2010 Military Health System Conference

Using Continuous Process Improvement (CPI) LEAN Six Sigma (LSS) to Improve Healthcare Operations

CAPT D. Keenan NC USN
Director, Office of Strategy and Management at Bureau of Medicine, Office of the Navy Surgeon General

23 January 2010

21 Apr 09

MEMORANDUM FOR ALL NAVY MEDICINE

Subj: NAVY MEDICINE CONT
GUIDANCE

Ref: (a) Secretary of the Navy
3 May 06
(b) Surgeon General Mem
(c) Lean Six Sigma (LSS)
Concept of Operations
(d) Department of Defens
Guidebook of May 06
(e) BUMED Memo on Co
Deployment and Utilizati
(f) SECNAVINST 5220.13
(g) DoD Directive 5010.42 of 15 May

1. The Secretary of the Navy directed the depl inuous Process Improvement/Lean Six Sigma (CPI/LSS) throughout the Departm vy (DON) in May 2006, reference (a). Navy Medicine initiated its CPI/LSS progra ereafter per references (b) and (c) to better support cost effective readiness and t f our warfighters and their families. Our organization needs to embrace all applicab oncepts, tools, techniques, and methods to effectively address the challenges of con improvement. LSS methodology is well aligned with familiar process improvement meth ncluding Total Quality Management and the FOCUS-PDCA model (Find, Organize rify, Understand, Select - Plan, Do, Check and Act), Theory of Constraints, Root-Cause A ysis, Failure Mode Effects Analysis, Change Management, and various other methodological tools. A comprehensive CPI framework is further described in reference (d). LSS is hereby recognized as a primary approach for improving organizational performance to achieve our strategic and operational priorities at all levels of our enterprise and will be fully implemented throughout Navy Medicine.

Dated 21 April 2009: …Our organization needs to embrace all applicable CPI concepts tools, techniques, & methodologies to effectively address the challenges of continuous improvement. LSS methodology is well aligned with familiar process improvement methods**….LSS is hereby recognized as a primary approach for improving organizational performance to achieve our strategic & operational priorities** at all levels of our enterprise & will be fully implemented throughout Navy Medicine

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November 2009

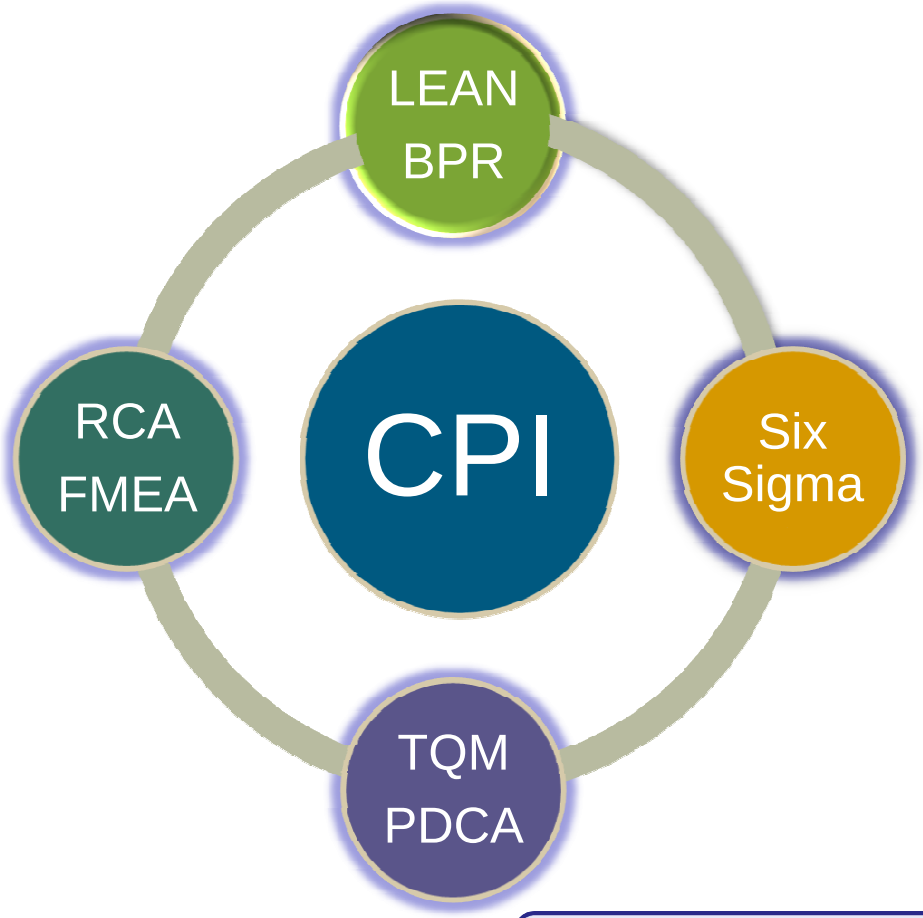
SG Guidance for 2010

FOCUSING ON THE FUTURE

When I became the Navy S General on 27 August 2007, I challenged the leadership of Navy Medicine t ding principles as stated in the Concept of Care framework, to shape and y action plans to create momentum and establish a solid foundation of ese plans were rolled into the FY08-09 Strategic Goals with stro our Navy Medicine Flag Officers and Senior goal champions selected ed workgroups and teams to best practices to sustain med its commitment to ategic Goals for the FY 2010- dicine's support of both the d States of America. Navy he Maritime Strategy around , contributing to the Joint nd other missions, and United States and abroad.

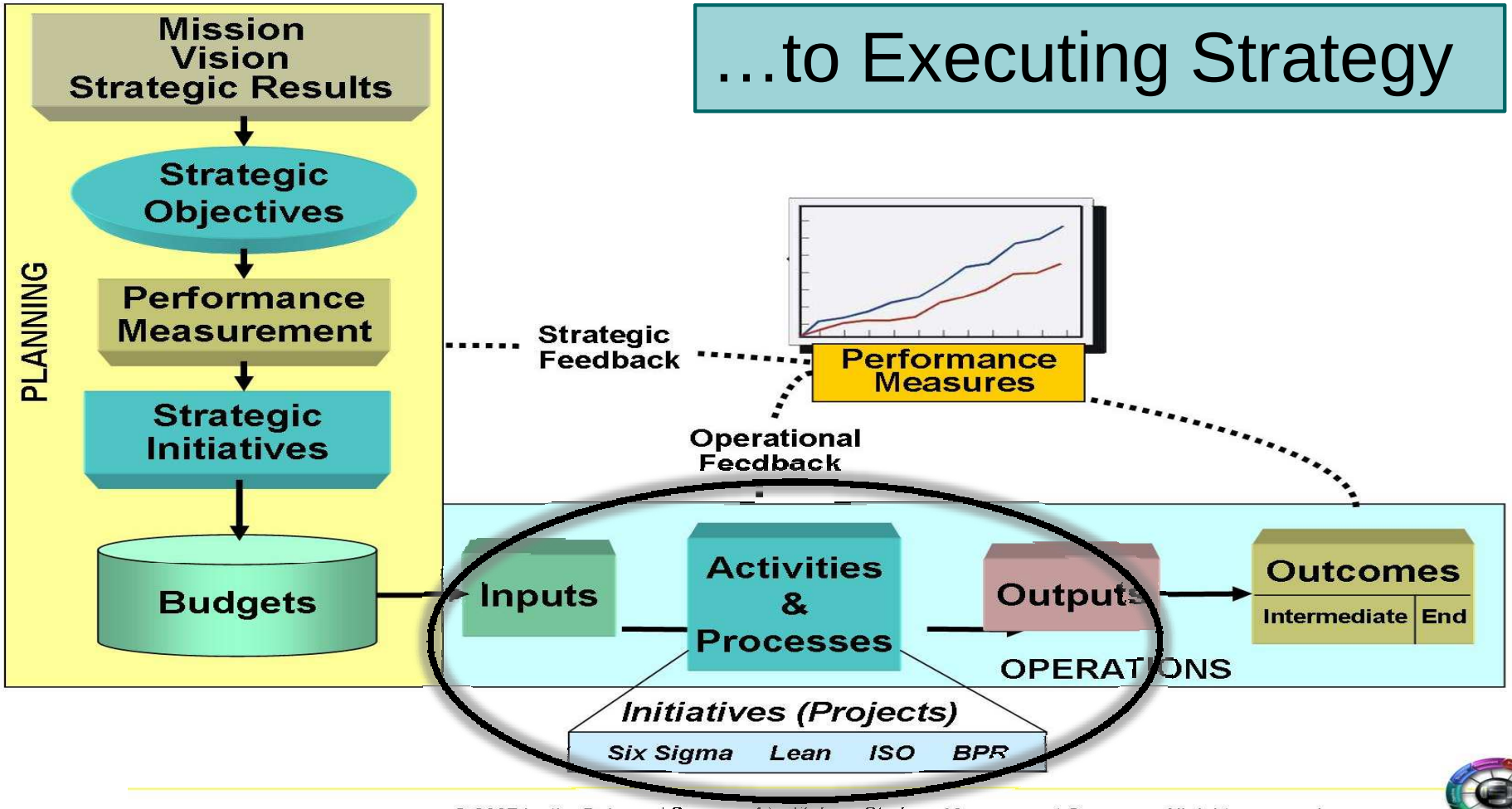
Dated November 2009, page 8 : …Use the complimentary disciplines of Continuous Process Improvement methods & tools such as Lean, Six Sigma, Quality Management & Industrial Engineering to analyze opportunities for improvement & develop leveraged interventions that can be sustained & shared across Navy Medicine…

Continuous Process Improvement …



…is a consequence of doing it!

CPI = KEY ENABLER …



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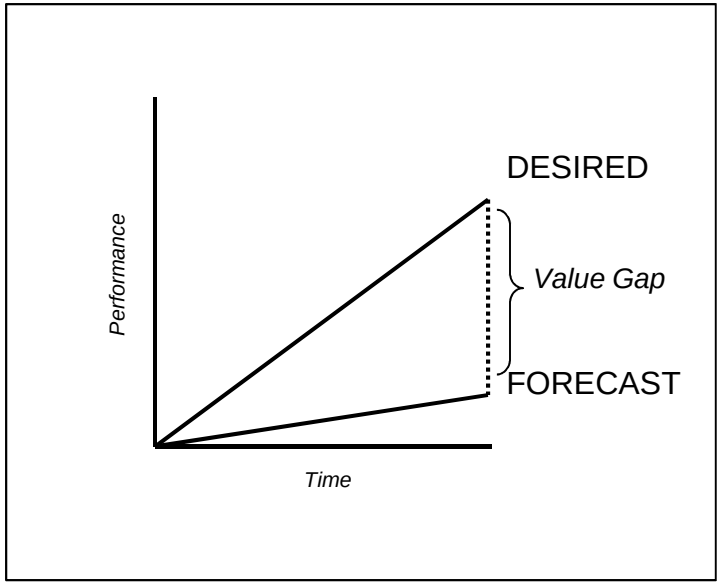
Using CPI with Strategic Initiatives

Closing the "Value Gap"



It's all about the "GAP"and achieving targeted performance!

Evolution of the Complimentary Approaches of LSS

Why use LEAN, Six Sigma, & Industrial Engineering as business strategies?

Many best performing hospital systems still at Sigma Level 3 despite 1999 IOM findings

LEAN

- **Systematic Business Strategy that aims to bring value to the customer with least amount of waste.**
- **Continuously enhance value, customization, & eliminate waste from processes for producing customer products or services**

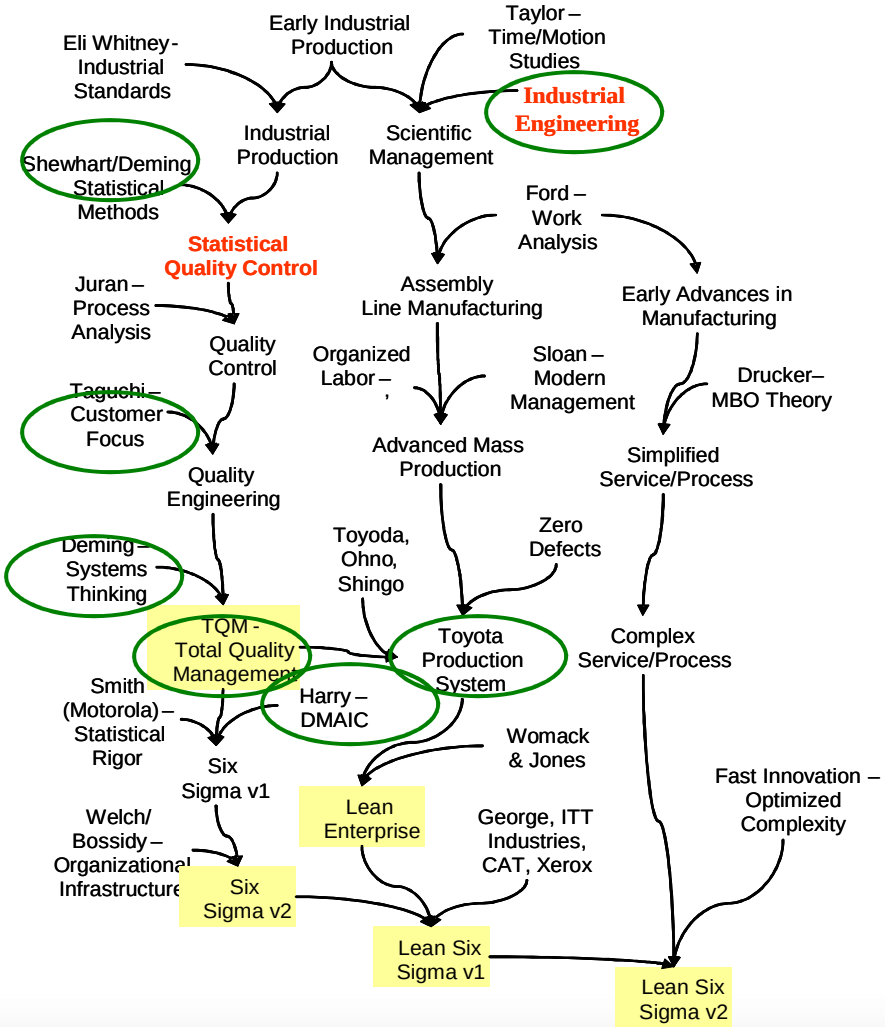
Six Sigma

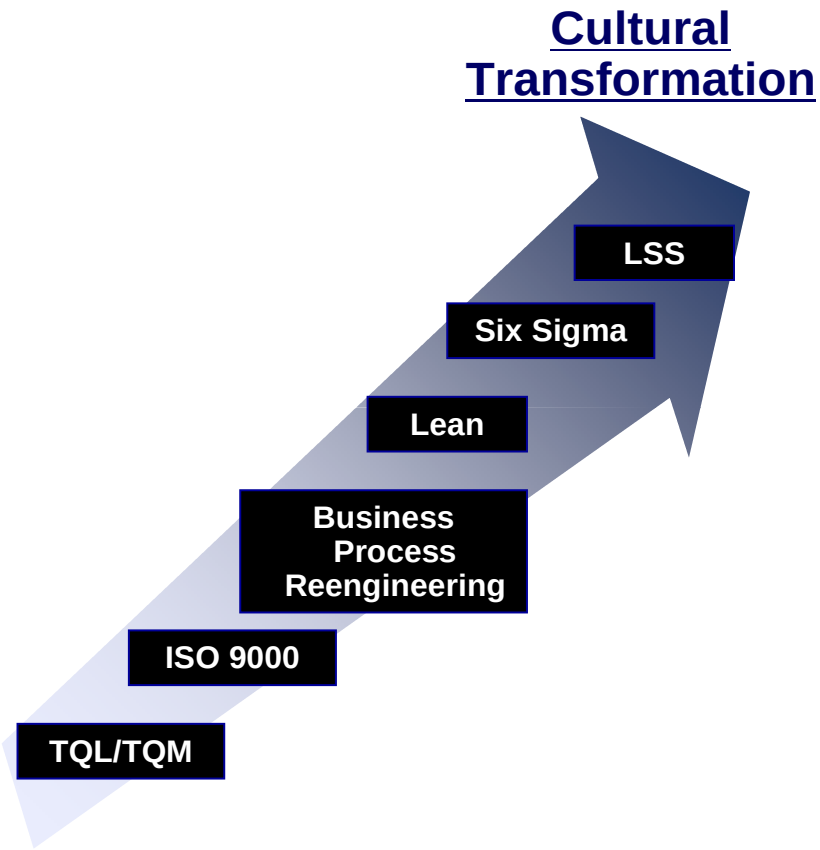
- **Focused project - oriented approach using specialized engineering & statistical tools**
- **End result is measurable quality level.**
- **Evolving to Six Sigma Theory of Management for organizational performance excellence**

IE

- **Highly specialized application of engineering analysis for development, improvement, implementation, & evaluation of integrated systems**
- **LEAN systems frequently use IE methods to eliminate wastes of time, money, material, etc**

Evolution of the Complimentary Approaches of LSS





DMAIC: "CPI Musts"
DoD CPI Guidebook May 2006

Define	Measure	Analyze	Improve	Control
Benchmarking	Confidence Intervals	ANOVA	Complexity Matrix	Control Charts[1]
CT Diagram	Check Sheets[1]	Box Plot	DOE (Fractional)	Control Plan
Kano's Model	Cause & Effect Diagram[1]	Capability Analysis	Mistake Proofing	Reaction Plan
Knowledge Based Mgt	Measurement System Analysis	Chi Square Analysis	Theory of Constraints	Training Plan
Project Charter	Nominal Group Technique	Design of Experiment (DOE)	Total Productive Maintenance	SOPs
Quality Function Deployment	Pairwise Ranking	F-test/T-test	Visual Management	
SIPOC Model	Physical Process Flow	Fault Tree Analysis	Solution Selection Matrix	
Voice of Customer	Process Capability Analysis	FMEA[2]	Work Cell Design	
	Process Flow Diagram[1,2]	Histogram[1]	5S Workplace Organization	
	Process Observation	Historical Trend Analysis		
	Takt Time	Hypothesis Testing		
	Time Value Map	Pareto Charts[1]		
	Value Stream Mapping	Regression Analysis		
	Waste Analysis	Root Cause Analysis[2]		
		Scatter Diagram[1]		
		Statistical Decision Trees		
		Time Series Analysis		
		5 Whys		

1 – PDCA (7 quality management tools)

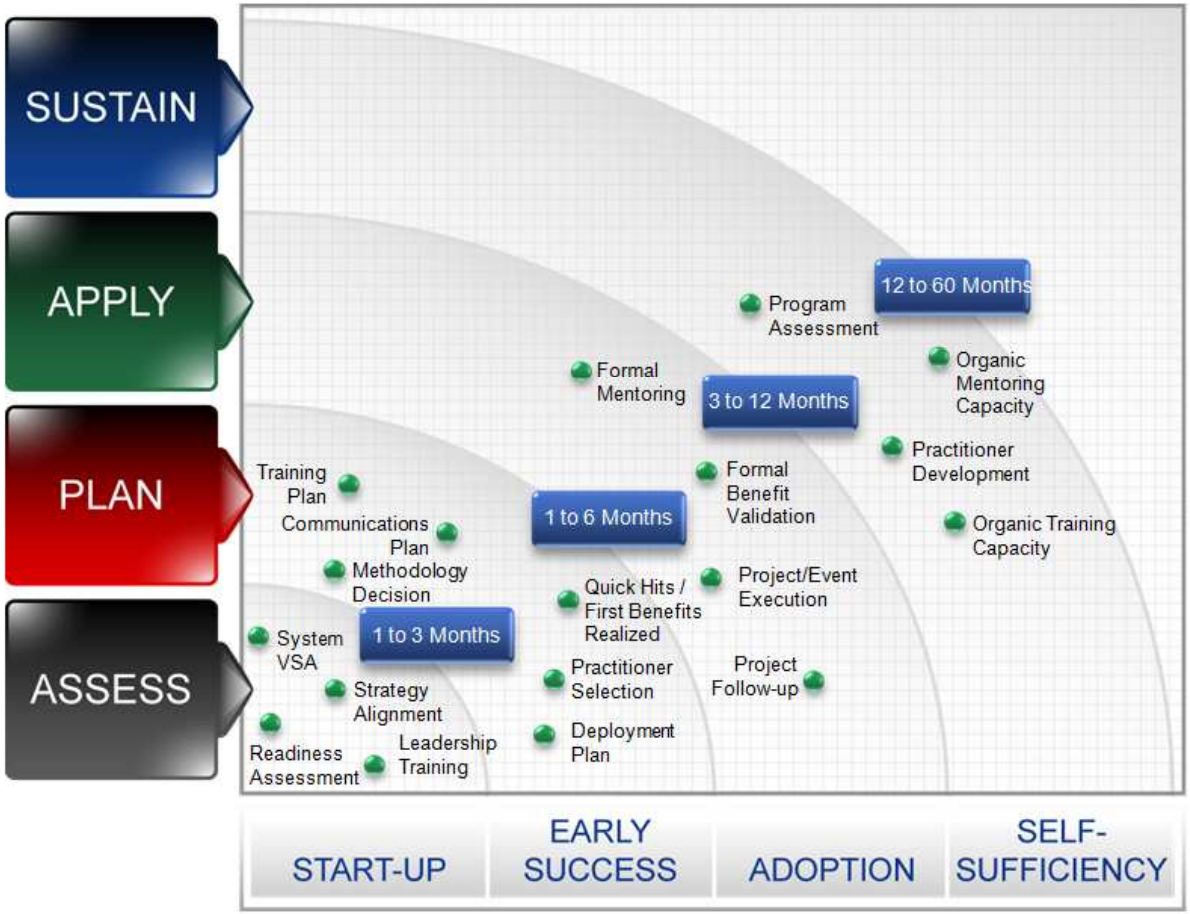
2 – Tap Root Tools

4X4 CPI Maturity Level Assessment

Quantifies organizational CPI maturity.

Across the CPI Maturity Model, certain critical events or actions have been linked to overall CPI Maturity.

Progress through SystemCPI correlates with progress towards self-sufficiency.



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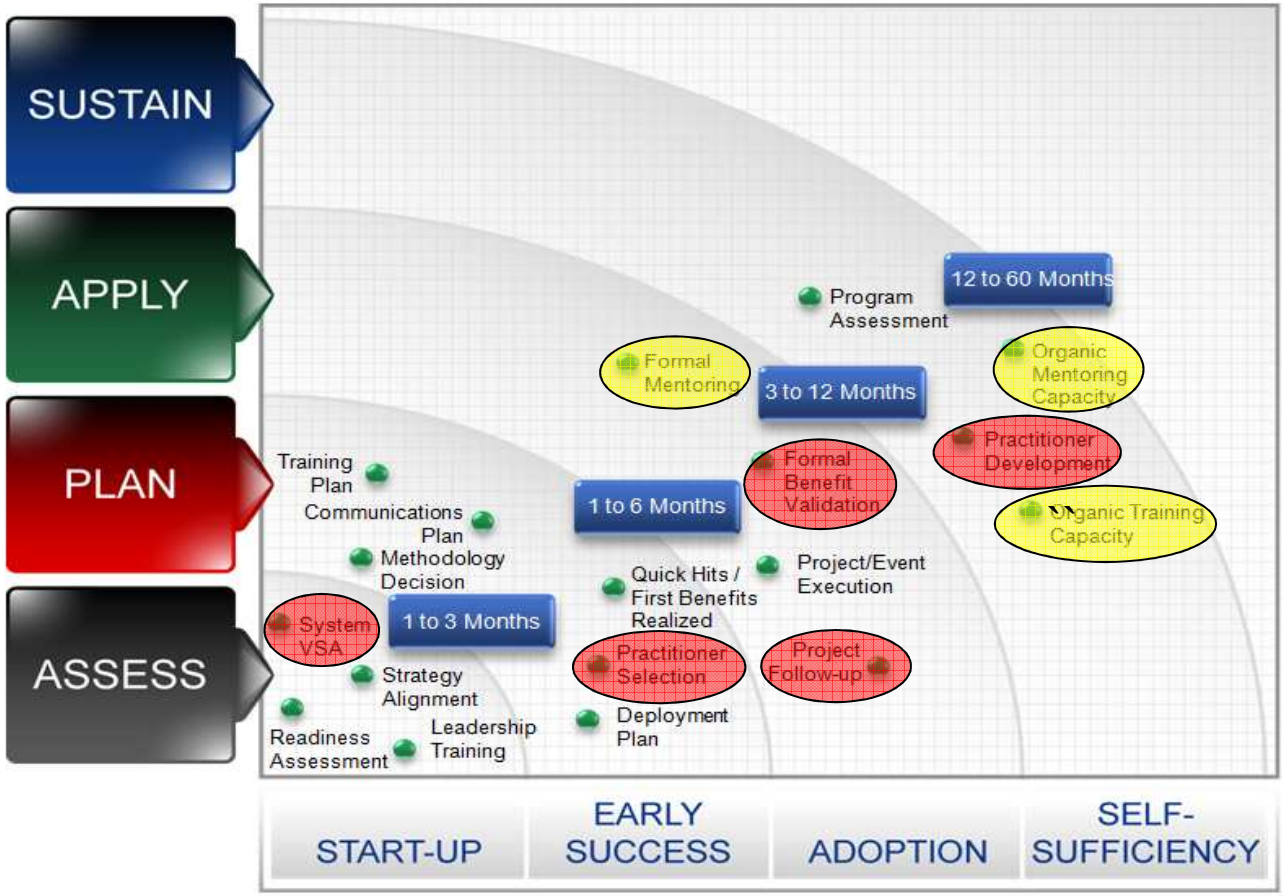
Navy Medicine CPI Maturity

Red Circles:

Gaps in Navy Medicine deployment.

Yellow Circles:

Contractor Reliant



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2010 CPI/LSS Goals for Navy Medicine

Line of Sight Strategic Fit

- **Enterprise Wide Focus**: Primary Care Model Implementation across FP MTFs
- Regional Master Black Belt & Command Executive Brd Value Stream Sessions
- Project Selection at Executive Brd level

Improve Replication & Adaption of Demonstrated Improvements

- CPI Advisory Board
- Fielding *NEW* Structured Replication Process
- Full implementation of CPIMS for all CPI projects
- "CPI Corner" on BUMED Website

Align Infrastructure to Support CPI Activity

- Project demand as move along CPI Maturity Assessment Model
- Determine training goals for Green/ Black Belts ↓
- Required capacity, utilization, distribution for optimal project support

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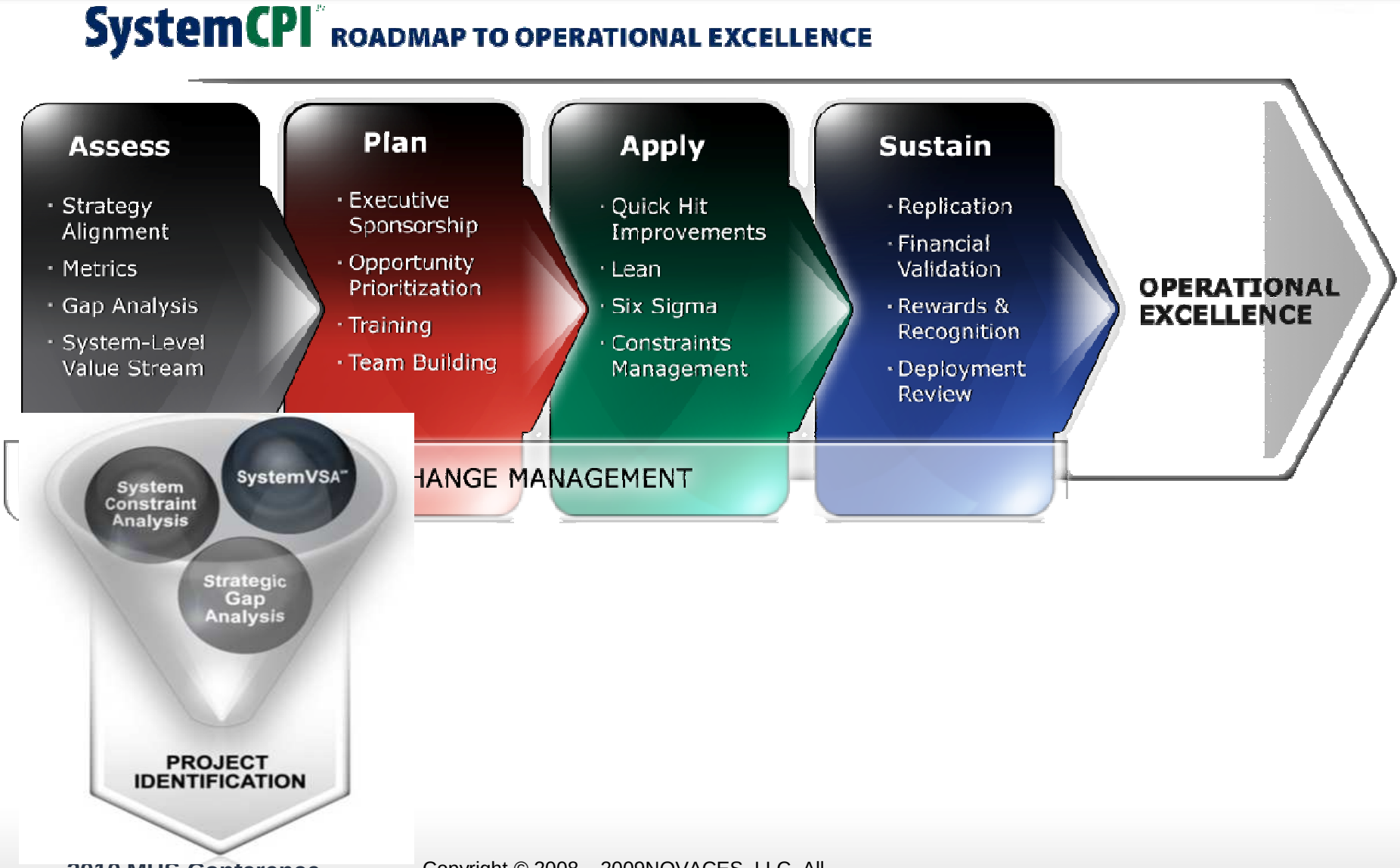
SystemCPI



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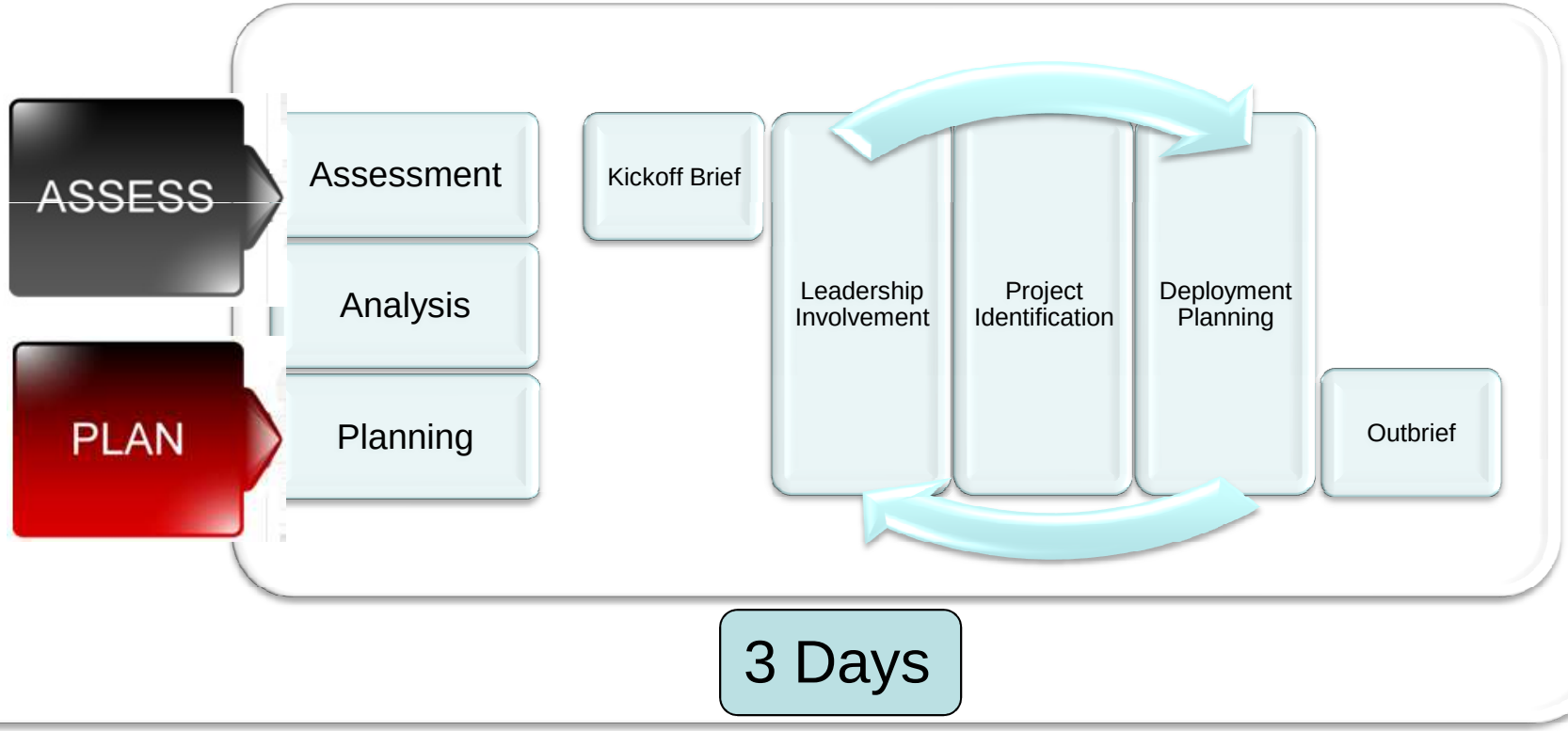
SystemCPI

Executive Planning Sessions



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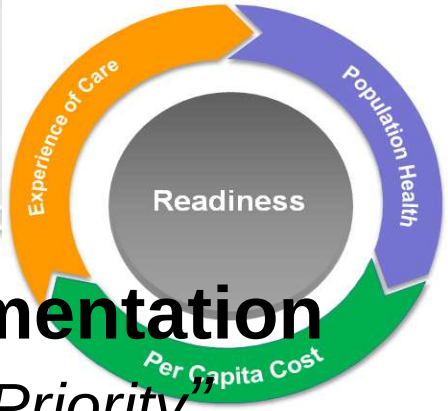
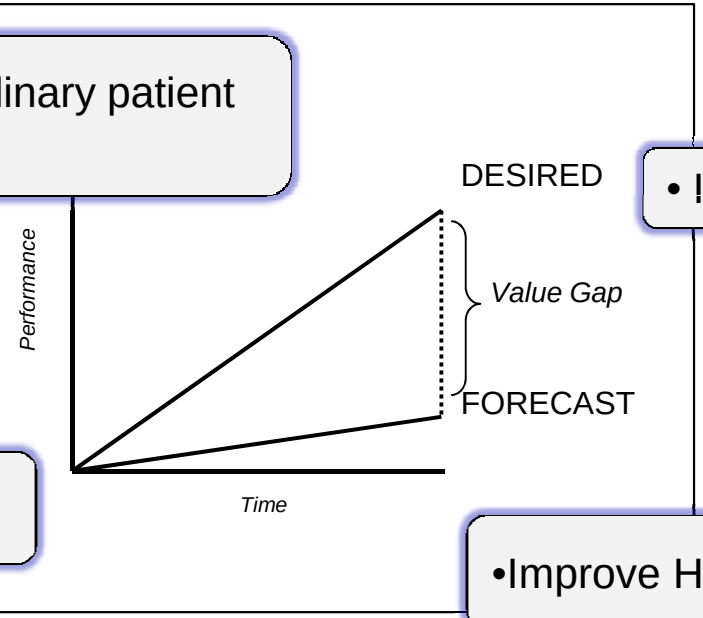
Patient and Family Centered Care



Using CPI to Support PC Model Implementation

Closing the "Value Gap of a 2010 Strategic Priority"

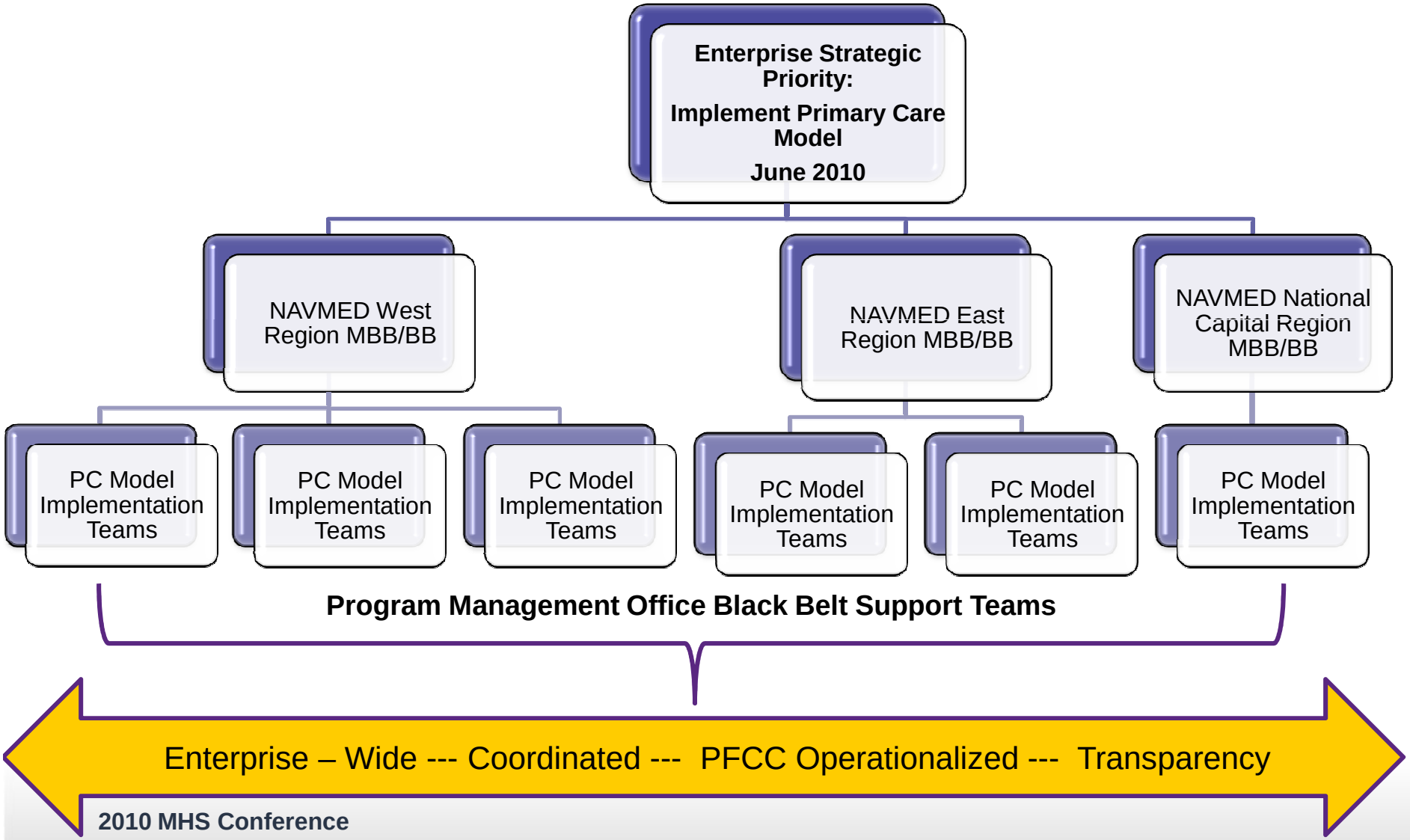
- Collaborative and multi-disciplinary patient management
- Improve Access to Care
- Improve patient satisfaction
- Improve HEDIS Quality Measures



Strategic Gap Analysis: Primary Care Access & Continuity

Navy Medicine FY10	Strategic Performance Metrics	1FY QTR	2FY QTR	3 FY QTR	4 FY QTR	Target FY10
AGILE CAPABILITIES	IMR: Medical Readiness Indeterminate (USN/USMC)	15.7%				<8%
	FORCE IMR Medical Readiness Indeterminate	11.8%				<8%
	PDHRA (DD2900) Compliance	89.5%				>90%
	DNBI Afloat	5%				<4%
	DNBI OIF	2%				<4%
	# OR Beds to Support Requirements	75%				>90%
	# ICU Beds to Support Requirements	168%				>90%
	# OR Beds Planned	119%				>90%
	# ICU Beds Planned	141%				>90%
DEPLOYMENT READINESS	Readiness T-Status	57%				>90%
	BSO – 18 IMR: Medical Readiness Indeterminate	2.4%				<8%
PATIENT AND FAMILY CENTERED CARE	Patient Satisfaction w/ Military Health Experience	2				3
	Patient Satisfaction w/ Quality of Care	92%				85%
	Patient Satisfaction w/ Access to Care	86%	85%			85%
	Patient Appointment w/ PCM	38%	42%			70%
	3rd Available Appt for Acute in Primary Care	43.5%	55%			80%
	3rd Available Appt for Routine in Primary Care	74.7%	83%			80%
	Booking Success Rate	65.5%				75%
QUALITY OF CARE	HEDIS: Asthma – Use of Appropriate Medications	97%				95%
	HEDIS: Breast Cancer Screening (52 – 69)	81%				80%
	HEDIS: Cervical Cancer Screening	85%				87%
	HEDIS: Colorectal Cancer Screening	68%				68%
	HEDIS: Diabetes Care – A1c <= 9.0	77%				81%
	HEDIS: Diabetes Care – Annual A1c	89%				93%
	HEDIS: Diabetes Care – LDL –C < 100mg/dl	56%				52%
PERFORMANCE-BASED BUDGETING	PBB: PPS Earnings	$4.7M				($18.6M)
TOTAL FORCE	Corps Recruiting	31%				
	Corps Manning	98.2%				100%
RESEARCH & DEVELOPMENT and CLINICAL INVESTIGATION PROGRAMS	Research Projects: Customer Needs	163%				1036
	Significant Publications, Technical Papers, Procedural Advancement	147%				1055
	Significant Collaborative Partners	155%				130

ADVANCING PROCESS IMPROVEMENT ACROSS THE NAVY MEDICINE ENTERPRISE



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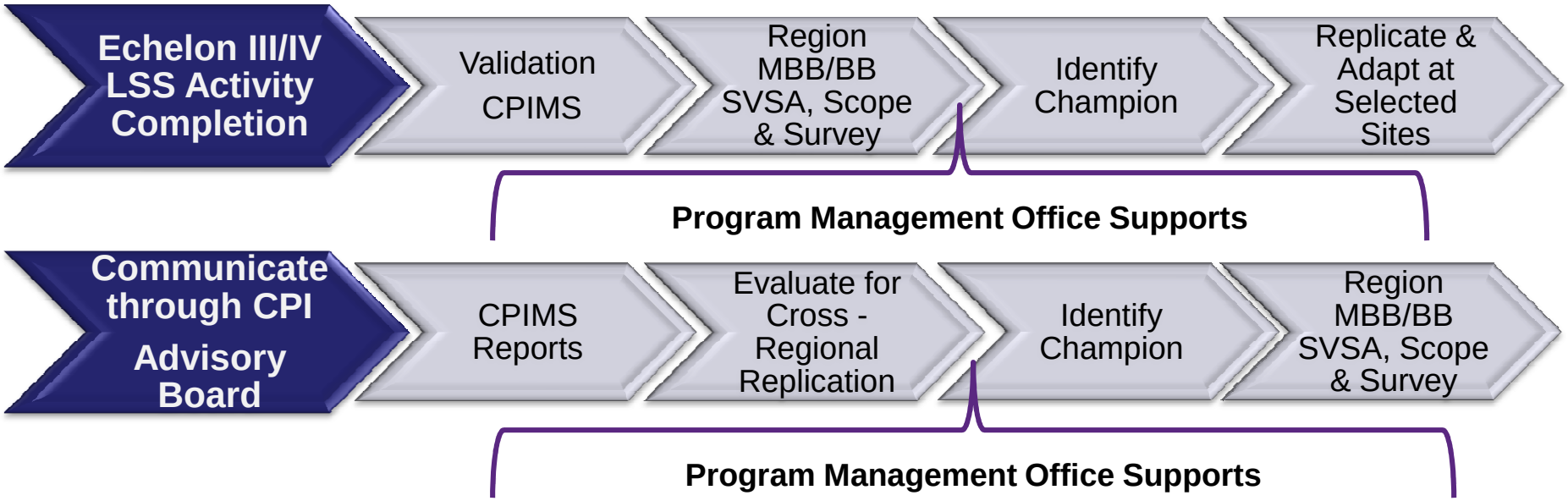
Knowledge Management
4 Levels of Best Practice

- Good Idea:
  - Unproven, not substantiated by data; makes sense to do it
- ✓ Good Practice:
  - Technique, process, procedure that has improved results
  - Substantiated by data, done in one or more locations
- ✓ Local Best Practice:
  - Good practice that has been determined to be best approach for all or a large part of the organization
  - Based on performance data
- Industry Best Practice:
  - Practice determined to be best approach for all of the organization
  - Based on external/internal benchmarking & analysis of performance data

Source: If Only We Knew What We Know, O'Dell

LSS Improvement Replication

LSS Improvement Replication



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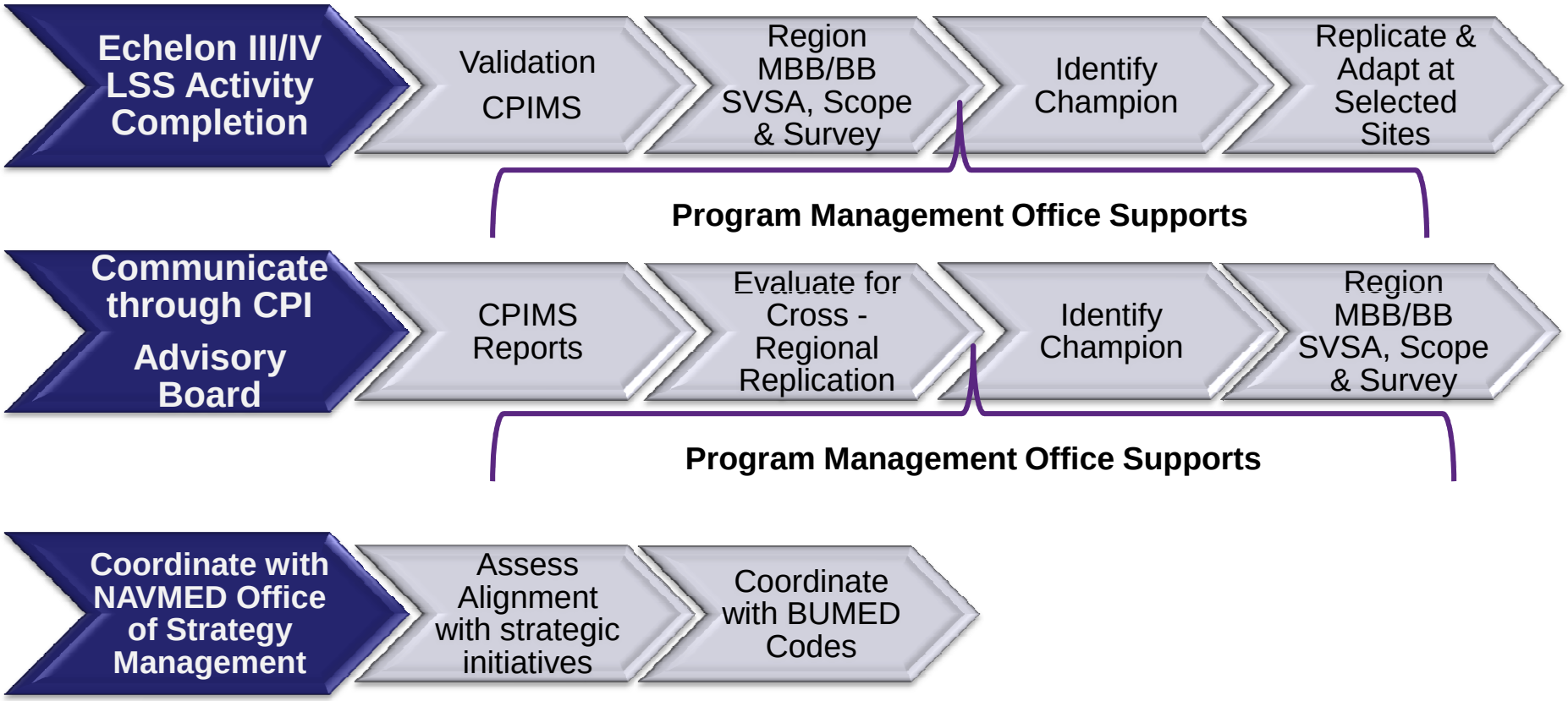

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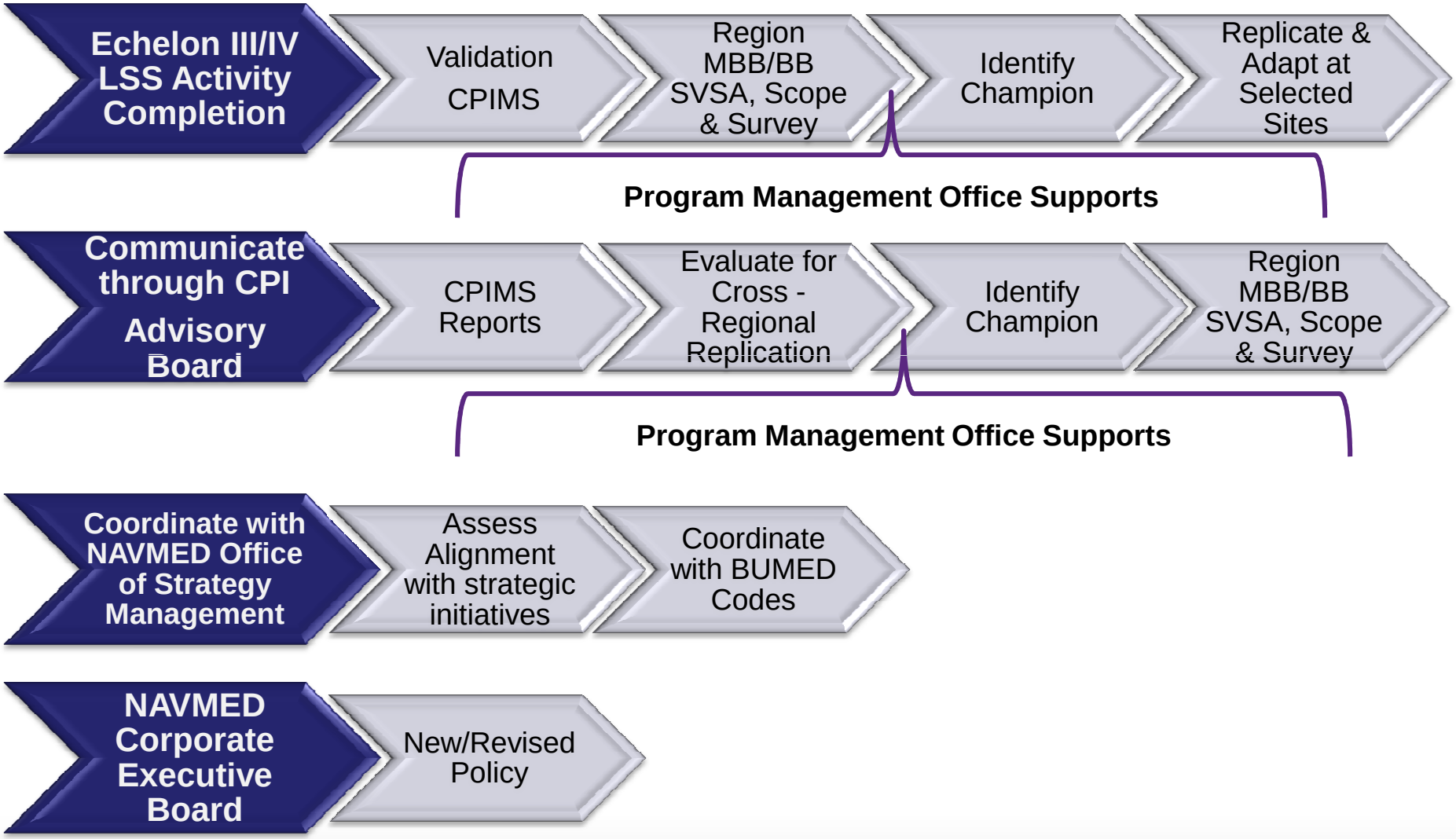

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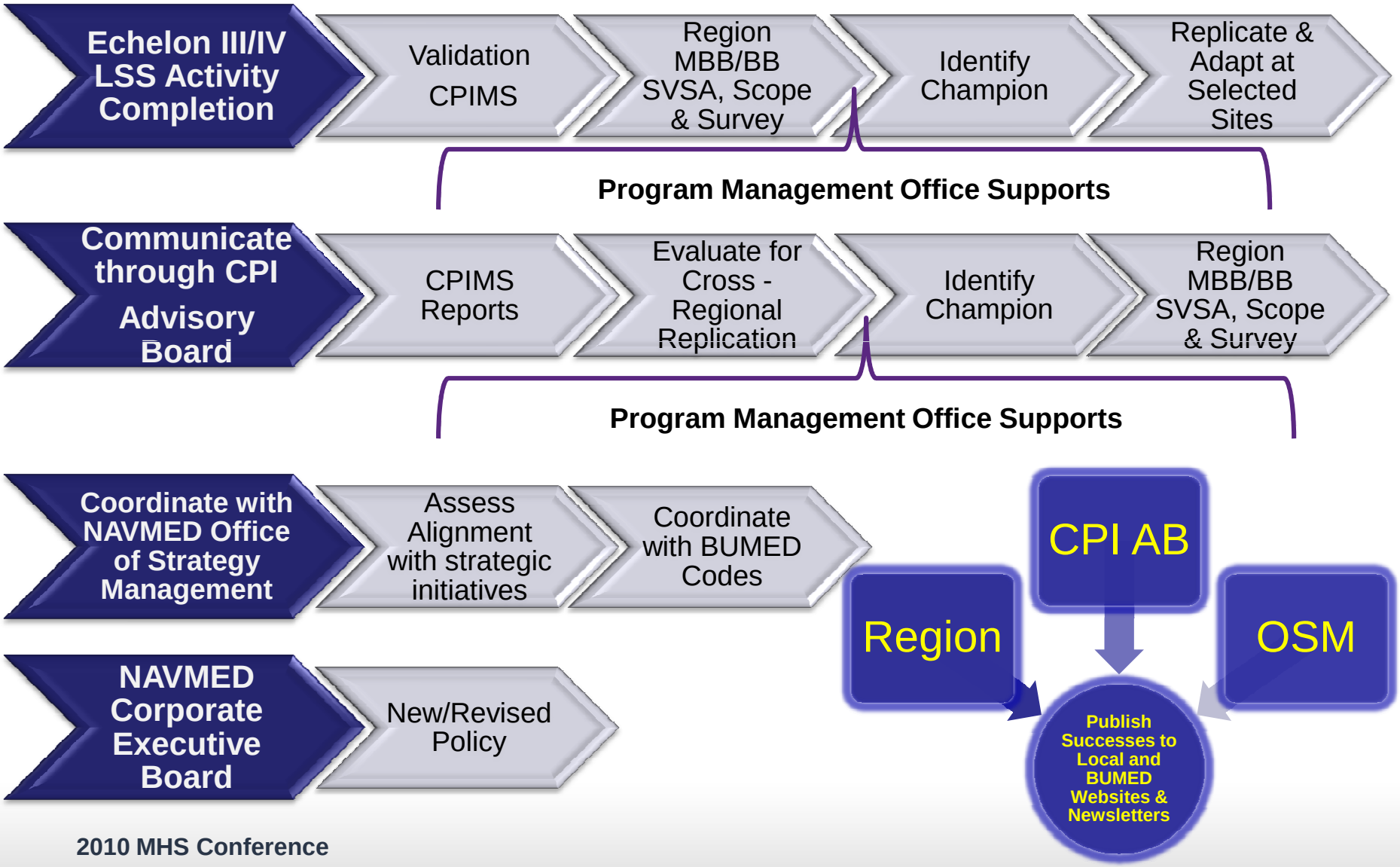


CPI Alignment: Navy Medicine & the Q-AIM

MHS Quadruple Aim		Strategic Goal	Strategic Objective	CPI/LSS Based Initiative	Project POC
Medical Readiness	Enabling a medically ready force, a ready medical force, and resiliency of all MHS personnel.	**Deployment Readiness**	**Improve BSO-18 IMR Status/Reporting** **Improve Accuracy of Readiness Info by Medical Platforms**	**1. Medical Screening Timeliness Improvement of Reservists at Navy Mobilization Processing Site at San Diego.**	• CAPT Comer
				2. Improving Individual Medical Readiness at Naval Hospital Camp Pendleton	•CDR Grush
Population Health	Improving quality and health outcomes for a defined population. Advocating and incentivizing healthy behaviors	**Quality of Care**	**Policies and Practices are rooted In evidence** **Patient safety is maximized**	**1. Surgical Care Improvement Project - Infection Control - at Naval Medical Centers San Diego & Bethesda**	•CAPT Cherry
				2. Specialty Referral Reporting Improvement Program	•LCDR Cook
Experience of Care	Patient and family centered care that is seamless and integrated. Providing patients the care they need, exactly when and where they need it.	**Patient and Family Centered Care**	**Ensure patient satisfaction with the health care experience in: access, coordination, and safety**	**1. Improving VA/DoD Disability Evaluation System Processing at Naval Medical San Diego**	•CAPT Comer
				2. Improved Access to Outpatient OB Care at Naval Medical Center San Diego	•CAPT Comer
Per Capita Cost	Managing the cost of providing care for the population. Eliminate waste and reduce unwarranted variation; reward outcomes, not outputs.	**Performance Based Budgeting**	**Develop a comprehensive management program to integrate resource allocation, workload production, and quality to increase alignment of accountability and fiscal responsibility for efficient and effective mission accomplishment,**	**1. Timely Coding Completion of Outpatient Records at NNMC**	•LCDR Dunbar-Reid
				2. Improving Supply Chain Inventory Management of Immunizations in Na Medicine West	•CAPT Comer

Medical Screening Improvement Project at Navy Mobilization Processing Site - San Diego

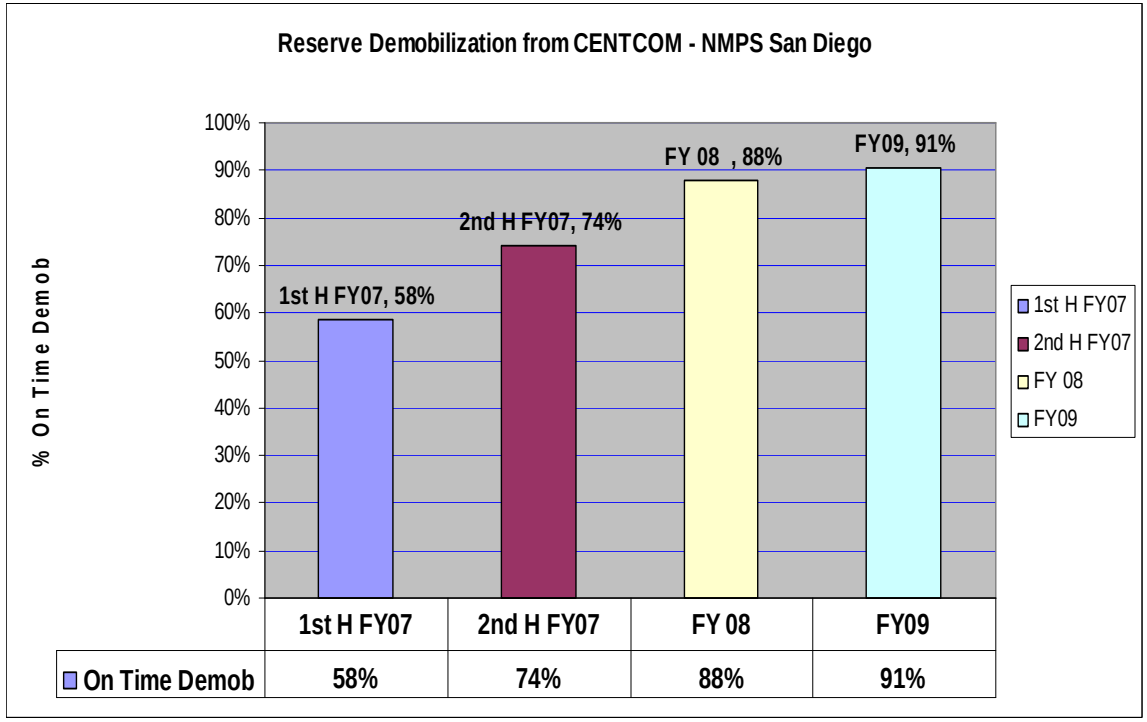
Project Goal: Increase % Screened within 14 days
Reduce average # of medical hold days

Problem/Baseline:

- **FY07 Navy reservists demobilizing from CENTCOM within 14 days only 58%**
- **Average Medical Hold days = 145**

Results:

- **Improved to 91% in 3 Qtrs**
- **Sustained x 7 consecutive QTRs → 4th Qtr FY09.**
- **Tenure of remaining reservists ("Med Hold" status) decreased from mean of 145 to 97 days.**
- **Financial Savings: $4M in salary & per diem costs.**



AHLTA Coding Improvement Project
National Naval Medical Center Bethesda

Project Goal: Reduce the ADM 102 write back error rate by 50%

Actual Improvement = 90% Reduction

Problem/Baseline:

1. **CPT, ICD-9, E&M, and HCPCS Codes within AHLTA not maintained in a timely manner → reduced RVUs credited in M2 → reduced PPS.**
2. **Reference table updates are required in multiple places for system integrity (MEDCIN, AHLTA, CHCS).**
3. **ADM 102 write back errors averaged 66/day.**

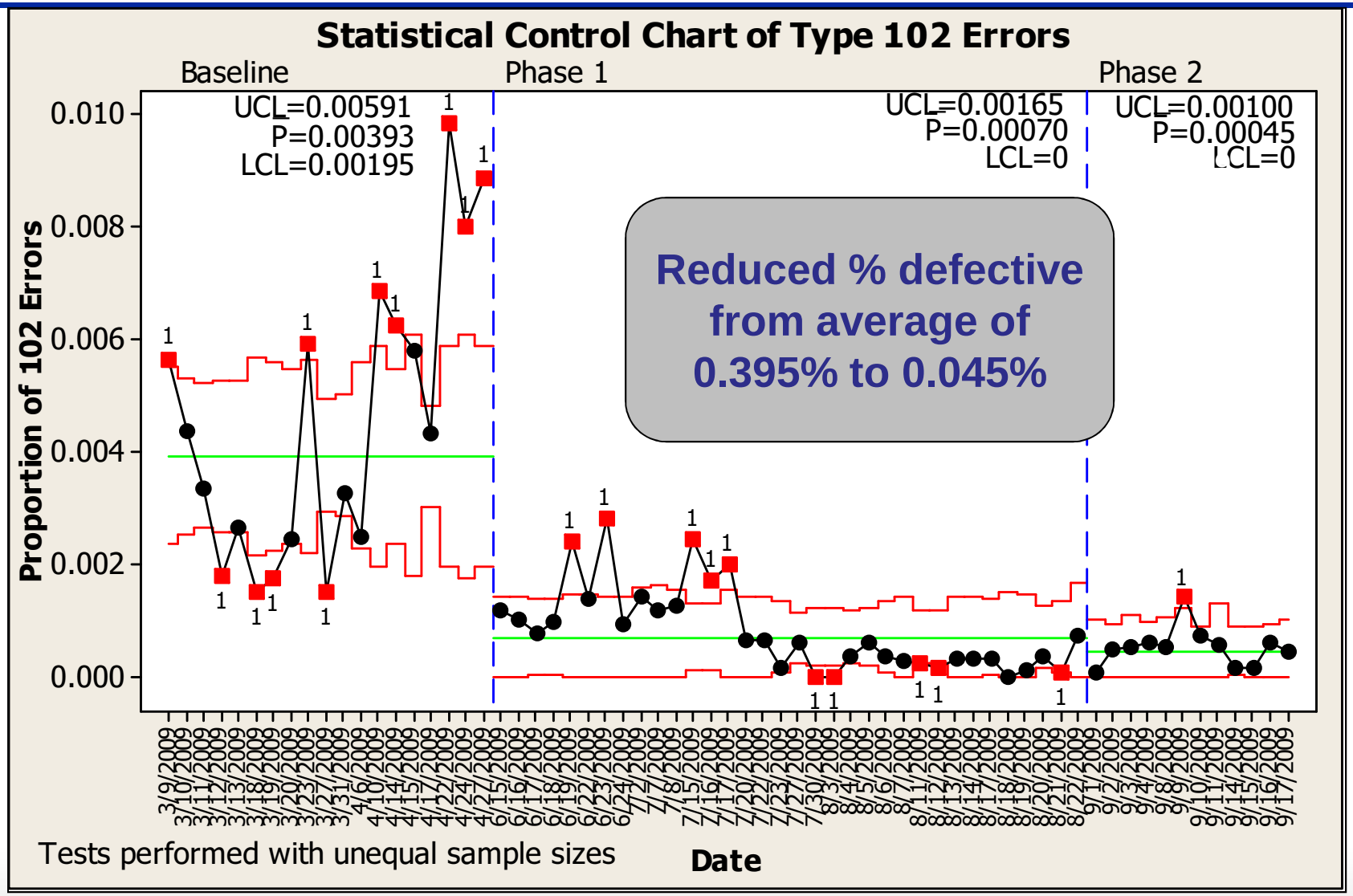
	Sample Mean (Per day)	Sample Std Dev (Per Day)	# Opportunities	# Defects	DPMO	Process Sigma
Performance Baseline	65.89	37.33	318,693	1,387	4,352	4.12
Post Improvement	6.58	3.85	189,539	81	**427**	**4.83**
Performance Target					2,176	4.35

Improvements:

1. **Developing AHLTA Business Rules check for obsolete & invalid codes prior to saving records → feedback to providers and removal from templates**
2. **Load proper reference code set on AHLTA local cache server**
3. **Published cautionary guidance on use of "copy forward"**

ROI	Projected	Realized	Validated
Type I Savings	$1,970,000	$1,246,135	$1,246,135

AHLTA Coding Improvement Project
National Naval Medical Center Bethesda



Supply Chain Management of Immunizations *(Regional Replication)*

Project Goal: Replicate Best Practice
Inventory Management & Use of Reverse Distribution Contracts for Immunizations

Problem/Baseline (9 Navy Hospitals)

1. 7/9 lacked defined integrated processes, effective internal controls, & forecasting of immunizations

2. 1/9 had Reverse Distribution Contracts (RDC) including immunizations for financial recapture of outdated inventory.

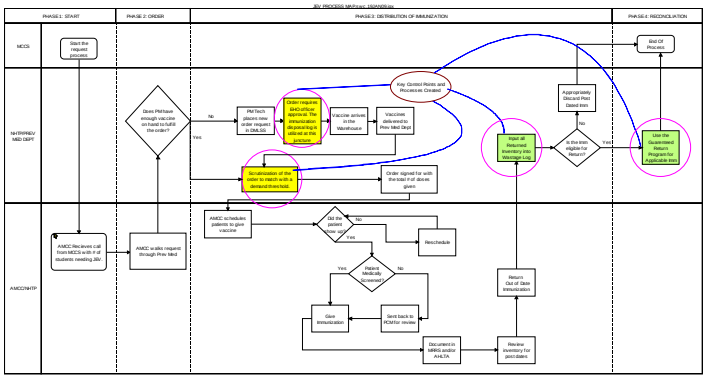
ROI	Projected	Realized	Validated
Type I	-	$177,882	$177,882
Type II	-	$75,211	$75,211

Improvements:

1. Navy Medicine West (NMW) Hospitals conducted Rapid Improvement Events (RIE) to standardize processes → Process Maps & Value Stream Analysis:

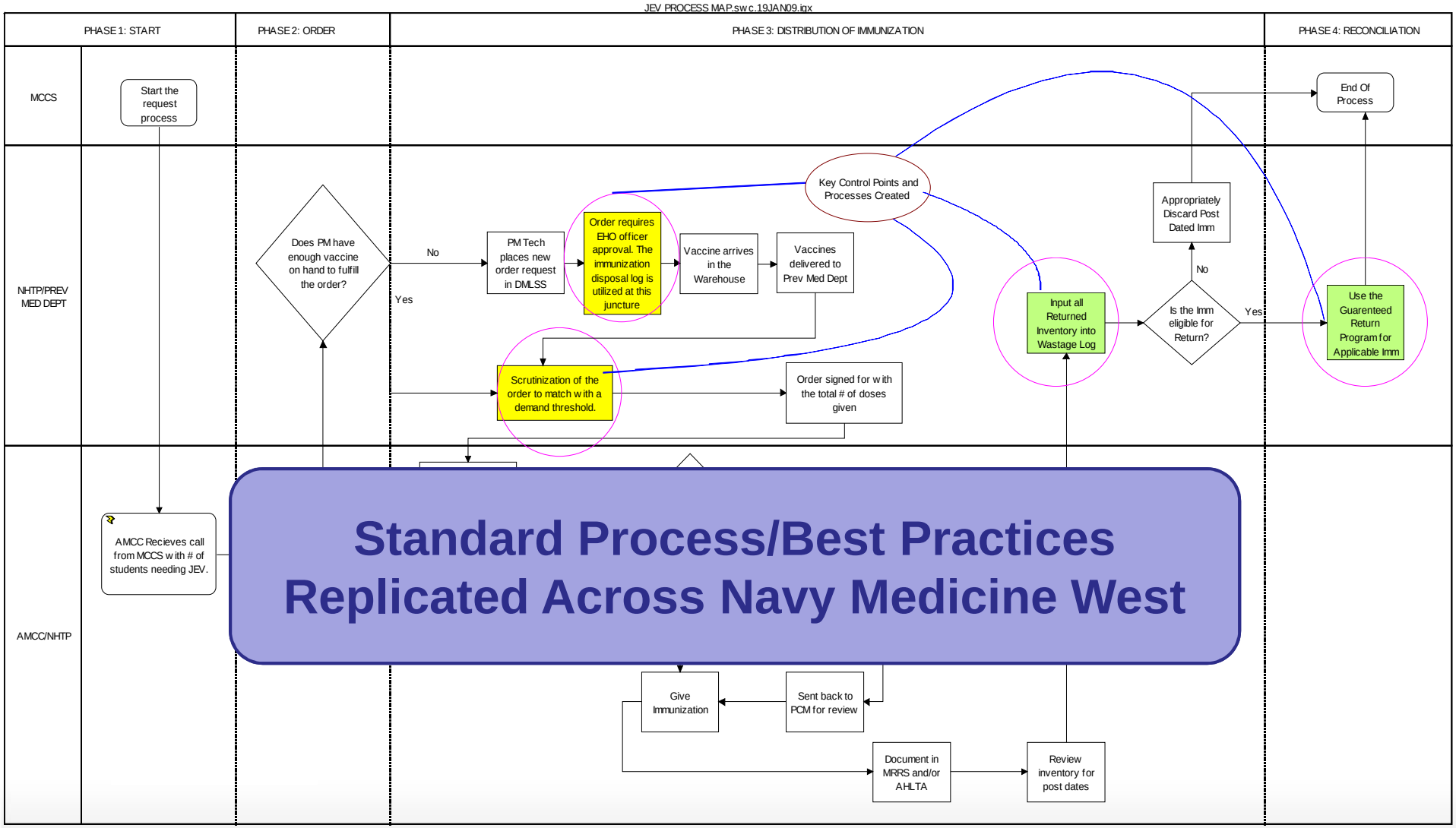
✓ Regional Wastage Log: tracks expired immunizations

✓ Incorporated new controls: manages ordering process.



All 9 NMW Hospitals track expired immunizations & use RDC for recapture dollars from outdated Immunizations

Supply Chain Management of Immunizations *(Regional Replication)*



Standard Process/Best Practices Replicated Across Navy Medicine West

Administering Prophylactic Antibiotics to Post-Op Knee Surgery Patients at 2 Navy Medical Centers

Project Goal: Increase ORYX Surgical Care Improvement Project to > 90%
3a Infection Control

Problem/Baseline:

1. **National Hospital Quality Measure: 87% of reporting facilities in compliance with Joint Commission standards.**

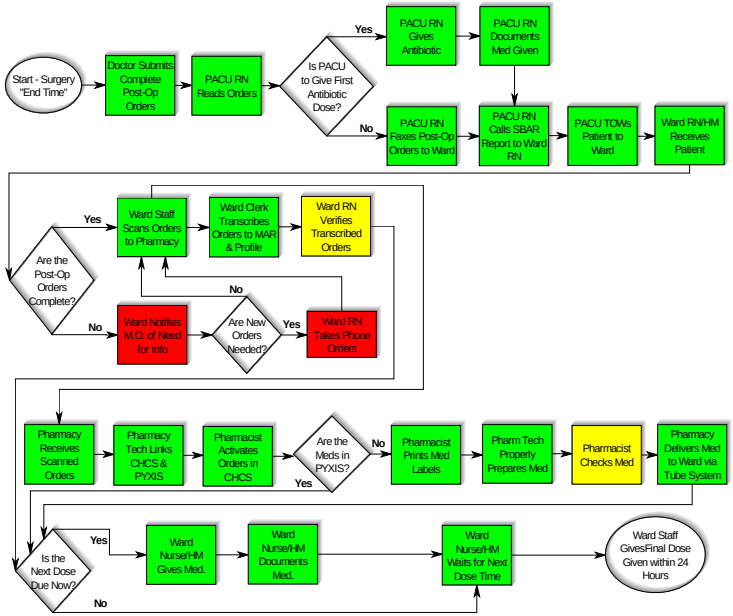
2. ***Sigma level at < 1***

Naval Medical Center Portsmouth (NMCP) = 80%
Naval Medical Center San Diego (NMCSD) = 78%

Improvements:

1. **Coordination of Pharmacy, Peri-Operative & inpatient ward processes**

Standardized medication orders --- Improved process flow --- Improved communication –improved staff satisfaction



Post Project Sigma level at 2
Current ORYX reports:
NMCP = 96.6% NMCSD = 97.9%

- Initial analysis identified 34 process steps.
- Future state shown above includes 23 steps.
- Ideal state process only 9 steps. Need E-inpt record.

Thank you!!

Questions?

BACK UP

Navy Medicine Goals and Objectives *FY10-FY15*

NAVY MEDICINE
World Class Care. Anytime, Anywhere

STRATEGIC GOALS	DEFINITIONS	FY 10 OBJECTIVES			
AGILE CAPABILITIES	Navy Medicine will promote healthy Naval Forces and ensure warfighters are medically prepared to meet their mission. The Naval Forces will have the right medical capabilities to deliver consistent, appropriate, and timely health care services across the entire range of joint military operations.	Health Deployment Readiness. The medically deployable status of all active duty and reserve service members is known.	DNBI Prevention. Minimize casualties in the deployed forces through the prevention of disease and non-battle injuries.	Provide expeditionary Combat Casualty Care in support of COCOM requirements across the entire range of joint military operations ensuring that functional OR & ICU beds are in place to meet warfighter requirements.	*Exploit soft power projection.*
DEPLOYMENT READINESS	Every uniformed member of Navy Medicine will be fully deployable based on successful achievement of all training, administrative, and medical readiness requirements.	Implement standardized training for component health services platforms.	Improve the accuracy of readiness information by medical platforms.	Improve BSO-18 Total IMR and IMR reporting status.	
PATIENT AND FAMILY-CENTERED CARE	Patient and Family-Centered Care is Navy Medicine's core concept of care. It identifies each patient as a participant in his or her own health care and recognizes the vital importance of the family, military culture, and the chain of command in supporting our patients.	Maximize Patient /family empowerment and advocacy through representation on Command decision making committees.	Ensure patient satisfaction with the health care experience regarding: Access to care – Ease of scheduling an appt. Coordination of services w/patient and staff. Safety of health care delivery (pt. safety goals).	Create healing environments respectful of the military culture. Fleet and Fleet Marine Forces will focus on patient waiting areas instituting environmental changes where possible but may substitute process changes to meet the intent.	*Ensure Comprehensive Medical Services.*
PERFORMANCE-BASED BUDGET	Performance-Based Budgeting transforms Navy Medicine from historically based fiscal planning and execution into a process which links resources to performance goals. This properly aligns authority, accountability, and financial responsibility with the delivery of quality, cost effective health care.	Develop a comprehensive management process to integrate resource allocation, workload production, and quality in order to increase alignment of accountability and financial responsibility resulting in the efficient and effective accomplishment of assigned missions.		*Develop relevant data analysis capability enterprise-wide to support improved program performance.*	
QUALITY OF CARE	Navy Medicine health services outcomes meet or exceed patient quality expectations. Our providers deliver the best and current practice complemented by convenient access, lasting results, preventive health, and mitigation of health risk.	Policies and practices are rooted in evidence.	Patient safety is maximized.	*Ensure activity is ethically infused.*	*Wounded Warrior Care and Family support is evidence based and builds the path to restoration.*
RESEARCH AND DEVELOPMENT and CLINICAL INVESTIGATION PROGRAMS	Navy Medicine will conduct relevant research, development, testing, evaluation, and clinical investigations which protect and improve the health of those in our care.	Produce required research products that preserve, protect, treat, rehabilitate, or enhance the performance of Navy and Marine Corps personnel and health care services. ***(Increase products by 10%.)***	Engage in partnerships to enhance efficiencies and project Navy Medicine pertinence in the research and academic communities. ***(Sustain current level of partnerships.)***	Achieve and maintain a national and international reputation as a high-quality, high performance biomedical and military medicine research enterprise, reflecting great credit upon Navy Medicine and ensuring recognition and accreditation of its clinical and academic programs. ***(Increase knowledge products by 10%.)***	*Create Common Operating Picture (COP) linking requirements with R&D/CI efforts in all venues - articulating the impact of outcomes on HCS.*
TOTAL FORCE	Navy Medicine will maintain the right workforce to deliver medical capabilities across the full range of military operations through the appropriate mix of accession, retention, education, and training incentives.	*Establish an overarching organizational structure that directly aligns all aspects of Manpower, Personnel, Training and Education (MPT&E) resulting in the cohesive development, oversight, and execution of Total Force Strategy for Navy Medicine.*	Attract, train, educate, and retain a diverse total force with the requisite competencies to meet current and future missions. *(includes career planning & development)*	*Develop, establish, and implement a comprehensive training and education strategy for Navy Medicine. (by FY11)*	

Strategic Gap Analysis

Pre-Event

- Review Mission, Vision, Values
- Review Strategic Goals
- Review Available Metrics/Performance Data
- Prepare Logistics

Metrics/Data Review (Deployment Team)

- Identify Applicable Data/Information Sources
- Review Applicable Data/Information Sources
- Identify Gaps

Post-Event

- Document Results
- Update Improvement Opportunity Worksheet

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Resources for DoN & NAVMED Lean Six Sigma Projects

Tool / Source	What It Provides
Continuous Process Improvement Management System (CPIMS)	• CPI/LSS Project Management System is an electronic database which captures project documents (charter, tollgates, financial validation) • Contains references for Financial Benefit Validation, DoD/DoN/NAVMED LSS Instructions
NAVMED LSS PMO Website	• http://www.med.navy.mil/SITES/LSSPMO/Pages/home.aspx • Contains DoD/DoN/NAVMED Guidance on LSS Business Transformation, CPIMS, Tools & Templates, Training & Certification, Contact Information
Transformation Team Leaders (TTL Steering Group) *Subgroups: Financial, Metrics , Tools , & Education –Training Working Groups*	• Develops vision-aligned strategies for CPI • Manages implementation of high-level DON CPI goals and objectives • Provides guidelines for defining operational plans and metrics • Reviews DON level CPI project results • Provides overall implementation and sustainment guidance for CPI
NAVMED Continuous Process Improvement Advisory Board (CPIAB) *Members: BUMED Champion, Regional Black Belts, Master Black Belts, LSS PMO Director & Staff*	• Formulates policy recommendations to BUMED • Approving body for CPI guidance, tools, templates, and deployment strategies • Reviews projects for replication across the enterprise and program measures of effectiveness
Quarterly DoN CPI Gram	• Markets LSS "Good News" Stories
Bureau of Medicine and Surgery Continuous Process Improvement	•Website and entry in routine publication under development

POCs for NAVMED
Lean Six Sigma Program

Location	POC
Bureau of Medicine and Surgery Washington, DC	•Patrice D. Bibeau, CAPT, NC, USN LSS Program, Senior Analyst & LSS Black Belt
NAVMED Program Management Office (PMO) Region	• Fernando Moreno, CDR, MC, USN Interim Director, LSS Program & LSS Black Belt
NAVMED National Capital Area (NCA) Region	• Theresa Dunbar-Reid, LCDR, NC, USN NCA Regional Black Belt
NAVMED East (NME) Region	• John Cherry, CAPT, NC, USN NME Regional Black Belt
NAVMED West (NMW) Region	• Charles Gaster, MBB NMW Regional Master Black Belt
NAVMED Support Command (NMSC) Region	• Barry Mullen, HMCM NMSC Regional Black Belt