

FOREWORD

The modern quality movement has been building for nearly half a century. Wennberg’s classic study documenting massive geographic variation in healthcare appeared in 1973. In 1987, researchers established that the amount of clinical variation within a single hospital was larger than the variation among geographic regions. By the mid-1990s, Deming’s position that higher quality nearly always reduces operating costs was proving correct. In late 1999, the Institute of Medicine released the *To Err Is Human* report, which launched patient safety as a critical quality focus. Its 2001 successor, *Crossing the Quality Chasm*, reflected the voice of the healing professions calling for fundamental reform of healthcare delivery systems. Literally thousands of successful clinical projects, across a wide range of organizations and settings, have given further support for Deming’s premise: The path to financial stability runs through clinical excellence.

But all these years later, has anything really changed? Variation still runs rampant in care delivery services, and patients still suffer unacceptable rates of care-associated injuries and deaths. Costs continue to rise, making essential healthcare services ever less accessible. Why?

Quality improvement theory contains two major parts. The first is data-based problem solving—a set of methods and tools that help identify operational problems, find focused areas for high-leverage change, and then demonstrably fix those problems through measured experimentation. The vast majority of healthcare quality training and most organizational quality initiatives rely on data-based problem solving. However, despite its manifest effectiveness, data-based problem solving innately builds around a series of projects. Clinical researchers sometimes note that “multiple anecdotes do not constitute evidence,” and the same is true in quality: Multiple projects do not constitute health system reform.

The second part of quality improvement is what Deming called a “system of production”—the idea that a masterful enterprise will organize literally everything around value-added frontline work processes. This approach starts with key process analysis, a tool that prioritizes the processes that define any organization, and it builds true transparency, embedding data systems that align to key processes. Management structure follows the process structure. A “system of production” is bottom-up healthcare reform. A number of examples—Allina

Health Care in Minnesota, Mission Health in North Carolina, and Bellin Health in Michigan, to name a few—have shown that these principles can work just as well in care delivery as they do in other industries.

The volume you hold in your hands is about creating a system that supports quality. It outlines the major, essential components, and it shows how to fit those components together. Properly used, it can serve as an operations manual for healthcare reform, laying a foundation upon which you can build a new future. It holds the keys to a care delivery system that delivers

All the right care, but
Only the right care;
Without defect or injury;
At the lowest necessary cost;
Under the full knowledge and control of the patient; while
Learning from every case.
Read it, then go forth and conquer.

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