In an industry that’s constantly evolving, managing change should not be a risky move. Dr. Gary Kaplan, chairman and CEO of Virginia Mason Health System in Seattle, has led his organization through an exercise in continuous improvement for the past 18 years. And that can be exhausting or energizing.

**WHAT WAS YOUR RISKIEST DECISION?** Adopting the Toyota production system as the foundation of our management system, what we call the Virginia Mason Production System, which is all about a relentless war on waste.

**WHY WAS THAT MOVE RISKY?** Back in 2001, the notion of looking to a management system for healthcare that was developed and refined in manufacturing was unheard of. There were people talking about principles of (W. Edwards) Deming back then, but the notion that we would spend time in factories that make air conditioners, automobiles, airplanes? People thought we had lost our mind. I remember Paul O’Neill (the former Treasury secretary and Alcoa CEO who became active in the Institute for Healthcare Improvement) saying, “Virginia Mason is engaged in a bet-the-farm strategy on quality.” He knew at that time that we were embracing this management system because of what it meant to quality and safety, which was what it was really all about.

**WHAT WAS THE RESPONSE FROM THOSE INVOLVED?** The board was very curious and they were part of this journey from day one. There were many early champions. There were also those who were basically in the over-my-dead-body camp, wake me when it’s over. And then the great majority I think was in the middle, either this too will pass and let’s just put our heads down and do our jobs, or time will tell. Thus began a major large-scale change management endeavor, which has been, I think, quite successful. Today people embrace it. It’s a magnet. People want to work in a place that’s working on their work, where continuous improvement is embedded in the foundation. But it wasn’t always that way.

**ADVICE TO EXECS IN SIMILAR POSITIONS** Make sure there’s a shared vision so that the dots are connected, the so-called “why” is understood—so that it’s not just somebody’s leadership whim but a deeply embedded rationale for getting to a better place. With that comes organizational focus, so people need to understand that it’s going to take prioritization relative to other things. Sometimes we ask people to do things, but we don’t recognize that we have to take things off their plates. Culture change involves everybody, but it has to start at the top. Leaders by their own behavior help to drive culture. I don’t want to come across as saying we’ve figured out how to ease the workload, because healthcare today is a lot about drinking from the fire hose. But with our management system we’re realizing that a lot of what we do is waste and adds no value.

**DESCRIBE YOUR LEADERSHIP STYLE** I work hard on communication. Transparency is really important. We present regular reports about our improvement work and all of our executives are there, I’m there. Then it’s my turn to comment on what I’ve listened to and engage several hundred people in a dialogue about what we’ve learned and how it connects to their work. It’s those kinds of things that I spend a lot of time on and hope to share with my leadership team so that those things cascade across the organization.

**HOW WOULD OTHERS DESCRIBE YOUR LEADERSHIP STYLE?** I think they would say I’m inclusive, I’m engaged. I’m very mission- or patient-driven but recognize that by working in this industry it requires a lot of willingness to embrace adaptive change, to engage in humble inquiry, to care about the loss that people feel as the industry and professions evolve.