

## 5.9.2 Statewide Lean Six Sigma Program

### (a) Procedure Overview

This procedure establishes a Statewide Lean Six Sigma (L6S) program and describes the major structures, processes, resources, and requirements that support the Program. L6S merges two powerful improvement methodologies in an approach that combines Lean principles of identifying and removing waste with Six Sigma data-driven strategies to support continuous quality improvement to sustain a high-performing health care delivery system.

### (b) Procedure

#### (1) Statewide L6S Program

- (A) The Statewide Quality Management (QM) Program shall maintain a Statewide QM Lean Office to provide oversight of the Statewide L6S Program.
- (B) The Statewide L6S Program shall promote continuous process improvement throughout the organization by:
  1. Maintaining statewide L6S certification programs for Green Belt and Black Belt, facilitated by certified Master Black Belts.
  2. Maintaining statewide training and staff development programs to orient staff to Lean principles and the L6S approach, augment existing orientation and training programs with Lean principles and the L6S approach, and establish a continuing education program for certified L6S staff.
  3. Promoting the use of improvement strategies that integrate L6S methods and techniques including the development of decision support materials and tools.
  4. Providing program and institution leadership teams with guidance on how to utilize local L6S expertise for improvement work.
  5. Providing technical assistance to staff as they apply L6S tools and techniques.
  6. Identifying statewide system and process improvement opportunities that can be optimized through the use of L6S and proposing recommendations to the Statewide Quality Management Committee (QMC).
  7. Facilitating statewide L6S improvement initiatives identified by the Statewide QMC in coordination with relevant committees and program areas at headquarters, regional, and institution levels and in alignment with the Statewide Performance Improvement Plan.
  8. Providing consultation to support the design and development of the statewide performance measurement system.
  9. Identifying, adapting, and sharing best practices generated from Lean improvement projects, particularly in areas listed in the Statewide Performance Improvement Plan.
  10. Establishing forums to open communication channels for certified L6S staff to receive and provide feedback about the Statewide L6S Program.
  11. Monitoring the impacts of L6S implementation.

#### (2) Utilizing L6S Expertise

Headquarters program, regional offices, and institutions that have certified L6S staff shall leverage those resources and expertise for local improvement activities including, but not limited to:

- (A) Leading and facilitating improvement projects.
- (B) Consulting on potential improvement work.
- (C) Conducting data and problem analysis.
- (D) Identifying and applying L6S tools.
- (E) Educating local staff to L6S concepts and tools.
- (F) Sharing best practices as a result of local L6S projects.

#### (3) Program Reporting

- (A) The Statewide QM Lean Office will report L6S Program activities to the Statewide QMC including, but not limited to:
  1. Strategic program goals.
  2. Progress toward goals to date.
  3. Results of L6S Program implementation.
  4. Recommendations for Statewide L6S program initiatives.
- (B) Reporting will occur at least twice per year, and more often as needed.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES  
Health Care Department Operations Manual

**References**

- Institute for Healthcare Improvement ([www.ihl.org](http://www.ihl.org))
- James P. Womack, Lean Enterprise Institute (<https://www.lean.org/>)
- The Joint Commission ([www.jointcommission.org](http://www.jointcommission.org))

**Revision History**

Effective: 08/2019