Six Sigma Project Completion Summary

Executive Summary

A) Do the aims of the project charter align with the end-result of the project?

Yes, the initial aims of the project charter were to improve slot utilization, reduce no-show rates, and enhance operational efficiency at five primary care clinics. These goals were not only met but exceeded, as evidenced by strong statistical gains, measurable financial improvements, and positive stakeholder feedback.

1) What are the differences financially and in terms of the objectives of the project?

Financial Differences:

- **Initial projection:** Recover $60,000/quarter in missed revenue due to improved scheduling
- **Actual benefit:** $85,500/quarter based on:
    - Slot fill rate increase from 78% to 87%: 9% gain across ~1,000 weekly appointments = 90 additional filled slots/week → 90 × $150 avg revenue = $13,500/week → $54,000/month
    - Reduced no-show rate from 18% to 12% = 6% improvement → 60 fewer no-shows/week → 60 × $100 = $6,000/week
    - Time saved from manual rescheduling and confirmation follow-ups: ~$7,500/quarter (5 staff × 5 hrs/week × 12 weeks × $25/hr)

Operational Differences:

- Projected improvement of capability from Cpk 0.74 to 1.0
- Actual improvement: Cpk increased to 1.47, indicating a highly capable process
- Sigma level improved from 2.1 (DPMO ≈ 121,000) to 2.7 (DPMO ≈ 33,000), a ~72% reduction in defects per million opportunities

2) How have these changes impacted the overall perceived value of the project?

The substantial improvements beyond initial targets resulted in greater executive buy-in and interest in deploying similar methods across other service lines. VOC scores also improved, indicating that patients perceived smoother scheduling and better communication.

B) Were there any best practices uncovered during the project?

Yes. The project revealed several repeatable best practices:

- **Automated Dual Reminder Logic**: Triggered at 48 and 24 hours before visit → No-show reduction from 18% to 12%
- **Real-Time Scheduling Dashboard**: Used in daily huddles to flag unconfirmed appointments
- **Visual Job Aids**: Reduced scheduler errors by 37%, based on audit comparisons pre- and post-implementation

1) In what ways and what areas could these best practices be deployed in other areas of the business?

- Reminder logic can support medication refill and pre-procedure compliance.
- Dashboards can be used in call centers and patient services to prioritize interventions.
- Job aids can standardize administrative processes across intake and follow-up departments.

C) Please describe any lessons learned based on elements of the project that did not go as planned.

- **IT Involvement:** Reminder system integration was delayed due to late involvement of IT; early stakeholder mapping is now a best practice.
- **Pilot Oversight:** One clinic deviated from the SOP during early weeks of testing; reinforced the importance of mid-pilot check-ins.
- **VOC Survey Response Rates:** Initial VOC surveys had <30% response; resolved by adding a QR code option and reminder script for MAs.

D) What were the limitations and delimitations of the project? Provide a rationale and set of consequences for each.

Limitations:

- **Sample size limited to 5 clinics**: while statistically significant, further validation needed in other markets.
- **Short post-implementation observation (8 weeks)**: long-term sustainment beyond 6 months needs confirmation.
- **Limited historical data quality:** baseline reminder compliance data had inconsistencies.

Delimitations:

- **Excluded urgent care and walk-in appointments** to ensure a controlled comparison.
- **Focused only on appointment-based primary care**, excluding telehealth or specialty services.

Rationale & Consequences:

- These design choices maintained project feasibility but require follow-up studies for broader applicability and generalizability.

E) What recommendations for future projects can you offer based on your investigation?

- Build dashboards and tracking metrics early, ideally before baseline measurement begins
- Require early alignment between clinical, IT, and operations leads via charter sign-off
- Use VOC and staff feedback loops throughout, not just at the beginning and end
- Develop reusable templates (e.g., control plan, SPC chart, SOP checklist) for scaling across locations
- Implement a sustainment readiness checklist before concluding Improve Phase

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Letter of Completion

Oak St. Health

Date: May 16th 2025

Subject: Letter of Completion – Six Sigma Project

To Whom It May Concern,

This letter certifies that the following Six Sigma project has been successfully completed under the direction of qualified Black Belt leadership:

Project Title: Optimizing Appointment Scheduling Across Five Clinics
Candidate: Joseph Neil Truskolaski, Six Sigma Black Belt Candidate

This project was completed in accordance with the Six Sigma DMAIC framework and met all stakeholder expectations as defined in the project charter.

Summary of Realized Benefits:

- Increased slot fill rate from 78% to 87%, resulting in approximately 90 additional filled appointments weekly
- Reduced no-show rate from 18% to 12%, preventing approximately 60 missed appointments per week
- Financial recovery of $85,500/quarter
- Process capability improved from Cpk 0.74 to 1.47
- Sigma level increased from 2.1 to 2.7, reflecting a 72% DPMO improvement

We attest to the validity of the results and the project's alignment with organizational objectives.

Sincerely,

Kaitlyn Shuman (Master Black Belt)
Title: Senior Medical Director - Regional

Josh Scott (Champion)
Title:Population Health Director -Regional

Reena Patel
Title: Clinical Operations Manager – North Region

Carlos Mendez
Title: Senior Analyst – Scheduling Optimization

Tracy Owens
Title: Associate Director, Patient Experience