DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-7300

IN REPLY REFER TO

5220
Ser M09B4/09UN093000252
21 Apr 09

MEMORANDUM FOR ALL NAVY MEDICINE

Subj: NAVY MEDICINE CONTINUOUS PROCESS IMPROVEMENT/LEAN SIX SIGMA GUIDANCE

Ref:
(a) Secretary of the Navy Memo on Transformation Through Lean Six Sigma of 3 May 06
(b) Surgeon General Memo on Lean Six Sigma of 26 Oct 06
(c) Lean Six Sigma (LSS) Infrastructure and Deployment within Navy Medicine Concept of Operations (CONOP) of 28 Nov 06
(d) Department of Defense Continuous Process Improvement Transformation Guidebook of May 06
(e) BUMED Memo on Continuous Process Improvement Management System Deployment and Utilization of 21 Nov 08
(f) SECNAVINST 5220.13
(g) DoD Directive 5010.42 of 15 May 2008

1. The Secretary of the Navy directed the deployment of Continuous Process Improvement/Lean Six Sigma (CPI/LSS) throughout the Department of the Navy (DON) in May 2006, reference (a). Navy Medicine initiated its CPI/LSS program shortly thereafter per references (b) and (c) to better support cost effective readiness and the needs of our warfighters and their families. Our organization needs to embrace all applicable CPI concepts, tools, techniques, and methods to effectively address the challenges of continuous improvement. LSS methodology is well aligned with familiar process improvement methods, including Total Quality Management and the FOCUS-PDCA model (Find, Organize, Clarify, Understand, Select - Plan, Do, Check and Act), Theory of Constraints, Root-Cause Analysis, 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.

2. There has been excellent progress in implementing LSS, yet more is necessary to achieve the benefits of CPI/LSS for breakthrough improvements and exponential returns at the command and enterprise levels. We need to accelerate a programmatic approach to select projects that are aligned with Navy Medicine's strategic priorities, improve project scoping, document project completion, report results, track return on investment, and improve replication for enterprise-wide transformation, in addition to growing a trained CPI/LSS human capital infrastructure.

3. Leadership is responsible for achieving performance improvement and creating a culture that inculcates process improvement as a core competency to support and transform our business. It is my expectation that Commanders set performance improvement priorities consistent with Navy Medicine strategic goals and priorities, direct project charters to achieve strategic-focused

benefits, and provide the resources needed to execute successful projects. Regional Chiefs of Staff and Executive Officers shall serve as Champions for their organization's CPI/LSS activities and are expected to incorporate CPI/LSS as part of their organization's overall process improvement and compliance programs. Echelon IV and V commands should seek to improve command level processes and performance by optimizing the integrated use of their quality management, risk management, and Green Belt (GB) personnel with support from Regional Black Belts (BB) and Master Black Belts (MBB) as needed. The frequent turnover of active duty and reserve personnel necessitates leadership supporting every training opportunity and ensuring Navy Medicine's Champion, BB and GB training classes are utilized to their fullest.

4. The Office of Strategy Management (OSM), M09B4, will serve as the Navy Medicine Deployment Champion and coordinate with Navy Medicine leadership and Navy Medicine Support Command (NMSC) LSS Program Management Office (PMO) to ensure strategic initiatives utilize MBB or BB expertise to optimize enterprise wide improvement and return on investment.

5. The Continuous Process Improvement Management System (CPIMS) shall be used for project, portfolio, and financial benefit reporting of all CPI/LSS projects as directed by reference (e) and validation of benefits shall be performed per reference (f). Program metrics and financial savings associated with CPI/LSS will be reported by Navy Medicine as part of regular Secretary of the Navy Management Reports and I ask that you report all CPI/LSS improvements positioned for enterprise wide application to the Corporate Executive Board at least quarterly.

6. Key CPI/LSS management support infrastructure shall include the OSM, the CPI Advisory Board, the NMSC LSS PMO for program implementation and comprehensive program management, Regional MBBs, BBs, and local command process improvement programs.

7. I appreciate your ongoing efforts in implementing CPI/LSS within your Area of Responsibility (AOR) and look forward to seeing additional benefits as we collectively focus our CPI/LSS activities and resources on areas impacting aligned strategic objectives. My Point of Contact is Director, Office of Strategy Management, Captain Debra Keenan at 202-762-3098 or e-mail: Debra.Keenan@med.navy.mil.

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