**Background:** In January 2008 a Lean project team recommended co-locating “accessioning” (computer order entry - COE) for “transfer” and “consultation” cases received from outside institutions. At that time COE occurred in two different buildings – transfer (TS & TC) cases in University Hospital (UH) and both consultation and transfer (TH & TD) cases in the Medical Sciences 1 (Med Sci I) building.

**Investigation/current state:**
- SEP2010, 5 staff from UH (2; 1 + 0.8 FTE) and Med Sci I (3; 1 + 0.8 + 0.5 FTE) cases were co-located to newly remodeled space (=200 ft²) in UH.

Staff worked with supervisors for ≈ 3 months prior to go-live to,
- ✓ create standard work for accessioning and return of materials
- ✓ cross-train to accession either type of case
- “marketing” materials were created and sent to internal and external clients to drive delivery to a single address
- A new workflow was established for returning materials
- A paper log was created to document arrival of cases prior to accessioning

**Problem:** Outside cases idle longer in accessioning with slower delivery to MDs and prolonged TAT for clients.

**Goal**
Consultation and transfer cases received in accessioning by 3:00 pm will be delivered to the appropriate MD within 2 hours of case arrival.

**Analysis/root cause:**
- Consult and transfer cases are growth areas (JAN-OCT10 demand = 68 cases/day)
- Capacity Before & After Unchanged (63.3 vs 66.0 cases/day)

**Recommendations:**

**Plan:**