



NEWS RELEASE

EUROPE REGIONAL MEDICAL COMMAND PUBLIC AFFAIRS OFFICE

CMR. 442 APO AE 09042
U.S. ARMY HOSPITAL – NACHRICHTEN KASERNE
POSTFACH 103180 69021 HEIDELBERG, GERMANY
DSN 371-3317/3049 TEL. 06221-17-3317/3049
PHIL TEGTMEIER CELL – 0162-270-1578

December 5, 2007

Heidelberg hospital leans toward savings

Using Six Sigma principles, medical command trims \$250K in supply costs

HEIDELBERG, Germany – In the Europe Regional Medical Command’s first completed black belt Lean Six Sigma project, the Medical Department Activity, Heidelberg’s surgery and logistics staffs teamed to trim \$250 thousand in annual supply and administrative costs.

Lean Six Sigma is a tool used Army wide to improve business processes.

“I am very proud of the Soldiers involved,” said Col. Kyle D. Campbell, H-MEDDAC commander. “They have shown the true power of Lean and Six Sigma. This power comes from the Soldier and team members at the point of action and provides significant improvements in coordination, communication and understanding. This provides the basis for all of our accomplishments.”

The two departments realized big savings in a six-month improvement process. The team found three root causes for an excess of supplies. They realized much of their success by improving the processes they identified: untimely feedback on supply order status, a lack of sustainment training on supply procedures, and a need for monthly reconciliation of supply levels.

They found that by working together more closely, literally, they could better understand each others’ needs and cut down on excessive ordering. By moving a supply specialist out of the logistics section and into the surgery department, they accomplished that. It’s a principle that the private sector has used in similar situations, but until the staffs made a concerted effort to reduce excess supplies, it was an idea that no one had thought of.

“Having one of our supply specialists there was tremendous,” said Lt. Col. Jose V. Alicea, chief of logistics at the hospital. “We learned a lot and have a better customer focus now on what the surgery department needs. We’ll save money, for sure, but we know each other better now, and I think there are lessons learned here that we can apply in other areas.”

Alicea supervises Capt. Christopher Duncan, chief, medical material branch and one of two process owners involved in the project. The other process owner, Maj. Cheryl Rivera, head nurse in the surgery department, agreed with Alicea's assessment that improved communications held the key to success. A process owner is someone responsible for performance in a work area.

"We'll continue to work on this collaborative relationship we've built (while working on the project)," she said. The Chief of Perioperative Nursing Services, Lt. Col. Robert Dettmer, not only agreed, but looked beyond this initial project.

"I'm excited because this can be replicated in other areas of the hospital, and in Army hospitals around the world," he said. The project participants all agreed that what they found in Heidelberg could be found in any hospital, any where. So when a project can be applied in other locations, it can bring significant savings beyond the original project.

The team's report has gone forward to the Deputy Under Secretary of the Army Business Transformation and the U.S. Army Medical Command for sharing with other organizations. The next challenges locally will be to sustain the savings realized and to apply the same principles to other departments.

"This is a milestone for ERMC," said Kathy Zavaleta, ERMC's contracted Master Black Belt. She mentored Lt. Col. Andrea Lester, ERMC G4 office who served as the project leader. "Maybe we'll get some volunteers to step forward for Green Belt training and realize some savings in other areas," she said.

Different levels of training and experience are awarded martial arts-like belts to show the level of the person's certification. The master black belts go on to mentor others in the command. Lester was in the first wave of Black Belt training for ERMC candidates, which entails four weeks of classroom work and completion of a Black Belt project for a candidate to become fully certified. Lester received her certification this week and is the first to become certified in ERMC.

"I know I have learned an awful lot in the past six months," Lester said. "Most of all, I learned that people can become very enthusiastic about a project like this and really come together as a team." For this project, that team included officers, enlisted Soldiers, civilians and contractors.

"It was good to get our enlisted personnel involved. I was glad to have an opportunity to provide input and be heard," said Spec. Joel Cox, a medical supply specialist assigned to the team. "I learned that it's the communications that are important on the job. I really have a better understanding of the people I'm working with," he said.

Even though the project took place behind the scenes, it had a direct impact on the quality of patient care.

“Using the Lean Six Sigma process, this team has improved the ordering, stocking, and use of medical supplies which ultimately results in better and more efficient patient care,” said Brig. Gen. David A. Rubenstein, Commanding General, U.S. Army Europe Regional Medical Command and Command Surgeon, U.S. Army, Europe.

-30-

PHOTO CAPTION: Pvt. 1st Class Brian Viagliano follows Spec. Elizabeth Hoey’s directions while stocking supplies in the hospital surgery. Viagliano, a supply technician, and Hoey, an operating room technician, are producing efficiencies by working side by side to improve communications between the surgery and medical materiel staffs. Both are assigned to HHC, U.S. Army Medical Department Activity, Heidelberg. (U.S. Army Photo by Phil Tegtmeier)