

Book: *The Six Sigma Book for Healthcare: Improving Outcomes by Reducing Errors*

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Just another program destined for the quality scrapheap. I'm sure those were your first thoughts upon hearing about Six Sigma. After living through versions of Management by Objectives, Total Quality Management, Malcolm Baldrige or ISO 9000, you can't stand another program promising to improve your operations and return dollars to your bottom line. Added to your frustration is the amount of money your organization has sunk into its existing quality program. As the authors are quick to point out, Six Sigma is not a quality program. The purpose of Six Sigma is to reduce errors and improving outcomes by examining root causes of errors in an effort to reduce them, improve processes and reduce rework. This makes Six Sigma the perfect companion program for your existing quality program.

The Six Sigma Book for Healthcare can be summed up by what it is and what it isn't. First, this book is a training manual for students seeking a green belt in Six Sigma. Unfortunately, obtaining a green belt in Six Sigma doesn't better prepare you for that office bully. As the text adequately describes, a green belt simply identifies an individual that has completed a week of training and is prepared to carry out projects. The only other level of Six Sigma, black belt, identifies individuals who oversee and design projects (usually less than one percent of employees).

This book is also a great introductory text to the Six Sigma process. The first four chapters walk the reader from zero knowledge to a working understanding of the Six Sigma process in less than one hundred pages. If you are wondering if Six Sigma is right for your organization, the first chapter 'Six Sigma: Why, What, How?' will leave you little doubt in only 18 pages. Most informative was the breakdown in Chapter Two of the Topics in Healthcare Error Prevention. When held to the standard of 3.4 errors per million opportunities, clearly you will see room for improvement throughout an organization.

Second, this book isn't a light read for the plane ride home from a business trip or a day sunning at the beach. Six Sigma is deeply rooted in production-line statistics and the application may be difficult to grasp with multiple distractions. Although the authors break the major tenants into small digestible chunks, a classroom setting with an extensive question and answer session needs to accompany this text. An adequate amount of whiteboard space is essential.

Additionally, this book isn't a first-line supervisor handbook with little or no statistics background. Contrary to the author's claims, successful implementation of Six Sigma would require a stepped-down program with an extra day dedicated to the principles of statistics. Since Six Sigma requires extensive data mining by first line supervisors, an understanding of "statistically-significant" sample sizes is essential to Six Sigma's success. Efforts to give the boss what they want (as perceived by the first line supervisor) can doom any opportunity to truly eliminate errors. Trainers must be aware of any such learning deficit prior to class start. A simple "knowledge" assessment could be used to group trainees and customize learning objectives.

If you are the education department head charged with selecting a managerial-level textbook to implement Six Sigma, *The Six Sigma Book for Healthcare* perfectly fits the bill. Your students will appreciate the extensive (and non-healthcare exclusive) case studies in Part II of this book. If you have the computer support in your training rooms, the companion website (<http://www.ache.org/pubs/barry/start.cfm>) provides sample cases, report templates, and expanded information on the text. Microsoft Excel® or another spreadsheet program is required for working cases. You may need to add "spreadsheet knowledge" to your initial assessment as well. If you are looking for lighter reading, I would recommend something in the Harry Potter© series.