Providing timely access to surgery is crucial for patients with high acuity diseases like cancer. We present a methodological framework to make efficient use of scarce resources including surgeons, operating rooms, and clinic appointment slots with a goal of coordinating clinic and surgery appointments so that patients with different acuity levels can see a surgeon in the clinic and schedule their surgery within a maximum wait time target that is clinically safe for them. We propose six heuristic scheduling policies with two underlying ideas behind them: (1) proactively book a tentative surgery day along with the clinic appointment at the time an appointment request is received, and (2) intelligently space out clinic and surgery appointments such that if the patient does not need his/her surgery appointment there is sufficient time to offer it to another patient. A 2-stage stochastic discrete-event simulation approach is employed to evaluate the six scheduling policies. In the first stage of the simulation, the heuristic policies are compared in terms of the average operating room (OR) overtime per day. The second stage involves fine-tuning the most-effective policy. A case study of division of colorectal surgery (CRS) at the Mayo Clinic confirms that all six policies outperform the current scheduling protocol by a large margin. Numerical results demonstrate that the final policy performs 52 percent better than the current scheduling policy in terms of the average OR overtime per day under the same access service level. In conclusion, surgical divisions in which a surgery may be offered to the patient following a clinic consultation should consider using scheduling policies that take the surgical availability of surgeons into consideration when scheduling a clinic appointment.

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