# iCT-M®

Information Communication Technology aided Management

http://www.ict-m.com

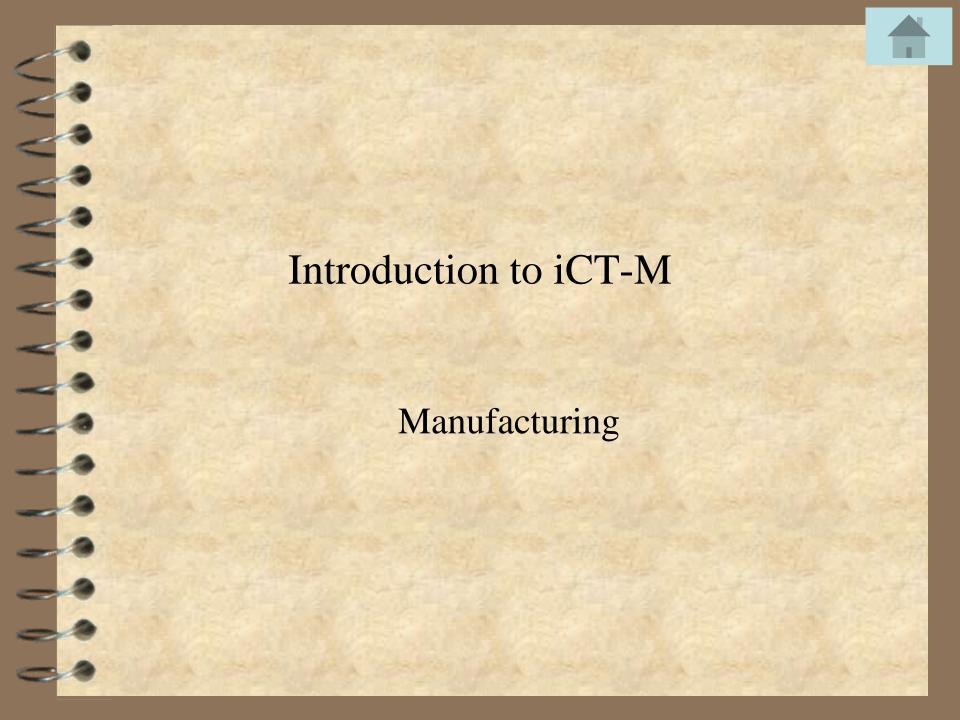


#### Main Menu

- Introduction to iCT-M
  - Manufacturing
  - Healthcare
- Unique Selling Propositions
  - Automotive
  - Healthcare
  - Banking
  - Projects Approach
- iCT-M Specials
  - Ministry of Health
  - Integrated Management System
  - Hardware Configurations

- iCT-M Support
  - Management Philosophies
  - Enterprise Solutions
  - Project Tools & Techniques
  - Continuous Improvement
  - Benefits
  - Training
- About us
  - Company
  - Chief Executive Or
  - Chief Technical Office
  - Contact Us







### Significance of iCT-M



- New Policies
- New Challenges
- Time to Market
- Rapid Product Upgrades
- New Product Introduction

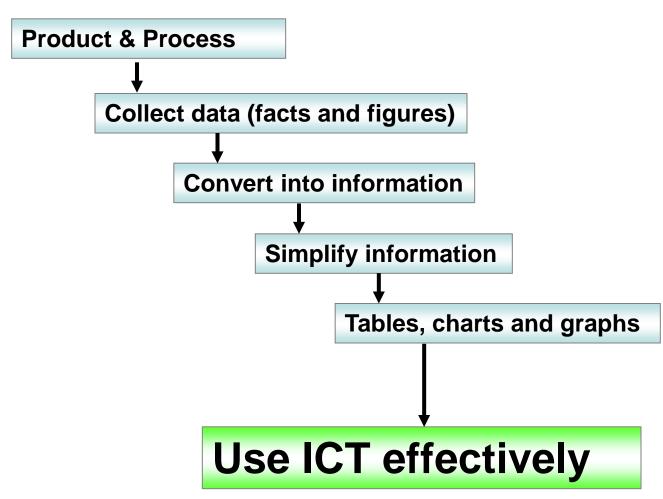
Demanding Customer Requirements





### Using iCT-M







#### iCT-M Product & Services



- Advanced Product Quality Planning (APQP)
- Total Quality Management (TQM)
- Six Sigma (6σ)
- Research & Development (R&D)
- Service Quality (ServQual)

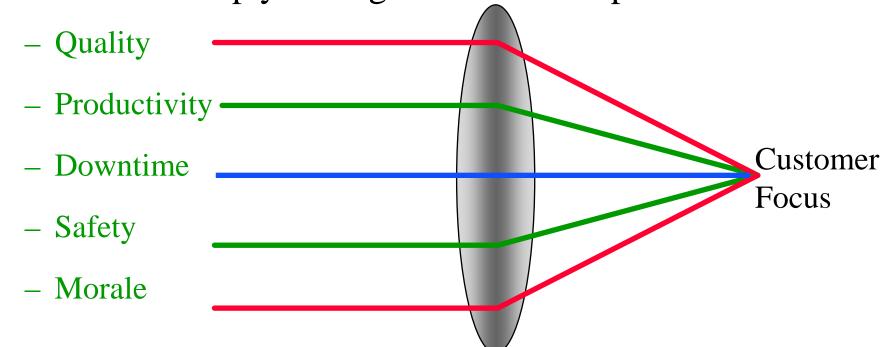
New Paradigm in Management
Breakthrough Achievements
Competitive Edge
Globalization



### iCT-M Approach



• iCT-M can help your organization to improve:

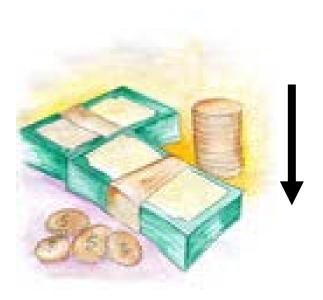




### iCT-M Approach



- iCT-M drives your cost down:
  - Quality
  - Productivity
  - Downtime
  - Safety
  - Morale





### Traditional Approach



- No Methodological Resource
  - Left to employees
  - Ignore statistical tools
- Trial and Error Methods

Of Product and Process Improvement

Too Much Time and Resources

Even for Small Improvements

- No Proper Documentation
  - Paper or Electronic





### **Business Strategy**



- Internal Measures
  - Internal Customers
- Waste Reduction
  - Lean Service Organization
- Quality Implementation
  - Process Improvement
- Monitoring Performance
  - Balanced Scorecard
- Business Model
  - Malcolm Baldrige Quality Model
- Accreditation
  - MSQH/JCI



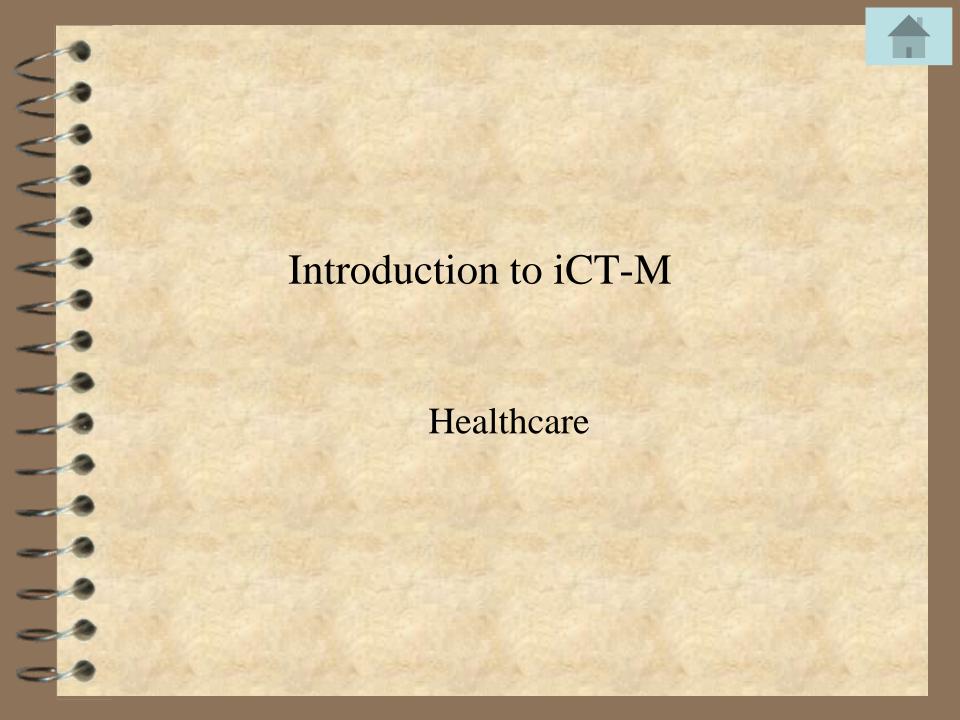


### Integration



- Lean tools
  - Reduce process wastes
- Quality tools
  - Improve service delivery
- Balanced Scorecard
  - Monitor business performance
- Malcolm Baldrige
  - Focus on business strategy
- MSQH/JCI
  - Promote Medical Tourism







#### Main Menu



- Objectives
- What is iCT-M?
- What is the problem?
- What is the solution?
- Benefits of iCT-M
- Applications of iCT-M in Healthcare



### **Objectives**



#### Overview

 Provide an overview of iCT-M as a Quality Improvement Tool.

#### Awareness

Increase awareness of different iCT-M Quality Tools.

#### Encourage

 Encourage administrators and healthcare professionals to learn usage in order to effectively implement iCT-M.

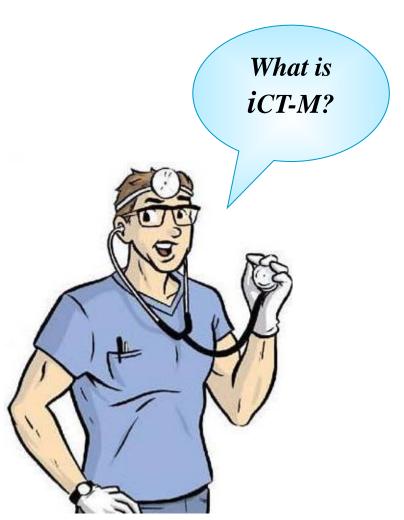
#### Discuss

 Discuss how iCT-M Quality tools may be helpful in healthcare.



#### What is iCT-M





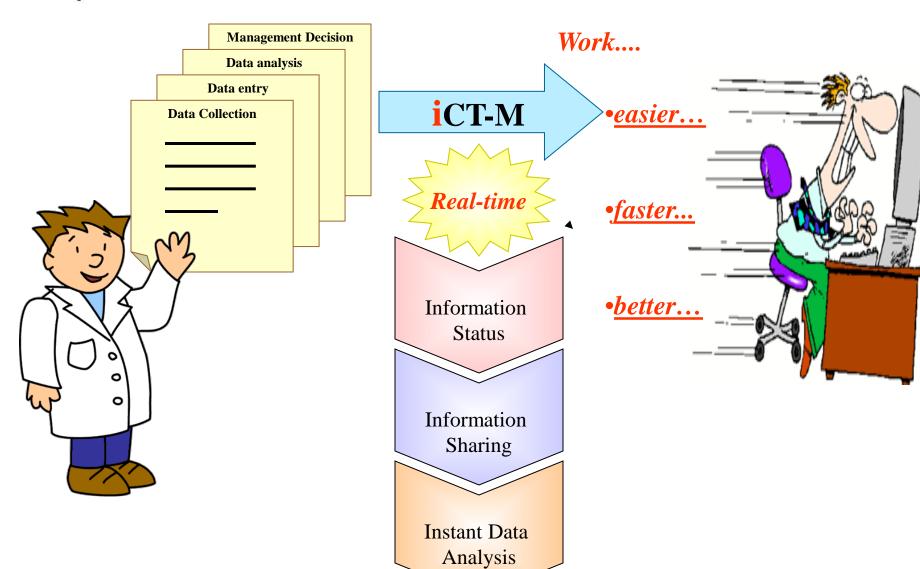
#### Web based software for

- Healthcare Management
- Medical Research
- On-line system
  - To integrate quality,
     productivity and cost
     improvements
  - Without the need of multiple software
  - No need for knowledge of detailed mathematics, statistics or other hard skills



### Breakthrough







### Using iCT-M





Enter Data







Generate Report



Conduct Quality Improvement



**Perform Audits** 



Research



### What is the Problem?

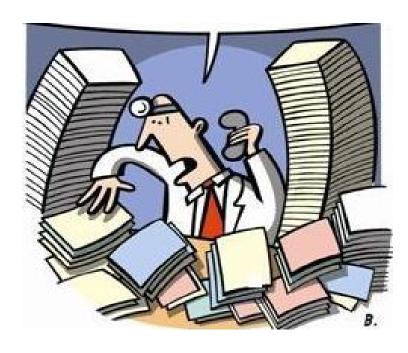






### Paper Based Systems





#### Data

Cannot perform data validation,
 data analysis, or generate
 reports

#### Key-in

 Large amounts of data to key in by medical staff (with no maths or stats knowledge).

#### Continuous improvement

 Healthcare service delivery status not readily monitored, controlled or improved



### **Existing Software**





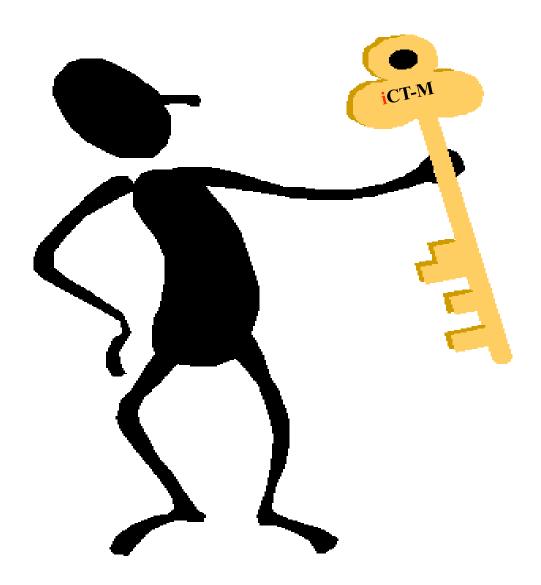
- Available in stand alone bits and pieces.
- Hospital may need to buy many software.
- Difficult to maintain, difficult to use with limited licenses, different installation, look & feel, etc.
- Not web based future integration into a larger national scale is not likely.



### What is the solution?



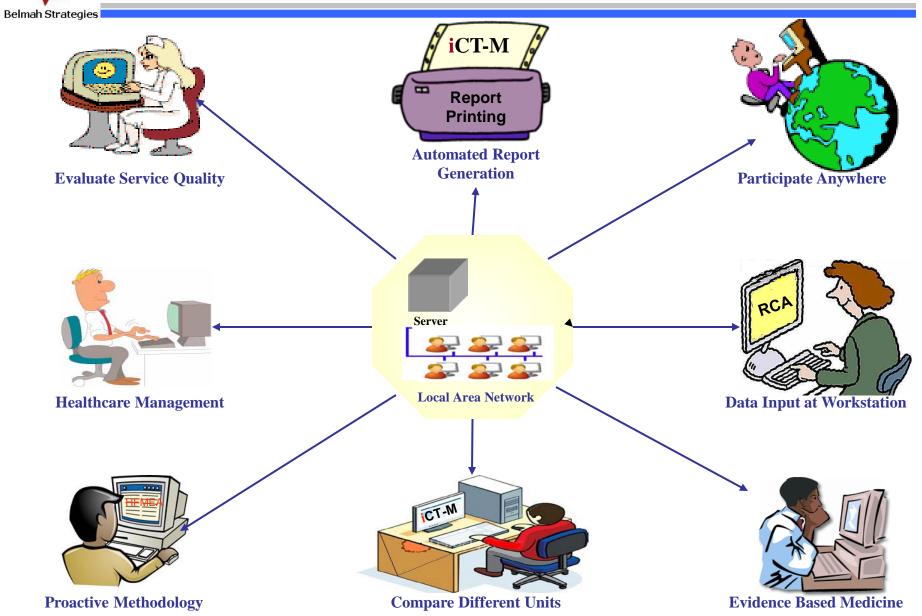
Belmah Strategies





### **Intranet Connectivity**

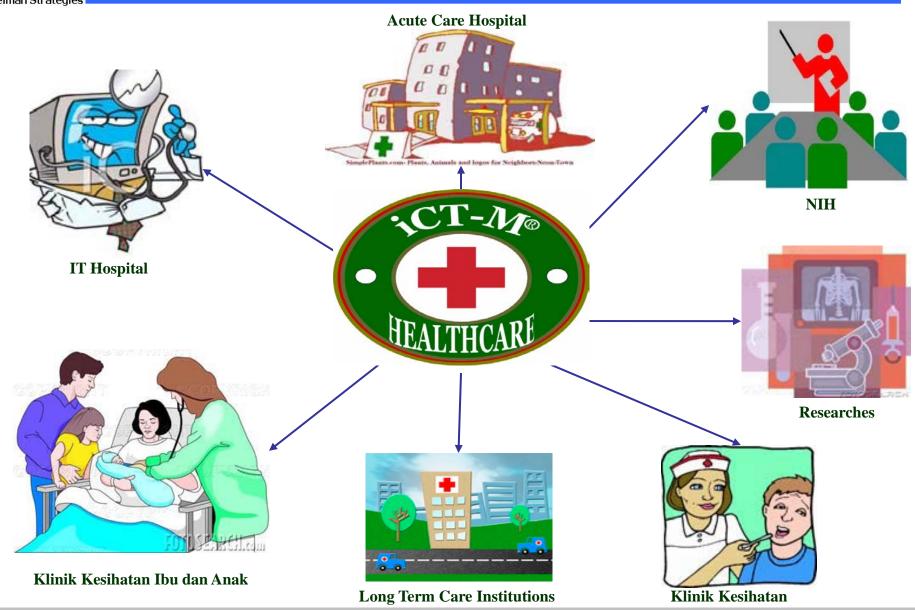






#### iCT-M Network





#### Win-Win-Win





Satisfied External Customers





Satisfied Internal Customers

**Increased Revenue** 



#### Applications of iCT-M in Healthcare



#### Direct

- Root Cause Analysis
- Customer ComplaintsManagement
- Healthcare Failure Mode Effects Analysis
- Service Quality
- Patient SatisfactionQuestionnaire
- Customer Satisfaction Index
- Incident Reporting
- Cycle-time
- Affinity

#### • Indirect

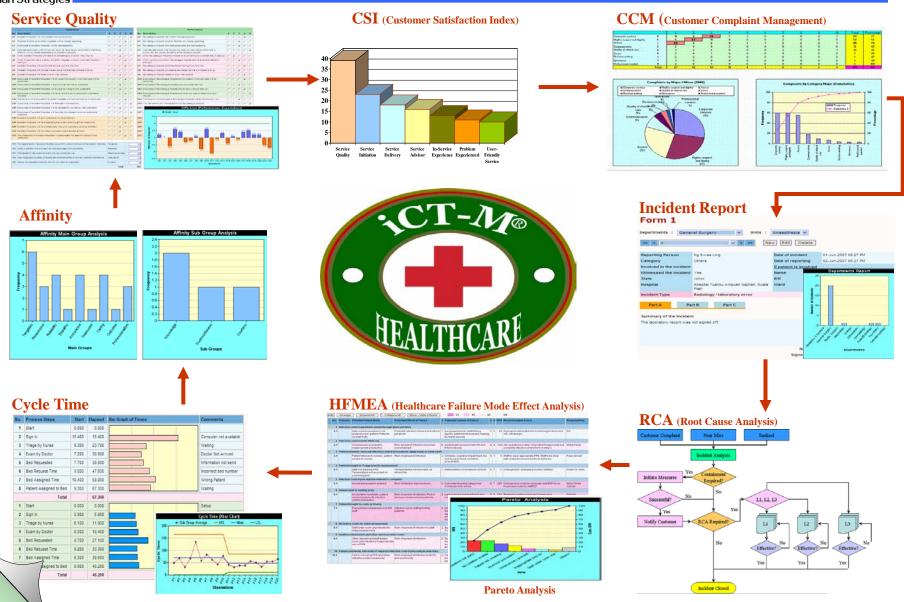
- ISO Audit
- ISO Toolkit
- ISO Documents
- Benchmarking
- Balanced Scorecard

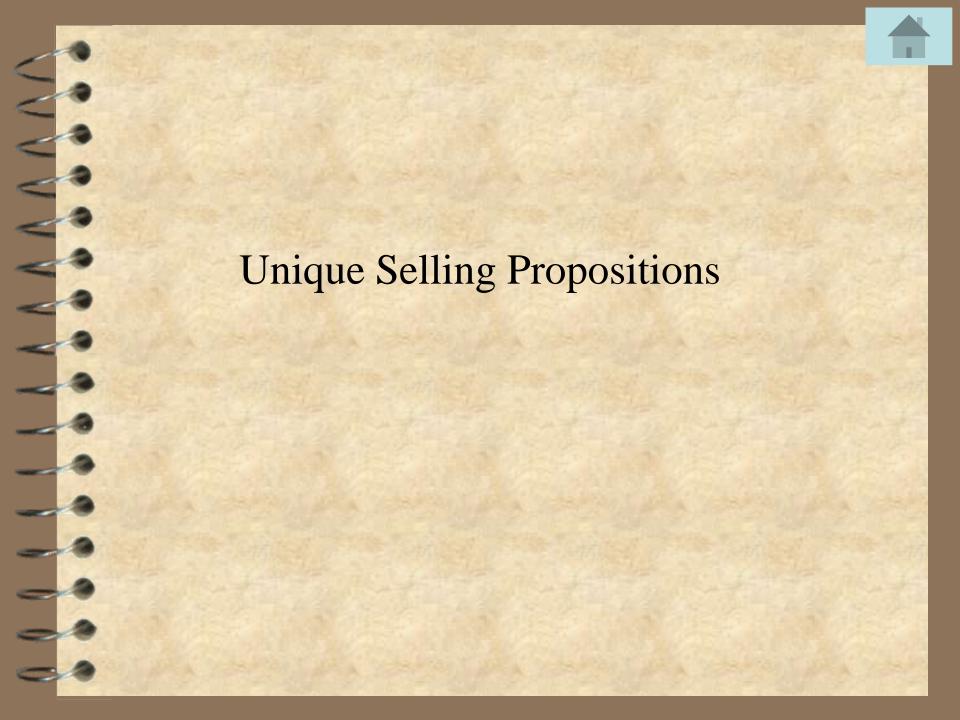


#### Healthcare











### Value Proposition of ICT-M

- What is the uniqueness of ICT-M?
  - A single holistic on-line ICT approach to integrate quality,
     productivity and cost improvement
  - No need to learn mathematics, statistics and hard-skills
  - Rapid prototyping and product design
- Are other similar software available?
  - No similar software available
  - Costly software may be used with little compatibility
- What makes ICT-M different and important?
  - Wide range of potential users
  - Provides an on-line resource center
  - Enables on-demand availability



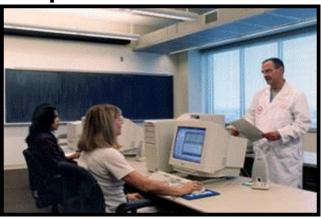
### Industry Applications Of iCT-M



#### **Manufacturing / Service**



#### **Hospitals / Universities**



#### Laboratories



## iCT-M<sup>®</sup> Research & Development





#### **Industries**



#### Manufacturing

- Automotive
- Electrical
- Electronics
- Assembly
- Education
  - Universities
  - Colleges
- Service
  - Hotels
  - Banks

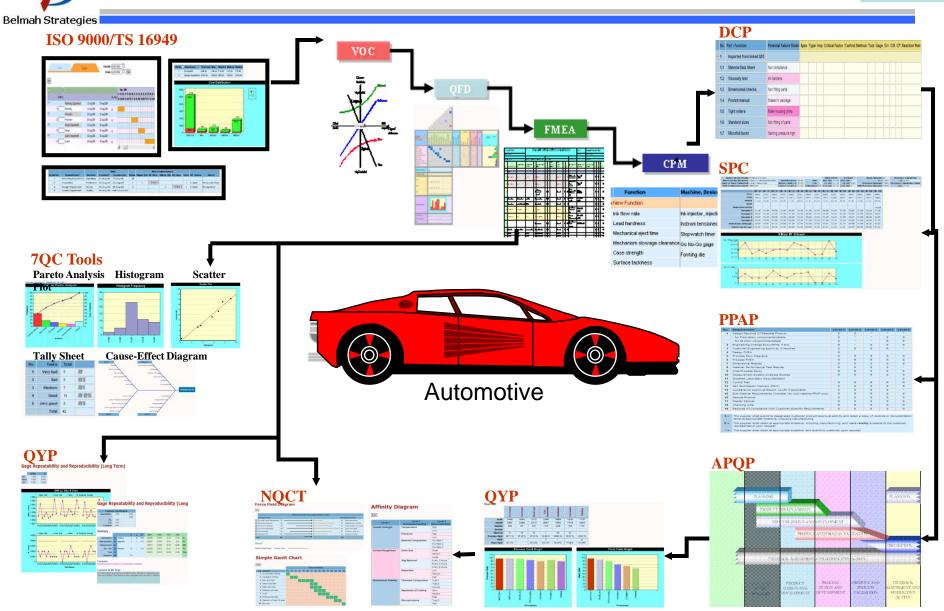
#### Healthcare

- Hospitals
- Telehealth
- Telemedicine
- Clinics
- Government
  - Counter Service
  - e-Government
- Software / IT
- Transactional



### Automotive

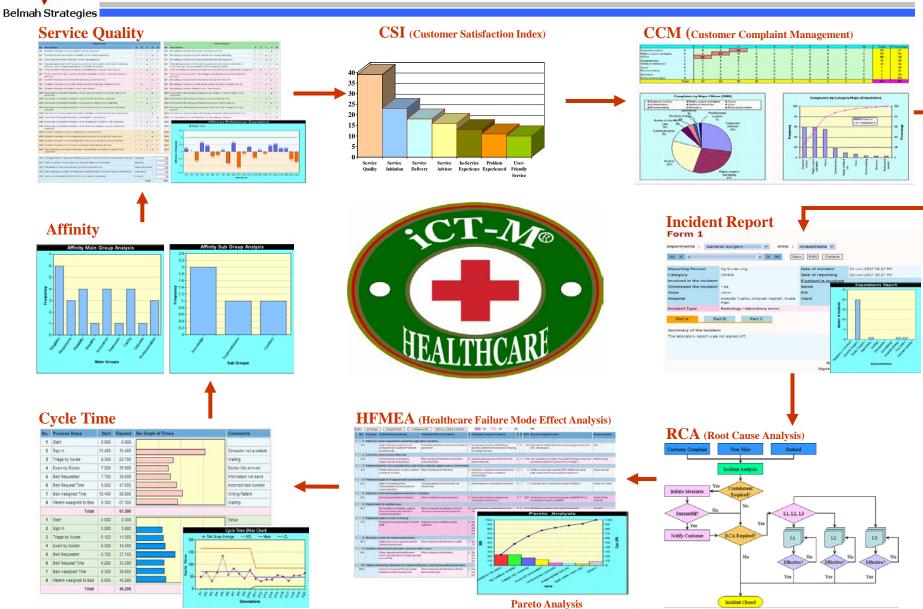






#### Healthcare

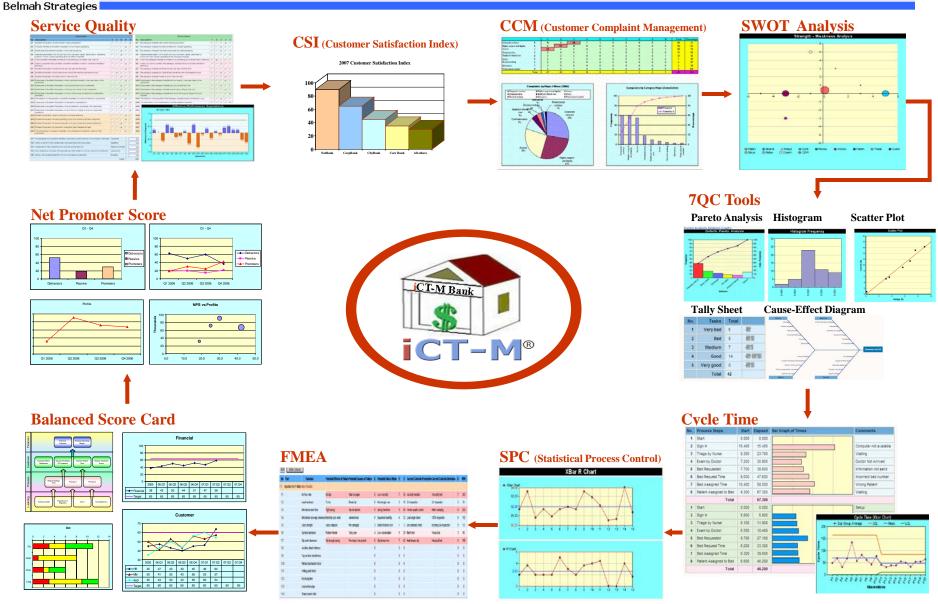






### Banking





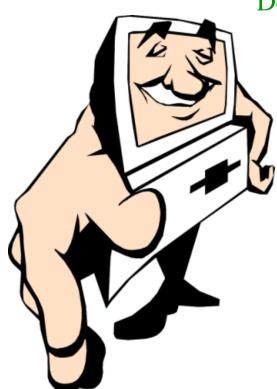


### Methodologies



- Six Sigma
  - DMAIC
  - DMADV
  - Lean Six Sigma
  - DFSS
- Automotive
  - APQP
- TQM
  - ISO Standards

- Evaluations
  - ICC / QCC
- Innovation
  - New Product / ServiceDevelopment





### Project Management



- Required by
  - Six Sigma
  - APQP
- Project Tracking
  - Practical
  - Graphical
- Technology
  - Web based
  - LAN





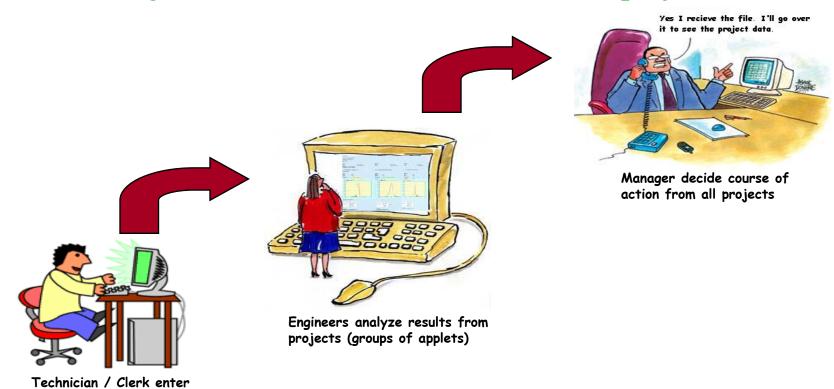
### Project Management



#### Hierarchy control

data into applets

- Technicians / Clerk enter data into applets
- Engineers analyze results from projects (groups of applets)
- Managers decide course of action from all projects





# User Friendly



- Ease of Use
  - Can be use by a non-technical person
- No Mathematics here
  - User doesn't see mathematics
- No Statistics here
  - Data
  - Submit
  - Analyze
  - Report
  - Take business action



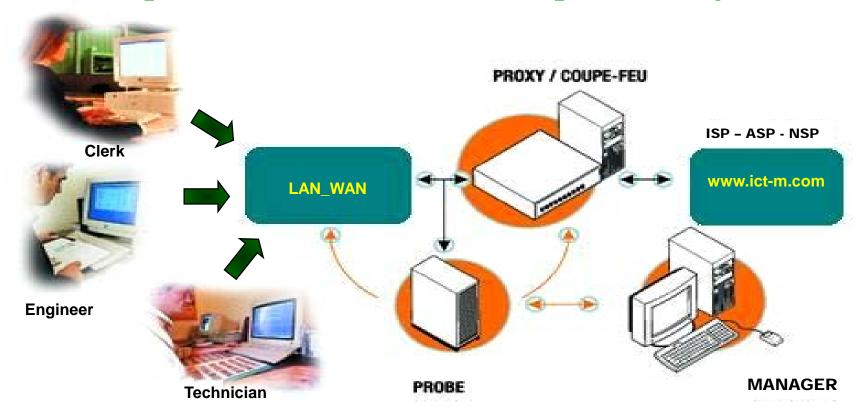


# **Data Security**



### Central Data

- All projects stored in database and belongs to company
- Engineers can come and go but data remains with company
- Managers have direct access according to hierarchy



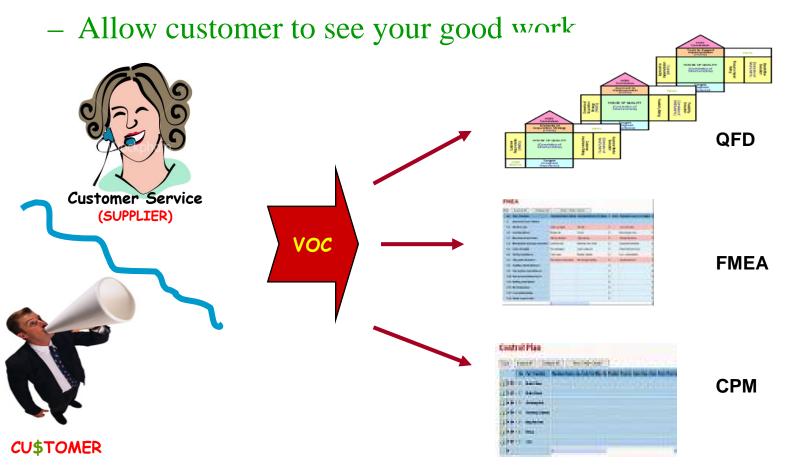


# **Data Connectivity**



### Data flow

Link to projects in supplier's company



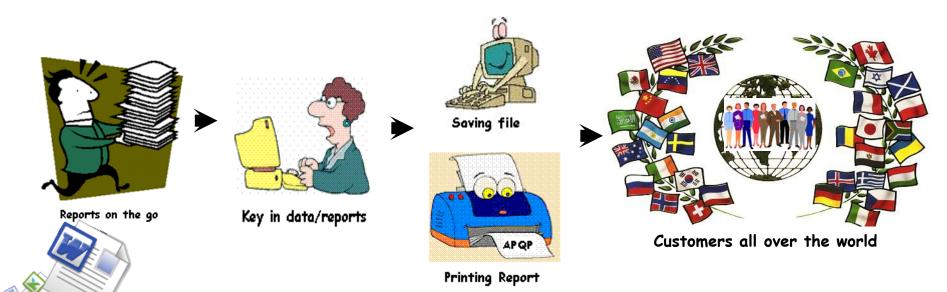


# Report Generation



### Easy Report

- Work carried out is automatically compiled
- No need to ask (beg) for reports from engineers
- Print a single applet or the entire project in any order / color
- Print to pdf, save to hard disk, send to colleague
- Mail report to customer



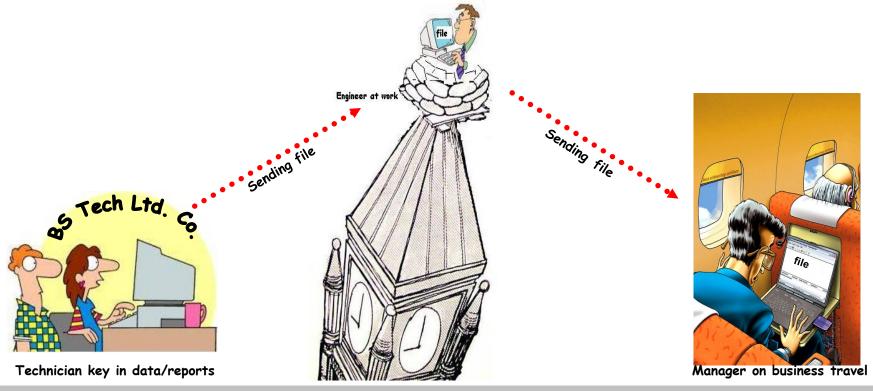


# Super Teamwork



### Collaborative

- Technician enters data in the factor floor
- Engineer analyses results from engineering tower
- Manager decides course of action from another country



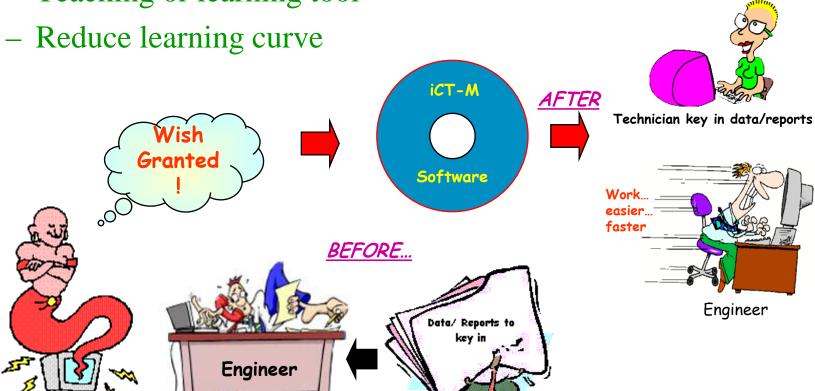


### Ease of Use



### • Job Simplification

- Work done by engineers can now be done by technicians
- Teaching or learning tool







# **Projects**

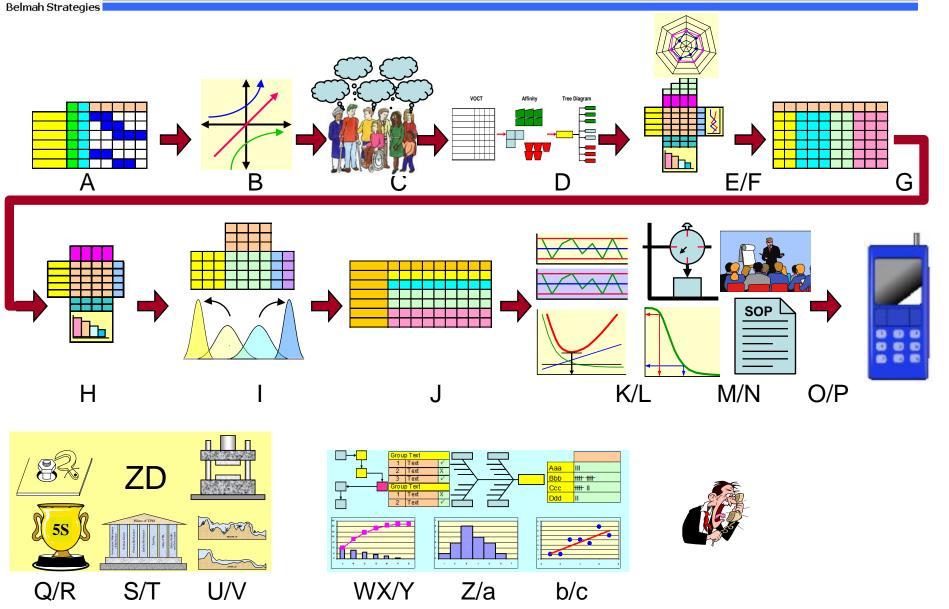






# Concept to Customer Project Flow



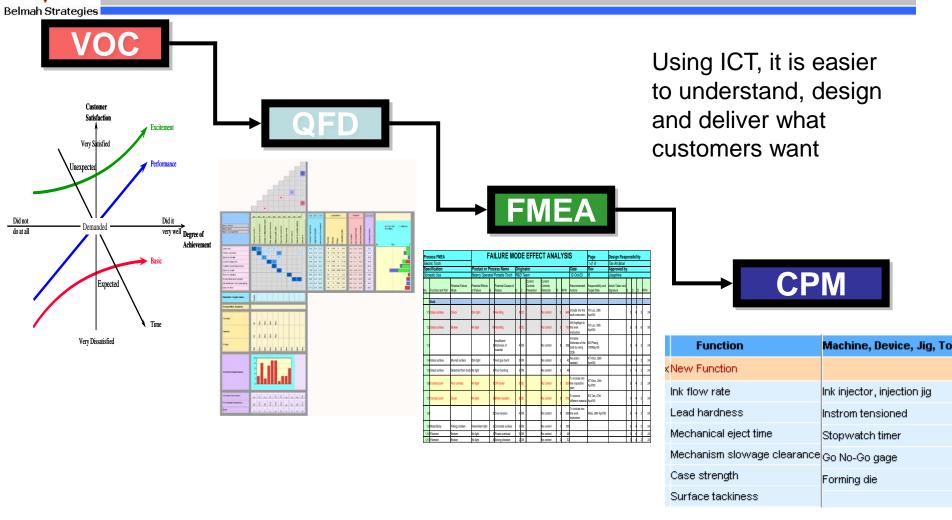


Belmah Strategies Marketing Presentation Page 45



# **Data Connectivity**







# **Product & Process Optimization**





#### **Quality Function Deployment**

Translate Voice of Customer to product specification



### Design Failure Mode Effect Analysis

Reduce potential product failure

#### **Design Review / Design Of Experiments**

Design -in robust quality in products and processes

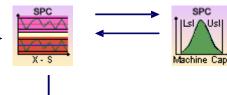




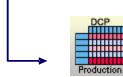
**Characteristics Matrix Cause - Effect Analysis** 

#### Preliminary Process Capability

To monitor and maintain ideal process



**Measurement System Analysis Plan**To ensure capable measurements



#### **Dynamic Control Plan**

To generate a production control plan



#### **Documentation**

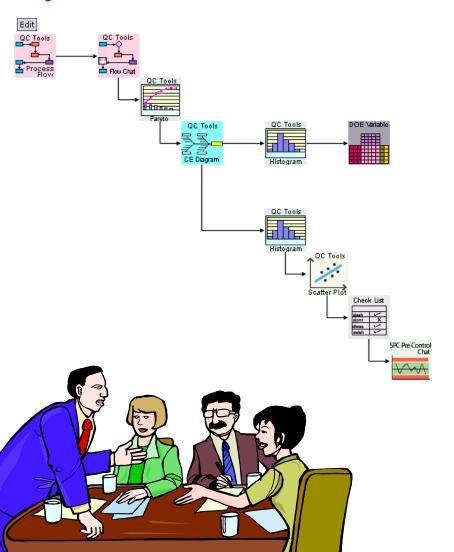
Significant assistance in Documentation for

- Quality Record
- Historic Trend
- Lessons Learned



# Project: Problem Solving

#### **Project Flow**



### Problem Solving

- Create the activity sequence
- Choice of over 57 elements
- Work on each element
- Step by step
- Generate Reports

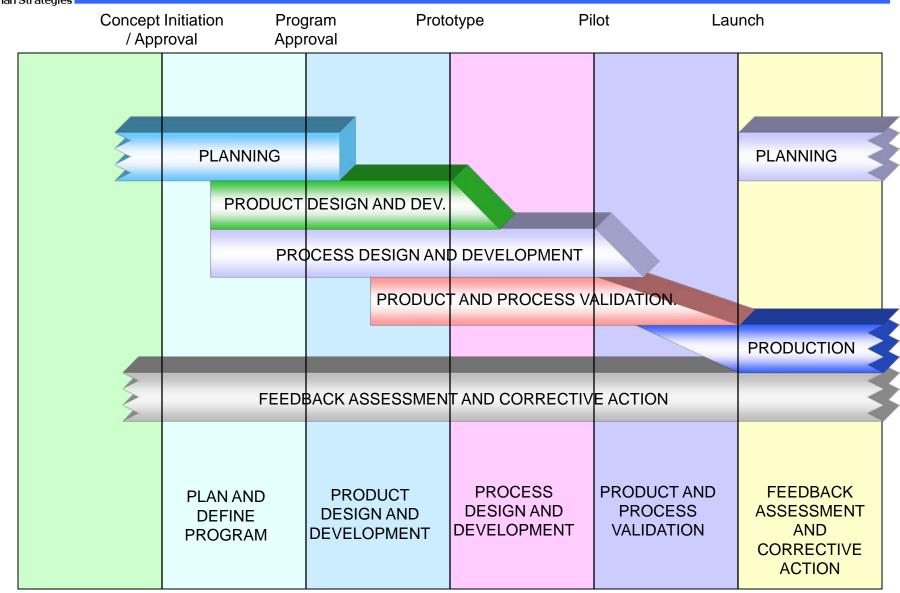
### Managing Projects

- View/work from office
- View/work from home
- View/work from another country



# Advanced Product Quality Planning

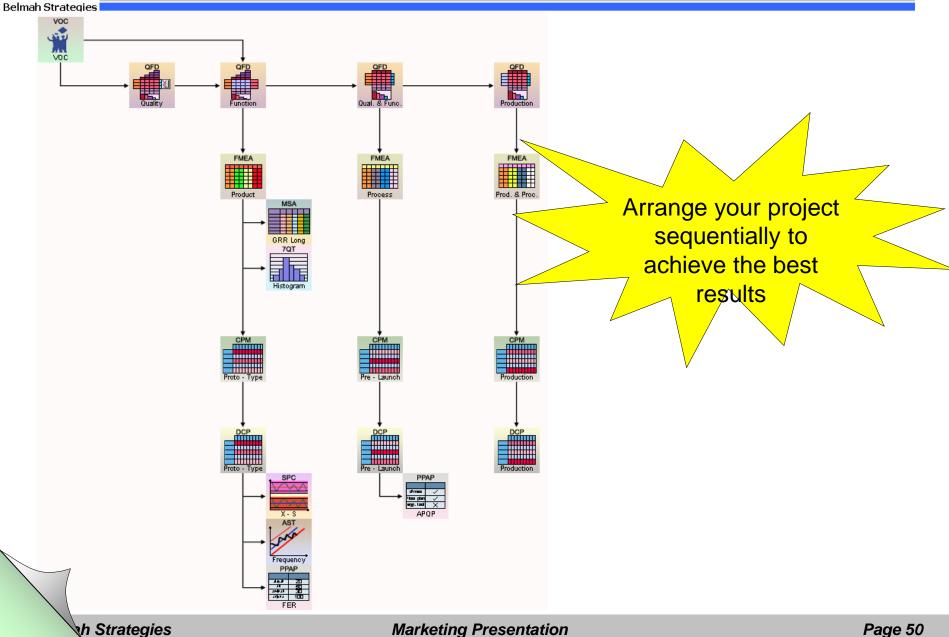






# Example of APQP Application

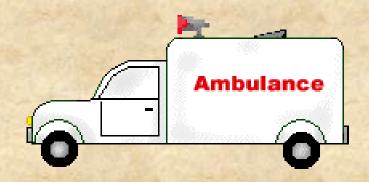






# Applications for the Ministry of Health







### iCT-Healthcare



- Cycle Time Reduction
  - Zero waiting time!!!
- Service Quality
  - Measuring and Meeting Customer Expectations
- MBNQA (JCI/MSQH)
  - Conforming to standards



### iCT-Healthcare



- Customer Complaints Management
  - Customer centered complaints
- Root Cause Analysis
  - Now that it HAS happened...(we thought it won't happen)
- Healthcare Failure Mode Effect Analysis
  - What can we do before it happens...(we still think it won't happen)



### iCT-Healthcare



### Statistical Process Control

- C-Chart for Needle Sticks
- U-Chart for Patient Falls
- X-bar Range Chart for Complaints Management

### Healthcare Mistake Proofing

- Make sure you...
- Be careful not to forget ??? (don't wait till it happens)
- Plus 160 Tools
  - VOC, QFD, Control Plan, etc.
  - Where do you want to go today?



# Service Quality



#### Current method

- Attend a 2 day training
- Attempt questionnaires within 6 months
- Revert back to the centre with set of data
- Centre compiles report within 3 months (charter!!!)
- Min 2 months
- Max 9 months.

- Questionnaire is ready
- Edit if required
- Choose respondent
- Feedback is keyed at centre OR
- Respondent clicks directly
- DONE !!!
- Report is ready as soon as submit button is clicked!!!



# MBNQA / (JCI/MSQH)



#### Current method

- Third party consultants
- Training
- Waiting for report
- Expecting help

- Questionnaire is ready
- Edit if required
- Choose respondent
- Feedback is keyed at centre OR
- Respondent clicks directly
- DONE !!!
- Report is ready as soon as submit button is clicked!!!



# Cycle Time Reduction



#### Current method

- Is it done
- Different system
- Different software
- Training
- Set-up

- Collect data
- Enter data collected
- Automatic data analysis
- Outputs results graphically
- Implement Change
- Enter new data collected
- Check for improvement



# Customer Complaints Management



#### Current method

- Is it important?
- Is it done?
- How?
- Manual
- Data and data and data
- NOT TIMELY!

- Brilliant system
- Structured approach
- Systematic classification
- Tracks Root Cause
- Classify Event Type
- Classify Complaints Type
- Root Cause Analysis
- 5-Why approach
- Implement Action Plan
- Monitor and improve



# Root Cause Analysis



#### Current method

- Not done
- Poorly done
- Piles of worksheets
- Vague ideas
- Low traceability
- A lot of meetings
- A lot of files
- A lot of moving

- Detailed procedure
- Simple to use
- Easy 5-Why
- Cascading method
- Guided step-by-step
- Easy visibility
- Automatic Report generation
- Networking with team members from different areas



# Healthcare Failure Mode Effects Analysis



#### Current method

- Is it important?
- How is it done now?
- Usually not done
- Many don't even know

- Create process flow
- Where can things go wrong?
- How can it go wrong?
- How can it be prevented
- Identify Severity
- Identify Occurrence
- Identify Detection
- Rank the Risk
- Take action



### Healthcare Control Charts



#### Current method

Some charts

- Many types available
- C-Chart
- U-Chart
- P-Chart
- D-Chart
- Different data types
- Use without statistics



# Healthcare Mistake Proofing



#### Current method

- Is it important?
- Is it being practiced?

- Create awareness
- Conduct training
- Conduct audit among personnel in different departments and unit
- Continuously conduct mistake proofing through a central unit



### **Telehealth**



### Telehealth

 Is the use of communications and information technology to deliver health and health care services, information and education where participants are separated.

### Telehealth

- Can help to improve access by overcoming barriers of geography, transportation infrastructure, or socio-economic disparity.
- It can enable clinical consultation, continuing professional education, health promotion, and healthcare management and administration.
- Both broad and low bandwidth infrastructure and technology are used in the provision of services.



Integrated Management Systems

QMS, EMS and OHSAS



### EMS and OHSAS Plan



Belmah Strategies

- What is needed?
- Where to start?
- What is the strategy?
- How to Implement?
- Internal or external?

What tools and techniques to use?





### EMS and OHSAS Plan



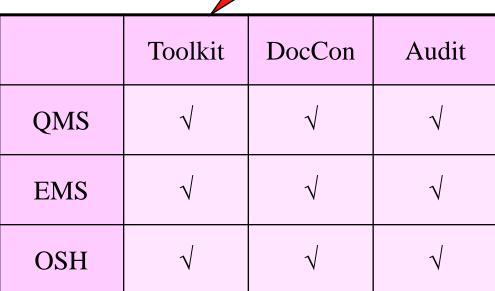
With CAPA

Corrective &

**Preventive Action** 

• iCT-M implementation module

- Toolkit
- Document Control
- Audit
- iCT-M Standards modules
  - QMS
  - EMS
  - OSH
- Manage
  - 3 Standards
  - 3 Utilities
  - 1 software!



	Toolkit	DocCon	Audit
QMS	V	V	V
EMS	V	V	V
OSH	V	V	V



# Training Needs Analysis



#### **Personal Training Year Planner**

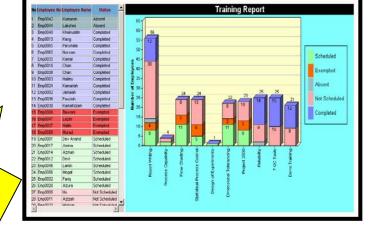


QMS

**EMS** 

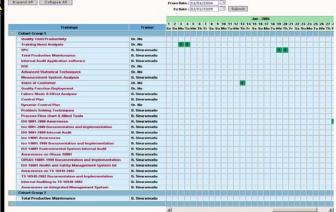
OHSAS Training Planner

**Training Report** 



**Training Schedule** 

,	Programme					A								Bec	em	ber	2004													
SI	Nowe Yearly •					•		88	09	10	11	12	13	14 1	15	16 1	7 1	8 1	9 21	21	22	23	24	25	26 2	7 2	3 2	30	31	01
Ho	Training Name	Group Ho.	Status	No. of Delegate	Date	Start Date	End Date	We.	Tu	Fii	Sd	Suni	fon T	Tue W	(eJT	hu f	11 3	d 5	n No	nTu	Wes	Tu	Fri	34	Sun It	m.Tr	ue We	dir	Fri	34 5
1	Report Whiting	Group1	Status	8	-	05/Oct/2004	20/Dec/2004		Ī								T	T								T			Ī	П
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3	Report Witting	Group3	Status	12	-	22/Dec/2004	24Dec/2004														Ì									
4	Process Capability	Group1	Status	2		01.Dec/2004	02/Dec(2004	10	150	Ī	1					9	T		1	1	7				7	T	F			П
5	Flow Charting	Group1	Status	4	1	22/Dec/2004	23/Dec/2004			Ī	Ü							1	T	T						T	Ť	1	fi	П
6	Flow Charting	Group2	Status	12	1	12/Jan/2005	13/Jan/2005		T	Ì	Ü			T		Ì	Ī	İ	Ì	T						Ì	Ì	T	Ī	П
7	Statistical Process Control	Croup1	Status	11		10/Dec/2004	10/Dec/2004							T			Ť	T	Ì	T	Ī					T	Ì	T	Г	П
8	Design of Experiments	Group1	Status	0	-	31/Dec/2004	31/Dec/2004		15	П	7			T			1		1	T	7		0	П		T	F	T		П
9	Design of Experiments	Group2	Status	1		23/Dec/2004	23/Dec/2004			Ī						Ì		T	Ì	Ť	1					T	Ì	1		П
10	Dimensional Tolerancing	Group1	Status	14	-	09/Deu/2004	13/Dec/2004			Ī	Ī	ï	Ì	Ť			Ì	Ť	T	Ť	Ì	Ī		ì	T	Ť	Ì	T	Ī	П
11	Project 2000	Group1	Status	13		09/Dec/2004	10/Dec/2004																							
12	Helisbilty	Group1	Status	16		31/0/2/2004	31,050004																							
13	7 QC Tools	Group1	Status	15		20/0et/2004	20/Oct/2004			П	i					T	Ť			T		1	î	i		1	T	T		П
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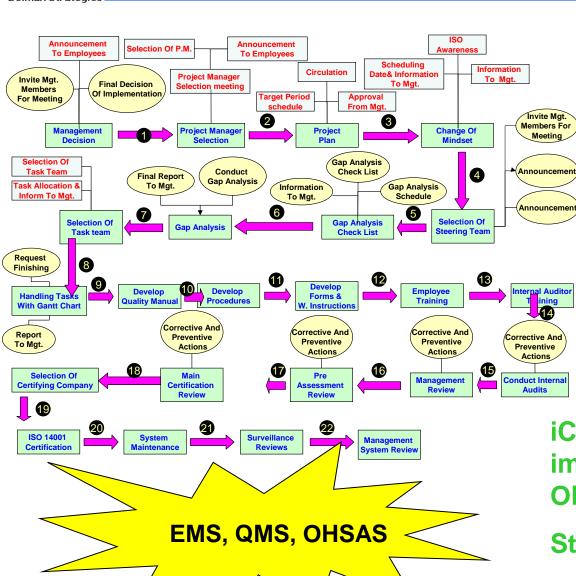


Belmah Strategies

### **Toolkit**

Meeting





Link to Project Section! **Conduct Improvement** Implement crucial tools:

- FMFA
- SPC
- MSA
- Ftc.

iCT-M provides a toolkit for implementing ISO 14001 and **OHSAS** 

Step-by-Step

**Templates available** 



# Step by step Toolkit







Surveillance Audit

View



### Document Control for EMS and OHSAS



Menu Link	Create	Draft Status	Verified Status	Approved Status	Circulation	Distribution
Create (or Modify)	Create Document or Modify Document					
Authenticate	Authenticate Document by Mgmt. Rep.	Document in Draft Status				
Verify	Verify Document by Verify List		Document in Verified Status			
Approve	Approve Document by Approve List			Document in Approved Status		
Circulation	Circulate Document by Circulate List				Document in Circulation	
Distribution	Distribute Document by Distribute List					Document in Distribution

Menu Link	Purpose
Register	Upload existing Documents View all Document
Active Documents	View all Active Documents
Obsolete Documents	View all Obsolete Documents
Master Documents	View all Active or Obsolete Documents
Search	Search for a particular Document
Document History	View all activities associated with a Document
Document Members	View who is involved in which Document

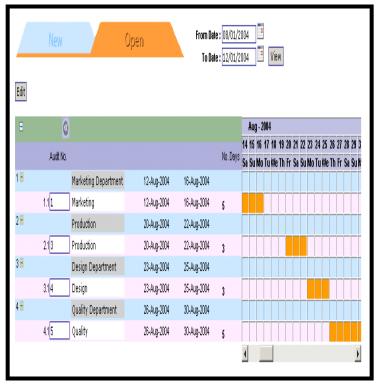
Remember running round the organization before every audit?

Simplify your documents with Document Control

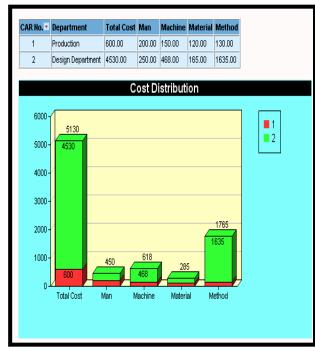


### Audit for QMS, EMS and OHSAS





**Audit Name Audit Plan Element Matrix Auditor List Audit Schedule Check List Audit Status Audit Improvement Audit Effectiveness Corrective Action Status Corrective Action** Summary **Cost Distribution Audit Summary Auditor Report Audit No. Report Department Report** 



			ı	Date		Date			Non C	onformanc	е			
Audit No.	Department	Section	Planned	Conducted	Delay	Major Qty	NC Nos.	Minor Qty	NC Nos.	Total	NC Status	Notes		
1	Marketing Department	Marketing	12-Aug-04	15-Sep-04	34									
3	Production	Production	20-Aug-04	23-Aug-04	3	1	View			1	NCR	oduction Dep		
4	Design Department	Design	23-Aug-04	25-Aug-04	2			1	View	1	1 Open	Design Dept		
5	Quality Department	Quality	26-Aug-04	Not Conducted										



Link to Project Section!
Conduct Improvement



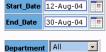
### **Audits**



#### Audit Status as on Date 20/Nov/04

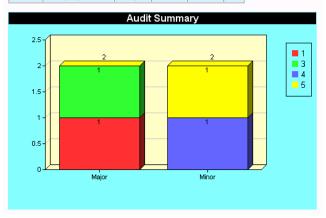
			Da	ate		Non Conformance						
Audit No.	Department	Section	Planned	Conducted	Delay	Major Qty	NC Nos.	Minor Qty	NC Nos.	Total	NC Status	Notes
1	Marketing Department	Marketing	12-Aug-04	15-Sep-04	34	1	View			1	1 Open	
3	Production	Production	20-Aug-04	23-Aug-04	3	1	View			1	1 Open	Production Dept
4	Design Department	Design	23-Aug-04	25-Aug-04	2			1	View	1	1 Open	Design Dept
5	Quality Department	Quality	26-Aug-04	27-Aug-04	1			1	View	1	1 Close	Quality Dept

#### **Audit Summary**



Submit

Audit No.	Department	Section	Non C	Non Conformance				
			Major Qty	Minor Qty	Total			
1	Marketing Department	Marketing	1		1			
3	Production	Production	1		1			
4	Design Department	Design		1	1			
5	Quality Department	Quality		1	1			



### ISO EMS/OHSAS

- Auditor Performance
- Generate Reports by
  - Department
  - Auditor
  - Audit No.
- Track
  - Corrective actions
  - Preventive actions
  - Improvement actions
- Non Conformances
  - Major
  - Minor



#### **Statistical Process Control**

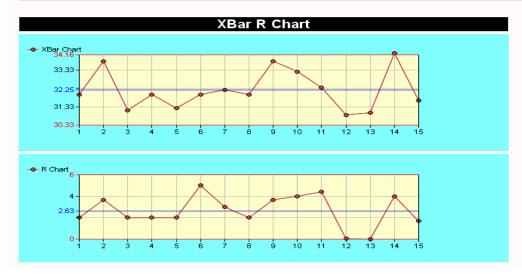


**Belmah Strategies** 

				XBar Chart		R Ch	art	Spec Spread	68	Process Capability		
Machine Specification	34.00 USL		71	UCL (X)	34.16	UCL (R)	6	s =	1.277	<b>ср</b> 8.873		
Upper Limit (+)	37.00	LSL	3	CL (X)	32.25	CL (R)	2.63	Process Spread	7.664	Process Capability Index		
Lower Limit (-)	31.00	Tolerance	68	LCL (X)	30.33	LCL (R)	0	Half Process Spread	3.832	cpk 7.632		
2 🖞 3 🖞 4 🖞 5	₩ 6	<b>₩</b> 7 ₩	8	<b>"</b> 9 <b>"</b>	10	<u>.</u> 11 🖫	12	🗜 13 😲 14 😲 15				
	Upper Limit (+) Lower Limit (-)	Upper Limit (+) 37.00 Lower Limit (-) 31.00	Upper Limit (-) 37.00 LSL Lower Limit (-) 31.00 Tolerance	Upper Limit (+)         37.00         LSL         3           Lower Limit (-)         31.00         Tolerance         68	Upper Limit (+)         37.00         LSL         3         CL (X)           Lower Limit (-)         31.00         Tolerance         68         LCL (X)	Upper Limit (+)         37.00         LSL         3         CL (X)         32.25           Lower Limit (-)         31.00         Tolerance         68         LCL (X)         30.33	Upper Limit (+)         37.00         LSL         3         CL (X)         32.25         CL (R)           Lower Limit (-)         31.00         Tolerance         68         LCL (X)         30.33         LCL (R)	Upper Limit (+)         37.00         LSL         3         CL (X)         32.25         CL (R)         2.63           Lower Limit (-)         31.00         Tolerance         68         LCL (X)         30.33         LCL (R)         0	Upper Limit (+)         37.00         LSL         3         CL (X)         32.25         CL (R)         2.63         Process Spread           Lower Limit (-)         31.00         Tolerance         68         LCL (X)         30.33         LCL (R)         0         Half Process Spread	Upper Limit (+) 37.00 LSL 3 CL (X) 32.25 CL (R) 2.63 Process Spread 7.664		

	<b>"</b> 1	<b>"</b> 2	<b>⋣</b> 3	<b>T</b> 4	<b>₽</b> 5	<b>1</b> 6	<b>T</b> 7	<b>#</b> 8	<b>T</b> 9	<b>"</b> 10	<b>T</b> 11	<b>T</b> 12	13	<b>"</b> 14	<b>T</b> 15
Year	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2004
Date	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/21
Hours	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	02:33
Shift															1
Employee Name															Vinod
Sample 1	31.00	34.56	30.00	31.00	32.00	30.00	31.00	31.00	34.56	32.00	35.00	30.89	31.00	32.00	31.89
Sample 2	32.00	35.56	31.00	33.00	31.00	35.00	34.00	32.00	35.56	35.00	32.00	30.88	31.00	35.00	30.89
Sample 3	33.00	33.25	32.00	32.00	30.00	31.00	33.00	33.00	33.25	31.00	31.89	30.87	31.00	36.00	32.56
Sample 4	32.00	31.89	31.56	32.00	32.00	32.00	31.00	32.00	31.89	35.00	30.59	30.90	31.00	34.00	31.33
SubGroup Average	32.00	33.81	31.14	32.00	31.25	32.00	32.25	32.00	33.81	33.25	32.37	30.89	31.00	34.25	31.67
SubGroup Range	02.00	03.67	02.00	02.00	02.00	05.00	03.00	02.00	03.67	04.00	04.41	00.03	00.00	04.00	01.67

# **Monitor Variations in the process**



**Even minor variations** are detected for immediate analysis



#### **FMEA**



#### **Failure Mode And Effect Analysis**

Edit	: Hide Column											
No	Part	Function	Potential Effects of Failure	Potential Causes of Failure	S	Potential Failure Mode	0	С	<b>Current Controls Prevention</b>	Current Controls Detection	D	RPN
=1	Imported from F-Matrix	New Function										
1.1		Ink flow rate	lnk drip	Stain on paper	5	Low viscosity	7	35	viscosity medium	Viscosity test	7	245
1.2		Lead hardness	To dry	Breaks tip	6	Not enough wax	3	18	QA Inspection	QA Inspection	3	54
1.3		Mechanical eject time	Tight spring	Nip not ejected	8	Spring hardness	5	40	Vendor quality control	Batch sampling	8	320
1.4		Mechanism slowage clearance	Barell tip size small	Jammed lead	8	Squashed barell tip	4	32	Load single stand	100% inspection	6	192
1.5		Case strength	case collapses	Pen damaged	3	Sheet thickness low	1	3	Use standard sheet	Incoming QA Inspection	5	15
1.6		Surface tackiness	Rubber Handle	Tacky pen	4	Low vulcanization	5	20	Batch test	Visual look	3	60
1.7		Clip point clearance	Not enough spring	Pen drops from pocket	6	Clip tension low	7	42	Heat temper clip	Hand pull test	4	168
1.8		Auxillary attach flatness			0		0	0			0	0
1.9		Top surface smoothness			0		0	0			0	0
1.10		Retract mechanism force			0		0	0			0	0
1.11		Writing point finish			0		0	0			0	0
1.12		Ink drying time			0		0	0			0	0
1.13		Lead antismudge			0		0	0			0	0
1.14		Shape aspect ratio			4		0	0			0	0

Import from

**FMEA** 

Follows the criteria for FMEA application

- Import data
  - From previous QFD
  - Set criteria for import

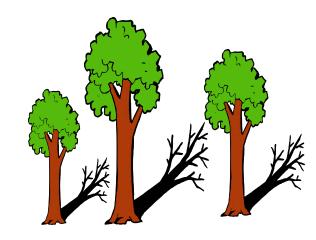


#### **EMS**



- Find out about ISO 14001
- What ISO 14001 means for you
- Top management commitment
- Select assessment body
- Develop project plan
- Explain ISO 14001 to your personnel







### **OHSAS**



- Find out about OHSAS 18000
- What OHSAS 18000 means for you
- Top management commitment
- Select assessment body
- Develop project plan
- Awareness of OHSAS 18000





#### **IMS**



- Quality Management System +
- Environment Management System +
- Occupational Health & Safety =
- Integrated Management System
  - It follows the Plan, Do, Check, Act
  - Approach of all the major management systems requirements standards.

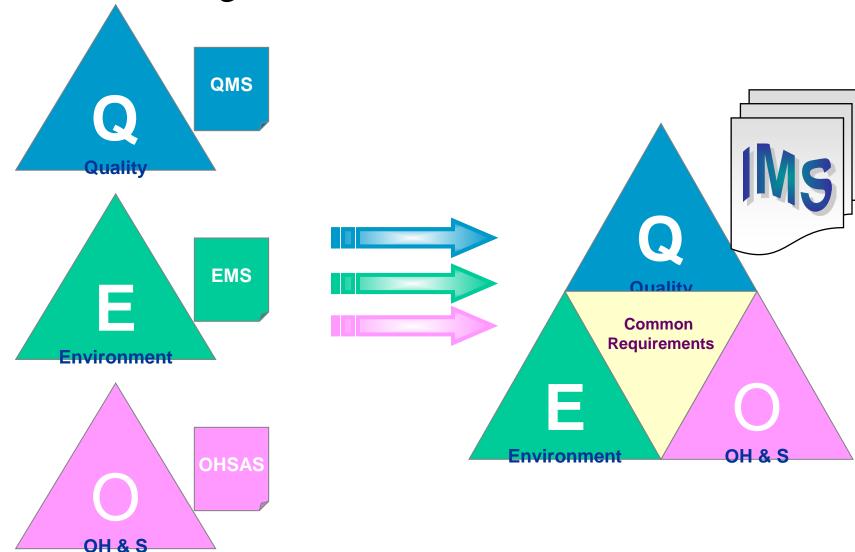




# Integrated Management System



Structured Progression





# Gantt Chart for IMS Implementation



#### **Gantt Chart**



#### **Gantt Chart**

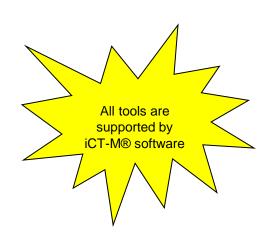




# Compatibility



- Minimize paper in your organization
  - On your table
  - In your office
  - At your shop floor
- Store safely in computers
  - Easy to store
  - Easy to retrieve
- Easy to find
  - Display required documents
  - Print audit documents





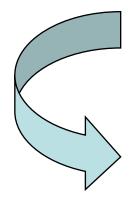


# Smart IMS Management



# DASHBOARD VIEW for you to be in CONTROL OF YOUR ORGANIZATION





**Better DECISION MAKING** 



Reliable MEASUREMENT SYSTEM



**Operational FORECASTING** 

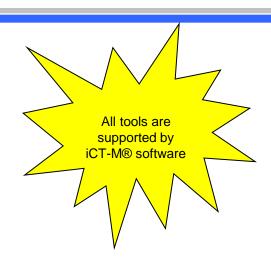




# **IMS** Implementation



- Belmah Strategies
  - Initial Review
    - Where are we now?
  - Policy
    - Where do we want to be?
  - Planning
    - How do we get to where we want to be?
  - Implementation and operation
    - Planning
  - Performance assessment
  - Management Review
  - Continual Improvement

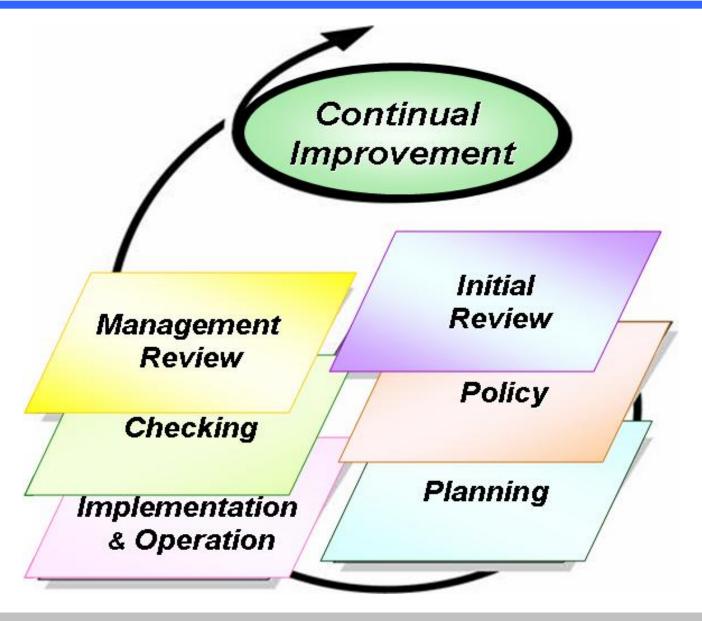






# EMS and OHSAS 18001 Approach

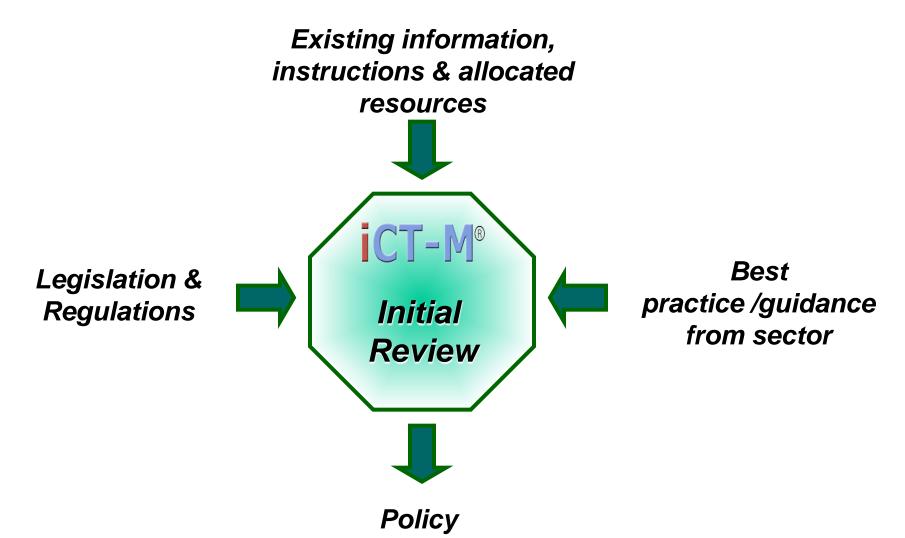






#### Where are we now?

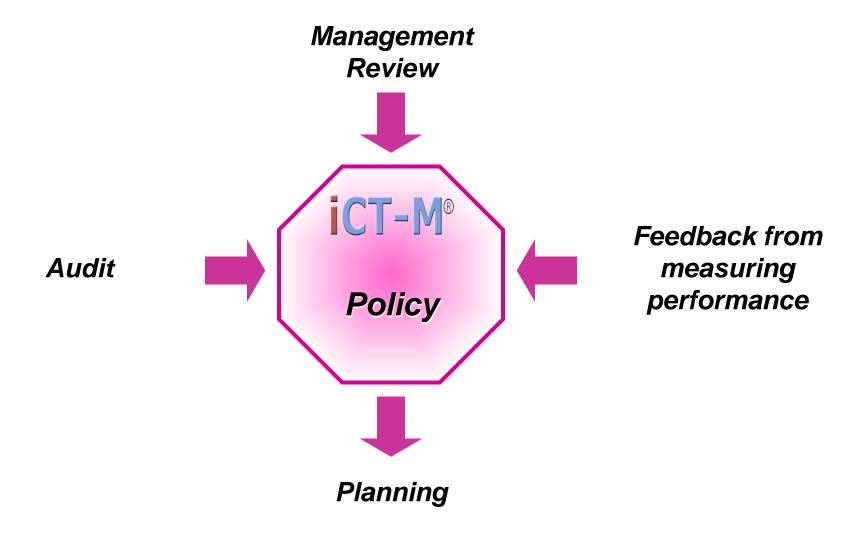






#### Where do we want to be?







# EMS and OH&S Policy



#### • Must:

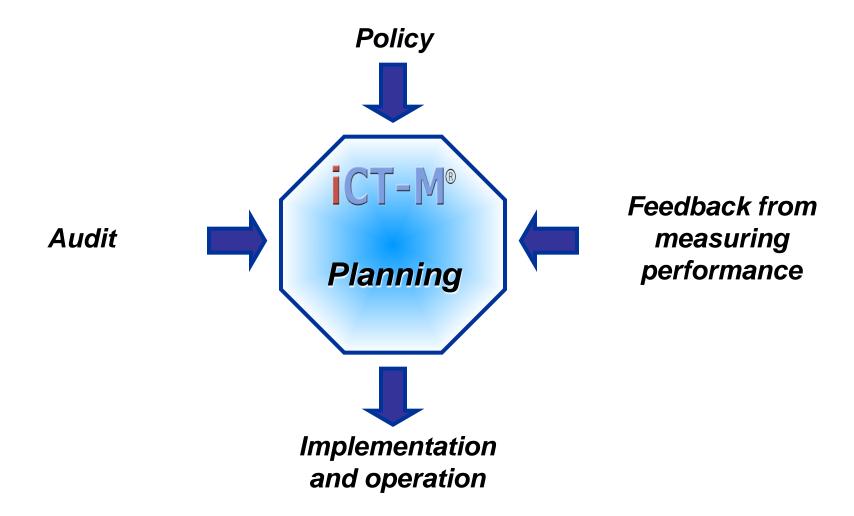
- Commensurate to nature and scale of an organization's risks
- State commitment to continual improvement
- Commit to comply with current EMS & OH&S legislation
- Be communicated to all employees
- Be available to all interested parties
- Be reviewed by senior management
- Be signed by senior management





## How do we get to where we want to be?







# Planning



Belmah Strategies

- Hazard identification, risk assessment and determining controls
- Legal and other requirements
- Objectives and programmes

- Routine and non-routine activities
- Activities of all persons having access to the workplace
- Human behavior, capabilities and other human factors
- Infrastructure, equipment and materials
- Changes in the organization and modifications to the management system
- Determine controls according to a hierarchy:
  - Elimination
  - Substitution
  - Engineering controls
  - Signage/ warnings and/or administrative controls
  - Personal protective





# Planning



 Hazard identification, risk assessment and determining controls

- Legal and other requirements
- Objectives and programmes

 Procedure for identifying and accessing legal and other applicable OH&S requirements





## How to get where we want to be?



 Hazard identification, risk assessment and determining controls

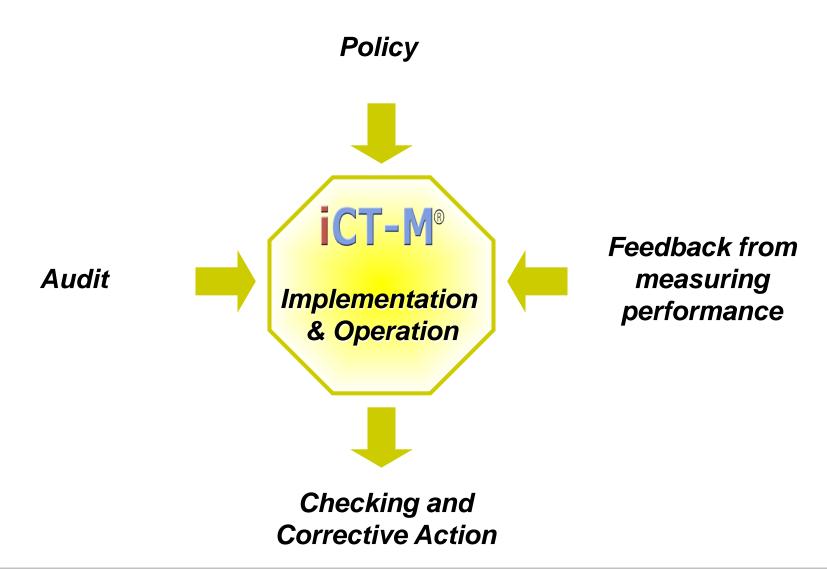
- Legal and other requirements
- Objectives and programmes

- Objectives & Targets:
  - Measurable
  - Consistent with the OH&S policy
  - Support compliance with legal requirements and continual improvement
  - Set targets for performance against the OH&S programme and operational criteria
- Programme:
  - Define responsibilities and authorities for activities













Belmah Strategies

- Resources, roles, responsibility, accountability and authority
- Competence, training and awareness
- Communication, participation and consultation
- Documentation
- Control of documents
- Operational Control
- Emergency preparedness and response

- Any personnel working under its control are competent to:
  - Perform tasks safely
  - Understand importance of conformance to the OH&S policy and procedures
  - Know roles and responsibilities of others
  - Knows potential consequences of departure from policy
  - Take account of risk, literacy, ability etc.







 Resources, roles, responsibility, accountability and authority

- Competence, training and awareness
- Communication, participation and consultation
- Documentation
- Control of documents
- Operational Control
- Emergency preparedness and response

- Procedures for:
  - Communication both internally and externally
  - Participation of employees in the OH&S system development and operation
  - Consultation with contractors
  - Consultation with external interested parties where pertinent







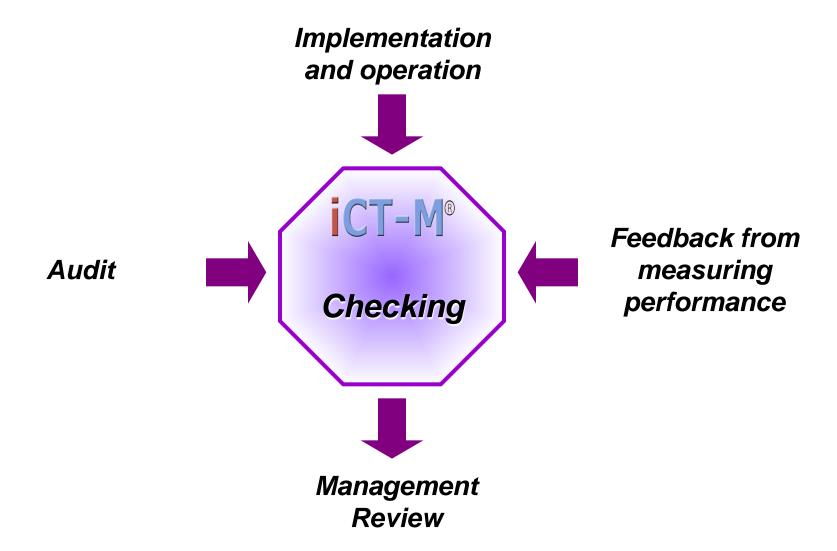
- Resources, roles, responsibility, accountability and authority
- Competence, training and awareness
- Communication, participation and consultation
- Documentation
- Control of documents
- Operational Control
- Emergency preparedness and response

- Identify potential for incidents / emergencies (eg disaster recovery plan)
- Deal with emergency responses
- Test emergency procedures, where practicable
- Ensure interested parties are involved in development of plans
- Provide information to visitors, contractors etc
- Review emergency arrangements













 Performance measurement and monitoring

- Evaluation of compliance
- Incident investigation, nonconformity, corrective action and preventive action
- Control of records
- Internal audit

- Procedures must be in place to:
- Measure performance on a regular basis
- Monitor the extent to which OH&S objectives are being met
- Implement proactive monitoring measures
- Implement reactive monitoring measures
- Ensure monitoring equipment is calibrated/maintained
- Records of the above to be kept







 Performance measurement and monitoring

- Evaluation of compliance
- Incident investigation, nonconformity, corrective action and preventive action
- Control of records
- Internal audit

- Establish, implement and maintain a procedure for periodically evaluating compliance with applicable legal requirements
- Establish, implement and maintain a procedure for periodically evaluating compliance with other requirements to which it subscribes







- Performance measurement and monitoring
- Evaluation of compliance
- Incident investigation, nonconformity,
   corrective action and preventive action
- Control of records
- Internal audit

- Procedures need to define responsibility and authority for:
  - Recording, investigating and analyzing incidents
  - Determining underlying OH&S deficiencies
  - Dealing with breaches in procedures that resulted in an incident
  - Actions to mitigate consequences arising from incidents
  - Initiation / completion of preventive / corrective actions
  - Reviewing effectiveness of corrective and preventive actions







Belmah Strategies

- Performance measurement and monitoring
- Evaluation of compliance
- Incident investigation, nonconformity, corrective action and preventive action
- Control of records
- Internal audit

- Procedures needed for identification, maintenance and disposition of OH&S records:
  - To include audit reports and reviews
  - Legible
  - Identifiable and traceable to activities
  - Stored and maintained to be readily retrievable
  - Protected against damage
  - Maintained to demonstrate conformance to OHSAS







Belmah Strategies

- Performance measurement and monitoring
- Evaluation of compliance
- Incident investigation, nonconformity, corrective action and preventive action
- Control of records
- Internal audit

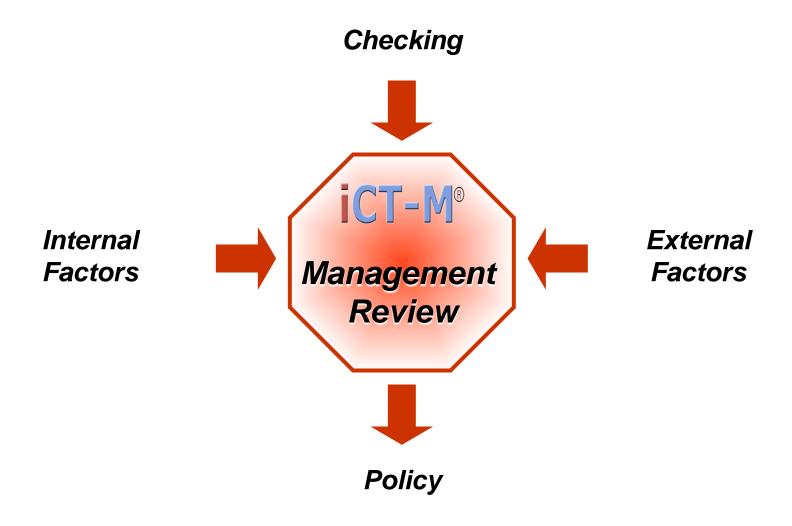
- Auditing needed to establish:
  - Conformance with management system
  - Whether systems are properly implemented
  - Proper maintenance of systems / procedures
  - Review of previous audits
  - Audit results to be informed to senior management





# Management Review







### How To Get Started?





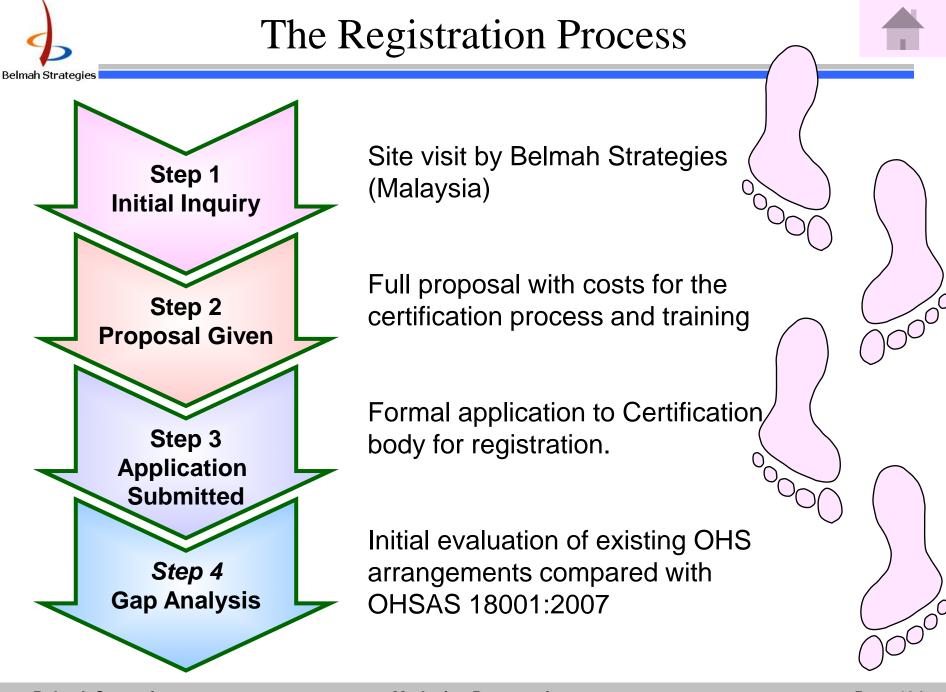


# How to get started

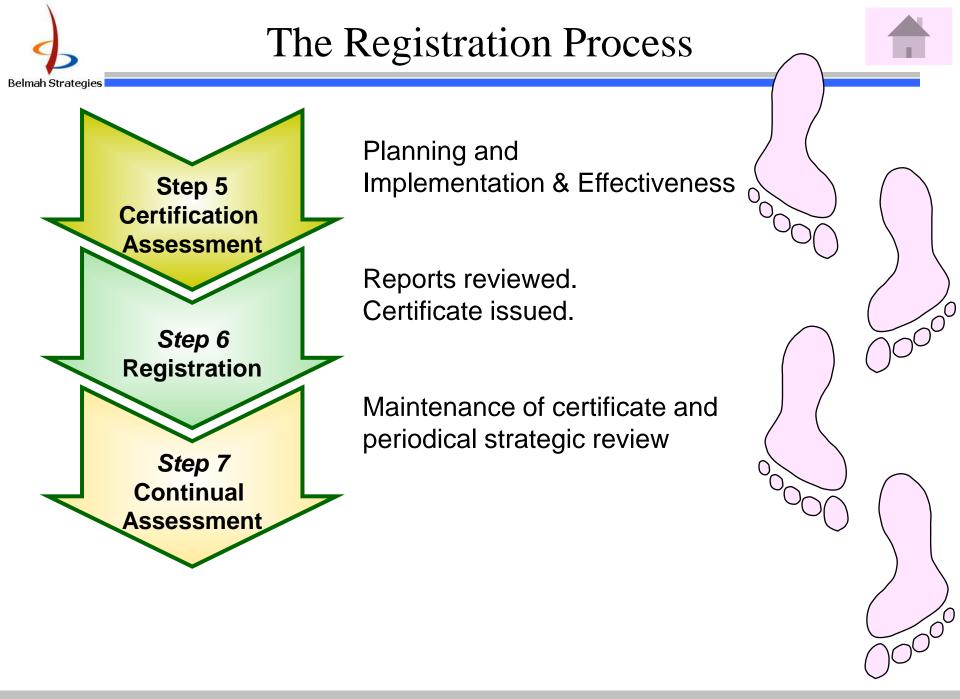


## • Preparing a Business Case

- Establish current OH&S Performance
- Present your vision and mission
- Explain your motivation
- Outline an implementation plan
- Identify the external support
- Estimate financial costs, savings and benefits
- Establish true cost of not complying
- Support your case with evidence
- Present your case to senior management



Belmah Strategies Marketing Presentation Page 104





# Integrated Management Registration



### Requirements standard

- For Integrating Management Systems
- Seeks to follow
  - Plan, Do, Check, Act approach
  - Of all the major management systems requirements standards
- It is intended to
  - Encourage organizations with more than one management system
  - See these as one holistic management system
  - Enable them to manage their operations more effectively



#### ISO Guide



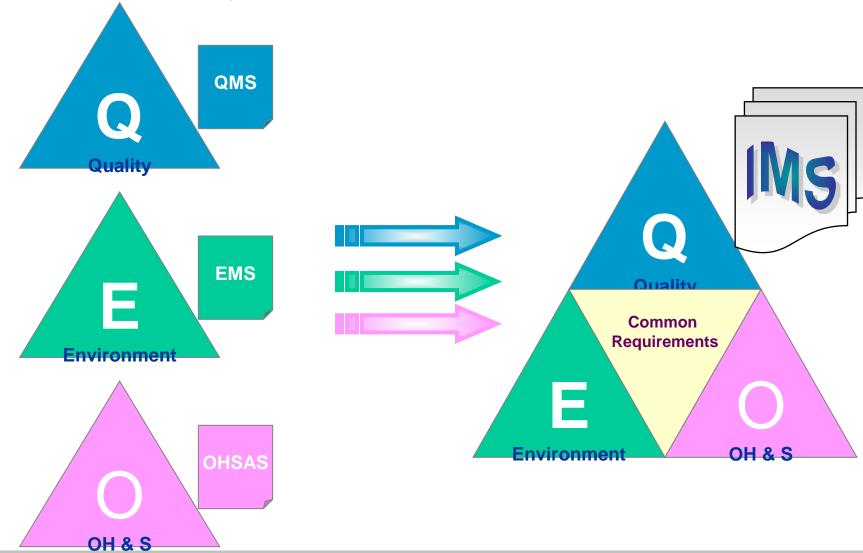
- Common management system requirements:
  - Policy
  - Planning
  - Implementation and operation
  - Performance assessment
  - Improvement
  - Management review



# Integrated Management System



Structured Progression





## **Business Growth**





**EMS** 





**OHSAS** 



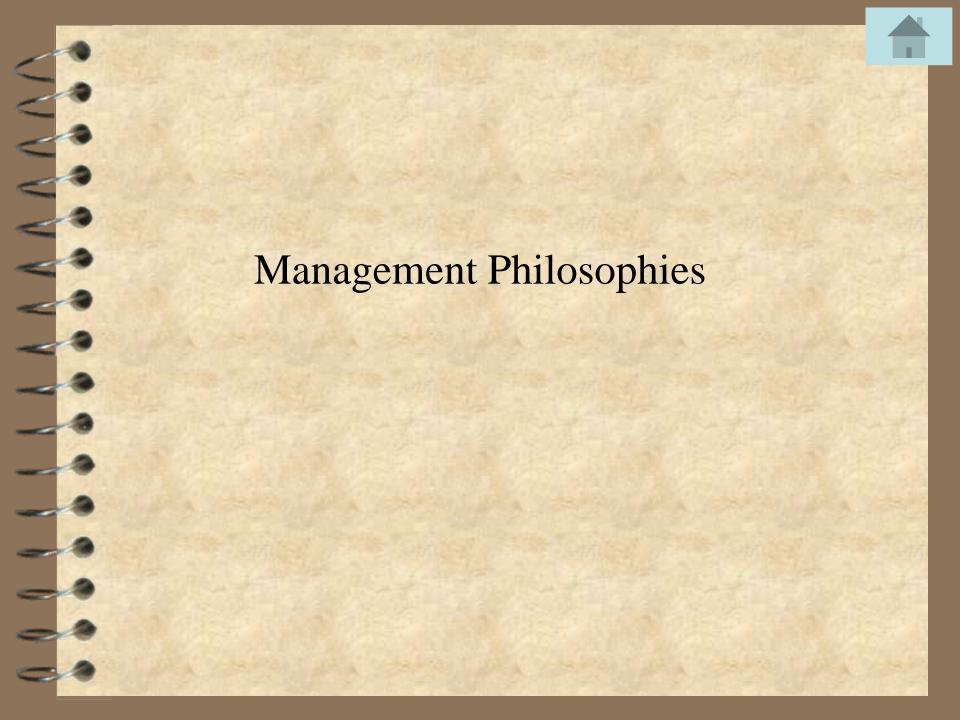
# **Trainings**



- Introduction to EMS System
- Introduction to OH&S Management System
- Documentation of EMS
- Documentation of OHSAS
- Managing EMS
- Managing OHSAS
- Implementing an Integrated System
- Internal Auditor training for EMS
- ISO Internal Audit

- ISO Toolkit
- Document Control
- Developing Internal Audit Program for EMS
- Developing Internal Audit Program for OHSAS
- Internal Auditor training for OHSAS

These trainings are supported by iCT-M®





## Management Philosophies



Belmah Strategies

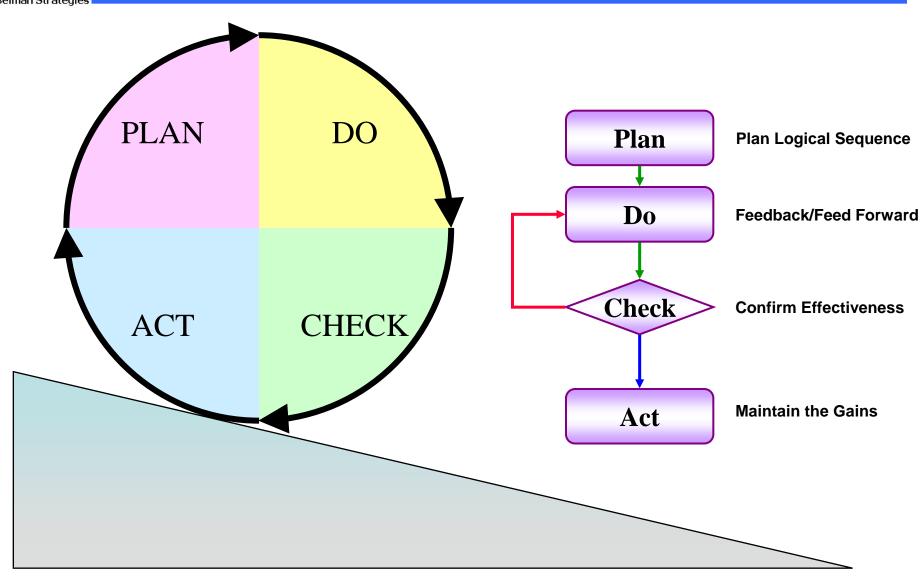
- APQP
- Six Sigma
- Balanced Scorecard
- Total Quality Management
- ISO 9000 Certification
- Statistical Process Control

- Deming
- Service Quality
- Lean Organization
- 8 D (Disciplines)
- Customer Centred
- Flavor of the Month



# Deming's Plan-Do-Check-Act







## Total Quality Management





Waste reduction in service processes using Lean methodology



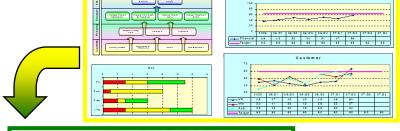


Quality tools and techniques used to improve lean processes





Balanced Scorecard used to monitor results & performance





MBNQA integrates entire business to enable World Class Service



Identify Improvement



## **ISO** Certification



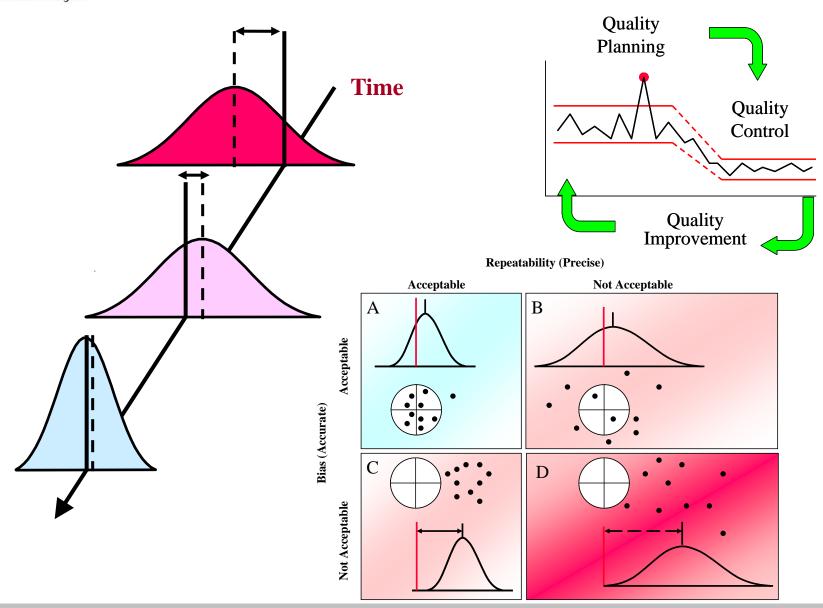
- ISO Toolkit
- Document Control
- ISO Auditing





## **Statistical Process Control**

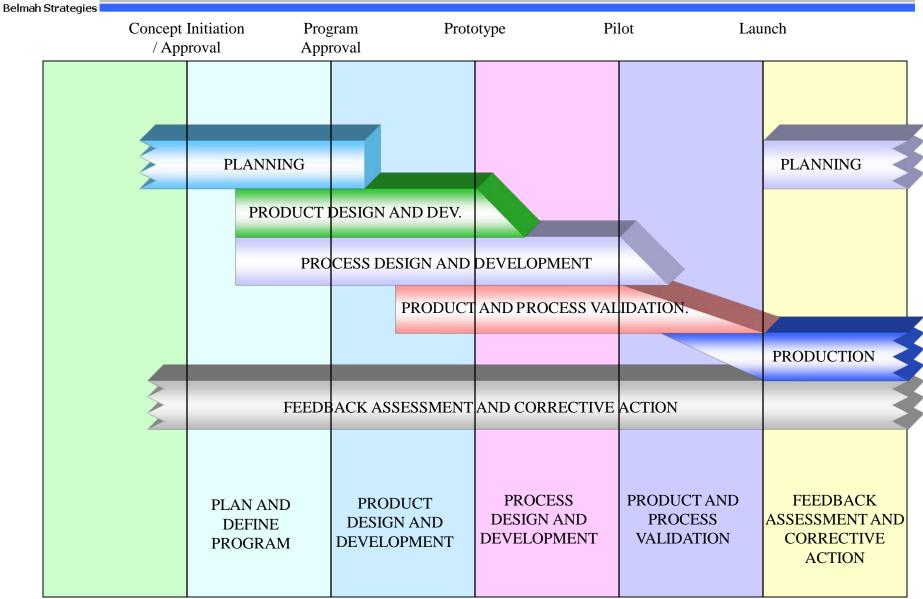






# Advanced Product Quality Planning

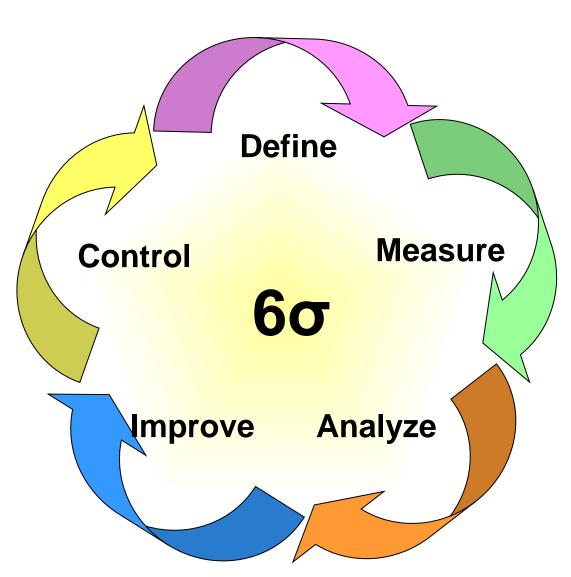






## Six Sigma: DMAIC





#### Define

What is important? Where are the opportunities?

#### Measure

How are we doing? What is our performance?

#### Analyze

What is wrong?
Root Cause & Gap Analysis

#### **Improve**

What needs to be done? What are possible solutions?

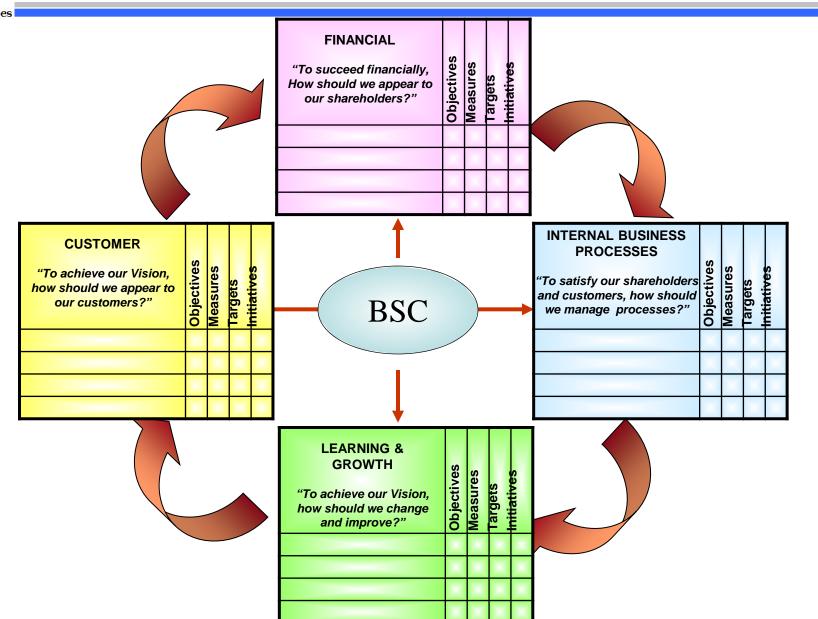
#### Control

How to guarantee Performance? Maintain the gain!



## **Balanced Scorecard**





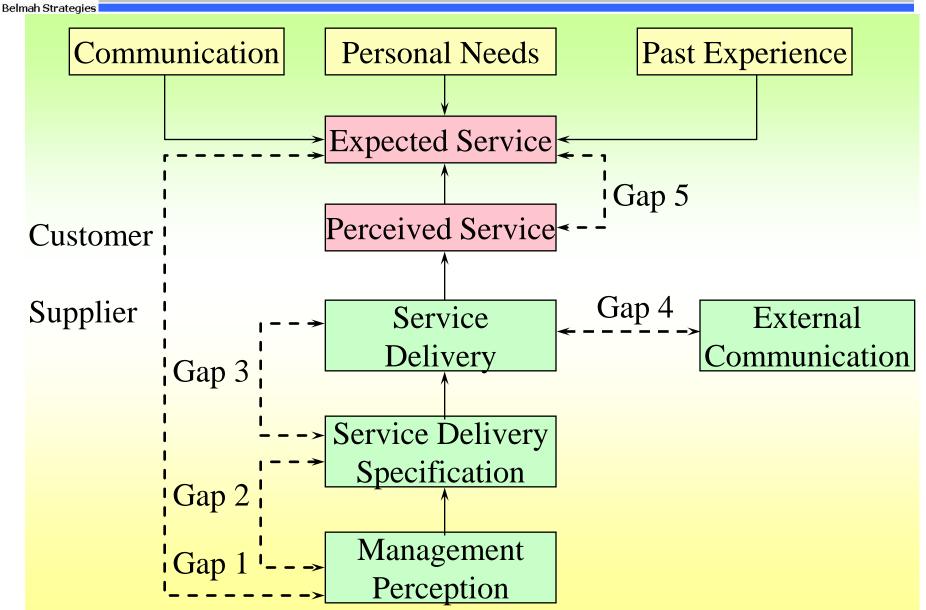
**Belmah Strategies** 

**Marketing Presentation** 



# Service Quality





**Belmah Strategies** 

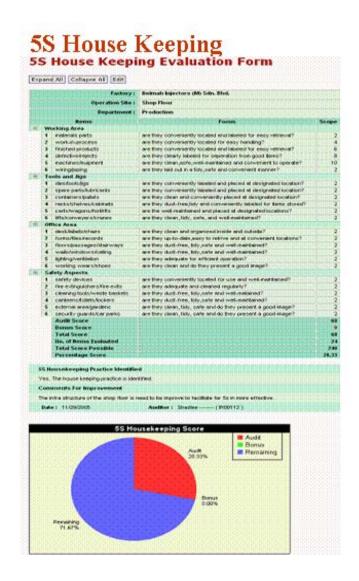
Marketing Presentation

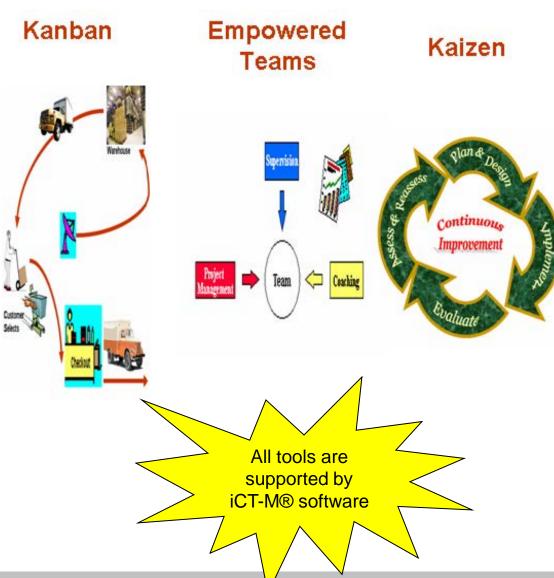


## Lean Organization



**Belmah Strategies** 

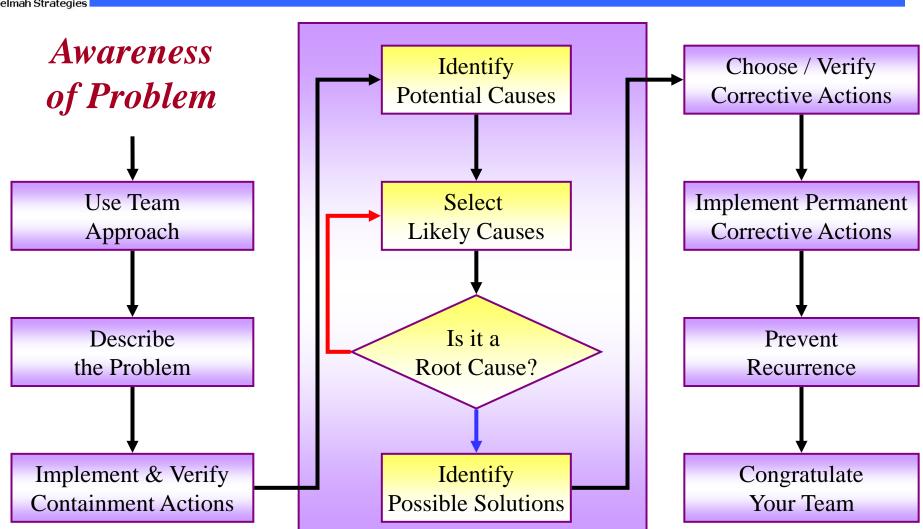






# 8 Disciplines Problem Solving Method

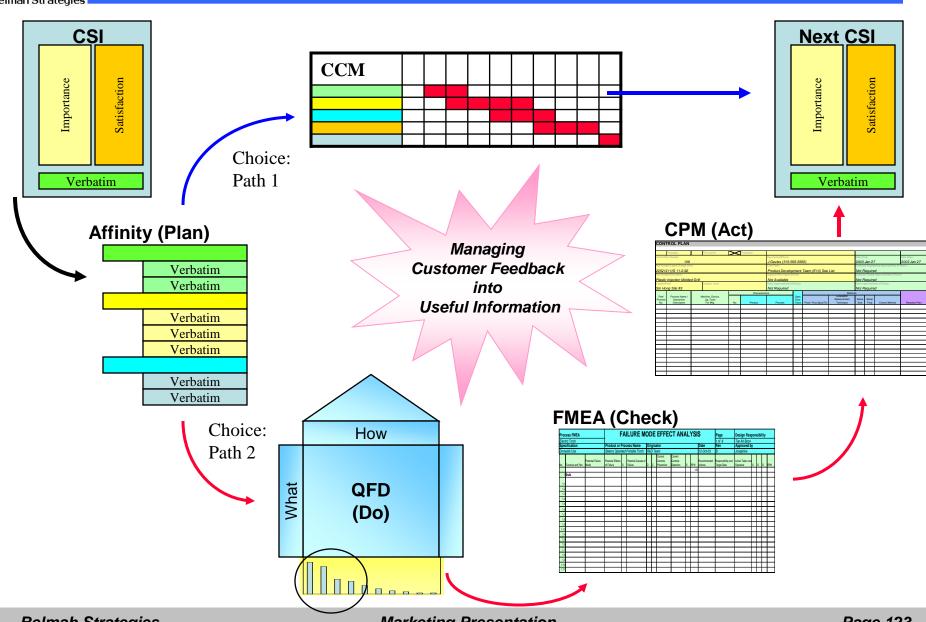






## **Customer Centred**







## Flavor of the Month



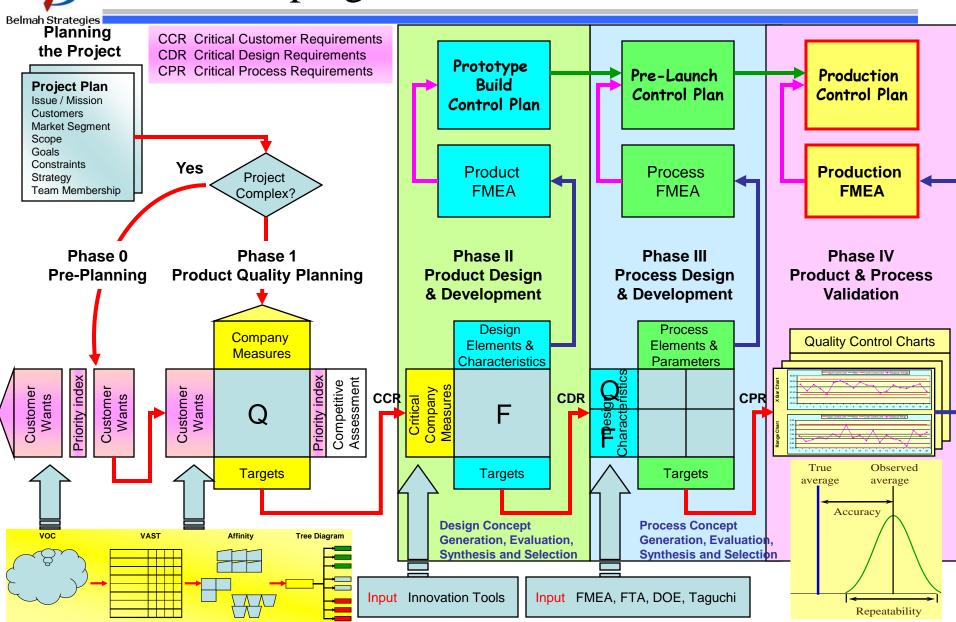
# Quality is Everything

# Zero Mistakes for Operators

100 Million in 1 Month!



## Developing the "Full" Control Plans



Belmah Strategies

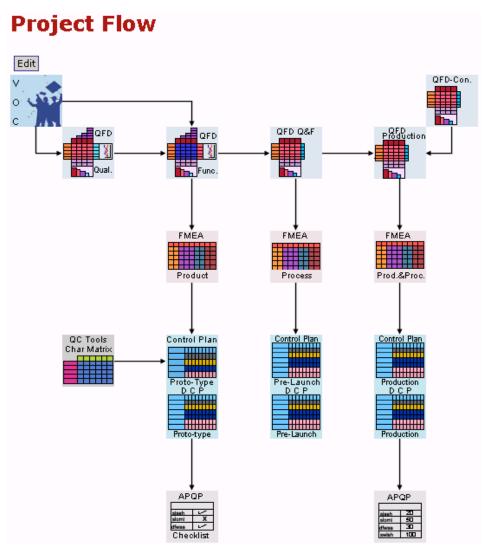
**Marketing Presentation** 

**Page 125** 



# Developing "Full" Control Plans with ICT-M

Belmah Strategies



- Build the sequence
  - Very easily done
  - Even link data flow
- Import and Export data
  - Import / Export from one application to another
  - Threaded system of data
  - Traceability of information
- Types of applications
  - Voice of Customer
  - Quality Function Deployment
  - Failure Mode Effects Analysis
  - Control Plan
  - Checklist



## Show Me!!

• Can ICT-M really do that?

- Show me NOW!
  - QFD
  - FMEA
  - Control Plan
  - Numeric Checklist







# **Enterprise Solutions**



Belmah Strategies

- Quality Yield Productivity
   (Multi Line)
- Quality Yield Productivity
   (Single Line)
- 3. Training Needs Analysis
- 4. Staff Performance Eval
- 5. <u>Statistical Process Control</u>
- 6. Total Productivity
  Maintenance

- 8. Audit Management
- 9. Document Control
- 10. ISO Implementation Toolkit
- 11. Attendance Monitoring
- 12. Inventory Monitoring for Stock In
- 13. Inventory Monitoring for Finished Goods
- 14. Utilities for Events,Communication and Rooms



# Quality Yield Productivity (QYP ML)



Belmah Strategies



# Quality, Yield and Productivity

Belmah Strategies

#### **Quality Yield Productivity** Select By Date From: 01/Oct/2004 To: 20/Nov/2004 View Graph Plant Yield 23400 23400 22792 22080 20660 19030 17794 Input Output 22961 22909 22117 20667 18562 17814 16001 Rejects 439 491 675 1413 2098 1216 1793 **Excess** Hijacked 31 74 38 90 43 Process Yield 98.12 % 97.90 % 97.04 % 93.60 % 89.85 % 93.61 % 89.92 % Rank 2 Plant Yield 98.12% 95.22% 89.12% 80.07% 74.96% 67.40% Plant Yield Graph Process Yield Graph 110 100 100 90 -90 -80 80 Process Yield 70-Plant Yield 60-50-50 -40 -30 -30 -20-20 -10-**Processes** Processes

#### **QYP**

- Build the process
- Enter process data
- View variously
  - By Date
  - By Batch
  - By Area
  - By Process
  - Etc.



# Quality Yield Productivity (QYP SL)



**Belmah Strategies** 

Plant Yield							
	And Punch	Cat Punch	Bicell Lam	Cell Assembly	Activation	Formation	Packing
Input	23400	23400	22792	22080	20660	19030	17794
Output	22961	22909	22117	20667	18562	17814	16001
Rejects	439	491	675	1413	2098	1216	1793
Excess							
Hijacked	31	74	38	7	90	43	
Process Yield	98.12 %	97.90 %	97.04 %	93.60 %	89.85 %	93.61 %	89.92 %
Rank				3	1		2
Plant Yield	98.12%		95.22%	89.12%	80.07%	74.96%	67.40%

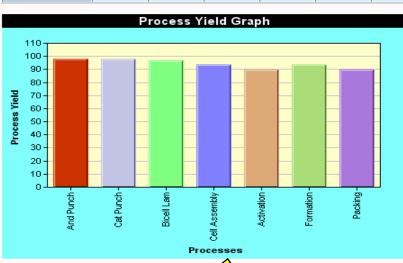
#### **Needed by all companies**

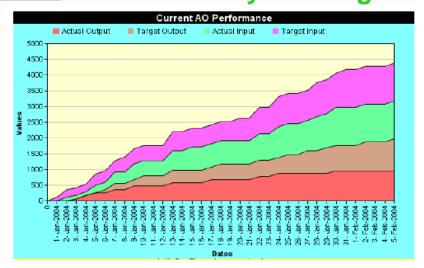
(unless they have some type of ERP)

Daily tracking

Monthly tracking

Yearly tracking





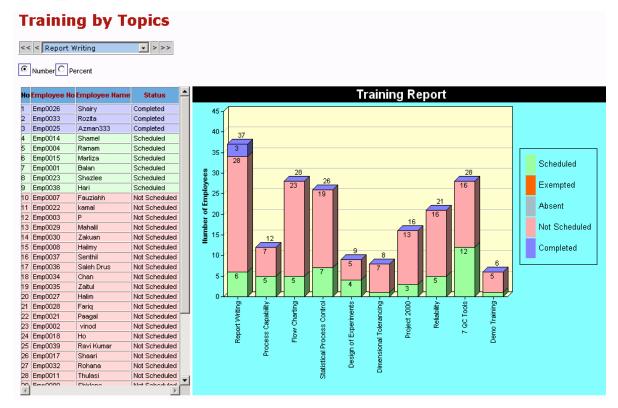
Low Process Yield?
Chain to Projects Section
to improve the process

Provides information needed for continuous improvement to face changing customer needs



## Training Needs Analysis

Belmah Strategies



#### **TNA**

- Training Planner
- Training summary
  - By Department
  - By Topic
  - By Employee
  - Etc.



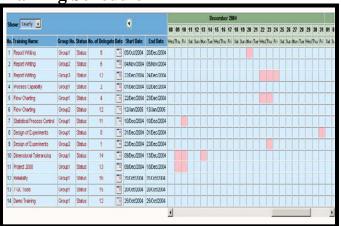
## Training Needs Analysis



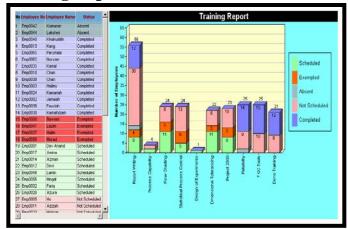
#### **Personal Training Year Planner**



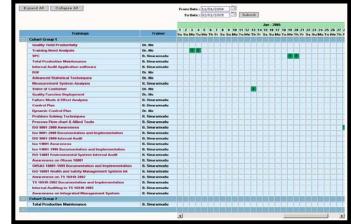
**Training Schedule** 



#### **Training Report**



**Training Planner** 





### Staff Performance Evaluation



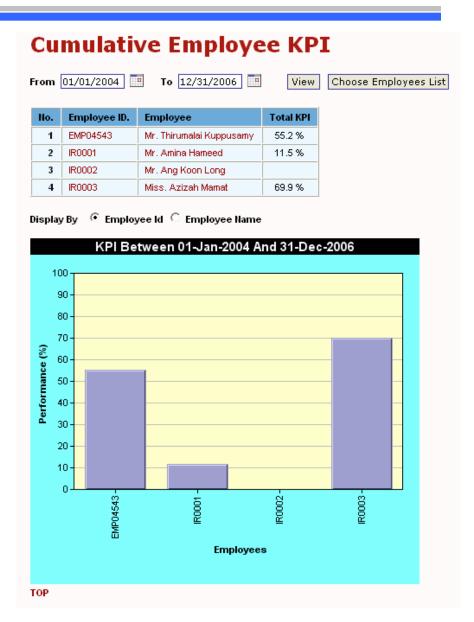
#### **Employee Review**



**Monitor Employee Reviews** 

Follow-up on trends in on or all employees

Create different templates for different skill levels



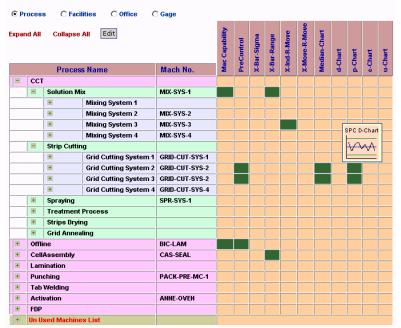


## Schedule to SPC Chart

Name of the Study Molding Process

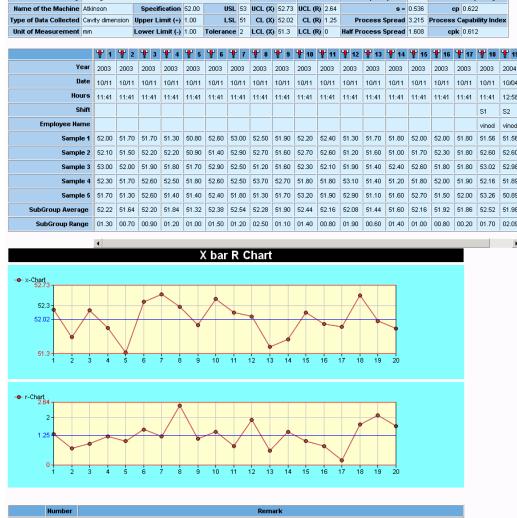
**Belmah Strategies** 

#### **SPC Chart Schedule**



#### **SPC**

- Track every machine
- All conventional charts
- More being added
- No calculation needed



X Bar Chart

R Chart

Spec Spread 2

Process Capability

Add



Unit of Measurement Millimeter

## Statistical Process Control

Half Process Spread 3,832

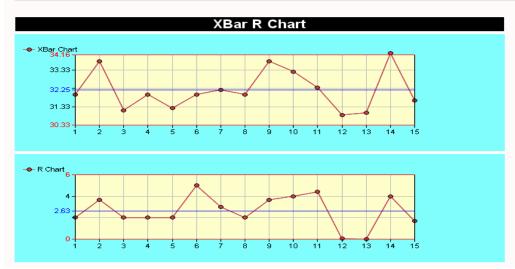


Name of the Study	Molding Process					XBar Cl	hart	R Chart	Spec Spread	68	Process Capability
Name of the Machine	Atkinson Molding Machine	Specification	34.00	USL 7	1	UCL (X)	34.16	UCL (R) 6	s =	1.277	<b>ср</b> 8.873
Type of Data Collected	Cavity dimension	Upper Limit (+)	37.00	LSL 3	3	CL (X)	32.25	CL (R) 2.63	Process Spread	7.664	Process Capability Inde

Lower Limit (-) 31.00 Tolerance 68 LCL (X) 30.33 LCL (R) 0

	<b>"</b> 1	<b>"</b> 2	<b>‡</b> 3	<b>¥</b> 4	<b>‡</b> 5	₩ 6	<b>"</b> 7	<b>₽</b> 8	<b>#</b> 9	<b>T</b> 10	<b>T</b> 11	<b>‡</b> 12	<b>T</b> 13	<b>T</b> 14	<b>T</b> 15
Year	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2004
Date	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/21
Hours	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	11:41	02:33
Shift															1
Employee Name															Vinod
Sample 1	31.00	34.56	30.00	31.00	32.00	30.00	31.00	31.00	34.56	32.00	35.00	30.89	31.00	32.00	31.89
Sample 2	32.00	35.56	31.00	33.00	31.00	35.00	34.00	32.00	35.56	35.00	32.00	30.88	31.00	35.00	30.89
Sample 3	33.00	33.25	32.00	32.00	30.00	31.00	33.00	33.00	33.25	31.00	31.89	30.87	31.00	36.00	32.56
Sample 4	32.00	31.89	31.56	32.00	32.00	32.00	31.00	32.00	31.89	35.00	30.59	30.90	31.00	34.00	31.33
SubGroup Average	32.00	33.81	31.14	32.00	31.25	32.00	32.25	32.00	33.81	33.25	32.37	30.89	31.00	34.25	31.67
SubGroup Range	02.00	03.67	02.00	02.00	02.00	05.00	03.00	02.00	03.67	04.00	04.41	00.03	00.00	04.00	01.67

# **Monitor Variations in the process**



Even minor variations are detected for immediate analysis

cpk 7.632



### **Total Productive Maintenance**

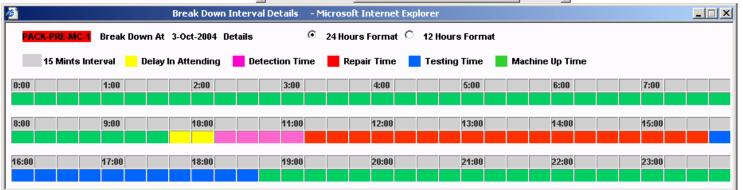
Belmah Strategies

#### **Machine Break Down Details**



#### **TPM**

- Track every machine
- Track downtime
- Track repair time, etc.
- Generate machine data
  - MTBF,
  - MTTF, etc
- Maintain spare parts!!



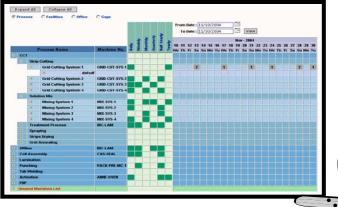


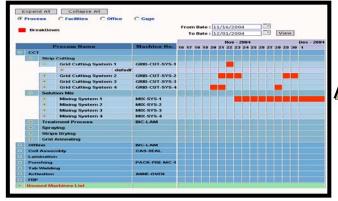
## **Total Productive Maintenance**

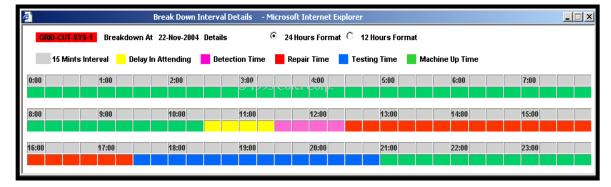


Expand All College All Values in F Hours C Hours Minutes C Days Hours Minu











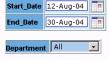
### Audits



#### Audit Status as on Date 20/Nov/04

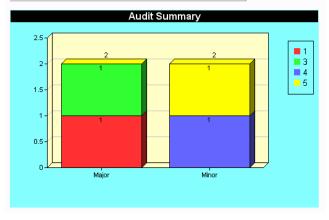
			Da	Date			Non Conformance					
Audit No.	Department	Section	Planned	Conducted	Delay	Major Qty	NC Nos.	Minor Qty	NC Nos.	Total	NC Status	Notes
1	Marketing Department	Marketing	12-Aug-04	15-Sep-04	34	1	View			1	1 Open	
3	Production	Production	20-Aug-04	23-Aug-04	3	1	View			1	1 Open	Production Dept
4	Design Department	Design	23-Aug-04	25-Aug-04	2			1	View	1	1 Open	Design Dept
5	Quality Department	Quality	26-Aug-04	27-Aug-04	1			1	View	1	1 Close	Quality Dept

#### **Audit Summary**



Submit

Audit No.	Department	Section	Non C	onformance		
			Major Qty	Minor Qty	Total	
1	Marketing Department	Marketing	1		1	
3	Production	Production	1		1	
4	Design Department	Design		1	1	
5	Quality Department	Quality		1	1	



#### • ISO/TS 16949

- Automotive Standard
- Auditor Performance
- Generate Reports by
  - Department
  - Auditor
  - Audit No.
- Track
  - Corrective actions
  - Preventive actions
  - Improvement actions
- Non Conformances
  - Major
  - Minor

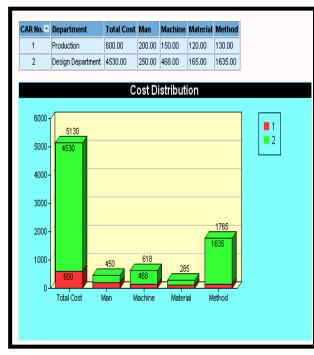


### ISO 9000/TS 16949





**Audit Name Audit Plan Element Matrix Auditor List Audit Schedule Check List Audit Status Audit Improvement Audit Effectiveness Corrective Action Status Corrective Action** Summary **Cost Distribution Audit Summary Auditor Report** Audit No. Report **Department Report** 



			ı	Date		Non Conformance						
Audit No.	Department	Section	Planned	Conducted	Delay	Major Qty	NC Nos.	Minor Qty	NC Nos.	Total	NC Status	Notes
1	Marketing Department	Marketing	12-Aug-04	15-Sep-04	34							
3	Production	Production	20-Aug-04	23-Aug-04	3	1	View			1	NCR	oduction Dep
4	Design Department	Design	23-Aug-04	25-Aug-04	2			1	View	1	1 Open	Design Dept
5	Quality Department	Quality	26-Aug-04	Not Conducted								



Link to Project Section!
Conduct Improvement



### **Document Control**



Menu Link	Create	Draft Status	Verified Status	Approved Status	Circulation	Distribution
Create (or Modify)	Create Document or Modify Document					
Authenticate	Authenticate Document by Mgmt. Rep.	Document in Draft Status				
Verify	Verify Document by Verify List		Document in Verified Status			
Approve	Approve Document by Approve List			Document in Approved Status		
Circulation	Circulate Document by Circulate List				Document in Circulation	
Distribution	Distribute Document by Distribute List					Document in Distribution

Menu Link	Purpose
Register	Upload existing Documents View all Document
Active Documents	View all Active Documents
Obsolete Documents	View all Obsolete Documents
Master Documents	View all Active or Obsolete Documents
Search	Search for a particular Document
Document History	View all activities associated with a Document
Document Members	View who is involved in which Document

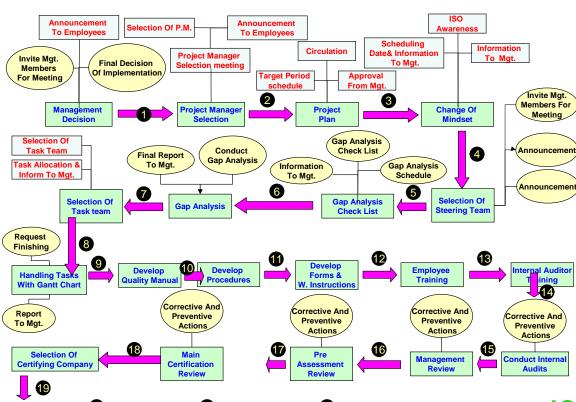
Remember running round the organization before every audit?

Simplify your documents with Document Control



## ISO Implementation Toolkit





Surveillance

Link to Project Section!
Conduct Improvement
Implement crucial tools:

- FMEA
- SPC
- MSA
- Etc.

iCT-M provides a toolkit for implementing ISO 9000

Step-by-Step

**Templates available** 

**System** 

ISO 14001

Certification



### Attendance





Who's having a good attendance?
Which department has the highest absenteeism?
Provide reports of attendances.





# Projects Menu



1.	Six Sigma Project	16.	Customer Satisfaction Index
2.	Voice of Customer	17.	Customer Complaints Mgmt
3.	<b>Quality Function Deployment</b>	18.	Cycle Time Analysis
4.	Failure Mode Effects Analysis	19.	Root Cause Analysis
5.	Control Plan Methodology	20.	Healthcare FMEA
6.	7 QC Tools	21.	Incident Reporting
7.	New Quality Tools	22.	Patient Satisfaction Questionnaire
8.	Advanced Statistical Tools	23.	National Indicator Approach
9.	Benchmarking	24.	Malcolm Baldrige NQA
10.	Statistical Process Control	25.	Joint Commissions International
11.	Measurement System Analysis	26.	Balanced Scorecard
12.	Hypothesis Testing	27.	Six Sigma
13.	Design of Experiments	28.	Net Promoter Score
14.	Dynamic Control Plan	29.	Advanced Product Quality Planning

**Service Quality** 

30.

**Product Part Approval Process** 



# 6 Sigma Project



Stages	Objective	Activities	Deliverables	Applet
Define	To use Vital X to decide on			6SIGMA Project Plan
Def	important variables	Compare the potential importance of variables	Variables and how Vital they are	6SIGMA  XXX  Vital X
Messure	To weight variables according to their weightings	Weight variables	A weighted measure of variables	6SIGMA Wghtd. Scores
Analyse	A pair-wise hierarchical comparison	Compare variables in pairs	Distributions of what is favoured (or not favoured)	6SIGMA  Hier. Comp.
Implement	To rank risks objectively	Assign Success Predictors according to their risk ratings	Determine the overall risk of the Success Predictors	6SIGMA Risk Asses.
Control	To deliberate the Suppliers, Inputs, Process,	Brainstorm on the Suppliers, Inputs, Process, Outputs and Customers	Pertinent Suppliers, Inputs, Process, Outputs and Customers	6SIGMA S P C O SIPOC
Con	Outputs and Customers			6SIGMA S P C O Adv.SIPOC



# Voice of Customer (VOC)



Things Gone Wrong

Please Inform us About any trouble you have had with the product.
Please Mark an CROSS in each box next to the item you have had trouble with.

Key
OK
X Trouble

Close Expand All Collapse All

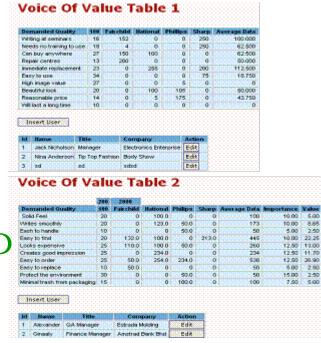
- 3 3 3 + Punching in IOL
- 3 3 3 + High Thickness in Loop
- 3 3 3 + Door Packaging
- 3 3 3 + No Efficient Customer Service
3 4

What went right?
What went wrong?
Perform Kano Analysis!

**Identify Customer Needs Objectively** 

iCT-M is custom built for VOC

Export VOC data to the next step - QFD

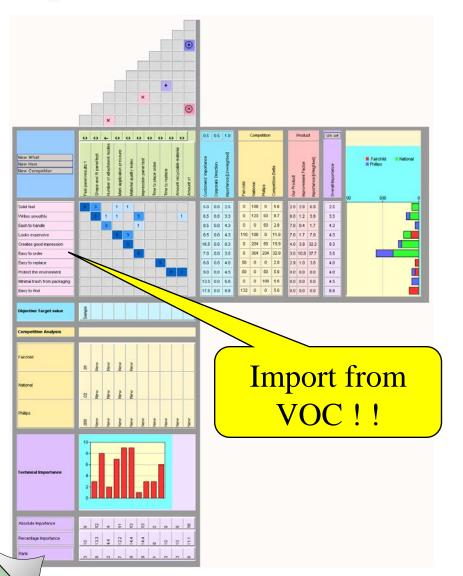




# Quality Function Deployment (QFD)



Belmah Strategies



- ICT-Manufacturing
  - Graphic
  - Simple
  - Easy
- Alternatives
  - Using Excel?
    - Not easy to modify
    - Needs macro programming
  - Using Minitab?
    - Try teaching technicians
    - Consider site licenses
    - Consider upgrade costs



## **FMEA**



### **Failure Mode And Effect Analysis**

Edit	: Hide Column											
No	Part	Function	Potential Effects of Failure	Potential Causes of Failure	S	Potential Failure Mode	0	С	<b>Current Controls Prevention</b>	Current Controls Detection	D	RPN
=1	Imported from F-Matrix	New Function										
1.1		Ink flow rate	lnk drip	Stain on paper	5	Low viscosity	7	35	viscosity medium	Viscosity test	7	245
1.2		Lead hardness	To dry	Breaks tip	6	Not enough wax	3	18	QA Inspection	QA Inspection	3	54
1.3		Mechanical eject time	Tight spring	Nip not ejected	8	Spring hardness	5	40	Vendor quality control	Batch sampling	8	320
1.4		Mechanism slowage clearance	Barell tip size small	Jammed lead	8	Squashed barell tip	4	32	Load single stand	100% inspection	6	192
1.5		Case strength	case collapses	Pen damaged	3	Sheet thickness low	1	3	Use standard sheet	Incoming QA Inspection	5	15
1.6		Surface tackiness	Rubber Handle	Tacky pen	4	Low vulcanization	5	20	Batch test	Visual look	3	60
1.7		Clip point clearance	Not enough spring	Pen drops from pocket	6	Clip tension low	7	42	Heat temper clip	Hand pull test	4	168
1.8		Auxillary attach flatness			0		0	0			0	0
1.9		Top surface smoothness			0		0	0			0	0
1.10		Retract mechanism force			0		0	0			0	0
1.11		Writing point finish			0		0	0			0	0
1.12		Ink drying time			0		0	0			0	0
1.13		Lead antismudge			0		0	0			0	0
1.14		Shape aspect ratio			4		0	0			0	0

## FMEA

Follows the criteria for FMEA application

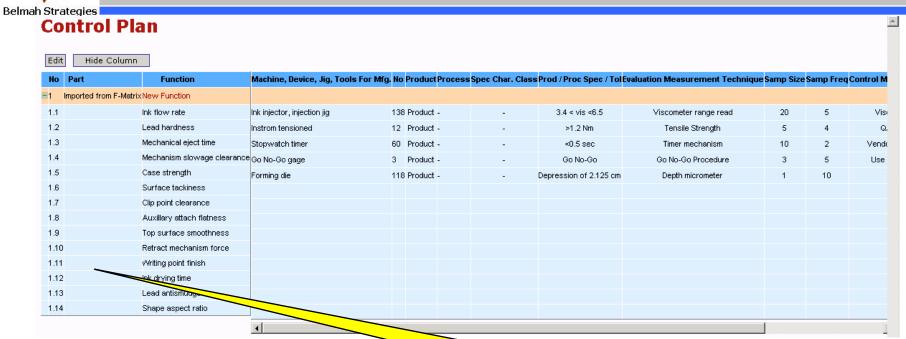
- Import data
  - From previous QFD
  - Set criteria for import

Import from OFD!!



# Control Plan Methodology (CPM)





- Get the traceability
  - VOC to QFD to FMEA to Control Plan

Import from FMEA!!

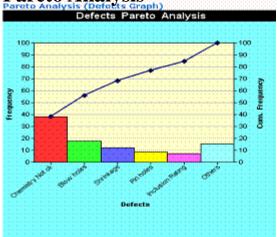


# 7 QC Tools

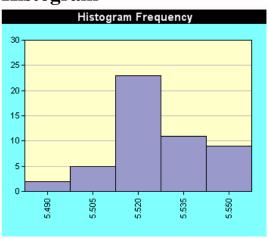


Belmah Strategies

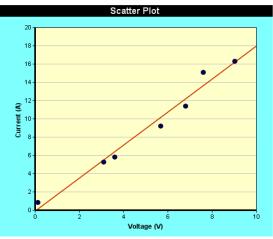
## Pareto Analysis



### Histogram



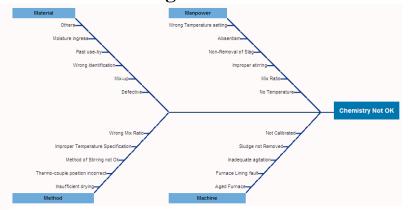
#### **Scatter Plot**



### **Tally Sheet**

No.	Tasks	Total	
1	Very bad	5	##
2	Bad	8	4##111
3	Medium	7	41111
4	Good	14	4#F4#F1III
5	Very good	8	-HH1111
	Total	42	

### **Cause-Effect Diagram**





# New Quality Control Tools (NQCT)

All tools supported

iCT-M®

software

by



Belmah Strategies

Result

#### **Force Field Diagram**

Edit What forces affect the implementation of 5S? **Driving Forces** Restraining Forces 1 Provides Visual Management 90 Requires training Resistance to change Quick error detection 50 Misunderstand concepts 4 Can find things easily 80 More work again 70 5 Saves space What is wrong now 6 Reduces WIP 90 Loss of overtime 460 350 Total

#### Total Driving Forces

Greater Than Total Restraining Forces

### Simple Gantt Chart

Edit Time In Weeks No. Activity 1 Awareness Meeting 2 Managers briefing 3 Seiri activities 4 Seiton activities 5 Seiso activities 6 Seiketsu activities 7 Audit 8 Shitsuke activities 9 Selection of best 5S area 10 Reward

## **Affinity Diagram**

Edit

Level 1	Level 2 [Demanded Quality]	Level 3 [Reworded Data]
Tensile Strength	Temperature	High
		Low
	Pressure	High
		Low
	Material Composition	Mix Ratio 1
		Mix Ratio 2
		Mix Ratio 3
Surface Roughness	Grain Size	Small
		Medium
		Large
	Slag Removal	Every 2 Hours
		Every 4 Hours
		Every 6 Hours
	Impurities	Low
		Medium
		High
Dimensional Stability	Chemical Composition	Type 1
		Type 2
		Course
Rapidness of Cooling		Slow
		Fast
	Microstructure	Type 3
		Fine



# Advance Quality Control Tools (AQCT)

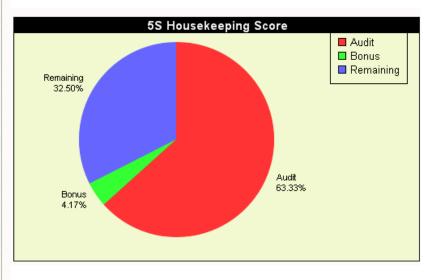


Belmah Strategies

### **5S House Keeping Evaluation Form**

Expand All | Collapse All | Edit

		Factory:	Metal Works	
		Operation Site:	Site 1 - Foundry	
		Department :	Quality Assurance	
		Items	Focus	Scope
	Wo	orking Area		
	1	Material parts	are they conveniently located and labeled for easy retrieval?	8
	2	Work-in-process	are they conveniently located for easy handling?	4
	3	Finished products	are they conveniently located and labeled for easy retrieval?	6
	4	Defective/rejects	are they clearly labeled for separation from good items?	8
	5	Machines/equipment	are they clean, asfe, well-maintained and convenient to operate?	10
	6	Wiring/piping	are they laid out in a tidy, safe and convenient manner?	2
	То	ols and Jigs		
	1	Dies/tools/jigs	are they conveniently labeled and placed at designated location?	7
	2	Spare parts/lubricants	are they conveniently labeled and placed at designated location?	6
	3	Containers/pallets	are they clean and conveniently placed at designated location?	8
	4	Racks/shelves/cabinets	are they dust-free, tidy and conveniently labeld for items stored?	5
	5	Carts/wagons/forklifts	are the well-maintained and placed at designated locations?	9
	6	Lifts/conveyers/cranes	are they clean , tidy, safe, and well-maintained?	6
=	Of	fice Area		
	1	Desk/labels/chairs	are they clean and organized inside and outside?	5
	2	Forms/files/records	are they up-to-date, easy to retrive and at ocnvenient locations?	6
	3	Floors/passages/stairways	are they dust-free, tidy,safe and well-maintained?	5
	4	Walls/windows/ceiling	are they dust-free, tidy,safe and well-maintained?	6
	5	Lighting/ventilation	are they adequate for efficient operation?	2
	6	Working wears/shoes	are they clean and do they present a good image?	9
	Sa	fety Aspects		
	1	Safey devices	are they conveniently located for use and well-maintained?	4
	2	Fire extinguishers/fire exits	are they adequate and cleaned regularly?	5
	3	Cleaning tools/waste baskets	are they dust-free, tidy,safe and well-maintained?	7
	4	Canteens/toilets/lockers	are they dust-free, tidy,safe and well-maintained?	8
	5	External area/gardens	are they clean, tidy, safe and do they present a good image?	9
	6	Security guards/car parks	are they clean, tidy, safe and do they present a good image?	7
		Audit Score		152
		Bonus Score		10
		Total Score		162
	_	No. of Items Evaluated		24
		Total Score Possible		240
		Percentage Score		67.50



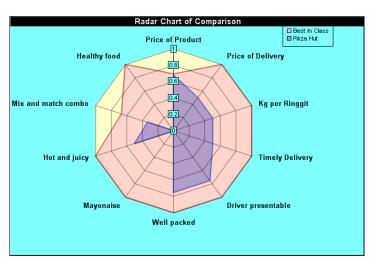


# Benchmarking (BMK)



Belmah Strategies

		Pikza Hut	Mac Donals	Kelly Rozers	Nandoos	Pikza Hut	Mac Donals	Kelly Rozers	Nandoos
No.	Key Success Factors	i ikza iiut	mac Donais	Reny Rozers	Nandoos	i ikza i iut	Mac Donais	Reny Rozers	Nandoos
1	Price of Product	4.90	5.00	6.40	4.80	0.68	0.67	0.48	0.69
2	Price of Delivery	2.00	1.00	3.00	3.00	0.50	1.00	0.00	0.00
3	Kg per Ringgit	0.25	0.20	0.28	0.30	0.50	0.00	0.80	1.00
4	Timely Delivery	45.00	50.00	30.00	60.00	0.50	0.33	1.00	0.00
5	Driver presentable	4.00	3.00	2.00	5.00	0.75	0.50	0.25	1.00
6	Well packed	4.00	3.00	2.00	5.00	0.75	0.50	0.25	1.00
7	Mayonaise	20.00	40.00	25.00	30.00	0.00	0.00	0.50	1.00
8	Hot and juicy	65.00	70.00	75.00	0.00	0.50	1.00	0.50	0.00
9	Mix and match combo	6.00	5.00	8.00	4.00	0.33	0.17	0.67	0.00
10	Healthy food	1.00	3.00	5.00	1.00	0.00	0.50	1.00	0.00
				Weight	ted Average	0.45	0.47	0.54	0.47
					Rank	4	3	1	2



		Pikza Hut	Mac Donals	Kelly Rozers	Nandoos	Competitor
No.	Key Success Factors	FIRZa Hut	Wac Dollars	Kelly Kozers	Nandoos	Check
1	Price of Product		3			Not OK
2	Price of Delivery		9			OK
3	Kg per Ringgit		9	3		OK
4	Timely Delivery				9	OK
5	Driver presentable		3		9	OK
6	Well packed			9		OK
7	Mayonaise				9	OK
8	Hot and juicy			9		OK
9	Mix and match combo		9			OK
10	Healthy food		3		9	OK



# **Key Success Factors**



## **Key Success Factors**







					핓	rget	60	ಕ	
Category	No.	Key Success Factors	Measure	Objective	Weight	Targ	Units	Worst	Best
Price	1	Price of Product	Based on similar burger	Must be value provider	1.0	Small	RM	10.0	2.5
	2	Price of Delivery	Transport charges	Must be cheapest	1.0	Small	RM	3.0	1.0
	3	Kg per Ringgit	Weigh only the burger meat	Value on great meat	1.0	Large	Kg	0.2	0.3
Features	4	Timely Delivery	Time taken to deliver	Deliver within 30 minutes	1.0	Small	mins	60.0	30.0
	5	Driver presentable	Driver is neatly dressed	Smart dress, tie and shoes	1.0	Attribute		1.0	5.0
	6	Well packed	Comes a box without spills	Moulded trays	1.0	Attribute		1.0	5.0
Product	7	Mayonaise	Gives the right flavor	Just right taste	1.0	Nominal	gm	20.0	40.0
	8	Hot and juicy	Not cold and dry	Delicious to eat	1.0	Nominal	oC	60.0	80.0
	9	Mix and match combo	Good combination available	Great variety	1.0	Large	Units	4.0	10.0
	10	Healthy food	Not seen as junk food	Health conscious	1.0	Attribute	Size	1.0	5.0

#### Note:

Weights may be assigned as an absolute number (e.g. 1, 5, etc.). Weights may be assigned as a deviation from 1 (e.g. 0.9, 1.1, etc.). All weights are normalized where necessary.

At least 3 Key Success Factor names and values are necessary to draw a Radar Chart.

Changing Weights, Target, Worst or Best values will update Benchmark results.



# Competitors



## **Competitors**

Edit

		Ę	onals	Kelly Rozers	so	etitor
No.	Key Success Factors	Pikza Hut	Mac Donals	Kelly R	Nandoos	Competito Check
1	Price of Product		3			Not OK
2	Price of Delivery		9			ОК
3	Kg per Ringgit		9	3		ОК
4	Timely Delivery				9	ОК
5	Driver presentable		3		9	OK
6	Well packed			9		ОК
7	Mayonaise				9	ок
8	Hot and juicy			9		ОК
9	Mix and match combo		9			ОК
10	Healthy food		3		9	OK

#### Note:

The Competitor Check column must have all OK.

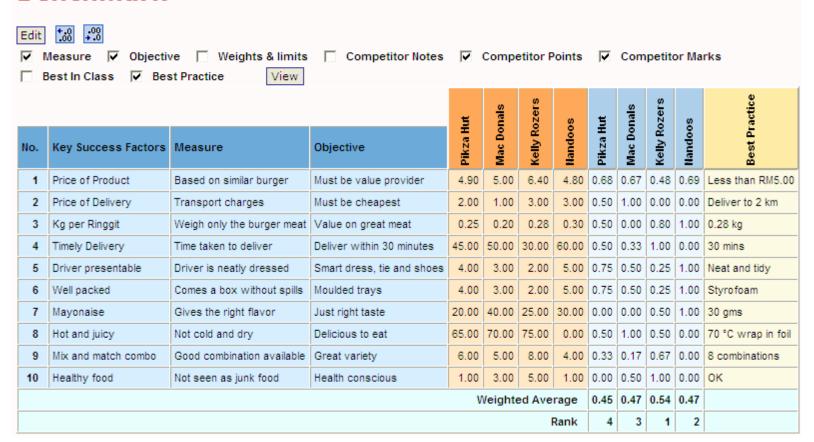
Not OK implies there is no suitable Competitor for that KSF comparison.



## Benchmark



### **Benchmark**

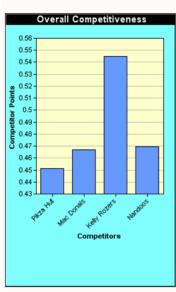


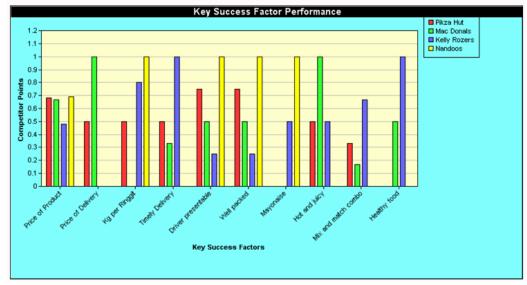


## Benchmark Results



#### **Benchmark Results**







## Radar Chart

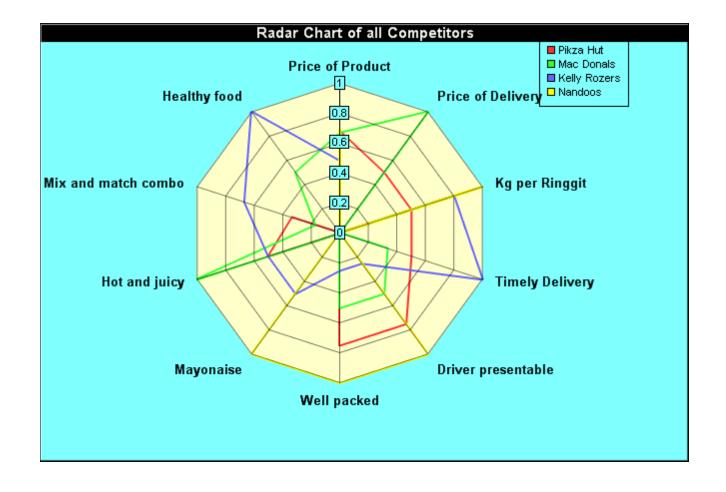






# Radar Chart of all Competitors







# **Action Program**



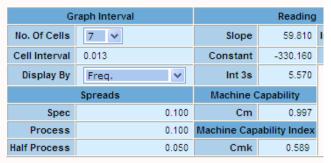


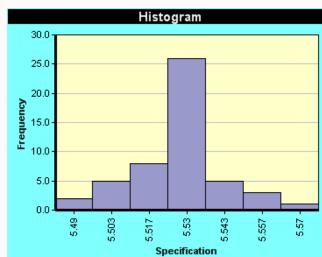


# Statistical Process Control (SPC)



#### Belmah Strategies





### **Machine Capability**

All tools supported by iCT-M<sup>®</sup> software

### **Xbar Sigma Chart**



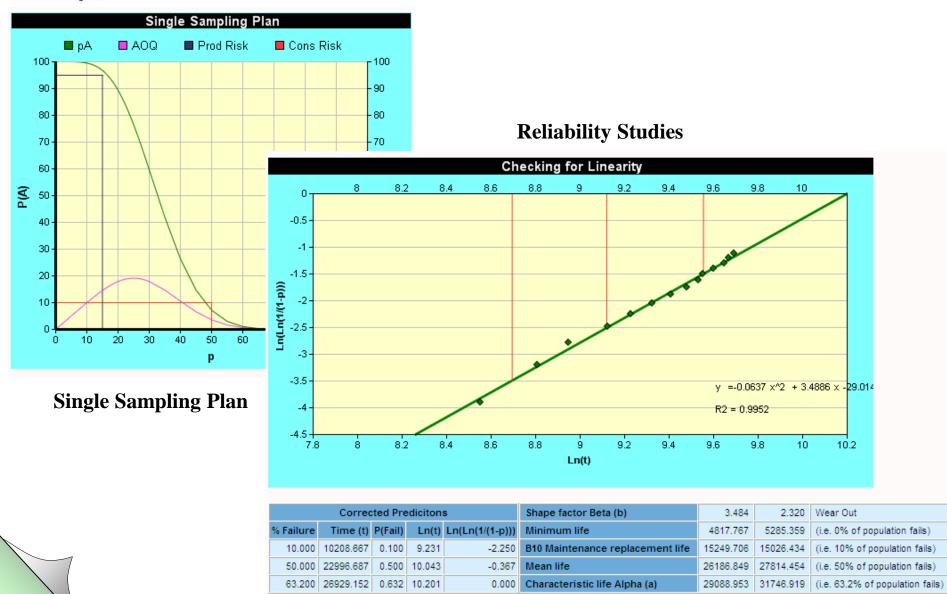
Resample shows the process is under control



# Advanced Statistical Techniques (AST)



**Belmah Strategies** 





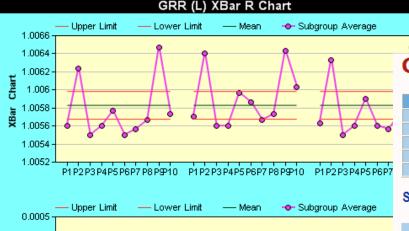
# Measurement Systems Analysis (MSA)

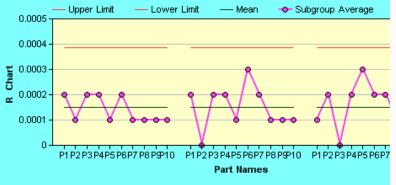


Belmah Strategies

### Gage Repeatability and Reproducibility (Long Term)

	X-Bar	R
UCL	1.0060	0.0004
Mean	1.0058	0.0001
LCL	1.0057	0.0000





## **Gage Repeatability and Reproducibility (Long**

Customer Specification							
Specification	1.006	+	0.002				
		-	0.002				
USL	1.008						
LSL	1.004						
Tolerance	0.004						

#### Summary

			m	g	d2*	Stdev	5.15x	%TV	%tol	
Repeatability	Se	Trials=r	3	30	1.693	0.00009	0.0005	28.48	11.41	EV
Reproducibility	So	Apprs=k	3	1	1.91	0.00007	0.0004	22.40	8.97	AV
Measurement	Sm					0.00011	0.0006	36.23	14.51	GRR
Part - Part	Sp	Parts=n	10	1	3.18	0.00029	0.0015	93.21	37.34	PV
Total	St					0.00031	0.0016	100.00	40.06	Total
Categories	ndc		3.6							

#### Conclusion

This Measurement System is Conditionally Acceptable

#### Comments for this Study

ICT-Manufacturing software provides an easy method of conducting the GRR Long Method. The Method is also integrated with the ANOVA Method.



# Hypothesis Testing (HYP)



**Belmah Strategies** 

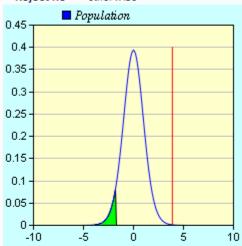
#### Decision Rule

#### Left Tail

Alpha = 0.05 t<sub>a. v</sub> = 1.73

Accept Ho if - t<sub>a, v</sub> < t<sub>sample</sub>

Reject Ho otherwise

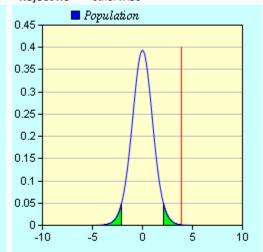


#### Both Tails

Alpha = 0.05  $t_{a/2, v}$  = 2.09

Accept Ho if - t a/2, v < t sample < t a/2, v

Reject Ho otherwise



#### Right Tail

Alpha = 0.05 t<sub>a. v</sub> = 1.73

Accept Ho if  $t_{\text{sample}} < t_{\alpha, \ v}$ Reject Ho otherwise

0.45 0.4 0.35 0.3 0.25 0.1 0.15 0.1 0.05

#### Calculate Test Statistic

$$t_{Sample} = \frac{\left(\overline{x} - \mu\right)}{\sqrt{\frac{S^2}{n}}} = 3.88$$

Ho

Accept

Test Statistic is not significant at 0.05

#### Conclusion

Not enough statistical evidence that the true mean is < than 24.00.

$$t_{Sample} = \frac{\left(\overline{x} - \mu\right)}{\sqrt{\frac{S^2}{n}}} = 3.88$$

Ho

Reject

Test Statistic is significant at 0.05

Enough statistical evidence that the true mean is not 24.00.

$$t_{Sample} = \frac{\left(\overline{x} - \mu\right)}{\sqrt{\frac{S^2}{n^2}}} = 3.88$$

Ho

Reject

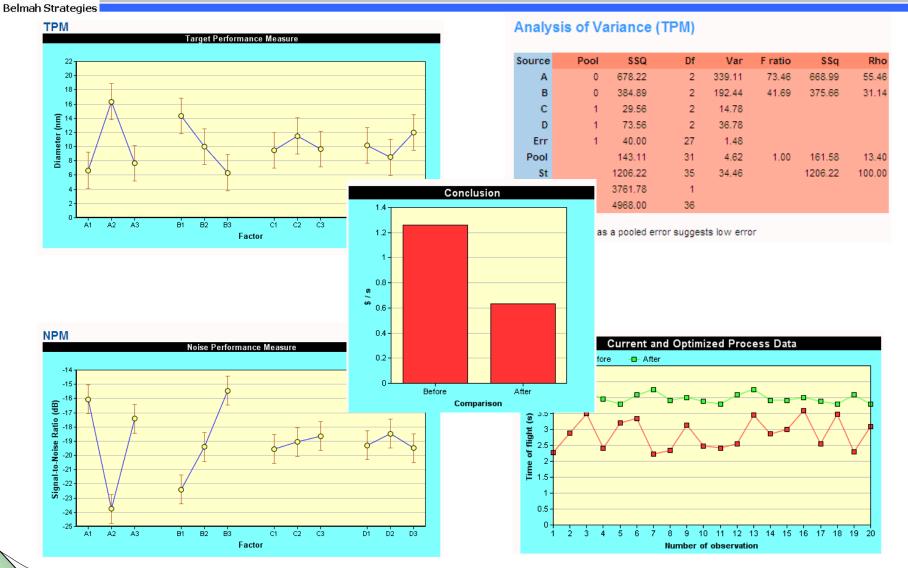
Test Statistic is significant at 0.05

Enough statistical evidence that the true mean is > than 24.00.



# Design of Experiments (DOE)







# Dynamic Control Plans (DCP)



## **Pre-launch Dynamic Control Plan**

Е	Edit Arrange Expand All Collapse All Show / Hide Column Note: FMEA changes should be made in FMEA.													
	No.	Part / Function	Potential Failure Mode	Spec	Туре	lmp	Critical Factor	Control Method	Tool	Gage	Grr	СМ	СР	Reaction Plan
=	1	Imported from linked QFD												
	1.1	Material Data Sheet	Non compliance											
	1.2	Viscosity test	Ink hardens											
	1.3	Dimensional checks	Non fitting parts											
	1.4	Printed manual	Missed in package											
	1.5	Tight rollers	Roller housing crimp											
	1.6	Standard sizes	Non fitting of parts											
	1.7	Microfoil burst	Marking pressure high											



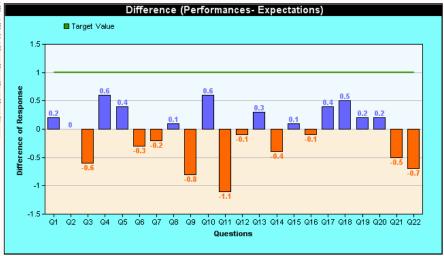
# Service Quality



Belmah Strategies

	Expectation							
No.	Description	1	2	3	4	5	No.	Des
Q1	Excellent Hospitals will have modern looking equipment.	0	0	0	0	•	Q1	Rav
Q2	Physical facilities at excellent Hospitals will be visually appealing.	0	0	0	•	0	Q2	Rav
Q3	Employees at excellent Hospitals will be neat appearing.	0	0	•	0	0	Q3	Rav
Q4	Materials associated with the service (such as menu cards, pamphlets or marketing litrature) will be visually appealing at an excellent Hospitals.	0	0	•	0	0	Q4	Mate
Q5	When excellent Hospitals promise to do something by a certain time, they do.	0	0	(•	0	0	Q5	Whe
Q6	When a customer has a problem, excellent Hospitals will show a sincere interest in solving it.	0	0	0	œ	0	Q6	Whe
Q7	Excellent Hospitals will perform the service right the first time.	0	0	0	•	0	Q7	Rav
Q8	Excellent Hospitals will provide the service at the time they promise to do so.	0	•	0	0	0	Q8	Rav
Q9	Excellent Hospitals will insist on error free records.	0	0	•	0	0	Q9	Rav
Q10	Employees of excellent Hospitals will tell customers exactly when services will be performed.	О	0	0	Œ	О	Q10	Emp perf
Q11	Employees of excellent Hospitals will give prompt service to customers.	0	0	•	0	0	Q11	Emp
Q12	Employees of excellent Hospitals will always be willing to help customers.	0	0	•	0	0	Q12	Emp
Q13	Employees of excellent Hospitals will never be too busy to respond to customers¿ requests.	0	0	0	•	0	Q13	Emp requ
Q14	The behavior of employees in excellent Hospitals will instill confidence in customers.	0	0	0	•	0	Q14	The
Q15	Customers of excellent Hospitals will feel safe in transactions.	0	0	0	0	•	Q15	You
Q16	Employees of excellent Hospitals will be consistently courteous with customers.	0	0	•	0	0	Q16	E
Q17	Employees of excellent Hospitals will have the knowledge to answer customers questions.	0	0	0	0	•	Q17	E
Q18	Excellent Hospitals will give customers individual attention.	0	0	0	•	0	Q18	F
Q19	Excellent Hospitals will have operating hours convenient to all their customers.	0	0	0	•	0	Q19	F
Q20	Excellent Hospitals will have employees who give customers personal attention.	0	0	•	0	0	Q20	F
Q21	Excellent Hospitals will have their customers best interests at heart.	0	0	•	0	0	Q21	F
Q22	The employees of excellent Hospitals will understand the specific needs of their customers.	0	0	0	•	0	Q22	
W1	The appearance of physical facilities, equipment, personnel and communication materials.	Tang	gibles				30	
W2	Ability to perform the promised service dependably and accurately.	Relia	bility				30	
W3	Willingness to help customers and provide prompt service.		ponsi	venes	ss	F	20	
W4	Knowledge and courtesy of employees and their ability to convey trust and confidence.	Ass	urano	e			10	
W5	Caring, individualised attention the firm provides its customers.	Emp	athy			F	10	
				Tota		_	100	

Performance											
No.	Description	1	2	3	4	5					
Q1	Rawatbagus Hospital has modern looking equipment.	0	0	0	•	0					
Q2	Rawatbagus Hospital physical facilities are visually appealing.	0	0	•	0	0					
Q3	Rawatbagus Hospital host desk employees are neat appearing.	0	0	•	0	0					
Q4	Materials associated with the service (such as menu cards, pamphlets or brochures) are visually appealing at Rawatbagus Hospital.	0	0	О	0	•					
Q5	When Rawatbagus Hospital promises to do something by a certain time, it does so.	0	•	0	0	0					
Q6	When you have a problem, Rawatbagus Hospital shows a sincere interest in solving it.	0	0	•	0	0					
Q7	Rawatbagus Hospital performs the service right the first time.	0	0	0	•	0					
Q8	Rawatbagus Hospital provides its service at the time it promises to do so.	0	0	•	0	0					
Q9	Rawatbagus Hospital insists on error free records.	0	0	0	Œ	0					
Q10	Employees in Rawatbagus Hospital tell you exactly when services will be performed.	0	0	0	•	0					
Q11	Employees in Rawatbagus Hospital give you prompt service.	0	О	•	0	0					
Q12	Employees in Rawatbagus Hospital are always willing to help you.	0	0	0	•	0					
Q13	Employees in Rawatbagus Hospital are never too busy to respond to your request.	0	0	0	0	•					
Q14	The behavior of employees in Rawatbagus Hospital instills confidence in you.	0	0	•	0	0					
Q15	You feel safe in your transactions with Rawatbagus Hospital.	0	0	О	0	•					





# Likert Scale



Likert Scale : 5 Direction : (1) Strongly Disagree --- (5) Strongly Agree

Scale	Description	Bahasa Malaysia
1	Strongly Disagree	Sangat Tidak Setuju
2	Disagree	Tidak Setuju
3	Indifferent	Tidak Kisah (Tidak Berkecuali)
4	Agree	Setuju
5	Strongly Agree	Sangat Setuju

Grade No	Grade	Category	Description
-4	F	Dissatisfied	Sev dissatisfied
-3	F	Dissatisfied	Sev dissatisfied
-2	E	Dissatisfied	Sev dissatisfied
-1	D	Dissatisfied	Mid satisfied
0	С	Satisfied	Mid satisfied
1	В	Satisfied	Mid satisfied
2	А	Satisfied	Most satisfied
3	А	Satisfied	Most satisfied
4	А	Satisfied	Most satisfied



# Questionnaire



No.	Catch Line	Expectation	Performance
Q1	Up-to-date equipment. Peralatan terkini.	I expect government clinic to use appropriate up-to-date equipment.  Saya harap klinik kerajaan akan menggunakan peralatan terkini yang bersesualan.	I find Health Clinic uses appropriate up-to-date equipment.  Saya dapati Klinik Kesihatan menggunakan peralatan terkini yang bersesuaian.
Q2	Visually appealing. Kelihatan menarik.	I expect government clinics physical facilities to be visually appealing Saya harap kemudahan fizikal klinik kerajaan kelihatan menarik.	I find the physical facilities in Health Clinic visually appealing Saya dapati kemudahan fizikal Klinik Kesihatan kelihatan menarik.
Q3	Keep promises. Menepati janji.	I expect government clinic to provide their services at the time they promise to do so.  Saya harap klinik kerajaan memberi perkhidmatan pada masa yang dijanjikan.	I find Health Clinic provides their services at the time they promise to do so.  Saya dapati Klinik Kesihatan memberi perkhidmatan pada masa yang dijanjikan.
Q4	Right first time service. Betul setiap kali.	I expect government clinic staff to perform the services right everytime.  Saya harap anggota klinik kerajaan sentiasa melaksanakan perkhidmatan dengan betul	I find Health Clinic perform the services right everytime Rawatbagus Hospital. Saya dapati Klinik Kesihatan sentiasa melaksanakan perkhidmatan dengan betul .
Q5	Prompt service. Cepat.	I expect government clinic staff to give prompt service.  Saya harap anggota klinik kerajaan memberi perkhidmatan yang cepat.	I find Health Clinic staff gives prompt service. Saya dapati anggota Klinik Kesihatan memberi perkhidmatan yang cepat.
Q6	Sincere interest to help. Sedia membantu.	I expect government clinic staff to be willing to help with sincere interest.  Saya harap anggota klinik kerajaan sedia membantu apabila diperlukan.	I find Health Clinic staff willing to help with sincere interest.  Saya dapati anggota Klinik Kesihatan sedia membantu apabila diperlukan.
Q7	Competently. Cekap.	I expect government clinic staff to perform their job competently Saya harap anggota klinik kerajaan dapat melaksanakan tugas mereka dengan cekap.	I find Health Clinic staff performs their job competently Saya dapati anggota Klinik Kesihatan menjalankan tugas mereka dengan cekap



# Questionnaire Groups

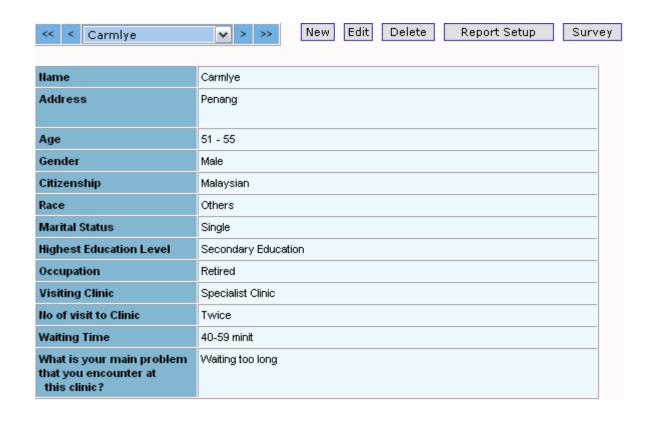


Tangibles Benda yang dapat dikesan	Catch Line Kandungan ringkas	Questionnaire Survey Soalan Questionnaire Survey					
Q1	Up-to-date equipment. Peralatan terkini.	I expect government clinic to use appropriate up-to- date equipment. Saya harap klinik kerajaan akan menggunakan peralatan terkini yang bersesuaian.	I find Health Clinic uses appropriate up-to-date equipment. Saya dapati Klinik Kesihatan menggunakan peralatan terkini yang bersesuaian.				
Q2	Visually appealing. Kelihatan menarik.	I expect government clinics physical facilities to be visually appealing Saya harap kemudahan fizikal klinik kerajaan kelihatan menarik.	I find the physical facilities in Health Clinic visually appealing Saya dapati kemudahan fizikal Klinik Kesihatan kelihatan menarik.				
Reliable <i>Kekukuhan</i>	Catch Line Kandungan ringkas	Questionnaire Survey questions Soalan Questionnaire Survey					
Q3	Keep promises. Menepati janji.	I expect government clinic to provide their services at the time they promise to do so. Saya harap klinik kerajaan memberi perkhidmatan pada masa yang dijanjikan.	I find Health Clinic provides their services at the time they promise to do so.  Saya dapati Klinik Kesihatan memberi perkhidmatan pada masa yang dijanjikan.				
Q4	Right first time service. Betul setiap kali.	I expect government clinic staff to perform the services right everytime.  Saya harap anggota klinik kerajaan sentiasa melaksanakan perkhidmatan dengan betul	I find Health Clinic perform the services right everytime Rawatbagus Hospital. Saya dapati Klinik Kesihatan sentiasa melaksanakan perkhidmatan dengan betul.				
Responsive							
Q5	Prompt service. Cepat.	I expect government clinic staff to give prompt service.  Saya harap anggota klinik kerajaan memberi perkhidmatan yang cepat.	I find Health Clinic staff gives prompt service. Saya dapati anggota Klinik Kesihatan memberi perkhidmatan yang cepat.				
Q6	Sincere interest to help. Sedia membantu.	I expect government clinic staff to be willing to help with sincere interest.  Saya harap anggota klinik kerajaan sedia membantu apabila diperlukan.	I find Health Clinic staff willing to help with sincere interest.  Saya dapati anggota Klinik Kesihatan sedia membantu apabila diperlukan.				



# Respondents







## **Data Collection**



Likert Scale: 1 Strongly Disagree 2 Disagree 3 Indifferent 4 Agree 5 Strongly Agree

#### Expectation Performance This questionnaire deals with your Expectations of the Service Provider. This questionnaire deals with your Perception of the Service Provider. Please indicate the level of Expectation you think the Service Provider. 2. Please indicate the level of Perception you experienced from the Service Provider in the following Dimensions. should have in the following Dimensions. The Survey needs a number that best represents your Expectations of the The Survey needs a number that best represent your Perceptions of the Service Provider. Service Provider. 1 2 3 4 5 1 2 3 4 5 No. Description Description Q1 I expect government clinic to use appropriate up-to-date I find Health Clinic uses appropriate up-to-date equipment. equipment. Q2 I expect government clinics physical facilities to be visually Q2 I find the physical facilities in Health Clinic visually appealing appealing I expect government clinic to provide their services at the I find Health Clinic provides their services at the time they time they promise to do so. promise to do so. Q4 I expect government clinic staff to perform the services right I find Health Clinic perform the services right everytime Rawatbagus Hospital. everytime. Q5 I expect government clinic staff to give prompt service. I find Health Clinic staff gives prompt service. I expect government clinic staff to be willing to help with Q6 I find Health Clinic staff willing to help with sincere interest. sincere interest. Q7 I expect government clinic staff to perform their job I find Health Clinic staff performs their job competently competently I find Health Clinic staff is always polite I expect government clinic staff to be polite I expect government clinic staff to always understand Q9 I find Health Clinic staff always understand patients needs. patients needs. Q10 I expect government clinic staff to give patient personal Q10 I find Health Clinic staff gives patients personal attention. attention.



# Demographics



**Belmah Strategies** 

Others

Demographics :	Occupation	on	~				
Data		Frequency		ı	Percentage		Cumulative %
	Satisfied	Dissatisfied	Total	Satisfied	Dissatisfied	Total	
Un - Employed	20	31	51	4.587	7.110	11.697	11.70
Government	30	34	64	6.881	7.798	14.679	26.38
Private	50	90	140	11.468	20.642	32.110	58.49
Self - Employed	29	35	64	6.651	8.028	14.679	73.17
Retired	52	13	65	11.927	2.982	14.908	88.07

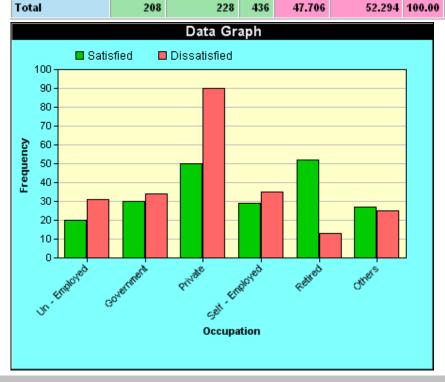
52

6.193

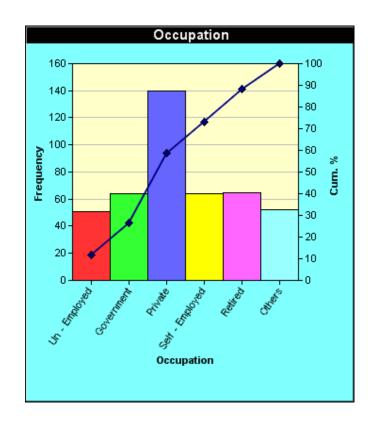
5.734 11.927

100.00

100.00



25

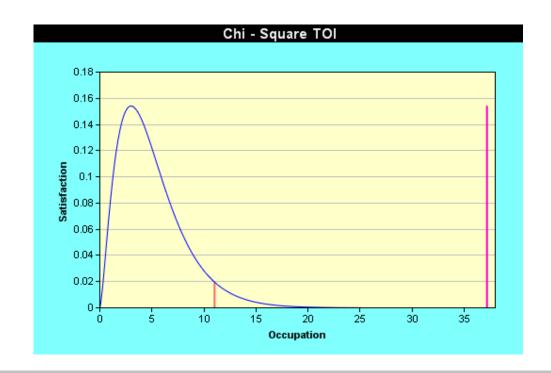




# Chi-Sq Test



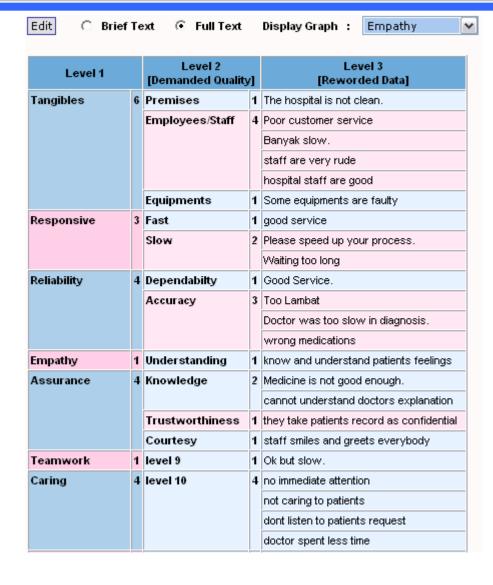
Calculate Test Statistic									
			Satisfaction						
			Satisfied Dissatisfied						
	1	Un - Employed	0.771	0.703	1.474				
	2	Government	0.009	0.008	0.018				
<u>.</u>	3	Private	4.220	3.850	8.070				
Occupation	4	Self - Employed	0.077	0.070	0.147				
000	5	Retired	14.209	12.963	27.172				
	6	Others	0.194	0.177	0.371				
			19.480	17.771	37.251				





# Affinity Diagram

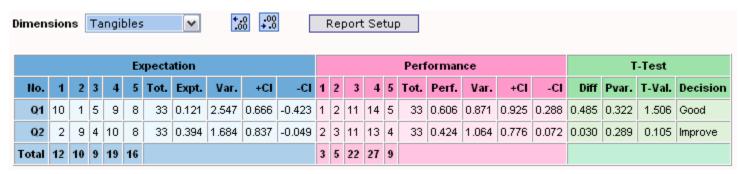


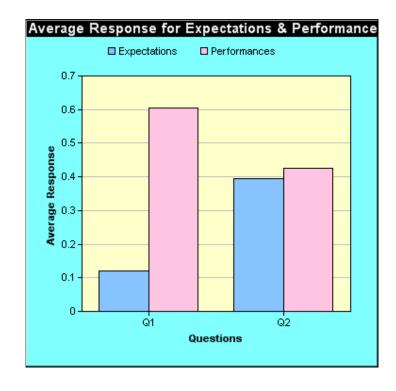




## **Dimensions**



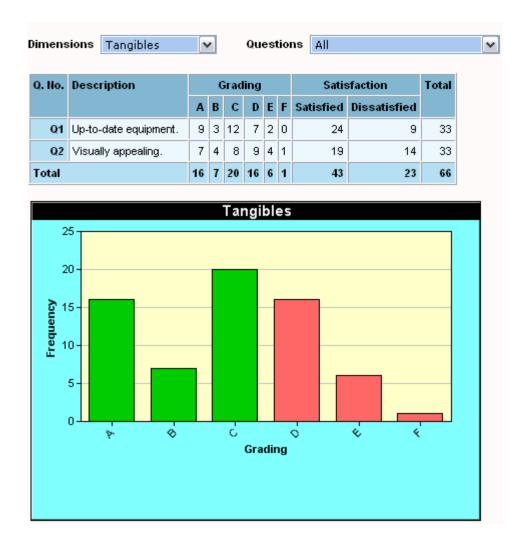






## Satisfaction





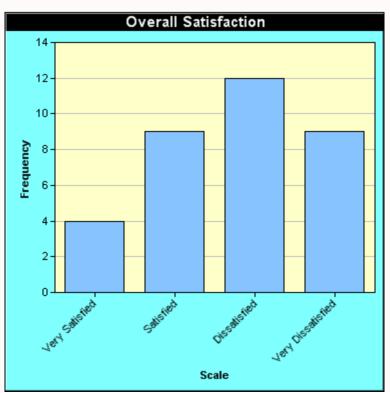


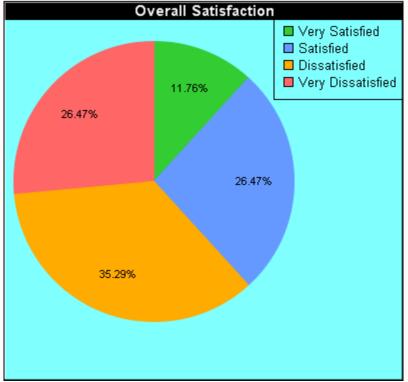
## **Overall Satisfaction**







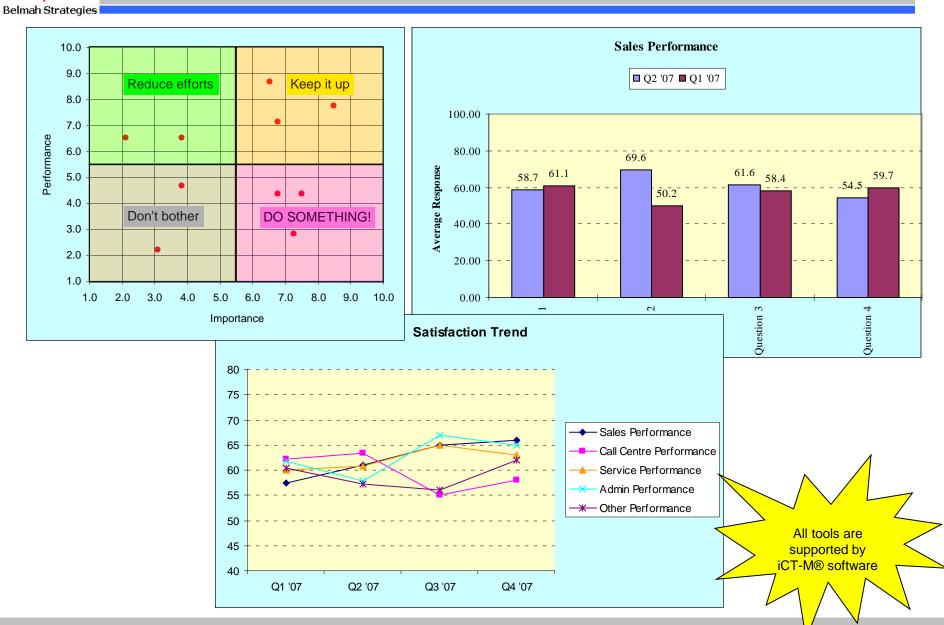






## Customer Satisfaction Index (CSI)

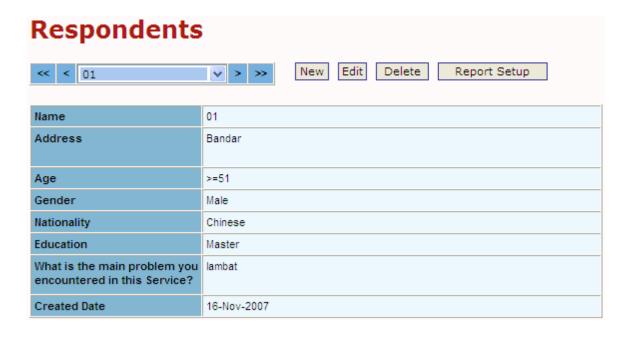






# Respondents Data



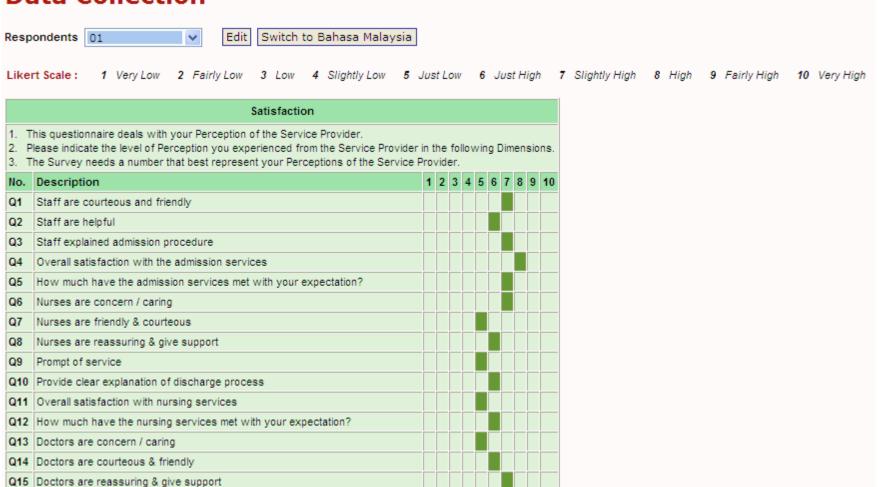




### **Data Collection**



**Data Collection** 





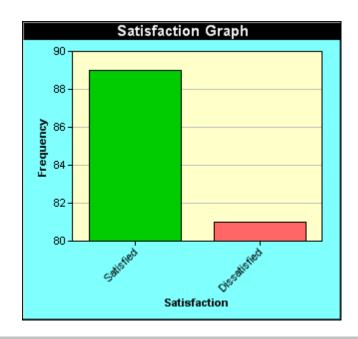
# Demographics



### **Demographics**

Demographics : Nationality v Time Periods : 2007 - Feb v

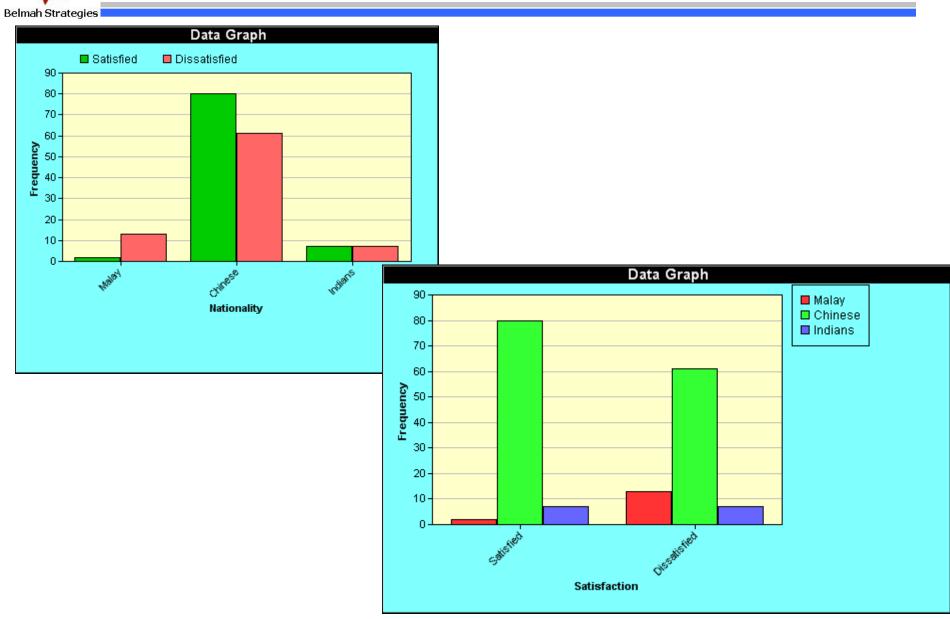
Data	I	Frequency		ı	Percentage		Cumulative %			
	Satisfied	Dissatisfied	Total	Satisfied	Dissatisfied	Total				
Malay	2	13	15	1.176	7.647	8.824	8.82			
Chinese	80	61	141	47.059	35.882	82.941	91.76			
Indians	7	7	14	4.118	4.118	8.235	100.00			
Total	89	81	170	52.353	47.647	100.00	100.00			





### Satisfaction Measures





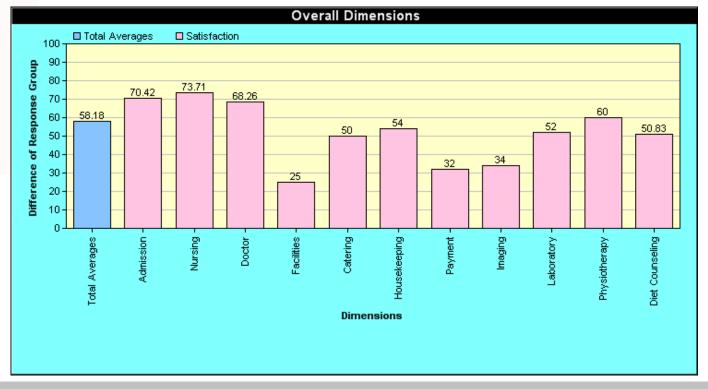


### **Overall Dimensions**



#### **Overall Dimensions**

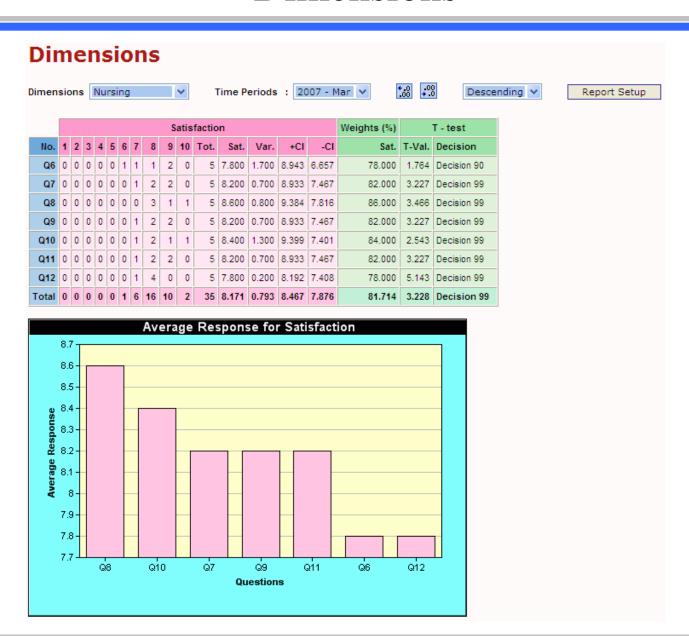






### **Dimensions**



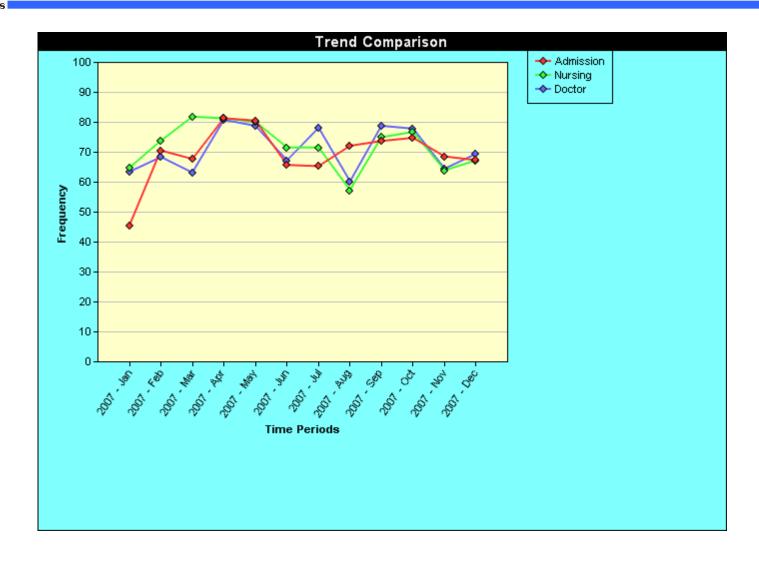




# **Trend Comparison**



Belmah Strategies





## Customer Complaints Management (CCM)



#### Belmah Strategies

#### 3: Containment

Not applicable - basic investigation undertaken by local manager

Date: 2007 10		Poss	sible use of	Root Cause f 'Five Whys' approach ting necessary		
Containment Response Date: 2005 01 Containment Completed Date: 2005 01 Investigation Level:			Why 1	Why did the nur the knowledge of behavior?		Nurse have no proper training on child's care
Description of Issue:			·		-	
The Nurse gave the wrong dose of injection.			Why 4	Why did the nur to check if patie same patient lis record	nt still the	Because the nurse is stress from work and in a hurry to go home after the long hour working shift
The Team leader shall ensure that the following Corrective Action	s are completed time	lv.				
Administrator's Brief description:	,		Why 5	Why was the nu stressed and in		Because of shortage of nurses on duty and the nurse have another
This incident is causing much public interest. Please act on this	with utmost care.		VVIIy 3	go home?	a numy to	responsibility in her family after work
Containment Action						Root Cause Shortage of nurses on
This incident is causing much public interest. Please act on this	with utmost care.					duty and the nurse have another responsibility in her family after work
				2005 01 01 2005 01 02 2005 01 03 2005 01 05 2005 01 06 2005 01 07 2005 01 07 2005 01 10 2005 01 11 2005 01 11 2005 01 13		2005 01 20 2005 01 21 2005 01 22 2005 01 23 2005 01 24
Root Cause Shortage of nurses on duty and the nurse have another responsibility	Progress [	ate Completed	d PIC			
T .	Completed 2	005 01 10	Allan			
Nurses should have checklist to prevent errors in their work.	Completed 2	005 01 13	Brian			
	· ·	005 01 15	Collin			

The following should be implemented: Creative scheduling options, Let nurse choose their overtime, and offer referral

2005 01 22

Completed

Doreen



## **Event Registry**



### **Event Registry**





### Containment



#### Containment



#### Time should be within the stated time

#### **Description Of Incident**

Too high charge for the treatments.

Date of CAR Issued	14-Nov-2007
Date of CAR Issue Completed	15-Nov-2007

Date of Containment	18-Nov-2007
Date of Containment Completed	20-Nov-2007
Investigation Level	3 (Serious)

#### **Description of Issue**

N	о.	Descrption
	1	The Nurse gave the wrong dose of injection

#### **Administrator's Brief description**

No.	Descrption
1	This incident is causing much public interest. Please act on this with utmost care.

#### **Containment Action**

No.	Descrption
1	This incident is causing much public interest. Please act on this with utmost care.
2	Maximum chages have been lowered.



# Investigation



### **Investigation**



#### Investigation by manager and some others

**Description Of Incident** 

Too high charge for the treatments.

No	о.	Investigation	Date	Time	Person	Comments	Attachments
	1	The customer claimed that the salesgirl shouted at him.	19-Dec-2007	11:15 Am	Allan		Event Image sentinel
	2	The salesgirl denies shouting.	20-Dec-2007	10:30 Pm	Brain		Important picture
	3	Copy of protocol/guidelines for IVTT	12-Dec-2007	11:00Am	Collin		Accident
	4	Copy of patient record	06-Dec-2007	09:00 Pm	Deborah		Text file
	5	Written statement	26-Dec-2007	10:00 Am	Ellaine		



# **Identify Root Causes**



### **Identify Root Causes**

Edit

**Identify all important factors** 

1 Nurse lacks	s the knowledge on childs behavior		
1	Why 1	Why did the nurse lacks the knowledge on childs behavior?	Nurse have no proper training on childs care
2	Why 2	Why the nurse mistakenly given the medication on the wrong patient?	Because the nurse not aware patient moved to the other bed without informing the nurse
3	Why 3	Why did the nurse not aware patient move to other bed?	Because the nurse dont bother to check if the patient on the bed same patient listed
4	Why 4	Why did the nurse failed to check if patient still the same patient listed on teir record	Because the nurse is stress from work and in a hurry to go home after the long hour working shift
5	Why 5	Why was the nurse stressed and in a hurry to go home?	Because of shortage of nurses on duty and the nurse have another responsibility in her family after work
		L	Root Cause
			Shortage of nurses on duty and the nurse have another responsibility in her family after work



### Corrective Action Plan







## Corrective Action Implementation







### Verification



#### Verification



To verify all actions

#### Root Cause :

Shortage of nurses on duty and the nurse have another responsibility in her family after work

Α	ction	Risk Reduction	Key Indicators	Monitoring and Review	Communication Strategies
1	Increase staffing to decrease workload and responsibilities.	Assign more nurses that are knowledgeable and well-experienced to prone-medical error workplace.	More qualified nurses added.	Nurses able to do work easily and finish their work faster without a mistake.	
2	Nurses should have checklist to prevent errors in their work.	Nurses should use checklist in all types of work.	All nurses use checklist in all their tasks.	Usage of checklist is being implemented after 1 month.	
3	5 S Housekeeping must be implemented in their workplace.	Apply 5S Housekeeping in the workplace.	Nurse station and the ward is well arranged and organized.	5S is being applied in the workplace immediately after the workshop.	
4	Let nurse choose their overtime, and offer referral bonuses to employees.	Design and develop a creative scheduling options for nurses and provide them with better incentives and benefits.	Decrease number of complaints recieved. No medical errors reported.	Nurses are more more focus on their work. They are happy with their working schedule.	
5	Train nurses on patient care				

#### Final Remarks by Board / Committee

All actions required have been satisfactorily implemented.



### **Event Timeline**



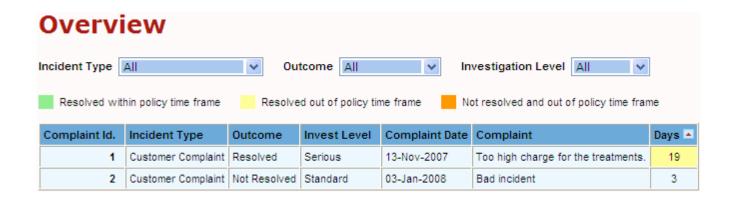
#### **Event Timeline**

Complaint Analysis	Date Set	Date Completed	07-Hov-2007	08-Hov-2007	09-Hov-2007	10-Hov-2007	11-Hov-2007	12-Hov-2007	13-Hov-2007	14-Hov-2007	15-Hov-2007	16-Hov-2007	17-Hov-2007	18-Hov-2007	19-Hov-2007	20-Hov-2007	21-Hov-2007	22-Hov-2007	23-Hov-2007	24-Nov-2007	25-Hov-2007	26-Hov-2007	27-Hov-2007	28-Hov-2007	29-Hov-2007	30-Hov-2007	01-Dec-2007	02-Dec-2007
Date of Incident	08-Nov-2007																											
Date of Complaint	13-Nov-2007																											
Date of CAR Issued	14-Nov-2007	15-Nov-2007																										
Date of Containment Action	18-Nov-2007	20-Nov-2007																										
Date of Acknowledgement	17-Nov-2007	22-Nov-2007																										
Date of Corrective Action	18-Nov-2007	12-Dec-2007																										
Date of Preventive Action	21-Nov-2007	30-Nov-2007																										
Date of Completion	02-Dec-2007																											



## Overview of Complaints







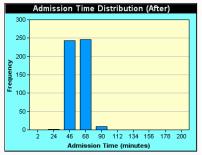
# Cycle Time Analysis (CTA)

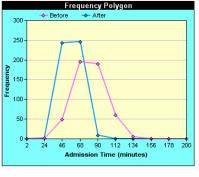


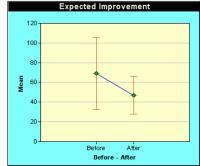
**Belmah Strategies** 











No.	Process	Mean	Stdev	Duration			Proces	s Cycl	e Time	
1	Sign In	15.400	8.044	15.400	$\longleftrightarrow$					
2	Triage by Nurse	8.300	7.646	23.700		$\longleftrightarrow$				
3	Exam by Doctor	7.200	6.426	30.900			$\longleftrightarrow$			
4	Bed Requested	7.700	4.322	38.600				$\longleftrightarrow$		
5	Bed Request Time	9.000	8.857	47.600					$\longleftrightarrow$	
6	Bed Assigned Time	10.400	6.150	58.000						+
7	Patient Assigned to Bed	9.300	7.718	67.300						





# **Setup Process**

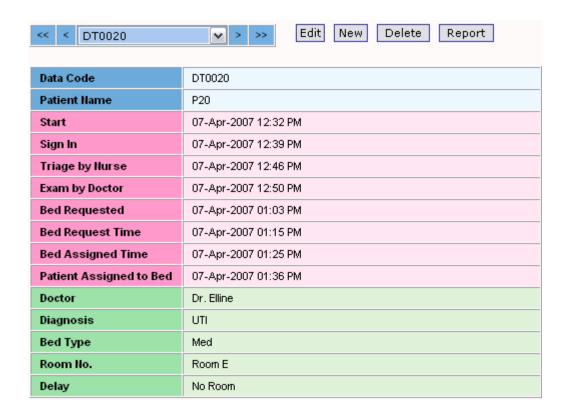


E	1	Doctor
	1	Dr. Allan Lin
	2	Dr. Brian
	3	Dr. Collin
	4	Dr. David
	5	Dr. Elline
	2	Diagnosis
	1	UTI
	2	Insomia
	3	Gouty Arthritis
	4	Fever of Unk Origin
	5	Myocardial Ischemia
+	3	Bed Type
+	4	Room No.
+	5	Delay



### **Data Collection**







# "Before" Cycle Time



No.	Process	Mean	Stdev	Duration	Process Cycle Time						
1	Sign In	15.667	8.485	15.667	$\longleftrightarrow$						
2	Triage by Nurse	8.889	7.865	24.556		$\longleftrightarrow$					
3	Exam by Doctor	7.556	6.710	32.111			$\longleftrightarrow$				
4	Bed Requested	8.111	4.372	40.222				$\longleftrightarrow$			
5	Bed Request Time	8.111	8.908	48.333					$\longleftrightarrow$		
6	Bed Assigned Time	9.444	5.681	57.778						$\longleftrightarrow$	
7	Patient Assigned to Bed	8.444	7.667	66.222							$\longleftrightarrow$



# "Before" Cycle Time Analysis

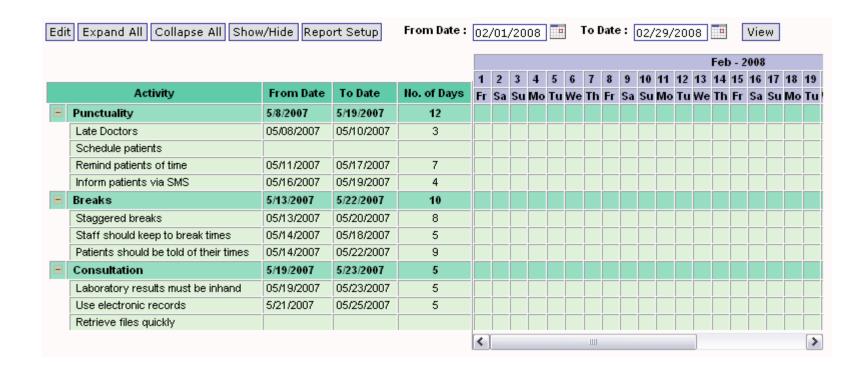


No.	Process Steps	Start	Elapsed	Bar Graph of Times	Comments
1	Start	0.000	0.000		
2	Sign In	15.667	15.667		Computer not available
3	Triage by Nurse	8.889	24.556		Waiting
4	Exam by Doctor	7.556	32.111		Doctor Not Arrived
5	Bed Requested	8.111	40.222		Information not send
6	Bed Request Time	8.111	48.333		Incorrect bed number
7	Bed Assigned Time	9.444	57.778		Wrong Patient
8	Patient Assigned to Bed	8.444	66.222		Waiting
		Total	66.222		



### Implementation of Improvements

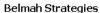


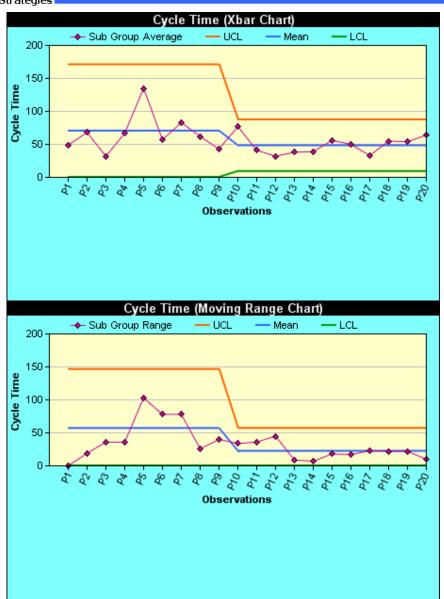


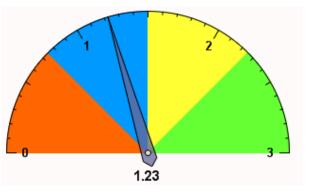


## Comparison of Before and After







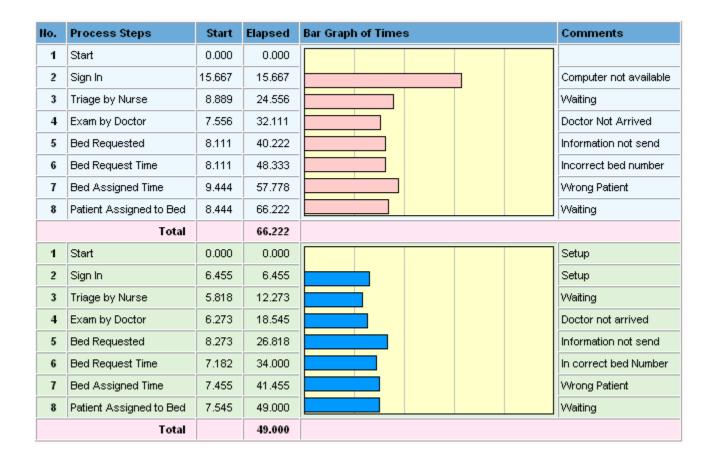


**Process Capability** 



## Cycle Time Analysis

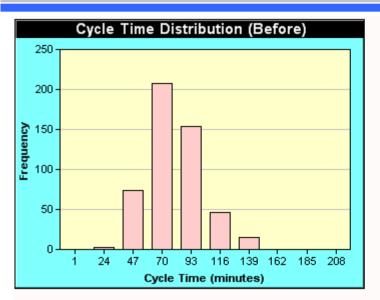




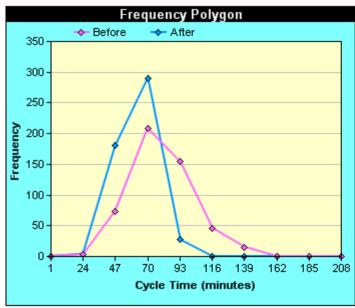


# Simulated Expectation







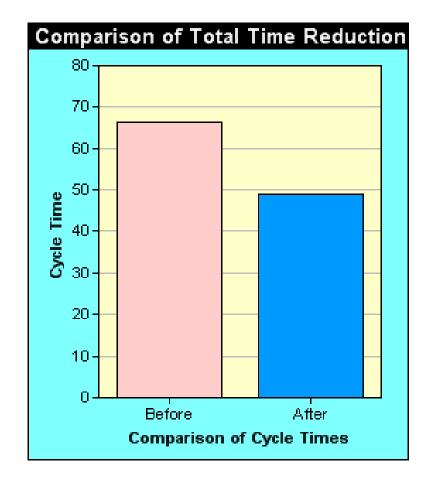






# Bottom Line Improvement







# Root Cause Analysis (RCA)



Belmah Strategies

#### **Incident Details**

Complaint No	2	Deletienelsin	Vistor						
	2	Relationship	Visitor						
Person Effected		Person Complaining							
Name	Rosita Ahmad	Name	Ahmad Ibrahim						
Gender	Female	Gender	Male						
NRIC No	42424353	NRIC No	7586979709						
Date Of Birth	02-May-2007	Date Of Birth	01-Jun-2007						
Race	Chinese	Race	Malay						
Incident Type	Internal Complaint								
Describe the Incident	The patient fainted and fell to the floor after being given ar	The patient fainted and fell to the floor after being given an IV drug.							
Immediate Corrective Action	The drug was changed immediately. The patient was assi	ured of the correct medici	ne and put in intensive care.						
What the complainant wants to see happen	The nurse on duty used the drug for the patient in the nex	t bed because both patien	ats have similar problems but the drugs prescribed are of different concentrations.						
Department	Gen Surgery NW 11	Complaint Type	Communication Misinformation or failure in communication (but not ¿failure to consult¿) Give inaccurate/wrong information						
Event Type	Agents Medication Preparation/Dispensing	Contributing Factor	Task and technology factors Decision making aids Availability, use and reliability of specific types of tests, e.g. blood testing						
Impact	Moderate	Risk	Possible						
Investigation Level	2 Minimal	Status	Not Resolved						
Final Remarks	Successfully resolved the matter								

Complaint Analysis		30-Apr-2007	01-May-2007	02-May-2007	03-May-2007	04-May-2007	05-May-2007	06-May-2007	07-May-2007	08-May-2007	09-May-2007	10-May-2007	11-May-2007	12-May-2007	13-May-2007
Date of Incident	02-May-2007														
Date of Complaint	03-May-2007														
Date of Informing Department	05-May-2007														
Date of acknowledgement to Complainant	08-May-2007														
Date of Letter to HOD for Actioning	11-May-2007														
Date of Response from HOD after Actioning															

A Marco								
1	Why?	Why did the nurse lacks the knowledge on childs behavior?	Nurse have no proper training on childs care					
2	Why?	Why the nurse mistakenly given the medication on the wrong patient?	Because the nurse not aware patient moved to the other bed without informing the nurse					
3	Why?	Why did the nurse not aware patient move to other bed?	Because the nurse dont bother to check if the patient on the bed same patient listed					
4	Why?	Why did the nurse failed to check if patient still the same patient listed on teir record	Because the nurse is stress from work and in a hurry to go home after the long hour working shift					
5	Why?	Why was the nurse stressed and in a hurry to go home?	Because of shortage of nurses on duty and the nurse have another responsibility in her family after work					
		L	Root Cause					



### **Action Level**



#### **Action Level**

Edit

#### **Seriouness of Complaints**

	Minimum	Minor	Moderate	Major	Serious
Rare	1	1	2	2	3
Unlikely	1	1	2	3	4
Possible	1	2	3	3	4
Likely	1	2	3	4	4
Almost Certain	2	2	3	4	4

#### Setup Criteria

1	None
2	Minimal
3	Mini RCA
4	Full RCA

#### **Policy**

Time frame for resolution 8 (Days)



# **Action Needed**



No.	Process Stage	Objective	None	Minimal	Mini RCA	Full RCA
1	Event Registry	To record the event and determine action needed	Record in iCT-M Event Registry	Record in iCT-M Event Registry	Record in iCT-M Event Registry	Record in iCT-M Event Registry
2	RCA Team	Form Team to investigate event	Not necessary to form team	Investigation manager	Investigation to be conducted by small RCA team	Investigation to be conducted by full RCA team with leader
3	Critical Events	Collect data relevant to incident	Not necessary to investigation	Investigation by manager	Investigation by manager and some others	Full investigation by manager and all stakeholders
4	Identify Causal Factors	To understand what happened	Not necessary to investigation	Basic sequence of events	Detailed sequence of events	Thorough sequence of events
5	Identify Root Causes	Identify the factors contributing to event	Identify one important factor	Identify a few important factors	Identify all important factors	Identify all important factors thoroughly
6	Recommendations	Take necessary actions	5 Why not necessary	5 Why necessary	Detailed 5 Why necessary	Thorough 5 Why necessary
7	Lesson Learnt	What did we learn?	Risk reduction action is not necessary	Basic risk reduction by manager	Detailed risk reduction by manager and team	Thorough risk reduction by manager and team
8	VV3 Programme	Develop an action plan	Action plan is not necessary	Basic action plan is necessary	Detailed action plan is necessary	Thorough action plan is necessary
9	Close RCA	Take appropriate action and close RCA	Implementation action is not mandatory	Basic action plan is necessary	Detailed action plan is necessary	Thorough action plan is necessary
10	Effectiveness	Did we achieve an effective system?	Evaluation of effectiveness is not mandatory	Basic observation of effectiveness	Detailed observation of effectiveness	Detailed observation of effectiveness



# **Critical Events**



Edit

#### Detailed sequence of events

No.	Event Date-Time	Event Location	Person(s) Involved	Event Description	Comments
1	02-May-2007 11:49 AM	Patient Ward	Nurse A	Nurse A prepared medicines on a tray for the patients	Usual procedure
2	02-May-2007 06:51 PM	Patient Ward	Nurse A	Nurse A on a phone call for 15 mins	The nurse has a new boyfriend
3	02-May-2007 06:52 PM	Patient Ward	Nurse A	Nurse A asked Nurse B to gave the medications to patients due for 8am dose	Nurse B and Nurse A are good friends
4	02-May-2007 06:53 PM	Patient Ward	Nurse B	Gave and administered prepared medications to patients	Nurse B gave the drug while Nurse A was on the phone
5	02-May-2007 06:53 PM	Patient Ward	Nurse B	Patient PDC injected with Amoxicillin known to have allergy to Penicillin	Nurse B did not know of patients allergy
6	02-May-2007 06:54 PM	Patient Ward	Nurse B	Nurse B finished giving medications to patients	Nurse B unaware of actions
7	02-May-2007 06:54 PM	Patient Ward	Nurse A	Patient PDC complaints of itchiness and difficulty of breathing	Nurse A surprised at patients reaction
8	02-May-2007 06:54 PM	Patient Ward	Nurse A	Nurse A called Patient Dr BK about the patient	Nurse A and B both scared
9	02-May-2007 06:55 PM	Patient Ward	Sister S	Patient was given Oxygen inhalation	Sister S was very helpful
10	02-May-2007 06:55 PM	Patient Ward	Patient	Patient suffered Severe Anaphylactic Shock	Patients father was very angry
11	02-May-2007 06:55 PM	Patient Ward	Dr. BK	Dr. BK came to realize that staff nurse administered wrong medication for patient	Dr. BK was visibly upset at Nurse A and B
12	02-May-2007 06:55 PM	Patient Ward	Patient	Patient was transferred to PICU (Pediatric Intensive Care Unit) ward	Patients father demanded an explanation



# Identifying Root Cause

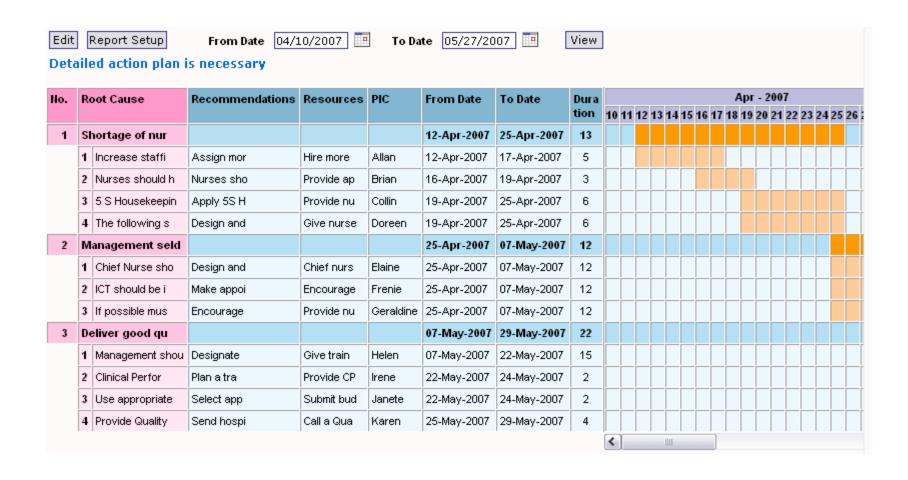


1 Nurses lack	k knowledge on childs behavior		
1	Why?	Why did the nurse lacks the knowledge on childs behavior?	Nurse have no proper training on childs care
2	Why?	Why the nurse mistakenly given the medication on the wrong patient?	Because the nurse not aware patient moved to the other bed without informing the nurse
3	Why?	Why did the nurse not aware patient move to other bed?	Because the nurse dont bother to check if the patient on the bed same patient listed
4	Why?	Why did the nurse failed to check if patient still the same patient listed on teir record	Because the nurse is stress from work and in a hurry to go home after the long hour working shift
5	Why?	Why was the nurse stressed and in a hurry to go home?	Because of shortage of nurses on duty and the nurse have another responsibility in her family after work
		L	Root Cause
			Shortage of nurses on duty and the nurse have another responsibility in her family after work



## W3 Action Program







### Close RCA



#### Detailed action plan is necessary

lo.	Re	oot Cause	Recommendations	Resistance Faced	How to Overcome Resistance	Progress	PIC
1	ar re	hortage of nurses on duty nd the nurse have another esponsibility in her family iter work					
	1	Increase staffing to decrease workload and responsibilities.	Assign more nurses that are knowledgeable and well-experienced to prone- medical error workplace.	Lack of knowledgeable and well-trained nurses.	Give incentives to staff who can refer a qualified nurses for the position.	More qulified nurses applied for the position posted.	Allan
	2	Nurses should have checklist to prevent errors in their work.	Nurses should use checklist in all types of work.	Nurses prefer to do work on their routine way.	Provide Awareness training to all nurses.	More nurses adapt to use checklist in their daily work.	Brian
	3	5 S Housekeeping must be implemented in their workplace.	Apply 5S Housekeeping in the workplace.	Nurses not interested to do 5S in the workplace.	Send nurses for a Workshop on 5S Housekeeping.	Nurse station is well- organized and arranged. Nurses able to locate things easily. Nurses done their work with ease and on time in a better way.	Collin
	4	The following should be implemented: Creative scheduling options, Let nurse choose their overtime, and offer referral bonuses to employees.	Design and develop a creative scheduling options for nurses and provide them with better incentives and benefits.	Shortage of nurses.	Hire more knowledgeable and experienced nurses. Give nurses good salary, better incentives and benefits. Offer referral bonuses to employees.	More qulified nurses being added. Nurses are more focus on their work. They are happy with their working schedule.	Doreen



## **Summary Status**

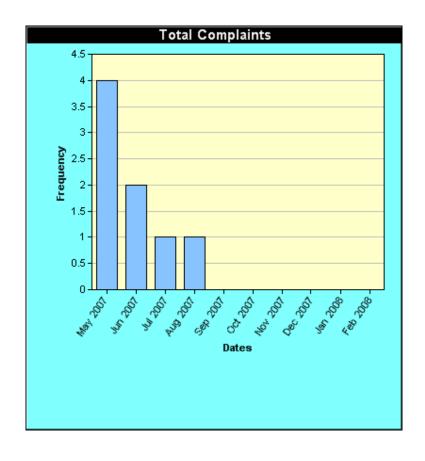






#### Trend Bar Chart





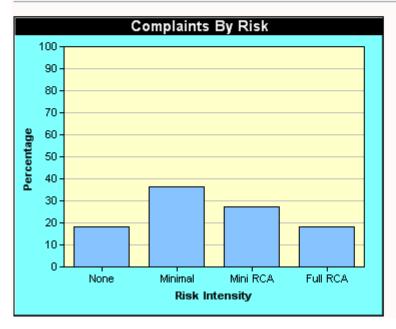


## Risk Analysis



	Minimum	Minor	Moderate	Major	Serious	Total
Rare	0	0	1	0	0	1
Unlikely	1	1	1	1	0	4
Possible	0	2	1	0	1	4
Likely	0	0	0	0	1	1
Almost Certain	0	0	1	0	0	1
Total	1	3	4	1	2	11

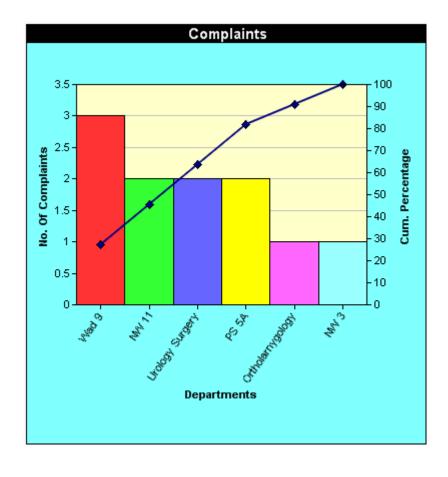
1	None	2	18.18%
2	Minimal	4	36.36%
3	Mini RCA	3	27.27%
4	Full RCA	2	18.18%





#### Department Report

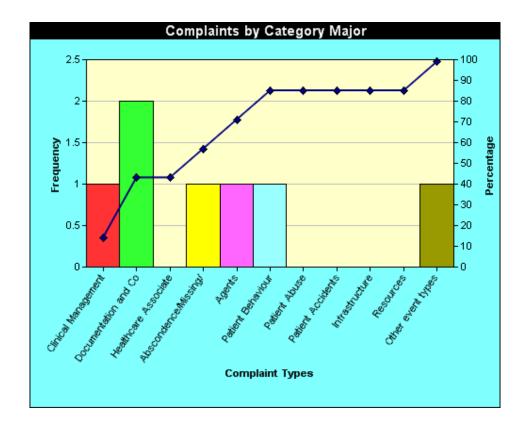






# Complaints by Category

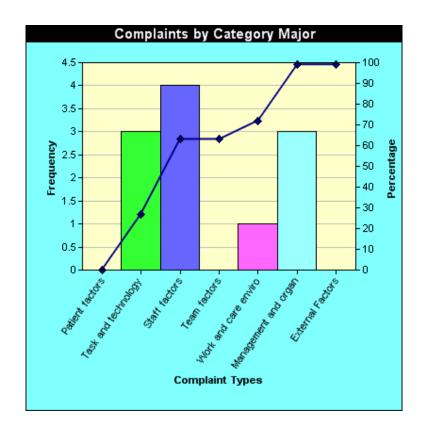






### Complaints by Causal Factors

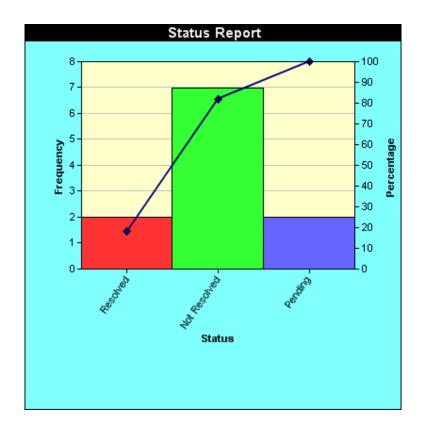






# Complaints by Status

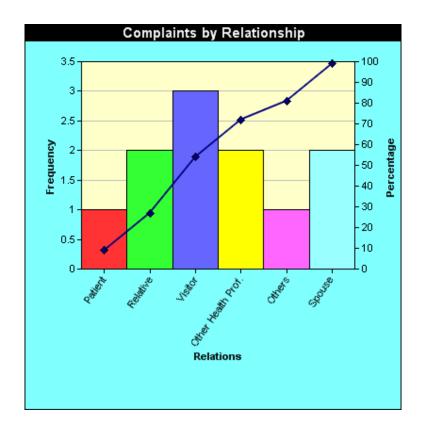






## Complaints by Relations



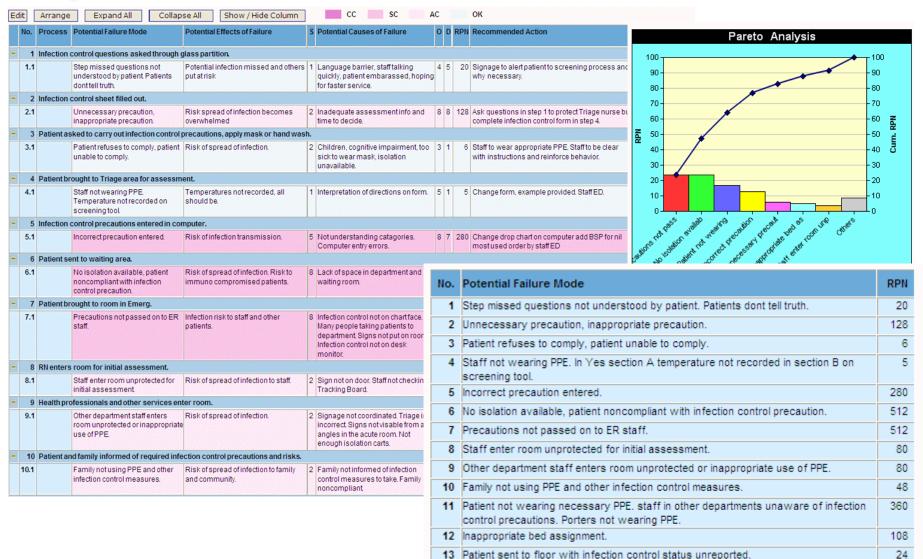




#### Healthcare Failure Mode Effects Analysis (HFMEA)







2163



# Severity



Description	Rank 🛎	
Severity		
No danger	1	Failure causes no injury and has no impact on system.
Slight danger	2	Failure causes no injury and customer is unaware of problem however the potential for minor injury exists; little or no effect on system.
Low to Moderate danger	3	Failure causes very minor or no injury but annoys customer and/or results in minor system problems that can be overcome with minor modifications to system or process.
Low to Moderate danger	4	Failure causes very minor or no injury but annoys customer and/or results in minor system problems that can be overcome with minor modifications to system or process.
Moderate danger	5	Failure causes minor injury with some customer dissatisfaction and/or minor system problems.
Moderate danger	6	Failure causes minor injury with some customer dissatisfaction and/or major system problems.
Dangerous	7	Failure causes minor injury with customer dissatisfaction and/or major system problems.
Very dangerous	8	Failure could cause major or permanent injury and/or serious system disruption with interruption in service with prior warning.
Very dangerous	9	Failure could cause major or permanent injury and/or serious system disruption with interruption in service without any prior warning.
Extremely dangerous	10	Failure could cause death of a customer (patient, visitor, employee, staff member, business partner) and/or total system breakdown without any prior warning.



#### Occurrence



Occurrence	Occurrence								
Remote probability of occurence	1	Failure almost never occurs, no one remembers last failure.							
Low probability of occurence	2	Failure occurs rarely or about once per year.							
Moderate probability of occurence	3	Failure occurs occasionally or once every 6 months.							
Moderate probability of occurence	4	Failure occurs occasionally or once every 3 months.							
Moderate high probability of occurence	5	Failure occurs about once in every 2 months.							
Moderate high probability of occurence	6	Failure occurs about once per month.							
Very high probability of occurence	7	Failure occurs frequently or about once a fortnight.							
Very high probability of occurence	8	Failure occurs frequently or about once a week.							
Failure is almost inevitable	9	Failure occurs predictably or occurs every 4 days							
Certain probability of Occurence	10	Failure occurs at least once a day.							



### Detection

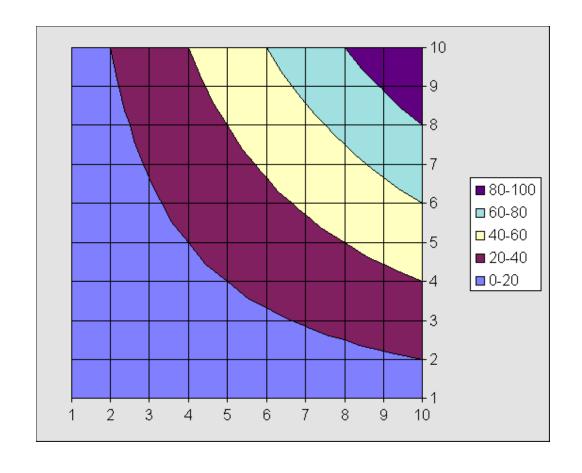


Detection					
Almost certain	1	There are automatic "shut-offs" or constraints that prevent failure. Very likely it will be detected.			
Very high	2	There is 100% inspection of the process and it is automated.			
High	3	High chance the Design Control will detect a potential Cause of failure			
High	4	There is 100% inspection or review of the process but it is not automated.			
Moderate chance of detection	5	There is a process for double-checks or inspection but no process is in place so that detection left to chance.			
Remote	6	Low chance			
Remote	7	he error can be detected with manual inspection but no process is in place so hat detection left to chance.			
Very remote/Unreliable	8	The failure can be detected only with through inspection and this is not feasible or cannot be readily done.			
Very remote/Unreliable	9	The failure can be detected only with through inspection and this is not feasible or cannot be readily done.			
No chance of detection	10	There is no known mechanism for detecting the failure. Very likely it will not be detected.			



## Contour Map of Criticality

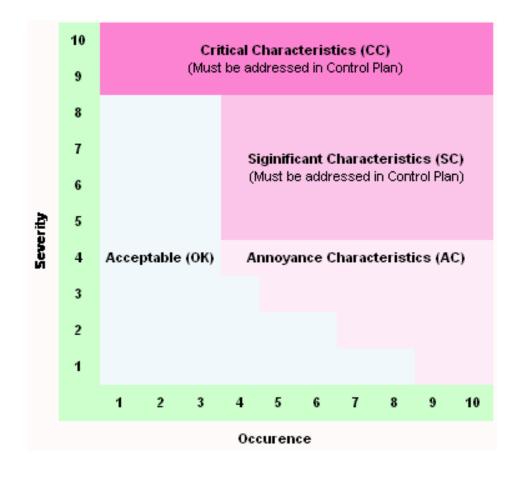






## Severity vs. Occurrence







#### **FMEA Process**

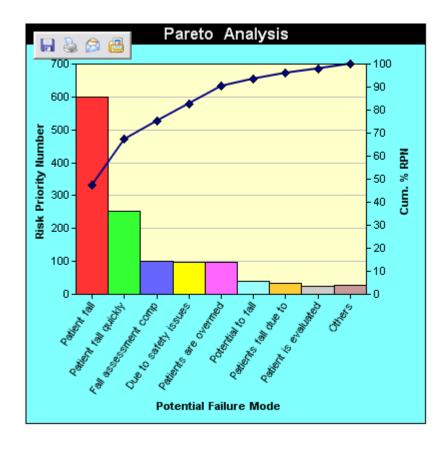


E	lit	Arrange	Expand	All Co	llap	ose All	Show / Hi		Hide Column		C	СС	sc	AC OK
	No.	Process	Potential Failure Mode	Potential Effects of Failure	S	Potential Causes of Failure	0	Class	Current Controls Prevention	Current Controls Detection	D	RPN	Recommended Action	Responsibility
	1	1 Fall Assessment												
	1.1		Fall assessment completed upon admission	Potential injury	10	Effects of anesthesia, analgesia.	1	СС			10		Patients are ambulated with assistance for first 24 hours per policy. Placed on fall risk precautions. Dont fall call program.	Chin Yong
	1.2	Patient assessment	Patient is not assessed at time of admission.	Inaccurate fall risk assigned to patient	8	Lack of staffing	2	ок			1	16	Nightly chart audits to assure completion of admission evaluation	Wahab Harun
=	2	Inaccurate I	Fall Assessn	nent										
	2.1	Fall assessment	Potential to fall	No injury to severe injury	8	Slip, trip, equipment, IV tubing, drains, drainge bags, liquid on floor, urinary urgency, diarrhea	1	ок			5	40	All patients are assigned fall risk category and assisted to chair first 24 hours per policy.	Abdullah
	2.2	Patient opinion	Patient is evaluated to be at a fall risk not consistent with presentation.	Fall interventions are not implemented correctly.	_	Inaccurate assessment tool. Lack of training to use of tool.	1	ок			4		Provide in orientation training on Fall prevention. Monitor Fall events for specific criteria.	Leong Soon Lim



## Pareto Analysis







### Summary



#### Comments

We experimented with many ways of doing a study on reducing patient falls. This was a new idea we tried. We are happy with the outcome.

#### Observations

Initially it looked like it was going to be a difficult tasks but as we started into the project, a lot of the steps became clearer and do able.

#### Lesson Learnt

Using the right method, we are able to comprehend the issue better and develop a systematic way of managing the inpatient falls to a desirable level.

#### Summary

This application must be made available to all other units and departments so as to use this method in all other areas where it can be used.

#### **Next Action**

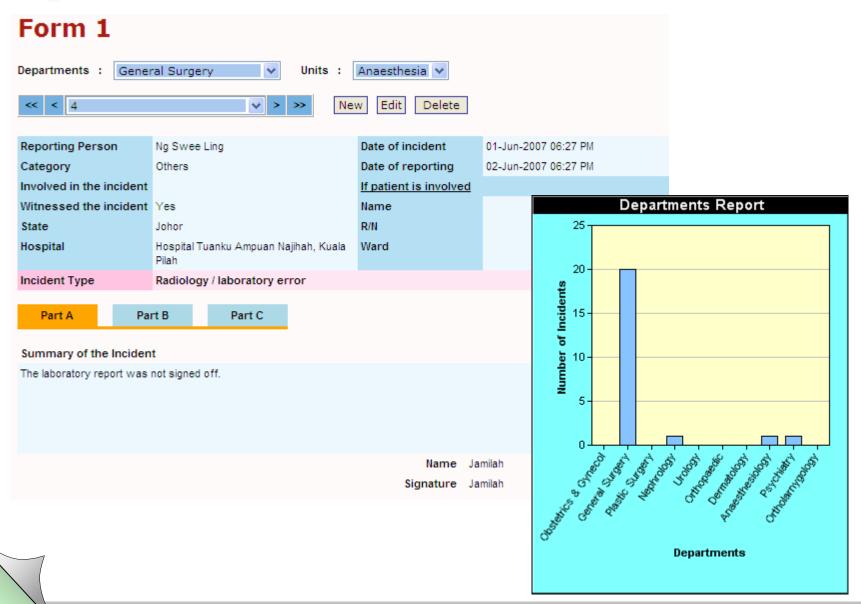
The hospital must introduce HFMEA so that the maximum benefit of HFMEA can be capitalized to the maximum



## Incident Reporting (IR)



**Belmah Strategies** 













## Patient Satisfaction Questionnaire (PSQ)

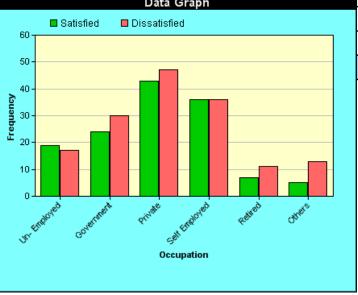


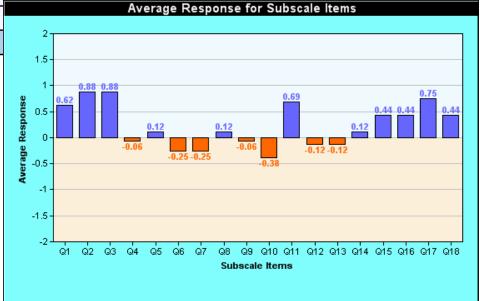
**Belmah Strategies** 

					Care Re	eceived	(Care Ex	pected)				T-Test	
	No.	1	2	3	4	5	Tot.	Expt.	Var.	+CI	-CI	T-Val.	Decision
General Satisfaction	Q3	5	6	3	2	0	16	0.88	1.05	1.38	0.37	3.42	Good
	Q17	2	9	4	1	0	16	0.75	0.60	1.13	0.37	3.87	Good
Technical Quality	Q2	3	9	3	1	0	16	0.88	0.65	1.27	0.48	4.34	Good
	Q4	2	3	4	6	1	16	-0.06	1.40	0.52	-0.64	-0.21	Immediate Attention
	<b>Q6</b> 0 4 5 6 1 16 -0.25 0.87 0.21 -0.71 -1.07		-1.07	Urgent Action									
	Q14	2	6	3	2	3	16	0.12	1.85	0.79	-0.54	0.37	Improve
Interpersonal Manner	Q10	0	3	6	5	2	16	-0.38	0.92	0.09	-0.84	-1.57	Crisis Situation
Data Graph		2	1	16	0.69	1.30	1.25	0.13	2.42	Good			
■ Satisfied ■ Dissatisfied					2	0	16	0.62	1.05	1.13	0.12	2.44	Good

20

60







#### Likert Scale



Likert Scale : 5 Direction : (1) Strongly Agree --- (5) Strongly Disagree

Scale	Description	Bahasa Malaysia
1	Strongly Agree	Sangat Setuju
2	Agree	Setuju
3	Uncertain	Tidak Pasti
4	Disagree	Tidak Setuju
5	Strongly Disagree	Sangat Tidak Setuju

Grade No	Grade	Category	Description
1	А	Satisfied	
2	В	Satisfied	
3	С	Dissatisfied	
4	D	Dissatisfied	
5	E	Dissatisfied	



#### Subscale Items



No.	Catch Line	Care Received (Care Expected)	Status
Q1	Explain the reason for tests.  Menjelaskan alasan untuk ujian.	Doctors are good about explaining the reason for medical tests.  Doktor baik dalam menjelaskan alasan untuk manjalankan ujian perubatan.	Р
Q2	Office has everything needed. Pejabat mempunyai semua keperluan.	I think my doctors office has everything needed to provide complete medical care.  Saya berpendapat pejabat doktor saya mempunyai segala keperluan yang diperlukan untuk ujian perubatan yang sempurna.	Р
Q3	Care just about perfect. Perkhidmatan adalah sempurna.	The medical care I have been receiving is just about perfect.  Perkhidmatan perubatan yang saya perolehi adalah sempurna.	Р
Q4	Wonder if diagnosis is correct.  Tertanya-tanya sekiranya diagnostic adalah tepat.	Sometimes doctors make me wonder if their diagnosis is correct.  Kadang-kadang doktor menyebabkan saya tertanya-tanya sekiranya diagnostic mereka adalah tepat.	N
Q5	Care without financial setback.  Rawatan yang murah.	I feel confident that I can get the medical care I need without being set back financially.  Saya pasti untuk memperolehi rawatan perubatan yang diperlukan tanpa melibatkan wang yang banyak.	Р
Q6	Careful to check everything. Pemeriksaan perubatan yang komprehensif.	When I go for medical care, they are careful to check everything when treating and examining me.  Bila saya hadir untuk rawatan perubatan, mereka menyiasat dengan berhati-hati bila merawat dan memeriksa saya.	Р
Q7	Pay more than can afford.  Membayar lebih dari kemampuan	I have to pay for more of my medical care than I can afford.  Saya terpaksa membayar melebihi kemampuan saya untuk perkhidmatan perubatan.	N
Q8	Easy access to specialists. Senang berjumpa dengan doctor pakar.	I have easy access to the medical specialists I need.  Saya boleh berhubung dengan doctor pakar yang saya perlu.	Р
Q9	Wait too long for emergency treatment.  Lama menunggu untuk perkhidmatan	Where I get medical care, people have to wait too long for emergency treatment.  Di tempat saya mendapat perkhidmatan perubatan, orang awam terpaksa menunggu lama untuk mendapatkan perkidmatan kecemasan.	N
Q10	Too business-like, impersonal. Sangat mirip perniagaan, tanpa segan.	Doctors act too businesslike and impersonal toward me.  Tindakan doktor sangat mirip perniagaan tanpa menyegani perasaan saya.	N



### Subscales

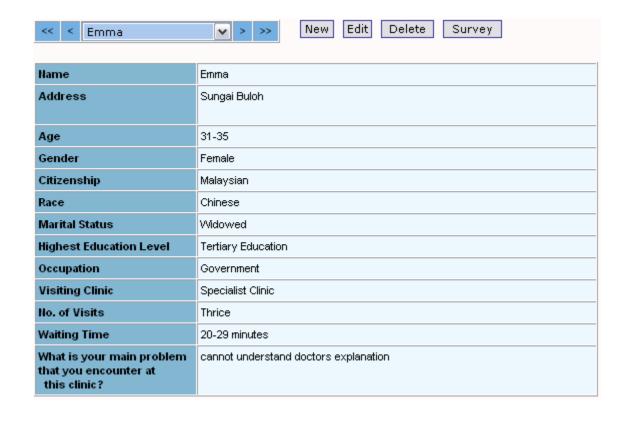


General Satisfaction		
Q3	Care just about perfect. Perkhidmatan adalah sempurna.	The medical care I have been receiving is just about perfect.  Perkhidmatan perubatan yang saya perolehi adalah sempurna.
Q17	Dissatisfied with some things. Tidak puas dengan beberapa perkara.	I am dissatisfied with some things about the medical care I receive.  Saya tidak puas hati dengan beberapa perkara mengenai rawatan yang saya terima.
Technical Quality		
Q2	Office has everything needed. Pejabat mempunyai semua keperluan.	I think my doctors office has everything needed to provide complete medical care.  Saya berpendapat pejabat doktor saya mempunyai segala keperluan yang diperlukan untuk ujian perubatan yang sempurna.
Q4	Wonder if diagnosis is correct.  Tertanya-tanya sekiranya diagnostic adalah tepat.	Sometimes doctors make me wonder if their diagnosis is correct.  Kadang-kadang doktor menyebabkan saya tertanya-tanya sekiranya diagnostic mereka adalah tepat.
Q6	Careful to check everything.  Pemeriksaan perubatan yang komprehensif.	When I go for medical care, they are careful to check everything when treating and examining me.  Bila saya hadir untuk rawatan perubatan, mereka menyiasat dengan berhati-hati bila merawat dan memeriksa saya.
Q14	Doubt about ability of doctors.  Meragui kebolehan doktor.	I have some doubts about the ability of the doctors who treat me.  Saya meragui kebolehan doktor yang merawati saya.
Interpersonal Manner		
Q10	Too business-like, impersonal.  Sangat mirip perniagaan, tanpa segan.	Doctors act too businesslike and impersonal toward me.  Tindakan doktor sangat mirip perniagaan tanpa menyegani perasaan saya.
Q11	Very friendly and courteous.  Ramah tamah dan berhemah.	My doctors treat me in a very friendly and courteous manner.  Doktor merawati saya dengan ramah tamah dan berhemah tinggi.



### Respondents







#### **Data Collection**



Respondents All Respondents V Switch to Bahasa Malaysia

Likert Scale: 1 Strongly Agree 2 Agree 3 Uncertain 4 Disagree 5 Strongly Disagree

#### Care Received (Care Expected)

These next questions are about how you feel about the medical care you receive.

On the following pages are some things people say about medical care. Please read each one carefully, keeping in mind the medical care you are receiving now. (If you have not received care recently, think about what you would expect if you needed care today.) We are interested in your feelings, good and bad, about the medical care you have received.

How strongly do you AGREE or DISAGREE with each of the following statements?

(Choose One Number on Each Line)

No.	Description	1	2	3	4	5
Q1	Doctors are good about explaining the reason for medical tests.	4	4	6	2	0
Q2	I think my doctors office has everything needed to provide complete medical care.	3	9	3	1	0
Q3	The medical care I have been receiving is just about perfect.	5	6	3	2	0
Q4	Sometimes doctors make me wonder if their diagnosis is correct.	1	6	4	3	2
Q5	I feel confident that I can get the medical care I need without being set back financially.	2	4	5	4	1
Q6	When I go for medical care, they are careful to check everything when treating and examining me.	0	4	5	6	1
Q7	I have to pay for more of my medical care than I can afford.	2	5	5	3	1
Q8	I have easy access to the medical specialists I need.	3	3	4	5	1
Q9	Where I get medical care, people have to wait too long for emergency treatment.	2	3	5	6	0
Q10	Doctors act too businesslike and impersonal toward me.	2	5	6	3	0
Q11	My doctors treat me in a very friendly and courteous manner.	3	9	1	2	1
Q12	Those who provide my medical care sometimes hurry too much when they treat me.	4	2	3	6	1
Q13	Doctors sometimes ignore what I tell them.	2	5	2	7	0
Q14	I have some doubts about the ability of the doctors who treat me.	3	2	3	6	2
Q15	Doctors usually spend plenty of time with me.	3	5	4	4	0



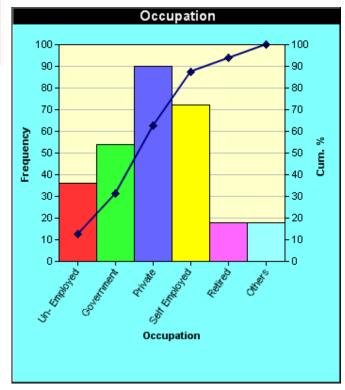
## Demographic Data



Belmah Strategies

Demographics	:	Occupation	×	

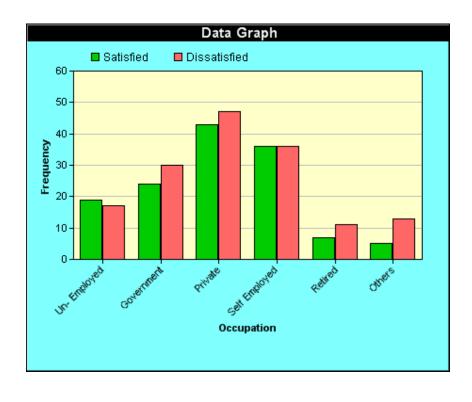
Data	ı	Frequency		ı	Percentage	Cumulative %	
	Satisfied	Dissatisfied	Total	Satisfied	Dissatisfied	Total	
Un- Employed	19	17	36	6.597	5.903	12.500	12.50
Government	24	30	54	8.333	10.417	18.750	31.25
Private	43	47	90	14.931	16.319	31.250	62.50
Self Employed	36	36	72	12.500	12.500	25.000	87.50
Retired	7	11	18	2.431	3.819	6.250	93.75
Others	5	13	18	1.736	4.514	6.250	100.00
Total	134	154	288	46.528	53.472	100.00	100.00





#### Satisfied vs. Dissatisfied



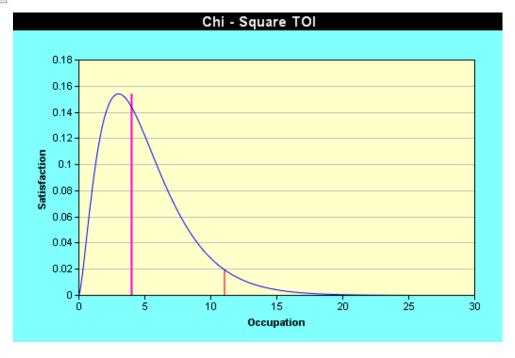




# Chi-Square Tests



			Satisfaction						
			Satisfied	Dissatisfied					
	1	Un- Employed	0.302	0.263	0.565				
	2	Government	0.050	0.044	0.094				
Occupation	3	Private	0.030	0.026	0.057				
	4	Self Employed	0.187	0.162	0.349				
000	5	Retired	0.226	0.196	0.422				
	6	Others	1.360	1.183	2.544				
			2.155	1.875	4.031				





# Affinity Diagram



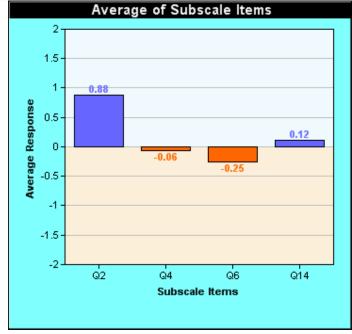
Level 1		Level 2 [Demanded Quality]		Level 3 [Reworded Data]		
General Satisfaction	6	Care		they treat patient well		
				doctor treated me well.		
		Dissatisfied	4	treatment not good		
				no immediate attention from staff		
				hospital receptionist too busy		
				nurses provide insufficient information to patient		
Technical Quality	1	Technical Items	0			
		Diagnostics	1	lab result still not in		
Interpersonal Manner	1	Businesslike				
		Courtesy	1	doctor is good		
Communication	3	Good Explanation		cannot understand doctors explanation		
		Dont Listen	2	doctor dont listen what i say		
				difficult to communicate with doctor		
Financial Aspects	1	Expensive	1	hospital charges is too expensive		
		Affordabaility	0			
Time Spent with Doctor	2	Hurry	1	doctors always in a hurry when treating me		
		Spend Time	1	doctor spent less time		
Accessibility and Convenience	2	Acess to Doctor				
		Long Wait	2	waiting too long		
				waiting too long		
		Long Appointment	0			
		Anytime	0			



#### Subscale Details



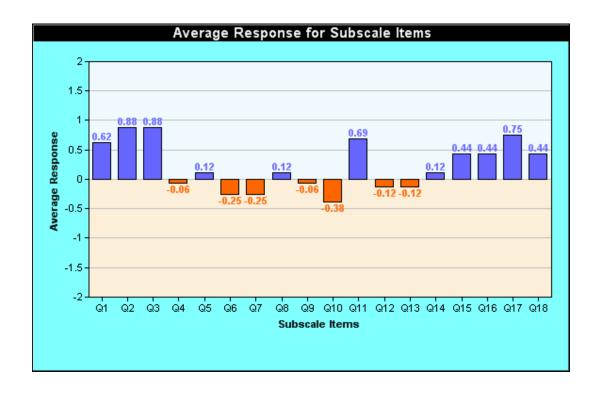






## Average Responses



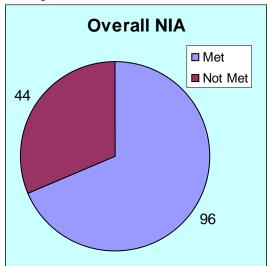


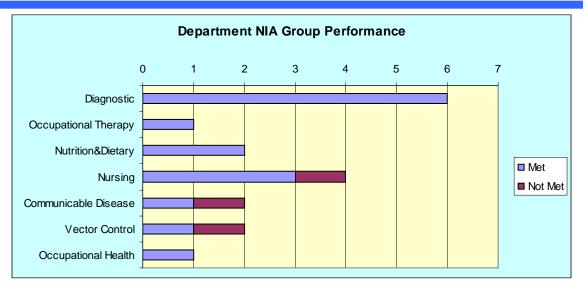


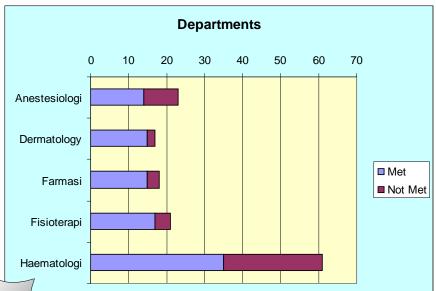
## National Indicator Approach (NIA)

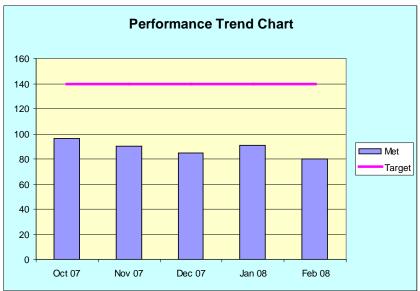


Belmah Strategies











## Malcolm Baldrige NQA (MBNQA)



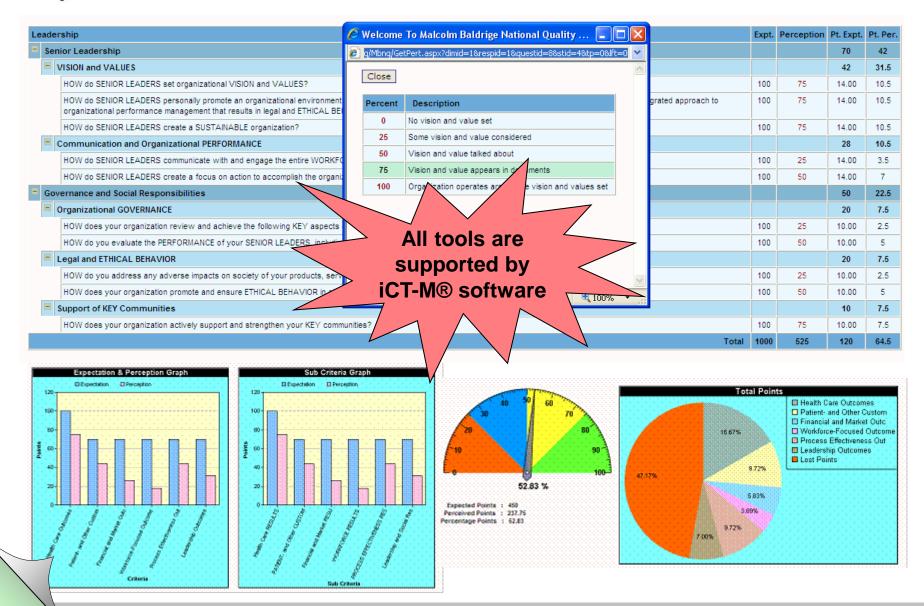
- Align the Organization
- Use Malcolm Baldrige National Quality Award
  - Leadership
  - Strategic Planning
  - Customers and Market Focus
  - Measurement, Analysis and Knowledge Management
  - Workforce Focus
  - Process Management
  - Results



### Malcolm Baldrige NQA (MBNQA)



**Belmah Strategies** 





#### Joint Commission International (JCI)



• We are looking for a Hospital partner

- to develop all 11 standards and
- 1032 Measurable elements



- Access To And Continuity Of Care
- Patient And Family Rights
- Assessment Of Patient
- Care Of Patient
- Patient And Family Education
- Prevention And Control Of Infection
- Staff Qualification And Education
- Governance, Leadership And Direction
- Facility Management And Safety
- Management Of Information
- Quality Improvement And Patient Safety



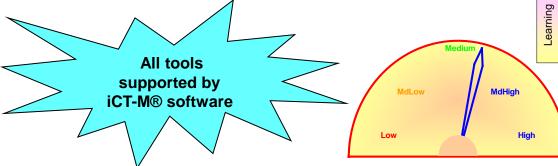


#### **Balanced Scorecard**



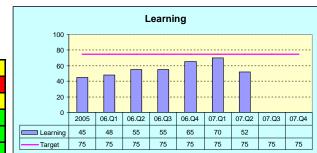
#### Organizational Performance

- Financial
- Customer Satisfaction
- Internal Processes
- Growth and Learning



Financial	Enhance Revenue Enhance Operating Margin
Customer	Increase Patient Satisfaction  Improve Timeliness Of Treatment  Improve Patient Care  Reduce Treatment Errors
Process	Reduce Waiting Time Process 2 Process 3
Learning	Training of Staff  Experience of Engineers  Text 3  Text Objective 4

		Objective	Target	Measure	
No.	Learning	Description	Best	2007.Q2	
1	Price of Product	Must be value provider	2.5	53	
2	Price of Delivery	Must be cheapest	1	25	
3	Kg per Ringgit	Value on great meat	100	55	
4	Timely Delivery	Deliver within 30 minutes	30	50	
5	Driver presentable	Smart dress, tie and shoes	5	75	
All	Overall Learning Index			52	

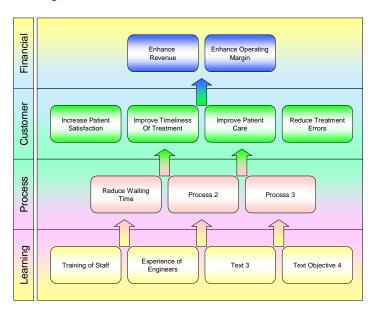


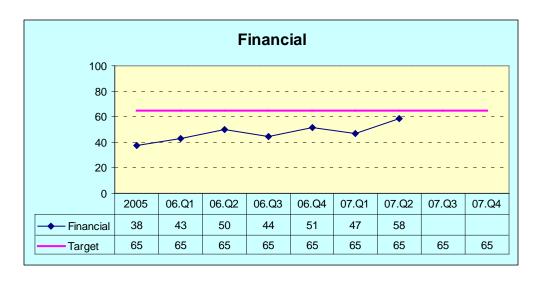


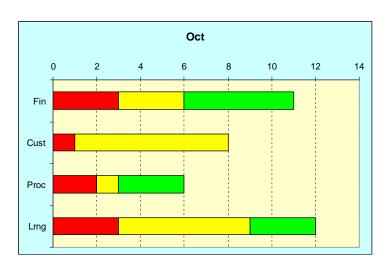
### **Balanced Scorecard**



Belmah Strategies











# **Advanced Analysis**

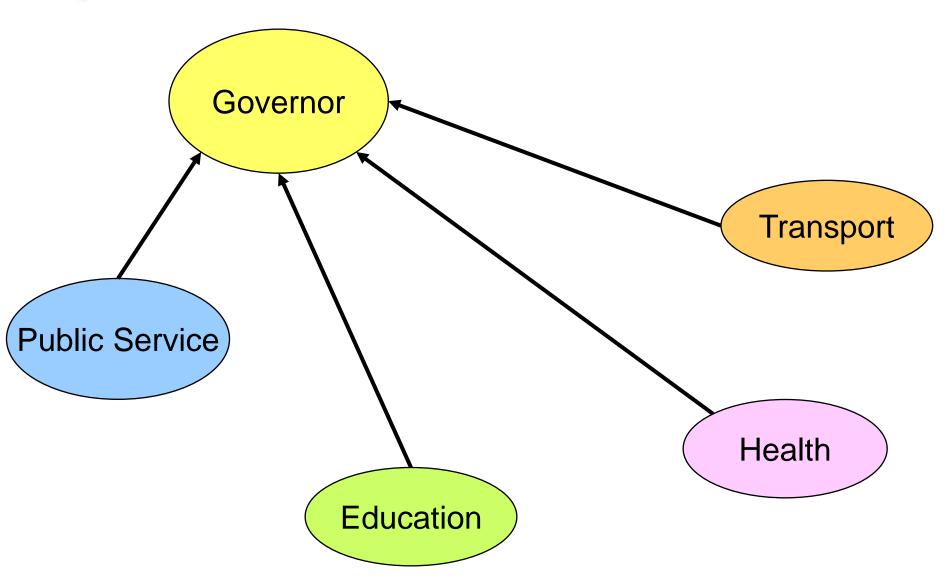


**Finance** Learning Customer **Process Education** Health **Transport Public Servic Economy** 



### Performance Network







# Perspectives and Metrics



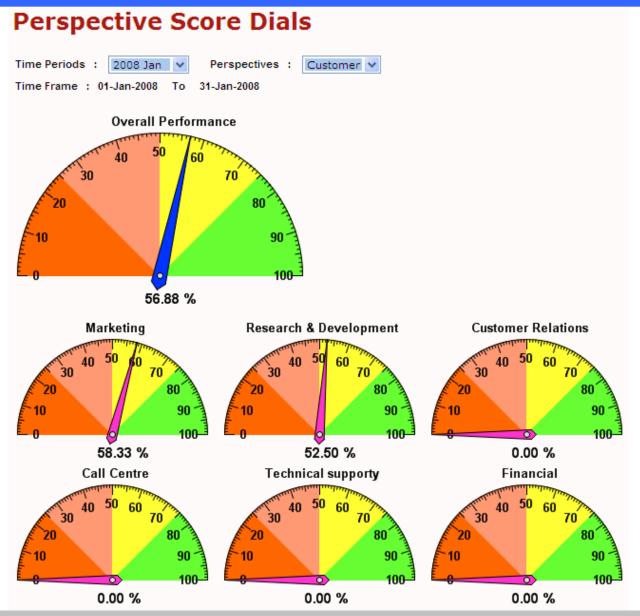
		Objectives	Properties		Target		Observation			Measure		D14	
		Objectives		Tg. Type	Units	Worst	Best	What To Measure	Lower	Upper	Value	Score	Resi
Fii	nancial												
1	Price of Product	Must be value provider	1	$\overline{}$	RM	20.00	10.00	Measure price	40.00	80.00	10.00	100.00	
2	Kg per Ringgit	Value on great meat	1		Kg	20.00	60.00	Weight per Ringgit	25.00	75.00	40.00	50.00	
3	Well packed	Moulded trays	1		-	5.00	25.00	Food arrangement	30.00	70.00	8.00	15.00	
4	Mayonaise	Just right taste	1	$\bowtie$	Gm	10.00	100.00	Amount of mayonaise	40.00	90.00	10.00	0.00	
Cı	umulative		<u> </u>		1							41.25	
Le	earning												
1	Operator Training	Skilled staff	1		Hrs	5.00	10.00	Training hours	15.00	50.00	12.00	140.00	
2	Service orientation	Know the importance of customer satisfaction	1		-	10.00	50.00	Graded test	20.00	60.00	18.00	20.00	
3	Attain minimum hours	Must meet minimum hours of training	1	$\bowtie$	%	5.00	10.00	Training hours	35.00	75.00	55.00	0.00	
Cumulative									53.33				



## Perspective Score Dials



**Belmah Strategies** 





## Perspective Score Gaphs

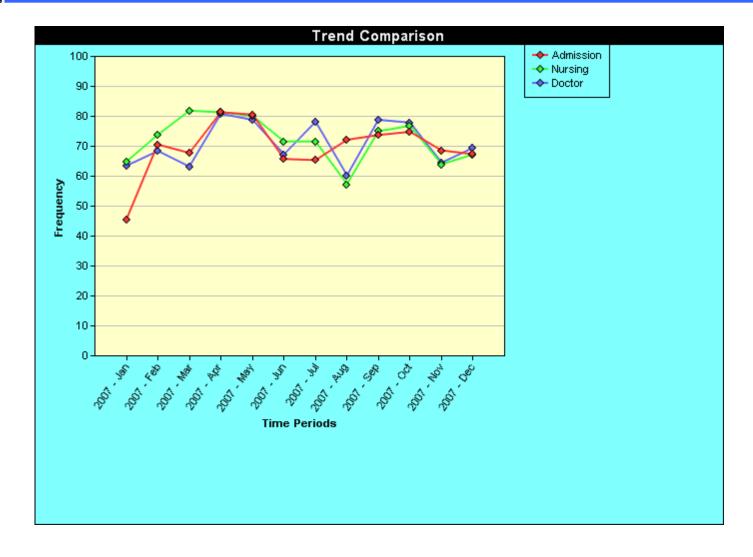


**Perspective Score Graphs** Perspectives : 2008 Jan 💙 Financial 💙 Time Periods : .00 **.**.00 Time Frame : 01-Jan-2008 To 31-Jan-2008 Graphs 41.25 1 Human Resources 1 Price of Product 100 2 Kg per Ringgit 50 3 Well packed 4 Mayonaise 26.111 2 Marketing 1 Price of Product Ю 2 Kg per Ringgit 26,111 3 Well packed 0 4 Mayonaise 3 Research & Development 72.5 1 Price of Product 70 2 Kg per Ringgit Ю 3 Well packed 75 4 Mayonaise 0



### Performance Trend







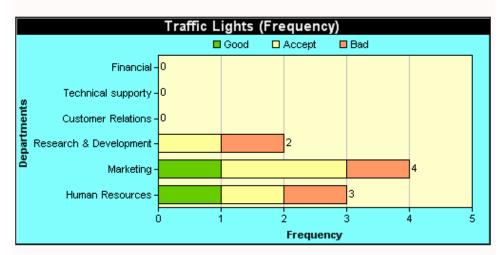
## Perspective Traffic Lights

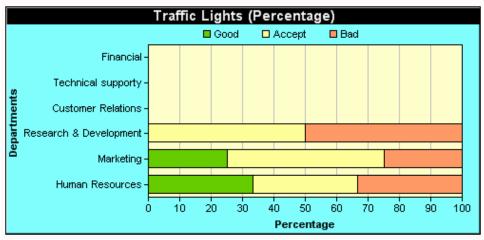


#### **Perspective Traffic Lights**

Time Periods : 2008 Jan V Perspectives : Learning V

Time Frame : 01-Jan-2008 To 31-Jan-2008

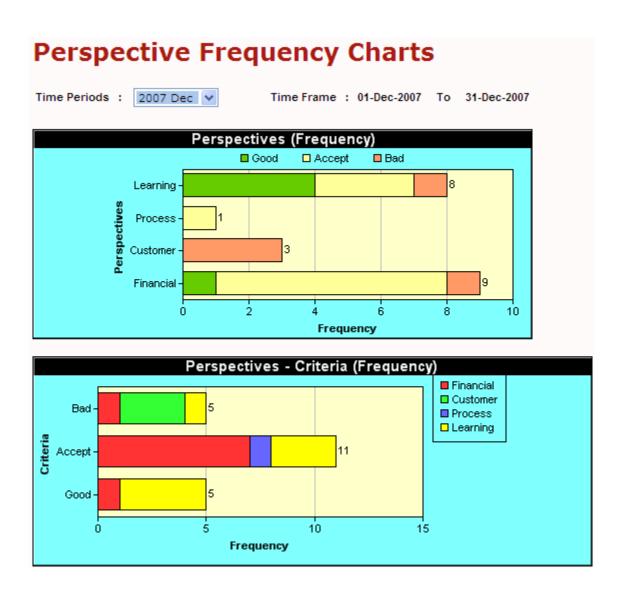






## Perspective Frequency Charts

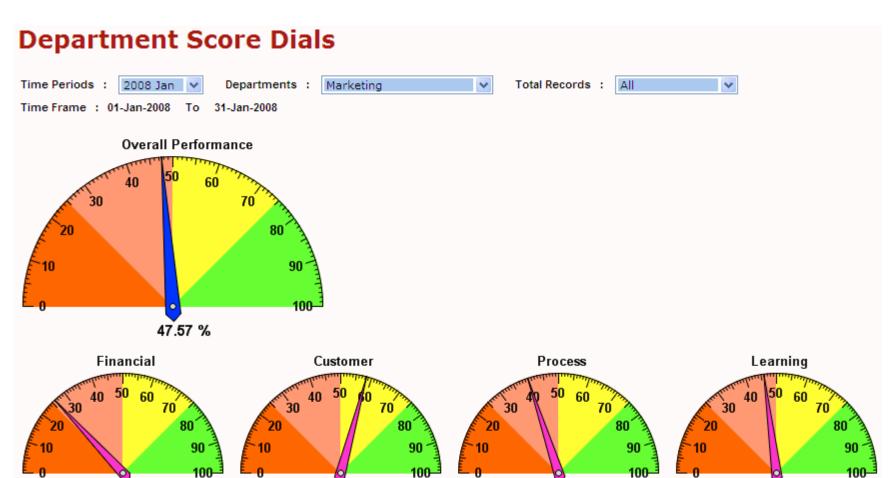






### Department Score Dials





26.11 %

40.00 %

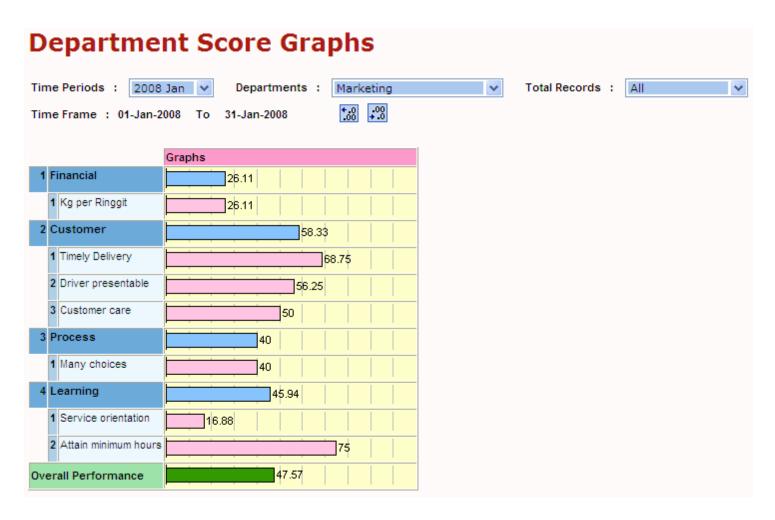
58.33 %

45.94 %



### Department Score Graphs

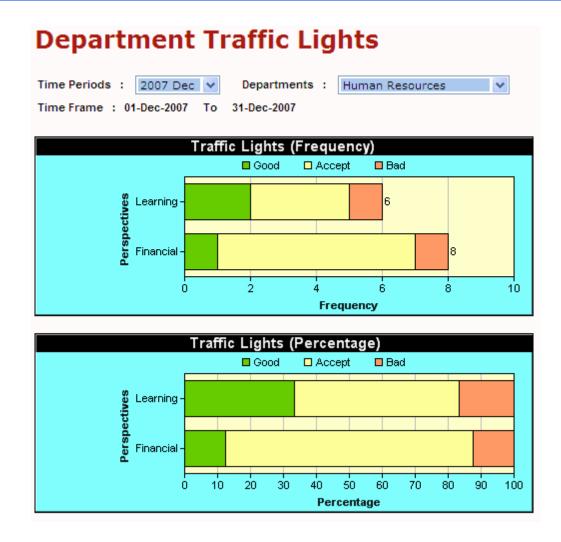






### Department Traffic Lights





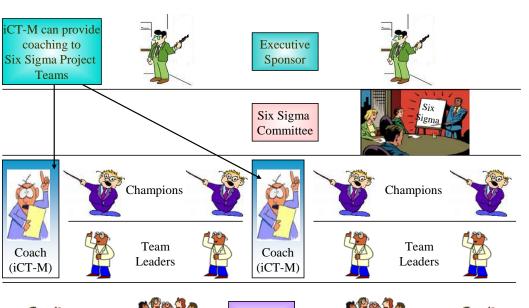


## Six Sigma Implementation



Belmah Strategies

- Define important business case
- Measure current performances
- Analyze root causes and gaps
- Improve performances
- Control the gains



All tools are

supported by

iCT-M® software

Easy to report

Print to pdf

Save to thumb drive

Send via email







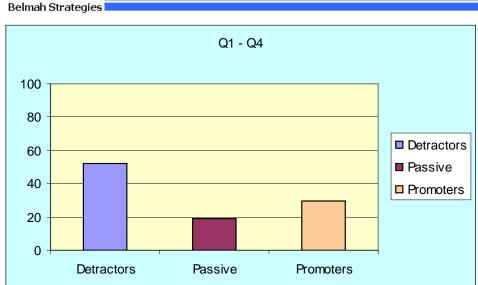


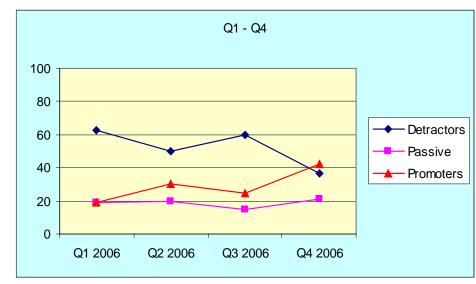




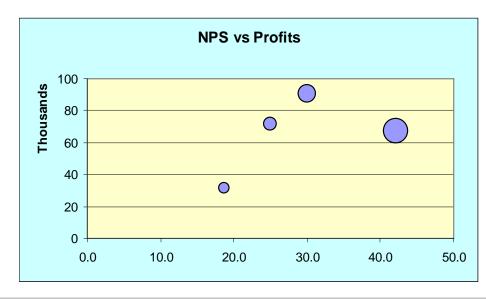
## Net Promoter Score (NPS)













### Advanced Product Quality Planning



## APQP Focus Element Rating Checklist Status Report



#### Checklist

- Consolidates
- Calculates



### Product Part Approval Process (PPAP)



**Belmah Strategies** 

No.	Requirement	Level 1	Level 2	Level 3	Level 4	Level 5
1	Design Records Of Saleable Product	S	S	ż	ż	ż
	- for Proprietary components/details	S	ż	±	S	S
	- for all other components/details	S	ż	ż	R	S
2	Engineering Change Documents, if any	R	ż	S	S	S
3	Customer Engineering approval, if required	S	S	S	R	ż
4	Design FMEA	R				
5	Process Flow Diagrams	R	R	R	R	S
6	Process FMEA	R	R	R	R	S
7	Dimensional Results	S	S	S	S	S
8	Material, Performance Test Results	R	S	S	S	ż
9	Initial Process Study	R	R	S	S	S
10	Measurement System Analysis Studies	R	R	R	S	S
11	Qualified Laboratary Documentation					S
12	Control Plan	R	R	R	R	R
13	Part Submission Warrant (PSW)	S	S	S	S	S
14	Appearance Approval Report, (AAR) if applicable	S	S	S	S	ż
15	Bulk Material Requirements Checklist (for bulk material PPAP only)	R	R	R	S	S
16	Sample Product	S	S	S	S	S
17	Master Sample	S	S	S	S	S
18	Checking Aids	R	R	R	R	R
19	Records Of Compliance With Customer-Specific Requirements	S	S	S	S	S

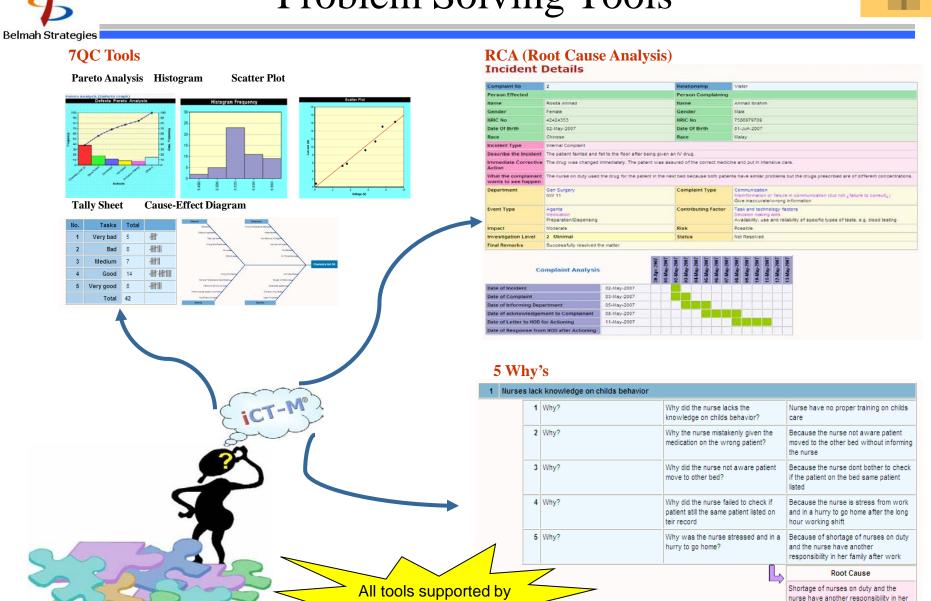
- S = The supplier shall submit to designated customer product approval activity and retain a copy of records or documentation items at appropriate locations, including manufacturing.
- R = The supplier shall retain at appropriate locations, including manufacturing, and make readily available to the customer representative upon request.
- \* = The supplier shall retain at appropriate locations, and submit to customer upon request.





## **Problem Solving Tools**





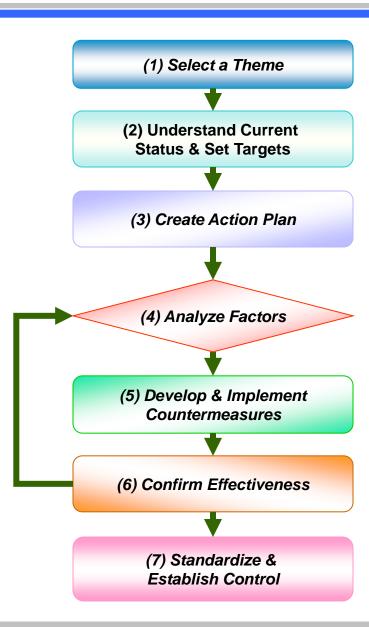
iCT-M® software

family after work



## **Problem Solving Process**





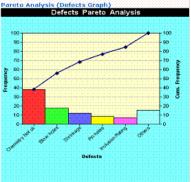


### Select a Theme



#### 1. Narrow the focus



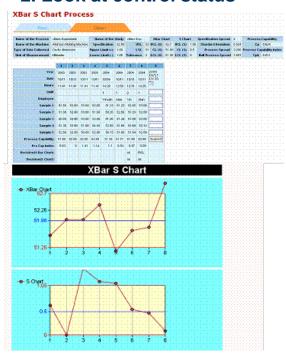


**Pareto Analysis** 

**Cause-Effect** 

...

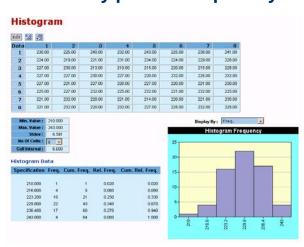
#### 2. Look at control status



**Control Chart** 

...

#### 3. Quantify process capability



#### **Histogram**

• • •

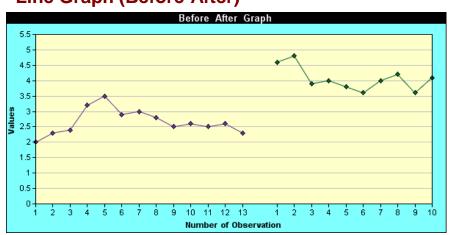


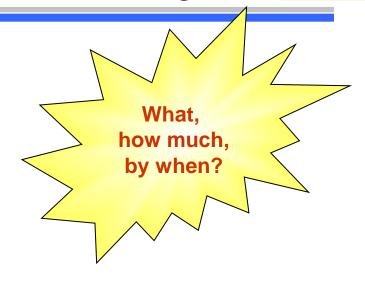
### Understand Current Status & Set Targets



beimair ba ategies

#### **Line Graph (Before-After)**



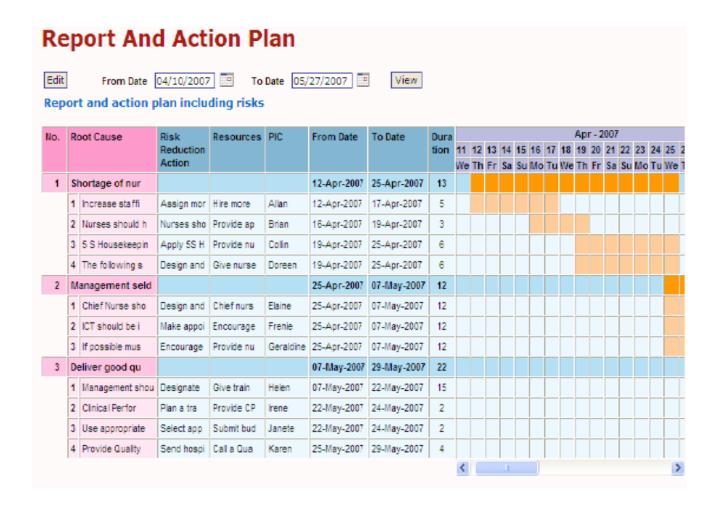






### Create Action Plan







## **Analyze Factors**



#### **Cause and Effect Diagram**



>Summarize relations between causes and effect

**Tally Sheet** 

No.	Tasks	Total	
1	Very bad	5	HH*
2	Bad	8	4111111
3	Medium	7	411111
4	Good	14	4HF-HHF1111
5	Very good	8	4111111
	Total	42	

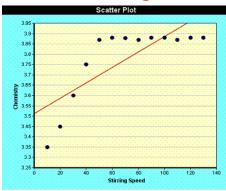
>Assemble the data

#### **Histogram**



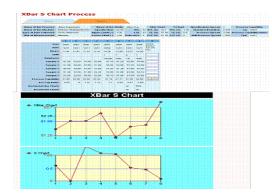
>Try stratification

#### **Scatter Diagram**



**Check interrelationships** 

#### **Control Chart (for analysis)**



Look at changes over time



### Develop and Implement Countermeasures



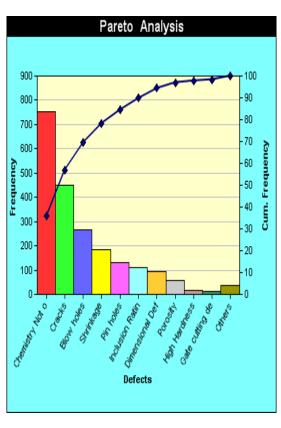


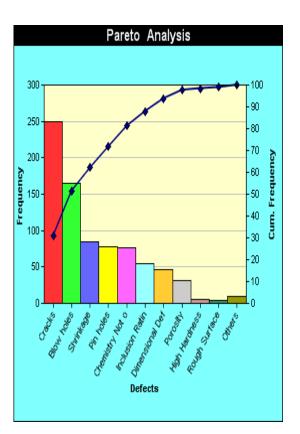


### Confirm Effectiveness

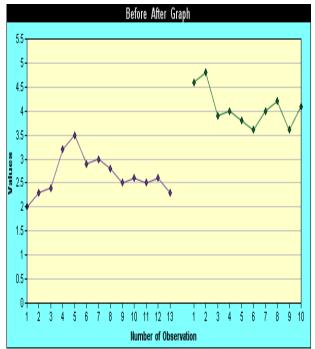


#### **Pareto Analysis**





#### **Line Graph (Before-After)**

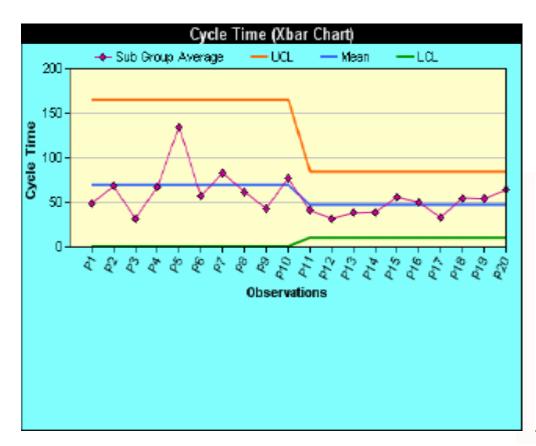


Before After



### Standardize & Establish Control





No.	Tasks	Total	
1	Very bad	5	##
2	Bad	8	4##111
3	Medium	7	41111
4	Good	14	4#F###1III
5	Very good	8	4##111
	Total	42	

**Control Chart** 

**Tally Sheet** 





## Methods





### Checker Board





# Story Board







Belmah Strategies











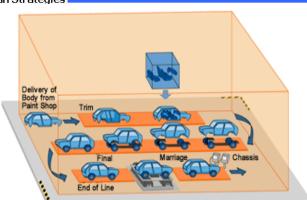






### iCT-M





# Manufacturing



iCT-M®
Product & Process
Optimization

**Opportunities** 

Gains \$\$\$

Service



## **Business Growth**





Satisfied External Customers





Satisfied Internal Customers

**Increased Revenue** 





## Community Development



## • Seminar

- Awareness of iCT-M
- iCT-M tools

## Training

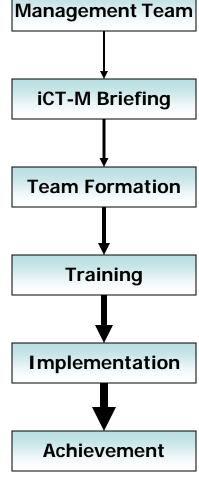
- Understand all elements
- Hands-on applications
- Use Templates

## Workshop

Take-back-and-Do
Info-sharing
Value Based









## Problem Solving and Quality Trainings



- 5 Why's
- 5S Housekeeping
- 7QC Problem Solving Tools
- Incident Reporting
- Benchmarking
- Cycle Time Reduction
- Control Plan Methodology
- Data Analysis
- Design Of Experiments
- Distributions
- Document Control
- Dynamic Control Plan
- Healthcare Failure Mode Effect Analysis

- Innovative Creative Circles (Award)
- ISO Internal Audit
- ISO Toolkit
- Just In Time
- Lean Services
- Logistics Regression
- Measurement System Analysis
- Mistake Proofing
- Monte Carlo
- Multivariate Analysis
- New QC Problem Solving Tools
- Control Plan
- Hypothesis Testing



## Problem Solving and Quality Trainings



- Process Capability
- Process Flow Chart
- Process Work Instruction
- Productivity Tracking
- Project Charter
- Quality Function Deployment
- Regression Methods
- Research Methodology
- Research Protocol Writing
- Research Publication
- Robust Design

- Root Cause Analysis
- Scientific/Technical Paper Writing
- Six Sigma
- SMED
- Staff Performance Evaluation
- Standard Operating Procedure
- Statistical Process Control
- Statistical Techniques
- Total Productive Maintenance
- Training Needs Analysis
- Visual Management
- Voice Of Customer



## Research & Development Trainings



- Research and Development
- Regression Analysis
- Stepwise Regression Analysis
- Orthogonal Polynomials
- Parameter Design
- Data Transformation
- Tolerance Design
- Successive Approximation
- Dynamic Characteristics
- Technology Development
- Principal Component
- Factor Analysis
- Discriminate Analysis
- Cluster Analysis
- Canonical Correction
- Multi Dimensional Scaling



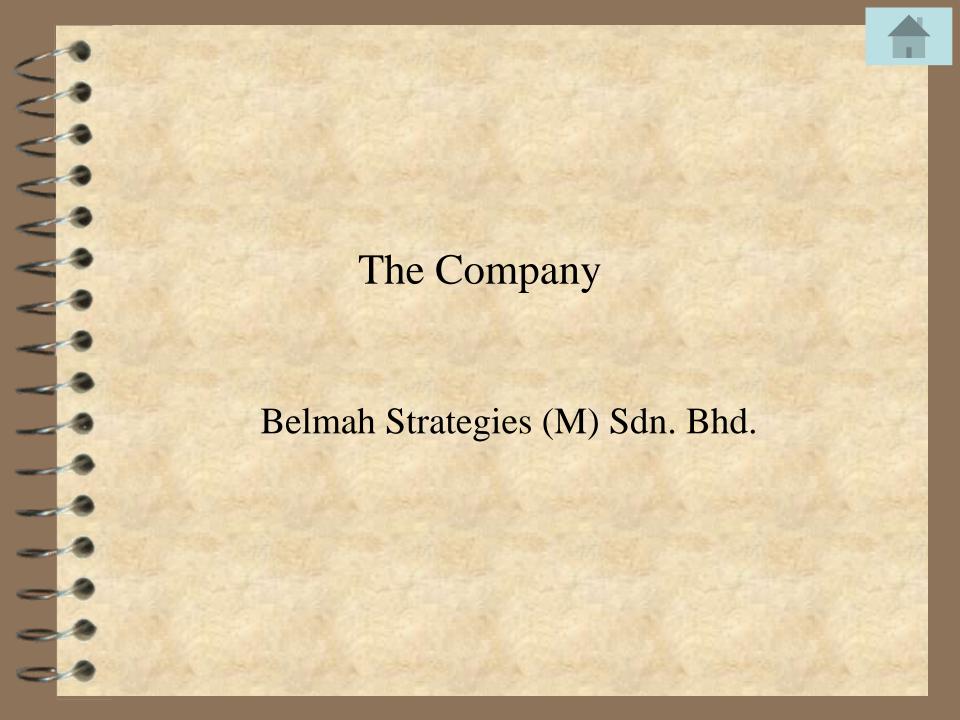


## Soft Skills Trainings



- Service Quality Gap Analysis
- Assertive Behavior
- Calming Upset Customers
- Counter Service
- Customer Complaints Management
- Customer Loyalty
- Delivering Customer Service
- Internal Customer Satisfaction
- Managing Customer Service
- MBNQA
- Risk Assessment
- Service Cycle Time
- SWOT Analysis
- Telephone Answering Techniques







## MSC Status Certificate







## **MSC** Status





CLIENT'S COPY

Tel: 603 - 5636 2210

Fax: 603 - 5636 2220

Our Ref: CS/3/2064 (16)

7 January 2004

Belmah Strategies (Malaysia) Sdn Bhd No. 9, 3<sup>rd</sup> Floor, Jalan PJS 11/28 Bandar Sunway Metro 46150 Petaling Jaya Selangor Darul Ehsan.

Attn :

Mr. Dominic Belavendram Chief Executive Officer

Dear Sir,

Re: Application for MSC Status

MSC-status Company: Belmah Strategies (Malaysia) Sdn Bhd (456263-W)

We refer to the following documents ("Application Documents"):

- (a) your completed application form dated: 1<sup>st</sup> December 2003 applying for the grant of MSC Status;
- (b) the approved business plan for your company; and
- (c) all agreed variations or modifications to the above documents, if any

We are pleased to inform you that your application for MSC status has been approved and that Belmah Strategies (Malaysia) Sdn Bhd has been granted MSC status together with all the benefits attached thereto subject to your acceptance of such status and your compliance with the conditions contained in the enclosed document titled "Conditions of Grant of MSC-Status" ("the Conditions of Grant"). The financial incentive awarded to your company is *Ploneer Status* under Section 4A of the Promotion of Investments Act, 1986.

We have provided two copies of this approval letter. Kindly confirm your acceptance by signing the copy marked "MDC's Copy" and returning it within thirty (30) days from the date of this letter, failing which the offer stated herein shall lapse.

Kindly note that any company granted Pioneer Status must make an application to determine the "effective date" for the commencement of this benefit ("Application for Effective Date"). As a rule, it becomes effective from the date of the first sale. We have attached a pink form to this letter to enable you to make the Application for Effective Date. Please comply with the instructions and guidelines as stated in the form.

In the event that you are unable to make the Application for Effective Date within **six (6) months** from the date of this letter, you are required to seek an extension for the Application for Effective Date from the Multimedia Development Corporation.

For any assistance with regards to immigration approvals for foreign knowledge workers please contact Pn Roslaini Nazar at (03) 8313 7200 or (03) 8313 7210. For assistance on relocation to the Cybercities, financial and customs duty incentives and any other matters requiring our assistance, please contact our Client Relations Support Center at (03) 8315 3142 or (03) 8315 3144. Further, we also enclose herewith the Handbook for MSC Status Companies for your reference.



## Registered Private Consultant





Bahagian Pengurusan Perolehan Kerajaan b.p. Ketua Setiausaha Perbendaharaan Kementerian Kewangan Malaysia.

Bertarikh

16/08/2004



## Registered Contractor







## Rules of Contractor Registration



Belmah Strategies

#### SYARAT-SYARAT KELULUSAN PENDAFTARAN KONTRAKTOR

#### 1. SYARAT-SYARAT

- Kelulusan ini diberi berdasarkan maklumat-maklumat yang telah disampaikan oleh pihak
- Sebarang perubahan ke atas maklumat-maklumat tersebut hendaklah dibuat secara "online" dalam masa 10 hari dari tarikh perubahan tersebut berlaku.
- Syarikat hendaklah mengemukakan segala maklumat dalam tempoh yang ditetapkan apabila diminta oleh Kementerian Kewangan. Kegagalan berbuat demikian akan mengakibatkan tindakan seperti di para 1.5 di bawah.
- 1.4 Syarikat hendaklah mempastikan bahawa bidang yang telah didaftarkan dalam sijil ini tidak bertindih dengan bidang yang telah diluluskan ke atas mana-mana syarikat yang mempunyai pemilik atau Ahli Lembaga Pengarah dan pengurusan yang sama.
- Kementerian Kewangan berhak membatalkan/menggantungkan pendaftaran syarikat tuan tanpa apa-apa notis jika didapati maklumat yang diberi tidak benar.

#### 2. PENGGANTUNGAN/PEMBATALAN PENDAFTARAN

- 2.1 Pendaftaran akan digantung/dibatalkan sekiranya didapati:
  - 2.1.1 Syarikat/pemilik/ahli kongsi/pengarah terlibat dalam sebarang kegiatan haram/ jenayah yang disabitkan dan didapati bersalah oleh mahkamah di Malaysia atau di luar negeri.
  - 2.1.2 Sekiranya syarikat menarik balik tawaran sebelum tender dipertimbangkan atau menolak setelah tawaran dibuat.
  - 2.1.3 Kegagalan syarikat melaksanakan kontrak-kontrak yang telah ditandatangani dengan
  - 2.1.4 Meminda surat kelulusan ini dengan tujuan menipu atau lain-lain maksud.
  - 2.1.5 Membenarkan sijil pendaftaran disalahgunakan oleh individu/syarikat lain.
  - 2.1.6 Syarikat didapati membuat pakatan harga dengan syarikat-syarikat lain semasa

#### 3. PEMBAHARUAN

- Syarikat tuan hendaklah mengemukakan permohonan pendaftaran tiga (3) bulan sebelum tamat tempoh pendaftaran.
- Permohonan yang diterima selepas tamat tempoh pendaftaran adalah dianggap sebagai pendaftaran semula.

### PENYERTAAN TENDER/SEBUTHARGA

- Sijil ini hendaklah ditunjukkan semasa mengambil dokumen tender/sebutharga di dalam kepala/sub-kepala (bidang) yang diluluskan sahaja.
- 4.2 Salinan sijil ini hendaklah dikemukakan bersama-sama dokumen tender/sebutharga.

#### HAK KERAJAAN

Kerajaan berhak mendapat Sijil Pendaftaran ini apabila pendaftaran syarikat digantung/dibatalkan.

No. Siri No. Fail : 357-02034238

: 169455

Nama Svarikat

: BELMAH STRATEGIES (MALAYSIA) SDN. BHD.

Alamat

: NO. 9-3 (3RD) JLN. PJS 11/28, BANDAR SUNWAY.

46150 PETALING JAYA

SELANGOR

Tarikh Tamat

: 11/08/2004 - 10/08/2007

210101 PERSONAL COMPUTER & RELATED PERIPHERAL & SERVICES 210102 SMALL TO LARGE MULTI-USER SYSTEMS & SERVICES 210103 WORKSTATIONS AND RELATED PERIPHERAL & SERVICES

210104 SOFTWARE PRODUCT AND SERVICES 210105 OTHER COMPUTER RELATED SERVICES 210106 NETWORKING PRODUCTS & SERVICES



## Commitment to Agreement



Belmah Strategies



Our Ref : MB/DAGS/AR/48-2003

Date : 29 October 2003

Dominic Belavendram Belmah Strategies (Malaysia) Sdn Bhd No. 9, 3<sup>rd</sup> Floor, Jalan PJS 11/28 Bandar Sunway Metro 46150 Petaling Jaya Selangor Darul Ehsan

Fax: 03-5636 2220

Dear Sir,

### Project Endorsement by Ministry of Science, Technology & the Environment

The above matter refers.

We are pleased to inform you that the Ministry of Science, Technology & the Environment (MOSTE) has approved and endorsed your project namely ICT-Manufacturing to be funded under Demonstrator Application Grant Scheme (DAGS). The amount approved for the project is RM2,273,491.00 (Two million, two hundred seventy three thousand, four hundred ninety one only) out of the total project cost, which is RM4,490,449.00

We wish to take this opportunity to remind you of our high expectation on your demonstrator project. As such, please ensure that all deliverables are achieved as planned.

We seek to assist you in all matters pertaining to your grant allocation. Should you have any inquiries, please do not hesitate to contact the DAGS Secretariat (En Shukor, mshukor@mimos.my, 03-8996 5000 ext 2063).

Thank you.

Yours sincerely

Badrul Hisham Jaafar Manager, DAGS MIMOS Berhad

MINOS BERHAD (336183-H)
CHNOLOGY PARK MALAYSIA: 57000 KUALA LUMPUR, MALAYSIA TEL: + 60 3 89985000 FAX: + 60 3 89982755 http://www.mimos.my





## Official Delegate to Islamabad



Belmah Strategies



MINISTER OF INTERNATIONAL TRADE AND INDUSTRY MALAYSIA

BPA(0) 1127/2

8 March 2005

Mr Dominic Belavendram **BELMAH STRATEGIES SDN BHD**No 9, 3<sup>rd</sup> Floor, Jalan PJS 11/28

Bandar Sunway Metro

46150 Petaling Jaya, Selangor

Official Visit of YAB Prime Minister of Malaysia to Islamabad, Pakistan, 15 – 18 February 2005

I would like to thank you for your participation in the official visit of YAB Dato' Seri Abdullah Ahmad Badawi, the Prime Minister of Malaysia to Islamabad, Pakistan from 15 – 18 February 2005.

- 2. I hope that the programme organized in conjunction with the official visit YAB Prime Minister has provided you with useful insights on the business opportunities and with relevant contacts in Pakistan.
- 3. You are kindly advised to follow up on the prospects and inform MATRADE on any development resulting from the mission.
- 4. Should you require any further assistance, please contact Mr S. Arokiadass, Malaysia Trade Commissioner, 554 & 555 Anna Salai, Teynampet, Chennai, India, Tel: 009144 24313722 Fax: 009144 24313725 or e-mail: <a href="mailto:matrade@touchtelindia.net">matrade@touchtelindia.net</a>.

Thank you.

Yours sincerely,

(RAFIDAH AZIZ)





## Official Delegate to the United States







## Official Delegate to Indonesia



PPORTUNITIES SEMINAR **JAKARTA** 22 MARCH 2005 Jointly organized by



## Official Delegate to Johannesburg







## Official Delegate to Islamabad







## Chief Technical Officer

Assoc. Prof. Dr. Nic



## Principal Consultant



- Quality Engineer in Texas Instruments, KL
  - Quality Assurance, Quality Engineering
- Postgraduate Diploma in Engineering, 1989
  - University of Paisley, Scotland, UK
  - Best student of the year
- Best Envoy of Quality Engineering, 1989
  - Babcock Award
- International Institute of Welding, 1992
  - UK Granjon nomination
  - Given to 1 person per year
  - Best research paper





## 1992 UK Nominee for Best R&D



Belmah Strategies

The Renfrewshire World, June 19, 1992

# **Paisley College** student in the running for an international

A PAISLEY College student will represent the UK in a world-wide search for innovation in manufacturing.

Nicolo Belaven- work in the area of agement.

He has already quality. beaten off a fierce challenge from other which involves identi-UK competitors to fying welding prowin the national cedures that are nomination for the insensitive to uncon-International Institute trollable factors, of Welding's Granjon including tempera-

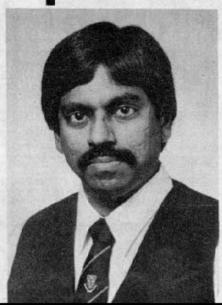
Now Nicolo's paper "Robustisation of Welding Procedures Through Computer Aided Parameter Design" - is being examined along with those of finalists representing up to 36 other countries.

dram (34), pictured design for welding is right, from Malaysia, at the leading edge of is studying at the col- technology, and lege quality centre for forms an important a PhD in quality man- part of his studies in manufacturing

> Robustisation ture and humidity, while achieving the required quality.

"His nomination as the UK representative for the Granjon Prize is both significant and well-deserved," added Professor McEwan, "The college is justifiably

# prize





## 1992 UK Nominee for best R&D



PAGE 12

SUNDAY MAIL, 5 JULY 1992

## Education

## MALAYSIAN research student Nicolo Belavendram will represent UK interests in a world-wide search for manufacturing innovation sponsored by the International Institute of Welding (IIW).

Nicolo, from Perak, who is studying in Scotland at the Paisley College Quality Centre for a PhD in quality management, has already beaten off the fierce challenge of other UK competitors to win the national nomination for the IIW's prestigious Granjon Prize.

Now his paper Robustisation of Welding Procedures through Computer Aided Parameter Design is being examined along with those of finalists representing up to thirty six other countries.

Prof William McEwan, Director of the Quality Centre at Paisley, says: "Nicolo's research work in the area of design for welding is at the leading edge of technology, and forms an impor-

# Malaysian leads UK challenge

tant part of his studies in manufacturing quality.

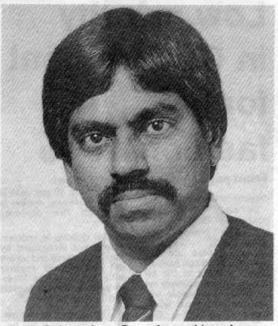
\*Robustisation involves identifying welding procedures that are insensitive to uncontrollable factors, including temperature and humidity, while achieving the required quality.

"His nomination as the UK representative for the Granjon prize is both significant and well-deserved. The College — which is set to become a university later this year under Government plans for higher education — is justifiably proud of Nicolo."

Nicolo, 34, who worked as a Process Control Engineer with Texas Instruments in Kuala Lumpur before leaving to study in Scotland, says: "For many years I was taught that quality meant being careful and constantly checking to prevent defects from occuring. However, I realised that such methods are unsatisfactory, particularly for world quality leaders like the UK.

"Indeed, there are many other complex factors that have to be understood in the search for total quality, so that quality is not only robust, but also intrinsic. With the help of my colleagues at Paisley College I have been able to shed a little more light upon this fascinating subject. I am delighted to share my success with them."

Nicolo'a paper is currently being assessed, with the other international winners by a French jury, and the final result will be announced within the next few weeks. The eventual winner will receive the Granjon prize at the IIW's Annual Assembly in Madrid in September.



Nicolo Belavendram: Paper for world meet



## 1992 UK Nominee for Best R&D





Best Student of the Year, 1989 Paisley College, Scotland

Best Envoy of Quality, 1989 Babcock Energy, Scotland





# Deming and Me







## Invitation from the Queen





The Lord Chamberlain is commanded by Her Majesty to invite

Doctor and Mrs. Nicolo Belavendram

to a Garden Party at the Palace of Holyroodhouse on Thursday 10th July 1997 from 4 to 6 pm



## Book 4 (340 pages)

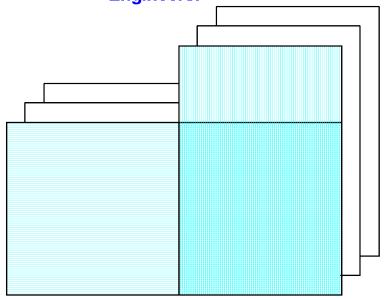


BELAVENDRAM

# TAGUCHI QUALITY EXPERIMENTS HALL

## TAGUCHI UALITY EXPERIMENTS

A collection of Taguchi Experiments for Practising Engineers.



## Taguchi Quality Experiments

- Loss to society
- Experimentation
- Computer Aided Parameter Design
- Multi Variable Approximation
- Response Analysis



## Book 1 (890 pages)

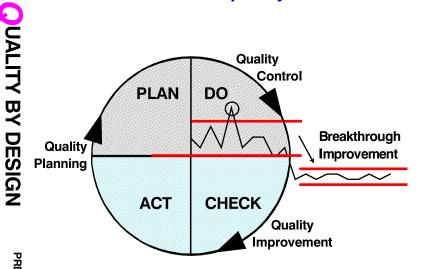


BELAVEN

# BELAVENDRAM

## BASIC UALITY BY DESIGN

Total Quality Management for Manufacturing, Service and Hospitality Industries.



NICOLO BELAVENDRAM

## Basic Quality by Design

- Quality Cost
- 5S Housekeeping
- 7 QC Tools
- Quality Function Deployment
- Benchmarking
- FMECA
- Service Quality
- Design of Experiments
- SPC
- JIT
- Motivation
- Human Aspects
- Standards



**UALITY BY DESIGN** 

PRENTICE HALL

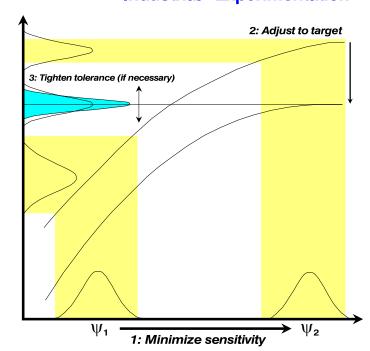
## Book 2 (550 pages)







Taguchi Techniques for Industrial Experimentation



- Quality by Design
  - Quality Loss Function
  - Design Process
  - Orthogonal Arrays
  - 2 Step Optimization
  - Analysis of Variance
  - Modifying Orthogonal Arrays
  - Computer Aided Parameter Design
  - Managing Experiments



## Book 3 (660 pages)

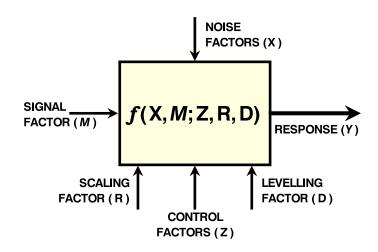


BELAVENDRAM

# ADVANCED QUALITY BY DESIGN PRENTICE HAP

## ADVANCED UALITY BY DESIGN

A Synthesis of Taguchi Techniques and Classical Design of Experiments



## Advanced Quality by Design

- Quality Hypermodel
- Sequential Experiments
- Regression Analysis
- Orthogonal Polynomials
- Steepest Ascent
- CAPD
- Data Transformation
- CATD
- Accumulation Analysis
- Dynamic Characteristics

**About The Trainer** Dr Nic



## Background

- Quality Engineer in Texas Instruments, KL
  - Quality Assurance, Quality Engineering
- Postgraduate Diploma in Engineering, 1989
  - Best student of the year, University of Paisley, Scotland, UK
- Best Envoy of Quality Engineering, 1989
  - Babcock Award
- International Institute of Welding, 1992
  - UK Granjon nomination
  - given to 1 person per year for best research paper



## 1992 UK Nomination for best R&D

Belmah Stra

The Renfrewshire World, June 19, 1992

## Gold medal winner

A DOCUMENT-ARY which followed a Britannia Airways flight from Glasgow to Orlando has been awarded a gold medal at the 1992 Radio Festival of New York.

"Britannia 300 Alpha" - pro-duced by Radio Clyde and first broadcast in January - took the prize for the best programme in the special report category.

#### Access

Britannia gave Radio Clyde unprecedented access to their Glasgow crew briefing room, operational areas and the flight deck of a Boeing 757 which made the trip to Orlando.

The 10-hour flight and the preparations for it produced 30 hours of recording which were edited down to the 50 minute documentary.

More than 1500

# **Provost** launches Organ **Festival**

PAISLEY International Organ Festival - the only one of its kind in Scotland - was launched last week by Provost Willie Orr with the help of the Berlioz Brass Quintet.

The 1992 programme features 30 events in 11 venues over a nine-day period in August.

A major attraction will be an international organ competition.

The programme, which caters for all musical tastes, also features a host of choirs, orchestras and ensembles including the BBC Scottish Symphony Orchestra, the Royal Scottish Orchestra, the Britten Singers, the Wallace Collection, the Goldberg Ensemble, the Berlioz Brass Quintet and the Whistlebinkies.

## Circuit

Competitors and performers will be coming to Paisley from around the world, including Russia, the United States and Italy, which indicates the growing importance of the festival on the international circuit.

Among the judges will be distinguished organists Gillian Weir, Lionel Rogg, Naji Hakim and Joachim Grubich, who will also be performing.

Festival chairman George McPhee said: "This festival now has an established international reputation for excellence. It is not just for organists, but for all music lovers".

Funded by Chivas Brothers, Renfrew District Council, Renfrewshire Enterprise and Strath-

# **Paisley College** student in the running for an international

A PAISLEY College student will represent the UK in a world-wide search for innovation in manufacturing.

Nicolo Belaven- work in the area of dram (34), pictured right, from Malaysia, is studying at the cola PhD in quality management.

He has already quality. beaten off a fierce challenge from other UK competitors to win the national nomination for the International Institute of Welding's Granion Prize.

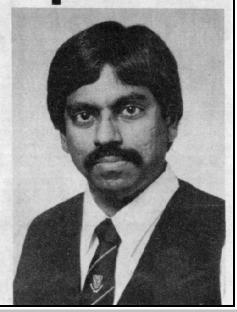
Now Nicolo's paper "Robustisation of Welding Procedures Through Computer Aided Parameter Design" - is being examined along with those of finalists representing up to 36 other countries.

design for welding is at the leading edge of technology, and lege quality centre for forms an important part of his studies in manufacturing

Robustisation which involves identifying welding procedures that are insensitive to uncontrollable factors. including temperature and humidity, while achieving the required quality.

"His nomination as the UK representative for the Granion Prize is both significant and well-deserved, added Professor McEwan, "The college is justifiably

# prize





## 1992 UK Nomination for best R&D

PAGE 12 SUNDAY MAIL, 5 JULY 1992

## Education

MALAYSIAN research student Nicolo Belavendram will represent UK interests in a world-wide search for manufacturing innovation sponsored by the International Institute of Welding (IIW).

Nicolo, from Perak, who is studying in Scotland at the Paisley College Quality Centre for a PhD in quality management, has already beaten off the fierce challenge of other UK competitors to win the national nomination for the IIW's prestigious Granjon Prize.

Now his paper Robustisation of Welding Procedures through Computer Aided Parameter Design is being examined along with those of finalists representing up to thirty six other countries.

Prof William McEwan, Director of the Quality Centre at Paisley, says: "Nicolo's research work in the area of design for welding is at the leading edge of technology, and forms an impor-

# **UK challenge**

tant part of his studies in manufacturing quality.

\*Robustisation involves identifying welding procedures that are insensitive to uncontrollable factors, including temperature and humidity, while achieving the required quality.

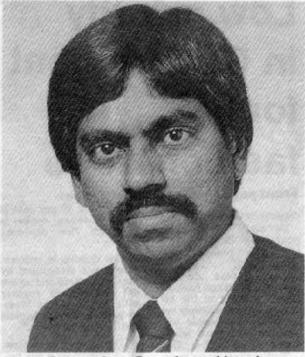
"His nomination as the UK representative for the Granjon prize is both significant and well-deserved. The College — which is set to become a university later this year under Government plans for higher education — is justifiably proud of Nicolo."

Nicolo, 34, who worked as a Process Control Engineer with Texas Instruments in Kuala Lumpur before leaving to study in Scotland, says: "For many years I was taught that quality meant being careful and constantly checking to prevent defects from occuring. However, I realised that such methods are unsatisfactory, particularly for world quality leaders like the UK.

**Malaysian leads** 

"Indeed, there are many other complex factors that have to be understood in the search for total quality, so that quality is not only robust, but also intrinsic. With the help of my colleagues at Paisley College I have been able to shed a little more light upon this fascinating subject. I am delighted to share my success with them."

Nicolo'a paper is currently being assessed, with the other international winners, by a French jury, and the final result will be announced within the next few weeks. The eventual winner will receive the Granjon prize at the IIW's Annual Assembly in Madrid in September.



Nicolo Belavendram: Paper for world meet



## Academic Publications - 1

- Belavendram, N., Robustisation of Production Systems through Computer Aided Parameter Design, Granjon Competition. Winner of the UK competition for the 1992 International Institute of Welding Granjon Prize.
- Belavendram, N., *Taguchi Methodology for Engineering Design*, Engineering Design Research Centre News, April 1991 Issue 5.
- Belavendram, N., *Taguchi Methodology for Engineering Design*, Engineering Design Research Centre News, May 1991 Issue 6.
- Belavendram, N., *Step by Step Software, ANOVA-TM*, Second Annual Scottish Taguchi Forum, February 91.
- McEwan, W., Belavendram, N. And Abou-Ali, M., *Practical Guide to SPC in NDT*, the 30th British Institute of Non-Destructive Testing Annual Conference, Coventry, 17-18 September 1991.
- McEwan, W., Belavendram, N. And Abou-Ali, M., *Improving Quality through Robustisation*, Journal of The Institute of Quality Assurance, June 92, vol 18, no. 2, Pp 56-61.
- McEwan, W., Belavendram, N. And Abou-Ali, M., *Quality Improvement through Computer Aided Parameter Design*, Journal of Quality Technology (Quality Progress), American Society for Quality Control.



# **Outstanding Performance**

- Single author of the book Basic Quality by Design: Total Quality Management for Manufacturing, Service and Hospitality Industries currently awaiting publisher's acceptance.
- **Single author of the book** *Quality by Design: Taguchi Techniques for Industrial Experimentation* published by Prentice Hall, May 1995.
- **Single author of the book** *Advanced Quality by Design: A Synthesis of Taguchi Techniques and Classical Design of Experiments* currently awaiting publisher's (Wiley Interscience, USA) acceptance.
- Winner of the 1992 Granjon Competition for research done in Computer Aided Parameter Design. This award is given to one person per year in the UK.
- Winner of the 1992 Babcock Award, given to the Best Envoy of Quality Engineering in the Postgraduate Quality Diploma, Scottish School of Non-Destructive-Testing in 1989.
- Outstanding Performance Award (1985) for the use of Taguchi Methods in Design of Experiments for attaining Marking Permanency Quality to Military Standard 883-B.
- Outstanding Performance Award for Job Simplification in Engineering Statistical Experimental Studies. Jobs that normally required hours of Engineer's time were reduced to minutes of keyboard operator's time.



# Book 1 (890 pages)

BELAVENDRAM

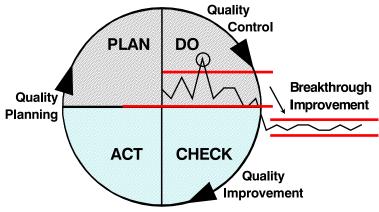
# BASIC





# BASIC UALITY BY DESIGN

Total Quality Management for Manufacturing, Service and Hospitality Industries.



### Basic Quality by Design

- Quality Cost
- 5S Housekeeping
- 7 QC Tools
- Quality Function Deployment
- Benchmarking
- FMECA
- Service Quality
- Design of Experiments
- SPC
- JIT
- Motivation
- Human Aspects
- Standards

NICOLO BELAVENDRAM



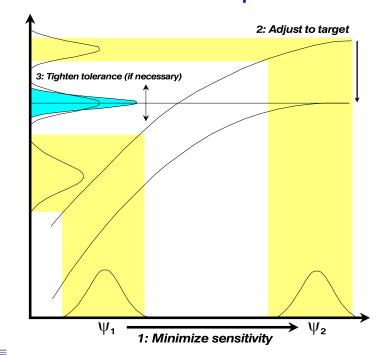
**UALITY BY DESIGN** 

PRENTICE HALL

# Book 2 (550 pages)

UALITY BY DESIGN

Taguchi Techniques for Industrial Experimentation



- Quality by Design
  - Quality Loss Function
  - Design Process
  - Orthogonal Arrays
  - 2 Step Optimisation
  - Analysis of Variance
  - Modifying Orthogonal Arrays
  - Computer Aided Parameter Design
  - Managing Experiments

NICOLO BELAVENDRAM

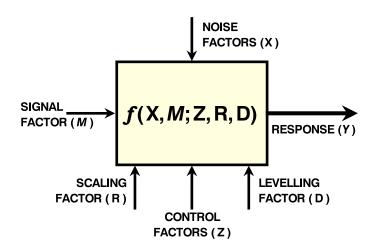


# Book 3 (660 pages)

BELAVENDRAM

# ADVANCED UALITY BY DESIGN

A Synthesis of Taguchi Techniques and Classical Design of Experiments



### Advanced Quality by Design

- Quality Hypermodel
- Sequential Experiments
- Regression Analysis
- Orthogonal Polynomials
- Steepest Ascent
- CAPD
- Data Transformation
- CATD
- Accumulation Analysis
- Dynamic Characteristics



# Metamorphosis for the Millennium

- Deming
  - Profound knowledge
- Progress is not important
  - Rate of progress is
- Learning is not important
  - Life long learning is
- Companies must
  - Evolve a society that is affluent
  - Provide a platform for this metamorphosis
  - Provide this platform through YOU





## **TQM - ISO 9002**

- Implemented ISO 9002 in Renfrewshire Council
  - Government body in charge of Cleansing the Town
- Successful implementation on first attempt
- 20 Days over 6 months
- Achieved ISO 9002 Certificate from BSI
  - British Standards Institution



# **TQM - ISO 9002**

- Conducted Internal Audits in Rosyth Royal Dockyard
  - Submarine maintenance for UK Ministry of Defense
- Audited complex procedures
- 5 Day audit
- Seeking ISO 9002 Certification from BSI



# Research Supervision

### PhD Supervision

- Mohd Azman Idris
- John Gerard Rafferty
- Yi-Min Li
- Ying-Fang Huang
- Wen-Jen Han
- Ching-Ho Liu
- Chuan-Chen Wu
- Tien-Chin Wang
- Chyuan-Yao Wu
- MPhil Supervision
  - Same as above
- MSc Supervision
  - Numerous

- PhD Examination
  - Apostolos
- MPhil Examination
  - Joseph Akomode
  - Meer Hamzah
- MSc Examination
  - Numerous



### Research Studies

- Yi-Min Li, Nov1994
  - A Service Quality Performance Evaluation Model For Hotel Service.
- Ying-Fang Huang, Jan 1995
  - An Analytic Approach To Competitive Strategy Formulation In Quality.
- Wen-Jen Han, Sep 1997
  - A Dynamic Model For International Strategic Total Quality
     In The Electrical And Electronic Industry.



### Research Studies

- Ching-Ho Liu, Sep 1997
  - A Strategic Activity Model And Management Performance
     Of American, Japanese, And Taiwanese Firms.
- Chuan-Chen Wu, Sep 1997
  - A Quality Model For An Employee Grievance System.
- Tien-Chin Wang, Mar 1998
  - A Service Quality Model Matched By A Customised Instrument For Measurement Of Retail Service Sector Performance.



### Research Studies

- John G Rafferty, Mar 1998
  - A Quality System Model For Welding Engineering And Fabrication Methodology In The Petrochemical, Process, Structural And Offshore Industry Sector.
- Mohd A Idris, Nov 1998
  - A Total Quality Management Implementation Model For Small And Medium Sized Manufacturing Industries.
- Chyuan-Yao Wu, Jan 1999
  - Improving The Quality Of Fish Products Using Conventional And New Methods.







### Contact Us





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Email: dominic@ict-m.com

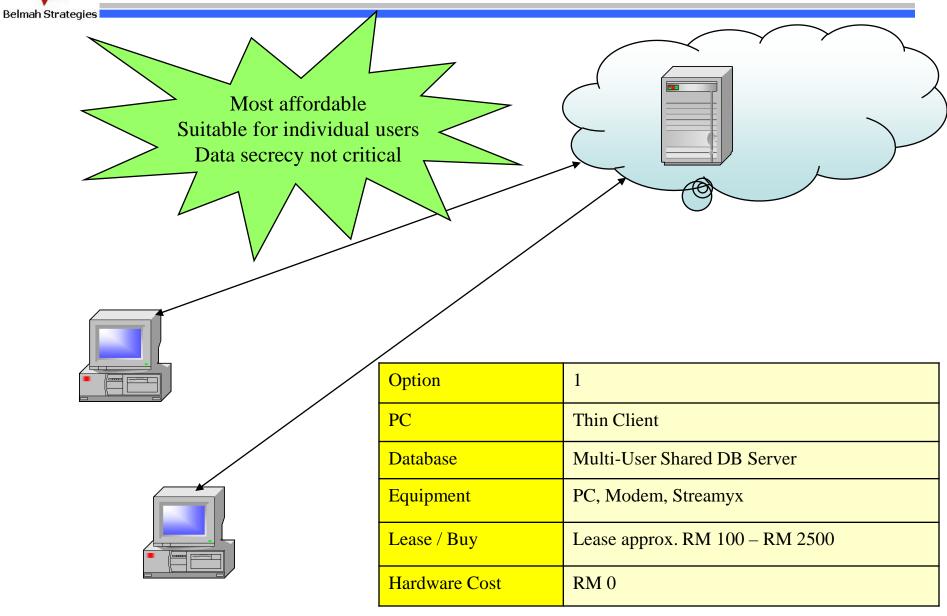


iCT-M Configurations



### Multi-User Shared DB Server



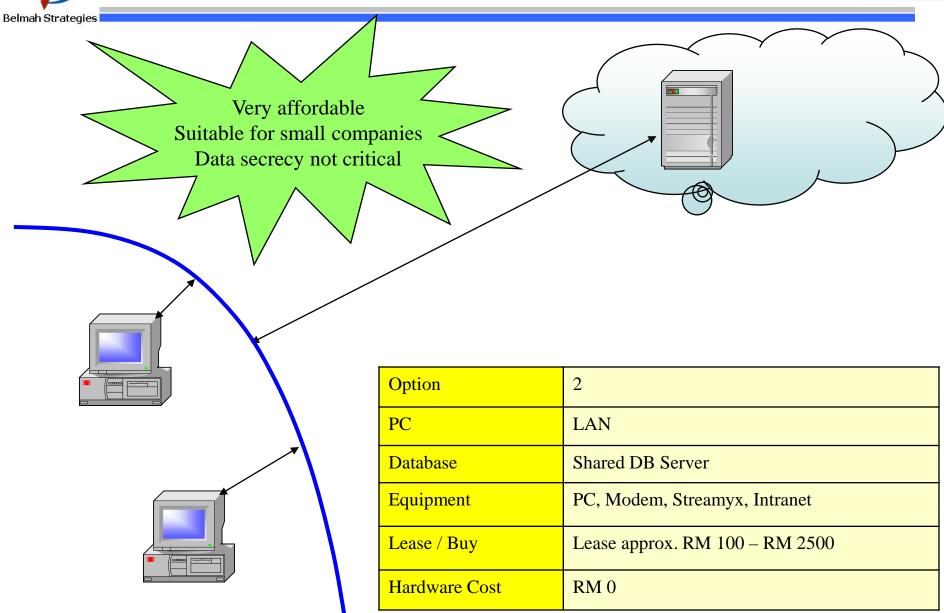


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### Shared DB Server

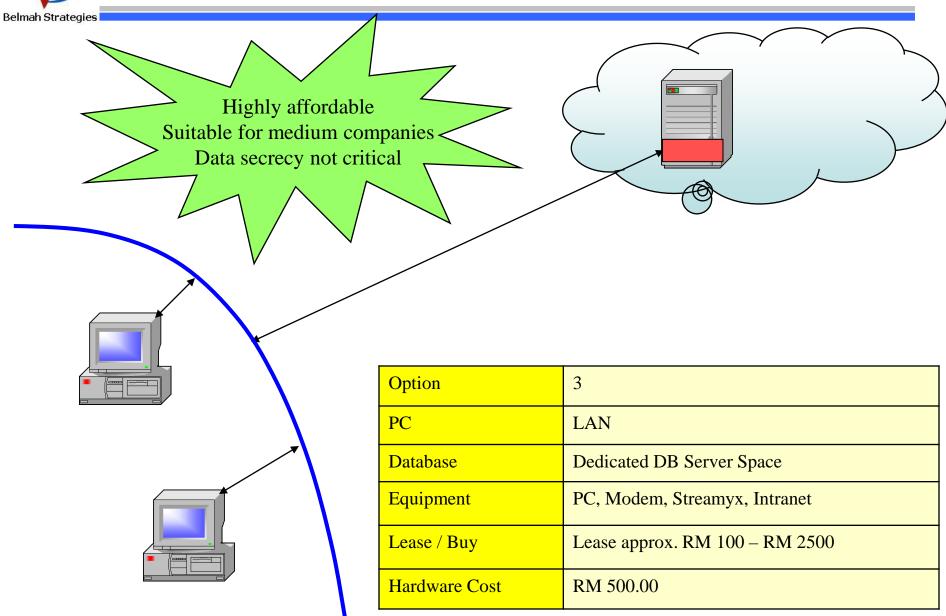






# Dedicated DB Server Space

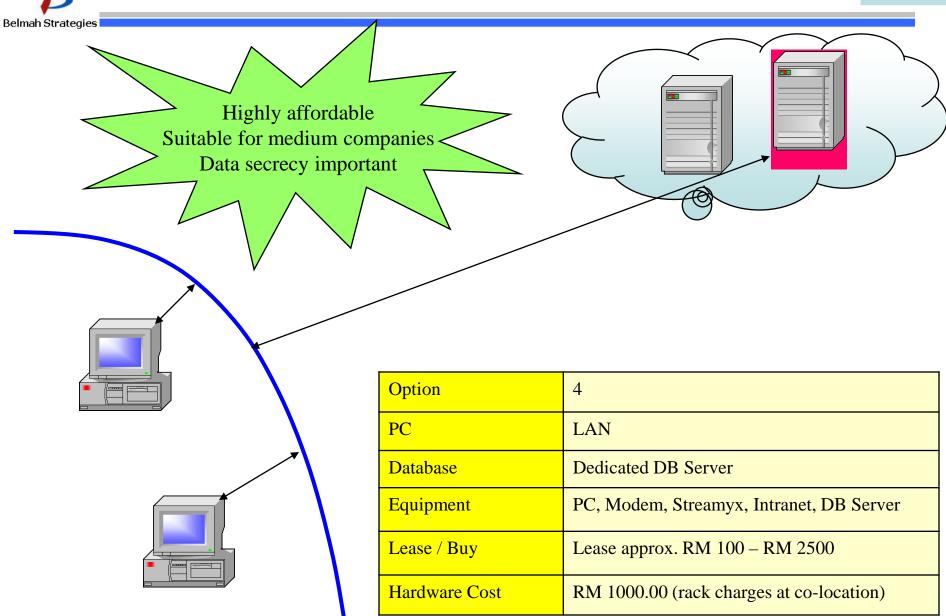






### Dedicated DB Server

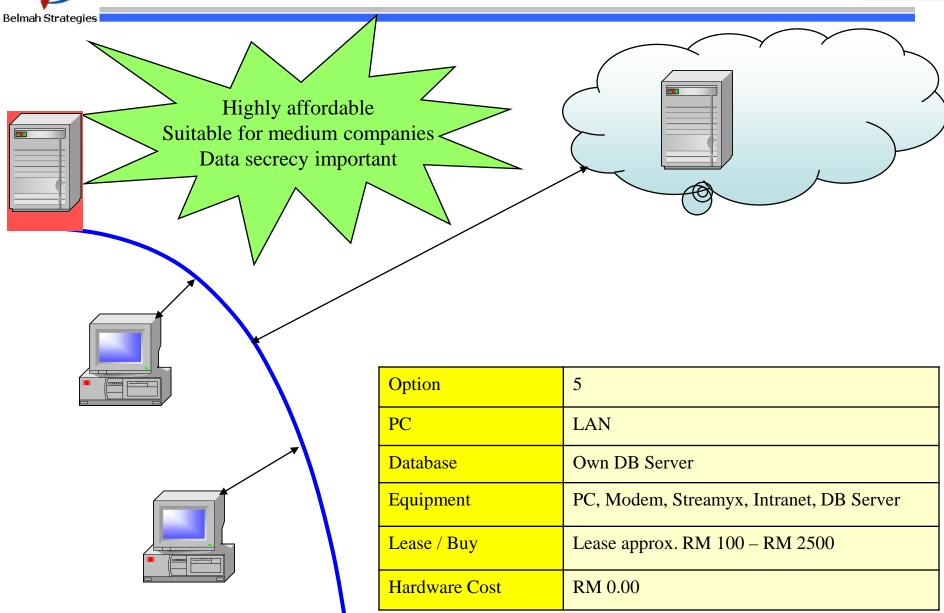






### Own DB Server



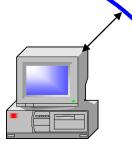


# Router Firewall Switch Firewall Database Application Web Syslog, AV Server Server Server

### Own Network Server



Highly affordable
Suitable for large companies
Data secrecy paramount



Option	6
PC	LAN
Database	Own Network Server
Equipment	Intranet, Server (DB & Application), Oracle
Lease / Buy	Buy (by discussion)
Hardware Cost	RM 0

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