KAIZEN EXERCISE FOR CARE TEAMS

LEAN WORKFLOW & WASTE-MAPPING WORKSHEET

A practical tool for mapping your Emergency Department, general inpatient floor, and post-acute workflows against the 8 Wastes of Lean, before you evaluate any virtual nursing solution, including ours.

How to use this worksheet

Most virtual nursing rollouts start with a vendor conversation. This worksheet is designed to happen before that conversation. Gather a small group of frontline nurses, charge nurses, and unit leadership from each setting you want to assess. For each stage of the patient journey, walk through the questions below and note where waste shows up in your own workflow, not a generic one.

This is a kaizen exercise in itself: the goal is not to produce a perfect answer in one sitting, but to give the people closest to the work a structured way to surface what they already know. Revisit it after any process change. Lean improvement is continuous, not a one-time audit.

The 8 Wastes of Lean

TIMWOODS QUICK REFERENCE

T **Transportation** Unnecessary movement of people, equipment, or information between locations.	**I** **Inventory** Backlogs, boarding patients, unfinished paperwork, or pending items sitting idle.
M **Motion** Unnecessary physical movement: walking, reaching, repeating steps that don't add value.	**W** **Waiting** Idle time waiting on people, information, equipment, or approvals.
O **Overproduction** Doing or documenting more than what's actually needed or asked for.	**O** **Overprocessing** Extra steps, forms, signatures, or systems beyond what the task requires.
D **Defects** Errors, missed warning signs, or incomplete work that requires rework or causes harm.	**S** **Skills** Underused talent, judgment, or frontline knowledge: not asking, training, or listening.

SETTING 1

Emergency Department

> Where does information get re-collected, and where do patients wait the longest with no clinical activity happening?

WORKFLOW STAGE	WHAT HAPPENS HERE TODAY?	WASTE PRESENT	NOTES / WHO OWNS THIS FIX
Arrival & Triage	Initial assessment, intake questions, acuity scoring		
Bed Assignment / Boarding	Wait for inpatient bed, holding in ED		
Diagnostics & Orders	Labs, imaging, physician orders, results wait		
Treatment / Reassessment	Interventions, monitoring, repeat vitals		
Disposition Decision	Admit, discharge, or transfer decision & handoff		

Biggest waste we found in this setting

One change we could pilot on a single unit or shift

SETTING 2

General Inpatient Floor

> Where is documentation duplicated, and how much of rounding is physical motion versus actual clinical assessment?

WORKFLOW STAGE	WHAT HAPPENS HERE TODAY?	WASTE PRESENT	NOTES / WHO OWNS THIS FIX
Admission	Intake assessment, med reconciliation, consent, orientation		
Care Planning	Care plan documentation, team coordination, family updates		
Daily Care / Rounding	Hourly rounding, vitals, medication administration, charting		
Escalation Response	Falls, deterioration, distress calls, alert response time		
Discharge Planning	Education, med reconciliation, follow-up scheduling		

Biggest waste we found in this setting

One change we could pilot on a single unit or shift

SETTING 3

Post-Acute / Step-Down

> Where does visibility drop off after discharge, and how complete is education when family isn't present in the room?

WORKFLOW STAGE	WHAT HAPPENS HERE TODAY?	WASTE PRESENT	NOTES / WHO OWNS THIS FIX
Transfer / Intake	Handoff from acute care, re-assessment, records transfer		
Care Coordination	Therapy scheduling, physician rounds, family involvement		
Daily Monitoring	Rounding, functional status checks, documentation		
Discharge Readiness	Goals met, family/caregiver training, equipment/home setup		
Post-Discharge Follow-Up	Follow-up calls, readmission risk monitoring		

Biggest waste we found in this setting

One change we could pilot on a single unit or shift

PLAN, DO, CHECK, ACT

Turning This Into an Action Plan

Once each setting is mapped, don't try to fix everything at once. That's its own form of overproduction. Kaizen works through small, tested cycles of improvement, not a single sweeping redesign.

Plan	Pick the single highest-waste stage from your worksheets above. Define what "better" looks like.
Do	Pilot a change on one unit or shift, not the whole hospital at once.
Check	Ask the nurses using the new process directly: is this actually reducing waste, or adding a new one?
Act	Adjust based on that feedback, then expand to the next unit. Repeat.

Want a Second Set of Eyes on This?

This worksheet is designed to stand on its own, with or without a vendor conversation. If it's useful, Vitalchat's team is glad to walk through what you've mapped and talk through where a virtual nursing model might, or might not, be the right fit for the specific waste you've identified.