7. For society and interdependent work to function, we must make promises to each other:

<table>
<thead>
<tr>
<th>Type of promise</th>
<th>Helpful knowledge, preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Self about professional work</td>
<td>Clarity about personal values, meaning of work</td>
</tr>
<tr>
<td>To Patient about system performance</td>
<td>Knowledge of performance, sufficient for prediction…as it might matter to patients</td>
</tr>
<tr>
<td>To Patient about professional’s own role in system</td>
<td>Knowledge of the way personal performance contributes to the end results experienced by the patient</td>
</tr>
<tr>
<td>To Colleagues about own work</td>
<td>Knowledge of the way own work connects to the work of others…and vice versa</td>
</tr>
</tbody>
</table>

…and in the event of promises not kept, we must be prepared to seek forgiveness.

Arendt H. (1958)
The Human Condition
Chicago: Chicago Univ.

Batalden P, Leach D.
“Sharpening the Focus on Systems-based Practice.”
JGME (2009) September


1. The American poet, William Stafford, writes: “I call it cruel, perhaps the root of all cruelty to know what occurs, but not recognize the fact.” (From “A Ritual to Read to Each Other”)

The Swedish poet, Tomas Tranströmer wrote that “every problem seems to cry out in a private language.” (From “About History”)


2. At the heart of a sustainable, generative, continually improving health care system are three linked aims.

Better outcomes (individuals, populations)  Better professional development (competence, joy, pride)  Better system performance (quality, safety, value)

Everyone

Batalden P, Davidoff F.
“What is QI?”
3. Improvement requires bringing multiple knowledge systems together. “Good” science involves more than evidence of effect.

**Multiple knowledge systems:**

1. Generalizable science
2. Particular context
3. Measured performance improvement

**Evidence, assessment**

- Randomized controlled trial
- Trial without randomization
- Case control, cohort studies
- Multiple time series studies
- Well-described case report

**Discovery, explanation**

- Well-described case report
- Multiple time series studies
- Case control, cohort studies
- Trial without randomization
- Randomized controlled trial

Evidence of effect involves more than evidence of effect. Good science requires bringing multiple knowledge systems together.

4. Relentlessly reduce waste and add value. Waste lives in needless duplication, delays not required, unnecessary transport, unrecognized information gaps, behaviors from habit, our cherished myths and even the business models that constrain value-based design.

**Cherished myth example:**

- 1 provider : 1 patient
- Many providers : 1 patient

**Flexible business “value” models:**

A. Solution shop—making the diagnosis
B. Reliable processes—getting effective treatment reliably
C. Facilitated network—connecting people, resources over time

5. Match change designs with situation requirements. Health care faces simple, complicated, and complex situations.

**Health care situations:**

- Simple: Reliability is reasonable
- Complicated: Reliability is possible
- Complex: Reliability not possible; Resilience is a better aim

**Forces:**

A. Desired action
B. Activities, habits
C. Competing commitment
D. Big assumption

**Commitments:**


**Supportive work settings:**

An organization with the potential for greatness is one where employees can say “yes” to:

1. “I’m treated with dignity and respect everyday by everyone I encounter…and it doesn’t have anything to do with hierarchy.”
2. “I’m given the things I need to make a contribution that gives meaning to my life.”
3. “Someone noticed that I did it.”