LEAN SIX SIGMA | YELLOW BELT PROJECT

Initial Case Start Time Improvement

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Sponsor CNO

Champion Director of Perioperative Services

Executive Team Presentation

Executive Summary

4 → 10 min

In-room time before scheduled start

150%

Improvement against the primary measure

9 → 8 min

Average procedure start variance

- A cross-functional Yellow Belt team redesigned the first-case morning workflow across Main Admissions, ESP Admissions, physicians and the procedure department.
- The redesigned workflow went live in late August and delivered the project target: patients in the room 10 minutes ahead of scheduled start.
- Ten months of post-implementation data show the gain is real but not yet stable — monthly averages range from 2 to 6 minutes with wide case-level variation.
- **Ask of the executive team: sustain the daily discipline and close the remaining variability gap.**

Define

The problem, the goal and the scope

Problem Statement and Project Goal

THE PROBLEM

Patients were not consistently reaching the procedure room 10 minutes before their scheduled start time.

- Limited time to prepare the patient
- Late starts and lost procedural capacity
- Delays cascade through the day's schedule

THE GOAL

Patient in the room at least 10 minutes before the scheduled start time.

- Increase physician and patient satisfaction
- Earlier procedure starts for initial cases
- Increase departmental productivity

SCOPE — A CROSS-FUNCTIONAL WORKFLOW, NOT A SINGLE DEPARTMENT FIX

Main Admissions | ESP Admissions | Physicians | Procedure Area

Project Charter

PROJECT TEAM

SPONSOR

CNO

CHAMPION

Director of Periop

P.I.T. LEADER

Richard Galich

TEAM

Supervisor and staff

BUSINESS BENEFIT

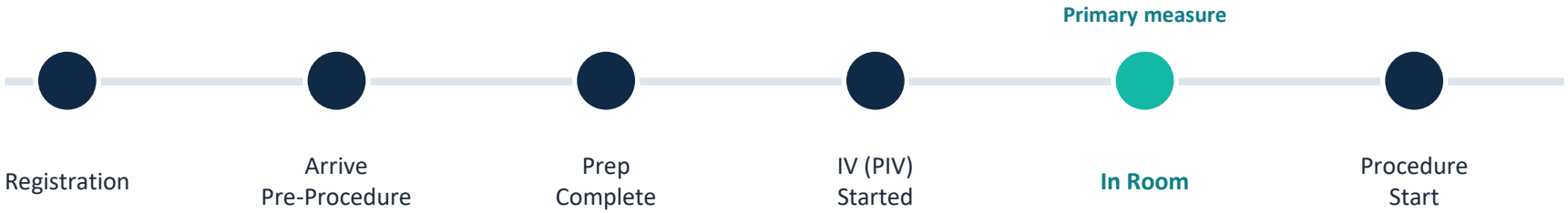
- Increased patient satisfaction
- Increased physician satisfaction
- Increased procedural productivity
- Fewer downstream cases running late
- Better-prepared patients and a calmer morning start for staff

Measure

Baseline timing data and customer requirements

Baseline: What We Measured

Case-level timing was captured at every step of the patient's morning journey.



THE CONSTRAINT WE FOUND

Between the patient completing registration and the required room time, the process left only a 9-minute operating window — too little room to absorb a difficult patient, an inpatient retrieval or a single late arrival.

Voice of the Customer

What physicians, staff and patients told us a ready room looks like.

EQUIPMENT

- Procedure room set up in advance
- Monitors already connected
- Identified special equipment ready
- Gown and mask set out

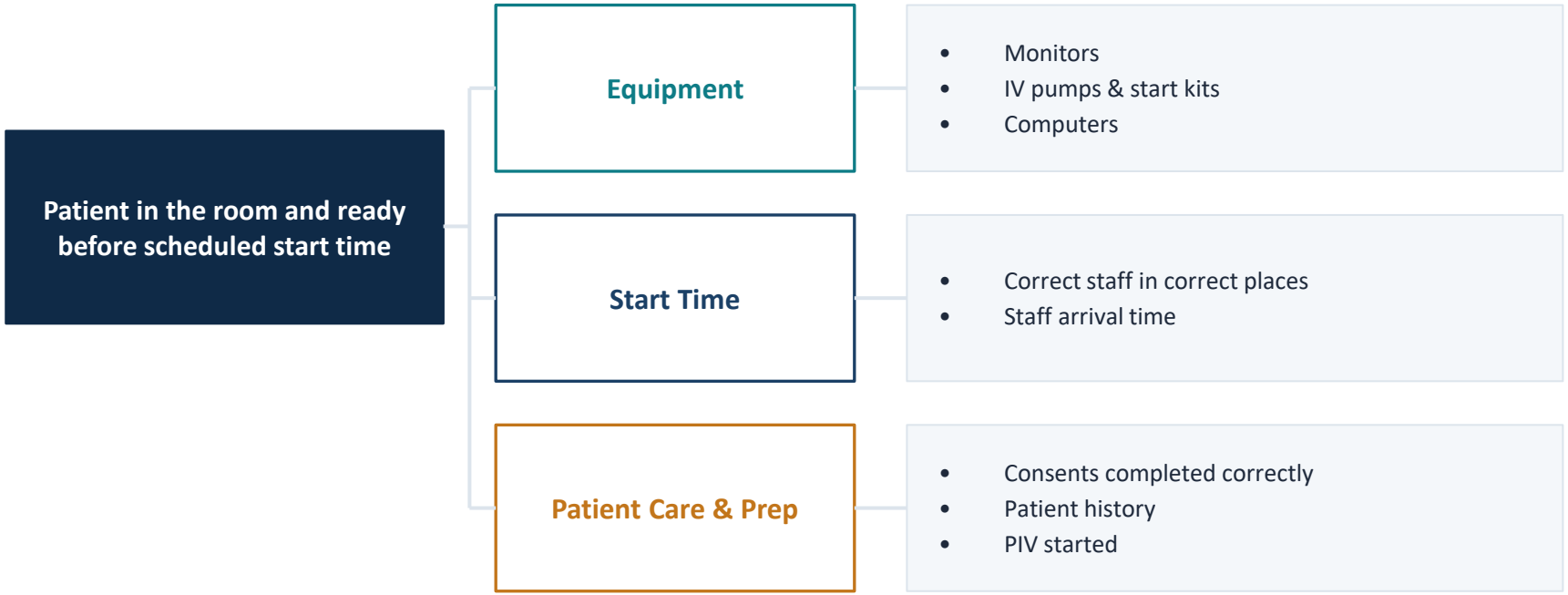
PEOPLE & TIMING

- Correct staff in the correct places
- Staff arrived and in position
- Patient ready when the physician arrives
- Procedure starts at the scheduled time

PATIENT CARE & PREP

- Prep complete before room entry
- Physician able to speak with the patient before sedation
- “Not gargled until I show up” — physician
- Walk in and start the procedure

Critical-to-Success Tree



Equipment readiness, staffing and patient preparation were the three levers that determined whether the room was ready on time.

Analyze

Where the morning workflow broke down

Areas Noted for Concern

01

No slack for difficult patients

When a patient needed extra attention, the team had no time to problem-solve without pushing the start time.

02

Inpatient retrieval consumed the morning

Retrieving and checking in inpatients took disproportionate time from the pre-procedure team.

03

Only a 9-minute window

The registration-to-admission sequence left roughly nine minutes to get the patient into the room.

The team mapped the current state, reviewed the CTS drivers with all stakeholders, designed a future state and implemented it — then measured again.

Improve

The redesigned first-case workflow

The Redesigned Workflow

Live in late August across admissions, nursing, physicians and the procedure area.

EARLIER START

- Designated staff and patients arrive at 05:30
- Evening schedulers notify the 05:30 team
- Same-day pre-op patients called the day before

CLEAR OWNERSHIP

- Designated roles for every staff member
- Greater RN involvement in inpatient preparation
- Coordination with admissions and volunteers

EASIER PATIENT ARRIVAL

- Pre-op patients directed to park by the department
- Redesigned navigation for early-morning patients
- Patients shown how to reach the department

Tested and retired: Rounding on inpatients the day before was trialled and found not to be effective — it was removed rather than carried as unproductive work.

Control

Results, sustainability and the remaining gap

Results Against Target

Metric	Baseline	Current	% Change	Target Met
In-room time before scheduled start	4 minutes	10 minutes	**150%**	**Yes**
Average start time from scheduled time	9 minutes	8 minutes	**11%**	**N/A**

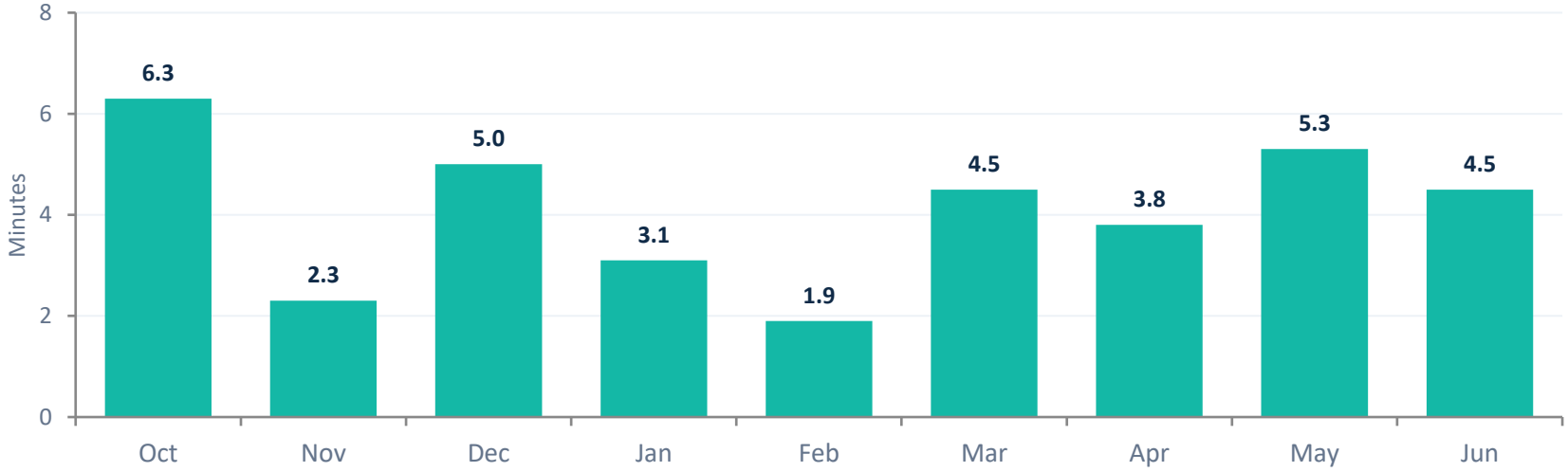
PRIMARY MEASURE ACHIEVED

Patients now reach the procedure room a full 10 minutes ahead of the scheduled start — the target the team set at project kickoff.

START VARIANCE STILL AN OPPORTUNITY

Procedures still begin about 8 minutes after the scheduled time. Earlier room entry has not yet fully converted into an on-time start.

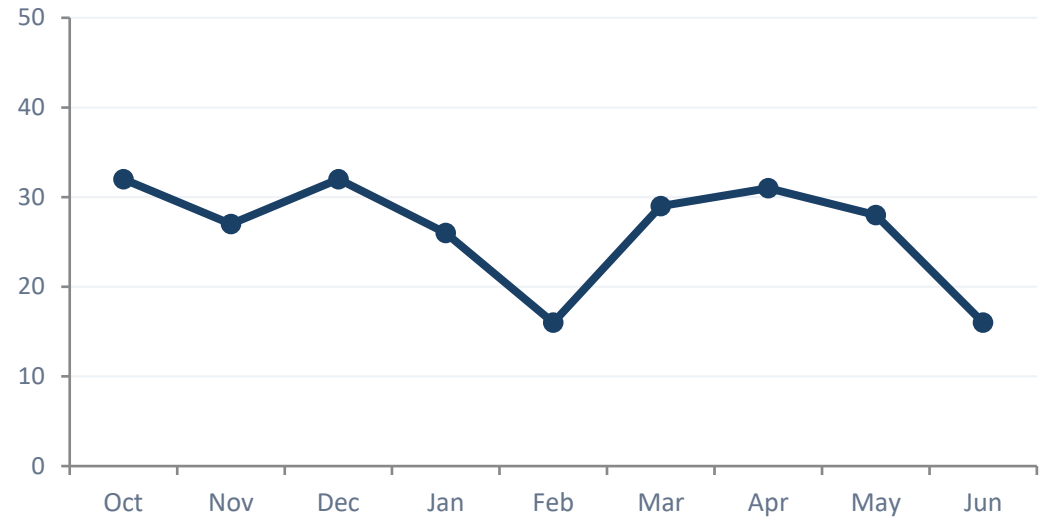
Month-by-Month Performance



Read this carefully: Across roughly 350 monitored cases the monthly average sits between 2 and 6 minutes, below the 10-minute standard. The improvement is real, but it is not yet held every day.

The Remaining Gap Is Variation

Percent of cases meeting the 10-minute standard, by month



16–32%

of cases meet the 10-minute standard

±8 min

typical case-to-case swing around the mean

~350

first cases monitored since go-live

Averages hide the real story: a handful of very late cases each month pull the whole department off target. Reducing variation — not raising the average — is the next move.

Sustaining the Gain

CONTROL PLAN IN PLACE

- In-room time and procedure start time reviewed at monthly department meetings
- Performance presented to staff as a standing, focused departmental goal
- Workflow re-evaluated whenever performance declines
- Ineffective steps retired rather than carried forward

WHAT WE ASK OF THE EXECUTIVE TEAM

- Hold the 05:30 staffing commitment across admissions and the procedure area
- Keep first-case start time on the monthly operating review
- Support a focused follow-on effort to reduce case-to-case variation
- Extend the workflow model to other early-start procedural areas