DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMED INSTRUCTION 5220.5A

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE PERFORMANCE IMPROVEMENT MANAGEMENT PROGRAM

Ref: (a) DoD Instruction 5010.43 of 17 Jul 2009

Encl: (1) Definitions

1. Purpose

    a. To establish policy and provide guidance for institutionalizing and fully implementing Bureau of Medicine and Surgery (BUMED) Improvement Sciences through alignment of Navy Medicine efforts with those of the Department of Defense (DoD) and Department of Navy. The BUMED Improvement Sciences Directorate is the primary means of Navy Medicine Performance Improvement (PI) management, improving organizational governance and ensuring the alignment of enterprise projects and initiatives to the Surgeon General Commander's Guidance through leadership identification, selection, prioritization, implementation monitoring, and adjudication of all enterprise Improvement Sciences related projects. Additionally, Portfolio Management (PfM), PI, Project Management (PM), and Knowledge Management (KM) are central to building and maintaining medical readiness throughout Fleet Forces and Fleet Marine Forces, through improving organizational performance, enabling well-trained medical experts, and operating high performance, high reliability teams at all levels of the Navy Medicine Enterprise.

    b. This instruction formally institutionalizes and fully implements the BUMED Portfolio Management Support Office (PMSO), PfM, and PM, as well as BUMED Performance Improvement Office (PIO), PI, and KM business standards, processes, and reporting guidelines for Improvement Sciences throughout the Navy Medicine enterprise.

2. Cancellation. BUMEDINST 5220.5.

3. Scope and Applicability. This instruction applies to Navy Medicine enterprise Improvement Sciences projects, studies, and initiatives. Improvement Sciences is available to Fleet and Fleet Marine Forces on a requested basis, as needed.

4. Background

    a. In 2009, per reference (a), Navy Medicine adopted Lean Six Sigma (LSS), its primary PI methodology.

b.   In 2016, the BUMED Executive Steering Council approved the establishment of the PMSO to: Incorporate and support PfM activities for the enterprise; establish a standard process for evaluating and selecting enterprise projects and change initiatives; and create a systematic approach to manage, track, evaluate, and report on all enterprise Improvement Sciences projects, per the Navy Medicine high-reliability organization (HRO) operating model. It also provides an accountability and governance framework, supported by the PMSO that promotes transparency, collaboration, and leadership involvement at every level of the organization.

c.   In 2014, the BUMED PIO and the BUMED PMSO were established and aligned under Enterprise Support Services – BUMED's Executive Director – to formally integrate PIO with PMSO responsibilities to ensure that a management system that supports HRO is supported and consistent across the enterprise.

d.   The PIO and PMSO now coordinate efforts through execution of projects leveraging project and PfM within the Quality Collaborative Synchronization Board governance structure, ensuring enterprise project efforts are aligned to Navy Medicine Commander's Guidance.

e.   Improvement Sciences, which consists of the PMSO, PM, PIO, and KM, was established to provide support to BUMED Headquarters (HQ), Navy Medicine echelon 3, 4, and 5 commands as well as operational forces to include, but not limited to Fleet and Fleet Marine Forces. Accordingly, Improvement Sciences operates within the Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD), and Naval Medical Forces Atlantic, Naval Medical Forces Pacific, and Naval Medical Forces Support Command. The concept of operations is that NAVMEDREADTRNCMDs identify, execute, or escalate project needs to Naval Medical Forces regions for consideration as a regional project, or for further escalation to BUMED HQ as an enterprise project. Improvement Sciences provides support to BUMED HQ, Navy Medicine regional commands, and NAVMEDREADTRNCMDs, serving as the primary subject matter experts for the alignment of projects with the Surgeon General's strategic goals, project prioritization and oversight, and guidance and assistance to Navy Medicine project managers. Navy Medicine personnel at line commands may request support from the cognizant Navy Medicine region, clinical community, or BUMED HQ.

5. Definitions. See enclosure (1).

6. Policy

a.   Improvement Sciences deploys consultative resources in support of projects being planned and from BUMED HQ to all subordinate echelons. To achieve this, PIO and PMSO align resources to support the Navy Medicine mission, to include near- to mid-term and strategic objectives, and provide experienced and certified PI specialists, project managers, coaches, and instructors to help ensure projects are managed effectively and efficiently. This comprehensive approach enables Navy Medicine to promote, support, and sustain a robust PI management program throughout all levels of the enterprise.

b.   Improvement Sciences measures and tracks quantitative and qualitative benefits, and leverages the Strategic Performance Improvement Data Repository and Max.gov to maintain project documents and artifacts related to all PI initiatives regardless of methodology. Data and document entry into Strategic Performance Improvement Data Repository or Max.gov is essential to evaluating the success of PI initiatives.

c.   Improvement Sciences applies a robust change management (CM) rework to connect PI activities with Navy Medicine mission and strategy. The PMSO works in concert with PIO practitioners to assist in the development and execution of projects across a spectrum from rapid improvement events to multi-phase, multi-year projects. Improvement Sciences integrates all applicable Improvement Sciences practices, to include LSS methodologies, with portfolio and PM principles to promote robust PI. This teaming of technical and adaptive applications helps increase effectiveness of systems, promotes better management of projects to meet project requirements, and improves Navy Medicine performance at an accelerated rate. Improvement Sciences is deployed and sustained through the use of leading industry practices in the following four disciplines:

(1) PfM. PfM designates principles and provides a disciplined approach to projects and their review, rationalization, approval, and monitoring in an environment of fiscal constraints. The Navy Medicine portfolio represents the totality of the Navy Medicine investment in the changes required to achieve its strategic objectives. It includes projects, programs, sub-portfolios, and operations managed as a group to successfully achieve strategic objectives. PfM uses the tools, processes, and governance model that was designed to support the Navy Medicine HRO enterprise in achieving benefits from investments in projects and programs that make up the portfolio. PfM encompasses the setting of policies, functions, and responsibilities to enable making business decisions about investments in projects and programs that make up the Navy Medicine portfolio and the process by which decisions are implemented. It matches investments to objectives and assets, monitors projects against fiscal constraints, balances risk against performance, and progress against milestones.

(2) PM. The system of practices, techniques, procedures, and rules used by those who work in a discipline to define, plan, launch, manage, and bring closure to a project. Project Management Institute (PMI) standards are applied to projects leveraging certified project management professionals (PMP). Tailored PMP tools and techniques are applied to all Navy Medicine enterprise projects as defined by the PMSO. Certified portfolio and project managers are staffed throughout the Navy Medicine enterprise and are made available to the Fleet, Fleet Marine Forces, and NAVMEDREADTRNCMDs to achieve their prioritized objectives. Ongoing PMP training and certification opportunities are offered to benefit the individual and the organization, sustain deployment of leading best practices, and enhance the organizational capability to fully utilize PM techniques to meet stated objectives.

(3) <u>PI</u>. PI uses LSS along with the latest adaptive learning methods to foster a culture of Continuous Process Improvement (CPI). This teaming of technical and adaptive applications helps increase effectiveness of processes, better PM to meet stated goals, and improve Navy Medicine performance at an accelerated rate. As part of its CPI capability, the program also leads rapid improvement events and design for six sigma projects to address a wide range of organizational PI needs. Improvement Sciences uses certified LSS practitioners to instruct the champion, green belt (GB), and black belt (BB) courses, and supports the subsequent mentoring and certification processes necessary to promote qualified LSS practitioners. Training and certification programs benefit the individual and the organization, sustain deployment of leading best practices, and enhance a culture of process improvement. The American Society for Quality (ASQ) Body of Knowledge (BOK) remains integrated with the Department of Navy BOK for GB and BB to achieve the current maturity level of the program.

(4) <u>KM</u>. KM is both a discipline and an enabler. KM has a primary responsibility for determining architecture and rules that enable the archiving, sharing, and preservation of knowledge. KM often is involved in the development of workflows tools, providing advice and guidance, and otherwise guiding solutions called for in PI and PM projects. In these two roles, KM ensures standard practices for handling information within the organization.

7. <u>Roles and Responsibilities</u>

   a. <u>BUMED</u>

   (1) <u>Chief, BUMED will</u>:

      (a) Develop and publish PI policy, aligning with DoD guidance in reference (a).

      (b) Utilize Office of the Secretary of the Navy (SECNAV) directed standardized reporting systems throughout Navy Medicine and complete reports, as required.

      (c) Designate parties responsible for development and implementation of standards for all enterprise Improvement Sciences projects and initiatives.

   (2) <u>Executive Director (ED), BUMED will</u>:

      (a) Direct the Navy Medicine enterprise staff, and through the staff, will evaluate the execution and effectiveness of Navy Medicine-wide management systems and programs.

      (b) Formulate Navy Medicine-wide strategic plans, programmatic, objectives, policies, and standards.

      (c) Support identification of, execution, and adherence of standards for all enterprise Improvement Sciences projects and initiatives.

(3) <u>Chief Quality Officer, Navy Medicine must</u>:

(a) Work with BUMED, and echelon 3, 4, and 5 commands to guide adherence to existing policies.

(b) Oversee and monitor performance metrics, drive PI, and draw insights from the enterprise to help chart and pursue a vision for the future of Navy Medicine.

(c) Promote a positive, collaborative culture, with patient safety and quality being central to daily operations of Navy Medicine.

(4) <u>Chief Medical Officer (BUMED-M5B) must</u>:

(a) Provide the clinical leadership necessary to deliver care that is high-value (optimizing quality, safety, patient experience, and cost) across the continuum of care, while improving the health status of the populations served by Navy Medicine.

(b) Provide oversight of regional performance in quality and safety.

(c) Align metrics and improvement projects with strategic goals while supporting the execution and adherence of standards for all enterprise Improvement Sciences projects and initiatives.

(d) Foster a culture of transparency and collaboration ensuring that the entire Navy Medicine enterprise shares and benefits from the analysis of less than optimal medical outcomes on operational environments.

(5) <u>Resource Management and Comptroller (BUMED-M8) must</u>:

(a) Review estimated and actual benefits of projects and report validated benefits attained.

(b) Identify lower echelon independent reviewers to review and validate financial benefits for projects.

(c) Establish and publish business rules on financial validation of benefits specific to Navy Medicine.

(d) Coordinate with echelon 3 Regional Commanders on assignment of Improvement Sciences practitioners on BUMED-M8 sponsored Improvement Sciences initiatives to maximize local adoption and sustainment.

(6) Director Improvement Sciences, (BUMED-ED2) must:

(a) Be the principal advisor to Chief, BUMED, Deputy Chief, BUMED, and Executive Director for Navy Medicine strategy and implementation.

(b) Oversee the deployment of all change capabilities to support the Navy Medicine mission.

(c) Oversee the execution of Navy Medicine PI program operations.

(7) PIO, (BUMED-ED2) must:

(a) Be the principal advisor to Chief, BUMED, Deputy Chief, BUMED, and Executive Director for Navy Medicine Performance Improvement.

(b) Oversee the deployment for PI and KM capabilities to support the Navy Medicine mission.

(c) Oversee the execution of Navy Medicine PI and KM operations and LSS professional development.

(8) PMSO, (BUMED-ED2) must:

(a) Be the principal advisor to Chief, BUMED, Deputy Chief, BUMED, and Executive Director for Navy Medicine PfM.

(b) Oversee the deployment for PfM and PM capabilities to support the Navy Medicine mission.

(c) Oversee the execution of Navy Medicine portfolio and PM program operations.

(d) Establish a portfolio register, a repository of all initiatives, projects, programs, studies, and ideas with corresponding information about dates submitted, status, sponsors, project manager assigned, type, and number of resources put toward the project.

(e) Chair the Performance Improvement Advisory Committee, evaluating enterprise project proposals and initiatives including recommending scope, overall study design and diagnostics, or implementation across Navy Medicine. Support the Quality Collaborative Synchronization Board in promoting and implementing HRO principles to enhance medical readiness capabilities, and advance safe and quality healthcare throughout the enterprise.

(9) <u>BUMED Performance Improvement must</u>:

(a) Endorse, standardize, and institutionalize PI methodologies for Navy Medicine and make final decision on approved project methodologies.

(b) Integrate PI, PM, CM, patient safety, risk management, and quality communities to share, transfer, and implement best practices and lessons learned from projects, private industry, and other government activities and agencies.

(c) Provide direct support for the Fleet and Fleet Marine Force Improvement Sciences initiatives.

(d) Manage PI training curriculums, to include the academic content and educational delivery, of champion GB, BB, KM, PM, and PfM.

(e) Manage PI qualifications, certifications, and designators.

(f) Evaluate and measure the outcomes of the PI program.

(g) Establish and chair technical review committees including those that will address technical and quality issues, investigate opportunities for improvement, and accelerate knowledge transfer related to the deployment of Improvement Sciences.

(h) Establish an enterprise PI maturity model and standard deployment model for each discipline.

(10) <u>BUMED Portfolio Management Support must</u>:

(a) Develop and implement PfM standards, processes, and centralized tools to support leadership with decisions impacting the review, selection, monitoring, and cancellation of enterprise projects and initiatives within the Navy Medicine portfolio.

(b) Maintain portfolio register to support transparency and unity of effort with implementation and execution of approved enterprise initiatives and projects.

(c) Develop screening criteria (e.g., project prioritization rubric and complexity scale) to assist with the rationalization of enterprise projects and initiatives.

(d) Develop and maintain dashboard and reporting mechanism to support governance bodies with routine performance monitoring.

(e) Set all PM standards.

(f) Identify requirements to develop and maintain a cadre of trained and experienced PM professionals to assist project teams achieving their stated objectives.

(g) Provide direct support for the Fleet and Fleet Marine Force Improvement Sciences initiatives.

(h) Provide guidance and develop a training program to support implementation and sustainment of PM best practices across the Navy Medicine enterprise.

(i) Develop criteria to monitor and report on goals and objectives.

(11) Knowledge Management, BUMED must:

(a) Provide support to input information into established KM systems.

(b) Execute KM practices and procedures as communicated from BUMED HQ, within the standard deployment model.

(c) Form edits to integrate KM systems such as charter, project authorization letter, change plan, standard slide deck, benefits workbook, and project assessment template.

(d) Work directly with the BUMED PI specialist to maintain and ensure quality of PI deliverables are maintained.

(e) Gather and analyze data to provide information related to the development of PI actionable implementation of capabilities. Work with the local or extended PI team to plan, schedule, and conduct studies to evaluate and recommend improvements in the identification of the data requests and configuration to be developed in support of PI initiatives at all levels within the organization.

(f) Provide data requirements to system specialists on data needed by project leads, project sponsors, PI practitioners, and team members assigned to PI projects and events.

(g) Perform detailed analysis to validate quality of data and metrics to resolve technical data problems. Identify causes of data error or omission, make recommendations, and implement resolution as part of the Navy Medicine PIO team.

(h) Provide oversight of accepted KM business practices.

(12) Strategic Portfolio Leaders, BUMED must:

(a) Classify and manage all projects within the portfolio structure.

(b) Track and report the status of project portfolios.

(c) Assist with documentation of the BUMED strategic plan project authorization letters.

(d) Report portfolio status, as needed.

(e) Provide advisory services to assist stakeholders in the advancement of projects throughout the project lifecycle. The advisory role is ongoing through the lifecycle, project changes, and project closure.

(f) Support the governing bodies with PfM expertise and recommendations.

(g) Assess, track, and report adherence of all enterprise Improvement Sciences projects with respect to quality and suitability of deliverables, adherence to process project standards, and performance to schedule.

b. Regional Commanders

(1) Commander, Naval Medical Forces must:

(a) Identify priorities for PI aligned to Business Plans and Navy Medicine Strategic Goals for all chartered project activities. The commanders are responsible for all project activity execution in their area of responsibility.

(b) Direct replication of solutions within their area of responsibility and submit "best practices" to the appropriate BUMED code or Corporate Executive Board for policy consideration to standardize practice. Actively support and participate in the identification of new capabilities and initiatives generated by subordinate commands that will benefit Navy Medicine.

(c) Designate an Improvement Sciences Director to oversee Improvement Sciences initiatives for their respective regional command.

(d) Integrate the tools and methods of PfM, PM, PI, and KM with business and readiness improvement initiatives.

(e) Support execution and adherence of standards for all enterprise Improvement Sciences projects and initiatives.

(f) Appoint a primary and alternate independent reviewer to review and validate financial benefit associated with all projects. Ensure independent reviewer coordinates reporting of financial project benefits information with the Budget Division (BUMED-M83).

(g) Promote sustainment reviews on a 6-month and annual basis to ensure the gains achieved from project portfolio are sustained.

(h) Initiate enterprise project proposals using the HRO project governance lifecycle. Establish and maintain a local project governance structure that links to the Quality Collaborative Synchronization Board.

(2) <u>Naval Medical Forces Regional Improvement Sciences Lead Function must</u>:

(a) Be responsible for planning, organizing, and directing the strategic direction for operational patient safety, and CPI within the regional organization.

(b) Support execution and adherence of standards for all enterprise Improvement Sciences projects and initiatives.

(c) Drive prioritization and alignment of robust PI initiatives in support of Navy Medicine's mission and strategy.

(d) Provide leadership and drive targeted results in the area of quality of outcomes and indicators, PI, prioritization, and patient safety in all operational environments.

(e) Collaborate with peers and interdisciplinary staff on regional and Navy Medicine committees. Findings and leading practices are communicated to the field and resulting process improvement opportunities are facilitated and monitored, as appropriate.

(f) Track and trend projects identified in the strategic planning and PI, quality and patient safety programs.

(3) <u>Naval Medical Forces Regional Comptroller</u> must review estimated and actual financial benefits calculations of projects and validate benefits.

(4) <u>Naval Medical Forces, Regional Senior Performance Improvement Specialist must</u>:

(a) Be qualified to execute the duties of a Master BB (MBB), responsible for PI training, mentoring, standard deployment process, and results.

(b) Support execution and adherence of standards for all enterprise Improvement Sciences projects and initiatives.

(c) Provide advisory services and keep abreast of issues, trends, and developments in the areas of PI, PM, CM, strategic alignment, patient safety, risk management, and quality initiatives to allow for the rapid, proactive development of strategies, and adoption of best practices, throughout Navy Medicine.

(d) Collaborate with the PI, PM, CM, patient safety, risk management, and quality communities to share, transfer, and implement best practices and lessons learned from projects, private industry, and other government activities and agencies.

(e) Report to the Regional Improvement Sciences Director for mission related projects and initiatives.

(f) Work directly with the Improvement Sciences Director to maintain and ensure quality of project execution and belt certification requirements.

(g) Interface with BUMED PIO to ensure strategic alignment and quality is maintained throughout the enterprise such as the standard deployment model.

(h) Partner and communicate with command Improvement Sciences leads.

(5) Naval Medical Forces PI Specialist must:

(a) Be a dedicated resource, qualified to perform the duties of a BB, with PI expertise deployed to support, mentor, and execute PI initiatives.

(b) Provide advisory services and keep abreast of issues, trends, and developments in the areas of PI, PM, CM, strategic alignment, patient safety, risk management, and quality initiatives to allow for the rapid, proactive development of strategies, and adoption of best practices.

(c) Collaborate with the PI, PM, CM, patient safety, risk management, and quality communities to share, transfer, and implement best practices and lessons learned from projects, private industry, and other government activities and agencies.

(d) Report to the Improvement Sciences Director for mission related projects and initiatives.

(e) Work directly with the senior MBB to maintain and ensure quality of project execution and belt certification requirements.

(f) Interface with BUMED PIO to ensure strategic alignment and quality is maintained throughout the enterprise such as the standard deployment model.

(g) Support execution and adherence of standards for all enterprise Improvement Sciences projects and initiatives.

(h) Report periodically on project and initiative status in the BUMED PMSO portfolio register per reporting standards established by the BUMED PMSO.

(i) Provide assistance and take corrective action for identified project deficiencies or failure to maintain PM standards.

(6) <u>Naval Medical Forces Knowledge Management Function must</u>:

(a) Provide support to input information into established KM systems.

(b) Execute KM maturity as communicated from BUMED PIO.

(c) Report to the Improvement Sciences Director for mission related projects and initiatives.

(d) Work directly with the senior MBB to ensure the quality of deliverables is maintained.

(e) Gather and analyze data to provide information related to the development of PI actionable implementation of capabilities. Work with the local or extended BUMED PIO team to plan, schedule, and conduct studies to evaluate and recommend improvements in the identification of the data requests and configuration to be developed in support of Improvement Sciences initiatives at all levels within the organization.

(f) Provide data requirements to system specialists on data needed by project leads, project sponsors, PI practitioners, and team members assigned to PI projects and events.

(g) Perform detailed analysis to validate quality of data and metrics to resolve technical data problems. Identify causes of data error or omission, make recommendations, and implement resolution as part of the BUMED PIO team.

(7) <u>Naval Medical Forces PfM must</u>:

(a) Be a subject matter expert in PfM.

(b) Provide support, advice, and recommendations to the Navy leadership regarding PMI tools, techniques, and procedures.

(c) Provide guidance on PMP to local project leads.

(d) Assist in identifying potential projects and correctly differentiating between the various available disciplines.

(e) Support Regional level enterprise projects.

(8) <u>Naval Medical Forces Project Manager must</u>:

 (a) Be a subject matter expert in PM.

 (b) Provide recommendations and guidance related to PM within the governance structure.

 (c) Assist with tools, templates, and reporting related to the Performance Improvement Advisory Committee and Quality Collaborative Synchronization Board.

 (d) Assist portfolio leaders in tracking projects.

 (e) Advise the portfolio leaders in the classification and management of projects within the portfolio.

c. <u>Echelon 4 and 5 Commands</u>

 (1) <u>Commander or Commanding Officer must</u>:

 (a) Commit to the goal of medical readiness and enhanced survivability across the range of military operations and take ownership of Improvement Sciences at the command.

 (b) Speak knowledgeably regarding medical readiness, enhanced survivability, and Improvement Sciences at the command.

 (c) Promote principles of high reliability and possess a working knowledge of Improvement Sciences and analytic structures supporting high performance teams as well as the Improvement Sciences organizational infrastructure.

 (d) Designate an Improvement Sciences lead to oversee Improvement Sciences initiatives for the command. This will be a government position (civil service or military) and may be a full time or collateral duty position at the discretion of the commander or commanding officer. Individuals identified for this role must be qualified in PM or LSS methodologies.

 (e) Ensure appropriate escalation to the Regional Medical Forces of projects requiring additional resources, and maintain full awareness of Command Quality Council efforts.

 (f) Support execution and adherence of standards for all enterprise Improvement Sciences projects and initiatives.

 (2) <u>Command Improvement Sciences Lead must</u>:

 (a) Be responsible for planning, organizing, and directing the strategic direction for operational patient safety, and CPI within the designated echelon 4 or 5 organization.

(b) Support execution and adherence of standards for all enterprise Improvement Sciences projects and initiatives.

(c) Drive prioritization and alignment of robust PI initiatives in support of Navy Medicine's mission and strategy.

(d) Provide leadership and drive targeted results in the area of quality of outcomes and indicators, PI, prioritization, and patient safety in all operational environments.

(e) Partner with the command BOK and Command Quality Council to ensure PfM, PM, PI, and KM methodology is being appropriately applied at the command.

(f) Collaborate with peers and interdisciplinary staff on regional and Navy Medicine committees. Findings and leading practices are communicated to the field and resulting process improvement opportunities are facilitated and monitored, as appropriate.

(g) Track and trend projects identified in the strategic planning and PI, quality and patient safety programs.

(3) <u>Command PI Specialist must</u>:

(a) Be a dedicated resource, qualified to perform the duties of a BB, with PI expertise deployed to support, mentor, and execute PI initiatives.

(b) Provide advisory services and keep abreast of issues, trends, and developments in the areas of PI, PM, CM, strategic alignment, patient safety, risk management and quality initiatives to allow for the rapid, proactive development of strategies, and adoption of best practices.

(c) Collaborate with the PI, PM, CM, patient safety, risk management, and quality communities to share, transfer, and implement best practices and lessons learned from projects, private industry, and other government activities and agencies.

(d) Report to the Improvement Sciences Director for mission related projects and initiatives.

(e) Work directly with the senior MBB to maintain and ensure quality of project execution and belt certification requirements.

(f) Interface with BUMED PIO to ensure strategic alignment and quality is maintained throughout the enterprise such as the standard deployment model.

(g) Support execution and adherence of standards for all enterprise Improvement Sciences projects and initiatives.

(h) Report periodically on project and initiative status in the BUMED PMSO portfolio register per reporting standards established by the BUMED PMSO.
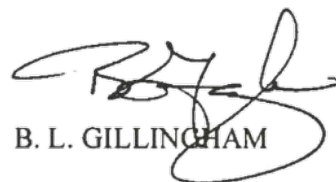
(i) Provide assistance and take corrective action for identified project deficiencies or failure to maintain Improvement Sciences standards.

8. <u>Records Management</u>

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/ DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/ AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

9. <u>Review and Effective Date</u>. Per OPNAVINST 5215.17A, BUMED-ED will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

B. L. GILLINGHAM

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx

DEFINITIONS

1. American Society for Quality (ASQ). The organization is a knowledge-based global community of quality professionals dedicated to advancing quality tools, principles, and practices in their workplaces and communities. The Shingo Lean, ASQ GB BOK, ASQ BB BOK, and ASQ MBB BOK represent the standards of certification that the Navy used to derive their LSS GB and ASQ LSS BB certifications (Indiana Quality Council).

2. Black Belt (BB). Certified LSS BB is a professional trained in the methods and practices of LSS, who has been certified to perform a leadership role in LSS PI initiatives. Certified LSS BBs typically work under the supervision of a MBB provide guidance on the application LSS principles to specific PI projects.

3. Change Management (CM). CM is a methodology that represents the management of change and development within an organization. CM is a change lever that connects the strategy level to the deployment level.

4. CM Framework. A system of fundamental integrated methodologies used to increase the quality and the acceptance of the technical solutions developed by improvement methodologies such as LSS, CM, systems engineering, and KM.

5. Chief Science Officer. The chief science officer is a position at the head of Improvement Sciences operations performing significant PI projects that contribute to a greater capability. The role evaluates and sets Improvement Sciences priorities and coordinates administrative structure that supports PI practitioners.

6. Design for Six Sigma. A define, measure, analyze, design, and verify (DMADV) process is an important improvement system used to develop new processes or products at six sigma quality levels. DMADV is also deployed when the current process needs more than an incremental improvement. DMADV can be translated to systems engineering models.

7. Champion. Champion refers to a senior leader who has the LSS vision (to eliminate waste, reduce variation, or provide a new or improved capability). The champion is a senior leader who can resolve any issues that arise between the LSS belt and any other person in a higher position in the organization. Champion training is offered by Improvement Sciences.

8. Green Belt (GB). Certified GBs are professionals who are well versed in the core to advanced elements of LSS methodology, who lead improvement projects and may serve as a team member of more complex improvement projects lead by a certified BB or certified MBB.

9. Health System Engineering. Health system engineering is an academic and a pragmatic discipline that approaches the healthcare industry, and other industries connected with health care delivery, as complex adaptive systems, and identify and apply engineering design and analysis principals in such areas.

10. <u>Indiana Quality Council</u>. Publications for lean, six sigma GB, and six sigma BB form the content for certifications.

11. <u>International Council on Systems Engineering</u>. The organization is a non-profit organization focused on the systems engineering book of knowledge.

12. <u>Improvement Sciences</u>. The concept of Improvement Sciences provides a framework for research focused on healthcare improvement. The primary goal of this scientific field is to determine which improvement strategies work as we strive to assure effective and safe patient care. The overriding goal of Improvement Sciences to ensure quality improvement efforts are based as much on evidence as the best practices they seek to implement.

13. <u>Knowledge Management (KM)</u>. KM is the way you manage your organization, when you understand the value of your knowledge. KM is an improvement science deployed like LSS. Strategy, deployment, and tactical improvements are connected by a change management framework.

14. <u>Lean</u>. A systematic approach using a set of tools and techniques that focus on the elimination of waste and non-value added activities while simultaneously improving quality. Value is defined by the customer. The results of lean include improved cycle times, resource requirements, capacity, and production.

15. <u>Lean Six Sigma (LSS)</u>. LSS combines Toyota's lean manufacturing philosophy with the qualitative and quantitative techniques for driving process improvement that Motorola's Six Sigma management strategy provides. The approach is pragmatic; it allows an organization to pick which parts of each discipline will help the organization meet its goals. LSS includes the PM, business process reengineering, lean, and six sigma BOKs.

16. <u>Maturity Model</u>. Maturity is measurement of the ability of an organization for continuous improvement in a particular discipline. The maturity model assesses qualitatively people and culture; processes and structure; and objects and technology. Maturity management is a change lever that connects the deployment level to the tactical project level.

17. <u>MBB</u>. Certified MBB is a professional who has attained a rank of the most experienced and effective LSS expert practitioners. A six sigma MBB is generally responsible for creating portfolios of improvement projects for healthcare, leading enterprise-wide LSS implementations, and training other LSS practitioners. Certification by a recognized body is necessary for recognition as a MBB.

18. <u>Medical Treatment Facility (MTF)</u>. Any DoD facility, outside of a deployed environment, constructed primarily for health care or as otherwise determined by the Secretary of Defense to be an MTF.

19. <u>Non-Medical Treatment Facility (non-MTF)</u>. Non-MTF environment defined as: operational clinical services under the operational control of Combatant Commands, on ship, planes, or on installations outside of MTFs.

20. <u>PI Deployment Director</u>. The PI deployment director provides leadership for the PI Program. The PI deployment director will be responsible for driving operational excellence and robust CPI. By using Improvement Sciences methodologies, the director will lead, facilitate, organize, and coordinate the PI Program for Navy Medicine. The director mentors and empowers staff to manage PI projects.

21. <u>Portfolio Management Professional (PfMP)</u>. Portfolio managers align projects, programs and operations with strategic objectives, investing resources in the right work to deliver the expected value.

22. <u>Portfolio</u>. The totality of an organization's investment in the changes required to achieve its strategic objectives. It includes projects, programs, sub-portfolios, and operations managed as a group to successfully achieve strategic objectives.

23. <u>Project</u>. A temporary endeavor undertaken to create a unique product, service or result, having a beginning and end, defined deliverables, and a schedule. A project is defined as having the following characteristics: a unique (one time) change in that it is not a routine operation, a specific set of actions designed to accomplish a singular goal or introduce a new capability; using temporary resources generally (people, funds, materials, or time); including a team formed specifically under the auspices of a project definition document.

24. <u>Studies</u> are conducted to gain additional insight or to determine short and long term effects of particular issues.

25. <u>Project Management Institute (PMI)</u>. Services include the development of standards, research, education, publication, networking-opportunities in local chapters, hosting conferences and training seminars, and providing accreditation in PM.

26. <u>Project Management Professional (PMP)</u>. An internationally recognized professional designation offered by the PMI. Certification requires mastery of the five process groups (initiating, planning, executing, monitoring, controlling, and closing) to complete assigned projects.

27. <u>Project Methodology</u>. The system of practices, techniques, procedures, and rules used by those who work in a discipline to define, plan, launch, manage, and bring closure to a project.

28. <u>Project Portfolio Management (PPM)</u>. PPM is the centralized management of the processes, methods, and technologies used by project managers and project management offices to analyze and collectively manage current or proposed projects based on numerous key characteristics. The objectives of PPM are to determine the optimal resource mix for delivery and to schedule activities to best achieve an organization's operational and financial goals, while honoring constraints imposed by customers, strategic objectives, or external real-world factors.

29. <u>Robust Performance Improvement</u>. Robust performance improvement is a methodology that integrates the common rubric, LSS with CM. PI is the recognized preferred methodology by The Joint Commission.

30. <u>Six Sigma</u>. A disciplined, systematic, and data driven methodology used to identify and analyze root causes and to eliminate process variations and deficiencies. Six sigma projects provide both a methodology and a metric for pursuing near perfection in all processes and defect free quality.