The following guidelines were agreed upon for the trial:

- Maintain optimal staffing.
- Implementation
  - An optimal schedule with no gaps creates higher monitored procedure volume on a bi-monthly basis.
- Ramos, C., & W. Wesley Wall, Senior Lean Coach

As indicated in the literature, “Timely access to healthcare is a right” (Shuja, Harris, Aldridge, Malepin, & de Meo, 2019, p. 29). Physicians stated they had no room on the schedule for urgent/emergent procedures.

- Last minute cancellations created gaps in the schedule leaving a room, equipment and staff idle for a prolonged period of time. In endoscopy, there is minimal ability to adjust schedule due to cancellations.

- The estimated loss of revenue for a room being vacant for one hour is $2,000 to $3,000.

- Less than optimal room utilization caused staff downsizing that fostered staff dissatisfaction.

- The Endoscopy department has both moderate sedation and monitored anesthesia care (MAC) models. The literature reveals this can present challenges in both scheduling efficiency and cost effectiveness.

**OBJECTIVES**

- Increase efficiency of physician’s schedule so that more procedures can be performed in an eight-hour block.
- Sustain efficiency over time.
- Maintain optimal staffing.

**METHODS**

- Invoked Lean process.
- Developed problem solving A3.
- Met with physician, leadership and physician’s office manager to design a plan to optimize the scheduling process.
- The following guidelines were agreed upon for the trial:
  - No shifting between moderate sedation procedures and procedures requiring propofol.
  - Physician utilizing propofol room must have a mid-level provider on primary call to respond to consults and phone calls; minimizing distractions.
  - Patients receiving propofol will not be given their scheduled procedure time until the day of their pre-admit testing appointment.
  - Informed and educated hospital and office staff of changes and solicited buy-in.
  - Set up go-live date for January 28, 2019.
  - Monitored procedure volume on a bi-monthly basis.
  - Reviewed Operations Advisor reports.

**OUTCOMES**

- Increased efficiency and tightened scheduling from January through March, which lead to an additional two to five procedures being done in an eight-hour block.
- The additional two to five procedures added per day, increased revenue by $3,000 to $9,000.
- Operation Advisor reports have been within or above range since the implementing the changes.
- Block utilization and productivity improvements were sustained for an eight month period.

**REFERENCES**


