out the day, nurses return to the station to complete paperwork on patients’ medical charts, medication and treatment, and incident reports. The results show that there has been a significant increase in throughput (e.g., number of patients admitted in CCU per year), a decrease in work-in-process (e.g., average number of hours in CCU per patient) and an increase in quality (e.g., live discharge), with a slight decrease in cost. The improvement in the CCU’s performance was achieved by systematically applying the mindfulness model.

**Modeling mindfulness**

The mindfulness model was developed using soft systems methodology (SSM), which originated by applying hard systems engineering methods. Many of the basic tools for SSM were developed through a series of real-world projects in unstructured situations.

Over the years, many authors have discussed varying types and steps of SSM, such as Peter Checkland’s “Auto-biographical Retrospectives: Learning Your Way to ‘Action to Improve’ – The Development of Soft Systems Thinking and Soft Systems Methodology,” published in 2011 in the *International Journal of General Systems*. It uses seven stages:

1. Confront/identify the problem situation (or event).
2. Identify the people, culture or norms involved (i.e., the stakeholders and context).
3. Develop root definitions that describe the ideal system.
4. Build a conceptual model or a diagram of the system.
5. Compare models to the real world, which questions each relationship in the model.
6. Identify changes needed to the current system related to the problem.
7. Take action or use an action plan to implement the changes previously identified.

Mindfulness greatly improved the application of SSM stages one, two and six by encouraging a high level of attention to a task (or awareness of it) and an understanding of how the players contribute to improving process performance or customer service. The first step of mindfulness – frequent meditation – avoids distractions, focusing attention on the immediate threat to a patient, a problem or its causes (SSM, stage one). The second step emphasizes objectively examining the context and stakeholders (SSM, stage two), and develops effective or appropriate solutions that are context specific (SSM, stage six). Instead of relying on a “best practices” view, the objective examination promotes data-driven analysis of a situation to discover and implement the best solution.

At Southern Healthcare, doctors, nurses and volunteers are encouraged to meditate five to ten minutes every few hours and then clear their mind for one to two minutes before treating each patient. To keep superficial reactions from becoming an issue, caregivers are taught the third step of mindfulness, which is to communicate often with other caregivers about patient condition, and briefly evaluate how a treatment affects each patient. The mindfulness model in Figure 1 shows the relationship of SSM and mindfulness techniques.

**Implementing mindfulness**

Southern Healthcare developed a meticulous implementation plan that showed current and future targets, delineated milestones of achievements and showed action plans for implementing the mindfulness model. Specifically, the plan consisted of a sequence of task dependencies, which included well-defined predecessors and successors and clearly identified routing information to complete the implementation. The following describes implementation activities for each aspect of the mindfulness model.

**Confronting/identifying the problem** (stage one). To identify process