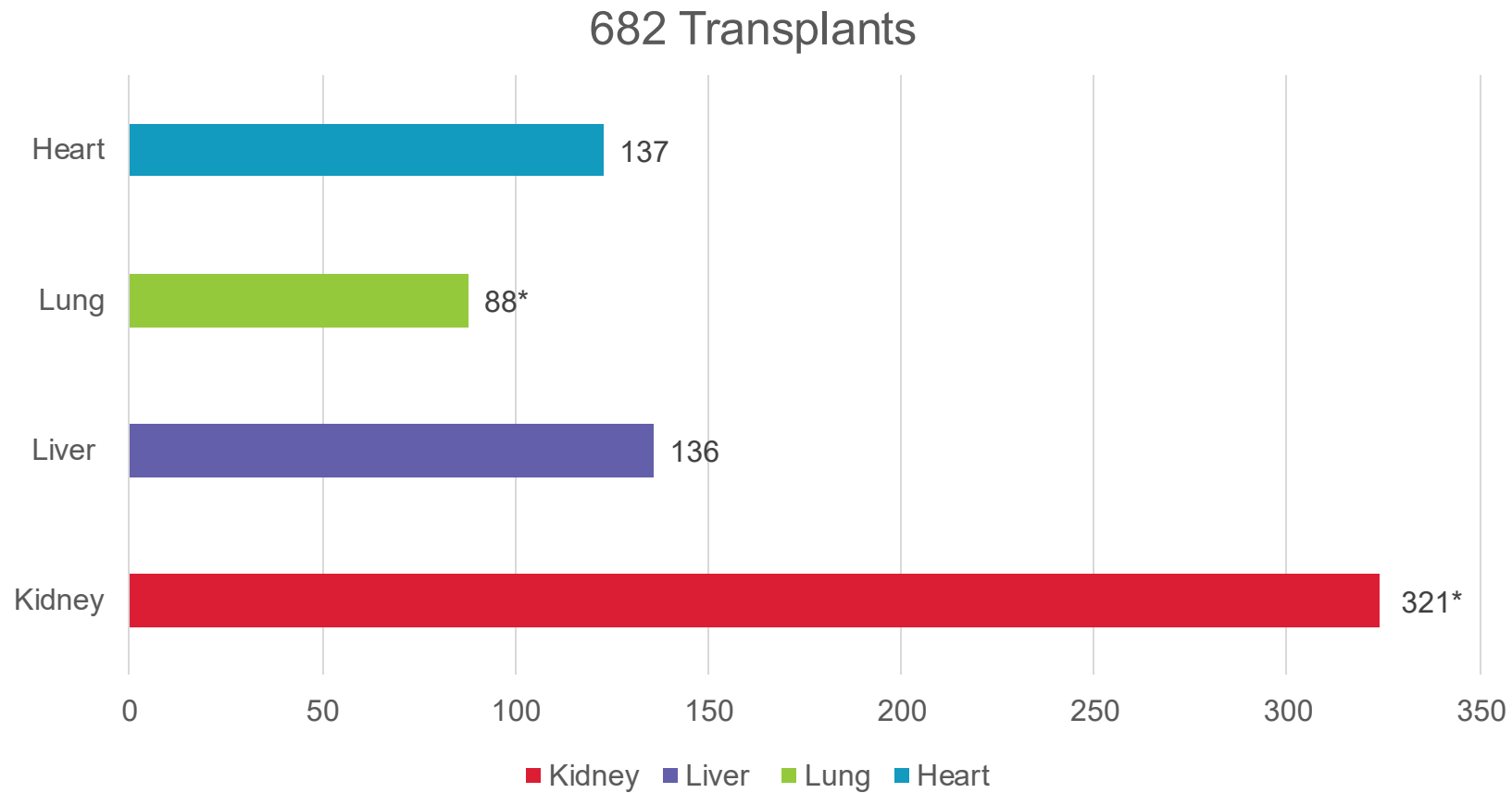


* Volumes include H/L

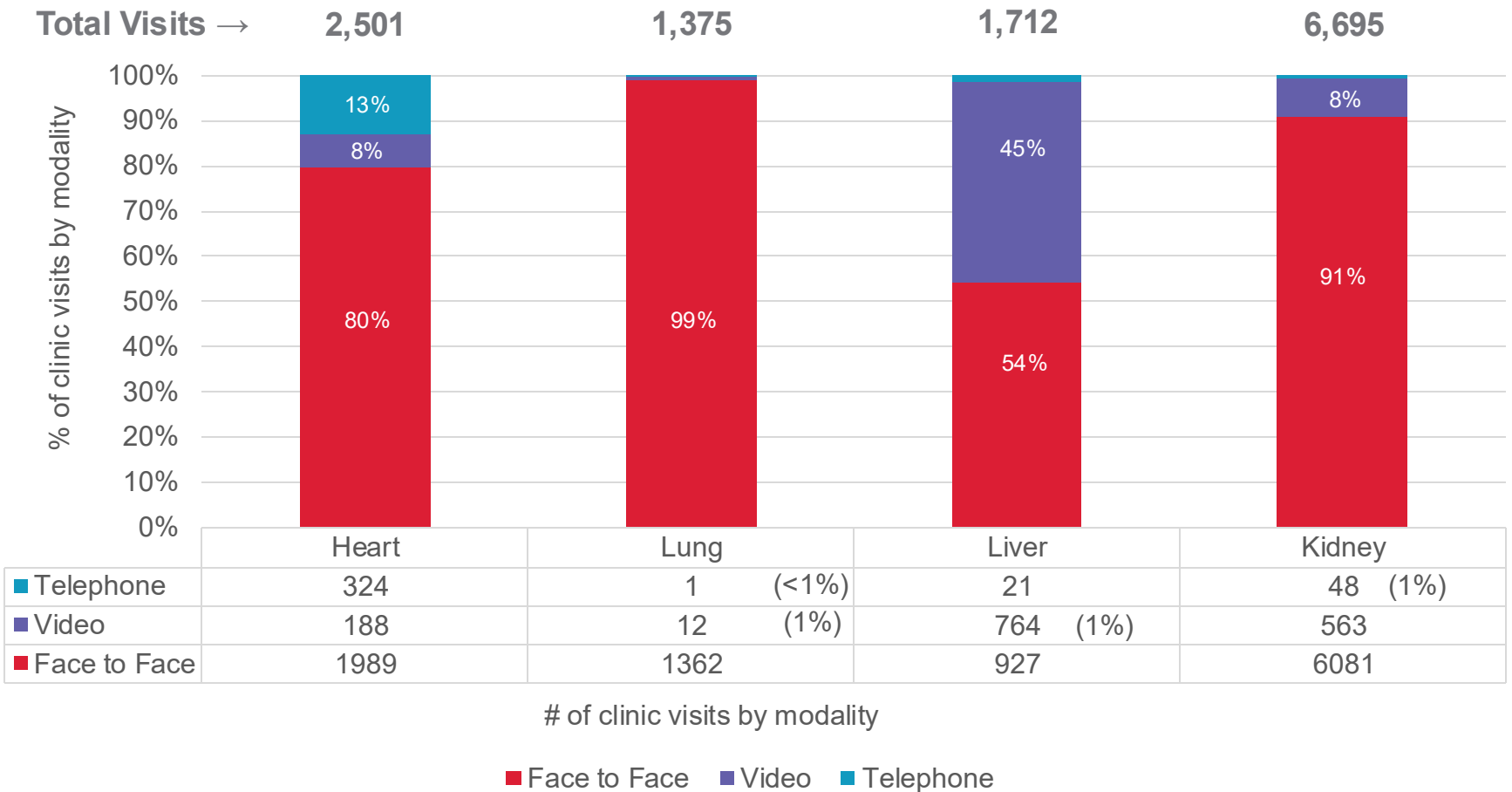


* Volumes include KP & Panc

Comprehensive Transplant Center Program Data: 2024 Transplant Volumes



Comprehensive Transplant Center Program Data: Transplant Clinic Volumes by Modality Jan – Jul 2025



Comprehensive Transplant Center Productivity Metrics



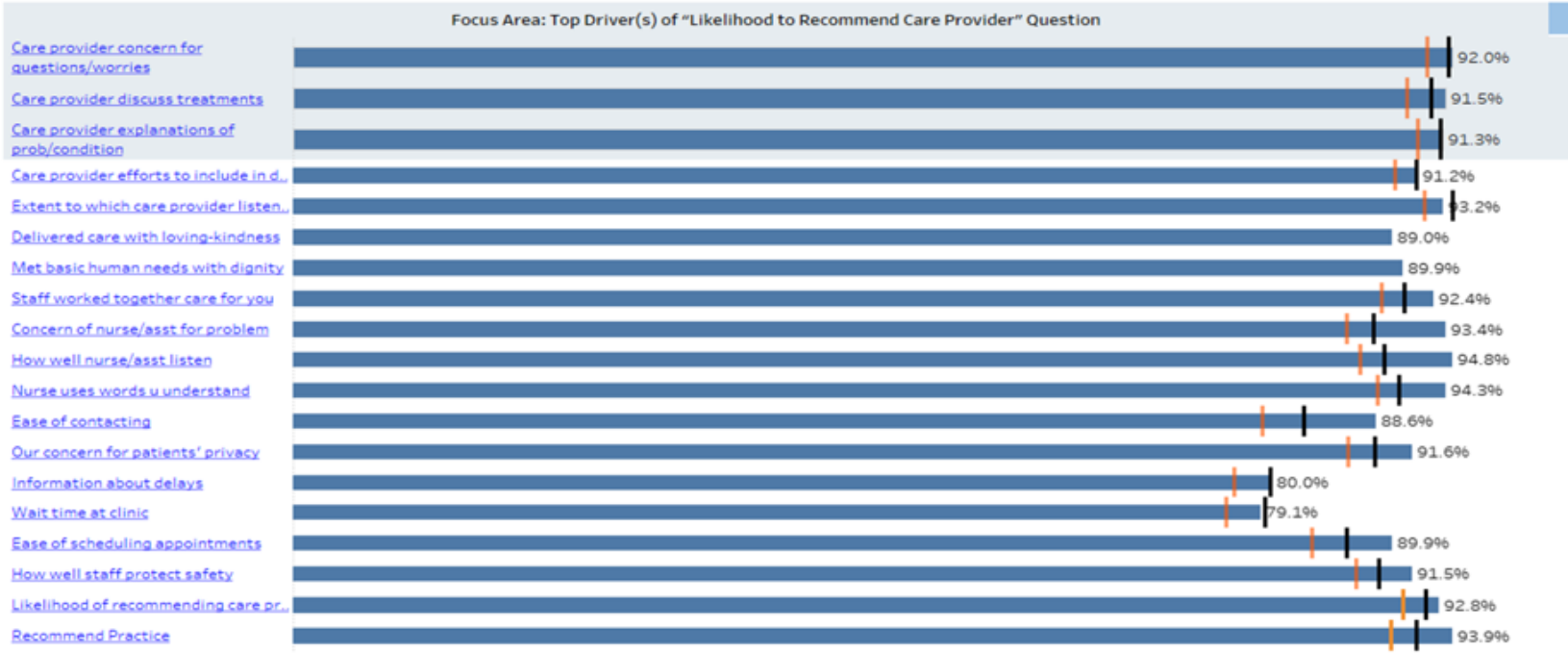
Comprehensive Transplant Center Productivity Metrics - Heart Transplant



Dashboards-Patient Experience

FY25 Area(s) of Focus

PG Overall



As we make updates to our Patient Experience dashboards, there is a possibility that numbers may lag. If you need real-time data for official reporting purposes, please reach out to the Patient Experience Team at GroupPatientExperience@cshs.org

Heart Transplant Evaluation Clinic

	Patient #1	Patient #2	Patient #3
7:00 AM	Intake	Surgery NP/PA	Labs
7:30 AM	Surgery NP/PA	Surgery NP/PA	Surgery NP/PA
8:00 AM	Surgery NP/PA	Intake	Surgery NP/PA
8:30 AM	SW Kelly	SW Linda	Psych
9:00 AM	SW Kelly	SW Linda	Psych
9:30 AM	Dietician	Psych	SW Linda
10:00 AM	Welcome Coord	Psych	SW Linda
10:30 AM		Dietician	Intake
11:00 AM		Welcome Coord	Dietician
11:30 AM			Welcome Coord
12:00 PM			

Standardization Supporting Specialization

Consider standardization in the following areas:

1. Safety/compliance (OPTN/UNOS, CMS, The Joint Commission)
2. Ethical considerations
3. Financial services
4. Policies and Procedures
5. Order sets/Checklists/Consent forms
6. Job Aids
7. Process for program data review with common dashboards for comparison (Tableau)
8. Education/Competencies
9. Transplant Quality-Survey/Audit plan
10. EMR builds/informatics/optimization

Scalability and Program Specialization

Centralize to align practice and allow for growth:

- Regulatory reporting
- Education and training (align modules)
- Contracting
- Vendor management
- Align incentives/performance goals to shared core metrics

Program Specialization:

- Outreach strategy
- Clinic schedules
- Research
- Organ specific protocols and patient management strategies (but align and collaborate when possible)
- Recognize programs for high-value innovations and adopt system-wide when applicable (share best practice)

Transitioning When a Practice Model is Unsustainable

Assess the tipping point

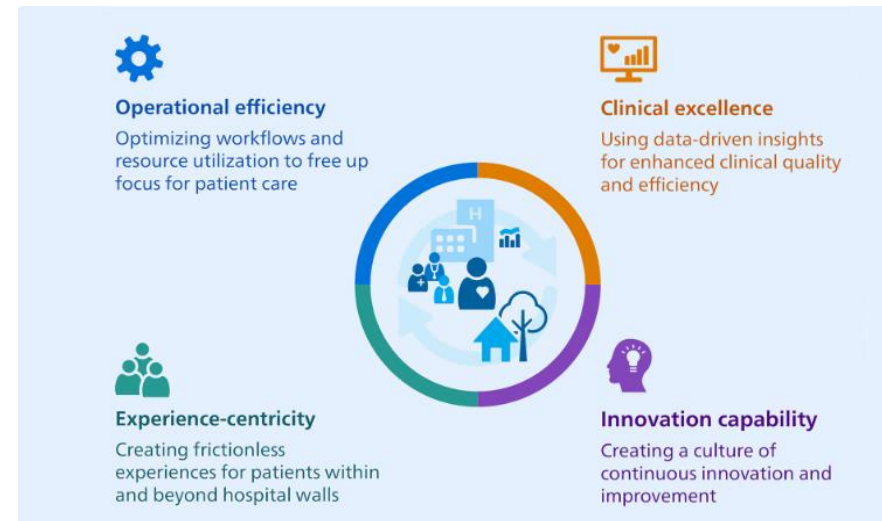
- Use data to show increased volume (referrals, evals, transplants, organ offers, clinic visits, increased wait times)
- Patient-centric solutions
- Safety/quality concerns
- Staff well-being/burnout

Reassess the operating model

- Manual workflows
- Single-provider dependencies
- Call Structure

Redistribute and standardize workflows

- Team-based protocols
- Expanded roles (advanced practice providers)
- Telehealth



Transitioning when a Practice Model is Unsustainable

Leverage technology

- Optimize EMR pathways
- Dashboards/metrics
- Decision-support to manage higher throughput without sacrificing quality

Strengthen infrastructure

- Add capacity in outpatient clinics
- Shared on-call structure
- Cross-trained staff for redundancy

Clearly define metrics and communicate how changes preserve quality

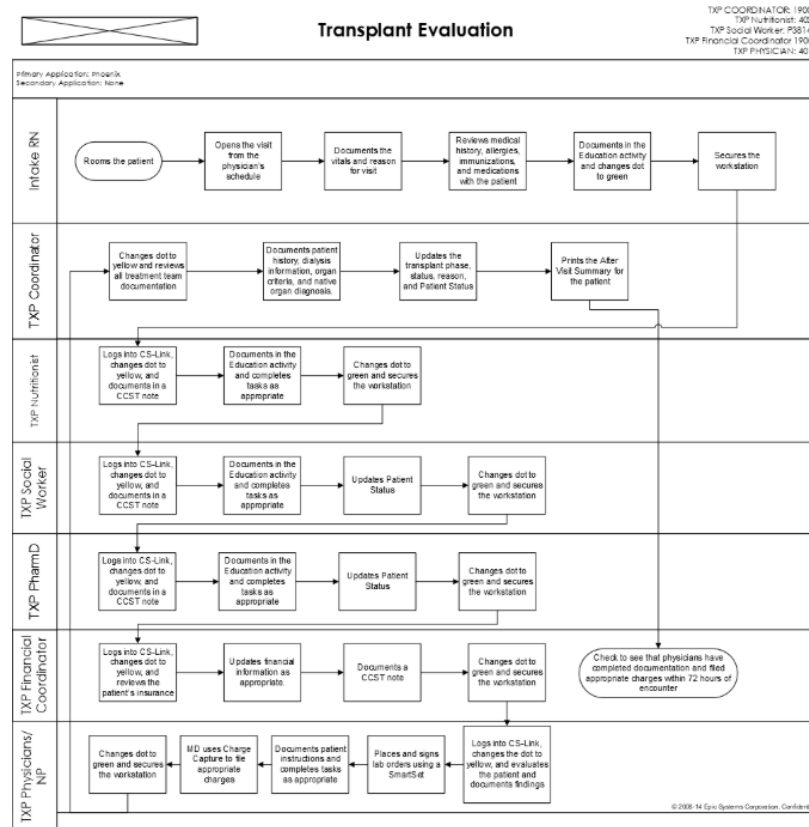
- Outcomes
- Patient experience
- Efficiency (reduced wait times, improved LOS)

Engage all stakeholders!
(Evolution not Revolution)



Pre and Post Transplant Workflows Integrate or Separate?

- Patient Volume & Acuity
- Resource Efficiency
- Workflow specialization
- Continuity of Care
- Regulatory/quality standards (benchmarks)
- Accountability of SME
- Conscious Cross-training
- Growth trajectory
- Complexity and duration of care
- Transplant center size and resources
- Organizational support for growth



Thank you!





MDC – Solutions for the “resource challenged”

Koren Way, CPHQ

Quality Director

BI Deaconess Medical Center



Goal

- Provide high quality care
- Improve the patient experience
- Reduce staff time required
- Reduce exam room space required
- Remain regulatory compliant



Pre Clinic Work

- Questionnaire completed and returned ahead of the appointment
- Education session completed ahead of the appointment
 - E-consents can be done at this time
- Chart review completed ahead of the appt
 - Designate which team member to see which patient first
 - Clinics for patients with additional needs
 - English is not the first language
 - Use of status/Reason in the episode in Phoenix to group patients
- Telehealth visits or chart review visits for pharmacy, nutrition, social work
- Coordination of “other” appointments when needed



Day of Clinic

- Begin with a team huddle
- LNA/MA to room patients and act as “air traffic control”
 - This member can also help with pre clinic preparations
- Common work space
- Flag system
- Off hours clinics = needed space
- Post transplant clinic - only needed services available
- Post transplant – use of resource specialist in place of social work
- Wait list/Post transplant – use of mentors/support groups
 - Assist with education
 - Assist with social support
 - Assist with preparing for clinic visits
- Post transplant – use of remote monitoring



Thank you





THE Alliance

| Conversation Series