

## Foreword

Healthcare is undergoing the most significant change most of us have ever experienced. Patients have growing treatment options, and the tide of change in how healthcare is financed may well improve access and affordability. For those who provide care—physicians, nurses, and other health professionals—there are new pressures for not only improving the quality and safety of care delivery, but the efficiency as well. Likewise, those who lead healthcare organizations, those that pay for healthcare, employers, insurers, and the government all have to reimagine how to organize, pay for, and provide care.

Much hope is placed on the use of technology to address any number of woes in healthcare, from improving efficiency to patient safety. This is not surprising, as technology has been a significant part of advances in medicine. Many now hope that technology can turn the tide in the transformation of healthcare. But beliefs and behaviors are the root of transformation; technology merely enables, facilitates, and hastens change. As it stands, we have a healthcare delivery system that is unaffordable, inefficient, and sometimes downright dangerous. It is in need of true transformation. At the heart of transforming care we need to tap into the wisdom of those delivering care and equip them with the means to propagate the kind of change necessary to yield a new healthcare delivery system.

Dr. Avedis Donabedian, the father of quality improvement in healthcare, gave us a model to use when confronting how to improve care delivery. He suggested that we think about care in terms of structure, process, and outcomes. This framework allows us to apply science to make change. But applying science alone does not yield sustainable change.

Any of us leading change initiatives find some individuals ripe for change and laggards that fight us all the way. The majority between wait to see if it is real improvement or simply a fad. Their inaction—fearing change or new ways or fearing the loss of what they know—is driven by behaviors and beliefs (culture).

A fundamental part of our current culture is tied to how we have isolated, encapsulated, and segregated the how, what, who, when, and where of patient care. Everyone is keenly aware of the silos and talks about breaking them down, but applying science alone will not overcome these barriers. At the end of the day, we must apply science and address culture in order to make truly sustainable change.

*Perfecting Patient Journeys* and the approach it advocates of value-stream improvement bring together both the scientific and cultural components needed to begin transforming healthcare delivery. This book has its roots in a project with the MHA Keystone Center for Patient Safety & Quality. The MHA Keystone Center brought together hospitals in the state of Michigan to pursue improvements with unprecedented collaboration for expedited results. Over the past decade, we have applied both science and culture change

to produce an environment that looks for prevention of harm and engages clinicians, administrators, and other members of the healthcare team. Most important, we have achieved results, such as driving infection rates to zero among participating hospitals. It is the combination of culture and science that creates the environment for sustainable change.

As we look ahead to the needed transformation of how we deliver healthcare, there are difficult questions to ask about how we care for patients and how patients wish to receive their care. In some cases we have clinical evidence that supports changes in how we deliver care. Yet in other instances either there is not an evidence base or the changes are not clinical in nature. So while we set forth to change culture and enact change, we also must gather evidence and continue to rely on Dr. Donabedian's structure, process, and outcome. This is the approach we took at the MHA Keystone Center as we conducted a project of changing processes in emergency departments across the state.

Value-stream improvement (VSI) served as the basis for our ED improvement effort. Because it was impractical to bring teams from more than 70 emergency departments to a three-day lean session or to deploy lean consultants on-site at each hospital, the authors of *Perfecting Patient Journeys* applied an innovative method: Small teams attended collaborative learning sessions and then returned to their hospitals to engage and coach the rest of their staffs. This process of socialization engaged the physicians and nurses at each emergency department, giving them the science necessary to make change and shaping their beliefs about their own abilities to influence their work environments and change their cultures.

The authors created a field guide to support the training used during the collaborative sessions and, thus, provided attendees the means to train their colleagues. That field guide became the basis for *Perfecting Patient Journeys*. Written in a clear manner without excessive lean jargon or terminology, this book presents the value-stream improvement approach, which simultaneously blends the ability to change structure and process while changing culture.

I hope that as you read and use *Perfecting Patient Journeys* it serves as a guide to support change in your organization. There is no circumventing the hard work of transformation. By engaging the clinicians, supporting them with the right tools, and, most importantly, listening to their wisdom, you will find a path toward sustainable transformation.

—Sam R. Watson

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