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Bend the Curve CIP-News - September, 2010

Bend the Curve Continuous Improvement Practitioners

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Turning all the nighttime into the day

— *Walter E. Lowell*



At the Lean Summit last month I attended Bruce Hamilton's presentation on Shigeo Shingo.

Bruce began his session by saying that Shingo just wanted to make work easier.

A good thought that grabs your attention.

I have since been reading everything I could by Shigeo Shingo.

For those who are not familiar with him, he was the man who invented what is known as SMED - Single Minute Exchange of Die.

What is that all about you ask?

Well, as CI-Ps, you know it as "changeover" - changing from doing one thing to doing something different.

Often a lot of time is wasted in a value stream during changeover, and government work is no exception to having changeovers in its processes. For example, whenever we end an encounter with one of our clients/customers and get ready to see the next one, whether they are looking for a new license or a treatment plan, we have changeover.

If the process is not well thought out, we often spend considerable time getting ready for the next client-customer. The customer-client experiences this as a delay, and it is dissatisfying and costly - aka waste.

The idea behind Shingo's SMED - changeover - is to reduce this time to the bare minimum.

We often hear staff object when we talk about changeover as waste by saying "Well, it only takes me a couple of minutes to get ready for the next client-customer," which is another way of saying "no problem here".

Yet, in world-class organizations, if an improvement idea can shave .6 of a second off a process (yes, you read it right, six-tenths of a second), it is considered an important improvement worth considering. A "no problem" type of objection is the source of one of Shingo's other famous sayings:

"No problem is a problem."

In manufacturing plants, Shingo was able to reduce changeover from days to minutes.

continued on p. 5

September 2010

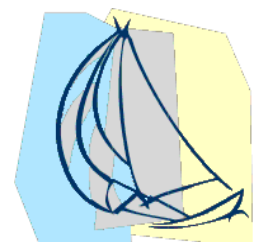
Volume 5, Issue 9

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Special points of interest:

- Next Clinicals
 - October 15
 - November 19
 - December 17



Maine Medical Center Study Mission — August 20, 2010

Participants: **MMC:** Andrea Andrus, Director and Project Managers Nicole Boutet & John McLellan
State of Maine: Eric Dibner, Marcel Gagne, Walter Lowell, Henry B. McIntyre,
Rick Desjardins, Arthur Davis
USM-LAC: Kim Jenkins **Community:** Kelly Grenier

Overview

The Director and Project Managers at the Center for Performance Improvement (CPI) at Maine Medical Center (MMC) gave an overview of the CPI, its development, and its Lean project management support system. We toured the facilities where projects were in process or implemented. Throughout, there was lively discussion about the CPI process.

As an organization with 5300 staff, MMC is a challenge to change. But it is a learning institution -- a research center and academic teaching hospital with a core mission of education and research into new ways to care for the community. Their improvement model includes workgroups in targeted areas, e.g., patient safety, infection control, and patient experience, and involves customers, nurses, and physicians. The CPI oversees these Quality Coordinating Teams and reports to a Quality Council that reports to the MMC Board.

The CPI was organized three years ago to build on previous improvement efforts. Fifteen teams now have been trained through the Tuck School of Business at Dartmouth. There are a number of enthusiastic team leaders who can motivate others and teach them how to lead. CPI intends to accelerate its effort and sustain momentum by doing much more training, a challenge for a small office in MMC's large organization.

"Clinical Microsystems" is an improvement tool that teaches teams how to make changes in their work unit. The team assesses an issue and sets a "global aim," analyzes root cause and effects, identifies what to measure, and uses plan-do-study-act (PDSA) until the aim is achieved. It can take six months and six group meetings with this tool.

With 5S and kanban, at least a half dozen work areas have been re-organized for greater efficiency. The effect was clearly visible, from the uncluttered easy-to-use files, bins, and shelves, clear labels and signage, and the enthusiasm in the personnel involved.

The projects featured in this study did not include any in administrative processes. Lean has been applied to various medical service areas (endoscopy, oncology, etc.) where space utilization was inefficient and there was excessive transportation. In an environment where record keeping is routine, measuring change is not difficult, and wait time per patient vastly improved.

They are also looking for best practices (positive deviance) to replicate successful behaviors. John McLellan said his motto is "Lean is learning to see." As guides on the journey of discovery, it is important to get all the right people in the room, learn who does what (versus where they are in the hierarchy), use deliberate and enhanced communication, and train the team about the tools to use.

Lean Infrastructure

MMC has a well-organized and hierarchical structure. The Center for Performance Improvement trains, manages, and oversees a varying number of Quality Coordinating (improvement) Teams. It reports to a Quality Council, which reviews project status. The Performance Improvement Team is one of four teams

reporting to the Quality Council, which reports to the Board Performance Improvement Committee, which reports up to the Board of Directors. As a result, there is leadership support for Lean.

Requests for projects come from a variety of sources that are prioritized by the CPI. There are no examples of projects in an Administrative setting. The focus has been on 5S'ing clinical support rooms and storage areas.

Introduction of Lean

The introduction of Lean at MMC was part of a strategically driven emphasis on quality health care, whereby CPI was created within the larger organizational Maine Medical Center Quality Structure. It was clear that Lean is just one element of the overall quality improvement effort at MMC. The Center for Performance Improvement has been in existence for approximately three years. They worked with Dartmouth Tuck School of Business and Dartmouth Medical Center to train fifteen teams of practitioners from MMC. Nicole and John started by introducing Lean to the community and the caregivers. They met with small teams, and included patients and families in every quality team. They have focused on introducing 5S and/or VSM to about six different groups at MMC.

Keeping Continuous Improvement Continuous

CPI truly recognizes that it is a journey. They are continually working to get and maintain leadership support for Lean. They are creating and using standardized methodology and tools (clinical Microsystems, PDSA, SDSA, 5S, VSM, A3, TeamSTTEPS, organization bins, JIT ordering, spaghetti diagrams, and Positive Deviance) as they work with different groups at MMC. Recognizing the need to change the culture at MMC, they are ramping up their effort to train more improvement practitioners, turn project managers into effective coaches, and get more leadership support.

They have stressed, for example, spending time on the floor observing, using tape on floors, having a central location for items, screwing drawers shut that aren't needed, evaluating flow in areas, and using 5-minute 5S's and weekly 5S audits. They are now focusing on motivating others and supporting their work, teaching leaders how to lead and encouraging others to take initiative, and motivating team members to find solutions by asking questions

Areas that need attention by the various teams are addressed during their meeting times and weighed for their importance. MMC is slowly rolling out their LEAN philosophy in other units and gaining momentum to tackle more process challenges. Gaining a commitment to tackle problems through the various teams appears to be a success.

One of the most telling indicators of their transition to a greater emphasis on Lean was the recent investment in an additional FTE to CPI and their recognition of the need to train more practitioners.

Results

They have experienced many positive changes, including a) measurable increase in efficiencies by virtue of the number of patients served post-application of LEAN in their Endoscopy, Oncology, Radiology, and Dialysis Units; b) savings in the time each patient waited for a doctor to start the procedure; and c) a much more efficient equipment storage operation. The process also identified leaders within the units who provided coaching and support to peers during the transition period.



Jay Arthur's *Lean Six Sigma*

Just a quick note that this September 17th workshop was well-worth attending for both the CI-Ps and other participants. To meet the needs of this mixed group, some of whom had had no exposure to Lean or Six Sigma, Jay Arthur blended descriptions of core Lean concepts with managing and using data to ask the right questions and surface problems for improvement. Using MDOL data and his QI Excel macros, he led the participants through examples of how to best visualize the data (pareto charts, histograms, control charts, fishbones, etc.) so that it helped to define the problem(s) and to identify possible causes. Even the most "seasoned" Lean / data folks found much to learn.



The Ins & Outs of CI-Ps



★ As some of you may already know, Alicia Kellogg, the Director of the DAFS State Bureau of Human Resources retired from State service on August 30th. We wish her well in her new journey.

BTC Lean Events

Date	Time	Topic	Location	Contact
Oct 15	8:15-4:30	Clinical Supervision	221 State, Lean Lab	ASD / WEL
Nov 19	8:15-4:30	Clinical Supervision	221 State, Lean Lab	ASD / WEL
Dec 6-10	8:15-5:00	DOP 2-2 (dates tentative)	221 State, Lean Lab	ASD / WEL
Dec 17	8:15-4:30	Clinical Supervision	221 State, Lean Lab	ASD / WEL
Jan 21	8:15-4:30	Clinical Supervision	221 State, Lean Lab	WEL
Feb 18	8:15-4:30	Clinical Supervision	221 State, Lean Lab	WEL
March TBA	8:15-4:30	Clinical Supervision	221 State, Lean Lab	WEL
April 15	8:15-4:30	Clinical Supervision	221 State, Lean Lab	WEL

* To add or see more events or detail, go to the Bend the Curve Calendar in Outlook's Public Folders.

Turning all the nighttime into the day *(cont'd from p.1)*

As a result, he increased productivity and reduced cost.

It is estimated this improvement alone saved the world 100's of millions of dollars.

In the process, he illustrated two things: 1) the power of observation and 2) the importance of resourcefulness.

Dr Shingo stressed the importance of observation in identifying and solving a problem. Throughout his written work he provides example after example of making improvements by seeing something that others could not.

When presented with the problem of changing die in automobile manufacturing plant, he was faced with the challenge of a workforce who felt it was "impossible" to reduce the time to change the die any further — which at the time was measured in days. (These were very large, expensive, and evidently complicated machines.)

Dr. Shingo trained himself in the 'art of seeing' what others do not or cannot see. His first step was to go and see the problem for himself.

Reducing the changeover time from days to minutes was an extraordinary feat of ingenuity and observation he applied to understand and solve this problem, but his legendary career was full of these kinds of insights.

Shingo also noted that the single prerequisite for improvement is an open mind and that the real problem in improvement is often not enough resourcefulness.

For Shingo, resourcefulness and money offset each other. Superior improvement plans use little money and a great deal of resourcefulness and, of course, resourcefulness comes from where else but the creative energies of people.

Dr. Shingo noted that there are many means to end. By this he meant that there is not one path to an improvement but many, and it is up to us to find the one that works best, recognizing that there may be other opportunities around the corner that will work even better.

This is the fundamental idea behind the notion of continuous improvement.

We are now full bore into an election campaign where ideas abound about how the candidates are going to fix government. Given Dr. Shingo's charge, we know the ways are many, and many have been tried before but one -

- Asking the people who do the work.

One hopes that whoever gets elected will first go to the work site and see for him/herself and talk to the people who do the work before creating an improvement plan for Maine State Government.

We all have learned one thing:

It is easy to make a change. It is quite another thing to make improvement continuous.

Dr. Shingo recognized that work is filled with opportunities for improvement but noted "we must blaze new trails everyday".

— Walter

New Balance Study Mission - Norridgewock 8/20/2010

New Balance, a privately held company, began in 1906 as a Boston-based arch support company selling to police officers and waiters, developed into a specialized shoe manufacturer in the 1970's, and has grown to become a leading global high performance athletic footwear, apparel, and accessories company.

Its worldwide sales have grown from \$221 million in 1992 to \$1.64 billion in 2008. New Balance (NB) has remained relentlessly committed to a focused set of philosophies and values including strong relationships with its suppliers, teamwork, total customer satisfaction, and integrity. Its objective is to equip the elite and everyday athlete with footwear, apparel, and accessories that provide the best performance, fit, quality, and comfort.

When it was purchased in 1972 by current owner, James S. Davis, the company consisted of 6 employees making 30 pairs of "Trackster" running shoes each day. It now employs nearly 2,800 people around the globe, with products sold in 120 countries on 6 continents. NB owns and operates 5 factories in New England - 3 in Maine and 2 in Massachusetts, as well as one in England.

The company faces unique challenges in domestic manufacturing. Yet, with a high quality workforce and focus on innovation and execution excellence, NB has not only survived but also thrived, and continues to take a leadership position in an industry that has sent all of its production overseas. In a global economy where quality components come from all over the world, NB continues to manufacture 25% percent of its shoes in the U.S.

Committed to maintaining a strong manufacturing base in the U.S., New Balance has shown that high quality athletic footwear can be made by American workers in the U.S. for discriminating consumers.

"We attribute this success to our ongoing commitment to our core values of integrity, teamwork and total customer satisfaction. We have remained true to who we are by remaining focused on driving innovation to produce superior products that meet and exceed the expectations of our valued consumers."

— <http://www.newbalance.com/company/>



NB Norridgewock's Journey	
2004	2009
8 days of WIP	2 hours of WIP
101,901 sq. ft. Mfg. space	73,580 sq. ft. Mfg. space
ETA 76.2%	ETA 97.9% on time (2010: 98.7%)
Demo (defect) Rate 3.65%	Demo (defect) Rate 0.7%
Total H/C (staff) 349	Total H/C (staff) 323
Associates Moving Product - 39	Associates Moving Product - 5
Lead Time 8 days to 8 hrs (within the year)	Lead Time 70 minutes (2010)

Participants: NB Plant Manager - Raye Wentworth
CI-Ps - Anne Rogerson, Michael Johnson, John Rioux, Lita Klavins

New Balance Norridgewock's Lean Journey

— contributed by Anne Rogerson, John Rioux, Michael Johnson, Lita Klavins

How Lean began in New Balance - Norridgewock

NB began its Lean work when Jeff Williams, the former Plant Manager and now Director of Manufacturing and Continuous Improvement (CI) of all five NE plants, started reading about Lean and its results and visited the Toyota Georgetown, Kentucky plant to learn more. By 2004, they made time for Lean and grew it organizationally, training everyone in Lean, with an emphasis on those who “got it” so that this would then mushroom, forming a “natural” mentoring and persuasion environment. They identified 72 issues in a 2004 kaizen and all were resolved. There was a significant effort made to let staff know that something new was coming, with a strong emphasis up front that there would be no job losses — they would just be working smarter. The employees were part of the “Lean Process” from the beginning. Raye Wentworth noted that they needed to “learn the people.” Meetings were held to literally learn the people. Once they really knew who they were “selling” to, it was an easy sell. The key to this was assuring that managers and supervisors were on board and, being a strong committed part of the Lean process, to sell it to the rank and file.

Lean Infrastructure

Raye Wentworth is the current Norridgewock Plant Manager and feels that her role is that of change agent. She has 2 Production Managers, 10 Supervisors and 17 Team Leaders, including 2 Kaizen Associate Leaders as well as 6-S associates, kanban associates, standard work associates, etc. All are trained in their respective specialties. Raye stressed that their approach is that they are all leaders and coaches — not supervisors or managers — mentoring staff and each other in the discipline of Lean. And serving as role models — i.e. walking the talk. While, at this point, the stage of Lean implementation varies from plant to plant and is not yet company-wide, the importance of Continuous Improvement and the difference it makes has been recognized in the creation of Jeff William’s new role.

NB is also implementing Lean in what has often been a non-Lean environment: Support services that impinge on manufacturing, such as human resources, buyers, schedulers, maintenance, etc. These are in the beginning stages of learning Lean, so that commitment to its principles and support for them varies. One learning for NB has been the critical need to prepare/train and bring along these support services in Lean. Ideally, they would already be on board with Lean as the rest of the (Lean) operation is requesting support.

Raye noted that the company is a big ship and everyone needs to be rowing in the same direction and with the same rhythm.

Keeping Continuous Improvement Continuous

Maintaining the system requires training the entire factory through education, repetition, and audits along with the kaizen events. In addition to frequent communication and A3 boards, Raye constantly runs process audits. Aside from her own audits, the lead for every section completes a daily audit of designated areas and questions. Raye feels strongly that all staff should feel ownership of the process and that her attention to these audits validates the worth. The nature of the work easily defines whether a product is a success, or if the process itself needs adjusting.

She keeps everyone, from the company Vice-President of Manufacturing to all workers, informed of needs, plans, and progress toward goals. She walks the talk with deliberation, especially w/gathering input and suggestions for improvement. It was clear that she had cultured a respect for others as well as herself...this was evident in the easy manner employees approached her as well as the questions she initiated. All the interactions seemed to lead naturally toward a process that is watched by many, allowing the opportunity to refine or adjust as needed. Each employee is part of the process, mentoring others and observing the work. With, apparently, a majority of employees on board, keeping everyone energized seems more of a shared role, rather than falling to one person. This positive energy comes from managers to supervisors to all employees.

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NB Norridgewock's Lean Journey *(cont'd from p.7)*

Norridgewock has used the Training Within Industry model (TWI — http://en.wikipedia.org/wiki/Training_Within_Industry), which has a close relationship with the roots of Lean, and trained employees to do *it* the right way. They used job breakdown sheets (JBS), emphasizing what they need to know and why — the critical key points — along with close coaching. This is followed by the employee learning to evaluate each step and suggest improvements: *What do you think? Show me. You pick one (and then we'll see).*

Improvement Projects: Identifying, Screening, and Reviewing Improvement Projects

The first projects were identified by doing individual 5-S on all the work stations. This meant coming up with a supply chain that supported workers having only what is needed for their work in a specific period of time. This keeps the work area clear and the work visible at the individual work stations. Supply kanbans were incorporated at this point.

Another set of projects involved realizing that the 250 cases of shoes, work in process (WIP), between departments/cells was not Lean and had to be eliminated. This was accomplished by having the two departments around the piles agree on methods to get rid of the piles by changing the process. The Goal was to get the piles down from 8 days to one day and then to two hours of WIP in between. This visually and psychologically broke down walls between the departments.

By reducing work in process, load balancing, and using takt time, the processes became more visible and problems were unmasked that were hidden before. Problems became visibly obvious and were identified — that way workers and management could see the problems as they occurred. Projects, such as arranging the work stations in cells (done pre-Lean) and developing product kanbans, illustrated the need to hand off work and reduce WIP stored between individual steps in the process.

The timeframes for projects varies depending on the size of the project. Some change timelines must take into account the planned regularly-scheduled vacations.

Currently, workers and managers identify changes and submit them for consideration. The forms are reviewed within 24 hours and a decision is made whether or not to "go ahead" for testing. Testing requires measurement of time and quality. It determines whether a change is an improvement and so whether or not it is implemented. If tested and approved, implementation is planned and scheduled. Once in place, there is "auditing" of the process — periodic checks to be sure the standard is being followed. The agreement is that everyone adhere to the standard, for if the standard is not followed, quality drops off and rework builds and quality declines.

With past changes, quality problems were often traced back to the process standard not being followed, and, as a result, auditing has become part of the Lean change process. That is where managers (and the employees) check to be sure the standard is being followed by watching the process and by checking the product at that point (the outcome of the step standard and its implementation). This is done throughout the process -- not just at the end. So, inspection is part of the process at each step and not just of the final product. Acceptance or denial of a standard is determined by the outcome -- not by emotions. If a change results in faster work or better quality, then it is an improvement and if not, it isn't.

Raye emphasized that Lean is a discipline and when the discipline is not followed, quality declines. She stressed the importance of understanding the "current" situation thoroughly before making any changes. Get the facts ! Get the data! NB employees now know to have their facts — understand the problem — before they bring an issue or problem to her — for they know she will ask the questions.

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— continued from p.8

She likened work-in-process to the standing water in a stream -- until you lower the water level, it is hard to see the rocks that impede flow. Lowering the standing water--the WIP--reveals the rocks, the impediments to flow in the stream, in the process.

Results & Lessons Learned (also table on p.6)

- The output was 8,300 pairs per day in 2004 and is now 8,900 pairs per day.
- The Takt time is 43 seconds. So, each individual line work activity is designed to take that long.
- Sustained the pre-Lean shift to Cellular manufacturing.
- Maintained the pre-Lean shift to employees being paid hourly, not by the piece.
- Made other improvements such as stitchers are now standing instead of sitting, reducing the repetitive motion problems they had before.
- Developed growing capacity to do highly customized work for individuals, companies, etc. So standardization has enabled there to be more customer value.
- Implemented Lean, using no forced lay-offs/firings, instead re-deployed personnel to where they would add value.
- Use of andons and kanbans. These were visible throughout the plant. The plant was markedly clean and organized.
- Very visible posters of A3s are positioned on easels adjacent to an activity/cell, identifying any problems and progress on them, with the countermeasures. The content and look of these varied somewhat depending on the problem and activity (and, perhaps, on the visualization abilities of the individual/team). It was clear that they were kept current and are a work in progress until completed.
- Provide cross-training for staff — developing other skills. These can be used at NB (and elsewhere).
- NB has a 2% employee turnover rate. They have also created “utility” positions.
- Learned by making mistakes.
- VSM, they found, has been the most important method in their journey.

Printed & Other Matters

The Northeast Shingo Prize Conference: *Easier, Better, Faster, Cheaper* - How do we improve?

October 19 & 20, 2010
Providence, Rhode Island

[http://www.neshingoprize.org/files/2010%20Schedule%20Glance\(5\).pdf](http://www.neshingoprize.org/files/2010%20Schedule%20Glance(5).pdf)

Strategies & Methods for Public Sector Labor-Management Committees

Cornell University, ILR School. 2010

As the title indicates, Cornell's manual for Labor-Management Committees (LMCs) provides strategies and methods "to assist LMCs in their efforts to enhance service delivery, organizational effectiveness, and workplace harmony." As you look through it, you will see that while it applies directly to work we could be doing with the unions it also applies more generally to our work as CI-Ps.

http://isites.harvard.edu/fs/docs/icb.topic458773.files/Cornell_strategiesmethods_2010.pdf

Labor Pains: Repairing the Management-Union Relationship

John O'Leary. *Better, Faster, Cheaper* — *Governing Magazine*. Sept. 8, 2010.

<http://www.governing.com/blogs/bfc/repairing-management-union-relationship.html#continued>



Department of Health and Human Services

Maine People Living
Safe, Healthy and Productive Lives

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The primary purpose of the *Bend the Curve* Team is to provide support, consultation, assistance, and leadership in continuous improvement approaches and activities for State staff, work teams, and leaders as they seek to continually improve their work culture, systems, processes, and environments – in order to meet the mission of the department and the expectations of Maine citizens.

We're on the net!

<http://www.maine.gov/dhhs/btc>

<http://www.maine.gov/labor/bendthecurve/>

**Bend
the Curve**

Continuous Improvement Practitioners: BTC Intervention Facilitation Status

DHHS		DOL		DAFS	
Bridget Bagley	O	Jorge A. Acero	O	Rae-Ann Brann	L
Kate D. Carnes	C-L	Michael T. Brooker	IA-O	Wendy Christian	IA-O
Nancy Cronin	O	Deidre A. Coleman	IA-O	Rebecca S. Greene	IA-L
Marcel Gagne	CL	Joan A. Cook	CL	Lyndon R. Hamm	IA-CL
Julita Klavins	L	Stephen C. Crate	O	Billy J. Ladd	CL
Don Lemieux	C-O	Arthur S. Davis	L	Maayan L. Lahti	O
Muriel Littlefield	C	Merle A. Davis	L	Michaela T. Loisel	IA-L
Walter E. Lowell	L	Eric Dibner	O	Henry B. McIntyre	O
Jerrold Melville	O	Peter D. Diplock	O	Gloria R. Payne	O
Ann O'Brien	L	Brenda G. Drummond	IA-O		
Cheryl Ring	C-CL	Anita C. Dunham	IA-CL	DOT	
Anne Rogerson	O	Karen D. Fraser	IA-L	Michael Burns	C-O
Terry Sandusky	L	Timothy J. Griffin	L	Jessica Glidden	IA-O
Bonnie Tracy	O	Gaetane S. Johnson	IA-O	Rick Jeselskis	IA-O
Sec. of State - BMV		Michael J. Johnson	O	Robert McFerren	IA-O
Scott Thompson	O	James J. McManus	IA-CL	Sam McKeeman	C-O
OPEGA, Legislature		Scott R. Neumeyer	IA-O	Jeffrey Naum	IA-O
Matthew K. Kruk	IA-O	Bruce H. Prindall	IA-L	Mark S. Tolman	O
Univ. of Maine		John L. Rioux	L	DEP	
Kim Jenkins	O	Sheryl J. Smith	C	Carmel A. Rubin	IA-O
Community – Private Sector *					
Nancy Desisto*	IA-L	James Fussell*	IA-L	Jack Nicholas*	IA-O
Jane French*	IA-L	Kelly Grenier*	CL	Clough Toppan*	L
Alicia Kellogg*	IA-O	Town of Durham, New Hampshire			
		David Kurz	O	Michael Lynch	O
		Steve McCusker	O	Todd Selig	O
* Community CI-P					
IA - Inactive		C - "Champion for Lean" - not facilitating			
L - Lead		CL - Learning Co-Lead		O - Learning Observer	

More Miller workshops & DOP 2-2 being planned !

Additional workshops with Ken Miller are being planned. We'll keep you posted.

The intensive CI-P Bronze level training DOP 2-2 is tentatively being planned for December 6-10, 2010. More info will be forthcoming.

You can also check the BTC Calendar in Outlook's Public Folders & come to the planning meetings for Clinicals and other events.