



*Everything You Need to Know About...*

## **The Coming Transformation of Healthcare – Ready or Not!**



*Staff Directed, Systems-Based Problem Solving is the Sea-Change Solution*

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*“The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated.”*

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*- Plato*

Greetings. My name is David Dibble. The healthcare system in this country is in dire need of genuine transformation, especially on the frontlines where care is actually delivered.

Yet, when the question of what needs to be fixed in care delivery is thoroughly examined, we quickly discover it's largely a matter of simply acknowledging and addressing basic systems/process problems. These types of systems issues abound in healthcare, now so prevalent they have become the norm—just the way things are done around here. Worse, these systems are invisible to those who have to work in them, including leadership.

Let's review the systemic pain points of an ever more stressed healthcare system:

**Lower Quality of Care/Patient Satisfaction** - Less than optimum quality and a poor patient experience have plagued many in the healthcare sector seemingly forever and appear to be a growing problem. Efforts to resolve the issues have been mostly ineffective.

**Staff Satisfaction/Low Morale/Burnout** – Many staff are dissatisfied and often exhausted with how the systems have evolved to focus on efficiency and cost reduction at the expense of everything else. Well-being of staff and patients is often an afterthought.



**Safety** - Medical errors, patient injuries, and now staff safety issues are becoming ever-larger problems.

**High Costs & Shrinking Profits** - Costs to provide medical care are extremely high for hospitals and other healthcare organizations. With costs continuing to rise and prices in likely decline, hospitals struggle to maintain profitability.

**The Battle with Administration (Admin)** - For many front-line staff, Administration is seen as the enemy. Admin always seems to be instituting policies that require more work of staff but with less time to do their “real jobs”, take care of patients. This is true for both physicians and nurses who often feel powerless to do what pulled them to medicine in the first place—taking good care of patients.

**Care Provider Recruitment and Retention** - Morale among physicians and nurses is often low. Many are exhausted from the grind of working in broken systems. Turnover rates are high and there is a shortage of nurses and physicians on the horizon. Recruitment and training costs for qualified staff is high.

**Burnout of Staff** – Burnout of staff has become the new pandemic for healthcare as physicians and nurses are leaving in mass. Burnout threatens to become an existential threat to the larger healthcare system.

**Consolidation** - Many smaller community/rural hospitals are closing or being acquired, putting smaller and rural communities at risk of having little or no healthcare services available locally. Also, primary care physicians are being put out of business as costs rise and insurance companies continually work to shrink reimbursement. The system appears to be cannibalizing its “first responders.”



### **Why Hasn't Healthcare Been Able to Fix Itself?**

Over decades, one expensive program after another have failed to address or, in many cases, even reduce the above pain points and others.

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**94% of the Results We Experience in Healthcare, Good and Poor, are a Function of the Systems in Which Care is Delivered, Not the Efforts of Staff. Good People Can Never Win Over the Poor Systems that Abound in Healthcare.**

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### **The Transformational Top Twelve!**

**Driving Fact #1** - Approximately 94% of the outcomes we experience in healthcare, good or poor, are a function of the systems in which care is delivered, not the efforts of care staff. If we want to sustainably improve healthcare, we must optimize the systems in which care is delivered both on clinical and administrative levels. Whatever programs are implemented, they must be *systems-based*.

**Driving Fact #2** – Normally, optimization of 20% of the systems will produce 80% of the benefits. The critical 20% of the systems must be identified and the focus of the work should be there.

**Driving Fact #3** - The majority of the work must take place bottom/up rather than top/down as in the many failed Six Sigma, Lean, and Lean Sigma programs popular in healthcare today.

**Driving Fact #4** - It's not enough to optimize only systems. People, too, must be grown in their skill sets using a workable systems optimization model as the way they lead and manage and solve problems.

**Driving Fact #5** - The work cannot be rolled out as another comprehensive program, only to become the next failed “flavor of the month”. It should be seeded into a few key areas and allowed to grow organically, as other areas of the hospital hear about the successes of the seeded ones. Admin, with front-line inputs, must be wise in deciding sequence/scale of the work.

**Driving Fact #6** - A minimum of three early adapters are necessary to kick off work in any area: a change advocate physician leader, a change advocate leader from Administration, and a change advocate nurse leader. Titles are not important. This is the *Golden Triad*. Note, however, that the vast majority of the work will be done by the people closest to the work. This means front-line care staff.

**Driving Fact #7** - The systems improvement tools should be simple to use and teach, fast, and highly interactive.

**Driving Fact #8** - This is critical. A “pull” strategy should be used as opposed to the “push” strategy of legacy improvement programs. Everything should be 100% voluntary. This is key, as it eliminates most of the natural resistance we see in nearly all organizational change efforts in healthcare.

**Driving Fact #9** - Positive, measurable results must accrue quickly to build confidence in the teams, usually within four weeks of kickoff for small projects and going “live” in 6-12 months for large projects. This means the stresses in the systems (energy) must be used to speed change.

**Driving Fact #10** - The program should develop true ownership in its participants as opposed to pushing some sort of buy-in. When team members own the model as their own, they naturally become good or even great leaders and managers, even if they do not have the title.

**Driving Fact #11** - The engine that drives the program should be the Nobel Prize winning Law of Dissipative Structures as opposed to legacy “tools”, which are complex, difficult to use and teach, and slow to implement, even when marginally successful.

**Driving Fact #12** - Return on investment (ROI) in doing this type of systems optimization work must be significant and measurable.



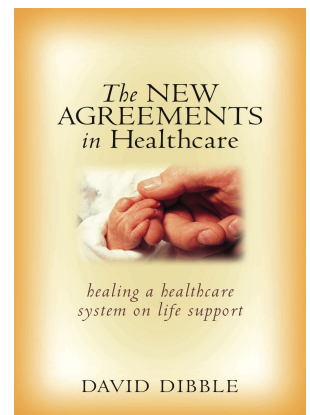
### **Sea Change Solution:**

#### **Systems-Based Transformational Leadership Solutions:**

#### **The New Agreements & 3D Problem Solving (3DPS) Develop Emerging Leaders and Managers and Growing Excellent Organizations**

#### **The NEW AGREEMENTS in HEALTHCARE Healing a Healthcare System on Life Support**

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Here are the 12 proven effective principles that set the 3DPS Model apart from legacy models:

**Principle #1** - It's **systems-based** and **grows people**. Sustainable change requires both.

**Principle #2** - It uses **80/20** to easily identify the critical **20%** of the systems that will return 80% of the benefits to the patients, staff, and organization.

**Principle #3** – 3DPS is implemented **bottom/up**. Staff take the lead with minimal support from Admin.

**Principle #4** - Learning to facilitate 3DPS grows people to become **good or even great leaders and managers**.

**Principle #5** – No more failed rollouts. 3DPS is usually seeded into **one or a few key areas** for improvement and, as other areas of the hospital hear about the successes of the seeded ones, allowed to grow organically. Once seeded, it's not unusual for services to be “standing in line” to bring 3DPS to their service.

**Principle #6** – 3DPS highly recommends the training of “**Golden Triads**”, a physician, a nurse, and a person from Admin, all champions change, as a starting point to kick off forming the right teams and beginning work in a critical **20%** area. These triads open lines of communication and bring much needed shared knowledge and perspectives to the teams.

**Principle #7** – 3DPS is **simple** to use, **easy** to learn and teach, **fast**, and **highly interactive**.

**Principle #8** – 3DPs uses a “pull” strategy, which eliminates the natural resistance we see in nearly all organizational change efforts in healthcare. Everything is 100% voluntary.

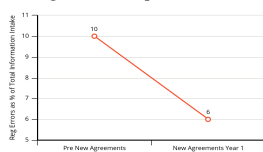
**Principle #9** - With 3DPs, positive, measurable results in smaller projects can be created in as little as **4 weeks**, with large projects ready to go live in **6-12 months**. This builds confidence and a sense of pride in team members quickly.

**Principle #10** – 3DPS develops good and even great leaders and managers, even if they do not have the title. If a person can facilitate 3DPS, he/she will *be* a good manager or leader.

**Principle #11** – Unlike legacy systems-improvement programs, the engine that drives 3DPS is the Nobel Prize winning **Law of Dissipative Structures**. This changes everything we’ve been taught about organizational change.

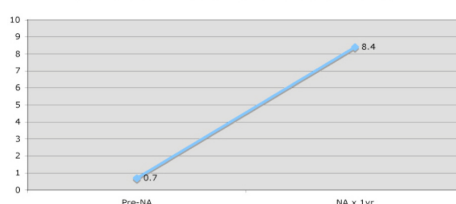
**Principle #12**– In most cases, the ROI for 3DPS work is **remarkable**—off the charts.

Hospital Registration Errors Before & After New Agreements plus 1 Year



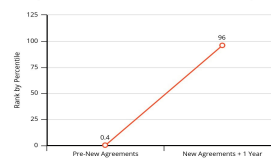
Source: Internal Measurement/Documentation

Staff Satisfaction with Housekeeping: Pre and Post NA



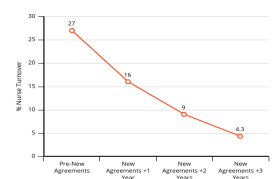
— Staff Satisfaction

Patient Satisfaction Wellness Center by Rank (272 Similar US Facilities)



Source: Press-Ganey

Nurse Turnover %

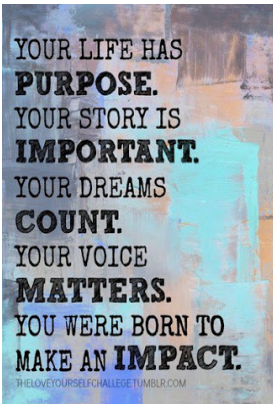


Source: Internal Data (CNO)

## A Summary of THE NEW AGREEMENTS In Healthcare

In looking at transforming healthcare, we need new agreements. The following are the four New Agreements in Healthcare:

- 1) Find Your Higher Purpose for Work
- 2) Grow, and Serve Your People
- 3) Learn to Facilitate 3DPS\*
- 4) Practice a Little Every Day



### First New Agreement – Find Your Higher Purpose for Work

*When you are inspired by some great purpose, some extraordinary project, all your thoughts break their bounds; your mind transcends limitations, your consciousness expands in every direction, and you find yourself in a new, great and wonderful life.*

*Patanjali*

Each of us comes into our life experience for a purpose – A Life purpose, a higher purpose. A part of each of us yearns to know and be aligned with our higher purpose. For many of us who have not yet discovered our purpose, life becomes a

demonstration of what is most certainly *not* our life purpose. It is the feeling of being trapped in a life driven by obligation, habit, and the expectations of others.

It may well feel like a life that is long on stress and short on meaning. It appears that a deeper part of our humanity is awakening in many of us to ask, “What is my life purpose? What am I here to do?”

The answers to these profound questions are central to living a transformed life both at work and home – and to building great organizations. If you know your life purpose, universal creative energy conspires with you to bring your purpose to you. You become “attractive” to the circumstances in life that will allow you to live your life purpose.

An inner part of each of us knows our life purpose. I call this our Inner Wisdom. You might also call this all-knowing place inside each of us our Intuitive Knowing, Universal Knowing, Higher Self, or Spirit. Many human beings go through life with an inner longing for meaning and purpose, and yet are too distracted by the outside rat race to explore the inner world where their life purpose awaits.

## **Second New Agreement – Grow and Serve Your People**

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*Of 139,380 former patients from 225 hospitals, the top two factors in determining Patient Satisfaction (PS) and patient’s health outcomes were both directly related to Staff Interaction and PS directly correlated with Employee Satisfaction.*

**Susan Frampton, Laura Gilpin and Patrick Charmel**

Putting Patients First: Designing and Practicing Patient-Centered Care

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The workplace can be seen as a living being for it is made up of living beings. The continued well-being of an organization depends upon the present well-being of its employees. Leaders in particular will benefit from integrating a deeper understanding of this universal principle into their leadership approach. In a nutshell, *if you don’t care about people, you can’t lead.*

As a leader, when you care about and support your staff, it translates into self improvement. By growing your people through cultivating their talents, increasing their capabilities, and expanding their skill sets, you’ll enhance the performance and production of the whole organization.

Focusing on growing and serving your people frees up their energy to take good care of your patients and each other. Lasting transformation in healthcare requires that leaders care about their people and set staff up to be successful in their jobs. That means insuring people are working in good systems and takes us to the most important New Agreement for Leaders: Learn to Facilitate 3DPS\*.

**SYSTEMS  
THINKING**  
for Health Systems  
Strengthening

## **Third New Agreement – Learn to Facilitate 3DPS\***

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*Systems thinking is a discipline for seeing wholes. It is a framework for seeing interrelationships rather than things, for seeing ‘patterns of change’ rather than static ‘snapshots.’*

Peter Senge

The Fifth Discipline: The Art & Practice of The Learning Organization

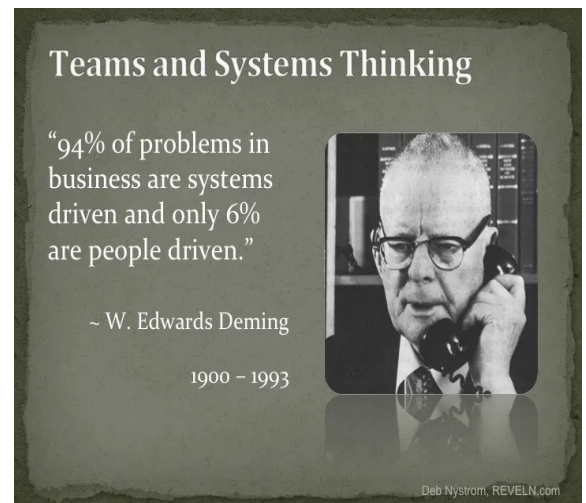
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Before we can talk about the transformation of healthcare as we know it, we must explore the incredible world of systems, systems theory, and systems thinking. Before completing this discussion, we will take something that might be seen as complex and make it elegantly simple. Let's start by looking at the big universal picture through the lens of physics and quantum physics.

The observable universe is one very large system. Within this system are large subsystems that might be described as clusters of galaxies, massive clouds of gas, and other extremely large features. Earth, of course, is made up of many smaller subsystems and manmade systems, what we might define as the workplace or a business or healthcare. Healthcare, including the delivery of healthcare, is a function of systems and subsystems, all the way from government-mandated Medicare to how you register a patient at your hospital. All of these systems can be improved to produce better outcomes for patients, staff and the organization as a whole.

A clear understanding of the critical role that systems play in the healthcare experience that we, as care staff, create for both our patients and us, is a necessary component of any change effort. Why? Because systems dictate the vast majority of the results we experience.

It is a well-documented fact that approximately 94% of the results we produce in healthcare/the workplace, both good and poor, are a function of the systems in which staff deliver care, *not* the efforts of those health workers. This tells us that, if we wish to produce better patient care, improve safety, lower costs, and eliminate growing staff burnout and shortages, we must address upgrading the current systems producing the poor results we want to improve.



Sadly, most leaders who are responsible for improving healthcare organizations are unaware of the powerful role that systems play in providing healthcare services or as root causes of pain points that plague healthcare. Instead, healthcare leaders flail away doing the same things over and over expecting a better result—decade after decade.

Until we begin to think in terms of systems being at the heart of everything that is happening in any organization, we naturally tend to think that people are causing the problems and frustrations. For those of us who aren't systems thinkers, the vast majority of systems that circumscribe our lives, both at work and at home, are invisible. We simply don't see them.

Even more troubling for healthcare, when leaders know they must upgrade their systems to solve problems, they bring in "programs" such as Six Sigma, Lean, or Lean Sigma and pass the implementation of that program off to "experts", who, as 40 years of universal failure in healthcare attest, are doomed to fail. For a lengthy list of reasons this approach simply doesn't work well in healthcare, see page 2 of this document.

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**Average People Can Be Successful in Good Systems. Good People Cannot Be Successful in Poor Systems.**

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## Fourth New Agreement – Practice a Little Every Day

*If people knew how hard I had to work to gain my mastery, it would not seem so wonderful at all.*

Michelangelo Buonarroti

Realizing life purpose and attaining certain levels of life and systems mastery requires practice. It's the same for organizations. If we desire to learn something new and make this new skill set a part of how we operate in the world, the organization must create and maintain a practice. The most powerful practice a good leader or manager must master is the third New Agreement, *Learn to Facilitate 3DPS*. This skillset is good leadership and management, regardless of title.

The most effective practice is done every day. Practice doesn't have to be arduous. Especially when problems arise, both at work and at home, try to see the systems that are causing the problems. Regardless of the size of the problem, try to use the 3DPS to make the source of the problem visible. And have fun. Actually, we do our best practice when we are inspired or having fun.

I'll leave you with one practice every leader and manager should seek to master right now: **Be Data-Driven**. Whenever anyone comes to you with a problem or suggestion, ask for the data that supports their point of view. You'll find that most problems and opinions not supported by good data are inaccurate or simply wrong. As systems guru W. Edward Deming so eloquently admonishes, *"In God we trust. Everyone else must have data."*

## Bringing The New Agreements and 3DPS to Your Healthcare Organization

*The end of all education should surely be service to others. We cannot seek achievement for ourselves and forget about the progress and prosperity of our community. Our ambitions must be broad enough to include the aspirations and needs of others for their sake and for our own.*

Cesar Chavez



I am not sure why I have become a messenger for The New Agreements and 3DPS in healthcare. In all humility, I do not feel the powerful bodies of knowledge that create systems-based transformation and grow great leaders and managers are mine. Yes, I've spent most of my career pulling these principles and tools into a practical model that can be applied in healthcare or any workplace, creating much more value in organizations/staff that embrace it.

However, when I look at all the seemingly unrelated pieces of the New Agreements and 3DPS, it sometimes feels more like destiny at the wheel. Why did healthcare become a significant part of my life's work? Why did I have to become an elder before realizing this gift is meant for healthcare and the world, even if I likely

will not be here to see its widespread implementation? I feel this body of knowledge, this new model for leadership, management, and organizational change, is simply an idea whose time has come.



I have a vision that The New Agreements and 3DPS will become a recognized leadership/management/problem solving model and strategy for transforming healthcare in America and around the world. For this vision to gain traction, many kindred spirits must be able to facilitate/teach these bodies of knowledge in healthcare. Many leaders, managers, and change agents must become skilled in facilitating 3DPS. To reach and serve the many who are coming forward means online training and certification.

## **New Agreements 3DPS Facilitator Certification Program**

We currently offer the New Agreements 3DPS Facilitator Certification Program for healthcare leaders, managers, and staff. This comprehensive training takes the student through all aspects of the theory, creation, and practical implementation of the model in healthcare, with a focus on its facilitation. It is not unusual for students to begin facilitating 3DPS on small projects even before graduating and being certified to facilitate. The course includes a weekly live one-hour coaching call with me (David Dibble) for anyone in the course and past graduates. Many say they get as much out of the coaching calls as they do the course itself.

Here is the Certification Program Outline:

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### **The First Step!**

## **The New Agreements 3DPS Facilitator Certification Program**

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- Making the New Agreements and 3DPS Real in Your Organization -

**Introduction:** This is our signature program. This Train-the-Trainer Certification course is comprised of an Orientation to

the Course, Six Training Modules with 4-6 Lessons in each Module, and a Graduation Module. When you are a Certified 3DPS Facilitator, you will have the ability to begin implementing the work in your organization.

You will become a champion for genuine transformation in healthcare and, regardless of your role or title, be an excellent leader and manager.



## What you can expect in the 3DPS Certification Program:

### Orientation: Preparing to Take the Course

#### Welcome to the Course

#### Orientation 1 – Big Picture for Healthcare – What You Will Learn

#### Orientation 2 – Supplies You Will Need to Take the Course

#### Orientation 3 – A Journey to a New Way of Being

#### Orientation 4 – Start from Where You Are - Completing the Client Assessment Questionnaire and the Client Discovery Form

### Module 1 – Building a Strong Foundation for Your Facilitation



**Lesson 1** – Re-read *The New Agreements for Leaders*.

**Lesson 2** – Watch the New Agreements for Healthcare Webinar.

**Lesson 3** – The 4 Game Changers! In Healthcare

**Lesson 4** – The 4 Keys & 4 Pitfalls in Facilitation

**Lesson 5** – Why Healthcare Has Been Unable to Genuinely Transform and How We're Transcending Those Limitations

### Module 2 – Preparing to Train/Facilitate in Healthcare Using 3DPS

**Lesson 1** – Bringing 3DPS to Your Hospital or Organization – The Golden Triad

**Lesson 2** – Determining Where to Work

**Lesson 3** – Forming a Team

**Lesson 4** – Preparing for a Team Meeting (setup, logistics, materials, roles)

**Lesson 5** – Kicking off the First Meeting

**Lesson 6** – Facilitating Virtual Meetings



## Module 3 – 3Ds (Tools 1-3)

**Lesson 1** – Tool 1 – Discovery

**Lesson 2** – Tool 2 – Distillation

**Lesson 3** – Tool 3 – Defining

## Module 4 - Advanced Facilitation Techniques



**Lesson 1** – Using Questions

**Lesson 2** – Using Regulators

**Lesson 3** – Using Movement

**Lesson 4** – Pulling with Soft Eyes

## Module 5 – Taking Right Action – Facilitating Tools 4-6

**Lesson 1** – Getting Alignment on Team Projects

**Lesson 2** – Facilitating Right Action

**Lesson 3** – Facilitating Sequencing of Right Actions

**Lesson 4** – Real Time Reporting

**Lesson 5** – Right Measurement – Determining What to Measure and How to Measure

## Module 6 – Facilitation – Putting It All Together



**Demonstration 1** – Live Discovery

**Demonstration 2** – Live Distillation

**Demonstration 3** – Live Defining

## Graduation, Certification and Support – Assessing Your Future Opportunities

**Completion 1** – Celebrating Your Growth

**Completion 2** – Your Certificate of Certification

**Completion 3** – Your Course Evaluation

**Completion 4** – Taking Next Steps

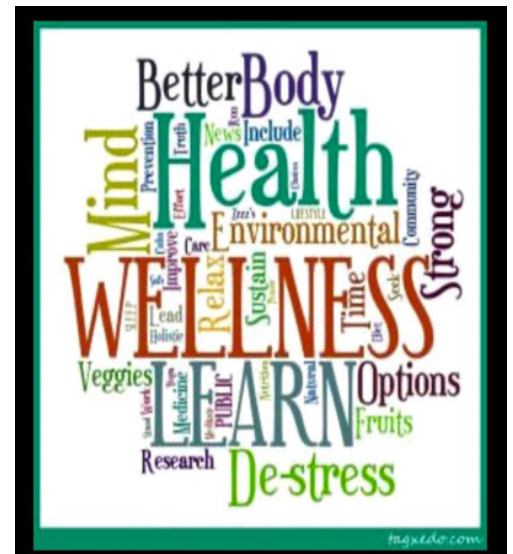
**Completion** - Final Exercise - **Commitment**

## My Appeal to Healthcare Leaders at All Levels in Your Organization

Manifesting 3DPS in a healthcare organization may require some outside support in the beginning. Yet, without internal facilitators and champions, the speed and sustainability of the desired changes may be jeopardized.

The online training creates both internal and external leaders, facilitators, coaches, and consultants for the work. It is the internal leaders and facilitators who maintain momentum and ensure stability while implementing 3DPS. These skilled human resources are *essential* to the long-term success and sustainability of the transformation.

Consider providing training for those in your organization who are leaders, managers, or change advocates. In a perfect world, you will have your Golden Triads take the course together. Again, the Golden Triad is made up of a change advocate leader from Administration, a change advocate leader physician, and a change advocate leader from nursing. Titles are not important.



## 3DPS Has Prerequisites to Be Maximumly Successful



The bodies of sea change wisdom and knowledge that are taught in 3DPS Facilitator Certification Program are unparalleled. However, the successful implementation of it is not without challenges, including the unwillingness to let go of outdated leadership, management, and problem-solving practices.

There are some organizations, people, leaders, and managers who are not good candidates for doing 3DPS Facilitator Certification Program.

We want all who are pulled to this work to be successful in its implementation. For that reason, below is a list of factors to consider before committing to doing this work.

## **We recommend leaders defer to staff in doing this work, if in the organization:**

1. There is a lot of fear and people won't express themselves, particularly with leadership.
2. There are a lot of politics and little or no accountability for leaders.
3. It is run by leaders who care only about numbers and see people as expendable.
4. It is run by autocrats.
5. Leadership is defined as playing by the rules and punishing those who don't.
6. Self interest and self-preservation is prevalent.
7. People are disengaged, hate their jobs, and show up only for a paycheck.

## **We recommend you do not do this work if you:**

1. Are deeply resistant to self-awareness and new insights about yourself.
2. Are highly resistant to change and growth, either personally or organizationally.
3. Don't like people who are different from you.
4. Have little tolerance for those with opinions that differ from your own.
5. Are in some ways a bully.
6. Are super competitive and see business and life as essentially win/lose.

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**Great Systems-Based Leadership is 50% Fixing Systems and 50% Growing People.  
We Must Have Both.**

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### **The 3DPS Value Proposition, Its Logical Conclusion and Big Promise**

First, my deep gratitude for your valuable time in reading this treatise on what is needed, both from within and without, to achieve extraordinary and sustainable transformation on the front lines where

staff delivers care and patients are served.



Second, to assist you and your team's ability to thoroughly understand and embrace 3DPS and The New Agreements, I would like you to have a **complimentary copy** of *The New Agreements for Leaders*. It's a quick read, but don't be fooled. It's powerful, too. The book complements and further proves the veracity

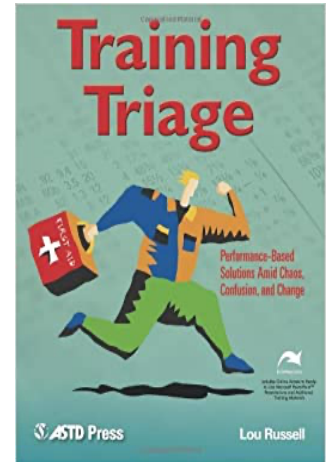
of everything I have thus far shared. To get your copy, email me at: [david@thenewagreements.com](mailto:david@thenewagreements.com) or download it from our home page: <https://thenewagreements.com/>.



**Our big promise** is simply this: Get certified to facilitate 3DPS. Introduce our solution to ongoing challenges you currently face in one or two key areas of the organization. Pull the teams together that will be responsible to implement the transformation. To guarantee your success and, as my gift, you and I will co-facilitate your first 1-2 meetings.

Our research has shown that to properly *seed* 3DPS in a key area, you must assemble an internal team that includes its own Golden Triad. The team should include a *physician leader*, *administrator leader* and a *nurse leader*. Titles are not as important as is the commitment to problem solving together.

3DPS is training triage, too, as it includes a bottom/up approach delivered via a pull strategy. It is highly engaging using simple, easy to learn tools that deliver significant, measurable systems-based transformational results quickly. The patient, healthcare, is in need of training triage. There are no accidents. You are the one healthcare has been waiting for.



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## Take a look at what these noted authorities and experts say about New Agreements 3DPS

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**“3DPS is the core methodology for practical implementation of this major transformation at UAB.”**

“As a senior fellow at New Agreements Healthcare for over two years, I had the opportunity to study with David and all aspects of The New Agreements and 3DPS. Following that, for ten years, as a consultant to large healthcare organizations, both in the US and internationally, I used 3DPS as my primary model in transforming/improving the systems of clinical care delivery for my clients.

As Chief Clinical Transformation Officer for UAB Medical Center for the past five years, my charter is to make UAB into a case study for the transformation of the US healthcare system. 3DPS is the core methodology for practical implementation of this major transformation at UAB.

For the first time, frontline staff are directly engaged in the entire improvement process. Compassionate respect for self and others serves as the foundation of the teamwork that creates and sustains dramatic improvements. UAB is writing two peer reviewed papers on 3DPS implementation, one addressing quality and safety and the other staff burnout and shortages.

**—Frederick van Pelt, MD, MBA, Chief Clinical Transformation Officer, UAB Medical Center  
New Agreements Healthcare Senior Fellow, 2006 – 2008**



**“He will show you how to create the dream work life you are meant to live and how to teach others to do the same.”**

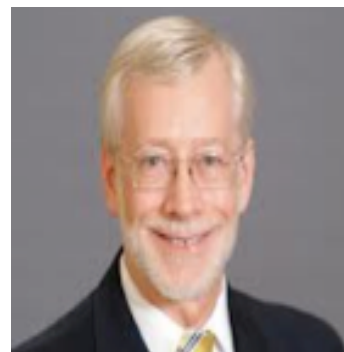
“I was David’s teacher for eight years. After eight years, I told him it was time for him to teach. He is a master teacher of transformation in the workplace. He will show you how to create the dream work life you are meant to live and how to teach others to do the same.”

**— Don Miguel Ruiz, author *The Four Agreements***

**“Our key metrics confirm that we are becoming a significantly better organization, one that can serve as a model for what healthcare can be and what organizations can become.”**

“Our work with David and 3DPS is helping us to understand that systems, not people, are most often the reason for errors and inefficiency. Our key metrics confirm that we are becoming a significantly better organization, one that can serve as a model for what healthcare can be and what organizations can become.”

**—John Rossfeld, CEO, Gila Regional Medical Center**



**“David’s New Agreements and 3DPS is a one-of-a-kind consultation. Leaders and grass roots staff work together to improve the systems of care.”**

“David’s New Agreements and 3DPS is a one-of-a-kind consultation. Leaders and grass roots staff work together to improve the systems of care. Through shared successes, it earns buy-in from everyone. No more blaming and complaining. If your organization needs cultural transformation and sustainable systems-improvement, this is the process for you.”

**—Peggy Gaughan Doyle R.N., O.R. Manager of the Year, Director Perioperative Nursing, Brigham and Women’s Hospital**

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**Our Old Care Delivery Systems Are No Longer Working – At Least Not Well.  
Ask the front-line care staff who are now burning out in mass.**

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**“A day doesn’t go by without me thinking about and practicing The New Agreements.”**

“David, I hope you are doing well. I think about you often. The ripple effect of what I have learned from you and 3D Problem Solving continues to extend here in Oregon. A day doesn’t go by without me thinking about and practicing The New Agreements and 3D. I’ll be in the Certification Program.”

**—Dan Schweigert, MD**





**“From this well-received process, we will add almost \$1million to our bottom-line next year while improving patient and care staff satisfaction.”**

“The New Agreements creates a framework for a holistic approach to the operations of an organization. It embraces the development of the people while setting them up to be successful through facilitation of 3D Problem Solving and optimization of the systems in which they must work. From this well-received process, we will add almost \$1million to our bottom-line next year while improving patient and care staff satisfaction. This is significant improvement for a small community hospital.”

**—Sue Nieboer, RN, MPA – VP Operations, Gerber Memorial Health Systems**