



Transcript of The WLEI Podcast:

Becoming the Change: Kim Barnas and John Toussaint Discuss How to Transform Healthcare

September 28, 2020

Featuring Host Tom Ehrenfeld and guests Kim Barnas and John Toussaint

Lean has always promised great improvements for health care providers, but have past attempts to apply this system fallen short? And if so, are there any possible aspects of making lean stick that have been missed? Today we have two healthcare giants, Kim Barnas and John Toussaint, who will share a key insight from their new book [Becoming the Change](#), which is the vital role that personal transformation on the part of healthcare leaders plays in complete lean change.

Tom Ehrenfeld:

Welcome to LEI. It is a treat to have Kim Barnas and John Toussaint, the authors of the new book *Becoming the Change*, which is a great elaboration of how to do Lean in healthcare, what it takes to operate a system of continuous improvement. And the great value of this book is that it's very inviting and encouraging. Both Kim and John have written fabulous books before, and this one brings some storytelling and immediacy, and I guess what I would call a personal call. It focuses on the leadership behaviors and characteristics that are necessary to lead, I think, and to draw others into CI in healthcare. So welcome Kim. Welcome John.

Kim Barnas:

Thank you.

John Toussaint:

Thanks Tom.

Tom:

Thanks. Let me just start, I'm going to read you two quotes from the book, and then I'll ask you to elaborate on them. In the introduction you talk about how:

“the frontline of healthcare is made up of highly trained experts with an emotional stake in the outcome of their work. People live or die at our hands. We do not want to claim healthcare exceptionalism across the board, but there are qualitative differences between caring for humans and building

machines that first wave of consultants who usually began their careers as manufacturing engineers, did not always understand this.”

Tom:

And this passage is in the context of how prior efforts to help transform healthcare organizations have worked or not gotten the traction that they were designed to get. “What we've discovered is that the most important part of this work is internal. It is personal, beginning with executives and board members, leaders in an organization that seek transformation must change how they behave toward other people.” And that seems like such a key message at the heart of your book. I simply want to ask an open-ended question, for each of you to say more about this, what that really means, what that feels like, and why you came to this core idea.

Kim Barnas:

Well, I think that John and I are coming from a passion for healthcare and a passion for improvement. And when John brought the idea of Lean to ThedaCare in 2003, I had the luxury of being a member of that team. And we had some great successes and we also had some great setbacks. And we had some difficulty with sustainment. And so when our consultants taught us Lean, and they did an awesome job, it was really focused on the tools of Lean and Lean thinking, but not translated into Lean behavior.

Kim Barnas:

And so as we ran our experiments, and we have now seen with hundreds of other organizations, we saw how the transformation has to begin with the leader for it to sustain. If we're going to ask our teams to change how they behave and how they use Lean and how they think differently, we have to be at their side, we have to be their support and their mentors. And we actually have to leave our offices and demonstrate different behaviors ourselves.

John Toussaint:

Yeah. And to build on that experience, I would say that what's in the book is truth. In other words, we have seen this work and we have the examples in the book of leaders who have really changed the way they act. And as they've changed, the organization's performance and culture has changed. So, this isn't theory. We've worked with many CEOs now around the world. And we've applied these concepts of self-reflection of managing to certain behaviors and actions that impact people. And it works.

John Toussaint:

And we couldn't put all of the examples in the book, but the reality was that Kim and I wrote this book because we realized that we had stumbled upon something that works. And in the book, there are many ways that you can start trying this. We have some downloadable sections, and so you can take some of these templates and start working with it yourself, because it works.

Tom:

Well. It does seem to me, that you're talking about Lean leadership in healthcare and that this personal element of operating in a way that you guys outline, with a humility and respect and inquiry, is both more important in healthcare and at the same time, more of a challenge to achieve, given who I think goes into it and who succeeds. And perhaps that's not a fair assessment, but it seems to me that healthcare thrives on having smart, perhaps opinionated folks. And I wonder if there's challenges within this environment that are everywhere, and if it's a kind of a higher bar to cross because of it.

Kim Barnas:

Let me speak from the administration side and then I think John can speak to it from the physician side as well. In healthcare, you have brilliant people everywhere, and your nurses are on one path, your physicians are on another path and there aren't the same path by the way. And then administration comes in and they have their path and they want things done a different way.

Kim Barnas:

If you come to a place where you have mutual respect and the ability to truly listen to each other, not just wait to speak, to actually listen and be curious and interested in what each other's position is. Then you come to much better solutions and you come to those better solutions at the frontline, in middle management and in leadership. And so taking those skills of humility, going to see, reflecting on what I said, was it helpful, or did I get in the way of the people I was just trying to lead, makes us more vulnerable and it makes us more open to learning together and it makes the outcomes better.

Tom:

Okay.

John Toussaint:

Yeah. I mean, I think the clinical side of this is interesting because I think that, physicians always feel like they've got the answer and we have been highly trained to do certain things at a very high level of quality and efficiency, but where it breaks down is not there. The clinical aspects of this work is not where the breakdown is in healthcare: it's in the management and process aspects of the work. So I think that the more we can act this way (that we're describing in the book), the more that physicians begin to understand that we really do care about what they're doing and the work that's going on.

John Toussaint:

And what we're doing is looking at it from a different perspective, not necessarily the clinical perspective, but the management perspective, and when they start to get some of their concerns addressed, because we have a Lean management system that actually addresses concerns, and gets people on the frontline to solve problems. Then they start to see that, this is a different way of managing and that's really what this is. It's a different way of managing, right?

I mean, Lean thinking is a different way of managing. It's a methodology that is just different than classic Sloan's of school management. And we have to prove that every day to clinicians in order to gain their trust.

Tom:

Right. And as you say, you need to be able to change behaviors. It's not just thinking differently, it's acting differently. And yeah, I'm not sure that's always taught in medical school or the kind of existing teaching method we have now.

Kim Barnas:

Although we're applying this to healthcare, I think it works in lots of other places. My son has a little coffee shop in New York city, and I'm teaching him these principles and I'm teaching him... Of course we're reading the other Lean books together as well, but learning how to be humble and how to reflect, how to listen, how to ask questions, how to be curious, that plays across all industries. It's particularly important in healthcare, but it's not unique to healthcare in my opinion.

John Toussaint:

Yeah.

Tom:

Well, then you guys list the personal qualities, five fundamental leadership traits: willingness to change leading with humility, curiosity, perseverance, and self-

discipline. And again, I'm not sure those are explicitly taught in a medical education. But the book certainly focuses on becoming the change, on shifting. And you do offer personal A3s, the Shingo model. What are some of the kind of first steps for people who want to start for lack of a better word, becoming the change and leading differently?

John Toussaint:

When we start with a team or an individual, we always start with a personal A3. And our joint faculty member, Margie Hagene, is a faculty member to LEI and at Catalysis. She was the one that really pioneered this work and we've grabbed onto it and found it to be tremendously valuable. So A3 thinking only applied to your own, personal leadership skill. And it's not necessarily, I'm a bad leader.

What are the things that I want to do in order to improve my leadership skills? And if you think of the personal A3 as the process by which I'm going to actually become a better leader, then it's iterative and you're constantly going back and reflecting on, what have you learned? What are the things that I did this week that unleashed the creativity of my team? What are the things I did this week that shut my team down?

And as we reflect on that, and then we use that A3 thinking to build a better skill set, that is an improvement process that we have found to be incredibly powerful. That's where everybody should start, because that's what is actually going to help guide you. We're our own worst critics or best critics. And so if we have this self-reflection mechanism, we have the ability to go get some feedback from some people, and then constantly coming back to it to think about, okay, what experiment might I try to improve this particular skill? So I think that's why we focus on that key, so, so heavily in this book, because it works.

Tom:

One aspect of A3s that always impressed me as a very kind of dynamic and gritty mechanism for improvement is the emphasis on framing problems as gaps, of articulating and framing the challenge in very tangible terms as a gap to be closed between current state and ideal state. And I think that using it with a personal A3 is kind of ingenious.

And I'd like to unpack it more. What are the underlying dynamics of writing a personal A3 like for those who haven't done it, or aren't familiar with it? Tell us what you're being challenged to recognize, acknowledge, and then put into a structure that tees it up for real change and improvement. Tell us how that works. What's going on?

Kim Barnas:

Well, it's interesting, first of all, when we do the personal A3 we recognize that we don't really put together a problem statement. This is an opportunity statement. And for people to even take this first step on the journey, they must have a willingness to change, which by the way, is the number one thing we rate when we get started on the radar chart and recognize that they want to change, and that change could make them a different, better leader. Then we ask what are the steps that you need to frame to do it.

The biggest barrier we see at that beginning is they want to apply it to their organization. What can my organization do to be better? How can I change the way the organization looks at things, and this is not meant for the organization. This is meant for you personally: what are those things that you do that get in your own way, that could help you be a better leader? And then we work on framing that, in honing it iteratively down to what are the behaviors, my personal behaviors, that I need to change? What are the one or two things that if I change we'll unleash that creativity, we'll allow problem solving to proceed in a different way? What are those things that I need to work on? And they're different with everybody.

John:

I think we're not throwing out our strengths in this process. In fact, in the current state analysis in the personal A3, what we recommend is people talk about their strengths. So what are the things that you do really well as a leader? And how could that be leveraged, right? To actually improve your leadership skills

So it's a combination. There's some things that maybe I can improve upon, but then there's also some things that I'm really good at, that I can actually be even better at. And as we think about what the opportunity for us to be a more effective leader, we're taking all of those things into account, not just the fact that I don't ask good open ended questions.

Well, okay. But what do you do well? Let's talk about those things and how we can leverage them. And it becomes much more of a personal reflection process because we're looking at it from the standpoint of our strengths, the things we would like to improve on. What is the opportunity we have here? One of the examples in the book is from a good friend of mine, LP Long. He said in his opportunity statements that, "I'd rather do other than coach people to do."

Because first of all, I get a lot of positive reinforcement when I solve the problem and it's easier. Right? But the reality is, I need to be a coach. To coach people to be able to do those things, right? So, that's not really a bad or good thing, it's just an opportunity. If you're trying to build a community of problem solvers, then

becoming a coach to do that, is part of what he reflected on in terms of what his personal leadership skill development was needed to be focused on.

Kim Barnas:

Well, there's an interesting reflection there too, John, in that many people want to work on coaching skills, and to work on coaching skills, you probably need to be coached. And so when you look at the perseverance aspect of that radar chart, it's, do you have a buddy or a peer or someone who can help you with reflection, help you with observation, or do you have an executive coach that can help you? So I think when you're looking at perhaps steps to this, the first step is the willingness to do it, and to actually take the time to develop a personal A3, but the second step might be getting someone to help you with it.

Tom:

Let me just veer into the... if not awkward, vaguely inappropriate, and ask each of you, if you've done your own personal A3s, and in the process what may have surprised you, what you learned from it, what personal improvements resulted from the process?

Kim Barnas:

Well, mine is in the book. So, I did, I have, and I continue to, and, if I tend to do it every six to 12 months to see if my experiments are working. And so when I started out, I realized that, I didn't ask very good questions and I'm not sure I still ask very good questions, but I keep getting better at that.

Tom:

If I may, what does that mean? Ask better questions. How can they be better? What do questions do?

Kim Barnas:

When I go to the gemba or I'm coaching someone on their A3, or we're doing problem-solving, do I have to have the answer? When I ask a question, do I have an answer in mind? Or am I asking a question of real curiosity, that's going to let other people unleash their creativity and together, we may come up with a totally different solution. But if I come to my team as an executive, and I have an idea, and I frame my questions to guide people towards my solution, I am doing everybody a disservice. And that was really the first thing I've had to work on. And I continue because we don't get to be CEOs by not making decisions and thinking we know the right answer, right?

John Toussaint:

Yes.

Kim Barnas:

So, you have to find a way to check that.

John Toussaint:

Yeah, and I've used this process over the years and actually have very similar thoughts, maybe a little different context because, I didn't get introduced to personal A3 until well after I was stepped down as CEO of healthcare system. So, now I'm in this role of coach and the question is, what's the right question to ask? And so as I went through this personal A3 process, first of all, am I asking the right questions? And then, how do I know... and back to your point Tom. How do I know that it's the right question?

And that was kind of the Aha moment for me is as I started to experiment. The opportunity is, how do you ask the right question? And then when you start to experiment with that, you began to realize that there's just so many layers of thinking that goes into really empathizing and understanding what the person that you're working with, whether you're coaching them or whatever.

And that was what helped me. Margie Hagene came and did a day-long session with our team and really sort of helped flip me... That was in my personal A3, is that, that session really helped flipped me into "Boy, I'm asking the right question?" And, it's one thing to say, "Yeah, just start every question with what and how, and you'll be fine." It's another thing to say, "Which, what, and how question you need to ask, in order to develop people." That's a whole different question.

Tom:

And it also feels to me like it's kind of 3D inquiry. That you're not just focusing your beam out there to uncover the truth, but that the entire process of inquiry with others needs to be navigated with an inner beacon, on why are you asking this question, not in an ego-driven way, but just a willingness to train that sense of exploration on yourself in the moment, as well.

John Toussaint:

Yes. I got an interesting conversation this week with a CEO that I'm mentoring, a healthcare CEO and, he was talking about developing his team. And I said, the hardest thing for me, is to know what the right question is, that will help that person in their development. And the problem is that, every one of those

executives that report to him are different. And every one of them, does not need the same question.

So, if you don't really get into this sort of empathizing mode of trying to really deeply understand, like you say, into a 3D way of the conversations that you're having, especially if you're in this for development purposes, then, it doesn't work. So this is really complex stuff, a lot of human dynamics going on and other things but I'm convinced that, these key behavioral traits, or dimensions are the ones that really matter when you're developing people. And in the end, what Lean's about is developing people.

Tom:

And I would think that something that John Shook talks a lot about, which is the nature of Lean as a social technical system, comprised equally of measures such as these fostering awareness and improvement of how you manage with some very prescribed and rigorous mechanical techniques at seeing problems, breaking them down statistically and finding the kind of leverage points. So, how aligned do these things you guys talk about in this book? How closely do they have to be matched with kind of technical tools for improvement?

John Toussaint:

Yes, it's both, as in that's what John would say too, if-

Tom:

Yes

John Toussaint:

I also like it when he would say, okay, what's more important, process or people?

Tom:

And you'd say...yes?

John Toussaint:

Yes, the answer is yes. So, yes, the tools and the processes are very important. You have to learn them. You have to know those things. The social side of this is very important. And the reason that we wrote the book is that we think that the social side of this has not had the same level of intensity from the standpoint of deeply understanding it. There's a lot of wonderful books, many of which John Shook wrote and Jim Womack and many others, and those are absolutely necessary. But

when it really comes to is: what do I have to do as a person, to be successful? We felt that there was a gap in the literature in that regard.

Tom:

One thing the book does mention is that, the success you enjoyed at ThedaCare, didn't quite persist with the same momentum after you left. And that seemed to be a function of commitment and, or the human element of having committed leadership at the board level to the same type of application of these principles of CI. Is that fair to say? Could one infer from that, that sustained improvement relies on this kind of very human and widespread personal commitment, as much as any understanding of the tools.

John Toussaint:

Well, I'll take a crack at that. And then Kim, will follow them up. Lean is a method, right? It's a method of management and like you've said, it's a social-technical system. There are other methods of management. And so the question is, how do you hardwire a method like this? And I think that we were early in this journey in healthcare. We were one of the pioneers and it's like, okay we're throwing this stuff at the wall, is anything working or not.

So I think we missed some steps along the way. And some of those steps were related to what we have in the book in terms of the social factors of the social-technical system. I think there were other factors, the thing that I like to hang my head on is that there are some fantastic people that worked with us over the years. People like Katherine Korea who is now CEO of Legacy Health out in Portland, they're doing amazing work there. We have a multitude of people that have taken these learnings and stayed consistent with the method. The fact that the new leadership at ThedaCare doesn't embrace this method. 95% of healthcare organizations don't. It is what it is. And I don't mean to demean the work that's being done at ThedaCare now. It's still a high performing organization, but I think that, to stick to this method is tough and it requires tremendous perseverance, persistence continue learning.

And I think, what we've tried to do in the book is to outline the things that if you want to maintain that rigor then you have to make these changes and that's based on a lot of experience. I've been to 250 different health systems in 19 countries. Kim's been to many as well. This is based on now a tremendous amount of experience of seeing it in action over the years.

Kim Barnas:

I don't have much more to add except that where we see people being really effective, they really internalize the behaviors, and they embrace the methodology and the tools. It's not an either/or; it's an and. And we're seeing some strong work going on in the East Coast, the West Coast and in the UK and South Africa. And they're all using the same methodology and embracing the behaviors and getting great results.

So I think it speaks for itself. And I have nothing more to add to what John said, ThedaCare is still a wonderful organization. They don't embrace the methodology. And, we feel a little sad about that because we live right up the street. But we have other organizations in Wisconsin that are, and our leaders that went elsewhere to labs and business, as well as other healthcare took what they learned and they implemented in other places. It was like the seeding of a lot of other great work.

Tom:

And I honestly, I feel sometimes we in the Lean insider's world get too wrapped up in the trappings of Lean in the formal titles and bureaucracies and the this and the that and lose focus on the heart of what this work is all about, which is engaging people and improving it through, having people who do the work, learn a way to tee it up for improvement. Let me shift gears for one final subject, it's mid-September, 2020, and we are living in a pandemic with no real end in sight.

How do the principles that you guys laid out in the book apply literally right now, when healthcare systems are in various degrees straining to manage the capacity and a whole new set of really urgent problems are presenting themselves rapid fire. Is there a time for improvement in a time like this? And how can one even find the time and then, apply some of the core ideas of this book to the current challenges?

Kim Barnas:

So, the resounding answer is yes, and the timing for this is perfect because we had a forum with several CEOs just last week, and this was our topic of discussion.

Where do things go well, where could we have done better? And I think after two days of discussion, we recognized that when they talked about what happened during COVID, those who had management systems, that had tiered hub huddles and executive management systems, they are much better than those who did not.

And the reason being in my opinion, is those leaders recognize the need for their leadership and communication to be all the way through the organization, from the board of directors to the frontline. And so we were talking to Eric Dixon at UMass and to Lucille Xenophon from Mount Sinai Morningside. And they talked about what they learned and what it broke down to is if you have a management system, you can put it on steroids during a crisis.

And you recognize that you can have even more rapid cycles of improvement and guess what the government and many regulators get out of your way. And so we were able to accomplish things during this pandemic that we'd wanted to do for years, like eliminating the need to have licensure state by state. Physicians could practice across state lines, not having to get all of the pre-authorization, what we can do virtual medicine. And it's not a HIPAA violation. When those things went away, and we had the problem-solving tools to develop new systems. They rapidly came together. And the crisis had a common structure that was built by the management system using PDSA thinking, Lean tools, and behavioral-based leadership.

John Toussaint:

It's impressive what organizations that have been focused on this have been able to accomplish. Cleveland Clinic, Mount Sinai, Legacy Health unit; the list goes on and on and they knock the cover off the ball, frankly in horrible conditions. New York in particular was just absolutely horrible. And they had so many ideas coming out of frontline staff members that were implemented, it was amazing. And same at UMass in Worcester.

Kim Barnas:

I remember a couple of CEOs talking to me in the UK as well saying, we didn't realize how much we needed the frontline to run the experiments, make the decisions, and change processes immediately. And in the past, that would have taken six months of meetings and twenty-five approvals. And now they went to the frontline, they saw the problem and they said, "We're going to try this." We said, "Go for it." And it worked and then done. And you saw rapid cycles of improvement just happening over again in ways that really made a difference to the whole process.

John Toussaint:

I think what's going to happen is people are starting to realize...we did a webinar for the American College of Health Executives the other day where they had thousand people signed up for it because the topic was a management system that helps navigate COVID-19. And there's a lot of interest in how do we standardize our management system, just like we use clinical standards, right? We don't go out and do stuff, well some of us don't, that's not evidence-based but, we don't have any standard work for the management system.

How do we create that, now, that we've been through a crisis, realizing that our management system failed us miserably, we better go do some work. And so I

think this is going to create a lot of interest in and Lean thinking, because the ones that were using the method, they fared better than the ones that didn't.

Tom:

I agree. I feel that it is a tough message for ones that don't have any kind of Lean practices in place. Because it kind of raises the bar that they have a whole new raft of problems to deal with, before they even ready themselves for a kind of sustained improvement methodology. But I think a great place to start is with *Becoming the Change*, your new book. And I think that's a good place for us to end the podcast for today. Did I leave anything out? Is there anything Kim or John that you want to add?

John Toussaint:

I think you covered a lot of good questions, Tom, and I think we're excited to share this knowledge with the world. We write books to share knowledge, not for profit institute, just like LEI is. And we think this is going to be an addition to the knowledge base to make people more successful in us. That's the reason we did it.

Tom:

Well, I just want to remind folks again. Kim's previous book is called *Beyond Heroes*, John has written *On the Mend* and other Lean titles, and they're just very gritty, grounded, practical books that will give you the reader direction on making healthcare better. So, thank you both for taking the time.

Kim Barnas:

Thank you, Tom.

John Toussaint:

Thank you.