

Note: Italicized page locators refer to figures or tables in exhibits.

Accelerating Health Care Transformation with Lean and Innovation (Plsek), 20

Access: at ThedaCare, 50

Accountability, 143; compact implementation and, 15; meaningful, 154; at Peninsula Regional Medical Center, 128; post-compact development and, 156; reciprocal, embedding mechanisms for, 154–55; Salem Clinic compact and, 117; at Stillwater Medical Group, 80, 81; ThedaCare compact development and, 56

Accountable care organizations (ACOs), 66

Adaptive change, 73; new compact and, 8, 9; at Salem Hospital, 109

Administrator–physician tensions: at Salem Hospital, 104–5

Advocate Physician Partners, 86

Affordable Care Act, xvii, 128

Alexander, Charlotte, 91

“All change” effort: compact development and, 148

Ambassadors: core working group and, 159; multisite organizations and, 169

American Academy of Family Practice, 37

American Medical Group Association, 11, 25

Anesthesiologist-in-Charge (AIC) program: at Salem Hospital, 120

Antitrust concerns: independent physician associations and, 84, 85

Appleton Medical Center (Wisconsin), 49

Argyris, Chris, xix, xxii

Ariens Corporation, 52

Assessment: compact work and, 163

Authority, 20; genuine, for physicians, 155; “legitimate,” at ThedaCare, 62–63

Autonomy, 20, 22, 83, 153; buyouts and, 47–48; individual *vs.* professional, 121; Lean paradigm, “standard work,” and, 52; new generation of physicians and, xxi; physician, xviii; physicians’ tacit expectations of, 6, 7; Salem Hospital

physicians and, 108; Stillwater Medical Center and, 70

Behavior change: written compact, culture change, and, 152–53

Benaroya Research Institute (Seattle), 21

Benefits package: ThedaCare, top-down changes, and, 53

Berwick, Don, 103

Bettin, Tina, 63

Biehl, Tom, 27, 28, 32, 36

Blakely, Richard, 84, 86, 90

Boards: engaged, 150

“Boards on Board” initiative (Institute for Healthcare Improvement): introduced at Salem Hospital, 106, 107, 110

Boles, Matthew, 120

“Breakfast with the CEO” program: at Salem Hospital, 119

British Medical Journal, 4

Brown, Scott, 110

Burmeister, Brian, 53, 57

Business-literate physicians: shared vision, compact work, and, 151

Buyouts: autonomy and, 47–48; of physician practices, by ThedaCare, 49

CAG. *See* Compact advisory group

Career development: ThedaCare compact and, 64

Casnocha, B., xx

Cedars-Sinai Medical Center (Los Angeles), 90; compact development at, 11

CEO–physician relationship: at Peninsula Regional Medical Center, 127

Champions: core working groups and, 159

Change: adaptive, 8, 9, 73; meaningful, difficulty of, 31–33

CIC. *See* Compact implementation committee

Clark, Charles B., 49

Clinical integration (CI) program: at Memorial Hermann Physician Network, 83, 84, 87, 88, 89, 90, 91, 93, 97, 98, 99

- Clinical Integration Self-Assessment Tool* (Gosfield and Reinertsen), 132, 139
- Clinically integrated network plan: Maryland, 126
- Clinically integrated physician networks: Federal Trade Commission ruling and legal basis for, 85
- Clinical program committees: at Memorial Hermann Physician Network, 87, 94, 96, 98, 100, 101
- Clinton, Bill, 48
- Clinton, Hillary, 23
- Cohen, Dan, 31
- Collada, Maurice, 119
- Collins, Jim, 73
- Committee for professionalism: at Salem Hospital, 119
- Common Ground Compact at Salem Hospital: compact implementation committee and, 114–16, 118; goal setting and, 112; sample tenet from each part of, 115
- Communication: implementation of compact and, 162; multisite organizations and, 169; ongoing, compact development and, 149
- Community hospitals: dysfunctional relationships in, 110; misaligned incentives and, 125
- Compact advisory group: at ThedaCare, 54, 57
- Compact change template: assess and remediate, 15–16; bring the idea inside and share it with others, 12; clarify and agree on a shared vision, 13–14; constitute a core working group, 12–13; draft a new compact, 14; engage in dialogue and compact ratification, 14–15; implement the compact, 15; name the problem, 12; systematic process augmented with judgment and flexibility, 11–16; visualize a different future, 13–14
- Compact implementation committee: at Salem Hospital, 114–16, 118
- Compact ratification: dialogue and, 161
- Compact(s), xix. *See also* Lessons learned from compact cases; Psychological contract; “best,” lack of, xxii; changing needs and changes in, xx; chief executive’s personal application of compact construct, 141–43; explicit and written, 9; implicit, 9–10; reciprocal, 152; Silversin on withholding recommendation for, 173
- Compact work: evolutionary process in, xxi; relationship-building dimension of, 16
- Compact work guide, 157–63; assess and remediate, 163; bring the idea inside and share it with others, 157–58; constitute a core working group, 158–59; implement the compact, 161–63; name the problem(s) the compact might address, 158; visualize a different future, 159–61
- Compensation: at Virginia Mason Medical Center, 36–37
- Confidentiality: transparency and maintenance of, 140
- Constructive relationships: draft compact and, 160
- Consumer Assessment of Healthcare Providers and Systems survey, 72, 74, 75, 77, 78
- Consumer Reports*, 63
- Core working group: constituting, 12–13, 158–59
- Corvi, Carolyn, 41, 42, 43, 44
- Costic, Alan, 111, 115, 116
- CPCs. *See* Clinical program committees
- Crew resource management (CRM) approach, 25
- Culture change: written compact, behavior change, and, 152–53
- D’Amico, Mary Beth, 131
- Decision making: compact acceptance and perceived fairness in, 152; inclusive, ThedaCare compact and, 55
- “Declaration of Interdependence”: of Stillwater Medical Group, 73–74, 74, 75, 181
- Department-specific compacts: developing, 166
- Dialogue: compact change and, 14–15; compact ratification and, 161
- Doctors: disconnect between managers and, history behind, 4
- Dorwart, Andy, 75, 76, 77

- Driggers, Bonnie, 113, 122
- Due diligence, 140
- Edney, Mark, 137, 139
- Edwards, Nigel, 4
- Electronic medical records, 70; ThedaCare system for, 50–51
- Employed doctors: Silversin on compact tenets and, 168
- Employee-generated standards of behavior: at Stillwater Medical Group, 79–80, 81
- Employees: psychological contracts and, xix
- Employers: psychological contracts and, xix
- EMRs. *See* Electronic medical records
- Entitlement, xviii, 22; newer generation of physicians and, xxi; physicians' tacit expectations of, 6, 7; Salem Hospital physicians and, 108
- Epic (electronic medical record software), 50
- Ernst and Young, 86
- Every-man-for-himself compact: shortcomings of, xx
- Executive leadership: sponsorship and support of, 149–51
- Explicit compacts: need for, xx
- Facilitated adaptation, xxi
- Facilitators: skilled, psychological safety and, 148–49
- Fagerlund, Shelly, 27
- Failure of compact: Silversin on, 172–73
- Fairness in decision making: compact acceptance and, 152
- Fair process: inclusive, ThedaCare compact and, 55, 64; Silversin on compacts and, 170–71; at Stillwater Medical Group, 77
- Federal Trade Commission, 84, 85
- Fenn, Scott, 86, 90
- Fernandez, Keith, 86, 87, 92, 93, 96, 100
- Fiduciary duties: engaged boards and, 150
- Fifth Discipline, The* (Senge), xxii
- Fisher, Roger, 110
- Flory, David, 166; personal application of compact construct, 141–43
- Foundation Trusts (England), 142
- Franklin, Kathy, 52, 54, 55, 62
- FTC. *See* Federal Trade Commission
- Furman, Cathie, 41
- Garrison, Cort, 104
- General Electric: compact change and transformation of, xx
- Gerard, Roger, 52
- Getting Together* (Fisher and Brown), 110
- Glenn, Michael, 35, 36
- Global Budget Revenue (GBR) model (Maryland), 125, 126, 137, 138
- Gogola, Jon, 93, 97
- Good to Great* (Collins), 73
- Gosfield, A. G., 132, 139
- Greenleaf, Robert, 60
- Greller, Martin, 4
- Griffin, Shawn, 92, 96
- Gruber, Norm, 105, 106, 107, 108, 111, 114, 119, 121, 122
- Gruner, Dean, 54, 60, 67
- Guiding coalitions: definition of, 159; multi-site organizations and, 169
- Gunder, Barbara, 117, 118
- Hall, Roy, 118
- Hallett, Mark, 63, 64
- Hanson, Dan, 27
- Harvard Business Review*, xx, 55
- Healthcare Effectiveness Data and Information Set, 50
- Healthcare industry: seismic shifts in, xvii
- Healthcare reform: physician employment and, 47–48; physicians as linchpins of, xvii
- HealthPartners (Minneapolis), 69, 75, 80; Lakeview Health System's merger with, 77, 82
- Health Security Act of 1993, 48
- Health Services Cost Review Commission (Maryland), 125
- HealthStream Research, 84
- HEDIS. *See* Healthcare Effectiveness Data and Information Set
- Heifetz, Ronald, 8, 73, 109
- Hermann Hospital (Texas): Memorial Hermann Physician Network's acquisition of, 87
- Hidden agendas, 167
- Hipp, Charlie, 71, 72, 73, 75, 76
- Hippocrates, xix
- Hippocratic oath, 102n2

- Hiring: of primary care physicians at Salem Hospital, 109; at Stillwater Medical Group, 75–76; ThedaCare compact and, 63–64; Virginia Mason Medical Center compact and, 34
- Hoffman, R., xx
- Holloway, David, 106, 107, 110, 111, 112, 113, 114, 116, 122
- Hospital boards, 105, 150
- Hospitals & Health Networks* magazine, 63
- Hospitalist program: for ThedaCare, 51
- HSCRC. *See* Health Services Cost Review Commission
- HSS. *See* US Department of Health and Human Services
- Human resources policies and procedures: implementation of compact and, 162–63
- Human resources practices: building new, 154
- ICSI. *See* Institute for Clinical Systems Improvement
- Idealized Design of Clinical Office Practices (IDCOP) collaborative, 50
- IHI. *See* Institute for Healthcare Improvement
- Implicit reciprocal agreements, xix
- Independent physician associations, 83, 84, 85
- Individual autonomy: professional autonomy *vs.*, 121
- Informed Medical Decisions Foundation, 78
- Institute for Clinical Systems Improvement (Minneapolis), 71, 72, 82
- Institute for Healthcare Improvement, 11, 24, 50; Annual Forum workshops, 111; “Boards on Board” initiative, 106, 107, 110; Triple Aim, 123
- Institute of Medicine, 22
- Internal staff: competent, 151
- IPAs. *See* Independent physician associations
- Jacobs, Andrew, 31, 33, 34, 39
- JCC. *See* Joint conference committee
- Job descriptions: compact implementation and, 162
- Job security: loyalty and, xix–xx
- JOC. *See* Joint operating committee
- Johnson, Marty, 121, 122
- Join the Club: How Peer Pressure Can Change the World* (Rosenberg), 102n2
- Joint conference committee: at Salem Hospital, 111, 112
- Joint operating committee: at Memorial Hermann Physician Network, 95
- Kaissi, Amer, 4
- kaizen*: ThedaCare and, 52; Virginia Mason Medical Center and, 19, 32
- kaizen* in boardroom of Virginia Mason Medical Center, 41–44; assets of hiring from outside, 43–44; board compact and transformation at Virginia Mason, 41–42; board compact development, 42; compact as document of real value, 44; headings from board compact, 43; new roles for board membership, 42; understanding the need for change, 42; using the compact, 43
- Kaplan, Gary, 19, 20, 27, 28, 29, 30, 31, 32, 33, 45, 129; elected as CEO, at Virginia Mason Medical Center, 23–24; Japanese study tour organized by, 42; leadership compact and, 39; on life for new Virginia Mason doctors, 20; physician and leadership recruitment and, 34; September 2000 retreat and, 24, 25–27; on unarticulated board compact, 41–42
- Kenney, Charles, 20
- Kim, W. Chan, 55
- Kimberly-Clark Corporation, 49
- Kotter, John, 31
- Kramer, Dawna, 27
- Lakeview Health System (Minnesota), 80; merger with HealthPartners, 82
- Lakeview Hospital (Minnesota), 69, 70, 73
- Lammert, Joyce, 24, 25, 27, 28, 29, 33, 36
- LCQ. *See* Leading a Culture of Quality
- Leaders: as active participants, 150; with clear purpose, 150; compact implementation and actions of, 163; as sponsors and visible supporters, 149–51
- Leadership compact: at Virginia Mason Medical Center, 38, 39–41, 40, 176–77

- Leadership council: empowering at ThedaCare, 61
- Leadership on the Line: Staying Alive Through the Dangers of Leading* (Heifetz and Linsky), 109
- Leadership philosophy: for ThedaCare, 60
- Leadership recruitment: at Virginia Mason Medical Center, 34–35
- Leading a Culture of Quality: Stillwater Medical Group's commitment to, 71–72, 82
- Leading Physicians Through Change: How to Achieve and Sustain Results* (Kornacki and Silversin), 103
- Lean approach: Salem Hospital and, 111, 121; Stillwater Medical Group and “care-model process” built on, 78; ThedaCare and adoption of, 51–52, 57, 60
- Lean 3P tools: Virginia Mason Medical Center and, 19, 31, 42
- Leapfrog Group, 19
- Learning organizations, xxiii
- Leatham, Kim, 24, 27, 38
- Lessons learned from compact cases, 147–56; business-literate physicians, shared vision, and compact work, 151; creation process and improved relationships, 148–49; implementation and commitments hardwired into policy and practices, 153–55; leaders as sponsors and visible supporters, 149–51; negative judgments and stereotypes are dead ends, 151–52; patient-centered care and physician engagement, 153; perceived fairness in decision making, 152; post-development accountability is essential, 156; shared vision for future, 147; sustained oversight and sustained results, 155–56; written compact, behavior change, and culture change, 152–53
- Lewis, C. S., 102n2
- Lifetime-employment compact: demise of, xx
- Lighthearted moments and compact development: Silversin on, 173–74
- Linsky, Marty, 109
- Lloyd, Chris, 87
- Loewen-Thomas, Ian, 118, 119
- Long, Gregory, 50, 53, 56, 62, 64, 67
- Loyalty: job security and, xix–xx
- Lunsford, Cindy, 129, 130, 135
- Managers: disconnect between doctors and, history behind, 4
- Maryland: dual system for healthcare reimbursement in, 125, 128–29
- Mauborgne, Renée, 55
- Mayo Clinic model: Virginia Mason based on, 21
- McLeod Regional Medical Center (South Carolina), 120
- Mecklenburg, Robert, 21, 22, 35, 37
- MECs. *See* Medical executive committees
- Medicaid, 125
- Medical executive committees, 86, 96, 133
- Medical Group Management Association, 25
- Medical group practice: golden rule of, xviii
- Medical home model: Virginia Mason Medical Center and, 38
- Medical staff engagement committee: at Salem Hospital, 119
- Medicare, 125
- MedStar Health (Baltimore–Washington, DC), 128
- Memorial City Hospital (Texas), 88
- Memorial Hermann Health Network
Providers: Federal Trade Commission settlement and, 85; formation of, 84
- Memorial Hermann Health System (Texas), xxii, 83, 84
- Memorial Hermann Physician Network (Texas), 83–102; attributes from compact for, 92; clinical integration in, 93–98; compact between physician members and, 182–85; compact created for, 90–91; doctors as full partners in, 88–89; earlier problems cast long shadows at, 87–88; Federal Trade Commission and Department of Justice weigh in on, 84–86; inner-ring role of compact for, 97; living the compact in, 92–93; moving toward systemness in, 86–87; perceived asymmetry at, 88; recognition and peer pressure support in quality agenda of, 96–97; roots of, 84; shared power in, 98; structures

- Memorial Hermann Physician Network
(*continued*)
hardwiring physician influence in decision making in, 99; summary of success factors in, 99–101; “up and over” mechanism and, 95–96; weaknesses recognized in, 86; widely dispersed, independent-minded physicians in, 83–84
- Memorial Hermann Southwest Hospital (Texas), 88
- MHHNP. *See* Memorial Hermann Health Network Providers
- MHHS. *See* Memorial Hermann Health System
- MHMD. *See* Memorial Hermann Physician Network
- Miller, Diane, 24, 39, 40
- Mireles, Leticia, 94
- Morrissey, Larry, 72, 74, 75, 77, 78, 79, 82
- MPRC. *See* Multispecialty peer-review committee
- Multisite organizations: Silversin on compacts for, 168–69
- Multispecialty peer-review committee: at Salem Hospital, 116, 119
- Mutual expectations: clarifying, 166
- Nagele-Vitalis, Carol, 73
- Nakao, Chihiro, 31
- Naleppa, Peggy, 130, 132, 133, 136, 138, 139
- Nance, John, 25
- National Committee for Quality Assurance, 50
- National Health Service (England), 141; Trust Development Authority, 142
- NCQA. *See* National Committee for Quality Assurance
- Negative judgments: as dead ends for compact process, 151–52
- New-world compact: summary of, xx
- NHS. *See* National Health Service
- Norton, Claire, 120
- Novus Health Group. *See* ThedaCare Physicians
- Nurse practitioners (NPs): Silversin on compacts and, 170
- Nurses: Virginia Mason’s physician compact and, 38
- Ohno, Taiichi, 31
- On-boarding: implementation of compact and, 162
- On the Mend* (Toussaint and Gerard), 52
- Organization: Silversin on accountability, compacts, and, 171–72
- Organizational imperatives: mismatch between physician expectations and, 6, 7
- Organization Man, The* (Whyte), xix
- Orlikoff, Jamie, 44
- Outreach: compact implementation and, 162
- Oversight: sustained results and, 155–56
- PAs. *See* Physician assistants
- Patient care: physician engagement and compacts speaking to, 153
- Patient-centered care: at Stillwater Medical Group, 77, 81; at Virginia Mason Medical Center, 19–20, 22, 39
- Patterson, Sarah, 40
- PDSA cycle. *See* Plan-do-study-act cycle
- PEC. *See* Physician Excellence Committee
- Peer-review problem: at Peninsula Regional Medical Center, 128
- Peer-review process: revamped, at Salem Hospital, 116, 119
- Peninsula Regional Medical Center (Maryland), xxii, 125–40, 153; background, 126; compact approval at, 133; compact for, sample tenets, 134; compact work back on track at, 137; drafting committee at, 131–33; evolution in hospital at, 136–37; evolution in medical staff at, 135–36; former, unspoken compact at, 126–27; increasing synchronicity at, 134–37; location of, 125; medical staff leaders push for new compact at, 127–30; ongoing challenges at, 138–39; peer-review problem at, 128; Physician Compact, 189; reimbursement problem at, 128–29; retreat and call to action for, 130–31; summary of compact work at, 139–40
- Pensions: ThedaCare, top-down changes, and, 53
- Perceptions activity: trust and, 167
- Performance: compact implementation and, 15, 162

- Performance management: ThedaCare compact development and, 56
- Performance-related discussions: at Stillwater Medical Group, 76
- Performance-review process: ThedaCare compact and, 64
- Peters, Theda Clark, 49
- Physician accountability. *See also*
 Accountability; at Salem Hospital, 108
- Physician-administrator tensions: at Salem Hospital, 104–5
- Physician assistants: Silversin on compacts and, 170
- Physician coalition: at Salem Hospital, 120
- Physician collaboration: Silversin on compacts and, 171
- Physician culture: pre-compact, at Virginia Mason Medical Center, 22
- Physician employment: healthcare reform and, 47–48
- Physician engagement: difference between success and failure and, xvii; providing opportunities for, 155
- Physician Excellence Committee: at Peninsula Regional Medical Center, 128
- Physician expectations: mismatch between physician organizational imperatives and, 6, 7
- Physician-hospital alignment: executives and challenges with, 84
- Physician leaders: meaningful accountability and, 154; Silversin on accountability, compacts, and, 172; at Virginia Mason Medical Center, 21, 37; written compact and, 153
- Physician Leadership Council: at Salem Hospital, 120–21
- Physician Leadership Institute: at Salem Hospital, 113, 121
- Physician-led compact process: at Peninsula Regional Medical Center, 127–28, 131–32, 135, 139
- Physician morale: multiple pressures taking toll on, xx
- Physician-organization compacts, xvii, 4–8, 5; as barrier to needed change, 6–7; mismatch of physician expectations and organizational imperatives, 7; new, situations illustrating need for, 3–4; questions and considerations related to, 157–58; two-track orthodoxy and, 7–8
- Physician orientation: at Virginia Mason Medical Center, 35
- Physician recruitment: ThedaCare compact and, 63–64; at Virginia Mason Medical Center, 34–35
- Physician reimbursement: in Maryland, 129
- Physicians, 21, 22, 35, 37–38; business-literate, compact work and, 151; genuine authority for, 155; leadership development for, at ThedaCare, 62; Lean paradigm and, 52; new, at Virginia Mason Medical Center, 20; professional expectations of, xviii–xix; at Stillwater Medical Center, 70
- Physician-satisfaction survey: at Salem Hospital, 119
- Physicians Council: at Memorial Hermann Physician Network, 98, 100
- Physician turnover: at Stillwater Medical Group, 76–77; at ThedaCare, 63; at Virginia Mason Medical Center, 34, 46
- Pilchard, Janet, 129, 130, 131, 132
- Pistone, Maureen, 65
- Plan-do-study-act cycle: quality-improvement work and, 155; ThedaCare, Lean approach, and, 66
- PLC. *See* Physician Leadership Council
- PLI. *See* Physician Leadership Institute
- Plsek, Paul, 20
- Policy and practices: compact implementation and commitments hardwired into, 153–54
- Potts, Catherine, 36
- Preamble for contract: crafting, 14
- Primary care doctors: employing, at Salem Hospital, 109
- Primary care model: Virginia Mason Medical Center and, 38
- PRMC. *See* Peninsula Regional Medical Center
- Professional autonomy: individual autonomy *vs.*, 121
- Program-specific compacts: developing, 166
- Promotion: compact implementation and, 162

- Protection, xviii, 22; newer generation of physicians and, xxi; physicians' tacit expectations of, 6, 7; Salem Hospital physicians and, 108
- Provider inclusion: Silversin on compacts and, 170
- Psychological contract, 108; definition of, 4–5; origins of, xix–xx
- Psychological safety: skilled facilitators and, 148–49
- QOC. *See* Quality operations committee
- Qualheim, Kathy, 55
- Qualified clinically integrated joint arrangements: criteria for, 85
- Quality-improvement movement: compact dialogue and, 11
- Quality measures: publicly reported, Stillwater Medical Group and, 78
- Quality operations committee: at Salem Hospital, 119–20
- Ratification of compact, 14–15
- Reciprocal accountability: embedding mechanisms for, 154–55
- Reciprocity of commitments: draft compact and, 160–61
- Recognition programs: compact implementation and, 162–63
- Recruitment: implementation of compact and, 162
- Reform. *See* Healthcare reform
- Reimbursement: at Peninsula Regional Medical Center, 128–29
- Reinertsen, J. L., 120, 132, 139
- Relationships: improving, compact creation and, 148–49
- Rensel, Kimberly, 89
- Representation: multisite organizations and, 169
- Rewards: compact implementation and, 162–63
- Riccio, Thomas J., 125, 127, 128, 129, 130, 131, 132, 133, 136, 138
- Rona, Mike, 26
- Rosenberg, Tina, 102n2
- Rousseau, Denise, 4
- Sabotage, 167
- Salem Clinic (Oregon): compact at, 117–19; Physician Compact, 188
- Salem Hospital (Oregon), xxii, 103–23; adaptive changes hard to accept and risky to lead at, 109; board input at, 113–14; building common ground at, 110–12; challenges in moving beyond “good enough” at, 106–9; Common Ground Compact, 115, 186–87; compact as keystone at, 116, 119–21; compact implementation committee at, 114–16; drafting compact for, 113; employing physicians exacerbates tensions at, 108–9; executive leadership issues in, 105–6; expanding leadership at, 113; four-part development program at, 151; hospital–doctor relationship and, 104–5; inadequate physician accountability at, 108; location of, 103; new chief medical officer who relates to physicians, 106–7; patient-oriented building program for, 107; realization that shared vision was needed for, 110–11; shared vision defined for, 112–13; skepticism of administration's motives at, 107–8; summary of experiences at, 123; taking on compact work at, 111–12; tensions escalate at, 104–6; unfinished journey at, 122
- Scallon, Steve, 69, 70, 75
- Schein, Edgar: on psychological contract, xix
- Schembre, Drew, 27
- Scott, Pat, 27
- “See, feel, change” process: meaningful change and, 31
- Senge, Peter, xxii
- Servant leadership: at ThedaCare, 60
- Service line co-management: at Peninsula Regional Medical Center, 137
- SHA. *See* Strategic Health Authority
- Shabot, Michael, 88, 90, 95
- Shared vision, 160
- Sherman, Ken, 113, 115
- Silversin, Jack, xxii, 11, 103, 141, 150; Institute for Clinical Systems Improvement collaborative and, 72; Memorial Hermann Physician Network

- compact work and, 90; Peninsula Regional Medical Center compact work and, 129, 132; responses to questions from the field by, 165–74; Salem Hospital’s compact work and, 111, 112, 113; Stillwater Medical Group compact work and, 73–74, 82; ThedaCare compact facilitation and, 53, 54, 56, 57, 67; Virginia Mason Medical Center compact work and, 24, 25, 27, 28
- Silvia, C. B., 128
- SMG. *See* Stillwater Medical Group
- Smith, Donna, 24, 25, 26
- Snyder, Chris, 135
- Staff commitment: no-layoff philosophy at ThedaCare and, 65
- Standardization: multisite organizations and, 169
- STAND process: at Peninsula Regional Medical Center, 136
- Stereotypes: as dead ends for compact process, 151–52
- Stillwater Medical Group (Minnesota), 69–82; “Declaration of Interdependence” provider compact for, 181; declaring interdependence at, 73–75, 74; employees translate values into behaviors at, 79–80, 81; fair process at, 77; hiring and new hires at, 75–76; leaders going first at, 72–73; Leading a Culture of Quality and group culture at, 71–72; letting physicians go at, 76–77; local reputation of, 69; mind-set shift at, 77; past, present, and future at, 77–79; performance-related discussions at, 76; summary of experience at, 82; time of transition at, 69–71
- Stokes, Chuck, 99
- Strategic Health Authority (England), 141, 142
- Strategic plan: at Virginia Mason Medical Center, 30, 31, 39
- Surgical instrument setups: *kaizen* and, 32
- Tachibana, Charleen, 38
- “Teaching others to fish” approach: leaders as active participants and, 150
- Technical change: adaptive change *vs.*, 8
- ThedaCare Physicians—ThedaCare Compact, 179–80
- ThedaCare Physicians (Wisconsin), xxii, 170; benefits of compact process for, 66–67; buyouts of physician practices in, 49; career development and compact at, 64; changing roles at, 61–63; clear and inclusive decision making at, 55; compact as guidance tool for, 63; compact inputs, edits, and discussions at, 57, 59–60; consistency across the system and, 53; creation of, 48; deciding who is included in compact for, 56; delivery model based on compact for, 64–65; electronic medical records at, 50–51; eroding trust and, 50; goals for compact at, 54; hospitalist program instituted at, 51; identifying “trust-busters” at, 56; improving access to, 50; Lambeau Field retreat and drafting compact for, 54–55, 63; leadership council empowered at, 61; leadership development for physicians at, 62; leadership philosophy for, 60; lean practices and, 51–52, 57, 60; “legitimate authority” and, 62–63; new hires and compact for, 63–64; performance review and compact for, 64; plan-do-study-act mentality at, 66; predominant service area for, 48–49; provider compact for, 58–59; regional meetings and, 56–57; resetting relationships: dialogue and clear expectations at, 53–60; revisiting compact for, 66; staff commitment and compact for, 65; system components within, 49; top-down changes at, 53; Touchpoint sale and, 51; vision statement for, 58, 60
- 360-degree feedback, 37, 162
- To Err Is Human* (Institute of Medicine), 22
- Touchpoint Health Plan, 49, 50, 60; ThedaCare’s sale of, 51
- Toussaint, John, 51, 52, 53, 56, 57, 67
- Toyota Production Lean tools: Virginia Mason Medical Center and, 19, 20
- Toyota Production System: Virginia Mason Medical Center’s adoption of, 30, 32

- Training and development: compact implementation and, 162
- TransforMed, 37
- Transforming Health Care book club, 134
- Transforming Health Care* (Kenney), 20
- Transparency: confidentiality and commitment to, 140
- Trauma Level II designation: at Salem Hospital, 120
- Triple Aim (Institute for Healthcare Improvement), 123
- Trust: building, David Flory on, 143; healthy conversations and level of, 159–60; Salem Clinic compact and, 117; Silversin on issues related to lack of, 166–68; time needed for building, 149
- Two-track orthodoxy: erosion of, 7–8
- UnitedHealthcare, 49
- University of Maryland health system, 128
- Unspoken compacts: Silversin on being stuck and, 165–66
- US Department of Health and Human Services, 128
- US Department of Justice, 85
- Virginia Mason Production System, 20, 31, 39, 42
- Virginia Mason (VM) Medical Center (Seattle), xxii, 19–46, 111, 129; activist board at, 22–23; board compact for, 178; CEO's role at, 23; commitment to *kaizen* at, 19; compact committee at, 27–28; compact in action at, 35–36; compact presentation at, 28–29; compact work as “our cultural revolution” at, 45, 152; compensation at, 36–37; election of CEO at, 23–24; focus on compact at, 33–34; founding and background of, 21; hardwiring compact for, 34–36; hiring people committed to vision and mission of, 34; idea of compact for, 24–25; Jones Pavilion at, 19, 20; *kaizen* example at, 32; *kaizen* in the boardroom at, 41–44; leadership compact for, 39–41, 40, 176–77; lead-up to September 2000 retreat, 24; Lean 3P tools and, 19, 31, 42; life for new doctors at, 20; meaningful change and pushback at, 31–32; mutual accountability at, 29; new challenges faced by, 21–24; nurses at, and impact of physician compact on, 38; physician and leadership recruitment at, 34–35; physician compact for, 175; physician orientation at, 35; physicians at, roles for, 37–38; production system chosen for, 30–31; recognizing need to change culture at, 22–24; responsibilities categories in compact for, 29; significance of retreat and compact work at, 25–27; strategic plan for, 30, 31, 39; strong leadership at, 32–33; success factors at, 45–46; transformation of care delivery at, 19–21; vision of future for, 30
- Visibility: compact implementation and, 162
- Vision: business-literate physicians and, 151; future, compacts aligned with, 147; organizational, new compact and, 9; for Salem Hospital, 112–13; shared, 13–14, 160; for ThedaCare, 58, 60; at Virginia Mason Medical Center, 30
- VMPS. *See* Virginia Mason Production System
- Voluntary medical staff: Silversin on compact tenets and, 168
- Wakefield, Joel, 27
- Weaver, Eric, 128, 133, 137
- Welch, Jack, xx
- Whyte, W. H. Jr., xix
- Williamette Health Partners (Oregon), 109
- Williams, Jennifer, 119, 121
- Wisconsin Collaborative for Healthcare Quality, 63
- Wolterman, Dan, 87, 88, 89, 97, 98, 100
- Work-life balance: young physicians and, xxi
- Workplace: implicit reciprocal agreements applied to, xix
- Wright, Susan, 79
- Written compacts: behavior change leading to culture change and, 152–53; shared vision and, 160
- Yeh, C., xx