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COURSE BROCHURE

Advanced Operational Excellence for Healthcare Training Course

16 – 27 November 2026
Amsterdam

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Registered in the United Kingdom and Saudi Arabia

Advanced Operational Excellence for Healthcare Training Course

Ref: 286_9410 **Date:** 16 – 27 November 2026 **Location:** Amsterdam **Fees:** 9500 GBP

Advanced Operational Excellence for Healthcare is a 2-week training course for hospital operations directors, service line managers and quality leads who redesign how patients move through wards, theatres and clinics, and who leave with a departmental operational excellence roadmap. Rising demand, tight bed capacity and pressure on length of stay make dependable patient flow a board-level concern. Jupiter Prime Training delivers this course for leaders who own hospital throughput.

Why Operational Excellence for Healthcare Matters Now

Three forces shape hospital operations today: ageing populations that raise admissions and bed occupancy, clinical workforce shortages that make every wasted hour of a nurse or surgeon costly, and patients who expect shorter waits and clearer communication. A hospital that manages flow well discharges earlier in the day, cancels fewer operations and keeps emergency departments from overcrowding; one that handles it badly sees boarding, delayed transfers and staff burnout. The course rests on Lean thinking, the Six Sigma DMAIC cycle Define, Measure, Analyse, Improve, Control and queueing principles adapted to clinical services.

Who Gains Most from Operational Excellence for Healthcare

- Leaders accountable for bed capacity, admissions and discharge across inpatient wards
- Managers of surgical services who schedule theatre sessions and recovery capacity
- Heads of outpatient and diagnostic services responsible for clinic templates and waiting lists
- Quality and patient safety leads who run improvement projects across clinical units
- Senior nurses who coordinate site management and escalation during periods of high demand

A hospital gains most when its site management lead, a theatre manager and a ward nursing leader attend together and build one shared picture of flow from the front door to discharge.

Operational Excellence for Healthcare Capabilities

Participants move from mapping where patients wait to running the routines that keep queues short, linking each method to a decision about beds, sessions or staffing.

- Map an end-to-end patient journey with value stream mapping — service line redesign priorities
- Calculate bed, theatre and clinic capacity against forecast demand — annual operating plans
- Apply DMAIC to a recurring delay such as late discharge — clinical governance committees
- Design tiered daily huddles and visual boards — ward and department leaders
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Build a KPI set covering length of stay, cancellations and waits — executive performance reviews
- Specify an operational excellence roadmap with owners and milestones — hospital executive team

Key Operational Excellence for Healthcare Terms

- Patient flow — the movement of patients through each stage of care, from arrival to discharge, without avoidable waiting or handoffs.
- Value stream map — a diagram of every step, delay and handoff in a care pathway, used to locate waste and bottlenecks.
- Length of stay — the number of days a patient spends as an inpatient, a core measure of efficiency and care quality.
- Bed occupancy — the share of available beds filled at a given time; sustained high occupancy slows admissions and transfers.
- Tiered huddle — a short, structured daily meeting at ward, department and executive level that escalates problems and confirms capacity.
- Gemba walk — a leader's visit to the place where care happens to observe the process and speak with frontline staff.

Operational Excellence for Healthcare Day by Day

Day 1: Hospital Operations Context

- Demand Trends in Acute Care — Capacity Planning for Coming Years
- Operational Excellence Models in Hospitals — Choosing an Improvement Philosophy
- Clinical and Support Service Interdependence — Where Delays Originate
- Patient Experience of Waiting — Priorities for Redesign
- Baseline Operational Diagnostic — Selecting the First Focus Department

Day 2: Lean Thinking at the Bedside

- Eight Wastes in Clinical Settings — Targeting Nursing Time Lost
- Value Stream Mapping of a Care Pathway — Redesign Scope
- 5S for Wards and Treatment Rooms — Supply and Safety Readiness
- Standard Work for Clinical Tasks — Reducing Variation Between Shifts
- Kaizen Events — Rapid Improvement Within One Unit

Day 3: Six Sigma for Clinical Processes

- DMAIC Project Structure — Governing Improvement Projects
- Process Capability in Turnaround Times — Setting Realistic Targets
- Root Cause Tools Fishbone and Five Whys — Delay Prioritisation
- Pareto Analysis of Cancellations — Where to Act First
- Control Plans — Sustaining Gains After Project Closure

Day 4: Patient Flow and Bed Management

- Admission and Discharge Profiles by Hour — Matching Staff to Demand
- Discharge Before Noon Routines — Releasing Morning Bed Capacity
- Expected Date of Discharge — Coordinating Multidisciplinary Plans
- Bed Management Centre Operations — Site-Wide Escalation
- Emergency Department Boarding — Whole-Hospital Response Triggers

Day 5: Theatre and Procedure Efficiency

- Theatre Session Utilisation — Scheduling and List Planning
- First Case On-Time Start — Morning Readiness Checks
- Turnaround Time Between Cases — Team Choreography
- Day-of-Surgery Cancellation Analysis — Pre-Assessment Redesign
- Recovery and Post-Operative Bed Planning — Downstream Capacity

Day 6: Outpatient and Diagnostic Access

- Clinic Template Design — Balancing New and Follow-Up Slots
- Did-Not-Attend Reduction — Reminder and Booking Methods
- Diagnostic Turnaround in Imaging and Laboratory — Treatment Decisions
- Queueing Principles for Waiting Lists — Demand and Capacity Balance
- Patient-Initiated Follow-Up — Freeing Clinic Capacity

Day 7: Daily Management Systems

- Tiered Huddle Design — Escalation From Ward to Executive
- Visual Management Boards — Real-Time Status for Teams
- Leader Standard Work — Protecting Time for Gemba Walks
- Safety Cross and Status Exchange — Early Risk Detection
- Problem-Solving Cards — Frontline Ownership of Issues

Day 8: Operational Performance Measurement

- Flow KPI Set Design — Executive Reporting Priorities
- Statistical Process Control Charts — Separating Signal From Noise
- Operational Dashboards — Hospital Command Centre Decisions
- Benchmarking Across Units — Spreading Proven Practice
- Linking Operations to Quality Indicators — Clinical Governance Assurance

Day 9: Leading Change in Clinical Operations

- Clinician Engagement Approaches — Securing Medical Support for Redesign
- Change Readiness Assessment — Sequencing Improvement Waves
- Improvement Capability Building — Coaching Internal Facilitators
- Resistance and Workload Concerns — Protecting Staff Wellbeing
- Communication of Operational Changes — Patients and Families

Day 10: Practising the Operational Excellence Roadmap

- Applying Value Stream Findings — Selecting Roadmap Priorities
- Applying Capacity Calculations — Setting Bed and Session Targets
- Applying Daily Management Design — Huddle and Board Rollout Plan
- Applying KPI and Control Methods — Roadmap Assurance
- Completing the Operational Excellence Roadmap — Executive Sign-Off

Applying Operational Excellence for Healthcare After the Course

- Lead a value stream mapping session for one high-volume pathway, such as emergency admission to discharge, and agree three improvement actions with ward and medical leads.
- Introduce a tiered daily huddle with a visual board in one department, tracking expected discharge dates and escalations against the agreed flow KPIs.

Operational Excellence for Healthcare Questions FAQ

What is operational excellence for healthcare and why does it matter now?

Operational excellence for healthcare is the disciplined use of Lean, Six Sigma and daily management to remove delays from care. It matters now because hospitals face higher admissions and staff shortages, so every hour of avoidable waiting affects safety, cost and patient experience.

Which roles gain most from operational excellence for healthcare?

Hospital operations directors, site and bed managers, theatre and outpatient managers, senior nurses and quality leads gain most. These roles control the capacity decisions and daily routines that determine how quickly patients move through the hospital.

How does this operational excellence for healthcare course differ from a general quality management course?

It focuses on flow, capacity and daily operating routines rather than accreditation documentation or audit. A general quality course covers policies and compliance, while this course works on beds, theatre sessions, clinic templates and the measures leaders review each day.

What do you bring back from operational excellence for healthcare training?

You bring back a departmental roadmap that sets flow priorities, capacity targets, huddle routines and KPIs with named owners. It gives your executive team a clear sequence of improvement work and the measures to judge whether it is working.

Operational Excellence for Healthcare: The Way Forward

The operational excellence roadmap gives a hospital department one agreed route from its current delays to reliable flow. Its first use informs which pathway to redesign first and which capacity targets to set. Operations directors, ward leaders and quality leads use it in monthly reviews, and after the first cycle the KPI set and huddle design deserve a second look as demand patterns shift.