

Variability Methodology

The following three-phase implementation approach is recommended for hospitals and other healthcare delivery organizations:

- Phase 1
- Separate homogenous groups, i.e. elective vs. non-elective and inpatient vs. outpatient flows in order to,
 - Reduce waiting times for urgent / emergent cases, increase throughput in the operating room and cath lab, decrease overtime, and decrease delays for elective scheduled cases
- Phase 2
- Smooth the flow of electively scheduled cases in order to,
 - Decrease the competition between unscheduled (e.g. ED) and elective admissions, increase hospital-wide throughput, achieve consistent nurse-to-patient staffing, increase patient placement in appropriate units
- Phase 3
- Estimate resource (e.g. beds, ORs, MRIs, staff) needs for each type of flow to ensure right care at the right time and place for every patient

Benefits

Phase 1

- Increased throughput, i.e. volume or access, particularly in services such as the operating room and cardiac catheterization labs
- Reduced waiting times for urgent / emergent cases
- Decreased overtime
- Decreased cancellations and delays for scheduled patients

Phase II

- Further decreased competition between unscheduled (e.g. ED) and elective flows
- Increased system-wide throughput
- Achievement of consistent nurse-to-patient staffing
- Increased patient placement in appropriate units
- Decreased delays in the ED, and in recovery areas in the OR and cath Lab
- Further decreased overtime

Phase III

- Ensure right care at the right time and place for every patient