OPERATIONS AND PRODUCTIVITY / HEALTHCARE

Finding capacity in a cardiology procedure service

The analysis used session and procedure records to examine how scheduled capacity translated into completed activity and develop a focused operational review plan.

Scope: session utilisation, procedure throughput, cancellations and productivity improvement opportunities.

49.4%
Recorded utilisation

25.8%
Cancellation rate

471
Sessions analysed

THE OPERATING PICTURE

Available time and recorded procedure time



1,390 hours recorded operating time

1,421 hours not used for recorded procedures

Rounded totals across the supplied dataset. Patient recovery may occur outside session time. The gap is not automatically recoverable capacity.

THE CHALLENGE

The task was to assess the operation of an anonymised Cardiology Catheterisation Laboratory (Cath Lab), typically a day-case service, and identify practical productivity and efficiency improvements. Sessions are scheduled blocks requiring a clinical team, with AM, PM or all-day formats.

THE ANALYSIS

Two datasets were analysed: session records describing scheduled capacity, and individual planned procedure records including cancellations and key process timestamps. Linking the records enabled utilisation, throughput and cancellation analysis, supported by a review of session types and procedure mix.

FINDINGS / THE EVIDENCE BEHIND THE PRIORITIES

Where activity was lost

Two views of the same operating picture: how planned activity converted into completed procedures, and the recorded reasons for cancellations.

01 / PLANNED PROCEDURE CONVERSION

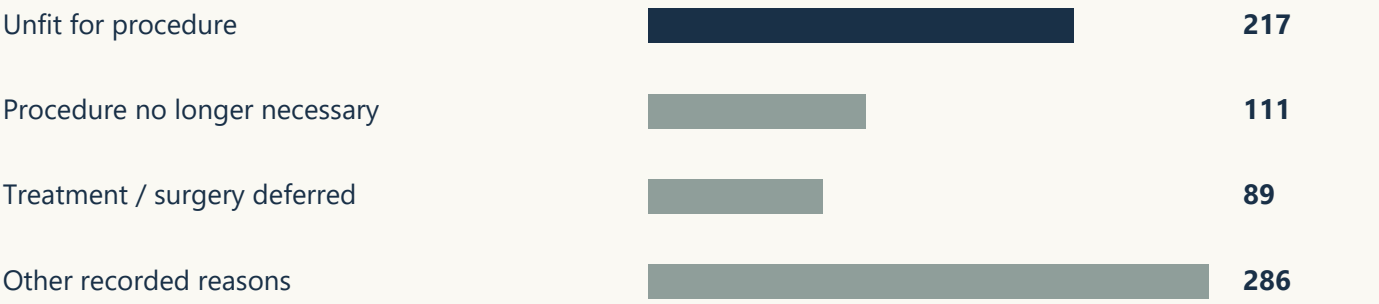
2,017 completed. 703 cancelled.



74.2% completed **25.8% cancelled**

Base: 2,720 planned procedures. Status counts reflect the supplied records.

02 / RECORDED CANCELLATION REASONS



Base: 703 cancellations. “Other” combines all remaining recorded categories. Counts are descriptive; clinical avoidability was not established.

216 cancellations occurred on the day

30.7% of cancellations. This supports reviewing readiness and released-slot management, subject to clinical appropriateness and operational feasibility.

WHAT THIS MEANS FOR THE SOLUTION

Investigate readiness and session design before assuming more capacity is needed. The analysis identifies a focused review agenda; it does not measure the benefits of implementing changes.

RECOMMENDATIONS / SOLUTION AND DELIVERABLES

A solution built around the operating decision

A focused improvement proposal: understand the capacity gap, address the causes that can be changed, then test the effect through a measured pilot.

01

Readiness

Review cancellation reasons and readiness checks.

Decision: which issues can be addressed before the day?

02

Session planning

Plan using expected procedure minutes and case mix.

Decision: how should work fit the available session?

03

Operating flow

Validate timestamps and investigate late starts and early finishes.

Decision: where does the process need closer review?

04

Performance review

Agree KPI definitions, owners and a measured pilot.

Decision: what would show that a change is working?

SOLUTION AND DELIVERABLES

The completed work turned source records into a decision-ready operational assessment.

Excel analysis	Linked session and procedure records; capacity, throughput, cancellation and procedure-mix analysis.
PowerPoint presentation	A structured explanation of the operating picture, supported by KPI comparisons and prioritised recommendations.
Proposed improvement direction	Readiness, time-based session planning, flow review and performance governance to validate with service leads.

Delivery status: analysis and presentation completed. The operational changes are recommendations; implementation and realised benefits are not evidenced.