

*President of WASPaLM  
Marilene Melo  
Brazil*

BULLETIN OF THE WORLD  
ASSOCIATION OF SOCIETIES  
OF PATHOLOGY AND  
LABORATORY MEDICINE



The World Association exists to promote pathology, pathologists and its Constituent Societies for the benefit of patients and the improved understanding of disease throughout the world.

## President's Message: Lean and Six Sigma in the Clinical Laboratory



WASPALM mission is to improve health throughout the world by promoting the teaching and practice of all aspects of Pathology/Laboratory Medicine.

The concept **Six Sigma** was first developed by Motorola in the second half of the 80's and after adapted and used by other big companies such as IBM and GE. At first the Six Sigma method was applied to production process. In the 90's this important quality process was introduced in services companies, including many American Hospitals. The perfect match between quality and costs is a permanent goal in the management of process either technical or administrative in Clinical Laboratories.

The Greek word "Sigma" is used in statistics to stand for the amount of variation seen in a process, a set of data, or anything you can measure. The measurement sigma demonstrates the degree which any process deviates itself from its goal. The Six Sigma process is the one that doesn't produce more than 3,4 defects by million of opportunities where the defect is defined as any characteristic of the product out of specification noticed by the client.

**Lean** is a set of principles which accelerates the speed of all process through the company. Classic tools Lean such as pulled systems and reduction of set up are being used to obtain resources in call centers, in surgery rooms, in governmental offices, etc. The methods "Sigma" focuses more on quality than speed. The methods known as "Lean" are better at improving process flow and speed than on improving quality. Combining the two is what makes Lean Six Sigma such a powerful improvement tool.

Since Lean Six Sigma starts with delighting the customers with speed and quality, its goal is clear – to eliminate anything doesn't meet their needs. We should all make a conscious effort to check what our clients want. One of the best ways to speed up a process is to eliminate process steps that aren't really necessary. The second best argument for getting involved in Lean Six Sigma is that the advantages are enormous. By using it in your own work area, you can:

- ◆ Help your Laboratory become more profitable: (grow revenues, cut costs, improve delivery time, reduce inventory and increase customer satisfaction.)
- ◆ Develop valuable job skills such as: (Decision making, problem solving, teamwork)
- ◆ Make your own job and workplace work better: (Get rid of a lot of waste – which will save you time and make your work more meaningful.)

To achieve this goal it is necessary to improve the process. That means to eliminate defects (anything that is unacceptable to a customer) and focus on how the work flows through the process.

It is necessary to create teamwork where people who work in different areas share ideas with each other searching for a real problem solution. It is important to combine the creativity of people working on the process with data and with an understanding of customers and process. Above all, you need to become a "process thinker" – the one who frames problems and issues in terms of what may be happening in the process. Making this mental leap has a much more profound effect than it may sound at first. We should have in mind the five laws of Lean Six Sigma:

- ◆ Customers are important;
- ◆ Speed, quality and low cost are linked;
- ◆ We need to eliminate variation and defects and focus on process flow, if we want to deliver quality, speed and low cost;
- ◆ People have to work together to make the kind of improvements that customers will notice;
- ◆ Data is critical to making sound business decisions.

One of WASPALM's goals is to promote high quality, cost effective in Medical Laboratories services. would like to motivate our Constituent Societies to promote discussion in their National Congresses about these new concepts of improvement of quality. Several workshops are happening with respectful professors in many American Cities. Certainly a lot of benefits would come if we could spread these concepts all over the world.

Always together!  
Marilene Melo, MD

## Professor Michael Oellerich Elected to Honorary Fellowship

Professor Dr. Med. Dr. H.C. Michael Oellerich, secretary-treasurer of WASPaLM, was recently elected an Honorary Fellow of the Faculty of Pathology of the Royal College of Physicians of Ireland. Dr. Oellerich, an internationally known pathologist, works and teaches in the Department of Clinical Chemistry at Georg-Gusut Universität Göttingen in Germany. He has served as a Director-at-Large for Europe before becoming secretary-treasurer at the 2005 World Congress in Istanbul, Turkey.



## EDUCATIONAL WORKSHOP:    St. John's Medical College, Bangalore, India (Dr. Robbie Bacchus)



The Third Educational Workshop was conducted with the collaboration of the Karnataka Chapter of the Indian Association of Pathology and Microbiology, the British Division of the International Academy of Pathology, and the Departments of Pathology of St. John's Medical College. Bangalore situated in Southern India is the capital state of Karnataka. It is India's fastest growing city with a modern and exceptional technological savoir-faire.

Consistent with the vision of WASPaLM the topics for this workshop were defined by the host organisation and were of relevance and importance for local needs. A very wide range of topics was covered including Paediatric, Breast, Skin, Gastrointestinal Tract, Lung, Prostate, Renal, Head and Neck, and Molecular Pathology. Additionally there were topics of general interest including Quality Assurance, Error Avoidance in Histopathology and Reforms in Education and Training. Interwoven between these topics were slide seminars on Salivary Gland Tumours, Vesiculobulbous Lesions of the Skin, and Non Neoplastic Lung Disease. There were also two panel discussions on Ethical issues in Histopathology and Issues in the Diagnosis and Management of Carcinoma of the Breast.

There were 426 participants. Of these 306 (72%) were consultants, and 120 (28 %) were trainees. The largest number of participants were from Southern India(75%) with decreasing numbers from the Western(12%) and Northern Provinces (9%). The smallest number of participants was from the East(4%). The reason for the disparity in the number of participants from some regions was the enormous distances to be travelled. Discussion among some of the delegates revealed that several had travelled "two days and two nights" to attend the meeting! There were also attendees from Sri Lanka,(4) Pakistan,(3) Oman(2) and Saudi Arabia (2).

The meeting was inaugurated by Dr K N Shankara Director of the Indian Space Research Organisation (ISRO). He highlighted the contribution of this organisation in providing health services to rural areas through the developments in Telemedicine. These developments are being pioneered by ISRO as a means of bridging the gap between the demand and availability of medical care especially since 98% of the medical professionals are located in the metropolitan areas while 78% of the patients are in the villages. A keynote lecture was given by Professor Sir James Underwood Past President of the Royal College of Pathologists in "Patient-Centred Histopathology – A Recipe For Survival". Professor Underwood said that pathologists are the "invisible" group in the medical field, but it is the pathologist who "Guides the Surgeon's Hand". Pathologists contribute very significantly to the clinical decision making and treatment modalities but this is often not appreciated. He also alluded to the low recruitment in the Pathology disciplines and advocated the need for a change in the basic attitude of pathologists from being tissue and laboratory – centric to patient-Centre.

The interaction between the participants and members of the faculty was very intense and animated, and the quality of the questions and the issues they raised during the discussions revealed a very perceptive and discerning audience. The panel discussions on Ethical and Management Issues attracted clinicians from medical, surgical, dermatological and paediatric specialities. Issues of probity, professionalism, and recognition of the limits of personal professional competence were some of the questions posed to the panellists.

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## St. John's Educational Symposium (*continued from page 3*)

Participants took part in an evaluation of the programme for the content, usefulness and quality of the presentations. There was also an evaluation of the case discussions to determine if the problems were similar to those usually encountered on the subcontinent. It was evident from the discussions that local approaches to management were modified by the discussions. Additional elements evaluated were whether there was an improvement of knowledge and understanding of the discipline. There was an agreement that the programme was professionally enhancing and there were many requests for the programme to be repeated at regular intervals in other parts of the country.

St John's Medical College was founded in 1963 through the efforts of the Catholic Church which identified the need of a Medical College to augment the many educational and social welfare institutions through which over many years the Church has served the Indian population. The College derived its name following approval of Pope John XXIII for the College to be named after his Patron St John the Baptist.

I have received several requests to repeat the programme in other parts of the country. These workshops have now become embedded in the psyche of pathologists as a regular and worthwhile educational event. The participation by pathologists outside India is also evidence of the growing popularity of our programme. Investment in Education and Continuing Professional Development will continue to be the strongest affirmation of one of the roles of WASPaLM, and a firm commitment is required from WASPaLM to support these activities.

I am grateful for the support of the Bureau in promoting these activities.

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## Brazilian Congress on Clinical Pathology

Brazilian Society of Clinical Pathology / Laboratorial Medicine will host the 40<sup>th</sup> Brazilian Congress on Clinical Pathology/ Laboratorial Medicine in September 19 to 22, 2006, in the city of Curitiba, state of Paraná (Brazil). The key theme for the Congress will be "Laboratorial Medicine and Chronicle Diseases – Pathology of Aging".

"Life expectancy for general population has been reaching significant levels, thus promoting the increase of chronicle diseases", explains Dr. Octavio Fernandes, president of the 40<sup>th</sup> Congress Scientific Committee and clinical pathologist physician. "Medicine has enormously contributed to improve this scenery, in its most diversified aspects: prediction, prevention, diagnosis and regeneration."

This is the perfect moment to discuss the approach of chronicle diseases under the perspective of laboratorial medicine. Chronicle diseases prediction, genetic tests and their ethical profiles; prevention through laboratorial markers revealing organic welfare, diagnosis for these types of diseases and the importance of early findings on medical approaches, and, finally, regeneration perspectives involving genic and cellular therapy will be discussed in the Congress, improving our actions in the context of living more and better", concludes Dr. Octavio. Additional information: [sbpc@sbpc.org.br](mailto:sbpc@sbpc.org.br), [www.sbpc.org.br](http://www.sbpc.org.br).

## Professor Mikio Mori Retires

*(Professor I. Sakurabayashi<sup>1</sup>)*

At the end of March 2006, according to the compulsory retirement system in Japan, **Dr. Mikio Mori** retires from Dokkyo University School of Medicine, Japan after 22 years service as a leader and professor in charge of pathology and laboratory medicine in the school and hospital.

To celebrate his retirement a very nice banquet was held at Keio Plaza Hotel Tokyo on March 4, 2006, where about 350 guests participated including not only from medical circles but also pharmaceutical industry reflecting his broad association with them. Many warm congratulatory messages, including those from WASPaLM Bureau members Drs. Marilene Melo, Henry Travers, Utz P. Merten and Gamze Mocan Kuzey, were delivered and impressed all participants who also enjoyed a vivid attraction



*Professor Mikio Mori and his wife Reiko*



*Professor Mori, Reiko, and Professor Tadashi Kawai with one of the Brazilian dancers*

of samba dancing performed with 10 Brazilian dancers. For the past 13 years, first as Executive Director and then as President-elect, President and Past-President of WASPaLM, Dr. Mori's contributions have been very well recognized, particularly in the areas of financial reconstruction and website development. He was honored with the Gold Headed Cane at the 2005 World Congress in Istanbul, Turkey.

He greatly contributed the development of laboratory medicine in Japan and took many key roles in the Japanese Society of Laboratory Medicine, Japan Medical Association among others. It is well recognized and highly appreciated by both medical circles and pharmaceutical industry that his activity at the Committee of National Health Insurance Reimbursement for Laboratory Medicine had contributed to the growth of laboratory medicine in Japan. Though he retires from Dokkyo School of Medicine, he continues to serve as the President of the Japanese Association of Clinical Laboratory Physicians. Also he is appointed to a professorship of the Department of the Food and Nutrition, Jumonji University, Niiza, Japan beginning in April 2006. We thank Dr. M. Mori for his many years of hard work, and we look forward to his continued advice and leadership as the Past President.

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*Attendees at Professor Mori's Retirement*

<sup>1</sup>Respectfully submitted without Dr. M. Mori's permission by Prof. I. Sakurabayashi, Secretary, Board of Regents, World Pathology Foundation. Former Executive Director, WASPaLM



## Schedule of Japanese Association of Clinical Laboratory Physicians (JACLaP) 2006

January 13, 2006	1st Meeting of the Directors and Executive Directors at the office of JSLM
March 17, 2006	2nd Meeting of the Executive Directors at the office of JSLM
March 25, 2006	62nd Educational Seminar of Laboratory Medicine (Blood Transfusion, Bone Marrow, Immunoelectrophoresis Pattern) at Kinki University
April 15, 2006	63rd Educational Seminar of Laboratory Medicine (Blood Transfusion, Bone Marrow, Immunoelectrophoresis Pattern) at Keio University
April 21 to 22, 2006	16th Spring Meeting at Metropolitan Hotel in Takasaki Progress of Laboratory Medicine and Future of Laboratory Physicians Meeting of the 2nd Directors and 3rd Executive Directors 27th General Meeting
May 13, 2006	3rd Educational Meeting of Good Laboratory Management at Toshi Center Hotel in Tokyo
May 14, 2006	64th Educational Seminar of Laboratory Medicine (Quality Assessment & Laboratory Management) at Showa University
May 28, 2006	65th Educational Seminar of Laboratory Medicine (Clinical Chemistry & Microbiology) at Self-defense University
June 16, 2006	4th Meeting of Executive Directors at office of JSLM
July 21, 2006	24th Seminar for Corporate Sponsors at Tokyo Garden Palace
November 8, 2006	3rd Meeting of Directors 5th meeting of Executive Directors in Hirosaki Culture Center 28th General Meeting in Hirosaki University
December 15, 2006	5th Meeting of Executive Directors at the office of JSML

## WHO Executive Board Meeting, Geneva

**23-28 January 2006**

*(Dr. Utz Merten and Dr. Robbie Bacchus)*

At the request of Dr. Marilene Melo, president WASPaLM, we represented our association at a meeting attended by representatives of 142 countries and 46 NGOs.

We were asked by the president to raise two issues at this meeting, viz. bacterial resistance in hospital microbiology and laboratory accreditation. We were informed that issues for the agenda cannot be entertained unless they first receive Government support together with that of all the governments who must first be lobbied for their support of inclusion of the item on the agenda.

The item on bacterial resistance was in fact discussed at the last WHA meeting in 2005. (See documents WHA A58/A/SR/ 8, /9 and /12 on [www.who.org](http://www.who.org) )

This session of WHO EB was dominated by discussions on strengthening pandemic-influenza preparedness and response. (See attached document of Report by the Director General and the Secretariat EB117/2 and EB117/5 respectively). An interesting statement was presented by the NGO representative of the International Federation of Pharmaceutical Manufacturers and Associations, Mr. H.E. Bale Jr (Preparing for pandemic influenza vaccination).

There was also a report on the WHO response to Tsunami and the earth quake in South Asia (Document EB117/30) and on strengthening health and surveillance systems: use of information technology and geographical information systems (Document EB117/32).

We held a meeting with Dr. Gaby Vercauteren from WHO and further discussed ways of cooperation and collaboration we started during our last meeting on occasion of WHA May 2005.

During the meeting we met with Dr. T. Ghebrehwet, NGO representative of the International Council of Nurses. The issues raised were the disparities in the training of both nurses and laboratory technicians and the need to have a standardized form of training in view of the easy migration of personal within Europe.

Emerging from the general discussion of the Assembly was the importance of involvement of the public in general health measures since their cooperation is critical in enhancing our approaches to governments, closing the gap of knowledge and understanding.