



**NEW HAVEN SECTION
305 FISCAL YEAR 2009-2010**

www.asqnewhaven.org



ASQ New Haven Newsletter

March 2010 Issue

SIX SIGMA IN PROGRESS ENTHONE CASE STUDY WITH AARON SPEARIN

When the low hanging fruit appear to have been harvested, significant challenges face Six Sigma deployment leaders to continue creating value for their organizations and shareholders. Through directed evolution of program objectives, candidate selection and project screening, management can refocus resources from reactive bottom-line loss mitigation to proactive top-line gains administration.

Mr. Aaron A. Spearin is a certified Six Sigma Master Black Belt with Enthone, Inc., (a Cookson Electronics company, West Haven, CT), where he is responsible for Lean Six Sigma discipline management within North and South America and global cultivation of Lean Six Sigma corporate intelligence. Prior to Enthone, Mr. Spearin was a Process Engineer and Level 3 ACE practitioner at UTC's Pratt & Whitney and a Product Development Engineer with Cuno, 3M's fluid purification division.

Mr. Spearin is an ASQ Certified Black Belt, practicing Lean Six Sigma since 2000. His academic credentials include a B.S. degree in Chemical Engineering, B.A. in German Language Studies, and a M.S. degree in Manufacturing Engineering Technology.

MEETING CALENDAR

Date: March 16, 2010 (**TUESDAY**)

Place: 95 Gathering Restaurant.

Time: Registration/Social Hour: 5:00; Dinner: 5:30; Speaker: 6:15

Dinner: Meal: buffet dinner (includes chicken, beef, fish and pasta)

Cost: \$25.00.

RSVP no later than Friday March 12th

ONLINE RESERVATIONS: www.asqnewhaven.org

MEETING CONTACTS

Jim Petropoulos (203)250-3751 or email:

James.Petropoulos@AtlanticInertialSystems.com;

Bill Folsom: (860)-565-3678 or email:

William.Folsom@dcma.mil.

DIRECTIONS TO THE 95 GATHERING RESTAURANT

From Hartford (I-91 South)

- ◆ Exit 17 RT-15 Wilbur Cross Parkway.
- ◆ Exit 66 US-5 in Wallingford.
- ◆ Left off exit, 9/10 of a mile south on the right side of Rt. 5

From New Haven (I-91 North)

- ◆ Exit 13 North Haven, Wallingford
- ◆ Turn right off the exit ramp on to Route 5 north.
- ◆ Follow Route 5 North for 3.6 miles.
- ◆ The 95 Gathering Place is on the left

MESSAGE FROM THE CHAIR

I I recently heard someone mock the words "Quality Control". I guess it is not in Vogue. I did not see any wrong with it so gave it some thought. ASQ used to be ASQC, where the C stands for control. It would have been perfectly OK with me if they stayed as ASQC.

Where can we find a good definition of quality? --I think we have to start there. I have not come across a definition that I am satisfied with, including Websters.

But--really now, it does not matter--everyone knows what quality is. This makes it easy. Juran stared off with Quality of Design and Quality of conformance. Lets add quality of service. We can break service down into a number of different types of services. How about the quality of service in a restaurant? We all know what that means. If we managed the place, all we would need to do is list the quality attributes--and then define and implement how we control them. In my humble opinion, the main thing we are striving for is the control of what we established for as "quality". Oh well, someone has to be different.

Nick Squeglia

FEBRUARY'S DINNER MEETING

Vincent Capasso gave us some interesting insight into current healthcare trends in what he coined as Operational Excellence (OE). Encompassing a philosophy Operational Excellence instills leadership, teamwork and problem solving resulting in continuous improvement throughout the organization by focusing on the needs of the customer, empowering employees, and optimizing organizational strengths to achieve world-class performance. In his travels and various occupations Vincent explained that the more you work within organizations the more you work in different functional areas.

The path to Operational Excellence is not for the faint of heart, many try and most fail. He explained primarily because of a lack of understanding and commitment. According to Mark Graban's survey of 50 hospitals in his book "Lean Hospitals," lean initiatives were started with the following motivations:

- 20% Emergency Department Waiting Time
- 30% Need for Growth
- 34% Patient Safety (proactive)
- 38% Labor Costs
- 38% Employee Satisfaction
- 42% Overall Cost Pressures
- 44% Culture Change
- 50% Labor Shortages
- 50% Patient Satisfaction
- 56% Quality and Rework

With these motivations we can see why a continuous improvement culture is desirable, because a positive culture change means better organizational performance. Part of what achieves this change is OE's critical success factors such as strategic focus, clarity of purpose, committed leadership, alignment of goals, objective

metrics and actions, and accountability and reward alignment. Positive culture change has a strong opposing force.

On leading a process improvement effort Vince suggested that we take a realistic assessment of the situation. Choose a path with Executive Interaction, and don't spend too much time on culture change. Spend some time on OE philosophy and help those to understand how all the dots connect. Work with them to create a strategic portfolio for the 70% short term and 30% long term Refocus often towards achievable projects.

As it applies to healthcare, keep a relatively low level of business acumen by all levels of management. Both clinical and administrative leadership silos are accepted as "normal" with a bias that efficiency equates to poor patient care. Often observed is that strategy is inconsistent, and sometimes non-existent with poor strategic focus. Hospitals often can be seen as having a "reactive personality" with poor communication of the vision and strategy.

Today we are heavily reliant on information technology. If you have poor systems integration with many mixed systems you can lose your edge, hence loss of patient value. To achieve patient value patients, insurers, and hospitals must be happy, which is not always that simple.

Vince then presented an interesting formula that breaks out operational excellence success like this:

$$OE = f(\text{Heart}) + f(\text{Head}) + f(\text{Ego}) + f(\text{Spirit})$$

First off he defined ego as an inflated feeling of pride in your superiority to others. To battle ego look for the outliers. The humble executive, innovative surgeon, long time director or chief yearning to breath free; they will become your allies. To battle ego use your "outliers" to create competition.

Next, head is a lack of understanding in regards to organizational behavior and/or OE . Head problems confront mostly a silo mentality.

Heart is the thinking that a caring attitude results in better patient outcomes believing that the status-quo equates to the best patient care. To refocus the heart, take a hard look at the data regarding patient outcomes and satisfaction. You should compare patient outcomes versus cost to other hospitals or compare groups within the hospital. Collect and review defects and focus on areas that need improvement.

Spirit is the activating or essential principle influencing a person. Developing a foundation to make spirit thrive educate leadership on operational excellence framework and organizational behavior principals. Move executives from passive to active sponsorship. Help middle managers achieve job goals using OE methodology. Build credibility by getting results (often short term) and staying with the “game plan”.

In conclusion you need a comprehensive approach to operational excellence and culture change. Leadership is a critical component Quick and significant wins are your first priority. Never try to solve “world hunger.” Be realistic about organizational OE readiness and win converts over one at a time.

Helpful Websites

- www.online-medical-dictionary.org
- www.medicinenet.com
- www.webmd.com
- www.medilexicon.com
- <http://www.nahq.org>
- National Assoc for Health Care Quality
- <http://www.ihl.org/IHI/>
- Institute for Healthcare Improvement
- <http://www.ache.org/>
- American College of Healthcare Executives
- <http://www.todayshospitalist.com/>
- Today's Hospitalist
- <http://www.centerfortransforminghealthcare.org/>

Joint Commission for Transforming Healthcare
<http://www.rwjf.org/publichealth/index.jsp>
 Robert Wood Johnson Foundation

NEW MEMBERS! WELCOME ABOARD!

- JEAN ANDERSON**
- JOHN A. DONADIO**
- JAMES HARLUKOWICZ**
- AMY MOISE**
- KERRY C. BROWN**
- SAM ELAWAD**
- SEB HOULE**

ELECTION TIME!

It's that time of year again when we select the New Haven Section leadership team for the next program year (2010-2011). This is how the process goes: the Section Nominating Committee works with the current Section Leadership Council (SLC) to develop a slate of candidates. If someone wishes to nominate any other member of the Section, they must submit a petition signed by ten Section members in good standing to the Section Secretary, Julie Petrellis, by April 7. The candidates are presented at the April dinner meeting. If there are no nominations from the floor, the slate of candidates selected by the Nominating Committee is elected by acclamation and the results announced right at the April dinner meeting. If there are other valid candidates for the elected positions, i.e., Chair, Secretary, Treasurer, then we need to run an election and notify ASQ Headquarters by the mid-May deadline.

ASQ Program Schedule for 2010

DATE	TOPIC	SPEAKER	PLACE	COMMENTS
MAR 16, 2010 (TUESDAY)	“SIX SIGMA IN PROGRESS” ENTHONE CASE STUDY	AARON SPEARIN	95 GATHERING, WALLINGFORD	JOINT MEETING WITH APICS
APR 14, 2010	WHAT A QMS AUDITOR SHOULD KNOW ABOUT AUDITING SUB-SYSTEMS	RUSSELL T. WESTCOTT	CASA NOVA, SHELTON	JOINT MEETING W/SOUTHERN SECTION
MAY 19, 2010	TRAINING WITHIN INDUSTRY	TOM SOUTHWORTH	BRAZI'S	

For more information on meeting topics/directions visit our website: www.asqnewhaven.org. The meeting cost covers each dinner. If you're only interested in listening to the speaker there's no charge. Non-ASQ Members are welcome at no additional cost.

BRAIN TEASER: A bar fly made a bet at the bar if anyone could drink an 8 ounce glass of water in 5 minutes using only two straws with a few conditions. You must drink using both straws at the same time. You must drink using slow and steady draws. You cannot block or obstruct either straw in any way. You cannot lift or tilt the glass off of the table. And finally, one straw must remain outside of the glass. Several people took his bet, but all failed miserably. Why?

FREE PEXAGON TECH 2G FLASH DRIVES!!!!

We are pleased to announce that New Haven Section will give out Prepaid Cards to its members who attend the dinner meetings. This prepaid card entitles to a Personalized 2GB Flash Drive with any available presentation materials loaded. You can redeem this prepaid card at:

www.giftcards.pexagontech.com/asq0305 .

You can choose from 14 colors and personalize with 2 lines of text. The drives will be shipped to you absolutely free of charge. These flash drives are sponsored by Pexagon Technology, Inc



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SECTION LEADERSHIP COMMITTEE

Section Chair and NEQC Representative:

Nick Squeglia (860) 767-1784

Vice Chair and Internet/Web Chair:

Jay Krishnamoorthy (203)589-5350

Secretary and Healthcare Liaison:

Julie Petrellis (203) 294-7319

Treasurer, Membership,

Certification and DRD:

Randy Messinger (203) 294-7319

SMP Chair:

Victor Lixin Lei (203) 337-3209

Newsletter Chair:

Lawrence Spinello (203) 248-4085

Programs and Arrangements Chair:

Jim Petropoulos (203) 250-3751

Placement Chair:

Gene Contardi (203) 795-6914

Publicity and Nominating Chair:

William Folsom (860)-565-3678

Advisor and Past Chair:

Joseph Valerio (203) 484-6235

Advisor and Past Chair:

Linda Pello (203) 269-3112

MISSION STATEMENT: "PROVIDE NETWORKING, COMMUNICATION AND DEVELOPMENT OPPORTUNITIES TO SUPPORT KNOWLEDGE, SKILLS AND ABILITIES IN QUALITY PRINCIPLES AND CONCEPTS."

JOB OPPORTUNITIES!

<http://www.asqnewhaven.org/employment.html>

BRAIN TEASER: ANSWER: It's all about air pressure where air from a high-pressure area would always seek to fill an area of lower pressure, such as a vacuum. Knowing that a straw worked on this principle, drawing on the straw creates a low-pressure area in the mouth; air pressure pushes down on the water and forces it up into the straw. When you placed the second straw outside the glass, and thus outside the water, it gave the air a more direct path from the high-pressure area to the low-pressure area. With slow steady draws on the straws, the air will easily rush in through the second straw to fill the low-pressure area, and the water will remain in the glass.

