CUT DOWNTIME: The *Lean* way for a busy practitioner to improve efficiency

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The mnemonic **CUT DOWNTIME**, which I have adapted and modified from the book *Lean Healthcare Deployment and Sustainability*,[1] breaks down waste in health care—an activity that adds no value to a service—into 11 major categories (*Table*). This mnemonic provides the busy practitioner a simple framework for improving quality and efficiency of services by identifying and eliminating wastes the *Lean* way.

Reference

1. Dean ML. Lean healthcare deployment and sustainability. New York, NY: McGraw-Hill; 2013.

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Table

CUT DOWNTIME: Improving efficacy and quality of care

Waste	Why it lacks value	How it's a problem
Confusion	Lack of standardized procedures leads to poor communication	• No policies or old policies • Staff is not being trained or retrained on policies • Unclear medication orders • Multidisciplinary team meetings without an agenda • Communication is not cascading down to line staff • Staff is not aligned with organizational goals
Underutilizing people's talents, abilities, and resources	Untapped human potential and lack of use of available resources lead to missed opportunities	• Lack of empowerment • Low morale • No training • Unused protocols or treatment algorithms • Unused drug formularies • Not taking advantage of electronic and wireless capability • Imperfect teamwork • Lack of open-mindedness
Turnover	Hiring new staff and reassigning existing staff when these don't better serve patients or improve the department	• Poor hiring practices • Dated job classifications and descriptions • Poor job satisfaction • Employee qualifications do not match job requirements • Orienting and re-orienting new staff • Lack of employee engagement • Recruitment costs
Defects	Errors in procedures or documentation	• Medication errors • Missing notes • Insufficient documentation • Incorrect billing information • Wrong patient • Wrong procedure • Drug interactions • Adverse clinical outcomes • Hospital-acquired infections • Polypharmacy when not indicated • Off-label medication use without supporting evidence • Failure to reconcile medications during patient transitions

Table continued

Table

CUT DOWNTIME: Improving efficacy and quality of care (continued)

Waste	Why it lacks value	How it's a problem
Over-production	Redundant or unnecessary work	• Multiple disciplines charting the same information about a patient • Multiple forms with the same information • Unused electronic health record reports • Ordering unnecessary laboratory tests • Measuring outcome measures that have no impact on care
Waiting	Inactivity because people, information, equipment, or materials are not readily available	• Patients waiting too long for an appointment • Patients waiting too long for the next appropriate level of care • Staff is unable to do their jobs because of lack of equipment or training • Waiting for prior authorizations • Waiting for laboratory and other test results
"**N**ot my patient"	Not taking responsibility for patients seen by other providers or departments	• Shift changes without adequate sign out • Lack of access to documentation from other providers • Departments working in silos • Staff is not cross-trained
Transportation	Unnecessary movement of products and materials to complete an activity	• Poor layout of a medical facility with spread-out services • Use of paper referrals instead of electronic referrals • Carrying specimens from one location to another
Inventory	Excess inventory and the related cost of storage and disposition	• Overstocked medications or medical supplies • Unused testing materials • Mismatched allocation of full-time equivalent positions, which are not based on program needs
Motion	Movement of people that doesn't add value to the department, staff, or care	• Searching for medications • Searching for charts and paperwork • Searching for staff and patients • Gathering tools and supplies • Staff on the same treatment team at different locations • Poor ergonomics
Excess processing	Activities that add no value to care	• Multiple patient moves from one room to another • Excessive paperwork • Unnecessary procedures • Clarifying orders • Complex forms with more information than required by regulations • Automatic medication refill requests when not indicated • Hybrid paper and electronic charting • Providers having idiosyncratic ways of doing the same process

The so-called *Lean* approach is about 'increasing value and eliminating waste' to improve efficacy, work flow, and quality of care