UMass Memorial Health

ONE SYSTEM, ONE STRATEGY

Coordinated Resource Management



Robin Ziko, MPS, LSSBB
Martin Pallotta, MBA, LSSMBB
Process Engineers, Center for Innovation & Transformational Change (CITC)

LEI Catalysis Lean Summit, Houston, Texas, March 12-13, 2026

The hospitals and services of UMass Memorial Health
UMass Memorial Medical Center | UMass Memorial Medical Group
Harrington | HealthAlliance-Clinton Hospital | Milford Regional | Community Healthlink

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What is your role?

A. Full Time Process Improvement
B. Frontline Worker/Customer Facing
C. Administrative/Leadership
D. Other

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LEARNING OBJECTIVES

- Apply DMADV to operations challenges to design system-level solutions that improve flow, visibility, and coordination.
- How large, cross-functional design workshops can surface pain points and build shared ownership across disciplines.
- Balance innovation with financial and policy realities to create sustainable strategies for capacity management.

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UMMH AT A GLANCE



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THE PROBLEM & WHY IT MATTERED

- Siloed processes → inconsistent decisions and poor system flow
- No enterprise visibility → unused capacity despite high demand
- Teams competing for the same constrained resources
- Uncoordinated priorities → delays, bottlenecks, misaligned outcomes
- High frustration for staff and patients/patient families





Competition for the same resources?

A. Yes! It's like The Hunger Games.

B. No, I've never experienced this situation.

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THE TEAM

Project Leadership

- Lean Six Sigma Black Belt (Project Facilitator)
- Operational Excellence Leader (Design SME)

Clinical & Operational SMEs

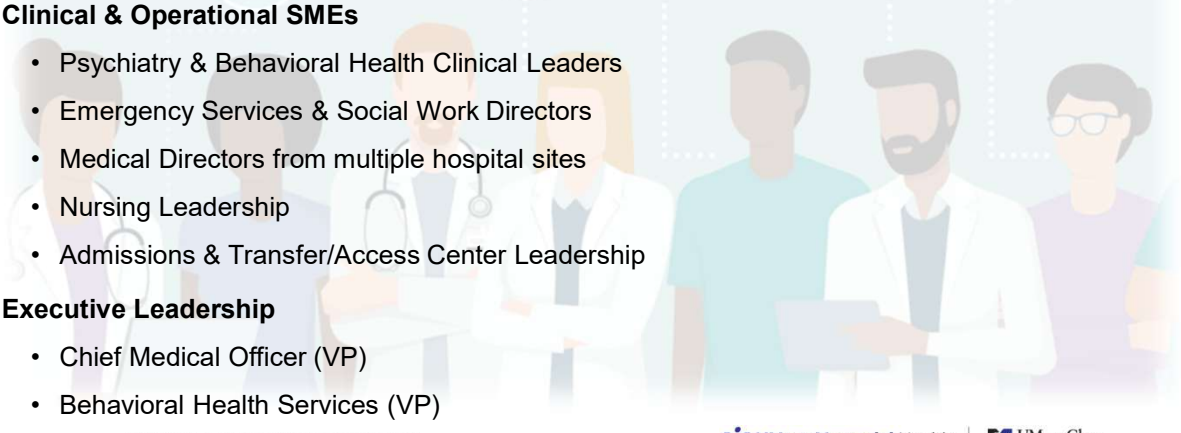
- Psychiatry & Behavioral Health Clinical Leaders
- Emergency Services & Social Work Directors
- Medical Directors from multiple hospital sites
- Nursing Leadership
- Admissions & Transfer/Access Center Leadership

Executive Leadership

- Chief Medical Officer (VP)
- Behavioral Health Services (VP)

Organizational Reach

Multi-site representation across medical centers, community hospitals, and behavioral health facilities



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FRAMEWORK: DMADV FOR SYSTEM REDESIGN

Define: Identify, define scope and plan the project

Measure: Create and validate the measurement system for the project

Analyze: Develop design concepts and final design

Design: Develop detailed design and control test plans

Verify: Test design and implement process

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THE WORKSHOP JOURNEY

- **Mapping the fragmented reality**
- **Generating & comparing future-state design**
- **Converging on a hybrid strategy**
- **Financial modeling, policy & operational constraints**

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THE PROBLEM – MYSTERY PROCESS



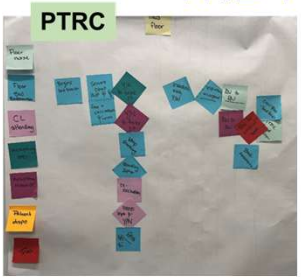
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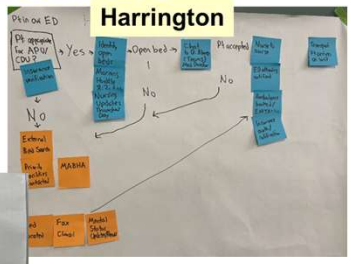
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THE PROBLEM - ISLANDS

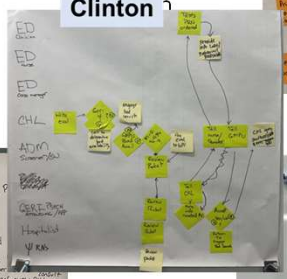
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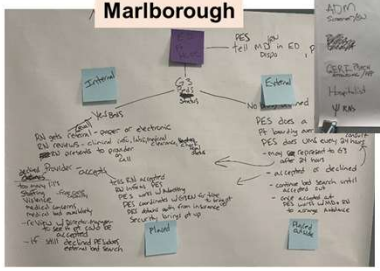
Harrington



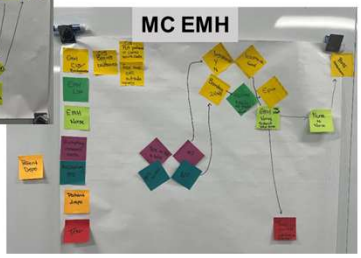
Clinton



Marlborough



MC EMH



Medical Center

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A-HA! MOMENT #1

"We are all doing this process differently!"

"I didn't even know that program existed!"

aha moment

variants *or less commonly* A

: a moment of sudden r gnition, or comprehension

"Ugh. So much time is wasted just searching…"

"We are competing against each other for open beds!"

"No wonder it takes so long to get the patient into a <bleep> bed!"

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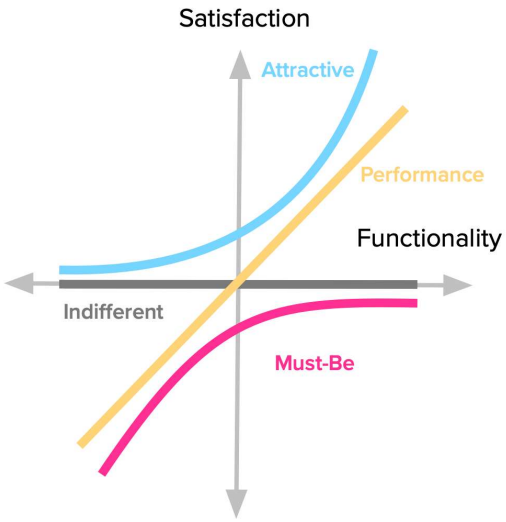
DESIGN CRITERIA

What do our patients/clients require of the new process?

What do our caregivers and the System require of the new process?

Consider:

- *What do we deliver now that we must continue to do well?*
- *What pain points exist in the current process that we could improve upon?*
- *What do our competitors offer that we don't yet, and should?*



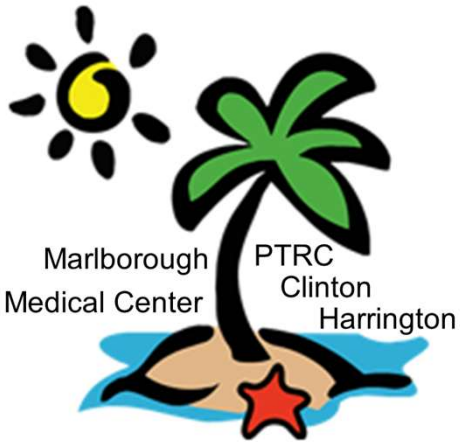
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THE GOAL: ONE SYSTEM, ONE STRATEGY

- Centralized decision-making
- Improved flow and reduced delays
- Maximized total system capacity
- Increased internal utilization of existing resources
- Aligned rules, policies, and incentives

ONE HAPPY ISLAND (SYSTEM)



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DESIGN OPTIONS

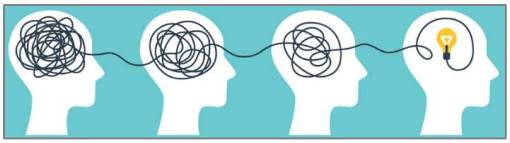


Design Exercise

5 existing processes - none worki

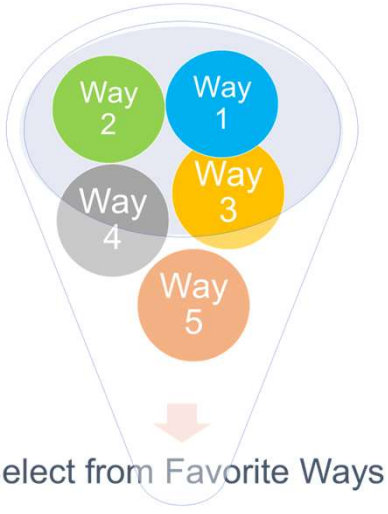
- Choose [illegible] and scale?
- [illegible]best Frankenstein?
- Burn it down and start over?

Burn it down and start over!



DESIGN CREATION EXPECTATIONS

- Brainstorm **multiple** potential options with the design criteria in mind.
- Think hard and **have fun**!
- Convergence to a **single best option** may be **organic** or may need a selection process.
- If a selection process is needed, the design criteria will be **weighted**, and each favored design will be **evaluated** against the criteria to select a **single best** design.



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THE DESIGN & A-HA! MOMENT #2

Two designs at the end of the session

Team voted to merge the designs into a centralized Command Center

4 Component Design Teams

- What does the **Operating Model** look like?
- What is the **Staffing Plan** for the Operating Model?
- How does the **Referral System** work?
- How do we **Measure Success**?







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SUMMARY OF KEY BENEFITS



- Reduce ED Waiting & Boarding Time
- Increase Diversion to Outpatient
- Optimize Patient / ED / BH Capacity
- Prioritize Patient Care & Experience

- Improve Caregiver Satisfaction & Safety
- Value Added Simplified Processes
- Decrease Turnover & Increase Retention

- Fill UMMH Beds First
- Standard UR for UMMH Insurance Contracts
- Equitable Distribution of Referral & Payor Mix

- Improve Care Team / Patient / Family Communication
- Cooperative vs. Competitive – No Silos!
- Optimize Infrastructure & Beds
- Assure compliant 'Systemness' & Transparency

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REALITY CHECKS & ROADBLOCKS



Policy Inconsistencies

Operational Variances

Financial Requirements

Prioritization Struggles

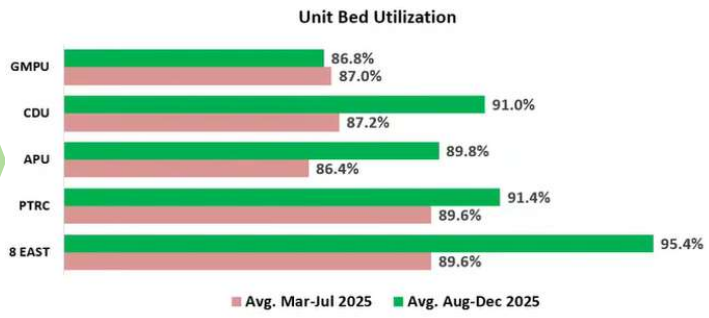
Leadership Transitions

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WHAT WE BUILT: VISUAL MANAGEMENT

Psychiatric Census Dashboard
→ Supports Daily Bed Huddle

- Realtime capacity & utilization
- Standardized data definitions
- Improved learning, communication and decision-making



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PLOT TWIST: PHOENIX RISING

Preparation Meets Opportunity



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SIMULATION EXERCISE: INTRO & ROUND 1





Rules:

- You must **stay** at your node.
- Only resources (clips) move; people **do not**.
- Clips may move **only** along the **string paths.**
- Only **one person** at each node may physically **move clips.**
- Once the 3-minute round starts, follow **only** these instructions.

Objective: Acquire as many clips as possible per node by the end of the round.

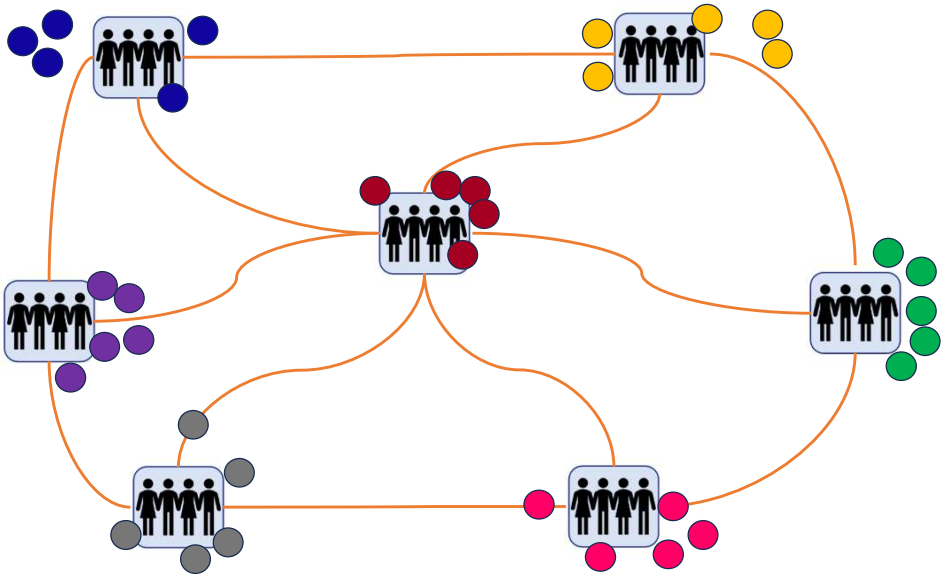
No talking allowed

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SIMULATION EXERCISE: HOW TO



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SIMULATION EXERCISE: INTRO & ROUND 1





Rules:

- You must **stay** at your node.
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- Clips may move **only** along the **string paths.**
- Only **one person** at each node may physically **move clips.**
- Once the 3-minute round starts, follow **only** these instructions.

Objective: Acquire as many clips as possible per node by the end of the round.

No talking allowed

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SIMULATION EXERCISE: ROUND 2





Rules:

- You must **stay** at your node.
- Only resources (clips) move; people **do not**.
- Clips may move **only** along the **string paths.**
- Only **one person** at each node may physically **move clips.**
- Once the 3-minute round starts, follow **only** these instructions.

Objective: Acquire at least 3 clips per node by the end of the round.

Talking is allowed

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SIMULATION EXERCISE: DEBRIEF

Round 1

- What happened in Round 1?
- What behaviors showed up?
- How did the constraints feel?

Round 1

- Success was defined **locally**
- Resources became **unevenly distributed**
- **Bottlenecks** formed
- **Effort** increased, but system **performance** did not

Round 2

- What changed in Round 2?
- Did we add resources?
- Did we redesign the system?

Round 2

- Success was redefined at the **system level**
- Communication **enabled** coordination
- Resources **flowed** where needed most
- The system performed better **without adding capacity**

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LESSONS LEARNED

- Engage finance and revenue cycle earlier
- Data integrity is a prerequisite
- Parallel workstreams maintain momentum
- Cross-entity standardization is challenging but essential



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TRANSFERABLE INSIGHTS

- Design the **system** — not just the process
- **Align** policy, operations, and incentives
- Make the system **visible** with shared data
- Optimize for the **enterprise**, not the node



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FINAL THOUGHTS: WHY COORDINATION WINS



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QUESTIONS?



Robin LET'S CONNECT! Martin

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THANK YOU!

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