

The logo consists of the letters 'R3' in a bold, white, sans-serif font. The 'R' is significantly larger than the '3'. The background of the slide features a dark blue vertical bar on the left with a network of glowing blue nodes and lines, and a light gray background with abstract, overlapping geometric shapes.

**REAL-TIME,
RESPONSIVE,
RESULTS.**

Quality of Life: An Integrated System

- ASQ August 2020

Integrating Multiple Frameworks, Standards, and Best Practices

Holistic Approach to Solutions

Implementation of integrated processes using multiple standards and frameworks:

- ISO (9001, 20000-1, 27001); leveraging CMMI, ITIL, NIST
- CMMI-DEV ML 5; leveraging ISO 9001
- CMMI-SVC ML 3; leveraging existing ISO 20000-1, ITIL

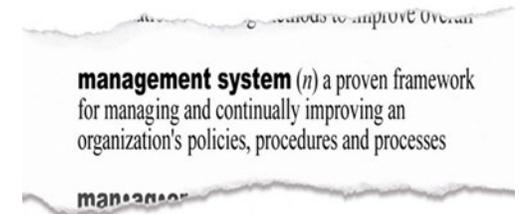
Formalized Customer Satisfaction Program; leveraging ISO

Risk-based program reviews (IPRs); leveraging PMBOK, CMMI, ISO

Organizational Metrics Program; leveraging CMMI and ISO

CMMI, ISO, Six Sigma/Lean, Agile, PMP, and ITIL Training for the teams

Oversee and maintain security program; leveraging NISPOM, NIST, and ISO 27001

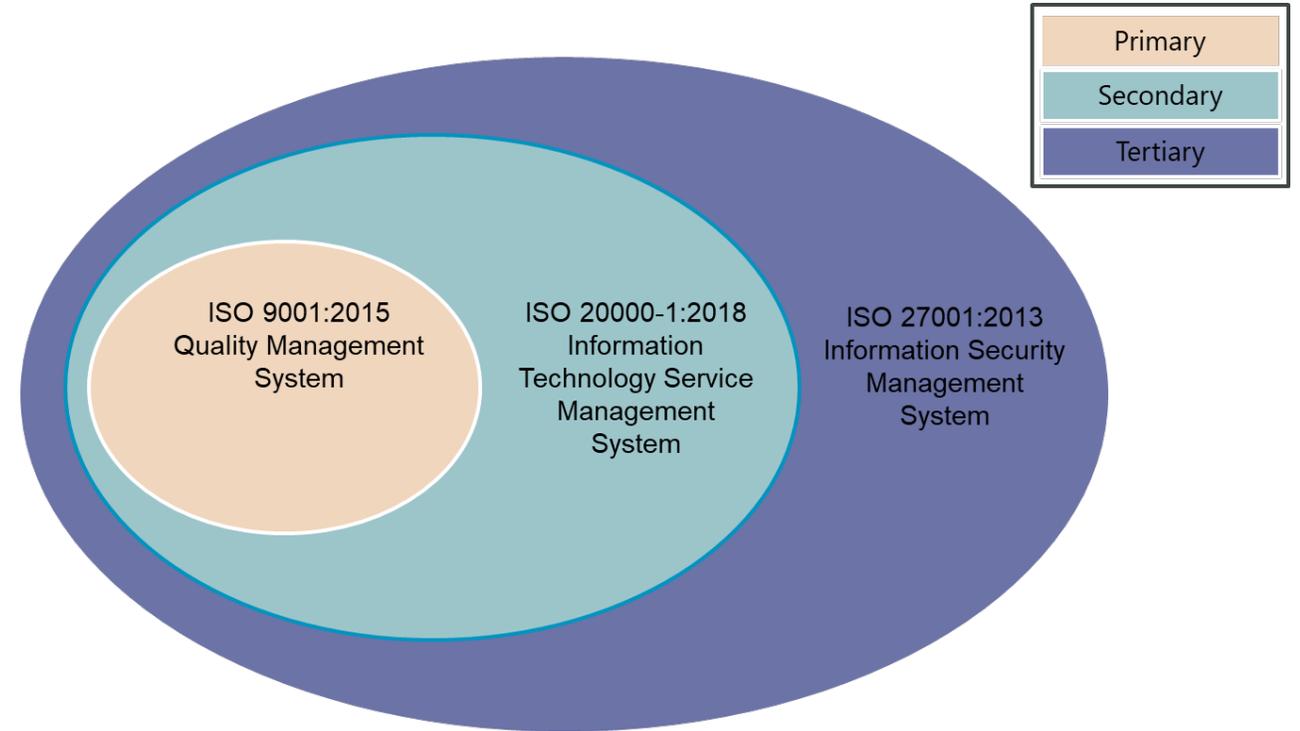


"Instead of thinking outside the box, get rid of the box."

~Deepak Chopra

Proper Scoping for an Integrated Management System (IMS)

1. Quality organization: primary accountability and responsibility! Why?
 - Drives improvement.
 - Facilitates the organization certifications/appraisals.
 - “One team”; the experts in multiple standards and frameworks.
 - Experienced in real life implementation of multiple best practices.
 - Integrates and owns the organizational processes.
 - Includes Industrial Security Program.
 - Numerous employees are on external customer-facing programs using government processes and equipment.
2. IT team accountable for portions of technical service management and information security.
3. Common controls across all ISO standards.
4. Common supporting processes (HR, Recruiting, Contracts, Finance)



Involve Top Management: Tips and Tricks

1. Work with top management to ensure financial, labor, and training resources are in place.
2. Be realistic and push back when needed.
3. Use COLORS 😊
4. Be creative in identifying solutions to aggressive timelines. Demonstrate smaller (multiple) successes with management to build trust for future endeavors.
5. Raise the flag when risks and issues arise and request support for continued success. Build trust with executive management.
6. Communicate, communicate,
7. communicate!!



Our Customers ARE Our Business!

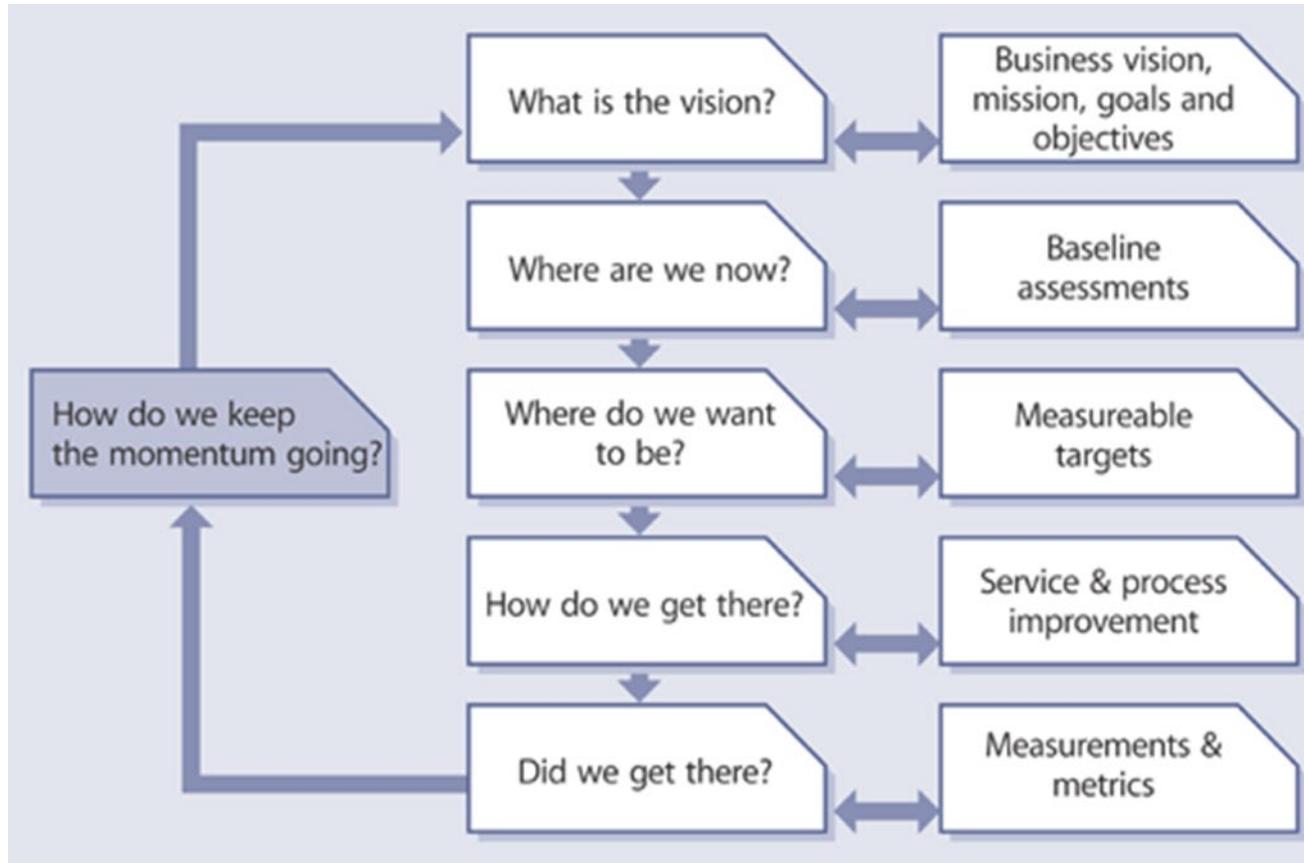


Step into their shoes for a moment!

So often as service providers, we constantly think of ourselves:

- What services do WE provide
- How WE think we are doing – what is this based on?
- What is the next contract WE can win?
- WE think our customers are happy...but are they??
- WE think on time, within budget is the primary driver, but is it??

Understand the Customer's Value Perception



How do we become more customer-focused?

- What defines success?
- How do we provide consistent higher quality products and services that are secure and align with our customer's expectations, mission, goals, objectives?
- Can we QUANTIFY and MEASURE customer-focused success?

ISO 9001 Clauses 4, 6.1, 6.2, 7.1.5, 8x, 9.1, 9.3, 10x
ISO 20000-1 (OLD) Clauses 4.4, 4.5, 5x, 6x, 7x, 8x, 9.2, 9.3
ISO 27001 Clauses 4x, 6x, 7.4, 8x, 9x, 10x

ITIL Best Practices: The CSI Approach

People are the Foundation

1. Team no longer limited to “QA”; team has real life implementation experience in all aspects of the organization.
2. Competence; order of important skill sets:
 - Personality – mentorship, team-work, outgoing, and positive
 - Real life experience - service or software development lifecycle experience
 - Model/standard experience – CMMI, ISO, ITIL, PMBOK, etc. THIS CAN BE TAUGHT!
3. Limited resources? Supplement with external team members (consultants).
4. Focus on mentorship, roll up your sleeves team-based approach to resolving problems and finding solutions; develop knowledge.
5. Continuously identify team strengths and weaknesses, fit them together like a puzzle, and work together to find solutions.



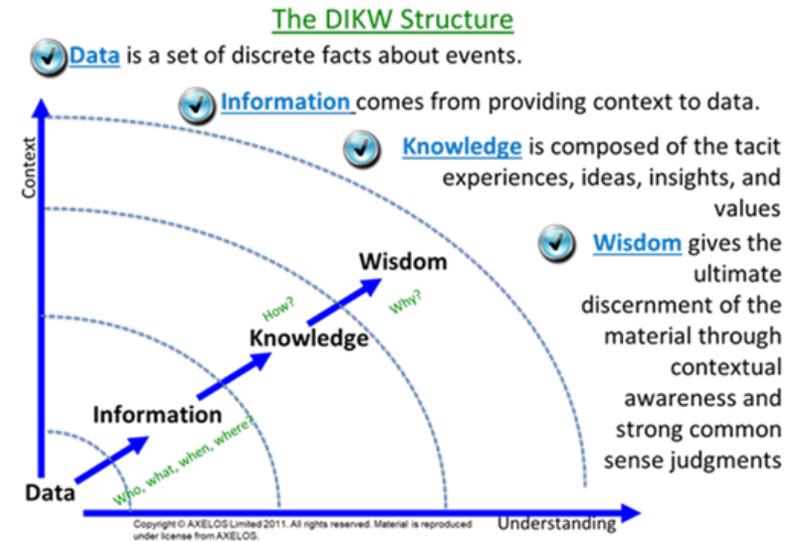
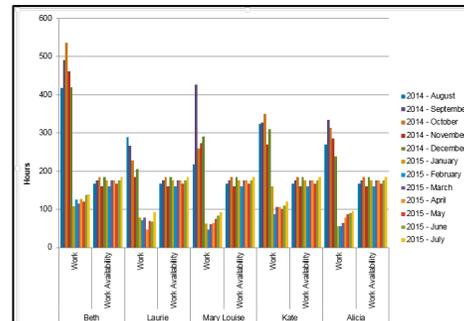
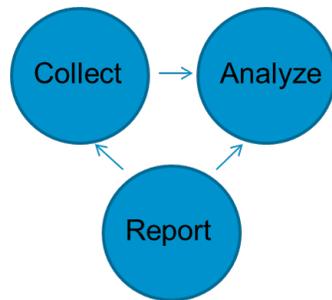
Strengthen the Team

1. Continually re-positioned roles based on capabilities, **passions, strengths, and weaknesses**.
2. Set the team up for success; **invest in your team** and they will invest in you.
3. Provide **appropriate resources**, infrastructure, training, awareness, continuous improvement.
4. Utilize **collaboration**, configuration management, and task management tools.
5. Optimize **performance**.
6. Communicate! **Communicate!** Communicate!



Develop the Metrics Program

1. Defined based on internal and external customers.
2. Understand context of the organization.
3. Quantitative wherever possible.
4. Analyze the metrics – turn data into wisdom!
5. Gain operational knowledge.



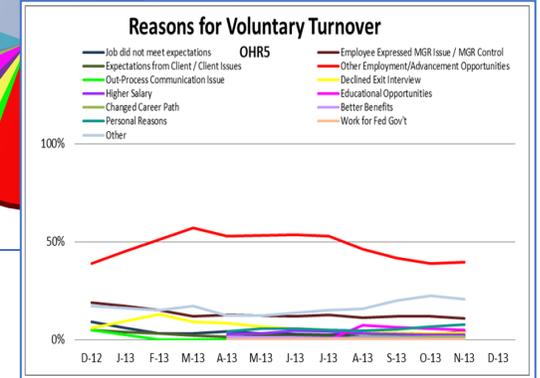
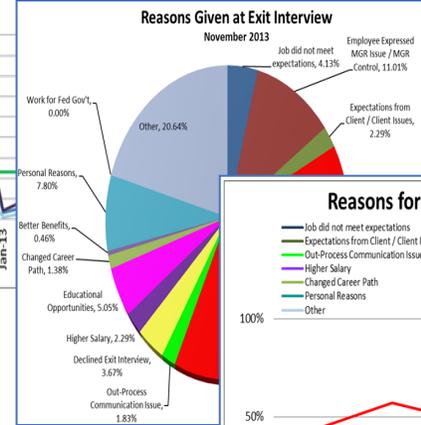
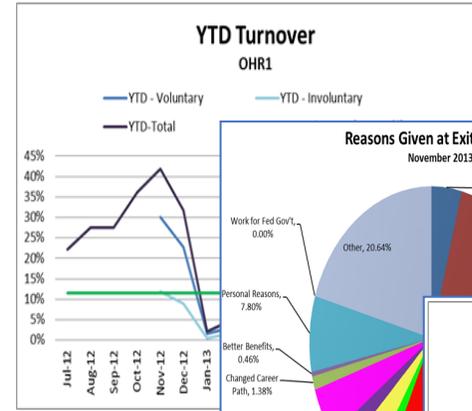
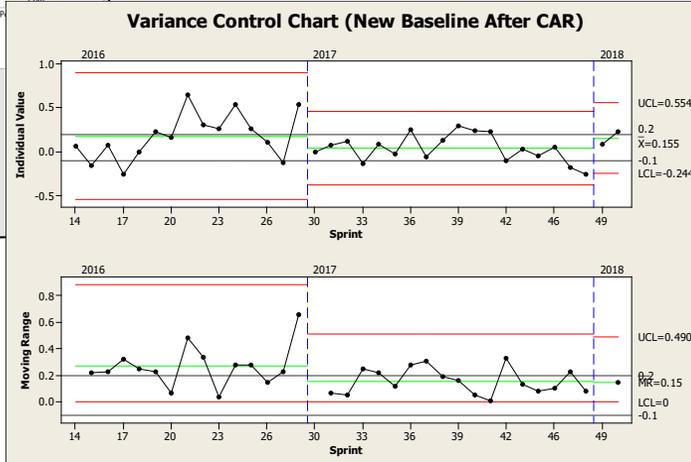
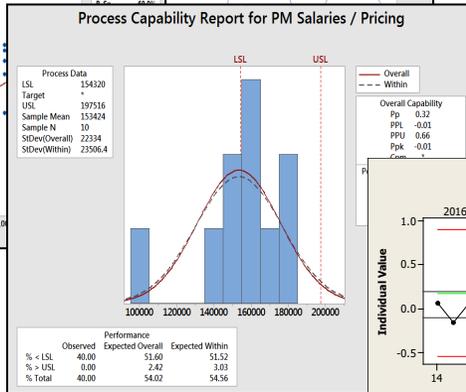
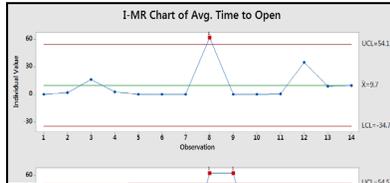
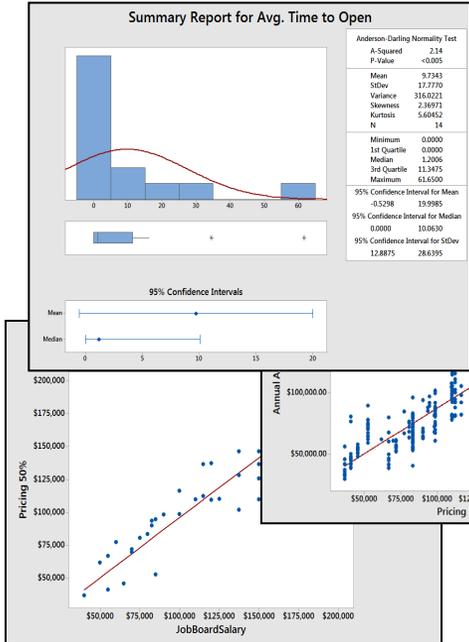
Probability	Impact				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
	1	2	3	4	5

Set Expectations and Deliver Results

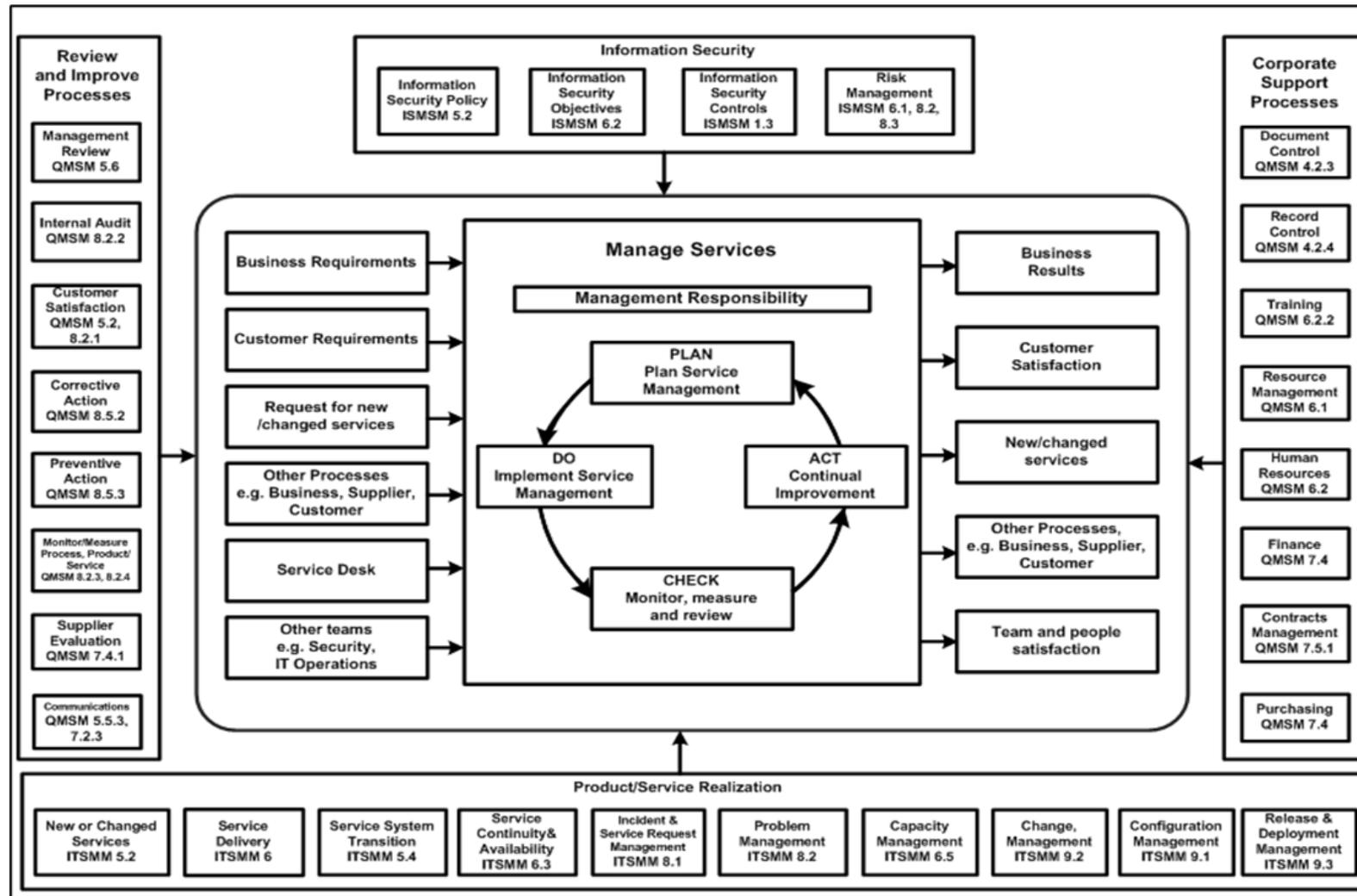
1. Don't overwhelm yourself—don't collect for the sake of collecting.
2. Choose metrics that make sense for your organization.
3. If it doesn't work, change or retire it.
4. Archive disapproved or retired metrics for future consideration.
5. “Number of” is not a valuable metric—trending is better.
6. A valuable metric should cause your organization to take action.
7. Ensure your ability to collect accurate data.
8. Graphs, tables, and charts can be misinterpreted—always include a written analysis portion.
9. Identify targets and measure against those targets; begin statistically controlling processes.
10. Perform root cause analysis on those metrics outside of targets.



Data-Driven Decision Making

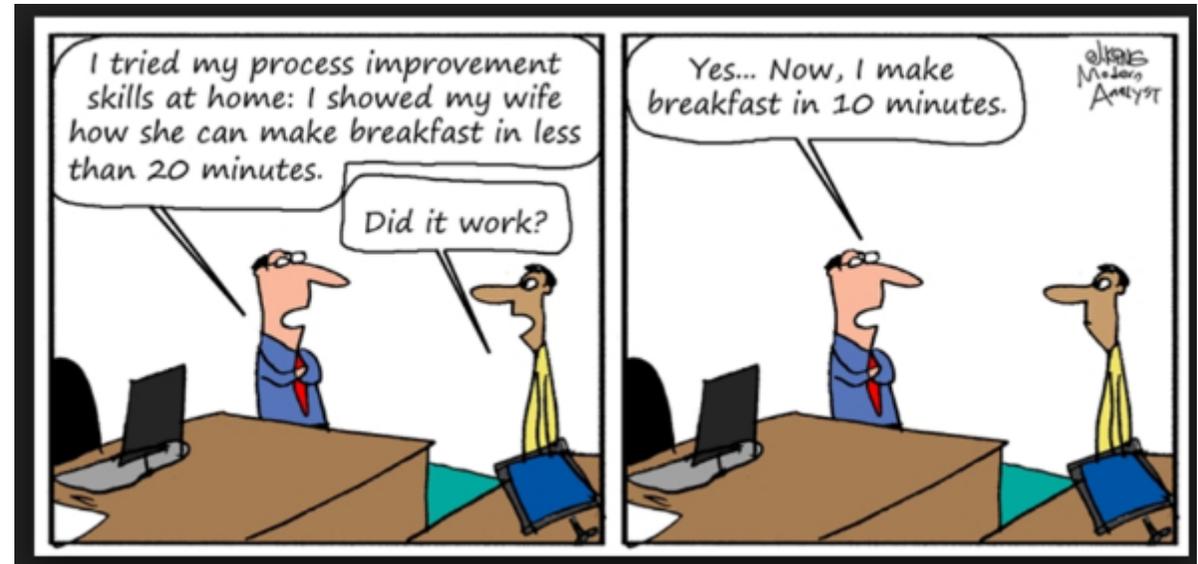


Apply an Integrated Process Approach using PDCA



Facilitate Continual Improvement

- Focus on back office supporting infrastructure too
 - HR
 - Recruiting
 - Finance
 - Contracts
 - Business Development
 - Security
 - IT
- Whiteboard sessions
- Develop processes/SOPs
- Train
- Internal Audits
- Management Review
- Measure and Report
- Communicate
- Share and collaborate*****



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REAL-TIME,
RESPONSIVE,
RESULTS.

In Real Life (IRL): Using Industry Best Practices

A Personal Medical Journey

IRL – The Diagnosis: Understanding the Scope, Needs and Expectations, and Context



Abdominal
Pain

Gall Bladder

Hives

Anxiety

Ovarian Cyst

Flushing

The Timeline

2011: Lower right abdominal pain; anxiety; insomnia

2012: ER visits x 2

2014: Hysterectomy

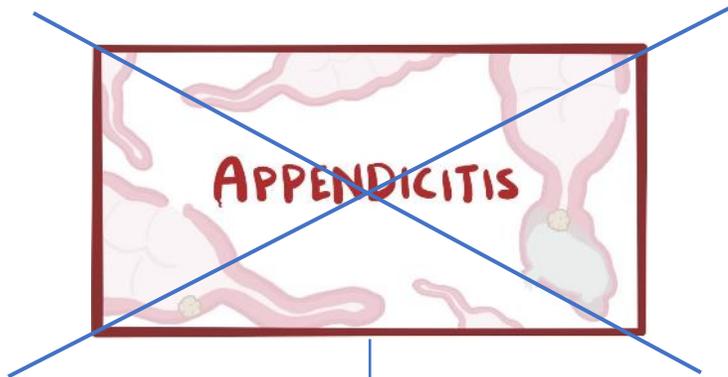
2015: The pain came back; increasing in severity exponentially, night sweats

2016: Unexplained itching in the front of neck. Flushing. Hives. Anaphylaxis.

2016: Gallbladder stopped working. The surgery. Diagnosed.

- Considered internal and external issues: Psychological, Physical, Resources, Skillsets and Expertise, Financial
- Identified interested parties: Who can help me; a multidisciplinary team
- Purpose and Direction: What is wrong with me?

IRL – The Diagnosis: I was RIGHT! (Sort of)



Pathology; the follow up appointment

I am
living with
(not dying of)
cancer.



Could you have a **NET?**

Neuroendocrine Tumor

Neuroendocrine tumors (also known as NETs or Neuroendocrine cancer), develop from hormone producing cells, which are found in many different parts of the body. Diagnosis is often difficult because there are many different types of NETs, including carcinoid and pancreatic neuroendocrine tumors, and symptoms vary significantly from person to person. The tumors are often slow-growing, which may delay the appearance of certain clinical symptoms. *These cancers are frequently undiagnosed or misdiagnosed*, and it typically takes about 5 to 7 years for patients to receive the correct diagnosis.

Are you struggling to get a diagnosis for any of these **SYMPTOMS?**

- Diarrhea
- Flushing
- Wheezing
- Shortness of Breath
- Abdominal pain
- Fatigue
- Skin irritation
- Heart problems

Common **MISDIAGNOSES** for NETs:

- Irritable Bowel Syndrome
- Rosacea
- Allergies
- Menopause
- Ulcer
- Crohn's Disease
- Pneumonia
- Anxiety

COMMON SITES for NETs:

- Lungs
- Liver
- Stomach
- Pancreas
- Appendix
- Intestines
- Colon
- Rectum

If you don't suspect it, you can't detect it!
For more information, visit www.carcinoid.org

Carcinoid Cancer Foundation
Advanced Accelerator Applications

IRL – Doctors (Leadership) and Patient (Customer) Focused

- Leadership and Commitment: Directing my care
- Customer Focus: Advocating for myself
- Communication
- Engaging the right people
 - Roles and Responsibilities
 - Who are the players; gathering a multidisciplinary team
 - Resources; financial, people, technical
 - Knowledge, skill, competence, and awareness

The Timeline

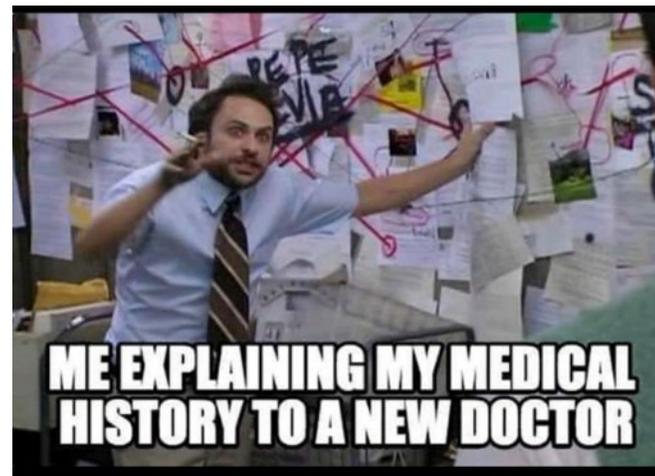
2016: Diagnosis and new symptoms (notably neuropathy and pain left side)

2016: YES I want to see an oncology

2016: NO it isn't MS and NO I'm not cured! Doctors can be wrong!

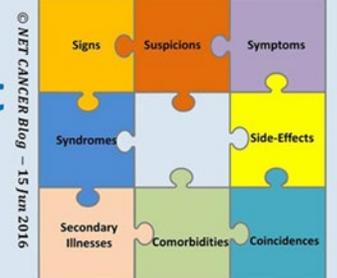
2017: The pain came back; increasing in severity exponentially, night sweats

2017: Lynch Syndrome, SECOND cancer site, and Carcinoid Syndrome Diagnosed

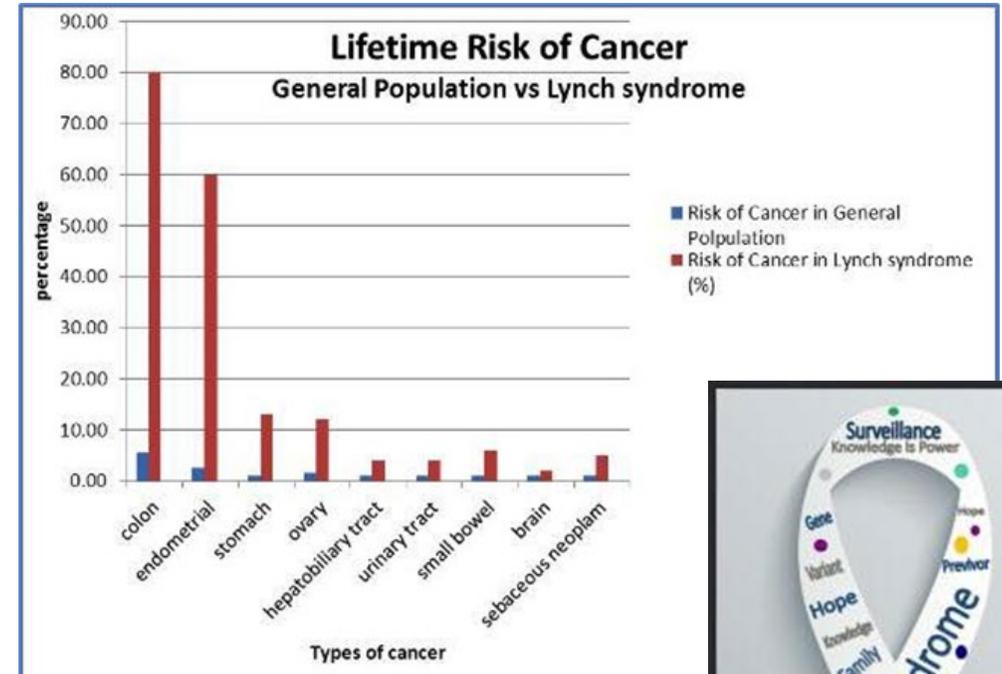
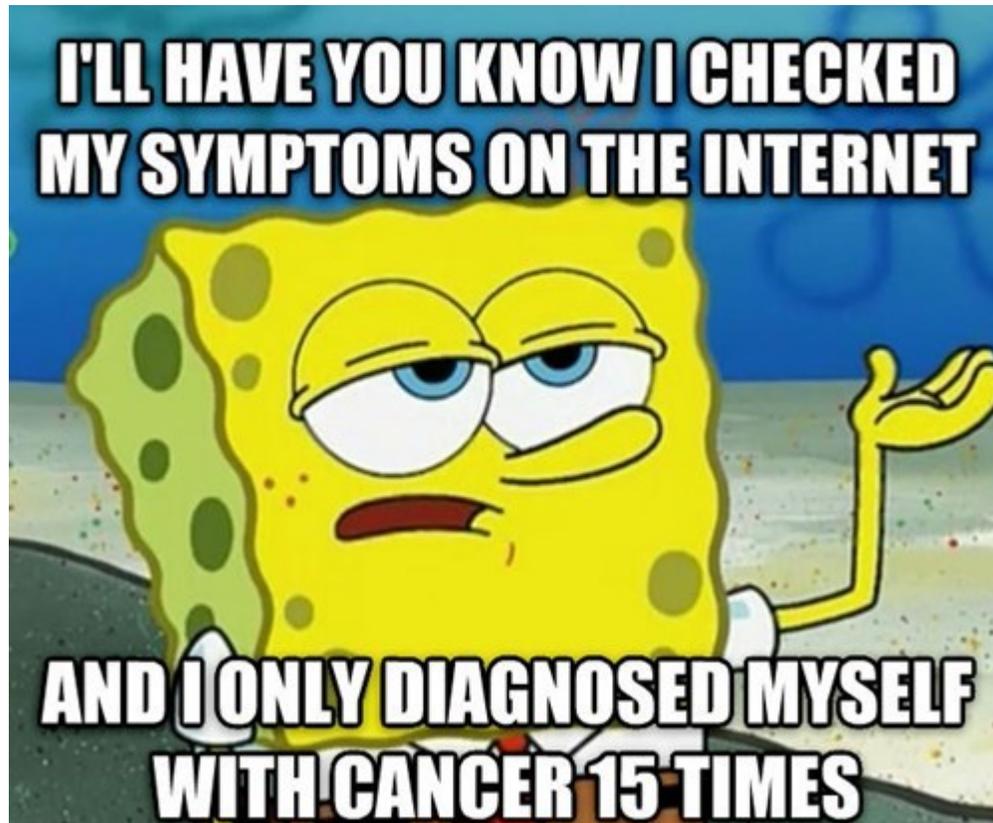


Neuroendocrine Cancer

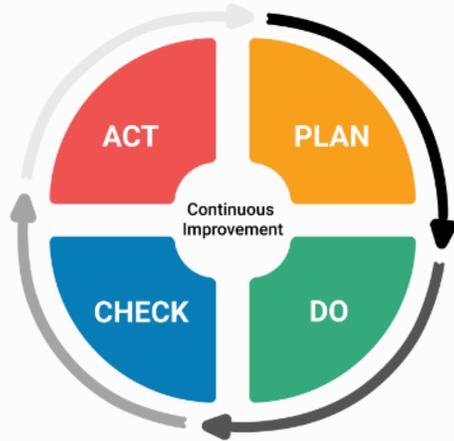
A very difficult jigsaw



IRL – The Diagnosis: Gathering and Documenting Information

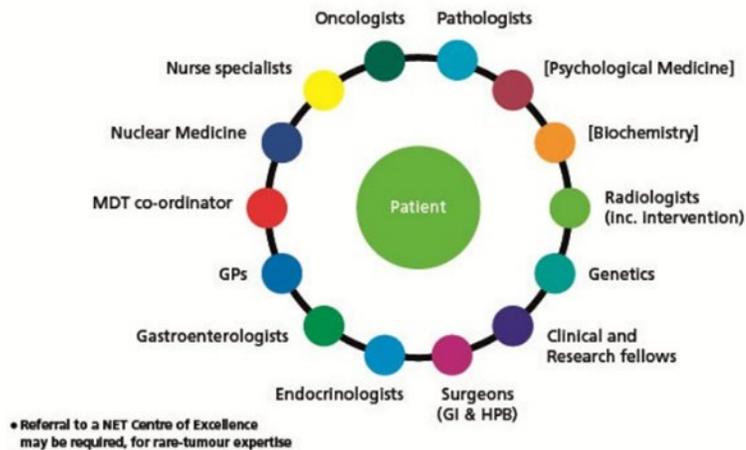


IRL – PDCA: The Path Forward



- Playing the Quarterback (management representative)
- Building the Multidisciplinary Team; management reviews!
- Understanding Objectives: Proper diagnosis and management (PDCA!)
 - Risks and impacts
 - Opportunities (new or changed diagnosis)
 - Objectives (quality of life, prolonged life)
 - Implementation plans (planned care)
- Process approach: Planning and Implementation to Achieve Desired Outcomes: Approach to Diagnosis and Care

NET Multi-disciplinary Team, NET MDT



The Timeline

2017: More surgeries

2017: Started a blog

2018: Feeling a little better; planning and getting treatments

2019: Monitoring, Evaluating, Monitoring, Evaluating

2020: Possible new locations, worsening symptoms. Continued my own research and submitted plenty of new or changed service requests!

IRL – PDCA: Evaluating and Convincing the Doctors

Decision Analysis Resolution, Root Cause Analysis:
Pre and Post Diagnosis Options

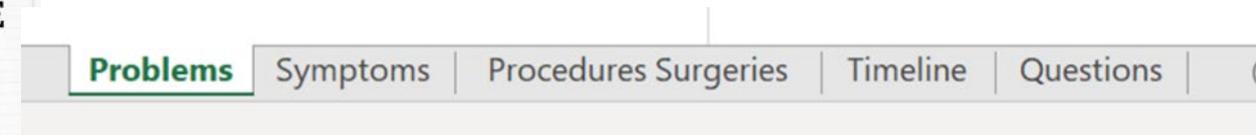
~~Appendicitis~~ ~~Gall Bladder~~ ~~Menopause~~
~~Anxiety~~ ~~Hypochondriac~~ ~~Multiple Sclerosis~~
~~Mast Cell~~ ~~Complex Regional Pain Syndrome~~

➔ **More NET Tumors floating around my body**

- Evidence-based decision making
- Carrying out the plans
 - Surgeries
 - Treatments
- Measuring, monitoring, and evaluating
- Continuously improving quality of life

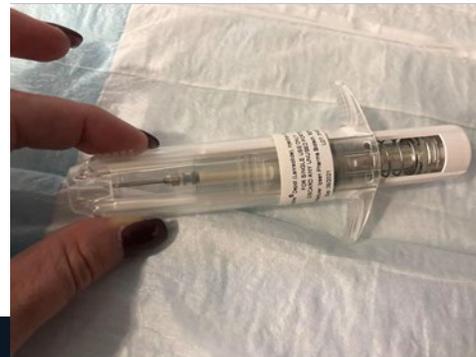
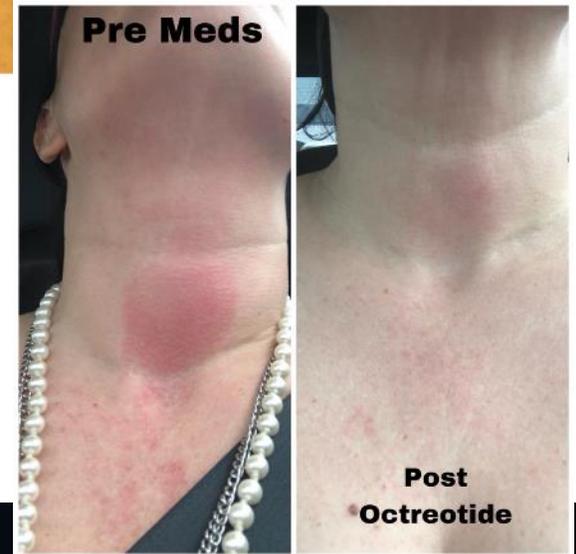
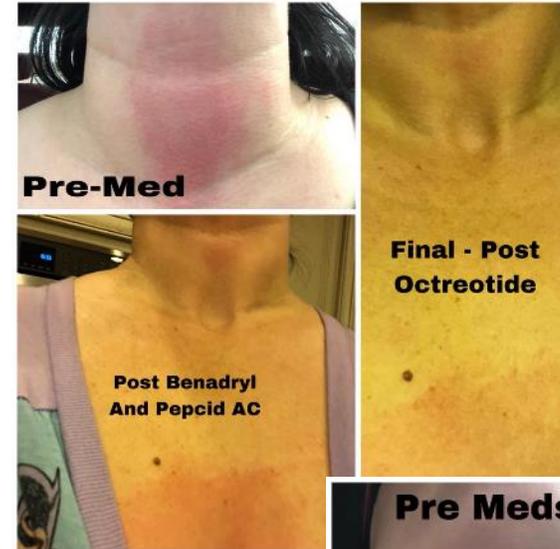
A screenshot of a spreadsheet titled "PUGH MATRIX TEMPLATE". The spreadsheet has columns for "Alternatives", "Baseline", "Reliability", "Delivery time", "Price", "Terms", "Quality", "Communication", "Totals", and "Rank". There are four rows of data: "Clothes 101", "Best Clothes", "Clothes for All", and "Dress for Less". Each cell contains numerical values. Below the table, there are sections for "Values" and "Comments".

Alternatives	Baseline	Reliability	Delivery time	Price	Terms	Quality	Communication	Totals	Rank
Clothes 101	0	0	1	0	0	0	0	1	1
Best Clothes	0	0	0	1	0	0	0	1	2
Clothes for All	0	0	1	1	0	0	0	2	4
Dress for Less	0	0	1	1	0	1	0	3	3



To Graph or Not to Graph!
~Beth Leonard

IRL – Continual Improvement: Metrics, Reporting, and Effectiveness



IRL – Continual Improvement: A Larger Impact

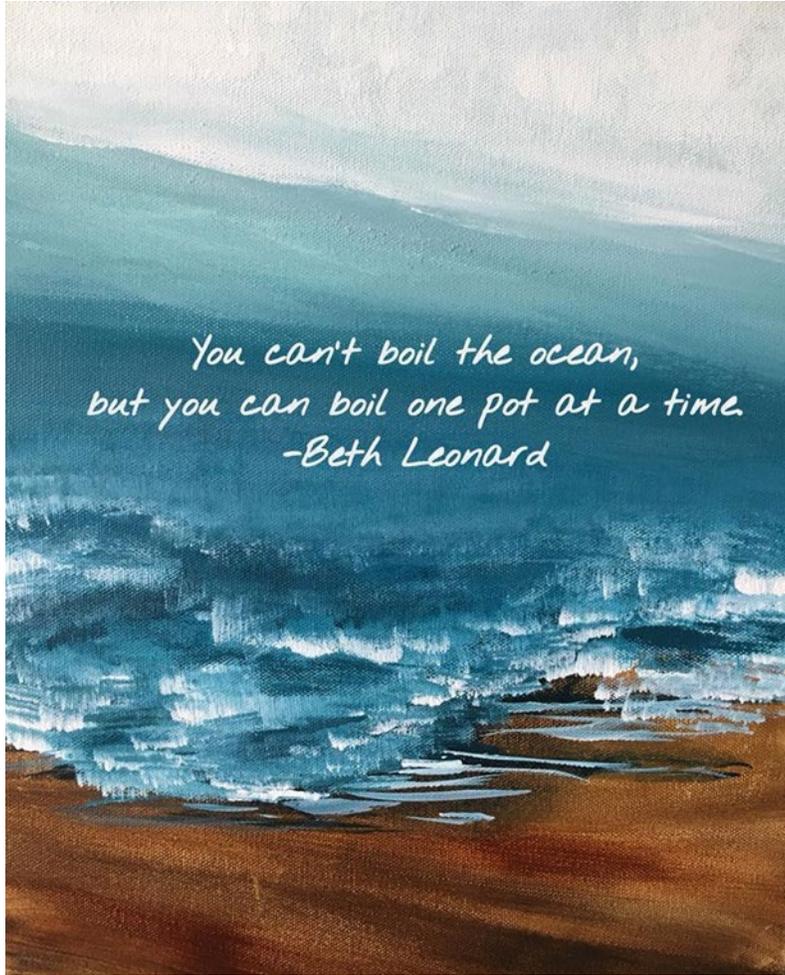
- Patient Advocacy: Blogs, Carcinoid Mobile/Web Apps, and outreach
- Improving medical processes for diagnosis
 - Internal Medicine Boards
 - Educating and Training Others
- International Clinical Research Designs



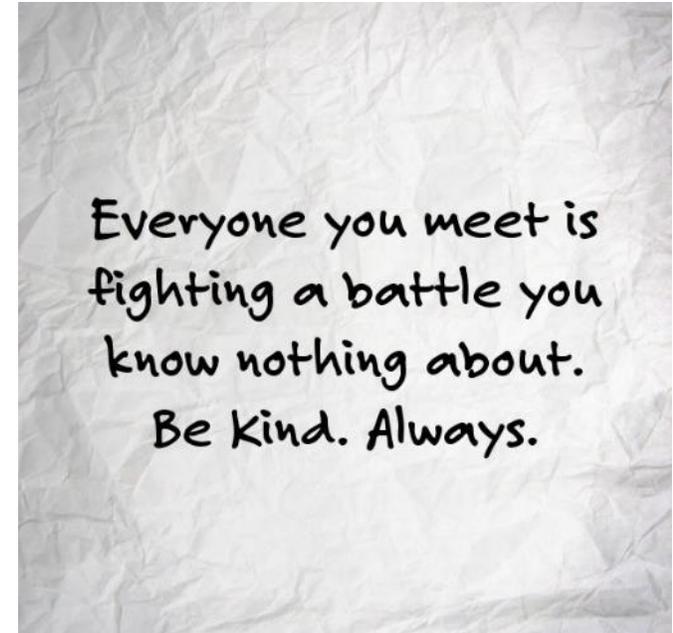
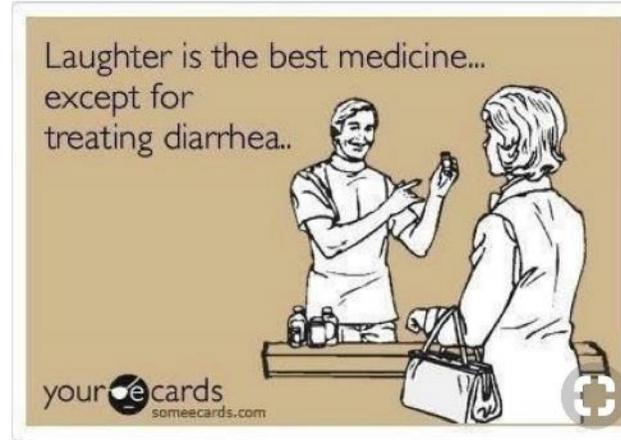
IRL – So now what?



IRL – So now what?



Final Thoughts



- Keep going! It gets better.
- Maintain your sense of humor
- Practice by leadership
- Put yourself in other's shoes
- Apply industry best practices at work and in real life

R3

REAL-TIME,
RESPONSIVE,
RESULTS.

Questions or Comments?

Linkedin: <https://www.linkedin.com/in/beth-leonard/>

Podcast: <https://tcagley.wordpress.com/2017/10/15/spamcast-464-beth-leonard-risk-based-thinking-and-more/>

Patient Advocacy (Carcinoid Cancer Foundation): <https://www.carcinoid.org/beth-leonard-living-neuroendocrine-cancer/>

Blog: <https://www.facebook.com/LIVEwithNETS/>

CancerCoachLive: https://www.cancercoachlive.com/app/carcinoid-syndrome/presentation/062018_carcinoidSyndrome_PAT

R3

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