In 1985 the three senior managers of the International Motor Vehicle Program at the Massachusetts Institute of Technology—Daniel Roos, Daniel Jones, and James Womack—traveled to Japan to conduct a detailed study of Toyota’s manufacturing methods. Five years later they published the results of this study in a book titled *The Machine That Changed the World*. This book compared the mass production methods used throughout the world to the Toyota Production System and introduced North American and Western European manufacturing companies to the concept of Lean.

The book quickly became a best seller in the US manufacturing industry, and many American companies attempted to adopt Lean methods. These manufacturing companies wanted to experience the benefits that Lean had to offer, but on their own terms. They wanted to produce more, pay less, and eliminate problems, but they did not necessarily want to change or were incapable of changing. They attempted to superimpose the Lean methods on their existing mass production processes and disregarded many of the Lean principles, such as improved communication, empowerment, and teamwork. They viewed Lean simply as a set of
problem-solving tools, and the vehicle for Lean implementation was the kaizen event.

During my 20 years working in manufacturing, I have seen many organizations attempt to become Lean. Some of these organizations were successful. Many more were not. The difference between these organizations was not the product they produced or the service they provided. Their success did not depend on union involvement or the complexity of their existing processes. The difference was their approach to Lean implementation. Organizations that took the approach described in the previous paragraph seldom were successful. Those that succeeded took the time to create a culture of continuous improvement, fostered systems thinking, and deployed Lean tools and principles strategically.

The ineffective approach to Lean seen in the manufacturing industry permeates many healthcare organizations today. Healthcare cannot afford to take this direct route to failure. This book provides a road map for proper Lean implementation that will lead to real healthcare reform. The model introduced in this book discourages organizations from using Lean tools simply to address problem areas and focuses on strategically directed action, developing a Lean organizational culture, and enhancing the care delivery system.

The first section of the book expounds on the problems with existing implementation strategies, introduces the culture-based implementation model, and highlights the need for strategic direction. The second section dissects the culture-creating path into steps, explains the rationale for each step, and lays out the order in which the steps should be implemented. The third section does the same for the system-creating path.

Hospitals and other healthcare organizations cannot afford to waste time, money, and resources on improper Lean implementation. They must get it right the first time. Many organizations employ outside consultants to launch a Lean initiative, only to
have the effort fall apart when the consultants depart. The model described in this book will put your organization on the road to success and enable it to sustain the Lean initiative independently. The journey through this model is neither quick nor easy, but for organizations willing to make the commitment and follow the model diligently, it is an exciting and rewarding experience.

Thomas G. Zidel