

**Following our sell-out annual event in 2006 WCBF presents:**

# The 5th Annual Conference on Successfully Implementing **Six Sigma in Healthcare**

March 28-30, 2007  
Las Vegas, NV

**Leveraging Six Sigma and Lean Methodologies across the Healthcare Supply Chain to  
Reduce Costs and Improve Quality**

## **WHO SHOULD ATTEND?**

WCBF invites all professionals within the Healthcare Industry and Supply Chain responsible for improving quality in clinical, operational and transactional processes including:

- CEOs
- VPs of Continuous Improvement
- Heads of Quality & Customer Satisfaction
- Six Sigma Champions, Master Black Belts and Black Belts, VPs of Six Sigma
- Administrators
- Patient Safety Officers
- Chief Operations Officers
- Directors of Clinical Excellence
- Medical Directors
- Chief Quality Officers
- VPs of Business Improvement
- Team Leaders, Process Improvement
- Risk Managers
- Heads of Process Engineering
- VPs of Clinical Outcomes
- Clinical Department Heads

## **CONFIRMED SPEAKERS INCLUDE:**

### **Chairman:**

**Tomas Gonzalez**

Sr. Vice President of Marketing, Strategy and Six Sigma  
**VALLEY BAPTIST HEALTH SYSTEM**

**Glenn A. Fosdick**

FACHE, President and CEO  
**THE NEBRASKA MEDICAL CENTER**

**Joseph Schwarz**

Director, Business Transformation  
**ST FRANCIS HOSPITAL AND HEALTH CENTERS**

**Ken Rice**

Director of Reinventing  
**SENTARA HEALTHCARE**

**Mariano Garrido Lopez**

Vice President, COE for Organizational Effectiveness  
**TRUMAN MEDICAL CENTERS**

**Claire Chadwell-Bell**

Director of Care Management  
**CENTURA HEALTH**

**Deborah Smith**

Master Black Belt  
**CENTURA HEALTH**

**Jason Lesback**

Six Sigma Master Blackbelt  
**THE NEBRASKA MEDICAL CENTER**

**Dr. Jerome Tobin**

Chief Medical Officer  
**FAIRFIELD MEDICAL CENTER**

**Mike Tobin**

Master Black Belt  
**FAIRFIELD MEDICAL CENTER**

**Beth Lanham**

Six Sigma Master Black Belt  
**FROEDTERT HOSPITAL MILWAUKEE**

**Matiana Vela**

Master Black Belt  
**VALLEY BAPTIST HEALTH SYSTEM**

**Tracy Kirkconnell**

Master Black Belt  
**VALLEY BAPTIST HEALTH SYSTEM**

**Heather Gibson**

Director – Medical Imaging Services  
**VANCOUVER ISLAND HEALTH AUTHORITY**

**Workshops: March 28<sup>th</sup> 2007**

<b>WORKSHOP A: 08.30 – 11.15</b>	<b>WORKSHOP B: 08.30 – 11.15</b>
<b>Successfully Implementing Six Sigma in Healthcare: an introduction</b>	<b>Lean Six Sigma Integration</b>
<b>WORKSHOP C: 11.30 – 14.15</b>	<b>WORKSHOP D: 11.30 – 14.15</b>
<b>Managing Change/Culture to Support Six Sigma</b>	<b>Design for Six Sigma and Beyond</b>
<b>WORKSHOP E: 14.30 – 17.15</b>	<b>WORKSHOP F: 14.30 – 17.15</b>
<b>Value stream mapping</b>	<b>Process simulation/modelling</b>

**DAY ONE, March 29th 2007**

**7.30 Registration and Breakfast**

**8:20 Welcome and Opening Remarks by the Chairman**

**Tomas Gonzalez**  
 Sr. Vice President of Marketing, Strategy and Six Sigma  
 Valley Baptist Health System

**KEYNOTE ADDRESS**

**08.30 Keynote Presentation: Demonstrating the difference that Six Sigma makes to a healthcare organization**

- Critical success and failure factors
- The influence of Six Sigma on clinical outcomes and patient safety
- Contributing to the bottom line business goal

**Glenn Fosdick FACHE**  
 President and CEO  
 The Nebraska Medical Center

**9:10 Incorporating Six Sigma and Lean as part of your continuous improvement methodologies**

- Maximising the benefits of Six Sigma as a complement to the existing performance improvement toolkit
- Weighing up the value of Six Sigma and Lean compared to other tools
- Piggybacking Six Sigma onto existing TQM initiatives to ensure minimum disruption to the organization

**9.50 Refreshments and Networking**

**10.20 Aligning Six Sigma with organizational strategies to ensure consistency and success**

- Analyzing where Six Sigma can fulfil the goals of the organization
- Ingraining Six Sigma into the organization at every level
- Translating organizational strategies into projects

**Edward Craven**  
 Director, Innovation Strategy  
 New York Presbyterian Hospital

**11.00 Changing organizational culture to get buy-in across the whole organization**

- Demonstrating both financial and non-financial benefits
- Communicating success
- Overcoming resistance from senior management, middle management and clinicians
- Portraying Six Sigma as continuous improvement rather than a project that has an end
- Cultural assessment: is your organization ready for a cultural transformation?

**Greg Stock**  
 Chief Executive  
 Thibodaux Regional Medical Center

**11.40 CEO AND LEADERSHIP PANEL****Managing the realities of undertaking and sustaining Six Sigma****12.10 Lunch and Networking****STREAMED SESSIONS**

Choose Track A or Track B according to your level of advancement on the Six Sigma journey

<b>TRACK A: BEGINNERS</b>	<b>TRACK B: INTERMEDIATE/ ADVANCED</b>
<p><b>1.40: A beginner's guide to lean and Six Sigma</b></p> <ul style="list-style-type: none"> <li>• Definition of DMAIC</li> <li>• Glossary of terms used</li> <li>• How lean and Six Sigma work together</li> </ul>	<p><b>13.40 Six Sigma Program Sustainability Strategies</b></p> <p>In December 2002, The Nebraska Medical Center began its application of Lean and Six Sigma (DMAIC) Quality Improvement Tools and Methods. Without question, the application of these tools and methods has led to significant improvements in clinical quality and service, operational effectiveness, and has made work easier for staff and physicians. With the completion of each project, the organization has learned important lessons. This presentation shares some of those key lessons regarding:</p> <ul style="list-style-type: none"> <li>• Successful strategies for resource deployment, project identification, and a project approval process</li> <li>• The power of multi-generational project planning within a critical service area</li> <li>• How to most effectively spread the application of DMAIC and Lean tools across the organization</li> <li>• Translation of project improvements beyond the initial project area</li> <li>• How to take advantage of project interdependencies and overlap</li> </ul> <p><b>Jason Lebsack</b> Manager, Six Sigma Master Black Belt <b>The Nebraska Medical Center</b></p>
<p><b>2.20 Lessons learned in the first year</b> Saint Francis Hospital and Health Centers of Indianapolis, Indiana, a 450 bed, 3 location, full service acute care hospital system, is a year into their Lean Six Sigma journey, and has learned some powerful lessons that are helpful to new comers as well as those who want to achieve more from their program. St. Francis received the 2006, 2005 and 2004 HealthGrades Award for Clinical Excellence™, ranking it among the top 5 percent of all hospitals in the country for overall clinical performance. St. Francis is also recognized as one of the nation's 100 Top Hospitals® by Solucient.</p> <p><b>Joseph Schwarz</b> Director, Business Transformation <b>St Francis Hospital and Health Center</b></p> <p><b>Heather Woodward</b> Program Lead <b>St Francis Hospital and Health Center</b></p>	<p><b>14.20 Using DFSS to design new processes for an Electronic Health Record</b></p> <p>In 2005, Sentara Healthcare used Six Sigma tools and techniques to develop the business case which resulted in Board approval for a \$237 Million investment in an Electronic Health Record. Since contract signing, 16 process redesign/benefits realization teams have been using DFSS (Design for Six Sigma) methodology to redesign processes that will enable Sentara to realize the benefits identified in the business case.</p> <p>These teams have followed a structured approach to defining the current processes, measuring current performance, analyzing problems and opportunities, and designing and validating new processes. The new processes being designed not only exploit the electronic health record but also eliminate non-value added work and improve existing processes.</p> <p><b>Ken Rice</b> Director of Reinventing <b>Sentara Healthcare</b></p>
<p><b>15.00: Refreshments and Networking</b></p>	<p><b>15.00 Refreshments and networking</b></p>
<p><b>15.30 Lean Six Sigma Strategic Deployment: An Art or a Science ...?</b> The ultimate success of Lean Six Sigma (L6S) deployment in</p>	<p><b>15.30 The role of lean for long-term success in continuous improvement</b></p> <ul style="list-style-type: none"> <li>• Catapulting the continuous improvement process using</li> </ul>

<p>any organization is highly correlated to the success of its initial stages. Learn about the strategy and tactics that Truman Medical Centers is using to deploy L6S as a multi-faceted organizational transformation program, which includes:</p> <ul style="list-style-type: none"> <li>• Setting up the enabling infrastructure for L6S deployment: People, processes, tools, and governance.</li> <li>• Aligning L6S with organizational strategies.</li> <li>• Finding the right balance between top-down and bottom-up project identification, using the Balance Scorecard approach.</li> <li>• Utilizing an effective project selection and prioritization methodology (closed loop).</li> </ul> <p>Attendees will also learn about the deployment of one of our key L6S corporate initiatives, from concept to implementation.</p> <p><b>Mariano Garrido Lopez</b> Vice President, COE for Organizational Effectiveness <b>Truman Medical Centers</b></p>	<p>Lean before Six Sigma</p> <ul style="list-style-type: none"> <li>• Key decisions leading to success</li> <li>• The future of Lean and beyond</li> </ul>
<p><b>16.10: Creating and following a project roadmap</b></p> <ul style="list-style-type: none"> <li>• Identifying and running a project</li> <li>• Creating a sequence of activity to ensure a smooth project</li> </ul>	<p><b>16.10 Sustaining Six Sigma</b></p> <ul style="list-style-type: none"> <li>• Understanding sustainability and realizing the needs of Six Sigma for long-term success</li> <li>• Keeping employees engaged and maintaining motivation levels long-term</li> <li>• Prioritizing and scoping projects</li> <li>• Integration of Design for Six Sigma and lean tools</li> </ul> <p><b>Dr. Jerome Tobin</b> Chief Medical Officer <b>Fairfield Medical Center</b></p> <p><b>Mike Tobin</b> Master Black Belt <b>Fairfield Medical Center</b></p>
<p><b>16.50: Tying in Lean and Six Sigma projects into organizational goals and performance measurement to ensure accountability</b></p> <ul style="list-style-type: none"> <li>• Tying in to the performance review</li> <li>• Establishing measurement goals</li> <li>• Incorporating into incentive programs</li> </ul>	<p><b>16.50 Integrating Six Sigma with balanced scorecards</b></p> <ul style="list-style-type: none"> <li>• Evaluating potential Six Sigma projects within the context of the balanced scorecard</li> <li>• Optimal integration points within each methodology</li> <li>• Productive synergies to be gained by implementing both Six Sigma and the balanced scorecard</li> </ul>

**17:30 Chairman’s Concluding Remarks and End of Conference Day One**

**DAY TWO, March 30th 2007**

**7:30 Breakfast for Speakers and Delegates**

**8:20 Welcome to Day Two and Recap of Day One by the Chairman**

**Tomas Gonzalez**  
Sr. Vice President of Marketing, Strategy and Six Sigma  
**Valley Baptist Health System**

**8.30 Master Black Belt Panel****Panellists:****Jason Lebsack**

Manager, Six Sigma, Master Black Belt

**The Nebraska Medical Center****Doug Dillon**

Master Black Belt

**Truman Medical Center**

<b>STREAM A</b>	<b>STREAM B</b>
<b>Fulfilling quality and safety objectives</b>	<b>Optimizing patient flow</b>
<p><b>9.00 Using the Six Sigma Approach for Compliance with Core Measures</b> Utilizing Six Sigma to improve quality of care and compliance with the Joint Commission core measures on Acute Myocardial Infarction, Heart Failure and Community Acquired Pneumonia</p> <p><b>Don Calcagno</b> Director, Center for Health Information Services <b>Advocate Health Care</b></p>	<p><b>9.00 Reducing length of stay</b> Utilizing Six Sigma to reduce average length of stay in areas where there is a lack of capacity and a need for faster throughput.</p>
<p><b>9.40 Improving telemetry response times</b> With nurse patient ratio's and staffing patterns what they are today, the nurse is often faced with competing patient priorities and is frequently involved in the care of one patient when another patient develops an urgent need. Because abrupt changes in heart rates and rhythms can result in rapid deterioration of the patient's condition, it is often necessary that response be immediate. The purpose of this Six Sigma project was to reduce the time from recognition of a lethal rate/rhythm change to first responder's presence in the pt's room to 30 sec.</p> <p><b>Beth Lanham</b> Six Sigma Master Black Belt <b>Froedtert Hospital Milwaukee</b></p>	<p><b>9.40 Decreasing ambulance Diversions</b> At Providence Alaska Medical Center, change management tools and support from a new emergency department manager helped a Six Sigma team address the hospital's diversion problem and achieve widespread benefits.</p> <p><b>John Kalb</b> Master Black Belt <b>GE Healthcare Performance Solutions</b></p> <p><b>Dave Ingram, M.D</b> Six Sigma Black Belt <b>Providence Alaska Medical Center</b></p>
<p><b>10.20 Refreshments and networking</b></p>	<p><b>10.20 Refreshments and networking</b></p>
<p><b>10.50 Using lean and six sigma to provide the ultimate patient safe environment</b> Reducing medication errors, reducing process variation and establishing procedures to monitor patient safety initiatives. Improving quality, reducing costs and exceeding patient safety goals.</p>	<p><b>11.50 Putting the patient first by reducing waiting times</b> A lengthy, inefficient process for discharging in-patients is a common problem in hospitals. Examining how to reduce the time between when a discharge order for a patient is entered into the computer and when the room is ready for the next patient. Scoping the project, mapping the process and taking practical steps to improve the process.</p> <p><b>Kathy Maas</b> Director of Process Excellence <b>Avera McKennan Hospital and University Health Center</b></p>
<b>Maximizing clinical outcomes</b>	<b>Operational and transactional</b>
<p><b>11.30 Reducing door to inflation times for heart attack patients</b></p> <p><b>Karen Hamilton</b> Director, Quality Innovation and Improvement <b>Deaconess Hospital</b></p>	<p><b>11.30 Imaging/laboratory</b> Meeting turnaround targets; reducing waste; using lean and Six Sigma methodology to improve lab processes</p> <p><b>Heather Gibson</b> Director – Medical Imaging Services <b>Vancouver Island Health Authority</b></p>
<p><b>12.10 Six Sigma for clinicians</b> Recognising the potential of Six Sigma in a clinical setting;</p>	<p><b>12.10 Quality flow processes for ancillary billing</b> From the very first contact with a patient receiving outpatient</p>

<p>measuring the impact of Six Sigma on clinical outcomes; cost benefit and cost-effectiveness analysis</p> <p><b>Matiana Vela</b> Master Black Belt <b>Valley Baptist Health System</b></p> <p><b>Tracy Kirkconnell</b> Master Black Belt <b>Valley Baptist Health System</b></p>	<p>services until the time that the charges are coded and drop into the billing cycle, the quality and flow of the process cycle is critical to the financial success of any organization. With the use of Six Sigma tools and methodologies, success can be a natural outcome for every outpatient department. Cycle times, coding accuracy and quality, billing compliance and, ultimately, patient satisfaction are enhanced through the use of Six Sigma.</p> <p><b>Deborah Smith</b> Vice President of Process Improvement, Six Sigma Master Black Belt and Master Change Facilitator <b>Centura Health</b></p> <p><b>Claire Chadwell-Bell</b> Director of Care Services <b>Centura Health</b></p>
<p><b>12.50 Lunch and networking</b></p>	<p><b>12.50 Lunch and networking</b></p>
<p><b>13.50 Inpatient nursing</b> Using Six Sigma to tackle the shortage of registered nurses. Focusing on inpatient services and how to drive efficiencies and reduce costs.</p>	<p><b>13.50 Integrating the transactional systems of a healthcare supplier and a healthcare provider</b></p> <ul style="list-style-type: none"> <li>• Optimizing processes</li> <li>• Developing flexible systems</li> <li>• Cultural change management</li> </ul>
<p><b>14.30 Panel discussion/interactive session</b></p>	<p><b>14.30 Panel discussion/interactive session</b></p>
<p><b>15:00 Chairman's closing remarks</b></p>	<p><b>15:00 Chairman's closing remarks</b></p>

**15.05 End of conference**