



CHAPTER TWENTY-FIVE

CONCLUSION

Continuing on the Path to Excellence

In this, the final chapter, we will take a quick look back to recap what has been covered and then we will provide a quick glimpse of the future and offer an invitation to you to get started on using microsystem thinking to make a difference in your part of the world.

Looking Back

We set out to write this book to provide health care system leaders with a good start for improving care from the inside out, beginning with microsystems—the places where patients and families and care teams meet. We have explained how microsystems are the natural building blocks that come together to form all health systems—both small ones and large ones. If you keep your eye on the patient, you will find professionals and support staff forming a system around that patient to attempt to ease the burden of illness. The first main message is that health care professionals, patients, and families can have successful health care systems if, and only if, those systems have successful microsystems that *perfect* their own processes and *perfect* the handoffs of patients, services, and information between and across microsystems.

In Part One of this book we provided case studies from the real world to highlight high-performing microsystems and the principles and methods on which

their achievements are based. We explored many critical facets of microsystems—leading and leadership, measuring and measurement, designing care and services for discrete populations, building staff capability and morale, and designing safety and reliability into the fabric of the microsystem. And most important, we began to show how microsystem thinking can be used strategically and operationally to enable senior and midlevel leaders to create the conditions in their organizations for genuine empowerment of staff and for ongoing improvement and innovation at the frontlines of care. We believe strongly that the greater the focus of the front office on what happens at the front line, the greater the chance for the organization's health mission to be more than nice words that have only limited carryover into daily operations.

In Part Two of this book we provided a way to get started, or as Donald Berwick is fond of saying, *a path forward*. The path that we point out is open to anyone who cares about building improvement efforts into the daily work of health care professionals. The first and most important message behind Part Two is the concept that in today's world every health care professional really has two jobs—doing the work and improving the work. This is easy to say, and many people are beginning to see the need for this but have not yet found a way to translate the need into action with traction. We offered the Dartmouth Microsystem Improvement Curriculum (DMIC) as a step-by-step guide for getting started along the path to improving care as part of everyone's daily work.

By starting with teams hailing from intact, naturally occurring clinical microsystems and their supporting macrosystems, we have seen that it is possible to begin to make cultural transformations in frontline clinical units. Real people have made real improvements in important outcomes measures, in worklife, and in organizational performance by using this learn-and-take-action method. Therefore, over time, we developed a powerful learning program—one that can be adapted to virtually any clinical setting and that can provide the knowledge, methods, and value-based rationale for making improvement integral to the daily work of frontline teams.

In Chapters Ten to Twenty-Four we traced out proven methods and techniques for diagnosing the strengths and weaknesses of microsystems, and we showed how this information can be used to test changes iteratively, to redesign care systems, and to make measured improvements that can be sustained. We firmly believe that absent the creation of process mindedness, systems thinking, and a penchant for experimenting with ways to improve quality and value, there is little hope for positive changes that are deep and lasting. Learning new ways of thinking, doing, and acting (and unlearning old behaviors and sentiments) is the only sure pathway that we know of to transform health care.

By the way, if you have been wondering about what the Dartmouth Microsystem Improvement Curriculum led to in the cases cited in Part Two—the

Intermediate Cardiac Care Unit and the Plastic Surgery Section—you will be most interested in the following short answers.

Intermediate Cardiac Care Unit (ICCU)

This case study occurred over a brief, sixteen-week period, beginning in January 2006. The ICCU made significant headway using the DMIC approach. ICCU staff are learning to see new things in their microsystem and are learning to work together in new ways based on a common purpose. The unit's nursing director and medical director, who share the ICCU leadership, are also leading the way to clarify the vision and to set the rhythm, pace, and discipline of improvement. Their genuine commitment and role modeling have been critical to making these early efforts to improve the ICCU successful and visible. (For further information contact Jean.Tenhaken@hitchcock.org.)

Plastic Surgery Section

This case extended over a two-year period. After one leading physician in the Plastic Surgery Section began studying and applying microsystem thinking in her clinical unit, a lead improvement team was formed, and it has made great strides. First, team members have fine-tuned and popularized the shared medical appointment method and have applied it to several different clinical populations at the Dartmouth-Hitchcock Medical Center (DHMC). This in turn led to other clinical programs at DHMC adopting this innovative way of seeing patients, and now the approach has become a subject of evaluative research. In addition, the Plastic Surgery Section has had dramatic measured improvements in patient satisfaction, staff satisfaction, access to care, and clinical productivity. In fact this microsystem is now the leading clinical program for achieving productivity rates exceeding national benchmarks (its productivity is 125 percent of the relevant national benchmark value; the next most productive clinical program is 118 percent of the national norm). The motto of this microsystem is “work smarter not harder,” and staff practice what they preach every day. (For further information contact Barb.Rieseberg@hitchcock.org.)

Looking Forward and an Invitation: Make It Personal and Make It Happen

We invite you to take microsystem thinking into all the nooks and crannies of your health system. Make a line-of-sight plan for going from statements of vision and mission and values and strategy all the way to the front line of care where these

statements either become actions—for the benefit of patients and the community—or they do not. Make it possible for your health system to have the characteristics of a hologram. By this we mean that the smallest units embody all of the elements of the largest units with respect to the ends (vision) and the means (strategy) and the worthy aims (values) that inspire people to put forth their best effort and feel good about their work, rather than feeling worn down by the grind.

These images of taking improvement into all the nooks and crannies and of becoming holographic are based on a few principles that we have covered before and that are hard to deny:

- Systems thinking will be needed to improve the health care system.
- Smaller systems are embedded in bigger systems and function together to produce the results enjoyed or deplored by the larger systems.
- The best hope for making health systems ever better is for the members of these systems, at all levels, to work intelligently and consistently to improve results for patients and to improve their own worklife.

In light of these principles we would like to offer every reader an invitation. It is simple and has just four parts.

1. Read this book and think about what it says.
2. Try using the ideas and methods contained in this book. Start here and start now. Do what makes sense to you.
3. Master the ideas and methods. Refine and improve upon them based on your good judgment, your hard work, and your intelligent adaptation to the conditions that shape your world.
4. Celebrate your successes and share what you have learned with others and invite them to do what you have done.

We would like to hear from you about what you do and what you learn. Visit www.clinicalmicrosystem.org frequently and send us your results and stories.

We wish you good luck in turning your aspirations for achieving better outcomes and better working conditions into tangible results that you, your patients, and their families can be proud of.

