hank

Spring 2013 | Issue 35

FRONTLINE NEWS FOR KP WORKERS, MANAGERS AND PHYSICANS

SHE'LL MAKE MY LIFE MISERABLE IF I SAY SOMETHING

I KNOW WE'VE BEEN DOING IT LIKE THIS FOR YEARS, BUT CAN WE TRY A NEW WAY?

HERE'S WHY THAT WON'T WORK

I FEEL THIS MIGHT BE A DUMB QUESTION

I DON'T FEEL COMFORTABLE DOING IT THIS WAY

THAT SHORTCUT COULD HARM A PATIENT

YOU DON'T DO YOUR FAIR SHARE OF THE WORK

I DON'T WANT TO HURT HER FEELINGS

IT'S NOT MY JOB, BUT SOMEONE SHOULD SAY SOMETHING

STOP!

"

DOCTOR, WOULD YOU PLEASE WASH YOUR HANDS!

IF I BRING THAT UP, I MAY GET FIRED

I'M TOO LOW ON THE TOTEM POLE

NO ONE WILL LISTEN TO ME

CAN I PLEASE GET SOME HELP?

I SHOULD SPEAK UP, BUT I DON'T WANT TO GET A REPUTATION AS A TROUBLEMAKER

I DON'T THINK THAT'S THE CORRECT PROTOCOL

"

SAFE TO SPEAK UP?

INSIDE!
2012 LMP PERFORMANCE REPORT

IN THIS ISSUE »

HENRIETTA

Cough it up!

It's not hard to figure out why people are hesitant to speak up at work. Offering a suggestion for improvement or pointing out when you think something isn't right exposes a person to any number of possible responses—many of them unpleasant.

There's the sarcastic retort. There's the deafening silence. There's the reply, pointing out exactly why you're wrong, delivered in the nicest of tones but carrying an unmistakable edge of oneupsmanship. Who needs it? Who wants to create waves and risk a good job?

But when we don't speak up, we put health and happiness at risk. As Doug Bonacum, Kaiser Permanente's vice president of quality, safety and resource management, says in this issue's cover story, speaking up "is mission critical for worker and patient safety."

In addition to the moral imperative of protecting people from injury, there's a strong economic incentive for speaking up. Improvement doesn't typically come from a single person's great idea—it comes from people sharing ideas. And we at KP have to keep improving, finding ways to deliver care as good as or better than we deliver now with fewer dollars per member. Our future depends on it.

Since we get good at what we practice, we each have to practice speaking up. Practice means starting with lots of baby steps—don't tackle the high-stakes stuff first! And let's practice being good listeners, too, providing the space that lets others speak up safely.

The Labor Management Partnership and unit-based teams provide the framework for transforming what Bonacum calls a "culture of fear" around speaking up. But with that framework in place, it's still up to each and every one of us to find the courage to address the immediate, particular obstacles that keep us silent. hank

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TEAR-OFF BACK COVER POSTER
Huddles help teams—and here are 10 tips for making yours better.

WHO'S BEHIND HANK?

Published by Kaiser Permanente and the Coalition of Kaiser Permanente Unions

COMMUNICATIONS CO-LEADS
Maureen Anderson, Andrea Buffa

EDITOR
Tyra Ferlatte

GRAPHIC DESIGN
Travis Retter, Stoller Design Group

CONTRIBUTORS
Kellie Applen, Cassandra Braun, Paul Cohen, Paul Erskine, Jennifer Gladwell, Laureen Lazarovici, Julie Light, Shawn Masten, Anjetta McQueen, Gwen E. Scott, Beverly White

Worksite photos: Bob Gumpert

CONTACT US
Email feedback and story ideas to hank@kp.org.

WHAT IS HANK?

Hank is an award-winning journal named in honor of Kaiser Permanente's visionary co-founder and innovator, Henry J. Kaiser.

Hank's mission: Highlight the successes and struggles of Kaiser Permanente's Labor Management Partnership, which has been recognized as a model operating strategy for health care. *Hank* is published quarterly for the partnership's more than 130,000 workers, managers, physicians and dentists. All of them are working to make KP the best place to receive care and the best place to work—and in the process are making health care history. That's what Henry Kaiser had in mind from the start.

For information about the management and union co-leads advancing partnership in your region, please visit LMPartnership.org.

(L+M)P
The Power of Partnership

AROUND THE REGIONS

COLORADO

When people go to school to learn how to perform X-rays or take blood pressure, they don't generally expect they'll be bonding with colleagues while getting their commercial driver's licenses or that putting on snow chains will be part of their job. But members of the "mobile coach" unit-based team, who travel to clinics that do not offer mammograms on site and who are in charge of every aspect of running a mammography lab on wheels, took these tasks on and more. Their unusual assignment is improving the quality of care—they screen an average of 15 patients a day and performed 2,584 exams in 2012, finding 12 cancers.

GEORGIA

The Pharmacy team at the Cumberland Medical Offices cut labeling costs by more than 50 percent by improving accuracy in printing prescription labels. Techs now take a medication off the shelf before typing in the prescription or passing it off to a pharmacist. This helps them select the right code from the National Drug Code database—reducing the need to reprint labels and the associated medication information sheets that are given to patients. Within three months of the change, the number of incorrect codes on labels went from 13 a week to zero. Spending on labels dropped from $1,355 in November 2011 to $569 in March 2012, and monthly shredding costs dropped from $90 to $30.

HAWAII

The Gerontology specialty team at the Honolulu clinic uses a distinctive combination of red and blue tape to keep its nursing staff free of accidental syringe needle sticks, which can lead to serious disease. More than a year ago, the team set a goal to have no more than three sticks a year—the number of incidents in the previous year. But telling busy caregivers not to rush was not enough. Today, a designated area blocked off by the tape signals to other staff that a nurse needs to concentrate fully on preparing an injection or disposing a needle. The UBT reinforces the warning with signs and a monthly safety message. There have been no needle sticks since October 2012.

MID-ATLANTIC STATES

When busy patients kept canceling appointments, the Baltimore Behavioral Health unit-based team had to find a way to address the no-shows, which were having a negative impact on the clinic's workflow. In June 2012, 32.7 percent of open slots for new referrals went unused. Then the team stepped in with personal reminder calls and letters, as well as in-person coaching during the after-visit summary review about—yes—how to *cancel* an appointment. Once patients learned how easy it is to use kp.org to cancel an appointment and understood how other members benefit from the newly opened slots, the no-show rate dropped to 25 percent in February 2013.

NORTHERN CALIFORNIA

When parcels arrive at the Fremont Medical Center, they are placed onto a conveyor that rolls them into a warehouse, where they are processed and staged for delivery. Before the conveyor was installed—a suggestion made by UBT member Pablo Raygoza, a storekeeper and SEIU UHW member—workers had to do a lot of bending and lifting to pick boxes up, handling each one multiple times. The improvement was part of a three-year effort to increase worker safety by redesigning and streamlining work processes. As of March 2013, the effort had kept the Supply Chain department injury free for more than 660 days and earned it this year's regional President's Workplace Safety Award.

Pablo Raygoza, storekeeper and SEIU UHW member

NORTHWEST

The Northwest welcomed 2013 with a recommitment to the region's hospital's unit-based teams at a three-day Value Compass Refresh meeting, attended by more than 300 UBT co-leads, subject matter experts and regional leaders. Groups explored subjects like overtime, process improvement and patient flow. In the end, hundreds of potential projects were identified by co-leads and subject matter experts to take back to their UBTs for discussion and next steps. Representatives from the Operating Room UBT discussed opportunities to improve communication with surgeons. On hand was Imelda Dacones, MD, the chief medical officer of the Westside Medical Center (slated to open this summer). She listened with an eager ear and asked questions of the teams to help understand the challenges. "All the physicians who have privileges at the new hospital," she says, "will go through the Patient Safety University training."

Rahul Rostogi worked with the 3N unit during the Value Compass Refresh.

OHIO

Members regularly complained about long waits for prescriptions at the Parma Pharmacy, so the unit-based team decided to map the prescription-filling process using a spaghetti diagram. The tangled web of lines captured in the drawing told the story and pointed to the root cause of the problem: Pharmacists did a lot of unnecessary walking and backtracking. The primary culprit was walking to and from the technicians, who are located in the front of the pharmacy, to deliver prescriptions. The team decided to move pharmacists closer to the techs—a small change that gives pharmacists more time to dedicate to filling prescriptions and shaved wait times by 84 seconds, or 14 percent.

SOUTHERN CALIFORNIA

The eight-person nephrology unit at the Stockdale Medical Offices has always exceeded regional goals for its discipline and prided itself on the care it provides its kidney transplant patients—but it got a rude awakening in January 2012, when it saw fresh data from the regional renal business group. The team was merely average. Team members got busy, analyzing the metrics and scouring patient records. To help flag the care each patient needs, they turned to the Proactive Office Encounter functions in KP HealthConnect™. They hosted a special short-term clinic just for transplant patients. Nurses made outreach calls. And the percent of patients getting five key services shot up—flu shots (up 50 percentage points), dermatology appointments (up 32 points), renal ultrasounds (up 22 points), annual follow-up visits (up 25.5 points) and lab work (up 26 points). hank

SAFE TO SPEAK UP?

OPEN COMMUNICATION LEADS TO BETTER PATIENT OUTCOMES AND A MORE ENGAGED WORKFORCE, AND THERE ARE SUREFIRE WAYS TO BUILD A CULTURE WHERE PEOPLE FEEL FREE TO RAISE CONCERNS

Article by:

CASSANDRA BRAUN

No ifs, ands or buts: By using a Stop the Line form, the Radiation Oncology and Radiology teams in South San Francisco have created a clear expectation that anyone who sees something amiss is to speak up. Shown are radiologic technologist and CT lead Jesus Francisco Reyna (above and far right inset); Reyna with Imaging director Marty Fong, radiologic technologist Donna Haynes and lead clerk Eden Ocampo (near right inset, left to right); and lead tech Detra Caldwell with Radiology director Ann Allen (middle inset, left to right). Reyna, Haynes, Ocampo and Caldwell are all members of SEIU UHW.

A few months ago, a patient walked from the outpatient clinic to the operating suites at San Francisco Medical Center. He had an infection in his knee that needed to be drained. Paul Preston, MD, was at work and evaluated the man. His condition wasn't urgent, and he got a bed to wait in.

What happened next is a cautionary tale. The patient's condition changed—quickly and unexpectedly.

Dr. Preston, who was in charge that day, had moved on and was artfully multitasking on several other matters.

A nurse popped around the corner and interrupted him.

"Dr. Preston, this guy is sick," she said.

Rapidly changing situations are a part of life in hospitals and clinics. But how they are handled varies wildly, depending largely on whether there is a culture of psychological safety—one where employees can speak up freely and offer suggestions, raise concerns and point out mistakes without fear of negative personal consequences.

Despite volumes of findings linking psychologically unsafe work cultures with poor patient outcomes—up to and including death—the health care industry, including Kaiser Permanente, continues to struggle with creating the culture of open communication that is a key component of safety.

Fortunately, this nurse worked with a physician and in an environment where speaking up is welcomed.

"Boy, was she right," Dr. Preston recalls. "The patient had become septic in the short time he was there. I was obviously preoccupied, but what she had to say was far more important."

The need for culture change

Positive exchanges like the one that day don't yet happen reliably enough.

"I think there is a culture of fear around speaking up," says Doug Bonacum, KP's vice president of quality, safety and resource management. "We have indication (of that) from People Pulse scores." In the patient safety world, Bonacum says, it's still too common to hear of events with adverse outcomes where someone knew something wasn't right—but didn't speak up.

Studies have shown that poor communication among surgical team members contributes to a significant increase in patient complications or death (up to four times as many adverse events). Poor communication is also to blame in more than 60 percent of medication errors nationwide.

"If I had a magic wand and could change one thing about the health care culture and the way we work together in order to improve patient care, it would be around our ability to speak up and people's willingness to listen and act," Bonacum says. "I think it's mission critical for worker and patient safety."

Unit-based teams, by addressing issues of status and power, instinctive fear of retaliation and more, are helping build a culture where people are able to speak up. Leaders play a critical role in that transformation by actively developing rapport with employees and/or explicitly admitting mistakes and "disavowing perfection."

"The definition of leadership is creating the condition to allow your team to succeed," says Dr. Preston, who is the physician safety educator for The Permanente Medical Group. He notes that in

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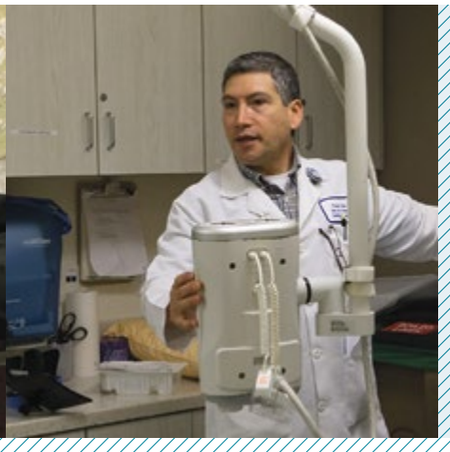

>60%

THE PERCENTAGE OF MEDICATION ERRORS NATIONWIDE CAUSED BY POOR COMMUNICATION

SAFE TO SPEAK UP?

◀····· continued from page 5]

Regular review: Radiologic technologist Donna Haynes, UBT co-lead and SEIU UHW member, makes a comment at one of the South San Francisco Radiology team's monthly meetings (right). Team members review the Stop the Line forms and discuss the incidents and follow-up actions.

'We made it an obligation for people to speak up. We wanted to empower employees.'

—**DONNA HAYNES**, radiologic technologist, SEIU UHW member and UBT union co-lead

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'SIGNIFICANT EVENTS' OCCURRED IN 2011, BEFORE SOUTH SAN FRANCISCO RADIOLOGY INTRODUCED THE STOP THE LINE FORM

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'SIGNIFICANT EVENTS' OCCURRED IN 2012, AFTER THE TEAM BEGAN USING THE FORM

aviation, senior pilots are strongly encouraged to tell those working with them, "If you see anything wrong, please let me know as soon as possible."

Building new habits

A modified version of that practice, a pre-surgery briefing, now takes place in most Kaiser Permanente operating rooms.

"We don't really want to say in front of the patient, 'Hey, if I screw up, let me know,'" Dr. Preston says. "So we go around and say our names and what we're going to do, and it builds confidence."

The briefing, he explains, "is a conversation to build the group's knowledge of what they're supposed to be doing, what to expect and watch out for. It sets the expectation that everyone needs to speak up."

Dr. Preston says holding a briefing is the single most important thing a surgical team can do for patient safety. And debriefing afterward is critical, too, he says: "It's a chance for teams to consolidate what they learned…and get more and more reliable."

Leaders—physicians, managers, union co-leads and stewards—should model the behavior of speaking up around errors. Creating a blame-free environment, Dr. Preston says, "involves the willingness of leaders to go first in displaying vulnerability...by talking about mistakes they made when they wish someone had spoken up."

Structured conversations help

Putting in place mechanisms that encourage employees to speak up is another way to foster open communication around errors and performance improvement. Such systems also provide a forum where people learn how to express themselves clearly and non-emotionally—and help to reconnect them with the value and purpose of their work.

South San Francisco Radiology's unit-based team, for example, has created a structured communication system where radiologic technologists are asked to speak up in the moment and "stop the line" when they encounter anything that deviates from the agreed-upon workflow or is a potential patient safety risk. Afterward, they fill out a brief report that captures the event.

"We made it an obligation for people to speak up," says radiologic technologist Donna Haynes, the department's UBT union co-lead and a member of SEIU UHW. "We wanted to empower employees."

Since implementing the program in April 2012, more than 250 Stop the Line forms have been submitted. As a result, the department has prevented a number of small events from reaching the patient—and has seen a 50 percent reduction of "significant events" from the previous year, incidents in which a patient is incorrectly irradiated, whether it be a wrong body part or a scan is repeated unnecessarily.

The Stop the Line forms are simple and easily accessed in work areas and radiation rooms. They're not used for punitive purposes; they're used to track workflow issues that then are addressed by the UBT.

"For us it was a big rush, really trying to empower people to take the time to do what's right," says Ann Allen, the medical center's Radiology director. "Also having trust in the fact that 'I can submit real data and it will actually implement change.'"

(Read more about how Radiology and the Radiation Oncology teams at South San Francisco developed and put the Stop the Line form into use in "When something goes wrong" on the following pages.)

Continuous learning

Allen's comment speaks to another huge benefit to creating an environment where people feel free to voice their ideas and concerns: It makes the difference between an organization that is continuously learning and improving performance and one that is stifling innovation and stagnating.

The link between higher-performing unit-based teams and the ability to speak up is clear.

The People Pulse survey has a set of 12 questions that get at a department's culture and comprise the Work Unit Index. One typical question is, "In my department or work unit, I am encouraged to speak up about errors and mistakes." In 2011, the survey found that departments where Work Unit Index scores were highest had better HCAHPs scores, more satisfied patients, fewer workplace injuries, lower absenteeism, and fewer hospital-acquired infections and pressure ulcers. Departments whose Work Unit Index scores were in the bottom quartile consistently had poorer performance in those same areas.

"High-performing teams are clear on the goal…and hold each other mutually accountable for outcomes," Bonacum says. "That level of accountability to each other is what differentiates them and enables people to say something that lower-performing teams can't and won't."

Once you get to a tipping point, Dr. Preston says, people will look out of place if they aren't speaking up.

"There's no such thing as a perfect day," Dr. Preston says. Even good surgeons make errors—routinely—and no system, he says, can eliminate human error entirely. "But the earlier the team can recognize what is called an 'undesired state' and trap it, the less severe it is. And this is a huge thing for labor and managers, because we're all there (in the room). Everybody has eyes and ears. The person who's engaged has a huge role." hank

TIPS AND TOOLS

Building a culture of open communication

Thoughtful questions motivate a person to think, analyze, speculate and express feelings—and help build a psychologically safe environment. The ability to ask such questions and have them answered freely is also a hallmark of a continuous learning environment. Thoughtful questions minimize defensiveness. When you and your team are problem solving, keep the following techniques and example questions in mind.

Do you do this?

1. Ask one question at a time and listen for the answer. (Count to 10 before you rephrase the question and ask it again.)
2. Ask open-ended questions; they get a person thinking. Avoid questions that can be answered with a yes or no. (The open-ended "What kind of ice cream do you want?" encourages dialogue; "Do you want some ice cream?" can bring the conversation to an end quickly.)
3. Use an inviting, non-judgmental tone of voice and relaxed body language.
4. Sometimes the best questions are those that ask for a little more information about what has just been said: "Say more about that," "Give me an example" or "Tell me more about a time when…".

OPEN-ENDED QUESTIONS TO LEAD DISCUSSION

- What kind of issue do you want to address?
- What kind of support would you like from me?
- Are there personal issues we need to address to improve our ability to work together?
- What do you think is the root cause of this problem?
- How do you think this change will work?
- What are some potential solutions to this problem?
- What strategies or solutions would you like to try?
- What are the potential benefits of doing things this new way?
- What would it take for us to be successful?
- How will we know if we're successful?
- What would it take to make our unit a more productive and better place to work?
- What are the impacts of this action and how will we evaluate them?
- Who else should we engage on this issue (partners/co-leads/team members)?
- What do you like best about working in this department?
- What needs improvement in this department?

WHEN SOMETHING GOES WRONG

Two Northern California teams discover that to create an environment where individuals have the 'psychological safety' to speak up, you need more than courageous leaders—you need a good system in place, too

Article by:

CASSANDRA BRAUN

Improving systems: When the Radiation Oncology unit-based team developed the Stop the Line form, it helped take the focus off of individual error and put it instead on how the system can be improved to prevent similar mistakes in the future. Shown are Amy Gillis, MD, chief physician (this page) and team members Rebekah Harper, Gillis, Jeannie Wong, Radiation Oncology Director Marcy Kaufman and Amy Cate (opposite page, left to right). Harper, Wong and Cate are radiation therapists and members of SEIU UHW.

An open, supportive environment is one aspect of a workplace where workers can point out problems when they see them.

But to ensure the support doesn't evaporate in the stress of a busy day, there needs to be more than the expectation that people will do the right thing. There needs to be a solid system in place that formalizes the commitment to speak up.

A Radiation Oncology team in Northern California knows this firsthand. From the time the South San Francisco Cancer Treatment Center opened in May 2009, its leaders worked to establish a culture that encouraged staff members to speak up when they saw something wrong and to provide input on process improvements. The center didn't have a clear-cut mechanism for doing this, however; it was fostered through leaders' encouragement and role modeling.

Then in 2010, a mistake was made—relatively small, but a HIPAA violation: A patient was accidentally given a printout with the personal information of another patient. The member returned the paper to the receptionist, and no lasting harm was done. But it highlighted the fact that staff members needed a way to record process failures, empowering them to address issues large and small, says Marcy A. Kaufman, the center's Radiation Oncology administrator.

A protocol that calls for submitting a Responsible Report form was already in place for those times when an error reaches the patient. "But we wanted to create something where everyone can give input at all parts of the process," Kaufman says.

Stop the Line

So the unit-based team created what its members call Stop the Line. If a radiation therapist or anyone else in the department encounters anything that deviates from the workflow or compromises care, he or she first acts to ensure patient safety, if such action is needed—and then fills out the Stop the Line form to document the incident. The focus is not on individual error but on what can be done to improve the system to prevent similar mistakes in the future.

"It's a chance to look at the system to see if it is doing its job—are the checks and balances working? Or do we need to bring it to the UBT and come up with a different workflow?" Kaufman says.

At monthly staff meetings, the team pulls out a binder with the Stop the Line reports and discusses the incidents and any follow-up actions taken. That discussion is important not only as a way to close the loop but also because it demonstrates to staff

'We have a system like this to encourage every member of the department to speak up, regardless of title, to make sure we're giving the best patient care.' —**AMY GILLIS**, MD, chief of Radiation Oncology

members that their voices were heard. The forms don't drop into a black hole never to be heard of again.

"You have to constantly be talking about this to keep the momentum going," Kaufman says.

The process applies to all staff, including physicians.

"In the field of medicine where, in general, it is quite hierarchical, it's even more imperative we have a system like this to encourage every member of the department to speak up, regardless of title, to make sure we're giving the best patient care," says Amy Gillis, MD, the center's chief of Radiation Oncology.

Dr. Gillis recalled the wrong-patient information episode. The initial assumption was that one of the medical assistants, who normally handle such paperwork, had made the mistake. This time, however, the culprit was a physician.

Staff members hesitated, Dr. Gillis says, wondering, "'Should I really write up a physician?'" As she notes, however, "We *all* need to have a greater awareness."

"It really does take everyone's buy-in to make it happen and be successful," she says. In this case, what it took to convince staff was input from the physicians themselves, with the doctors saying, "Yes, please write that up."

Successful practice adopted by others

Stop the Line has been so popular that the cancer center's four sister centers in Northern California have adopted the practice.

South San Francisco Radiology also adopted the Stop the Line form and process, adapting it to meet its specific needs. The department does hundreds of scans a year, from mammograms to basic X-rays to CT scans. With such high volume, radiologic technologists often feel pressure to keep patients moving through in a steady flow.

"We needed to give technicians permission to do the right thing," says radiologic technologist Donna Haynes, the department's UBT union co-lead and an SEIU UHW member. "We wanted them to know it's OK to stop the process for this. I think it helped that it also came from management."

As at the cancer center, the process is not used in a punitive way. Instead, it's used as a way to highlight and address glitches in the workflow—not only within the department, but also in other departments.

"We've been able to take the data back to the orthopedics chief or take ED-related issues back to ED," says Ann Allen, the Radiology director. "We funnel back to those departments that are partners so they can help us make changes." hank

Success spreads in South San Francisco

After the Radiology UBT adapted the Stop the Line practice, it:

- Reduced the number of significant events from 13 in 2011 to 5 in 2012
- Averted dozens of events before they reached the patient; since April 2012, more than 250 Stop the Line forms have been submitted
- Empowered staff members to follow the standardized process and stop to do the right thing for a patient's safety
- Improved working relationships with other departments

DOWNLOAD the Stop the Line form at **LMPartnership.org/tools/stop-line**.

MAKING SENSE OF THE PATH TO PERFORMANCE

Regionally developed checklists help unit-based teams find their way from Level 1 to Level 5

Article by:

ANJETTA McQUEEN

'Once the team realized the value of recording the data, we could clearly see the target we needed to hit.'

—**ROXANA MARROQUIN**, patient revenue financial counselor and SEIU UHW member (shown above)

A couple of years ago, the Admitting team at the West Los Angeles Medical Center was stuck. Having chosen co-leads and members, the team was ready to talk about projects. The Path to Performance provided a great global vision of where it wanted to head—but, as a Level 1 team, what it really needed was a street-level view with turn-by-turn instructions.

"We were frustrated with what to do about moving up," says Alice Santana, the department administrator of Admitting and Financial Counseling and the team's management co-lead. Team members didn't want to just start doing projects—they wanted to do projects and learn the skills that would help the team become high performing and be ranked as a Level 4 or 5 team.

About that same time, consultants assigned to support West L.A.'s unit-based teams developed a comprehensive checklist to give teams more detail on what was expected of them at each level of the seven Path to Performance dimensions. The checklist provides teams with specific action items that, once accomplished, boost them to the next level.

To be a Level 2 team, for example, the Path to Performance has a general requirement that team members have basic LMP training. The locally developed checklist, however, spelled out the exact training Admitting team members needed: LMP Orientation, Unit-Based Team Member (for represented employees), Interest-Based Problem Solving, Consensus Decision Making and Rapid Improvement Model-Plus. If there was a training that couldn't be checked off, the team had to develop an action plan with sponsors.

By continually working to meet the requirements for each dimension at each level and developing action plans when there were gaps, the team reached Level 5 in March of this year.

"It's been very helpful because it's challenged us," Santana says of the checklist. "We may not always love what we see. It lets us know our strengths and weaknesses."

Regional awareness

Consultants across the program have helped develop other such checklists, taking the guidance of the National Agreement and explaining to local teams how to satisfy the Path to Performance standards given regional realities of staff, time and budget constraints.

"Everyone is trying to help teams make sense of the Path to Performance and develop accountability," says Stacy Dietz, a regional operations UBT consultant in Southern California.

In assessing teams on the Path to Performance, regions are in a situation similar to that of the nation's 50 states when Congress passes a law. The states have room to operate within the defined parameters: Interstate speed limits in heavily populated states such as New York, for example, are rarely above 65 miles per hour, while drivers are within federal limits clocking up to 80 miles per hour on the open byways of Texas or Utah.

With so many teams in so many different facilities, there's bound to be variation in the assessments. But the varying details in the different checklists not only guide the teams but also their sponsors, who are ultimately the ones who remove the barriers and/or provide resources that teams need to advance.

At one point, the West Los Angeles Admitting team realized its members needed training in UBT Tracker—the web-based system where teams record their work—not only to help track a co-pay collection project but also to reach the next level, says labor co-lead Roxana Marroquin, a patient revenue financial counselor and SEIU UHW member. The team members reached out to their sponsors and UBT consultant to get a just-in-time training.

"Once the team realized the value of recording the data, we could clearly see the target we needed to hit. The tool provides a clear picture of what we need to do together as a team," says Marroquin.

Reducing variation

Concerns about too much variation remain—no one wants the performance of a Level 5 team in Southern

California to be drastically different from one in Ohio. Additional clarity has come from LMP leaders, who have provided uniform criteria to ensure teams ranked at Levels 4 and 5 across the program are indeed delivering the highest quality and service to members and patients (visit **LMPartnership.org/tools/how-interpret-path-performance**).

"Looking good and being good are totally different things," says Paul Staley, the LMP vice president of operational initiatives and performance improvement. "We have to be careful that people are getting the real picture. If not, resources won't come and be focused where they need to be."

But it's clear the very existence of the Path to Performance prompts discussions about what makes a high-performing team. And with consultants and sponsors continually referring to the fundamental Path to Performance standards, substance wins out over style.

In the Southern California region, teams are sending their annotated checklists to sponsors for feedback and validation. Teams at the Fontana and Ontario medical centers are using checklists as part of their UBT meetings, problem solving what they need to do to advance while everyone is in the room.

In Georgia, teams follow the assessment scale from the LMP Unit-Based Team Toolkit, a document that was a precursor to the Path to Performance. They are trusted to rank themselves and move up through the levels by providing clear information about what the team has done to meet each step, says Ian King, the region's UBT program manager.

The Ohio region is planning to borrow Georgia's model.

"It's a true validation process," says John Kolodny, the national coordinator in Ohio for the Coalition of Kaiser Permanente Unions. "They look at their projects, the quality of their meetings, their storyboards. It's not just about reaching a number. You can say you're a Level 5, but if the last time you had a project in UBT Tracker was 18 months ago, that doesn't mean you are still a high-performing team."

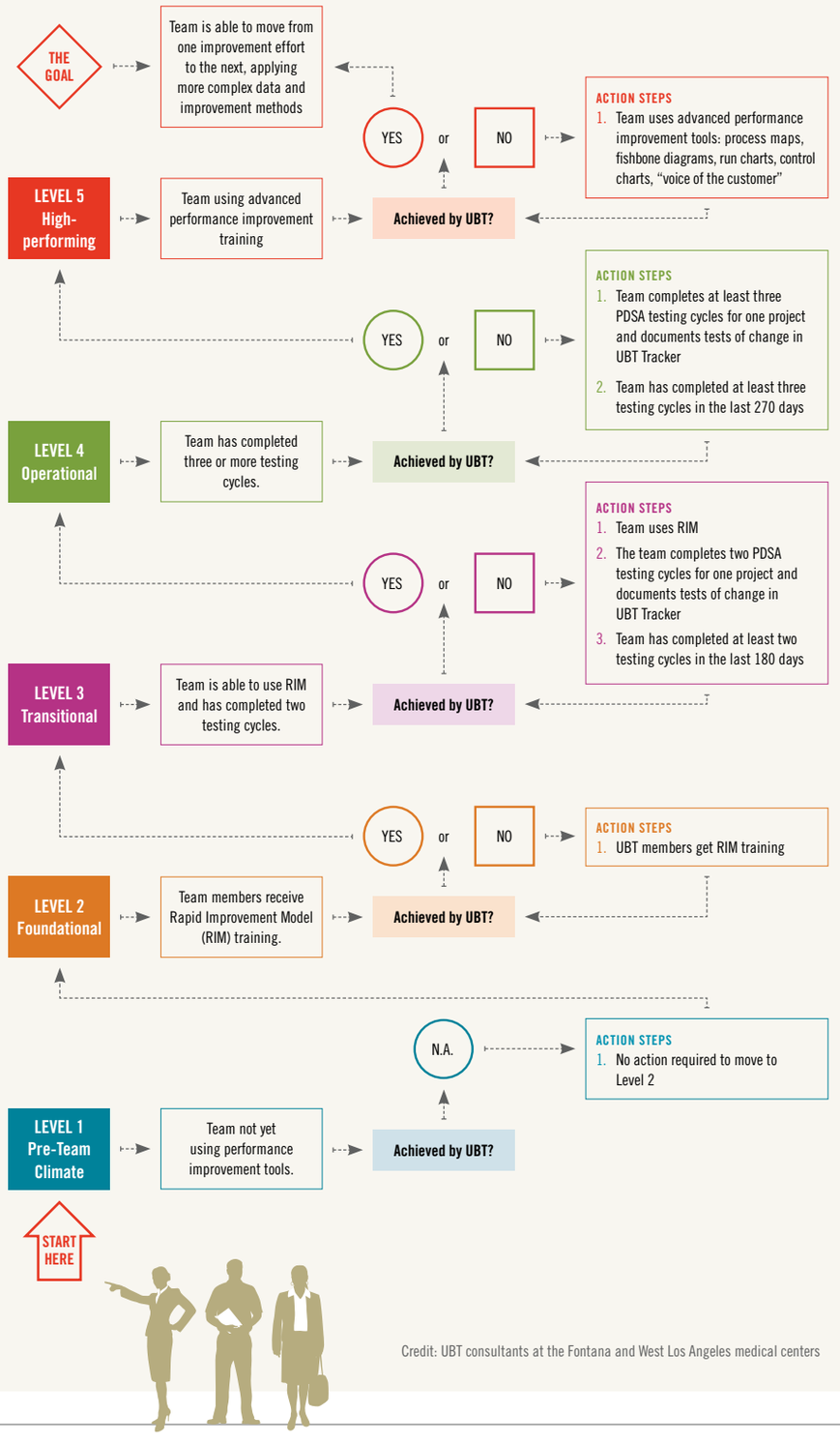
In Southern California, the teams at the West Los Angeles Medical Center soon will be getting an updated ranking tool that includes expectations from the 2012 National Agreement.

The team continues to take the assessment each month, making sure—now that it is Level 5—it is staying at the current level. The monthly session means the team spots barriers and identifies needs early. Maybe a new member hasn't had training; the team will not miss that.

"We were all new to this," Marroquin says. "We had to learn to talk to one another and work as a team." hank

STEPPING TEAMS THROUGH THE PATH TO PERFORMANCE

UBT consultants in Southern California have developed a comprehensive checklist that spells out what actions teams need to take to move up to the next level on the Path to Performance. This example shows the steps for the Use of Tools dimension. (Teams have to meet all the requirements for all seven dimensions at each level before they can move up to the next level.)



Credit: UBT consultants at the Fontana and West Los Angeles medical centers

PDSA »

Each issue, *Hank* features a team that has successfully used the "plan, do, study, act" (PDSA) steps of the Rapid Improvement Model (RIM). Find out about other teams' successful practices and learn more about how to use the PDSA steps by visiting **LMPartnership.org/ubt**.

ROLLING IN WITH THE RIGHT SOLUTION

Article by:

ANJETTA McQUEEN

FEATURED DEPARTMENT
Adult Medicine, Capitol Hill Medical Center

REGION
Mid-Atlantic States

VALUE COMPASS
Service

Capitol Hill cuts length of wheelchair trips by more than half

Problem

Some individual patient transport trips were taking an hour or more, inconveniencing patients and impacting the unit's smooth operation. Staff members sometimes had to wait for a patient to receive medications or had to return to the unit to retrieve a wheelchair adequate for the height and weight of the patient.

SMART goal

Reduce staff time spent transporting a patient by wheelchair from the unit to the lab, pharmacy, hospital entrance or public transit stop from an average of 30 minutes to 15 minutes between May and September 2012.

Team co-leads

Louise Casa, nurse practitioner, UFCW Local 400; Jacqueline Marshall, RN, clinical operations manager for Adult Medicine

Small tests of change

- a trained, dedicated transporter position
- new, wider wheelchairs
- coordinating transport times with other departments
- lab and pharmacy patient priority cards

Results

Reduced staff time to transport patients from an average of more than 30 minutes to 10 minutes.

Biggest challenges

A brisk walk by an able-bodied person from the unit to the train station takes about 15 minutes roundtrip—but struggling with an infirm patient in an outdated or inappropriately sized wheelchair could easily double that time.

Other issues included patient dissatisfaction, staff injuries and the added risk of patient treatment delays or falls, says labor co-lead Casa, noting that "we had to look at the problem from many angles."

How SMART can your team be?

Goals are good, and SMART goals are better. Writing a SMART goal ensures you and your team take stock of your starting point—a step that is surprisingly easy to overlook. But without that baseline, you won't be able to accurately assess your tests of change and whether they have resulted in an improvement. A SMART goal also sets a clear expectation of how much you'll improve by when, so you know whether you are on track, falling behind or ahead of the game. It focuses not on your action steps, but how you're going to measure the effect of your action steps.

When planning PLAN, DO, STUDY, ACT cycles, be sure your goal is SMART by addressing these five points:

1. **Specific.** Be clear about what you want to improve. Define your scope of work.
2. **Measureable.** How will you track improvements? If you don't have baseline numbers, the first thing you need to do is to establish them. Be sure to record your baseline and target numbers.
3. **Achievable.** What is your current performance? Do you really think you can reach the goal in the time frame stated? Be ambitious, but make the goal attainable.
4. **Realistic/Relevant.** Is this something the team can directly affect? Does it have a bearing on the main work of the department?
5. **Time-bound.** Be sure to include when the improvement will be made by.

VAGUE	SMART
We will reduce wait times.	We will reduce wait times from 25 minutes in Q2 to 15 minutes by Q4.
Every employee will introduce him- or herself to every patient he or she assists.	We will improve the response to Question M on the XYZ survey, on staff courtesy and friendliness, from 75 percent in Q1 to 90 percent by Q2.
We'll start rounding.	We will improve our score on Overall Hospital Satisfaction from the 87th percentile in Q1 to the 92nd percentile in Q3.

'We had to look at the problem from many angles.'

—LOUISE CASA, nurse practitioner, UBT co-lead and UFCW Local 400 member

Background

The Capitol Hill Medical Center opened with great fanfare in 2011. Hailed as a beacon for affordable and accessible care just as the national debate heated up on these issues, the center attracted attention—and many new members. One key factor that made the new facility so attractive—its proximity to a major public transit station in the District of Columbia—also turned into a potential Achilles heel.

That was until the Adult Medicine UBT rolled in with the right solutions.

The team started by using performance improvement charting tools to log the time each staff member took to transport a patient to and from the Union Station subway stop or to ancillary departments within the medical center.

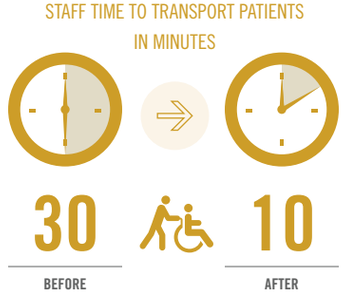
The team discovered many of the elderly or wheelchair-using members struggled to make the long trek from the exit doors of Union Station to the waiting room of the Adult Medicine unit, a medical center starting point for most patients.

The team lobbied for new wheelchairs—and for a new transporter position, an OPEIU Local 2 member who transports many of the patients and coordinates the trips that staff members make to the other departments.

In addition, the team now calls ahead to the lab or pharmacy to ensure tests and medications will be ready, or nearly so, when the patient is brought in. It also gives patients red cards to signal their priority status to lab and pharmacy staff. hank

SHARE YOUR BEST PRACTICE

Has your team used the PDSA steps to improve service, quality, affordability or the work environment? Use the LMP's online storytelling tool to share your success with other teams! Visit **LMPartnership.org/storytelling**.



WHO'S THAT PERSON?

In each issue of *Hank*, we will feature someone prominent from Kaiser Permanente on the front cover.

CAN YOU NAME THIS PERSON?

_____

HANK LIBS: Easy for you to say

DIRECTIONS: Before reading on, hand this to a fellow employee and ask him or her to read aloud the description for each blank and write the answer you give in the spaces.

We've all been _____ since we
(verb "ing")
were little, but when it _____
(verb)
to the _____ , sometimes our ability
(noun)
to _____ gets _____
(verb) (verb - past tense)
up—particularly when we _____
(verb)
something's _____ or needs to
(adjective)
change. We may be _____ of a
(adjective)
colleague's _____ or of getting a
(noun)
reputation as a _____. But worker
(noun)
and patient safety _____ on
(verb)
everyone using their _____ and
(body part)
_____ and speaking up when
(body part)
_____ doesn't seem right.
(noun)
That's why it's so _____ to create
(adjective)
a _____ where each person feels it's
(noun)
_____ to make _____ and
(adjective) (plural noun)
_____ opinions.
(verb)

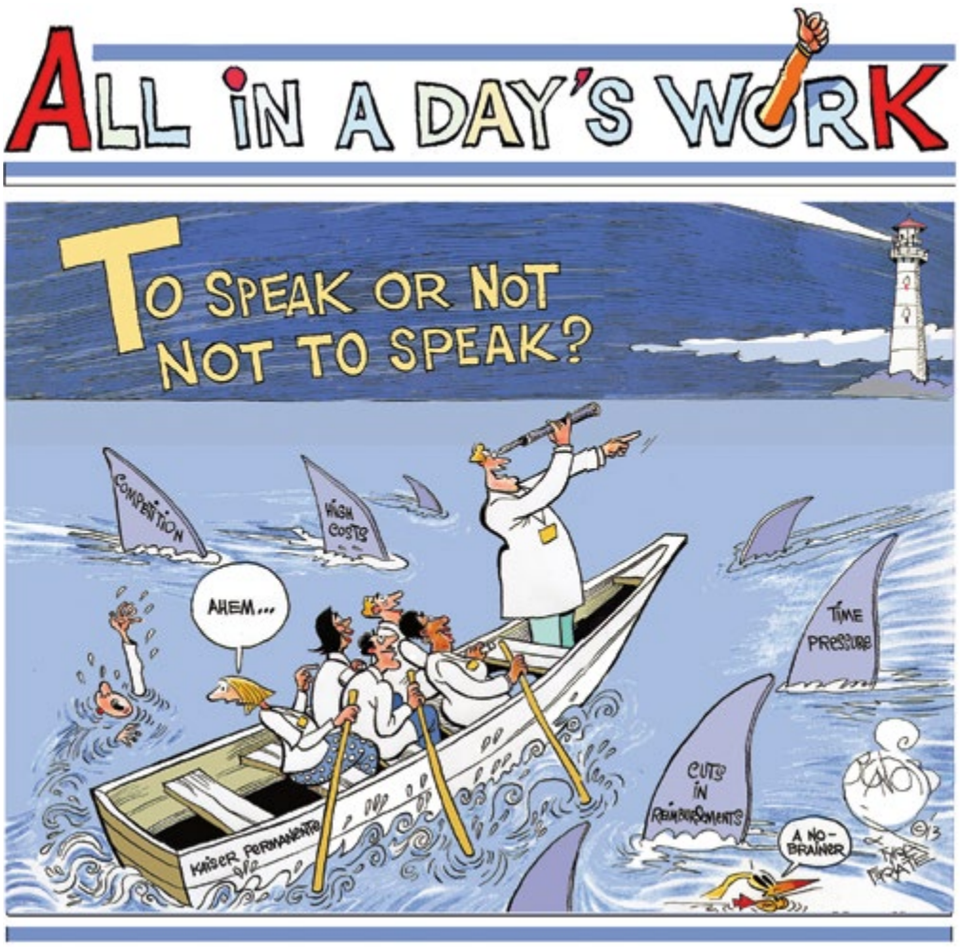
Check out the answers to this issue's puzzles and games at **LMPartnership.org/puzzles-and-games/answers**.

WORD SEARCH: Freedom to speak

DIRECTIONS: Find the following words and phrases, all of which express elements of a workplace where everyone is able to speak up and contribute their ideas. The words may appear vertically, horizontally or diagonally, and may be read from either direction.

S R U Y P Z P W E K A B I I R L U L D C D R
V U A N K E J D J C C N N W D B A I H F A F
C W P C A R G O X W T S V L U T M J T U X U
R W M P Y S C W E B I O A L I A F F B E X S
Y F R A O Q O H T T V B S D Z I H I S P T P
D U Q R C R N A O R E T H P M W O D A F E W
L L H G D Y T T C E L X D H J Q V V G U S A
Q S U E Y Q I I Z S I A H N W B K M C Y E D
J K L Q B B N S V P S E D U C R C A S H L W
A Y E W L F U R V E T B U D I F K Y A B D P
Q H J P A N O I T C E F R E P M I T I M D A
D S L L M V U G Y T N N X T T I J Q P M U C
B R K W E I S H K P I G V N J L W H H P H B
X Y I B F Z L T W O N V M I D O O L L Z V L
V Z T B R I E F I N G S H V R S O E D S T R
N T Y T E F A S L A C I G O L O H C Y S P Q
J K H M E N R A L L T J O Q Q R N M J K L K
Y M S A N V N U P U M Q U D O R S M D T D R
I B X Q C L I C E D F C I F O V Y Z E E H Y
I L V O Y J N Z Q M V Q K Q M B R M J N M M
F X P Z J T G K W E F S T A H H G G S G T F
D U W Y K V N F H M A C C D V L W O N W L M

ACTIVE LISTENING
ADMIT IMPERFECTION
ASK FOR HELP
BLAME FREE
BRIEFINGS
CONTINUOUS LEARNING
DO WHAT IS RIGHT
HUDDLES
PSYCHOLOGICAL SAFETY
RESPECT
SUPPORTIVE ENVIRONMENT



WHERE'S THE MISTAKE?

In each issue of *Hank*, there will be a purposeful mistake hidden somewhere in the pages. Can you find it?

FOR EXAMPLE:

Name tag on backwards.

YOUR ANSWER:

MEDICAL TRIVIA QUESTION

Which Greek god does the oath taker swear by when taking the Hippocratic Oath?

MEETING ICEBREAKER

Build a story

Collect a number of items from your unit or department. Include everyday items such as pens, phones and key rings, as well as items unique to your unit's work, like a stethoscope or needle tray (just make sure they are unused and wrapped). Place them all in a bag, and pass the bag around the group and invite each person to reach into the bag and, without looking, pull out one of the objects.

The first person begins a story that features his or her chosen object. After 20 seconds, the next person takes up the story and adds another 20 seconds, incorporating the object he or she is holding. And so on, until everyone has made a contribution to your epic object tale.

This activity builds trust and encourages group creativity.

LABOR HISTORY

Physician, Kaiser Permanente president—and Ironworker

Article by:

LINCOLN CUSHING
Kaiser Permanente Heritage Resources

Clifford Keene, MD, then-president and CEO of Kaiser Foundation Hospitals and Health Plan, at the dedication ceremony for the West Los Angeles Medical Center in 1974. Early in his career, Dr. Keene was an Ironworker and belonged to the International Association of Bridge, Ornamental, and Structural Ironworkers, Local 6.

Do corporate leaders understand the lives of working people? Some do. In the long history of Kaiser Permanente, several executives—including Henry J. Kaiser himself—worked their way up from poverty. Clifford Keene, MD, was another. In a 1985 interview, he described his roots:

"*I came from a very humble family. My father was a factory foreman at best….During the summer I always worked. I sold papers or worked in factories doing minor tasks. Then, when I was fourteen I went to work in the steel industry as a steel construction punk, an apprentice first….I would find myself doing construction all over western New York State. I became a connecter; that is, a person who gets up on the steel and puts it together. I became accustomed to being up in the air and being up high, although I was always frightened of being up in the air. I don't think anyone is not frightened when you're way up in the air and the steel moves. It's a situation that commands your respect and gets your attention, I can tell you. I earned quite good money and continued to do that until I was a sophomore in medical school.*"

The experience stayed with him throughout his life. He reflected on it when commenting on a successful infant bowel surgery while serving as a cancer specialist at the University of Michigan State Hospital at the end of the 1930s:

"*When I was in the army I further developed my interest in bowel surgery, and reconstruction of all kinds, and also in plastic procedures, orthopedic procedures, all of which were an extension of my interest in doing things with my hands. I [had been] a steel worker* and it was satisfying to correct things with my hands.*"

During World War II, Lt. Col. Keene directed several medical facilities in the South Pacific and in the United States, and at the end of the war, KP founding physician Sidney R. Garfield hired him. In 1954, he became the first president and CEO of the Kaiser Foundation Hospitals and Health Plan.

That year, Keene's dual loyalties came through in an address to the annual Steelworkers convention, when he proudly boasted about labor's role in demanding affordable health care and KP's role in providing it:

"*In late September of 1946, steelworkers in the San Francisco Bay Area [Pacific Coast Steel Co., Local 1069] selected the Permanente Health Plan as an alternate choice for its members and requested that employers provide payroll deductions for health care. Bethlehem Steel Company disputed their right to make such a decision. The union brought the issue to court. The question was: who, the employer or the workers, has the right to select a prepaid plan when the employer pays the bill? The union won.*"

Keene continued to serve Kaiser Permanente for many years, and is remembered for his work defining and implementing the delivery and payment for health care that became known as the "Kaiser experience." He retired in 1975. On January 25, 2000, he succumbed to Parkinson's disease. hank

* The terminology of the two trades is often confused, and even Dr. Keene succumbs to this drift: Strictly speaking, steelworkers *make* steel, ironworkers *build* with steel.

BRING YOUR TEAM TOGETHER

10 STEPS TO GREAT HUDDLES

Frequent, informal communication about work in progress is one of the best ways to build trust and rapport between team members—which in turn helps create a work environment where individuals feel safe to speak up and point out where improvement is needed. Get started today.

1. **Keep it short.** Stand, don't sit, and meet where the work takes place instead of in a conference room.
2. **Start promptly.** Have a set time or a specific signal so the team assembles without having to be rounded up.
3. **Gather close.** Team members will pay better attention, speak at more relaxed volumes and feel more comfortable saying what's on their minds.
4. **Give recognition.** Find ways to acknowledge a job well done. Try snaps instead of applause to appreciate someone's work.
5. **Follow up.** Make sure valuable information doesn't fall through the cracks. Always ask how the work is progressing.
6. **Be inclusive.** Invite colleagues from supporting units who want to know about team projects or who are affected by or involved in them.
7. **Limit scope.** Some matters are too complex to deal with in a huddle. Have a simple signal that means, "Save that for later."
8. **Develop leadership skills.** Let different team members lead the huddle.
9. **Courtesy counts.** Have fun and avoid interrupting one another by using a speaking token (a card or a rubber ball, for example) that gets tossed or passed around.
10. **End with action.** Team members should leave with a clear understanding of what needs to be done next. Post any obstacles that have been raised to an "improvement board"—a publicly visible whiteboard or chart that identifies key barriers and tracks the progress of their resolution.

HELP KAISER PERMANENTE BE THE BEST PLACE TO WORK AND THE BEST PLACE TO RECEIVE CARE

(L+M)P
The Power of Partnership

FOLD AND TEAR ALONG DOTTED LINE