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Implementing Lean Marketing Systems

Applying Lean Six Sigma in Healthcare

Guest was Jason Kilgore,
author of *The Elegant Process*

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[Jason Kilgore](#) is a Business Process Manager for [Riverside Health System](#) in Newport News, Virginia, where he has utilized his expertise in Project Management, Lean, and Six Sigma (Black Belt) to streamline processes, saving millions of dollars annually. In 2008, Jason transitioned to healthcare after 15 successful years in the automotive industry. While in the automotive sector, Jason filed for over 60 US and global patents as a design engineer, led multiple Six Sigma projects as a Black Belt, and implemented lean concepts in his role as a manufacturing manager.

Jason's transition to healthcare came from a desire to expand the use of Lean and Six Sigma to a more service-based, people-focused industry. Riverside, with 8,000 employees, 5 hospitals, and 350 physicians in over 100 facilities, was a perfect fit. Currently, Jason leads cost-reduction and quality-improvement projects in the areas of billing and accounts receivable, purchasing and accounts payable, worker productivity, and patient flow.

In his book [The Elegant Process](#), Jason demonstrates his value-based approach to simultaneously achieving quality and financial goals through process improvement and optimization. **The Elegant Process** shares Jason's straightforward method for enhancing quality and reducing costs within any business setting by redesigning the systems that contribute to lackluster results.



Transcription:

Joe Dager: This is Joe Dager, the host of the Business901 Podcast. With me today is Jason Kilgore. Jason is a business process manager for Riverside Health Systems in Newport News, Virginia. He's also the author of the book, "The Elegant Process," where he demonstrates his value based approach to simultaneously achieve quality and financial goals through process improvement and optimization. Jason, I'd like to welcome you and could you start out by describing what a business process manager is and how you go about utilizing Lean and Six Sigma in that role.

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Jason Kilgore: Sure, and thanks for having me, Joe. A business process manager is a process improvement expert in my case specializing in Lean and Six Sigma. What I do and my department does is we take on fairly large projects in our health system to streamline processes. It could be anything from billing and back office type work to clinical on the nursing floors with doctors. Any type of work where there is significant quality or financial improvements that need to be made.

Joe: How do you use Lean and Six Sigma? Is Lean kind of the umbrella or is Six Sigma and then you attack it with Six Sigma projects or is it mostly Lean? What's the relationship between the two?

Jason: Well, from a project management standpoint and I have to try a little bit of project management - I by nature because of my background in Six Sigma always follow Define-Measure-Analyze-Improve and Control framework. From that respect, it is Six Sigma like, but Lean is really what tends to resonate with people. When I go to a project, I usually don't get a well-defined project like what's described in Six Sigma training. I am usually told to figure out what's wrong in the department XYZ and fix it. I don't always know what fix it means. I just know there is a problem, and I need to look at it.

Following the Six Sigma framework in my head, I try to define it and figure how we are going to measure. But, what I find resonates with people is really the Lean principles of streamlining, reducing, defining the process and in many cases, I find that no process really exists. Once you get outside of the manufacturing world, people have a very different idea of what process means and what a process is and so that is where I typically started with a value stream map to map out the process, understand what's going on and then from there, applying the appropriate Lean technique depending of both the process and the problem.

Joe: I liked how you say that because most of the time, people do say let's just go and fix it. Nobody is out there really thinking there is this grand project we need to go through. They just want to fix it, and usually that is the direction you get from people.

Jason: Yes, absolutely. And for projects like that, the people that are actually in the process doing the work are a great source of information. When I go to them and say hey, I understand there is an issue here. How can I help? Usually, that is all I have to say because especially in health care especially with nurses and doctors, they are not shy. They will lay it on the

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table, what needs to be fixed. They don't always have a good idea on how to fix it, but then that is where I come in. I do the research, analyze the problem, figure out who and what resources are needed and then run it like a Six Sigma project behind the scenes.

Joe: It is true that most people do know what the problems are, but do you find them that the lacking part of implementing the process or implementing the changes is just not authority or is that they don't really have a good feel for, as I would say and you just kind of mention this, because they are not process people. They something other than a process type person. They think of it more in tactics.

Jason: Oh, yeah. I think it is both. One, certainly, they don't feel empowered, they feel like they work for a big organization and that the problem at hand is so big and so complex that they just don't feel like they can solve it. Combined with the fact that the reason that most people get into health care is that they are patient-customer focused not process-systems focused. So that's part of it. In many respects, they don't have - I am going to say - the time and freedom of their job duties to attack the problem.

The second part of what you said is also true. They are not process thinkers in the same sense that folks that are from manufacturing or have a background in Lean Six Sigma, from a very rigorous science background, engineering background have...

For example, my first project in health care was to do an FMEA on tubing connections - infusion tubing. So, I am brand new in health care, just came from the manufacturing shop floor and I am meeting with a bunch of nurses to do an FMEA on the process of connecting a bag of fluid that hangs, connecting that tubing and connecting it to a needle and sticking into a patient.

So I walk into a group of nurses, and I say, "What is your process?" Expecting that they understood what I meant. They looked at me as I am from Mars and say "What to do you mean by 'what's your process?' It depends."

Of course, I don't understand how a process depends. I've got a bag of fluid on one hand, and I've got a person who is generally the same form and shape on the other end, how can it depend? So, they went on to explain to me how every patient is different. They have to inspect the patient, and they

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have to verify the orders and they have to - just all these things that they do before they even began what they even consider the process.

It occurred to me at that point that my engineering, manufacturing, Lean Six Sigma background defines a process as a very well-defined, step by step, rigorous task list of things that have to be done to accomplish a task.

When you get into the health care and nurses and doctors, every patient is unique. No matter how much my engineering mind wants to say that, they are all the same and put them kind of in my factory mentality.

Nurses and doctors do not see things like that. They see each individual case, each individual person, and, therefore, in their mind they almost have a different process for every person.

I began to change my language a little bit and to describe to me how you would do it in general or 80 percent of the time, you will approach this problem how. Then we began to start being able to sketch out what I will consider a real process.

Joe: How did they react? How did you get them to start interacting with you?

Jason: Well. As basic as it sounds, I had a white board behind me and drew a stick man on the whiteboard on one side, and I drew a bag of fluid on the other side of the board. I said, "Ladies and gentlemen, somehow we have to connect it to this man." I said, "Just tell me how we would do it, in general, how we do it?"

And all of sudden we started getting into the process. There was an order that come from the doctor to do, to give this person this medication. "OK, then what?" Then I need to find the tubing. "OK, where is the tubing? Well, there is. OK!" This is problem number one - we don't have a standard location for tubing. "All right, then what is next?" Well, then, we reviewed the order to make sure that it just make sense and make sure that I had the right patient. "OK, great! That's a process step, we verified patient identification. How do we do that?" "Oh! We have a standard protocol for that." So, all of a sudden, I'm able to build a process flow diagram.

Well, then, the light kind comes on for both me and the nurses, is that nurses understand that there is a process. By process, we mean what are the steps it takes, in general, to get the job done. I have to learn from that and say that nurses don't view their job as an assembly line worker that

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every product that they handle is unique; it's a person with a unique outcome desired.

It was a trial by fire for me. Because I learned very quickly that if I was going to be successful doing this, I was going to have to understand their perspective and their mentality as it related to process thinking.

Joe: So, that is a big jump. And you were a Lean Six Sigma manufacturing person before. Correct?

Jason: Yeah, I was in manufacturing for about six or eight years before. I was in design engineering the first kind of half of my career. So, I worked with manufacturing. I got into Lean Six Sigma as a transition into manufacturing. I had been in and around manufacturing for 15 years of my career. This experience and combine that with the fact that my wife is a nurse, I have been well educated in the ways of thinking of nurses and clinicians. Yes, that was the big point, being a little bit more sensitive to the uniqueness of the desired outcomes in health care.

Joe: Lean is one of the real big things going on in health care right now. It seems to be transitional. A lot of people struggle with the concept that Lean Six Sigma can be applied in service areas like that. What have you seen to be the biggest stumbling block? Is it the communication that what you are doing is a process, or what do you think it is?

Jason: One of the things that I see, talking to others that have transitioned from manufacturing into health care is that health care's goal is not to be Lean. Health care's goal is to cut cost and streamline. The tendency for a Lean Six Sigma consultant is to come in and try to make the organization Lean, try to sell Lean and Six Sigma to the organization. Healthcare traditionally has tried to a number of frameworks to streamline processes. PDCA, from Baldrige, they've tried Lean and Six Sigma, they've been TQM. So, if we're not careful, Lean and Six Sigma can come across as just another flavor of the day. What I've really tried to do is take a special interest in the problem.

What is the problem that needs to be solved? And then when they explain the problem to me, I go, "Oh, well, you know, this is a classic Lean problem. Lean can address this issue very simply because what we'll need to do is..." - and then I take them through the steps, value stream mapping. But then, I just have to soften my language a little bit. I may not talk about takt time. I may talk about how do we streamline the flow, how do we get

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continuous flow, how do we ensure that we have the right people at the right place at the right time to take care of the right patients. How do we move the patient through the process, which is really moving the product through the value stream. I said, "How do we do that in a way that is both beneficial to you and to the patient?"

I get a lot of positive feedback from that type of approach. I'm not going to say that I've tricked them into Lean. But, I certainly used Lean and kind of coached them along the way using the Lean principles, rather than coming in and selling Lean as the end goal. Lean is just the means. It's part of the toolbox.

Joe: I think that is the important part because that is your role is to understand the principles behind the methodology you use to improve the process, but leave them to think about the process.

Jason: Yes, exactly. And it feels great when I work with the group or a facility. They'll say hey, let's learn more about what you do. Let's learn more about Lean and then we can follow up with Lean training. We have an eight-hour Lean course that I teach, but I have the entire facility, the entire department goes through it as a result of they say, "Hey, this thing really works. We want to know more." That is really the approach that I take. It's first; let's get a few wins under our belt with a team or a group.

Riverside has over a hundred facilities, 8000 employees, and so it is more like a federation of small businesses - small and large businesses. It is more so than a major huge corporation even though it is, but from an operational standpoint, we have to address it department by department, facility by facility. When a facility comes back and says, tell me more. We have more to offer, but it began with the quick wins, the immediate results and then once we do the training, I know we have really kind of implemented a Lean culture. When they come back to me and say, "Hey, Jason, what do you think about this Lean project? We want to do a 5s activity because we are losing vital signs machines left and right. Can you just supervise this activity and watch us and make sure we do things right?" And then they take it on. They own it. They do it using the tools and the principles that they learned in Lean.

Joe: This is not top-down driven where it is a mandate we are going to become a Lean Six Sigma hospital. This is more of a project type, and more grown as the needs arise.

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Jason: We have really grown it as a process improvement from the ground up. While our management has committed significant resources, salaries, FTEs, training time, they have committed to that at the top level, but it has really been grassroots in terms of individual departments, individual facilities, feeling the pressure. There are a couple of things that really drive Lean, employee turnover, which I would have never guess prior to coming to health care that Lean would have a positive impact in health care in such a way. But, we use Lean to reduce employee turnover and again, because Lean reduces the hassle, reduces the hang-ups of your job.

We find out that it tends to improve employees satisfaction. From that perspective it works. From the perspective of cutting costs, Lean is seen as a way to streamline that. Quality, mistakes, Lean by shrinking the process, by reducing the number of steps, by having a plan in place by creating standard work, all these things reduce the potential for errors. Lean is extremely attractive from that perspective. So, those are three ways right off from the top of my head where Lean really comes into play and really excited the front line staff in terms of can we implement Lean here?

Joe: Do you bring different departments together or different people into a value stream mapping sessions to get the process in line?

Jason: The first thing I asked is what's your process, and if they can explain to me a process then I work with this group, this particular group and we'll do a value stream map. If I get the... Well, sometimes we do it this way; except on Tuesdays, we do it that way, and I see that there is no real process. Then, I pull in and say, you know what? We need to have a four-hour workshop, and we need to bang this thing out. I pull in 20, 30 people. One of the things I like to do is to divide up the group into four groups and tell them each to process map or value stream. The process is they see it, and invariably I get four different process flows for the same supposed process. That is just a further indication that we are not all on the same page and by bringing people together, mapping out the process and walking away with an agreement. This is the way it should work. This is a way it will work.

Sometimes, I mean that solves half of the problem right there. Then once we have started from that baseline, and then we can go on into the process improvement techniques. Further there Lean based or more Six Sigma based.

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Joe: You bring everybody in you get agreement then everybody walks out the door. How do you get these things implemented?

Jason: Well, if I could bottle that up and sell it, I'd be a millionaire. I mean this is from my own personal experience and everything I read, this is the key. This is the key to sustain and change. The only piece of advice that I have on that is that whatever we come up with from a process standpoint needs to also be easier rather than harder to do. If we come up with the complicated process that nobody understands that nobody follows, that people are really coerced into believing or accepting, and then I really haven't done my job. So, we come up with a fairly simple and linear process. The second thing that we try to do is make an owner for each step of the process that somebody owns it.

That we don't walk away wondering who is on first. When we walk out of that workshop, that kaizen event, we know exactly who owns what. We know exactly when it is going to be implemented, and we know exactly who is going to control it. And so, that helps.

The third thing that I try to do is put in some sort of simple measurement system. How do we know if we are being effective? In health care, we are notorious for measuring everything, and we are data rich. Sometimes, we go overboard with data so what I try to do is come up with a very simple measurement technique that we can gauge process periodically.

Finally and most importantly is just follow up. I try to check in with project change that I worked on a monthly basis to say how it is going on, what's working, what's not working, where do we need to adjust, where do you think we are falling down on the job? And that seems to hold.

What I find is that the process will tend to evolve a little bit from the time we leave the workshop over the next six months. But those things which are the management team that the local level is committed to, the folks are committed to. They tend to stick with. They tend to find a better way to do it and they do it.

Joe: The key is making the process simpler than what it was so that everybody understands it. That is really the key concept that I can bring from one of your workshops, right?

Jason: Yeah, make it simple and how do you know? How are you going to look back in a month or two months and you know it is better than it is today. What are you going to measure? And by measure, I don't mean

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asking everybody on the unit, everybody in the department what they think. We have to drive it back to something we can look at objectively and measure.

Joe: What types of visual things do you use? Is it on a chart or is it on a computer somewhere? How do you interpret those measurements?

Jason: Depends on the project. One particular project that we are working on related to supply chain - reducing our time to fill orders, reducing our costs. We tracked the results basically in a spreadsheet that every week we display our results. We put them on a spreadsheet, and we send it out. We are very transparent with data because prior to this project, nothing really existed. We put in the results, the savings, year, and date. The very specific actions that we've taken and the very specific dollars associated with that. And we send it out. We are working on a way to automate this report and what I found - and I found this both in manufacturing and in health care is that if we can make the reports manual for the first six months to a year.

We can really put some time and effort into our measurement and our reporting, that people tend to pay a lot more attention if we automate it straight off the back, it kind of become lost in the shuffle. So, in one case, I'll take that approach. Another approach on a building project, we started out with kind of a manual process and now we are going to a much more sophisticated, automated dashboard.

We have been in this project for about a year. We have reduced accounts receivable and what we call charge lag. And now it is time to automate this and put it on our Internet site where it is available to whoever needs to see it. Some of the other projects that I've seen with regard to visualizing, for example, our emergency rooms have a visual dashboards type system where every patient identified in this list, because for privacy concerns, we don't list patients name or conditions. But, we list a generic patient placeholder and the status of that patient. So, if a physician, a nurse, an administrator walk in, immediately see what the condition in ER the emergency room is. Do we have patients waiting too long or?

With that regard, we are also one of the few emergency rooms that post our wait times on the Internet. You can know going into the emergency room if you are playing your emergencies ahead just a little bit that what's your expected wait time is from the Internet. So, we can approach it that from that perspective.

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Another cool thing that I have seen, I wish I could take credit for this, but one of our operating rooms did a project on setup time. This is very similar to change over in manufacturing. You walk into their operating room, and they have visual aids defining where every instrument goes, where every bed goes, where everything goes once it is cleaned up and being prepared for the next surgery.

They have visual cues all around the room where everything goes and what condition it needs to be in. In some cases, they are working on by doctor because every doctor, every surgeon they have a slightly different set up depending on his or her preferences. Now they are working on trying to take that standard and then developing a standard for each physician. So, that is pretty cool.

Joe: One of the things that I see in your writings and different things is the subject of the project management and how that plays a role. You seldom see that I think at Lean and Six Sigma. Sure that the main control is kind of "project management," PDCA, the act is kind of standard work principles of project management. But, seldom do you really see the words jump out "project management" when you are talking or reading in the Lean Six Sigma world. But, you place an emphasis on that, don't you?

Jason: That has been the key to success for our group. For our business process improvement, the part there is two of us. And nobody works for us, typical black belt, right? We have no real chain of authority and so, all we have is an influence. What we have found is that if we setup a Lean Six Sigma projects and 90 percent of our projects tend toward the Lean side of the spectrum. That if we set it up as a project, that is, have a clearly defined goal, action items, who owns it, due dates... It's much easier to guide the team through a successful Lean project when we run it from a project standpoint using the Lean tools to guide the process, to change the process.

From my perspective, project management is really kind of the engine that drives the car because without project management, it just doesn't get done. We have great ideas; we get stuck in the shelf though. We have project management really drives it home. I would attack on the project management kind of a control phase of Six Sigma is, once I as a business process manager accept the project, I look to my control tools out of my Six Sigma tool belt and say, you know, "How is this group going to sustain this project after I leave the project after six months."

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I still from the management project standpoint like to follow up with them periodically, but I can't follow up with them on a weekly basis like I once did.

So that's when I pull in some of the Six Sigma tools towards the end of the project management, project life cycle type work.

Joe: I think where I was first introduced to you is on a LinkedIn thread about internal and external consultants. You've mentioned that you have two internal consultants basically who are black belts at Riverside. Can you explain to me what you think the pluses or minuses are if you have used external consultants since you've been there?

Jason: Yes. As I recall that LinkedIn thread, it got pretty nasty there at the end, so I bowed out. The pros and cons of internal consultants... Internal consultants I think can build a trust factor. Internal consultants are only as good as their reputation only as good as their ability to work with people. In a sense, I think, internal consultants can more effectively manage a project, much more effectively lead by their personal influence.

I think, internal consultants kind of see the entire landscape. If I am working in a project, for example, on home health, where our Home Health nurses go out to people's home and we realize that there is a problem in their ability to send and receive information from the field. This is a real project.

Then I can pull in our IT department, I can pull in outside vendors, and we can get this problem left. I kind of have those internal resources pretty much at my fingertips.

We've also used external consultants. One of the things, I think, that external consultants have really been very useful for is in very specific subject matter.

I transitioned to health care a little over two years ago. While I am an expert in process improvement, I may not be an expert in process content. We have, from time to time, brought external consultants just to give us best practice on process content.

The other thing, I think external consultants do is that it demonstrates management's commitment to solving the problem. When you're will to spend in external consultants who are not cheap, when you are willing to spend that kind of money to bring in the resources necessary to get the job done, I think it sends a message to frontline staff and managers that the managements really wants to get this problem solved, really want to

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streamline these processes, and are willing to put extra resources behind it to get it done. From my perspective, at River Side, I've had a very positive experience with both internal and external consultants.

Joe: I think that's very and fair description. What prompted you to write "The Elegant Process," the book?

Jason: It kind of rattled around in my head now for five or six years. I remember going to a Lean and Six Sigma training, and thinking, "OK, what's up with all these jargons, what's up with all the Japanese terms, what's up with all the jargons?" I thought there got to be better way to explain this stuff.

Fast forward four, five years, I've got friends and family and small business coming into health care and my experiences with the nurses and the FMEA and the process of hooking up and fusion tubing. And so then, I try to explain to people what it is that I do. All of a sudden I realize what a dork I sound like, talking about all these things they have no clue what they mean.

I really wrote the book as a prequel to Lean and folks would say to me, "OK, How do I get started in Lean or Six Sigma." I couldn't really find a good resource that just explains it in everyday term using examples from the consumer's perspective, the everyday consumer's perspective, of really what is Lean without the jargon without the fluff.

And so I wrote the book just to explain the very basic process thinking and throw in a couple of Lean transpose. What I found is, while it was written for small business owners and medium business owners, just to begin the thought process of process thinking and then introduce the concept or Lean, what I found is that companies, again small and medium size businesses, reading a book and finding it as a jumping off point for Lean. Before they get inundated with Lean consultants or Lean training is that I really wanted to describe what Lean can do for you.

It can save you money, of course, which is what all the accountants want to see. But also, it can simplify your process as it can reduce the hassle and the burden on your employees. It can improve your quality by reducing the opportunities for mistakes. I try to bring that out in the book in a way that people can relate to.

Joe: I enjoyed the book because I could sit down, and I read through it and one of the difficulties in first really understanding Six Sigma and understanding Lean especially was all the jargon and you left all that out. I

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think back that if I was struggling to see what a Kaizen was, I think I misspelled Kaizen for the first year or something.

It was like, what is that? Then all at once, it's not just Kaizen, but there's a Kaizen event, there's a Kaizen burst, there's a something over here and then they started attaching other things to these things and I thought Kaizen was continuous improvement. Why not just write continuous improvement. I mean I understand it, and I think that's a little bit of what you did in your book.

Jason: I tried to make it simple. I was working with a company, a friend of mine, who owns, it's a small business from an operation, it's about two to three million dollar, custom lighting, and production company. He was having problems with a customer. A customer would come in and want to buy a light, a custom lamp some type of disco light - I don't know what kind of lights. The girl at the front desk would call back to the warehouse, and it would take about 20 or 30 minutes to fetch this light. I ask the business owner, "So, what's your process?" and he said, "What do you mean, what's your process?"

I'm like, "What's your process when a customer comes in and they want to buy a light? How do you get them that light without the hassle?" he said, "Well, I don't have a process, we just go back and get it." I said, "That's why it takes 20 or 30 minutes to retrieve the light, it's because you don't have a process."

We worked together, and I gave him a few tips, and got into inventory control, got into a work instruction, a standard work instruction for the receptionist. The book was really born out of those kinds of problem. Not the multimillion dollar save-the-world type problems. But, where is the small business owner today? He doesn't think in terms of process. He's got a receptionist that has many duties, many responsibilities and doesn't always know when and where to go to satisfy the customer.

The book was really designed to help those type of entrepreneurs to put a little bit, just a little bit of science behind their business processes.

Joe: You didn't necessarily talk about value stream mapping too much or anything, but about building process flow, building the current state, before you start improving it.

Jason: Most people that I come in contact with outside of manufacturing do not think in terms of the process flow. You and I do. Lean, Six Sigma

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experts, we all probably thought this way since we were five years old. But probably the other half of the population doesn't think this way. They have a problem where they can't get repeatable results. Employees tend to make the best judgment that they can under the circumstances that they are under.

It is because these folks that have this great creative and imaginative business sense may not always think in terms of process and may not always think in terms of logical step by step sequence. That's the missing ingredient I think that small and medium size business and entrepreneurs where the real opportunity is to make financial gain either through reducing costs or through completely exciting the customer in terms of the service and products they provide.

Joe: If someone wants to communicate with you a little bit about "The Elegant Process," you are on Facebook, right?

Jason: Yeah, we are on Facebook. It is called "The Elegant Process," and I tend to put excerpts from the book. I tried to link to other things that I think are useful. The main focus is process flow, process improvement. Again, I go back to that Lean as a tool. It's not the goal and to the extent that Lean is useful. We use it or make sense in project management, make sense in Six Sigma. I say that, but I also am a huge fan and huge evangelist for Lean and Six Sigma. I love it, but I realized that not everybody shared my excitement for it. I try to funnel it down into a way that folks can identify with and take advantage of.

Joe: I have to tell you, Jason. I hadn't seen this quote before, but I saw it in your book. It was the one from Earl Weaver talking to the baseball umpire, and saying "are you going to get any better or is this it?" I chuckle when I saw that. I am a big baseball fan, and I always loved Earl Weaver running out there and turn his cap backward.

Jason: And that's the thing that I come out of. I've been to - in different companies, and then different places in the world even - is that we come out of a Kaizen or a workshop, and they go by different names. That is the question I always wonder. Are we going to get any better? Do we leave it here? Do we leave it in this room? Are we going to take it out to the front line staff and make a real difference? And part of that strategy but I think most of it is determination and commitment to the improvement for a cause.

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Joe: I think you are right on in thinking that way. One thing I want to ask you that I don't want to leave this podcast without asking you. You may have answered the question already. So many Lean Consultants are leaving manufacturing going into health care. What advice would you give someone in that transition?

Jason: My advice... I can just speak for my own personal experience. I got into health care because when I was in my Six Sigma training, there was a nurse that was going through the training at the same time as I was. Her project was to reduce infection rates post-surgical infection rate. I thought that was pretty cool, and that kind of tickled my brain for the next couple of years. I wanted to get more interaction with people. I wanted to get outside the factory walls, and I want to the opportunity to just work more in the transactional and people business. Unsuccessfully, I tried a couple of times to transition to health care.

I think one of the mistakes I made early on was that I tried to sell my expertise in Lean and Six Sigma. I wrote my resume, my cover letter from the perspective of someone who was an expert in Lean and Six Sigma could truly appreciate. What I came to the realization was that the person who would be hiring me probably had no clue what real throughput yield was had no concept of what scrap cost were. I had to redefine my language.

In the case of healthcare, health care has its own language. It has its own jargon, and we/they/us are very proud of that jargon and that scientific terminology. When I began to try to figure out how to transition, I immediately noticed a clash between my jargon and their jargon.

Quality, for example, may not mean the same thing in health care that it means in manufacturing. So, what I tried to do was change my language, change the tone, change the nature of my resume and then rather going from a skills-based resume, I went to results based resume. I got rid of all the manufacturing jargon in my resume and in my conversations with my external contacts.

I just said, "What do you do?" And you know what: I fix problems. I streamlined processes. I resolved the hassles in people's job and people identified with that across industries. And then, of course, I do have the Six Sigma background and people have heard about it. And I mentioned it in passing.

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But, that is not the main selling point. I didn't go in and try to sell myself as this Lean Six Sigma black belt from that perspective. I just approached it from I'm a guy that can solve your problem.

Joe: So, was this a new initiative then from Riverside?

Jason: Yes, they had at that time a center for organizational excellence. It is a center for organizational excellence. There were a number of folks in that department who were like internal consultants. I would call us more facilitators. We would identify projects, and we would work with teams to solve those problems very much like an internal consultant would or an external consultant would, and that's the way we function. About six months in, we re-shifted our focus, and this seems to be the formula that works for us. It is that we are much more project management focused with Lean and Six Sigma skills. In other words, two years ago, I would not have been responsible to see the project through to its completion. I would have been a resource.

Now, I am both a resource and responsible for seeing the project through. This is really done a couple of things. I mean it is great for the organization because somebody owns it. It is great for me because, as a Six Sigma black belt, I want to be able to measure my results, and this really gives me the opportunity to do that.

My advice for somebody trying to transition outside of manufacturing and any type of service organization be careful on the language and the jargon and the tone and the nature of your communications whether it is resume, cover letter, conversation. The second thing is wrapped it the project management.

Your ability to bring a project to closure and not just as an expert witness in a process, but you really are the driver of change. You really can see the project through a completion. You can measure it. You can follow up, and you can influence people to make the project successful.

Joe: I think that is a brilliant advice. I think that is excellent. So, the best way to get a hold of you or to communicate with you about let's say your book is the Facebook page?

Jason: Facebook page. JasonKilgore.com. I am like you, Joe. If you just put my name in, I am not the biologist, and I am not the mixed martial arts fighter. I am the other one. So, you can get a hold of me in Facebook. You

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can Google "The Elegant Process" or you can contact me through JasonKilgore.com.



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***What others say:** In the past 20 years, Joe and I have collaborated on many difficult issues. Joe's ability to combine his expertise with "out of the box" thinking is unsurpassed. He has always delivered quickly, cost effectively and with ingenuity. A brilliant mind that is always a pleasure to work with." James R.*

Joe Dager is President of Business901, a progressive company providing direction in areas **such as Lean Marketing, Product Marketing, Product Launches, and Re-Launches. As a Lean Six Sigma Black Belt,** Business901 provides and implements marketing, project and performance planning methodologies in small businesses. The simplicity of a single flexible model will create clarity for your staff and, as a result, better execution. My goal is to allow you spend your time on the **need versus the plan.**

An example of how we may work: Business901 could start with a consulting style utilizing an individual from your organization or a virtual assistance that is well versed in our principles. We have **capabilities to plug virtually any marketing function** into your process immediately. As proficiencies develop, Business901 moves into a coach's role supporting the process as needed. The goal of implementing a system is that the processes will become a habit and not an event.

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