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Inside This Issue

Memoirs of a Process Improvement Facilitator	1
Chair's Message	2
A Quality Perspective on Food Quality and Safety	6
Abolish the ISO Registration System, As It Is, Before It's Too Late!	9
Integrated Management Systems and Their Alignment with the Baldrige Criteria	12
An In-Depth Look at Leadership in the CMQ/OE Body of Knowledge	16
QMD Volunteer Opportunities	18

Memoirs of a Process Improvement Facilitator

By Deb Oliver, Organizational Performance Specialist, Iowa Quality Center

How do you manage the quality of your organization's products and services? We are fortunate to live in a world where we have many options to choose from in creating the Quality Management System that best fits the needs of our organization. No matter what elements make up your existing Quality Management System, whether it be TQM, Six Sigma, Lean, ISO 9000, TPM—the list goes on and on—knowledge of your processes is a critical step in many tools and strategies that are available to control the output of your system. Whether your product is an insurance policy or a specialized feed supplement, the manner in which it is produced is a great place to start to identify possible improvements. An important decision to kick off your quality improvement is to decide which process to work on first.

Start with the Right Process

What is my advice? When you embark on a review of business processes, you want to ensure that your first efforts are successful. From my experience working with 60+ teams on process improvement over the last six years, and a lot of learning from process improvement experts, I have developed a set of guidelines that will help you choose the right process to focus on:

- The process should be aligned with the organization's strategic goals. Are you able to create a business case that supports the commitment of resources? If not, look elsewhere.

- Be sure the scope of the process is reasonable. You don't want to tackle the political hot spots—just your neighborhood.
- The process should already exist, should have measurable inputs and outputs, and should be repetitive. Baseline metrics are essential to show improvement.
- There should be some pain associated with current performance—for employees as well as for customers.
- The process should be stable. In other words, the results should be consistently in an acceptable range, or there is no major change impending for this process (i.e., new software to implement). This is important because the process you choose needs to have a high degree of consistency and repeatability.

After you choose the process, set up a planning meeting with leaders of all the functions involved in the process. Identify a sponsor (logically the process owner) who willingly supports the need for change. This group will be responsible for setting the parameters of the improvement event: the scope, vision, objectives, and barriers the team will face. If the scope is not clearly defined, the discussion will creep sooner or later into bordering gray areas, which leads to what I call affectionately "scope creep." This planning meeting is essential to set the stage for the improvement effort. Leaders must be willing to commit and dedicate resources to improvement efforts.

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Chair's Message

By Heather McCain

Summer is my favorite time of the year! I think it is because all spring I am planning and planting gardens and flowers. Summer is my time to enjoy that hard work. This summer I am proudly taking on the Chair role in the Quality Management Division after two years as Chair-elect. I have been involved in ASQ activities since the early 1990s. My participation began in my local ASQ section (1301 Kansas City) and I am a past section chair. I have also been involved with the Missouri Quality Award as a senior examiner and team award coordinator as well as a state team judge for the Kansas Award for Excellence. Currently I hold certifications for Certified Quality Engineer and Certified Manager of Quality/Organizational Excellence.

As a brief introduction, I am a Master Black Belt at Garmin International where we design, manufacture, and market navigation and communication equipment for the aviation and consumer markets. Garmin's products serve aviation, marine, automotive, wireless, OEM, and general recreation applications. My primary responsibilities are to implement Six Sigma in Operations and provide training on quality and process improvement. Prior to joining Garmin, I worked at Hallmark Cards as well as AlliedSignal (now Honeywell) Aerospace and Automotive. I have a BS in Electrical Engineering from Kansas State University and a MS in Engineering Management from the University of Kansas.

As Chair-elect, I was responsible for the development and deployment of the Division's strategy. Several times a year the Chair-elect and Vice Chairs get together to discuss where the Division is going and how we are going to get there. Just like spring planting, we developed plans, planted ideas, and watched them grow. The Chair-elect role is now Jd Marhevko's. Jd has been involved with ASQ since the late 1980s.

Jd is currently the VP of Operational Excellence for the Test & Measurement Segment of SPX Corporation. SPX is an extremely diverse and global organization that provides testing and diagnostic equipment, instructional manuals, and product training systems across multiple industries. Prior to joining SPX, Jd was with key premier diversified suppliers such as Eaton, Robert Bosch Corporation, and Cincinnati Milacron. She has a BS in Mechanical Engineering from Oakland University MI and an MS in Manufacturing Management from Central Michigan University. She holds the CQE and

CMQ/OE ASQ certifications and is a trained Baldrige Assessor and ISO Auditor.

Our planning always starts with challenges from ASQ to increase member value, retention, and satisfaction. Our team felt that to achieve this challenge we should have the following objectives:

- Provide products and services for the development of professionals for management of quality
- Involve senior executive feedback (VOC) so that QMD can define the products and services that need to be offered
- Partner with sponsoring organizations/companies (industries/trade groups) so that we can spread to recipient organizations the knowledge of value of quality methods and obtain mutually beneficial economic value
- Make Economics of Quality (EoQ) the context of our internal operations, products, and services so that QMD can communicate the linkage between quality and its economic value (bottom up)
- Continuously improve the management of the division
- Connect with members and targeted customers effectively.

Each objective had many activities assigned to various volunteers. For example, for the objective "Provide products and services for the development of professionals for management of quality" there were nine activities and some, such as managing the annual conference, were not small ventures and involved many volunteers. More information on the Division's strategic plan can be found below.

Keep in touch and send any comments or suggestions to me at HeatherMcC@aol.com.

Quality Management Division's Strategy

The first step of the Division's strategy planning—the development of objectives—was laid out in the Chair's Message above. The following summarizes the activities assigned to each of the Division Management Plan's six objectives.

Provide products and services for the development of professionals for management of quality

SUMMER 2007

- Deliver the CMQ/OE, CQE, and CQIA Refresher Courses and Cost of Quality Course (Face-to-Face)
- Determine QMD involvement in revitalized QMJ (Print)
- Create a plan to target certification holders that are not members of QMD (Marketing)
- Manage the CMQ/OE (BOK, Exam Review, Item Writing) Exam Maintenance (Operations)
- Determine offerings (articles, courses, webinar, forums) to be provided through the e-based market channel (E-based)
- Develop a track for the annual World Conference (Face-to-Face)
- Manage the annual Quality Management Conference (Face-to-Face)
- Publish the *Quality Management Forum* (Print)
- Provide skill training or direction to assist volunteers in growth (Membership)

Involve senior executive feedback (VOC) so that QMD can define the product and services that need to be offered

- Review Sr. Mgmt VOC data, summarize the results, and develop a plan of execution (Marketing)
- Create Executive/Sr. Mgmt. committee sounding board (Face-to-Face)

Partner with sponsoring organizations/companies (industries/trade groups) so that we can spread to recipient organizations the knowledge of value of quality methods and obtain mutually beneficial economic value

- Select organizations and tailor service or product offerings and interaction methods (Marketing)
- Work with the healthcare industry to help determine product and service offerings (Marketing and Chair-elect)
- Determine how to integrate healthcare into QMD (Chair-elect)
- Leverage QMD offerings into state award program offices (Marketing)

Make Economics of Quality (EoQ) the context of our internal operations, products and services so that QMD can communicate the linkage between quality and its economic value

- Develop strategy for using tagline for marketing (Marketing)
- Deliver EoQ based messages outside of ASQ channels—Rotary, trade conferences. (Technical Committees)
- Deliver EoQ based messages inside of ASQ channels—Sections, Divisions, etc. (Technical Committees)
- Publish the EoQ information in relevant print-based outlets outside ASQ channels—trade magazines, Harvard Business Review, Business Inc., etc. (Technical Committees)
- Publish the EoQ information in relevant print-based outlets inside ASQ channels (QMF, QP, Trade Magazines, etc.) (Technical Committees)
- Develop the series of booklets (EoQ series) (Technical Committees)
- Develop preferred EoQ authors, workshop/course providers and conference speakers for specific topics. (Face-to-Face and Technical Committees)

Continuously improve the management of the division

- Develop succession planning, strategic management of board, and key measures (Chair-elect)
- Draft OE (MBNQA/CIP) process for QMD team (Operations)
- Review, update and present for approval all QMD files/procedures/documents/by-laws (Operations)

Connect with members and targeted customers effectively

- Mine existing data (financial, database, hdqtrs surveys, conference info) for market intelligence and decision support (Marketing)
- Develop process for on-going data collection and use to drive/steer decisions (Chair-elect)

At each meeting we discuss items associated with the objectives and activities. We also look at what resources are needed to achieve our objectives and we have developed a succession plan. Key measures are also important to the planning process and we review data on key metrics periodically. As always, we appreciate any feedback on whether or not we are meeting your needs as a member. Please e-mail me (HeatherMcC@aol.com) with any issues or concerns—and positive feedback is also appreciated!

(MEMOIRS OF A PROCESS IMPROVEMENT FACILITATOR,
continued from page 1)

When describing your processes, a commonly used term that depicts what is currently taking place is “Process map.” You can think of it as a detailed blueprint of all the steps that go into producing a product or service of your business. There are many ways to map a process. I advise my teams to find a consistent method of mapping and stick with it. The only prerequisites for process mapping are that you understand the map and that you can explain it to someone else. I favor using Post-Its of various sizes and colors, but I have seen text-only process maps used very effectively. A good reference here is *The Quality Toolbox* by Nancy R. Tague,¹ especially the entries on flowcharting.

From Current Reality to the Future

Utilizing the Lean approach to process improvement, I have found a framework for process assessment that consists of three stages: **Map the Current State, Imagine the Ideal State, and Determine the Future State.**

Mapping the Current State

Four key points to remember in stage one are:

- This is not easy
- The map must reflect what “is,” not what we want to be true
- The team must agree the final map is accurate and sufficiently detailed (the facilitator can play a big role here)
- Again, this is not easy

Once in awhile, I have a leader or team member who feels the current process is so broken that there is no point in mapping it. I respond by saying, “Is the work being accomplished today?” The answer is always “Yes.” The simple truth is that you need to know what is being done now in order to understand how it can be improved. While the team is mapping the current process

step by step, they capture the issues and suggested solutions that are generated during the discussion. This documentation, captured on Post-It notes is in my mind priceless. As might be expected, documentation of the current state takes the most time in the process improvement effort.

Imagining the Ideal State

A different approach is used in stage two, which requires vision and imagination. The guidelines are:

- Use high-level statements
- Encourage out-of-the-box thinking
- Allow no constraints
- Permit no judging of ideas

One way to get team consensus on the ideal state is to have all team members write down their own ideas and then bring them together. The statements can remain at a high level—for example, the condition may be “100% customer service satisfaction.” Then the questions will come: What are the customer’s expectations? How can we meet them? As these questions get answered, a consensus emerges.

Determining the Future State

Moving on once the Ideal State is finished, the team begins stage three, which is determining what the future process will be. As we begin, I ask the team to forget the minutia of the Current State and think about higher-level elements such as:

- What behavior and attitudes will surround the future process?
- What skills will people need to be successful?
- How will the organizational structure change?
- What policies and procedures will guide action?
- What will the personnel mix look like?

Creating a storyboard that depicts the Future State can help the team members express their thoughts. The results may vary

depending on the team’s intellectual and creative abilities. Even if the result isn’t publication quality, the storyboard will generate productive discussions. The whole idea is to build a base for the change to an actual (not ideal) Future State.

Targets: An important element of creating a Future State is using “Targets for Improvement.” Targets for Improvement are opportunities for improvements. I ask the team to group issues into themes that organize the Targets for Improvement. Some common examples are:

- Communication breakdowns
- Training/Education problems
- System issues (IT)
- Unclear roles and responsibilities

Considering these Targets, I now ask the team to develop some “solution statements” that could describe the Future State. Some examples are:

- Everyone understands his/her role and responsibility in the organization
- The customer is “king” and the level of customer service reflects this
- Workers strive for error-free products and services

Options: In my experience, the final step of creating the Future State of the new process can be accomplished through four different options:

Option 1: Revise the Current State map (if only a few tweaks are needed)

Option 2: Start with a clean slate and create a new map (if the process is broken)

Option 3: Building on the description of the Future State, list what actions are necessary to achieve that state

Option 4: Utilize a Roles and Responsibilities Matrix (RASI)

The key to the RASI acronym is:

R = Who is Responsible for the task?

A = Who has Approval authority?

S = Who has the Support role for the task?

I = Who needs to be Informed and kept in the loop?

The four options are discussed in more depth in my October 2006 article.² In my experience over the past six years, I have had the best luck with a combination of Options 3 and 4.

Post-event Follow-up

Once the Future State has been accepted by all parties involved, the formal Improvement Event is finished. However, the Future State still needs to be implemented and it is up to the team to see that it is implemented. After an intensive Process Improvement Event is finished, team members are usually anxious to get caught back up on their regular jobs. Unless someone is spearheading follow-up communications, it is easy for the improvement effort to go to the back burner. To avoid this, I always make it a point to negotiate with the team, champion, and process owner before we close the events to be sure we have a defined plan for future meetings.

I have found that the best formula for follow-up is for the team to meet every two weeks. If the time span stretches out to monthly meetings, team members tend to put off their actions in favor of their “regular job.” When a team is dedicated and moving forward with their actions, the team meetings can normally be kept to 20 minutes. Occasionally there are some controversial decisions to make, and then the meeting runs longer, but that is the exception. The effective use of two documents can guide the content of the follow-up meetings: the Action Register and the Issues/Solutions Matrix.

The **Action Register** includes the following fields as columns:

- Action
- Primary person assigned
- Support for primary person

- Due date

- Status of progress (NS = Not Started, IP = In Process, C = Complete)

- Comments

This is a commonly used form, so I will not address it further here.

The **Issues/Solutions Matrix** includes the following fields as columns:

- Issue
- Solution (proposed)
- Category (Training, IT, etc.)
- Status (same as in Action Register)
- Segment (what part of the process is affected by this issue)
- Comments

This matrix takes on real power when it is set up as an Excel spreadsheet. Team members are able to sort the matrix by column. The columns I have found most useful are Solution, Category, and Segment. For example, imagine there are 35 issues. If they are sorted by Solution, you can see how many will be addressed by the Future State, or perhaps by a Kaizen event in the future. If sorted by Category, you can see which categories are demanding the most attention. If by Segment, you can see how many issues are in early, middle, or late segments of the process.

The Register and the Matrix are living documents. Actions are added, progress status is updated, issues are addressed by actions and closed when no longer relevant. One practice that has helped me organize information has been to color code actions and issues. Closed actions are one color, new actions another. Especially important information is printed in red.

One final thought. A major part of my role as facilitator has been to see that everything is well documented. In that role, I work very closely with the process sponsor, who is ultimately responsible for the assigned actions. Understand that I do not perform the assigned actions, but I keep the

team moving forward on the path to completion by scheduling meetings and documenting results.

References

1. Tague, Nancy R. *The Quality Toolbox, 2nd Edition* Milwaukee: ASQ Quality Press, 2005
2. Oliver, Deb “Process Improvement ... Envisioning the Future State and the New Process” *Iowa Quality Newsletter*, October 2006. Available on-line at www.iowaqc.org

Acknowledgement and contact information

I am deeply grateful to the many teams and managers with whom I have had the pleasure to work over the years and from whom I have learned so much. A special thank you to Roger Berger for condensing my four-part article as originally published in the Iowa Quality Newsletter. I can be reached at (319)398-5671 or deb@iowaqc.org if you have questions.

A Quality Perspective on Food Quality and Safety

By Dr. John M. Ryan

Most Americans are acutely aware of the recent e-coli outbreaks in the food supply chain. Spinach, green onions, Taco Bell, carrots and juices were only a few of the publicly reported carriers in 2006. What most people are not aware of is the extent of these and similar problems that go unreported. For instance, the USDA Food Safety and Inspection Service (FSIS) reported that for the calendar year through October 2006 there were 29 separate meat recalls across the country (http://www.fsis.usda.gov/fsis_recalls/Recall_Case_Archive_2006/index.asp). Did you know there were that many? What's most interesting about the spinach e-coli outbreak is that the retail industry voluntarily pulled the spinach off the shelves in order to prevent its sale.

I have recently transitioned from implementing quality systems in high technology companies throughout the US and Asia into a position where I am responsible for implementing a quality system at a State Department of Agriculture. When I began my career in technology in 1984, the company where I was a director of quality relied solely on inspection and sorting in order to “assure” quality of their products. The factory we owned in South Korea was operating in a batch-manufacturing mode. Each process step in the product build was followed by a wall of inspectors responsible for sorting the good from the bad, with the bad going to rework or scrap and the good going on to the next process step. Return rates for final product were at 49%. I have long forgotten the rework rates, but I do remember walls and halls of shelves piled with materials waiting for rework. The scrap piles were also something to be proud of. There was no corrective action, and incoming materials were purchased based solely on price. Management was convinced they were doing a good job because the company was making money.

The Fallacy of Inspection as a Basis for Food Quality and Safety

I provided that description knowing that like me, many of you started in manufacturing but have transitioned into service industries. I wanted to help you envision today's level of expertise when it comes to our country's ability to provide a so-called “quality” food supply. You might have gained a clue to this situation if you read the first paragraph carefully. The USDA Food Safety and Inspection Service is just that: an inspection service. They rely heavily on inspection, certification and audits. During my 23-year career, I have never known those activities to positively impact outgoing quality or cost savings, except where results were used for causal analysis and to drive improvements (such cases have been rare).

Remember Deming's 14 points? Point number 3: “Cease dependence on inspection to achieve quality. Eliminate the need for inspection on a mass basis by building quality into the product in the first place.” State-level governments also rely heavily on inspection in food enforcement activities. Yes, they truly believe they will achieve quality through enforcement. Interestingly, with literally thousands of inspections going on, there are no mechanisms established to analyze data for causes or to drive change. Government reliance on agricultural inspection activities is an anachronism.

In more modern organizations, the terms bantered about include “Six Sigma,” “supply chain management,” “leadership,” “teamwork,” “customer focus,” “data driven decision making,” “traceability,” and the like. Those terms are relatively foreign in agricultural organizations. Statistical Process Control (SPC) is unknown, as is the idea that one could actually use statistics to control a process. While each of those tool kits might be used effectively depending on the particular situation, they have rarely been thought of or applied in American agriculture. In spite of the news regarding current e-coli outbreaks, this gap is likely due in part to the lack of knowledgeable quality professionals transitioning into the agricultural industry, since there is little employment demand for such people there. Furthermore, current agricultural college coursework focuses primarily on inspection and compliance audit requirements as the means of achieving quality and safety. This situation leaves the college-educated agricultural community with a 100-year-old gap in quality improvement practices.

The Weak Legal Framework for Quality and Safety in Agriculture is Based on Weak Inspection Standards

While many laws are enacted with the intention of improving the quality of agricultural produce, implementation and enforcement—except in the case of recalls—are virtually nonexistent. The National Organic Program (NOP at <http://www.ams.usda.gov/NOP/indexNet.htm>) is a good example of quality avoidance. The Organic Foods Production Act of 1990 levies perhaps the greatest burden of compliance on organic farmers by establishing “national standards governing the marketing of certain agricultural products as organically produced products.” The Act relies heavily on certification and on certification of the certifiers. Those of you familiar with ISO understand what this means. Certification neither implies nor assures quality. Typically, auditors armed with extensive training in procedural implementation analysis will visit the farm and go through a set of questions and review activities in order to determine the level at which

the farm has implemented or attempted to control hundreds of items. The final score determines whether or not the farm is certified.

Certification is generally handled by a certifying agency responsible for training and certifying the auditors and for the scoring system and documentation strategy. There is a lot of certifying that goes on at all levels at great expense in terms of time and money. Usually, only larger farms can afford to become certified, but some smaller certifying agencies will work with small farms for a reasonable fee. Many farms cannot afford to become certified or do not wish to be bothered by government regulations and interference.

The problem is that, like ISO, certification is top-down driven. Many larger retailers (e.g., Safeway, Wal-Mart) have fallen into the certification trap and require their suppliers to be “safety certified” in order to enter the supply chain. If Safeway stores want a distributor to be safety certified, the distributor quickly requires its supplier farms to be safety certified.

If we switch gears a bit away from organic products, you might want to review Good Agricultural Practices (GAP), Good Handling Practices (GHP), and Good Manufacturing Practices (GMP). These are all inspection- and certification-based initiatives. Read any of them and you will quickly discover that they were written to establish (supposedly for purposes of food safety) armies of certifying agencies responsible for certifying armies of certified inspectors out to certify thousands of farms, distributors, and producers. What is really interesting about many of the standards set up by certifying agencies that have interpreted the GAP, GMP and GHP codes is the standards they have established for certified inspectors to follow. Here are three examples from the USDA Good Agricultural Practices and Good Handling Practices Audit Verification Matrix November 1, 2006 revision.

1. Water quality is known to be *adequate* for the crop irrigation method and/or chemical application.
2. *If necessary*, steps are taken to protect irrigation water from potential contamination.
3. The farm sewage treatment system is functioning *properly* and there is no evidence of leaking or runoff.
4. Processing water is *sufficiently* treated to reduce microbial contamination.

(Source: USDA Good Agricultural Practices and Good Handling Practices Audit Verification Matrix November 1, 2006 revision)

Most quality initiatives would more likely be inclined to establish standards that actually mean something. For instance, what is “adequate” water quality? What is a “properly” functioning sewage treatment system? Number 4 is the best one. Just what is “sufficiently” treated water?

Standards such as these are simply not standards. Interpretations left open to certifying agencies and individual inspectors are like measuring with a rubber ruler, are prone to failure, and are an utter waste of time and money.

So What? This is the Best We Have!

Like the company I referred to at the beginning of this article, agri-business itself, the US Department of Agriculture, the FDA, certifying agencies and the inspector army, after decades of worry and hand wringing, are still in the batch-processing mode. They insist on following the assumption that quality can be inspected into the product, the produce, the food, the farms, or the outdoor facilities. Inspection as a primary quality or safety tool never has and never will work.

It is time for agriculture to wake up and begin to function in the 21st century. There are many farmers currently employing higher quality and safety standards and tools than are the government or the certifying agencies. And they are doing this on their own dime, on their own time, and without the help of university, state or federal departments of agriculture.

The Need for Data Analysis

While new applications for statistical process control may need to be developed, a few bright thinkers are moving to bridge the gap between inspection and preventive process controls. Writers for Northwest Analytical (John G. Surak), in *The Future of Food Regulations* (<http://www.nwasoft.com/appnotes/foodregs.htm>) and Surak, Crawley and Hussain in *Integrating HACCP and SPC* (http://www.nwasoft.com/press/mag_haccp.htm) spark the imagination. For you agriculturally deprived quality professionals, HACCP stands for Hazard Analysis Critical Control Point and contains a set of recommended procedures for maintaining process controls in the food production (factory) environment. These authors note that, “a good HACCP program cannot depend on microbiological tests as the means to prevent a hazard because they are too slow to

(A QUALITY PERSPECTIVE ON FOOD QUALITY AND SAFETY, continued from page 7)

provide the real-time information needed to maintain process control properly.” HACCP represents advanced thinking in agriculture and is SPC dependent. Jokingly, the FDA Backgrounder (<http://www.cfsan.fda.gov/~lrd/bghaccp.html>) notes that HACCP is “Space-age technology designed to keep food safe in outer space may soon become standard here on Earth.”

The Need for Causal Analysis

Did wild pigs really cause the spinach e-coli outbreak in October 2006? Look at it this way: If you blame wild pigs, then no one is responsible. The government is not responsible, the farm is not responsible, the packer is not responsible and, more importantly, the auditors and the compliance system are not responsible. No responsibility means no liability. It is rather difficult to sue pigs. More importantly, there is no corrective action to be taken in spite of the fact that the spinach industry has lost—according to one source—an estimated \$270 million over the scare.

You might recall that it took weeks to trace back to the farm(s) involved. In quality management, we tend to think in terms of “swimming upstream” to look for causes. If we think in terms of the impact that a supply chain in any industry has on the potential outcome of a product or service, you might want to note that the United States has taken very little and very fragmented action to require or implement a food traceability system in this country. And the state governments are no better. Canada and Europe, on the other hand, are well established in their efforts to control food quality and safety through traceability systems capable of finding potential causes quickly.

The Need for Preventive Thinking, Planning and Implementation

As quality professionals, we like to think of prevention in terms of planning, training, closed-loop control systems, simplification, management commitment, and the like. Inspection and audit activities are clearly classified as appraisal activities and, as such, add tremendous cost but no value to the product or service. In the case of agricultural maintenance, the primary emphasis and the leading expenditures fall in the appraisal category. There is clearly a need for a shift away from a system dependent on inspection, audit, recall and enforcement, and the associated very high external failure costs associated with that approach.

If you were to get your hands on any of the state-level publications put out by the USDA Field Offices that report state-level agricultural statistics, you would quickly note that no statistics reporting crop or distribution yield losses, returns, recalls, sorting, dumping, or any other negative measures are reported. Measurement of agricultural costs and losses are rarely collected, summarized or published. However, a farmer may buy crop insurance from any of a number

of insurance companies. On the government end, data do not exist that would allow for industry-wide planning, but somehow insurance companies have enough actuarial data to make crop insurance a profitable business.

The lack of preventive-level data analysis and planning is another indicator that the current approach to food quality and safety is strongly in need of a system that begins to bring into play more modern methods of quality management.

Summary

Food quality and safety will eventually be driven by the industry and by the people dependent on agriculture. While government agencies enact laws, establish Good Practices, create compliance requirements, attempt to enforce weak standards and manage recalls, their impact is minimal and ineffective. Governmental and other organizations involved in creating requirements, inspecting, auditing, and attempting to enforce food quality initiatives would be far better off looking for the causes of the problems and coming up with solutions.

How often can the Salinas spinach farmers, or Taco Bell, who have paid for inspections and audits and been subjected to a myriad of government regulations, recuperate from the losses partially induced by the inadequacy of the system supposedly regulating them? As in other supply chain situations, the customers must specify quality requirements and the industry must work to implement those quality tools that work.

An anachronistic government system that is inspection and audit dependent is clearly not capable of protecting consumers from problems inherent in today’s food supply.

Dr. John M. Ryan is the administrator of the Quality Assurance Division of the Hawaii State Department of Agriculture. He has previously published articles in Quality Progress, Quality Magazine, Factory of the Future, Software Quality Professional, Manufacturing Systems and has published “The Quality Team Concept in Total Quality Control” with ASQ in 1992. He has served as an expatriate VP of Operations and Quality Director in the high-tech industries for over twenty-five years prior to his involvement with agriculture. Dr. Ryan has also taught graduate and undergraduate quality, operations and project management at the California State Polytechnic University in San Luis Obispo, California, and has provided consulting expertise to a number of companies throughout his career. John can be reached at John.M.Ryan@hawaii.gov.

Abolish the ISO Registration System, As It Is, Before It's Too Late!

by Mike Micklewright (www.mikemick.com)

Who's Responsible for Improving the Effectiveness of the ISO Registration System?

It's broken, people, and no one is fixing it! The grand experiment is not working!

In theory, the 3rd Party Audit System was supposed to allow for completely objective audits performed by a company outside of the normal supply chain of conducting business. Ideally, a registrar could provide an unbiased audit of an ISO standard and not care if the audited organization is unhappy with the results (i.e. a rejected certification, or placing a company on "probation"). Because the audited company represents such a small amount of business to that registrar, the auditors could be totally objective.

Well, it's not working, as documented by these respondents to my Fall 2004 article published in *Quality Management Forum* entitled, "Easy Audits—the Downfall of ISO 9001:2000":

"Our registrar doesn't give us the value I desire to get from them: the incentive to improve. The rest of my management group thinks we are so good because after every audit there are just some minor or obscure things to fix. The problem I see with the registrar we use (and some of it for sure is the competency of the auditor) is that they really don't look at the bigger picture and actually determine if the processes we are following are actually meeting the intent of the standard and causing the company to improve."

— Alan E. Schneidewent,
Corporate Quality Director

"A group that conducts assessments of suppliers recently visited a new supplier who was asking to be qualified to supply on

contracts. Their assessment was that the company had made an enthusiastic beginning and with sustained effort should be ISO 9001:2000-compliant within a year. Two weeks later they received a successful ISO 9001:2000 registration audit. When questioned, the Lead Auditor said that 'they've made a good start and we wanted to encourage them to continue.' He fully admitted that they were not fully compliant and begged me not to make a fuss. Too late—the customer is already making a fuss!

"I've had several clients who have dropped their certification because they see no value and a lot of aggravation from their registrar auditors."

— David Jenkins

I received many more responses of a similar nature from all over the world.

So who will take action? Will it be the ANAB (ANSI-ASQ National Accreditation Board), which receives payments from the registrars to conduct said audits, or the IAF (International Accreditation Forum, www.iaf.nu), of which it is a member? There is a conflict of interest there. Will it be the companies that receive certifications, many of which care only about the receipt and maintenance of said certificate? Will it be the registrars, who are mostly concerned with obtaining surveillance audit business from other registrars and with short-term profits rather than with meeting the needs of their true customer—the ISO 9001:2000 standard?

To register a complaint—specific or general—about the registration system directly to ANAB, go to www.anab.org, and click on COMPLAINTS. Or you may wish to send your complaint to Bob King, President of ANAB. Contact information for Bob and others is located on the same website.

Who will step up to take action before the demise of ISO 9001:2000? At this point, it is in no one's best interest to take real action, with the exception of those who truly believe and live by the spirit of ISO 901:2000, those who follow Deming's principles, and those who truly believe that quality of product or service is more important than short-term profit.

In my own experience, I have witnessed the following data from five different certified companies:

1. Two internal audit findings and no preventive actions in five years
2. No registrar surveillance audits for ten years
3. 110 open Corrective Actions; two closed during the last year
4. No proof of Root Cause determination (it's not on their Corrective Action form), no internal audits, no management review—two years
5. An obviously design-responsible company that claimed an exclusion to 7.3 Design and Development and has been allowed to do so for 2 + years.

Aren't these major non-conformities? Shouldn't these companies be decertified or at least be placed on probation?

Two Separate Entities: ISO 9001:2000 and the Registration System

ISO 9001:2000: GOOD!
Registration System: BAD!

These are two separate entities, which unfortunately are perceived by many to be

(ABOLISH THE ISO, continued from page 9)

one and the same. Because it is so easy to obtain and maintain an ISO 9001:2000 certificate, many people may think that ISO 9001:2000 does not work. But it's not the standard that does not work; it's the registration system that does not work because it no longer drives continual improvement efforts.

This linkage is an unfortunate calamity because if top management would choose to live by the spirit of ISO 9001:2000, they would find that it is a great foundation and structure to truly improve business operations and the bottom line.

So what is the root cause of such an ineffective registration system? Let's use the Five Whys to find out.

1. The registration system is ineffective because the registrars perceive that what the client really wants is a certificate and as few non-conformities as possible, so the auditors provide easy audits. Why?
2. Registrar auditors are directed to perform easy audits by their top management. Why?
3. Registrar top management directs auditors to perform easy audits in order to maintain whatever business they can and to cease further erosion of the registration business. Why?

Examples:

I have worked as a contract lead ISO 14001 auditor for two different registrars. One of the two registrars instructed me to spend most of my time on the paper system and got upset when I found too many issues out in the plant (I have stopped working for them). They actually certified a plant that had 3 major non-conformances, sending another auditor when I refused to pass them in time for the plant to meet an auto industry deadline.

— Randy Roig

I also have had lead assessors tell me they have to be easy on the customers to avoid

criticism from their management.

— Frits Verdonk

4. Registrars can do whatever they want. The checks and balances system is ineffective and there is currently no workable way to evaluate the effectiveness of the audits that they provide. Why?
5. It is not in anyone's best interest to challenge the system—for the short term.

As we all know, when performing root cause analysis there can be many branches or paths to go down. Starting from the same point, another path could be:

1. The registration system is ineffective because the registrars perceive that what the client wants is a certificate and as few non-conformities as possible, so the registrars give the client what it wants. Why?
2. Registrars perceive this because the client does not tell them what they want from the audit—they just sign the registrar's contract. Clients do not follow 7.4 (Purchasing) of ISO 9001:2000 for purchasing of registration services, so registrars follow 7.2.1.b and determine "requirements not stated by the customer...." Why?
3. Clients do not follow 7.4 because they do not want to put in writing that they only want a certificate and that they are only doing it to maintain or gain business. Why?
4. Client top management does not believe in or does not understand continual improvement. Why?
5. Client top management does not understand that increased quality leads to decreased costs and more profits in the long run. They do not understand the spirit of ISO 9001:2000.

The Leggett & Platt Story

(Contributed by Steven W. Willis, Staff VP Quality Systems, Leggett & Platt, Inc.)

Leggett & Platt (L&P) *has* done something about the lack of value they were receiving from Initial and Surveillance Audits conducted by certain registrars.

L&P, a Fortune 500 company, has just over 300 sites worldwide and at one point had 69 sites certified to an ISO 9001:2000-based Quality System. L&P had contracts with 20 different registrars, and they were unhappy with the value and variation they were receiving. So L&P decided to take two major actions:

1. Sites *not* mandated to be ISO 9001:2000-certified by a customer would not employ the services of an outside registrar. L&P would develop an Internal Certification Process at the corporate level (ensuring auditor objectivity by not allowing certification audits to be performed by site employees). If these sites passed the audit, they would be termed LP 9000-certified.
2. The remaining sites would be certified by one registrar, who would receive the business after L&P performed an in-depth selection and evaluation process of the current registrars.

The short-term results:

1. 77 sites have been certified to LP 9000, with an additional 30 targeted over the next two years.
2. There have been significant savings per annum by choosing one supplier of registration services.
3. Because of the leverage they now possess with the remaining registrar, L&P has met with the top management of the registrar and better defined their expectations of audits, more value-added time spent auditing, and more identified corrective and preventive actions. Finding a good registrar and establishing expect-

tations is key to getting the value out of 3rd party certification for the 69 locations and future sites.

The long-term results:

1. At some point in the future, L&P will perform an evaluation and comparison of effectiveness between ISO 9001:2000 and LP 9000. This may be the subject of a future article.

What Can Smaller Companies Do?

Leggett & Platt is a large company, and they can afford to take the above actions because of the number of sites they have. Here are some things that smaller companies can do:

1. Top management needs to be trained regarding the spirit of ISO 9001:2000 and how it can and should be used as a *Business Management System*, not a *Quality Management System*. And they need to understand how an effective QMS will affect profits.
2. Define your requirements to the registrar on the purchase order or other document, including what deliverables you want from the audit and in what format (including perhaps the use of your internal forms).
3. Evaluate the performance of the auditor and the registrar based on your defined criteria and provide that information to them as a means of improvement. They are your supplier!
4. Issue Corrective Actions to them when they do not meet your requirements and Preventive Actions when their performance is ineffective and could lead to a potential issue.
5. Follow Leggett & Platt's lead, if possible, depending on your customer's requirements and the size of the company. Even if your customer(s) require ISO 9001:2000 certification, perhaps you can change their minds with a better plan.

- 6) Top management must also learn that if their company is involved with Lean or Six Sigma, these need to be fully integrated into their ISO 9001:2000-based Business Management System (BMS), as a subset of the BMS, in order to be truly effective.

What Should Quality Purists Do?

1. Set up a meeting with an ASQ Section, an association, an industry group, or a panel of ISO 9001:2000-certified companies to study, discuss, and determine the effectiveness of the ISO 9001:2000 registration business. The goal of the meeting should be to develop ways of ensuring that the integrity of the ISO 9001:2000 principles are upheld and that the ISO god is happy.
2. Complain directly to ANAB's President, Bob King, by logging on to www.anab.org, and clicking on COMPLAINTS.
3. Develop suggestions for radical change to the system and present them to ANAB, including:
 - a. Elimination of the current registration system as it stands today and the development of one organization to perform audits with the same fee structure for all companies. Learn from the weaknesses and strengths of the FDA.
 - b. Develop a rating system for ISO 9001:2000-certified companies, complete with criteria, objectives and goals, and consequences of good/poor performance (i.e. Platinum level: one audit/year; Silver: two audits/year; Bronze: three audits per year), rewards and recognition, and criteria/consequences for becoming decertified.
 - c. Require registrars to disclose how many companies they put on probation and how many they decertify. Establish a goal (i.e. perhaps 15%) for the number of

companies to decertify or not pass their initial registration audit.

- d. Establish quantitative measures of effectiveness of registrars, performed by a third party, based on client performance.
 - e. Come up with other ideas!
4. Speak up, present papers, write articles, complain to ANAB and/or IAF, complain to your registrar, develop other internal options of auditing or certifying companies to ISO 9001.

The main thing is to not let ISO 9001:2000 die a slow death. In its current format, ISO 9001:2000 has tremendous potential to help improve global product quality for the betterment of society. However, due to the ease of gaining and maintaining certification, the certificate itself is being devalued and is being taken down with the registration system ship. It's time to take action, before it's too late!

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(c) Mike Micklewright, 2007

Integrated Management Systems and Their Alignment with the Baldrige Criteria

Denis Leonard & Mac McGuire

Introduction

With the increased application of ISO9001, ISO14001 and OHSAS18001, the traditional approach of operating quality, environmental, health and safety management systems independently has given way to an integrated approach. The key advantage of integrating these management systems is the synergy created, which results in increased efficiency and effectiveness.

The integration of ISO management systems can become the first step in highlighting the complementary nature of various initiatives and the opportunity to enhance their leverage to improve strategic performance. Often it is the lack of cross-functional understanding that limits the impact of quality and, therefore, its strategic impact, resulting in its perceived failure. This synergy can be enhanced through alignment with the Malcolm Baldrige National Quality Award, Criteria for Performance Excellence (Baldrige), thereby increasing the strategic impact.

Integrated Management Systems

Integrating management standards obviously creates efficiencies in managing the systems and eliminates duplication of work, especially during audits. But this cannot be the only aim of integration since the efficiency gains alone would provide a relatively small return. The ultimate aim needs to be improving the performance of quality, safety and environmental management and creating a coherent system designed to improve the bottom line of the organization. Other benefits could include reduced risk, fewer conflicting responsibilities, increased consistency and improved communication. Integration should also focus on reducing department silo orientations and increasing the use of organization-wide assessment. Breaking down barriers between departments and improving coordinated efforts for the measuring and monitoring of strategic and operational improvements are huge benefits of good integration. Of course, integration has to ensure that the depth of expertise is still available for these audits. One key indicator of the acceptance and growth of an integrated approach is ISO19011, a guideline for quality and environmental management systems auditing. Another is that the updated ISO9000—which is planned for release in 2009—will include minor changes for clarification and compatibility with ISO14001.¹

Integration of management systems continues to expand as many organizations link, for example, information security ISO17999, food safety ISO27001, and other relevant standards to gain further efficiencies. In the UK this expansion is occurring more quickly than in the US, with BS (British Standard) 8900 Sustainability

Management (continuing to evolve and adapt while focusing on the impact on society) and BS25999 Business Continuity (the ability to continue to operate in the event of a disruption due to disaster or incident) currently in practice.

Integration promotes linking different professional groups within an organization with the same fundamental aims of enhancing improvement and driving best practices. Indeed, in a recent report by Lloyd's Register Quality Assurance (LRQA), 66% of managers stated that they were pursuing management systems integration.² Another example of on-going expansion is the current development of ISO26000 on social responsibility, which is planned for release in 2008.

Integration is creating not just cross-functional teams and mindsets about organizational improvement but is also fostering appreciation of other professions and recognition of the synergy that is possible when they work together, thereby developing an organic, integrated perspective. Such synergy provides the opportunity to highlight for senior management the fundamentals that quality has been striving to achieve, such as a systems approach and cross functionality. Other important issues emerge with the integrated approach, such as the use of an integrated database covering all of the disciplines. This means that document control, internal audits, and corrective and preventive actions can be recorded and tracked on a central system to ensure clear communication and coordination of efforts. If these metrics are then linked to a corporate scorecard, critical quality, environmental, health and safety aspects can become accessible to and will be regularly monitored at the strategic level.

Baldrige as a Platform for Strategic Alignment

The LRQA report findings challenged “management system professionals to play a more strategic role within their organizations, to work to enable organizational change, rather than simply to achieve compliance.”² This can be achieved by further linking each of these management systems under the umbrella of the Baldrige model as a strategic infrastructure, for the coordination, monitoring, measurement and implementation of continual improvement at a more strategic level. Since Baldrige is based on a systems-based model, a core value and concept, and is not prescriptive, it is an ideal platform to promote and support the integration of these management systems.

The systems-based approach highlights crucial issues such as

- Importance of leadership
- Need to consider all elements of an organization

Table 1

Alignment of the Baldrige Criteria 2007 with ISO 9001: 2000, ISO 14001: 2004, and OHSAS 18000: 1999 Management Systems. (Incorporates Guidelines for Quality and Environmental Management Systems Auditing, ISO 19011: 2002)

Baldrige Criteria	Baldrige 2007	Clause	ISO 9001: 2000 Quality	Clause	ISO 14001: 2004 Environmental	Clause	OHSAS 18001:1999 Health & Safety	Clause	ISO19011: 2002 Quality & Environmental Auditing Guidelines
	Overview	1	Scope	1	Scope	1	Scope	1	Scope
		2	Normative References	2	Normative References	2	Reference Publications	2	Normative References
	Glossary of Key Terms	3	Terms and Definitions	3	Terms and Definitions	3	Terms and Definitions	3	Terms and Definitions
1.0	Leadership	5.3	Quality Policy	4.2	Environmental Policy	4.2	OH&S Policy	5.2.1	Objectives of an Audit Program
1.0	Leadership	5	Management	4.4.1	Structure and Responsibility	4.4.1	Structure and Responsibility	5.3.1	Responsibilities
		5.5	Responsibility and Authority						
		6.1	Provision of Resources						
1.0	Leadership	5.1	Management Commitment	4.6	Management Review	4.6	Management Review	5.6	Audit Program Monitoring & Reviewing
(2.0)	Strategic Planning	5.6	Management Review						
(7.0)	Results	8.5.1	Continued Improvement						
1.0	Leadership	4	Quality Management Systems	4	Environmental Management System Requirements	4	OH&S Management System Elements	4	Principles of Auditing
(2.0)	Strategic Planning	4.1	General Requirements	4.1	General Requirements	4.1	General Requirements	5.1	General
2.0	Strategic Planning	5.4	Planning	4.3.2	Legal and Other Requirements	4.3.2	Legal and Other Requirements	5.3	Audit Program Responsibilities, Resources and Procedures
		7.2.1	Review of Requirements Related to Product						
2.0	Strategic Planning	4.2	Quality System Planning	4.3	Planning	4.3	Planning	5.0	Managing an Audit Program
(6.0)	Process Management	5.4	Quality System Planning						
		4.2	Quality System General	4.3.1	Environment Aspects	4.3.1	Planning for Hazard Identification, Risk Assessment and Risk Control	5.0	Managing an Audit Program
		4.2.2	Quality Manual						
		5.4.2	QMS Planning and Product Realization						
		7.1	Review of Requirements Related to Product						
		7.2.1	Review of Requirements Related to Product						
4.0	Measurement Analysis and Knowledge Management	4.2.1	General	4.4.4	Documentation	4.4.4	Documentation	5.5	Audit Program Records
		4.2	Document Requirements						
		4.2.2	Quality Manual						
		4.2.3	Control of Documents						
4.0	Measurement Analysis and Knowledge Management	8.3	Control of Non-Conforming Product	4.5.3	Nonconformity, Corrective Action and Preventive Action	4.5.3	Records and Records Management	5.5	Audit Program Records
		8.4	Analysis of Data						
		8.5.2	Corrective Action						
		8.5.3	Preventive Action						
3.0	Customer and Market Focus	5.5.3	Internal Communication	4.4.3	Communication	4.4.3	Consultation and Communication	6.2.5	Establishing Initial Contact with the Auditee
(4.2)	Information & Knowledge Management	7.2.3	Customer Communication						
5.0	Workforce Focus	6.2.2	Training, Awareness and Competence	4.4.2	Training, Awareness and Competence	4.4.2	Training, Awareness and Competence	7.0	Competence of Auditors

Table 1 continues to page 14

(INTEGRATED MANAGEMENT SYSTEMS, continued from page 12)

- Strategic importance of scanning and analyzing the business environment
- Value of creating focus on customers and employees
- Need to use measures, indicators and organizational knowledge to identify and monitor key performance indicators
- Methods for approach and deployment of improvement action plans.

The Baldrige model enables organizations to adopt a more strategic perspective in relation to their quality efforts. When the strategic and quality processes are not interlinked, quality can be limited to continual improvement at the operational level only.

The benefits from a strategic approach to quality are

- Driving cross functional involvement
- Coordinating strategic and operational improvement efforts
- Measuring and monitoring progress
- Conducting organization-wide assessments with feedback and a support system to create prioritized areas for improvement.

Table 1 (continued)

Alignment of the Baldrige Criteria 2007 with ISO 9001: 2000, ISO 14001: 2004, and OHSAS 18000: 1999 Management Systems. (Incorporates Guidelines for Quality and Environmental Management Systems Auditing, ISO 19011: 2002)

Baldrige Criteria	Baldrige 2007	Clause	ISO 9001: 2000 Quality	Clause	ISO 14001: 2004 Environmental	Clause	OHSAS 18001:1999 Health & Safety	Clause	ISO19011: 2002 Quality & Environmental Auditing Guidelines
6.0	Process Management	4.2	Quality System			4.3.4	OH&S Management Program(s)	5.0	Managing An Audit Program
		4.2.1 4.2.2 5.4.2 7.1	General Quality Manual QMS Planning Planning and Project Realization						
6.0	Process Management	4.2	Quality System	4.4	Implementation and Operation	4.4	Implementation and Operation	5.4	Audit Program Implementation
		4.2.1 4.2.2 5.4.2 7.1	General Quality Manual QMS Planning Planning and Project Realization						
		6.3 6.4	Infrastructure Work Environment						
		8.2.3	Monitoring and Measurement of Process	4.5.2	Evaluation of Compliance	4.5.2	Accidents, Incidents, Non-conformances and Corrective and Preventive Action	6.8	Conducting Audit Follow up
		8.2.4 8.3 8.5.2 8.5.3	Monitoring and Measurement of Product Control of Non-conforming Product Corrective Action Preventive Action						
		8.3	Control of Non-conforming Product	4.4.7	Emergency Preparedness and Response	4.4.7	Emergency Preparedness and Response	6.6.5	Generating Audit Findings
6.0	Process Management	4.2.4	Control of Records	4.5.4	Control of Records Internal Audit	4.5.4	Audit	6.0	Audit Activities
		8.2.2 8.2.3	Internal Audit Monitoring and Measurement of Processes	4.5.5					
6.0 (3.0)	Process Management Customer and Market Focus	7.0	Product Realization	4.4.6	Operational Control	4.4.6	Operational Control	6.0	Audit Activities
		8.1 8.2 8.3 8.4	Measurement/ Analysis Improve Monitor & Measurement Analysis of Data						
		7.1	Planning of Product	4.5.1	Monitoring and Measurement	4.5.1	Performance Measurement and Monitoring	5.6	Audit Program Monitoring & Reviewing
		7.4.3	Recertification Verification of Purchased Product						
7.0 (6.0)	Results Process Management	7.5.3	Identification and Traceability						
		7.6 8.2.4 8.4	Monitoring and Measuring Devices Monitoring and Measurement of Product Analysis of Data						
4.0 (4.0)	Measurement Analysis and Knowledge Management	7.5.3	Identification and Traceability						
		7.6 8.2.4 8.4	Monitoring and Measuring Devices Monitoring and Measurement of Product Analysis of Data						

This is what gives Baldrige its coordinating and aligning nature; it is also what gives Baldrige its wide appeal and adaptability. Its focus is on the basics, or essentials for excellence, which is why the Baldrige model has been implemented internationally and, in many cases, used as the basis for other national quality awards. While fads come and go, the fundamentals of quality do not. The common theme with national quality award is their inclusive nature. The models are such that they do not specify what quality tool or technique should be used or in which circumstance. Rather, the models are the strategic coordinating methods to drive quality and integrate the various tools and techniques required to achieve the corporate strategic goals. The models also provide an effective way of conducting company-wide self-assessments of a cross-functional nature. The tools and techniques used to achieve the Opportunities for Improvement (OFIs) uncovered by self assessment or feedback from an award application depend on how far along the quality journey the organization is, their current needs, experience, skill set, and culture. In this way Baldrige can make sense of a whole range of tools, techniques and initiatives, which, without alignment, can become an uncoordinated and ineffective group of activities.

Baldrige states that “integration builds on alignment, so that the individual components of your performance management system operate in a fully interconnected manner.”³ Each of the management standards and Baldrige have the same common underpinning, that of Plan, Do, Check and Act. The alignment and integration of all of these is a natural progression. The corrective and preventive actions and audit findings of the ISO systems become OFIs and allow a better alignment of strategic, tactical, and operational initiatives. They also create stronger strategic linkages for coordinated and prioritized improvements and a focus on key corporate measures or indicators of performance. By aligning the systems with Baldrige, the focus moves from compliance of individual components to improving key performance indicators corporate-wide.

To further clarify the integration of these management systems and their alignment with the Baldrige criteria, Table 1 lines up the related clauses of ISO9001, ISO14001, OHSAS18001 and ISO19011 against the Baldrige criteria. While these management systems fit neatly within Baldrige under “category 6.2 process management and improvement” and “category 7.5 results: process effectiveness outcomes,” Table 1 articulates the more subtle and critical connections. It is only with detailed integration at all relevant levels that the full benefits can be derived.

Conclusion

The 2005 ASQ Futures Study concluded that the most important forces shaping the future of quality include globalization and value creation, which included the adaptation of management systems.⁴ With more organizations outsourcing to developing countries, this is driving the increased use of ISO9001, ISO14001 and OHSAS18001 since they are being used as a way of providing third party certification and assurance of management systems by these companies.² With

regard to Baldrige and the continued development of new ISO systems, such as ISO26000, Baldrige will continue to provide a platform for their integration. For example, it fits under 1.2 governance and social responsibilities: how do you govern and address your social responsibilities and 7.6 (a) leadership and social responsibility results. Of course, the synergy between Baldrige and these management systems is a two-way street. While Baldrige can promote integration, the management systems provide best practice structures to help address and impact sub categories of Baldrige. Therefore, with the continued international application of Baldrige and ISO standards and the opportunity for their integration, they will continue to provide significant vehicles to change and adapt to the forces outlined in the ASQ Futures Study.

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Denis & Mac are both members of the QMD Baldrige Committee and recently published An Executive Guide to Understanding & Implementing The Baldrige Criteria: For Organizational Excellence and Financial Impact through ASQ Quality Press.

An In-Depth Look at Leadership in the CMQ/OE Body of Knowledge

By Carol Kurtz, CMQ/OE, CQE, CQA, Vice Chair Operations

Previous *Forum* articles briefly described the CMQ/OE Body of Knowledge (BoK), which encompasses seven major areas. It is worthwhile to reflect on these elements of the BoK because they are the foundation of our work as leaders and managers in our various endeavors. This article will look more closely at what a CMQ/OE should demonstrate in the area of leadership, and in subsequent issues of QMF the six other areas will be reviewed:

1. Leadership
2. Strategic Plan Development and Deployment
3. Management Elements and Methods
4. Quality Management Tools
5. Customer-Focused Organizations
6. Supply Chain Management
7. Training and Development

Leadership includes four sub-categories: Organizational Structures; Leadership Challenges; Teams and Team Processes; and the ASQ Code of Ethics. In the exam, twenty-five questions are devoted to this major aspect of the BoK.

Leadership is one of the foundations of organizations. Leaders provide vision, direction, and focus for people to achieve a common purpose. They act as champions and advocates for achieving goals and continual improvement.

Organizational Structure

The CMQ/OE understands the roles and relationships of managers and leaders in various organizational structures and cultures found in today's businesses and organizations. The design of organizational structures takes into consideration the purpose, methods and structures of decision-making and work distribution. Various designs include matrix, flat, parallel, collateral, etc. Understanding the effect and influence of management hierarchies is an important aspect, and so is understanding the culture.

By understanding the culture of an organization the CMQ/OE can define the beliefs and values that drive it. Values and beliefs are the underlying characteristics that guide how it reacts to changes both internally and externally. The attitudes demonstrated by managers and leaders reflect the beliefs and values held by the organization. Leadership can face many challenges when various segments of the organization hold differing beliefs and values.

Leadership Challenges

The CMQ/OE can describe the typical, and often overlapping, roles, responsibilities and competencies of people who are in management and leadership positions. Leaders may be managers or they may be those who have a special interest and passion for a cause or project. They motivate others to accomplish goals through their knowledge, skills, experience, and passion. Assuming many roles, such as, facilitator, appraiser, forecaster and others, leaders must also possess self-awareness, self-control, motivation, empathy, and social skills.

Managers are responsible for the effective and efficient use of resources in an organization. Some key roles include: leader, organizer, innovator, supporter, mentor, motivator, and trainer. Among other things, leaders and managers have the challenge of motivating others and effecting change while overcoming resistance.

To manage change, the CMQ/OE can draw upon a variety of strategies in the role of change agent. There can be both internal and external change agents, depending on the purpose and scope of the transformation. Change agents' roles include: consultant, coach, facilitator, and leader. Some techniques include: encouraging management to create environments conducive to change; advising management how to measure, monitor and report; or serving as a role model as a leader on a specific project.

Motivating, influencing, negotiating and resolving conflict are strategies that the CMQ/OE understands and uses to empower employees and teams to meet the goals and objectives of organizations. Understanding and using the tools, techniques and strategies described above prepare the CMQ/OE to meet leadership challenges.

Teams and Team Processes

Managers and leaders need to understand the types of teams that are used, such as process-improvement, work group, and cellular, so that they can appropriately select, form, lead, and participate in them.

In order to function well with and within teams, it pays to recognize the various stages of team development: forming, storming, norming, and performing. Applying basic team building techniques will ensure that teams have the tools to focus and plan their efforts to fulfill the team's purpose.

Typical team roles, such as facilitator, champion, project leader, and process owner, assure that the team can complete the requirements of the job or project. Understanding the roles and the responsibilities that are assigned and expected of each team member

enhances the performance of the team. Recognizing disruptive behaviors, hidden agendas and distractions may allow the CMQ/OE to be more effective in leadership and member roles.

Evaluating team performance to expected standards, goals, and objectives is important so that recognition and feedback are given to team members and for continuing to improve the team process and outcomes. Understanding teams and team processes prepares the CMQ/OE for leadership responsibilities.

ASQ Code of Ethics

This last category in the Leadership section of BoK is very important because it provides the foundation of beliefs and values that ASQ expects will guide the behavior of its professional members.

The Leadership topic in the BoK comprises the four subcategories discussed here. Leadership provides vision, direction and focus to overcome challenges, build teams, and work toward common goals while exhibiting ethical behavior. Managers who pursue organizational excellence comprehend the impact of Leadership. In a way, good leaders are all “quality” managers.

If you are currently a Certified Manager of Quality/Organizational Excellence and you are able to help as a Subject Matter Expert (SME), please e-mail your contact information to MMartin@ASQ.org. Two (2) CEU Credits are given for participation in our workshop sessions and can be used towards your certification renewal as a CMQ/OE. Travel and expenses are reimbursed.

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QMD Volunteer Opportunities

Would you like to share your expertise, contribute to the advancement of quality management and organizational excellence initiatives, and hone your skills? If so, these QMD volunteer opportunities may be for you.

Deputy Conference Marketing Chair

Works closely with the Conference Marketing Chair to develop the brochure, ASQ & non-ASQ conference marketing materials, website notices, and Quality Management Conference marketing communications initiatives. Prior marketing or member/customer relationship experience is preferred.

Deputy Editor/Forum Papers, Quality Management Forum

Coordinates efforts to build a pool of papers to be published in the *Quality Management Forum (QMF)*. Qualifications for the position include attention to detail, ability to complete responsibilities in a timely fashion, willingness to establish a network of potential authors, and interest in learning the editorial and publication processes.

Quality Management Forum (QMF)

Review Board Member

Evaluates 3-4 papers per year for the Quality Management Division's publication, *Quality Management Forum*. This individual will assure that the QMF publishes papers of a consistent standard based on the Manager of Quality Body of Knowledge, the QMF Authors Guidelines, and the QMF Manuscript Evaluation Form.

QMD Sponsors & Partners Coordinator

Works with the Vice-Chair, Marketing to identify, acquire, and sustain sponsors and partners to support various QMD initiatives. This individual will also assist the acquisition of exhibitors for the Quality Management Conference. Understanding or experience in marketing and/or customer relationship programs is required.

QMD Market/VOC Analyst

Interprets QMD member and user Voice Of the Customer (VOC) data. The individual will mine existing data sources, conduct special VOC efforts, and investigate best practices. This VOC interpretation will assist in the identification of improved/new QMD products and services. Prior data analysis or member/customer relationship experience is required.

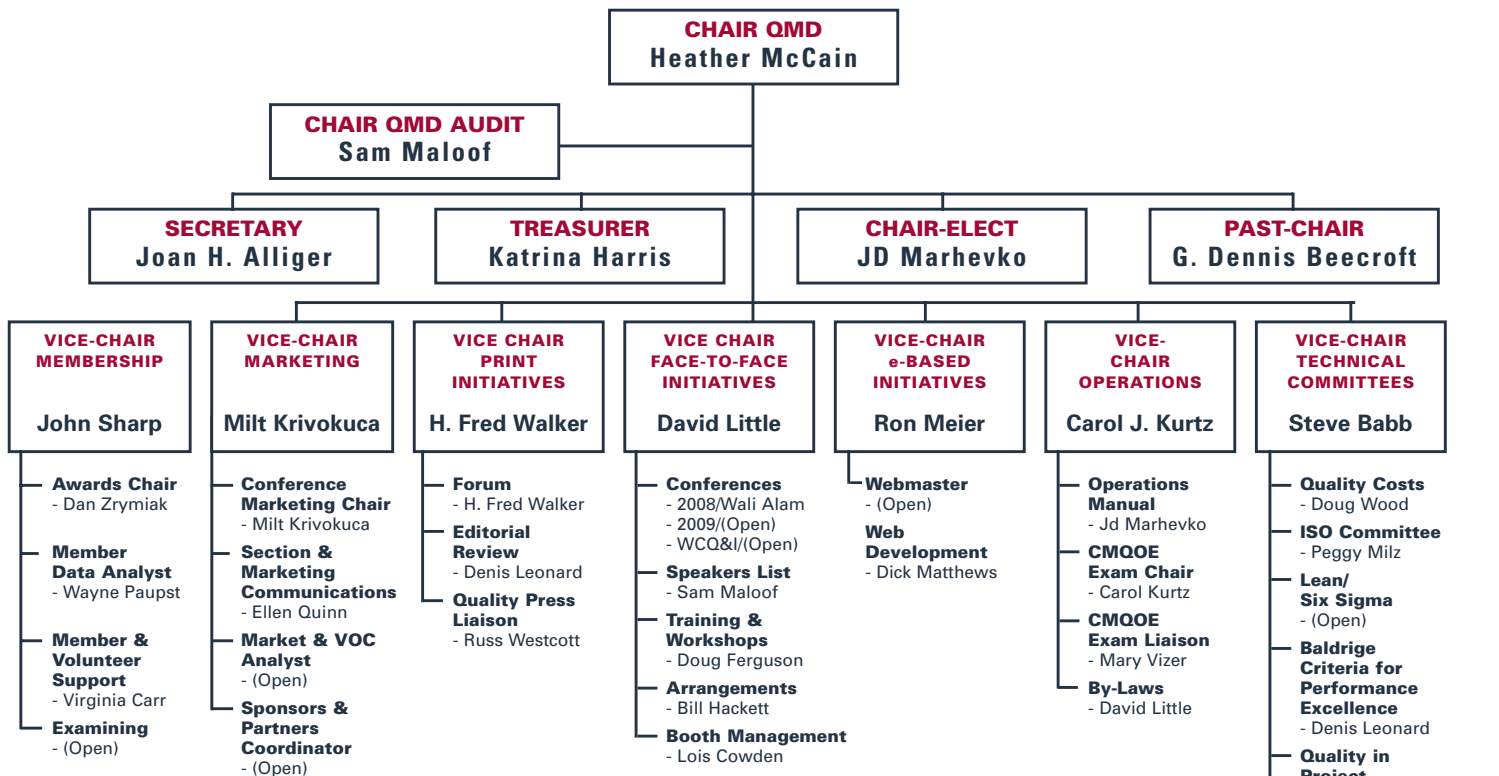
QMD Examining Chair

Identifies QMD members who are eligible for upgrade, facilitates the documentation and approval processes, and assures adherence to applicable ASQ policies/procedures and timetables. The primary focus is on upgrade to Fellow; however, the scope may be expanded to include other positions.

QMD Webmaster

Assures that the QMD contacts, products, announcements and other information on the website are current. The role of the individual will be to obtain new/revised information from the QMD leaders and work with the appropriate ASQ staff to implement to update. Although an understanding of website design/systems is desired, it is not required since web implementation support will be provided.

If you are interested in any of the above positions or would like to discuss other volunteer opportunities, contact Virginia Carr at Virginia.carr@totalsystemsdesign.com or call at **(484) 356-0288**.



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