Make referrals ready

Create a one-page story your team can discuss.

PROPOSED ARRANGEMENT / GENERATED ILLUSTRATION

SAMPLE START

62%

ready first time

PROPOSED GOAL

90%

readiness goal

The synthetic referral administration sample contains 38 incomplete or misrouted packets among 100 eligible referrals. Median receipt-to-confirmation time is 4.8 business days.

Scope: Routine outpatient scheduling administration only. Clinical urgency, eligibility, triage and treatment decisions remain with existing qualified clinical pathways.

Proposed completion: day 30. The following pages show the project phases, six-S workstreams, named owners and evidence for the closing review.

Fictional project and team. Starting figures are authored samples. Goals and future arrangements are proposed, not achieved results. Photographs do not supply the measurements.

See the change.
Make a practical plan.

Two illustrative views of the same workspace. The report belongs to this example.

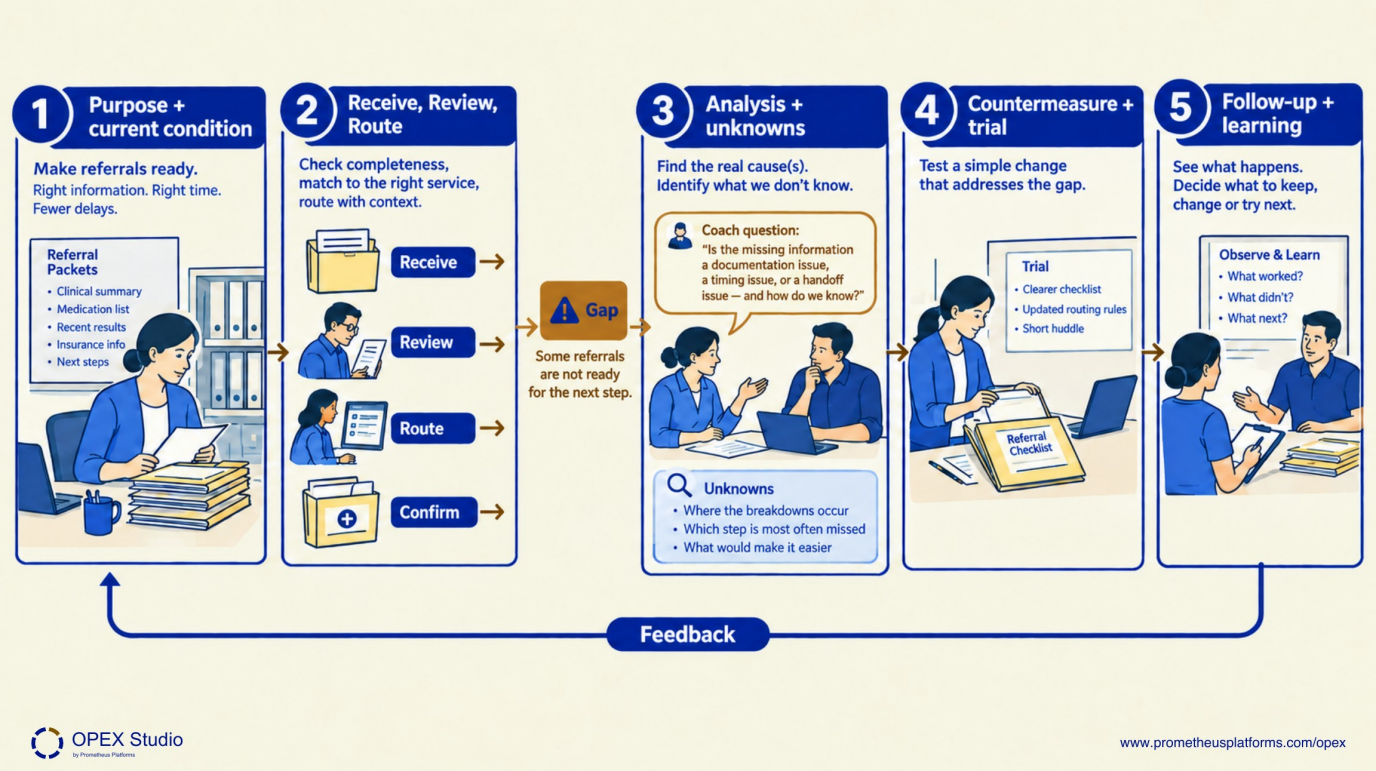
ILLUSTRATIVE STARTING CONDITION

PROPOSED ARRANGEMENT

Discuss the arrangement with the people doing the work. Confirm local operating requirements, technical suitability and the actual result before accepting a change. This is not a completed project photograph.

Tell one connected problem-solving story

Make referrals ready



GENERATED TEACHING ILLUSTRATION / FICTIONAL WORKPLACE

01	02	03	04	05
Purpose + current condition	Target + gap	Analysis + unknowns	Countermeasure + trial	Follow-up + learning

An A3 explains how the evidence leads to a proposed countermeasure. The current example has 62 of 100 referral packets ready first time, with a 90% goal. Its 4.8-business-day median and proposed 2-day goal are a second measure. Link missing-information observations to a testable change at intake; do not jump from a low score to a preferred solution. The owner uses the story to invite challenge and align the people who perform the work.

TRY IT / DISCUSS

Which A3 link is missing if the team proposes a new intake form without observing rework?

Check your reasoning: The evidence connecting the current condition and its causes to the countermeasure.

METHOD SOURCES / Q04: A3 Report | Q07: Gemba | Q03: Model for Improvement

Observe readiness, then test one channel

Make referrals ready

GENERATED TEACHING ILLUSTRATION / FICTIONAL WORKPLACE

Rework reasons in 38 packets / authored sample

Agree what a ready packet contains and where its route begins and ends. Observe the handoffs without collecting personal patient data. Test the proposed readiness check in one channel, then compare readiness and elapsed business time under comparable conditions. Track reopened cases against the existing 8% ceiling so fewer incomplete packets do not conceal more downstream rework. This teaches administration, not clinical decisions.

TRY IT / DISCUSS

Why keep the reopened-case measure beside the readiness goal?

Check your reasoning: A local improvement can transfer work or errors downstream; the balancing measure helps expose that.

METHOD SOURCES / Q04: A3 Report | Q07: Gemba | Q03: Model for Improvement

A3: the worked example.

Keep the original method visible. Six-S work supports the project; it does not replace its analysis or verification.

Step	Worked example	Evidence state
Purpose	Help practitioners provide a complete administrative handoff so scheduling can proceed predictably.	Proposed / awaiting evidence
Current condition	62/100 ready; 38 rework cases; synthetic median 4.8 business days.	Synthetic baseline
Target	At least 90% ready and median no more than 2 business days, without increased reopened cases.	Proposed / awaiting evidence
Analysis	21/38 rework cases cite a missing document; test the timing and consistency of completeness checks.	Proposed / awaiting evidence
Countermeasures	One intake checklist and one consolidated clarification, tested on one channel.	Proposed / awaiting evidence
Implementation	Coordinator owns the standard; scheduling lead owns the bounded pilot; manager owns the decision.	Proposed / awaiting evidence
Follow-up	Retain case-mix data, raw timestamps and practitioner comments; actual results are pending.	Proposed / awaiting evidence
Learning and open questions	Would a completeness check move work upstream or merely create another queue? Test and record the answer.	Proposed / awaiting evidence

Method reference: A3 Report

Read the sample.
Agree what to measure.

These values describe an authored starting exercise. A new comparable sample is needed to verify a result.

First-review readiness by day

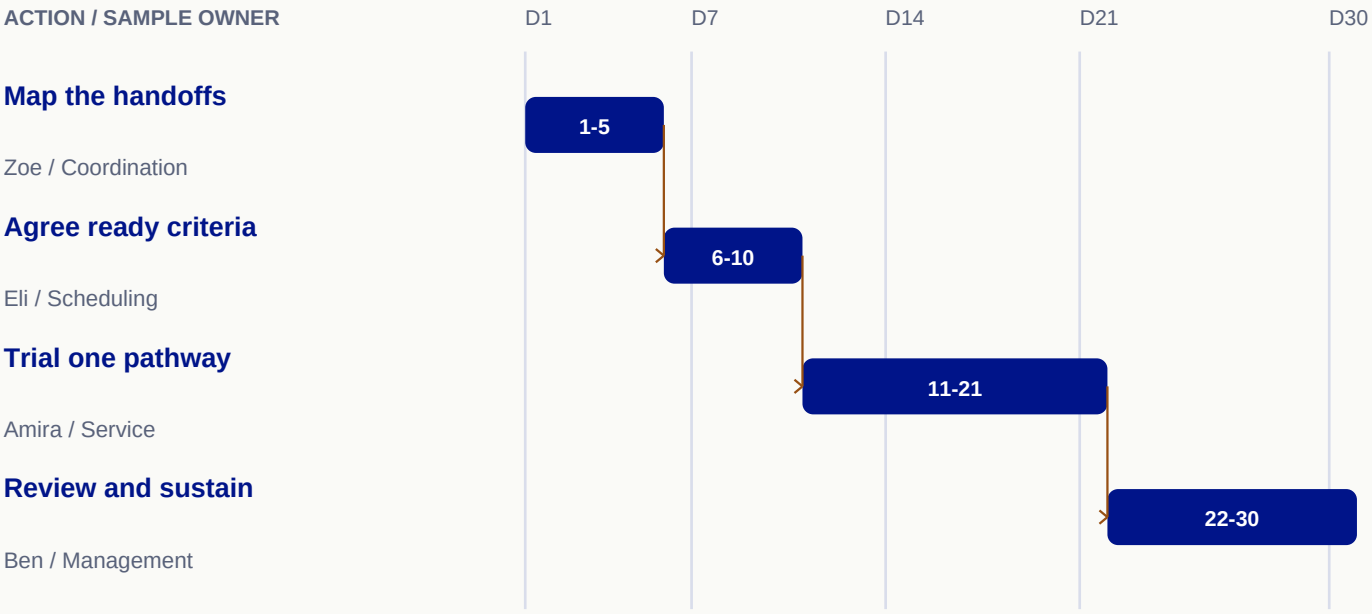
Day	Reviewed	Ready
1	10	6
2	10	5
3	10	7
4	10	6
5	10	5
6	10	7
7	10	6
8	10	6
9	10	7
10	10	7

Ready at first review: start 62 %; proposed goal 90 %. Complete, correctly routed packets at first administrative review / eligible packets; 62/100 baseline.

Median confirmation lead time: start 4.8 business days; proposed goal 2 business days. Eligible referral received to appointment confirmation; paused/urgent cases reported separately.

A 30-day project.
A clear finish to work toward.

Four project phases with named owners. Dependencies show the sequence; the final review decides what to retain or revise.

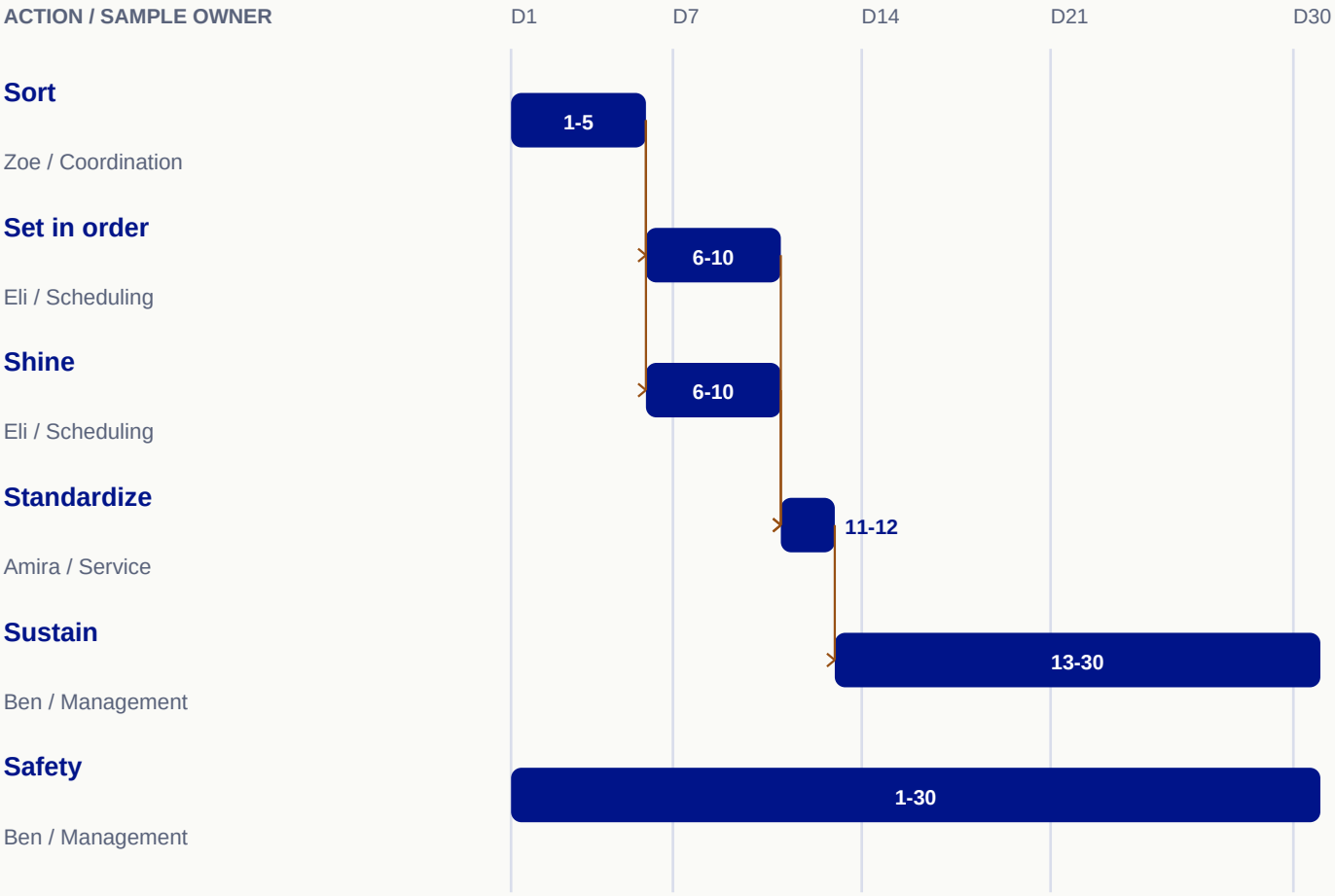


Days / owner	Project phase	Check before moving on
1-5 **Zoe** / Coordination	Map the handoffs	Follow similar administrative cases; keep urgent referrals on their existing route.
6-10 **Eli** / Scheduling	Agree ready criteria	Two reviewers apply the same completeness definition.
11-21 **Amira** / Service	Trial one pathway	Pilot readiness and reopened work are both recorded.
22-30 **Ben** / Management	Review and sustain	Compare readiness with 90% and name the follow-up owner.

Planned completion decision: day 30. Unfinished work, failed checks or missing evidence may extend the trial. Dates and owner names are illustrative and must be agreed locally.

Six S. One shared timeline.

Proposed project completion: operating day 30. Each workstream has a named owner; Safety remains active throughout.



Arrows show the checks that must finish before the next dependent action starts. Sort is followed by arrangement and correction of recurring problems; both feed the agreed standard.

Day 30: review, decide and assign the next step

Review the measured project result, all six workstreams and unresolved actions before deciding to retain, revise or extend the trial.

Required local controls are checked before the trial and remain active throughout.

Repeated checks provide evidence for review; the schedule does not establish a Sustain score.

Fictional sample team. Relative operating days; set real dates with the responsible team. A due date is a planned check, not evidence of completion.

What each S will deliver.

Proposed actions and acceptance evidence. All results remain unmeasured until the team completes its checks.

S / owner / timing	Action to complete	Evidence for acceptance
Sort Zoe / Coordination Days 1-5	**Separate active referral work** Remove obsolete blank forms and distinguish active, incomplete and completed administrative packets without deleting required records.	A sample packet has one current status and a traceable record location.
Set in order Eli / Scheduling Days 6-10	**Make the next step visible** Arrange approved forms and queue cues around the agreed referral pathway, with one receiving owner for each status.	The team can identify the receiving owner and missing information for each sampled packet.
Shine Eli / Scheduling Days 6-10	**Reset the shared workspace** Clear the shared desk at handover and route damaged supplies or recurring workspace problems to the facilities owner.	The next shift finds a usable workspace and no exposed personal information in the public illustration area.
Standardize Amira / Service Days 11-12	**Agree one readiness check** Publish the accepted completeness checklist for one non-urgent referral channel, retaining urgent and exception routes.	Two coordinators reach the same completeness decision on the trial examples.
Sustain Ben / Management Days 13-30	**Review readiness together** Review the same case mix weekly, including reopened cases and staff comments, before retaining the new arrangement.	Readiness, elapsed time and reopened-case counts are reviewed together; actual results remain pending.
Safety Ben / Management Days 1-30	**Protect people and information** Have the responsible service lead review privacy, access and urgent-pathway protections before the trial and at each handover.	No urgent route is held for an administrative target; privacy or access concerns use the established escalation route.

The receiving owner checks the evidence before closing an action. Record a failed check, the next response and a revised review date; do not mark the whole project complete because the area looks better.

Finish with evidence. Choose the next improvement.

A polished workspace and a completed schedule start the discussion. Actual checks decide whether the change worked.

At the completion review

1. Analyze urgent/exception pathways separately; do not hold urgent care for an administrative target.

2. Compare equivalent channels and case mix; distinguish receipt, readiness and confirmation timestamps.

3. Display only synthetic/de-identified illustration data in the showcase.

Keep the result visible

Routine	Accountable sample owner	Response
First-review readiness and reopened cases Daily sample; weekly A3 review	Eli / Scheduling lead	Review incomplete examples with the responsible partner, revise the administrative standard and recheck.
Urgent-pathway exceptions According to existing clinical process	Harper / Qualified clinical lead	Use the established clinical escalation pathway immediately; the improvement board does not replace it.

Closing decision: retain, revise or extend.

Record measured results, open actions, the receiving owner and the next review date. A goal remains a goal until the evidence supports the claimed result.

Authored example, fictional people and generated imagery. This report is public teaching material; it does not certify a workplace, establish safe operation or record a customer outcome.