

Reduction of failed colonoscopy

Background (Idea)

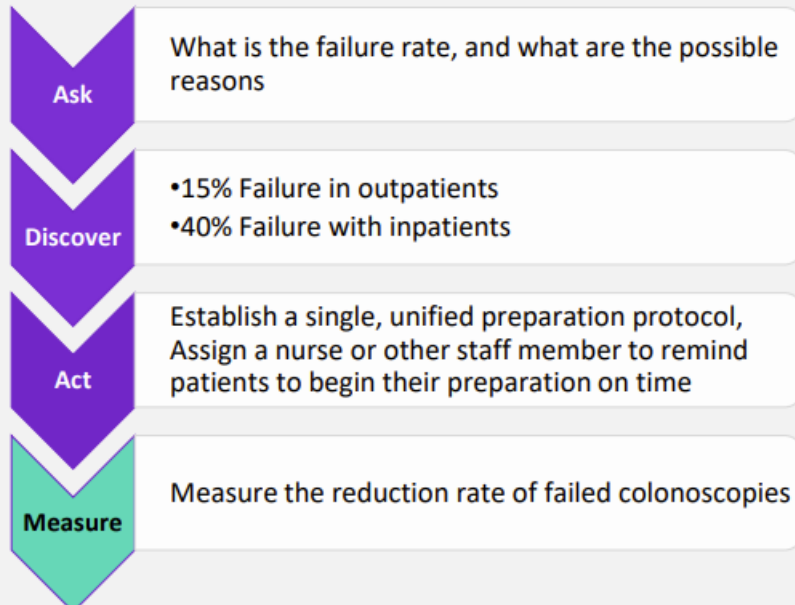
There is a high rate of failed colonoscopies among hospitalized patients that causes unjustified load on the system. In addition, payment for those patients in one time, but if it failed they return to the clinic for a second visit but no change to cost.

Objective

To determine the rate of failed colonoscopies in hospitalized patients
To understand the potential reasons for these failures

Key Results

Reduction in the failure rate among hospitalized patients



VALUE / ROI

Impact (\$)

■ **\$213,700**

Quality of Care

■ Shorter time to diagnosis

Patient Experience

■ No need for 2nd colonoscopy

Patient Safety

■ Reduction in complications

Staff Safety

□

Competitive Edge

□

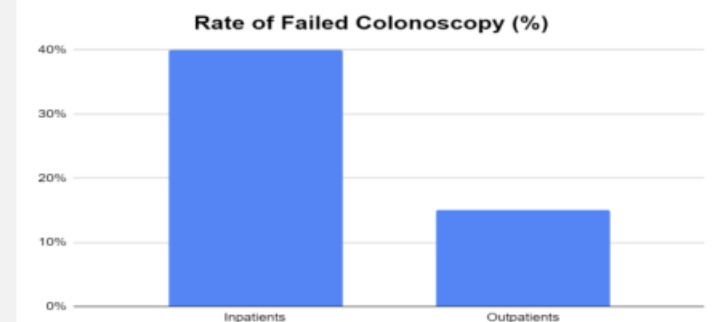
PROJECT EXECUTION

Self-Service :

ADAMS Center

Duration :

3 weeks from Ask to Measure



Releasing bottlenecks: Data-driven process improvement in a large-volume endoscopy department

Background (Idea)

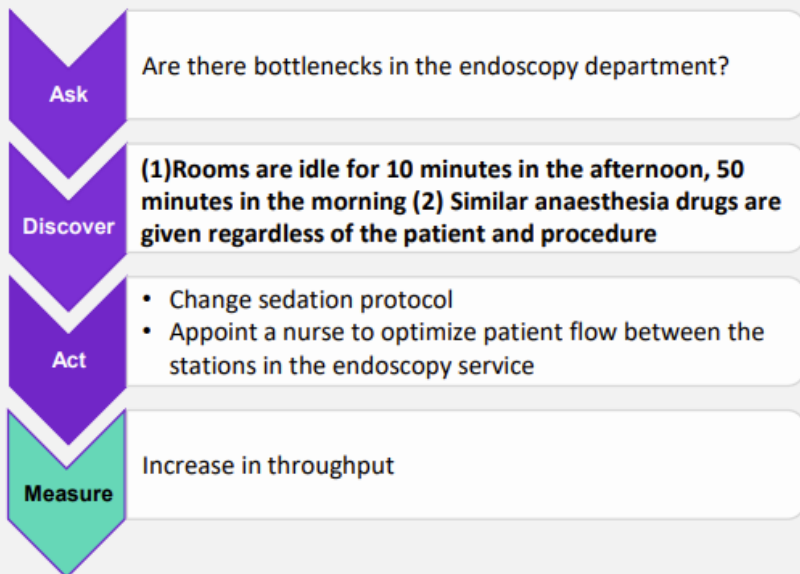
The analysis of operating hours and idle times in the endoscopy rooms suggests that their utilization could be optimized. By better managing patient flow, there is an opportunity to increase endoscopy throughput by 10%, thereby enhancing overall efficiency and increasing revenue.

Objective

Map idle times and bottlenecks within the ambulatory endoscopy process. Evaluation of variables affecting time gaps including the effect of sedatives during endoscopy

Key Results

Significant variation in total procedure length and idle times
 Procedure length varies significantly during the workday
 Recovery time is not significantly affected by the number of sedatives used



VALUE / ROI

Impact (\$)	█	\$135,000
Quality of Care	█	Reduce waiting & recovery times
Patient Experience	█	Shorter process
Patient Safety	█	Adapt anaesthesia drugs to patient
Staff Safety	□	
Competitive Edge	□	

PROJECT EXECUTION

Self-Service :	ADAMS Center
Duration :	4 weeks from Ask to Measure



Cost effectiveness of Sugammadex for reversing neuromuscular block

Background (Idea)

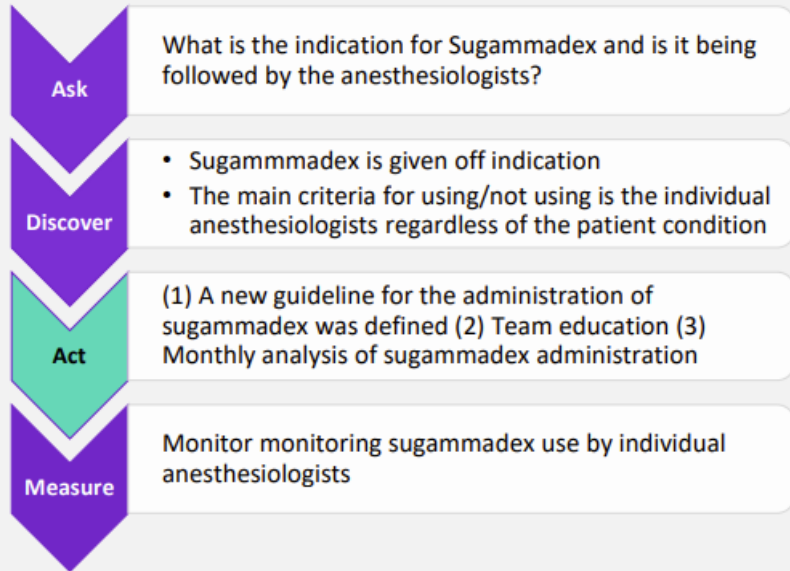
Sugammadex was introduced to the market four years ago as a novel neuromuscular blockade reversal agent. This medication is notably more expensive than the currently used alternatives. The Head of the Operations Room sought to explore the factors influencing anesthesiologists' choice to use neuromuscular blockade reversal agents. Additionally, there is an interest in understanding the impact of these agents on short-term postoperative respiratory outcomes

Objective

Reduce the use of non-indicated, unnecessary Sugammadex

Key Results

- Setting clinical criteria for Sugammadex use based on institutional data (age, creatinine, total rocuronium dose).
- Providing managerial tools for monitoring Sugammadex use by individual anesthesiologists.
- Significant cost savings.



VALUE / ROI

Impact (\$)	<input checked="" type="checkbox"/>	\$280,000
Quality of Care	<input checked="" type="checkbox"/>	Avoiding off-indication use of Sugammadex
Patient Experience	<input type="checkbox"/>	
Patient Safety	<input type="checkbox"/>	
Staff Safety	<input type="checkbox"/>	
Competitive Edge	<input type="checkbox"/>	



PROJECT EXECUTION

Self-Service :	ADAMS Center
Duration :	5 weeks from Ask to Act

