

hank

Fall 2015 | Issue 45



FRONTLINE NEWS FOR KP WORKERS,
MANAGERS AND PHYSICIANS



ONE KP * ONE LMP

TO DO THIS
ISSUE

6
LISTEN
AND
OBSERVE

8
MEET THE
2015 NATIONAL
AGREEMENT

13
GET HELP
FOR YOUR
TEAM



Put me in, coach

You say your unit-based team has reached Level 5 on the Path to Performance? Great, everyone take the rest of the week off!

Your UBT is stuck at Level 1 and has been for years? Just hide in a dark corner and hope no one notices.


Not so fast.

Teams soar. Teams stumble. And we need them all to stay in the game.

Unit-based teams are Kaiser Permanente's platform for improving performance. They're also the union coalition's instrument for amplifying workers' voices in the workplace. All of which has paid off for KP members and patients, through UBTs' efforts to improve quality, service and affordability. None of which is easy for teams to pull off.

Enter union partnership representatives and UBT consultants. They are recruited from frontline positions in union and management, so they know firsthand what it takes to deliver high-quality health care. They also receive special training that enables them to coach and mentor unit-based teams.

Our leaders knew teams would need such support. But it's a balancing act. The tightrope for these folks is to gradually build the skills and confidence among team members, then step back at the right time so teams can fly on their own.

Few of us can truly go it alone. We all benefit from coaching—someone to hold up a mirror and offer frank advice (diplomatically delivered!) on how to improve in our jobs. A consultant's most important skills are listening and observing. Those are skills we'd all do well to improve. 

WHO'S BEHIND HANK?

Published by Kaiser Permanente and the Coalition of Kaiser Permanente Unions

COMMUNICATIONS CO-LEADS

Anjetta McQueen, Penelope Whitney

EDITOR

Tyra Ferlatte

GRAPHIC DESIGN

Travis Retter, Stoller Design Group



CONTRIBUTORS

Kellie Applen, Jasmine Brar, Cassandra Braun, Paul Cohen, Paul Erskine, Jennifer Gladwell, Laureen Lazarovici, Otesa Miles, Beverly White

Copy editor: Colleen O'Neill







Worksite photos: Laura Morton, James Lawler Duggan

CONTACT US

Email feedback to hank@kp.org.



CONTENTS

- 4 **One KP, One LMP**
Unit-based teams, already the engine of performance improvement at Kaiser Permanente, are set to step it up again. 
- 6 **Working to put herself out of a job**
Charisse Lewis loves coaching UBTs—but still looks forward to the day her teams don't need her anymore. 
- 7 **Outside eye helps team do an about-face**
Improving team culture often calls for a bit of expert assistance. 
- 10 **Lead from where you stand**
Helping teams make sense of mountains of data is Ed Vrooman's strong suit. 
- 11 **The best-laid plans**
Too much of a good thing? Coaching a team to bounce back. 
- 12 **I'm in a UBT?**
When employees, managers and physicians know they are valued members of a team, they feel freer to speak up for improvement. 

INFOGRAPHIC 8 HIGHLIGHTS OF THE 2015 NATIONAL AGREEMENT

TO DO THIS ISSUE

- 6 **Improve communication:** Huddle, ask questions, break the ice.
- 11 **Get meaningful metrics:** Plan ahead, tell a story, download resources.
- 13 **Get the help you need:** Find your coaches, get training, soak up knowledge.

+ other features



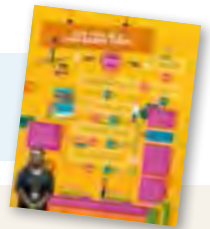
3 Around the regions
Newsy bits from coast to coast.



14 Puzzles and games
Add some zing to your meetings.

15 SuperScrubs comic
Teams taking flight.

Back cover poster
Find out if you're in a UBT.



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 LMPPartnership.org.



AROUND THE REGIONS

COLORADO

Unit-based teams are hitting their stride, with 190 out of 261 teams reaching a Level 4 or 5 on the five-point Path to Performance. Teams are engaged in several types of projects, including those that save the organization money. The region will see a financial savings of \$1.85 million this year through the 175 affordability projects of UBTs. The five UBT consultants in the region are coaching teams impacted by regional restructuring and helping those teams rebound quickly. Teams also are focusing on workplace safety, patient safety and HEDIS measures (Healthcare Effectiveness Data and Information Set).



The Rock Creek Cardiology UBT, one of many high-performing teams in Colorado.

GEORGIA

Starting in May and running through December 2015, Georgia medical centers are conducting an experiment. This region-wide test involves using greeters to usher in members. During the trial period, 15 greeters will make the member feel welcomed and convey the message they are important to Kaiser Permanente. Greeters also will answer questions, escort members to their appointments, maintain waiting rooms, ensure wheelchairs are available and welcome members with a smile. “They will provide a concierge-type member experience,” says Elizabeth Ramsey, the Georgia region’s senior manager of loyalty and retention.

HAWAII

The Hawaii region recently re-set its 57 unit-based teams’ scores on the Path to Performance to Level 1. Three consultants—two also are registered nurses and one is a project manager—will help teams quickly advance as they meet such core requirements as sponsor training. The region is unique in that, for now, one union (Hawaii Nurses Association/OPEIU Local 50) is in the Coalition of Kaiser Permanente Unions, while other unions are not. Although that can be challenging, consultants say teams still focus on the patient and want to do improvement work. “We help each other work through obstacles with our teams and understand the data,” says Lisa Kane, UBT consultant and project manager.



Lisa Kane, UBT consultant, harnesses teams’ enthusiasm for improving service and quality.

MID-ATLANTIC STATES

In February, when home health orders came in to Health Information Management Services Northern Virginia, the average turnaround time was 4.4 days. By creating red folders for the orders, adding a cover sheet that says “stat” and date stamping the order as soon as it arrives, the team cut turnaround time to three days by April 2015—even as the number of orders went up from 673 in February to 747 in April. “This was important to the workflow, because when home health agencies called to follow up on the orders it interrupted

our work,” says LaShawnda Powell, a senior health information management assistant in Woodbridge, Virginia, and member of OPEIU Local 2. “We have determined that our new process is successful and we’ve adopted it.”



Red folders improve workflow for employees and service for patients, says LaShawnda Powell.

NORTHERN CALIFORNIA

Last year, unit-based team consultants and union partnership representatives formed a regional UBT to work on issues related to consistency and accountability for Northern California’s 1,300 frontline teams. Now the group has established three subgroups to review the 2015 National Agreement, which includes new provisions for UBTs. Each subgroup has a distinct focus area: sponsorship, UBT validation and assessment, and tools to support contract expectations. The subgroups will develop recommendations for review by a committee of labor members and management representatives. The regional co-leads will submit final recommendations to the regional LMP Leadership Council by year’s end.

NORTHWEST

UBT Resource Team members have been busy refining the region’s new process for assessing teams on the Path to Performance. Co-leads and sponsors of 415 unit-based teams in the Northwest work

with their consultant to ensure each team advances or sustains high performance throughout the year. Improvement Advisors help co-leads create action plans and provide direct training to move teams along or refer them to the appropriate subject matter experts. A majority of teams at Levels 2 and 3 will advance to high performance within the next 90 days due in large part to the work of the UBT Resource Team.

SOUTHERN CALIFORNIA

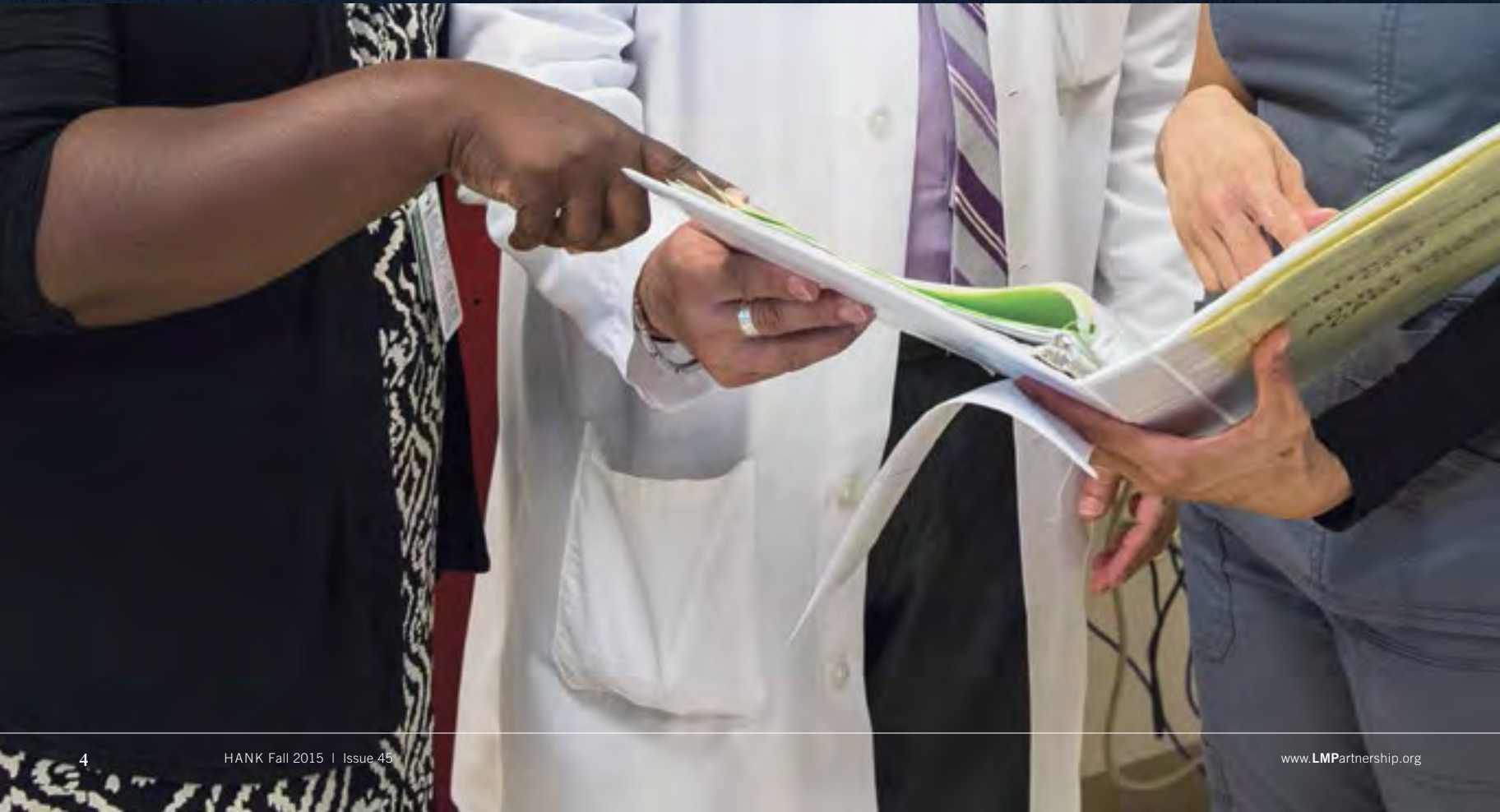
Playing games at work usually is considered taboo. But that’s exactly how a group of regional UBT staff members spent a recent afternoon when they learned to play the “Leading Innovation Game.” Created by Kaiser Permanente’s Innovation and Advanced Technology team, the board game is designed to help employees overcome challenges that can doom the best ideas. Starting this fall, regional UBT staff will train team co-leads and sponsors, who will share the game with unit-based teams at their facilities. “Most teams come up with great ideas but they aren’t always aware of potential pitfalls,” says Rosalyn Evans, UBT practice leader for Southern California. “This board game gives them hands-on experience to develop innovation in a risk-free environment.” HANK



Fun and games can help boost innovation and partnership.



ONE KP ONE LMP





Unit-based teams, already the engine of performance improvement at Kaiser Permanente, are set to step it up again



Article by:
PAUL COHEN

ON THE PATH: Charisse Lewis (facing page, left), UBT consultant at Baldwin Park Medical Center in Southern California, reviews data with Clinical Operations Director Felipe Garcia, RN, and Sheryl Magpali, RN, union co-lead for the critical care and step-down unit team. A member of UNAC/UHCP, Magpali (above) confers with her fellow nurses on an improvement project. Meanwhile, in the Northwest region, Union Partnership Representative Ed Vrooman (right) coaches the union and management co-leads of a primary care/family practice team at the Sunset Medical Office in Hillsboro, Oregon.

Each day, every day, Kaiser Permanente’s 3,500 unit-based teams are providing ever-better patient care and advancing our mission. Now, under the 2015 National Agreement, UBTs will have an even greater role to play—and higher expectations to meet.

The new contract, which took effect Oct. 1, calls for UBTs to bring the voice of KP members and patients into their work. Teams also will be making total health and safety a greater part of their activities. And they will undergo more rigorous, face-to-face performance assessments.

To help them meet the new expectations, there’s a cadre of expert peer advisors and coaches they can call on—unit-based team consultants and union partnership representatives (UPRs) trained in performance improvement methods. Both UBT consultants and UPRs support unit-based teams, but UPRs, who are coalition union-represented employees, also specifically mentor and support labor in UBT and performance improvement work. Both help teams sharpen their communication, data collection and analysis, and other skills needed to advance on the Path to Performance.

It’s a unique system to support workplace learning and innovation.

“I’ve learned a lot about how to build teams and how to use performance improvement tools,” says Gage Martin, an SEIU-UHW member and union partnership representative at the Santa Rosa Medical Center in Northern California. “I take that learning and help teams do projects in all areas of our Value Compass. It’s a great job.”

The UBT consultant and UPR roles were created, as a test of change, in 2008. Since then, they have helped KP set the standard for quality, service and the workplace experience, and delivered tens of millions of dollars in cost savings.

As we strive to deliver the promise of One KP—providing each member and patient with the best care experience, every time—we also need to have One LMP, with each person working in partnership, having the same resources available to them and the same accountability to upholding the National Agreement. UBT consultants and UPRs help make that happen. **hank**

See page 8 for 2015 National Agreement highlights.



WORKING TO PUT HERSELF OUT OF A JOB

Baldwin Park consultant looks forward to the day her teams don't need her anymore —Article by: SHERRY CROSBY

When one of her teams is able to leap over the roadblocks in its path with the grace of an Olympic hurdler, Charisse Lewis finds herself out of a job.

As a UBT consultant for the Baldwin Park Medical Center in Southern California, it's an occupational hazard that she looks forward to—again and again. Like coaches everywhere, she enjoys seeing her teams take

what they've learned and make it their own.

"I do a lot of mentoring," says Lewis, who acts as coach, counselor and head cheerleader for her facility's 68 unit-based teams, nudging them past milestones on the Path to Performance, the five-stage "growth chart" UBTs use to measure success. "I'm teaching teams how to function without me."

For example, she recently helped a team of critical care nurses advance from Level 1 to Level 4 by using an array of strategies from team-building activities to involving union representatives. Another team advanced to Level 4 in part because she coached the management co-lead, who was new to Kaiser Permanente, in how to manage effectively in a partnership culture.

A team to help teams

Lewis doesn't work alone. She's part of Baldwin Park's UBT Strategy Group, a SWAT team of union members and managers who target at-risk teams. That team's goal is to help UBTs excel so they can drive performance to provide the best service, quality, affordability and job satisfaction. Low-performing teams, says

Lewis, tend to suffer from poor communication, paltry trust and a lack of transparency.

"It's hard to get past that stuff," she says. "They flounder there. They don't trust each other and it's hard to be a team."

Part of Lewis's talent in helping turn teams around is her skill in assessing stumbling blocks and getting teams engaged with the right resources. She draws on her experience as an LMP coordinator, trainer and improvement advisor to nurture her teams.

"I don't like to stare at that elephant in the room," says Lewis. "If it's a contract issue, then we need a contract specialist. If it's an HR issue, let's make sure that HR is involved. I like to address the problem and get the team's leaders involved, from both labor and management."

Tops in Southern California

Her approach speaks for itself. Baldwin Park has the highest percentage of high-performing teams in Southern California: Of 68 teams at Baldwin Park, 88 percent are at Levels 4 and 5 on the Path to Performance.

Her passion, integrity and ability to help others overcome their differences and work together to improve member and patient care has earned her praise from LMP leaders throughout Southern California—but Lewis, in turn, credits her success to the many people who support her efforts.

"I have the support of the regional LMP office, and I have a strong support system at the medical center," she says. "It makes my job easier." [Thank](#)



Take action to improve communication

If you are inspired to improve your team's communication, just like the ones in Baldwin Park did, here are the next steps for you to take:

- » Huddle regularly. Watch our video "Huddle Power." Just search for that title on LMPPartnership.org.
- » Practice asking questions in an open-ended, solution-oriented way. Download our tip sheet from LMPPartnership.org/tools/asking-good-questions.
- » Plan a team-building activity or even a fun icebreaker for your next meeting to build trust.

ON THE SAME PAGE: UBT Consultant Charisse Lewis (above) helps UBT members share and synthesize information together as a way to strengthen their team culture.

OUTSIDE EYE HELPS TEAM DO AN ABOUT-FACE

Culture can be a thorny issue for teams. Improving it—and paving the way for high performance—often requires some expert assistance. —Article by: SHERRY CROSBY

For years, success eluded the Baldwin Park Critical Care team. Mired in distrust, staff members didn't participate in unit-based team meetings. As recently as 2011, few in the 49-member department knew the team existed.

"I didn't even know what UBT stood for," says Sheryl Magpali, RN, a member of UNAC/UHCP and now the team's union co-lead. "No one claimed to be part of it. It was pretty much nonexistent until 2013."

With a new manager on board, interest in the UBT grew. Staff members from the Critical Care Unit and its sister department, the Step-Down Unit, elected 12 representatives, who in turn chose Magpali as the labor co-lead. Celso Silla, RN, the new department administrator, became the management co-lead.

Old issues die hard

It was rough going at first. Attendance was spotty. When the team did meet, members focused on long-simmering grievances about labor and personnel issues. The team reached out to Charisse Lewis, Baldwin Park's UBT consultant. While consultants often focus on helping teams with using the Rapid Improvement Model and designing tests of change, they also help teams learn to work

as teams—clearing up issues that are distracting them from the work at hand.

Lewis's first steps were to encourage the team's union members to meet separately with a labor representative.

"That helped relieve the stressors of the union issues," Magpali says. Now, she says, "team meetings focus on changes that affect the unit, rather than things we have no control over."

The department—nearly all nurses, but also including ward clerks, who are SEIU-UHW members and one of whom is a team representative—began building trust in other ways, too. At Lewis's suggestion, staff members organized a bowling night and had dinner together. This summer, they held a backpack drive.

Moving the team forward

"Charisse has been good at guiding us—attending our meetings, observing and listening and seeing how we can do better," says Silla.

Lewis didn't stop with team-building activities. She coached Magpali, a soft-spoken nurse, to speak up during meetings and make her voice heard, and she helped Silla overcome his reluctance to leave his union co-lead in charge of meetings.



GATHER AROUND: Lewis with Area Medical Director John Bigley, MD; Critical Care and Clinical Operations Director Felipe Garcia, RN, and Critical Care RN Sheryl Magpali, a UNAC/UHCP member.

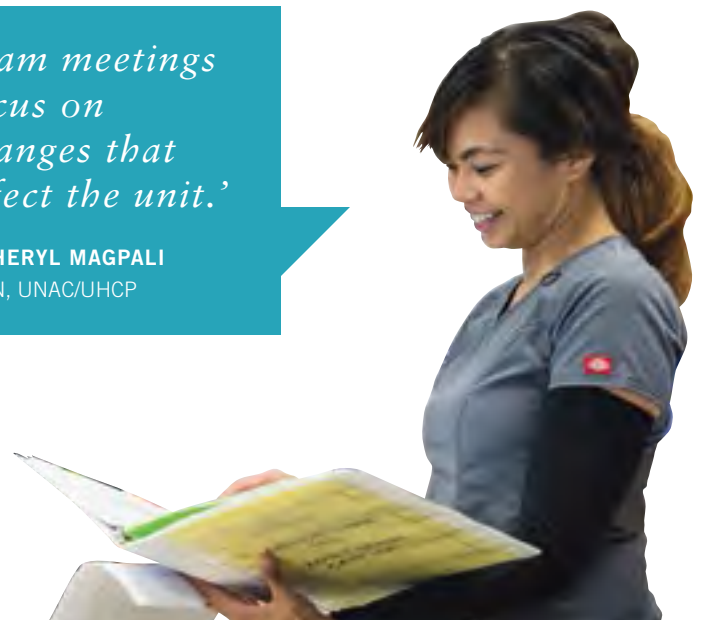
Once trust was established, the team could turn its attention to improving patient care, with remarkable results. UBT members have reduced central line-associated bloodstream infections from five in 2014 to none as of August of this year. Buoyed by that success, they are working to reduce catheter-associated infections.

Silla attributes the improvements to the culture of partnership and putting frontline employees in charge of decisions that affect their work.

"We would have been in limbo" without Lewis's guidance, Silla says. "Now we're on the same page. We can be a Level 5 in the future." [Thank](#)

'Team meetings focus on changes that affect the unit.'

—SHERYL MAGPALI
RN, UNAC/UHCP



THE BEST PLACE TO WORK AND GET CARE: YESTERDAY, TODAY, TOMORROW

The 2015 National Agreement, in effect Oct. 1, 2015, through Sept. 30, 2018, was crafted through the joint efforts of 150 union, management and physician representatives. It enables Kaiser Permanente to continuously improve performance and deliver the best quality, service and affordability—and remain the best place to work. Here are highlights of the agreement. For more information, visit LMPartnership.org.



IMPROVING PARTNERSHIP AND PERFORMANCE

BETTER ACCOUNTABILITY

- + Improved learning system for frontline management and labor
- + Scorecard to track partnership performance at the facility and regional level

PLAN FOR FLEXIBILITY

- + Regional subgroups to address issues related to flexibility, to address patient and KP member needs
- + Commit to operational flexibility while relying on regular full-time and part-time staff to greatest extent possible

STRONGER UNIT-BASED TEAMS

- + Face-to-face assessments to ensure accurate ratings

- + Increased support for UBT sponsors
- + New criteria for high-performing teams to include spreading successful practices, working with a health and safety UBT champion and getting input from customers
- + New Path to Performance targets through 2019 for percent of teams rated Level 4 and 5
- + Launch UBTs of the Future program

IMPROVED DISPUTE RESOLUTION PROCESS

Streamlined steps to resolve partnership issues at lowest appropriate level, starting with facility representatives*



* 30-day limit to resolve issue at each level before it is passed along
 ** Panel to include a neutral third party

HIGHLIGHTS 2015 NATIONAL AGREEMENT



EXCELLENT WAGES AND BENEFITS

ACTIVE MEDICAL

Co-pays for ER visits (\$50 in the California regions and the Northwest; \$100 in all other regions); no other changes.

RETIREE MEDICAL

LONG-TERM SOLUTION PROTECTS CURRENT AND FUTURE RETIREES

- + Health Reimbursement Accounts will cover most out-of-pocket expenses

- + Retirees and spouses to be enrolled in KP Medicare Advantage Plan, to reduce liabilities for KP while maintaining high-quality benefits
- + No change for California retirees until 2028; retirees in ROCs start new plan in 2017

PENSIONS AND 401(k) PLANS

No change to existing benefits

DENTAL AND LIFE INSURANCE

Dental, orthodontia and life insurance benefits improved, to provide same basic coverage across all regions

ACROSS-THE-BOARD WAGE INCREASES

	10/1/15	10/1/16	10/1/17
Regions Outside California	+2%	+2%	+2%
California	+3%	+3%	+4%





PTS OF THE

15

ONAL

EMENT

 ★ ★ ★



PREPARING FOR CHANGES IN CARE DELIVERY

REMOVE BARRIERS TO CAREER DEVELOPMENT AND MOBILITY

- + Regions will work with unions to identify training opportunities to help employees meet minimum experience requirements
- + Collaborative, transparent redeployment process
- + Preceptor programs and mentorships
- + Enhanced opportunities for career mobility with joint system to capture skills, education, licensure, certification and work experience

MORE RESOURCES FOR WORKER TRAINING

- + Ben Hudnall Trust Fund and SEIU-UHW Joint Employer Education Fund increased by 33 percent
- + An additional \$1 million per year to each fund to support workers going through redeployment
- + Tuition reimbursement raised to \$3,000 per year (applies to all regions)



STRONGER HEALTH AND SAFETY



FLU PREVENTION FOR PATIENT SAFETY

All health care workers will be required to get the seasonal flu vaccine or wear a surgical mask during flu season while working in patient care areas



TOTAL HEALTH INCENTIVE PLAN: REVISED FOR 2016

- + Joint expert team to analyze current program
- + Still voluntary and confidential, with collective rewards, no penalties



FRONTLINE LEADERSHIP DEVELOPMENT

- + Total Health and Workplace Safety integrated into UBTs
- + Union engagement in Community Benefit programs



PREVENT WORKPLACE INJURIES AND VIOLENCE

- + Assess current workplace safety investments and provide guidelines for regional and local implementation
- + Enhanced tracking of safety hazards
- + Organization-wide workplace violence analysis and prevention efforts



9/1/18
+1%
n/a

LEAD FROM WHERE YOU STAND

To reach high performance, teams need to make sense of their data—and this UPR does that deftly

—Article by: JENNIFER GLADWELL

When it comes to metrics, even the best teams can get muddled.

At such times, a good team realizes it needs help—that it's time to ask for assistance from someone with specialized skills. In the Northwest region, teams can turn to Ed Vrooman.

His enviable strength? An ability to crunch numbers, connect the dots and break down the complexity of the data so that unit-based teams get the information they need to do their work.

“It's easy for teams to fall into analysis paralysis, where they dissect every data point. I work with them to know the why and the what,” says Vrooman, who started as a part-time phlebotomist 18 years ago at Portland's now-long-gone Bess Kaiser Hospital. Today, he does double duty as a union partnership representative (UPR) for the Coalition of Kaiser Permanente Unions—he's a member of SEIU Local 49—and as an improvement advisor.

A broad perspective

His atypical career path has given him an unusual outlook.

HAVE LAPTOPS, WILL TRAVEL: Ed Vrooman, union partnership representative from SEIU Local 49, helps teams demystify the data so numbers can be a portal to improved performance instead of a source of stress. Kate Webb, project coordinator, lends a hand.

In 2003, Vrooman took an extended leave of absence to work for Local 49, helping organize KP employees and other health care workers. After returning to KP, he became a labor partner and brought the coalition's interests to the building of the new Westside hospital and other major regional projects.

“Partnership has allowed me to touch nearly every function within this organization,” Vrooman says. Working on the large initiatives got him more intrigued with the data side of the house—and led to his

current position, which gives him an opportunity to use his skill with data and analytics.

When he heard from the region's UBT consultants that teams didn't have the data they needed to work on projects, Vrooman became—along with the data analytics department and health plan leaders—a driving force in the creation of the region's scorecards for teams. The STATIT scorecards (named after the electronic system that hosts them) enable teams to see their goals online and how they line up with the regional and PSP goals.

Co-leads' gathering

Every year, Vrooman, along with the other two UPRs in the region—Bruce Corkum, RN, an OFNHP/ONA member, and Mariah Rouse of UFCW Local 555—present information on regional goals and budgets in one of the quarterly Steward Councils, which bring together the region's UBT union co-leads and representatives from its

four partnership unions. For the meeting on regional goals, the management co-leads are invited as well, providing a chance for team leaders to learn together how their teams can have an impact.

When he's working directly with a team, Vrooman mentors and coaches its members on using improvement tools, from understanding the fundamentals such as SMART goals and entering projects into UBT Tracker to more advanced tools like process mapping. He asks his team members what they need to be successful.

“You don't need a title to be a leader,” Vrooman tells them. “You lead from where you stand.” hank

‘It's easy for teams to fall into analysis paralysis.’

—ED VROOMAN, UPR and improvement advisor





THE BEST-LAID PLANS...

When a team's good work had a bad side effect, help from an improvement advisor got it back on track

—Article by: JENNIFER GLADWELL

The Family Practice unit-based team at the Sunset Medical Office in the Northwest was thrilled that its work to get members to sign up on kp.org was a success. But team members quickly grew dismayed when the onslaught of new signups had an adverse effect on patients' experience.

The challenge began in 2014, when the team launched several projects to increase the number of Kaiser Permanente members signed up on kp.org, knowing that people who use kp.org usually give KP higher satisfaction scores. The office is located in Hillsboro, Oregon, near one of Intel's campuses. Intel offers Kaiser Permanente as a health plan option, so the effort to get more people online made perfect sense.

But, on the flip side, the increased number of messages coming in through kp.org wound up increasing turnaround times for return emails and phone calls.

The department now receives between 450 to 650 email messages per week. Seventy-one percent of its patients—29,000 members—are signed up on kp.org. The team sought to improve its turnaround time on messages by reducing the number of times staff members and physicians touched each message. Instead of multiple people working a message, each one is now triaged one time by either an LPN or RN. At the same time, the team decreased its time spent on messages per week from 13.6 hours to 10.9 hours.

Ed Vrooman, an improvement advisor and union partnership representative, coached team members on how to test and implement their improvements.

"We learned how to use process mapping, so we could identify where the holes were in how we were approaching the work," says Eliseo Olvera, the assistant department administrator and

the UBT's management co-lead. "Ed knew where we could get the data we needed and help us understand it, so we could do the work."

Vrooman also introduced the team to the 6S tool—sort, simplify, set in order, sweep, shine, standardize—to improve its work processes. The team broke into different workgroups and each group identified tests of change. Some of the ideas were abandoned, some were refined and adopted, and some still are being adapted.

"I tended to focus too much on the information and the numbers," says Rikki Shene, a licensed practical nurse and SEIU Local 49 member who is the team's union co-lead. "Ed helped keep us organized and simplified the data so that we could keep moving forward and accomplish something in our 45-minute UBT meetings."

Vrooman's role in the team has been critical for the team. He attends the co-lead planning sessions and UBT meetings. He stays in the background until needed—and then he speaks up.

"He's part of our community," says Olvera. "His expertise with data has been critical. It's a gift." hank



Take action to get meaningful metrics

Here are the next steps for teams that are ready to leverage numbers to turbocharge performance:

- » Make a clear plan about collecting data. Focusing only on the numbers you need will help reduce needless work.
- » Create a storytelling run chart.
- » Familiarize yourself with the names of the core metrics that KP relies on.

Download these and more resources from our Data Collection Toolkit at LMPartnership.org/toolkits/data-collection-toolkit.



I'M IN A UBT?

Ten years after unit-based teams were established, there are employees who don't realize they're part of one. The Mid-Atlantic States UBT consultants are determined to change that. —Article by: OTESA MILES

IN THIS TOGETHER: Lead Cardiology Nurse Joan Thayer, a member of UFCW Local 400, gets a group hug from colleagues at a recent UBT fair. UBT leaders in the region embarked on a series of fairs to help teams share promising practices and mobilize the workforce to support the partnership in their departments. Opposite page, Nilda de Jesus, RN, a member of UFCW Local 400, shares her reflections with a colleague during a UBT fair in Kensington, Maryland.

The Mid-Atlantic States region has approximately 220 unit-based teams with more than 5,200 members.

One problem, though: Some of those who belong to UBTs don't know it.

The region's seven UBT consultants, who made a commitment to work together as a UBT themselves, are trying to change that.

"Employees can't contribute to the success of the team if they don't know they are part of the team," says Tracy Schrader, one of KP's UBT consultants in the region, who is also an improvement advisor

and OPEIU Local 2 member. "They don't realize they can speak up."

From their travels around the Capital Beltway to team meetings and huddles, the consultants—each of whom supports about 35 teams—knew there was a disconnect for some UBT members. So when they established their own team's 2015 goals, they planned two main tactics: to host several UBT Fairs to raise the profile of UBTs, and to improve communications so all UBT members know they are on a team.

The fairs, which the consultants originally were planning to hold at the region's largest centers over the summer, would showcase the work of the teams at that facility and highlight such LMP initiatives and priorities as Total Health, Workplace Safety and the Ben Hudnall Memorial Trust, which provides a variety of resources for career-advancing education.

"We wanted to hold fairs that would have a strong impact," says Jennifer Walker, RN, a lead UBT consultant and improvement advisor.

Surprising news

Then—just as happens with frontline teams—they received some data that surprised them. The 2014 People Pulse results showed that some locations the consultants thought would score poorly on UBT-related questions scored well and vice versa. Armed with that data, the consultants decided to hold the first five fairs at the centers that had the most teams with more than 10 percent of members answering “no” when asked “are you in a UBT?”

“It was a real eye-opener,” says Preena Gujral, another MAS UBT consultant and improvement advisor who’s a member of OPEIU Local 2. “Data is very important. It’s perception versus reality.”

The data also led the consultants to combine their two tactics: The fairs would be the method for communicating the message that all work group members are indeed part of a UBT.

Walker, one of the region’s lead consultants, says it can be difficult to get the message across, especially with large departments. Unlike small departments where everyone participates in UBT meetings, larger departments typically have a core group of employees who attend UBT meetings as representatives of everyone on staff. Employees who aren’t representatives don’t always realize that they are part of the team, too.

The energy and attendance of the first UBT Fair that the consultants sponsored, held at the end of June at the Fair Oaks Medical Center in Fairfax, Virginia, was higher than they expected, with more than 150 employees stopping by.

“The participation was fantastic,” says Wendy Williams, RN, a UBT consultant and member of UFCW Local 27.

Irene Taliaferro, a gastroenterology nurse practitioner, attended the fair at Fair Oaks in late August. She hadn’t realized she was a UBT member.

“I came to find out more about UBTs. Before I came to the fair, I knew nothing about them,” says Taliaferro. “We have a representative who goes to meetings. I don’t know much about it.”

Providing incentive—and a model

Steve Pereira, UBT consultant and improvement advisor, hopes the blitz of UBT Fairs gives workers like Taliaferro a better understanding of the partnership and an incentive to be more involved.

“People want to know more than their 9-to-5 jobs,” Pereira says. “This is the opportunity for that.”

Because of their commitment to use the same tools as frontline UBTs, the consultants have

been using the Plan, Do, Study, Act cycle of the Rapid Improvement Model in planning and holding the fairs.

So, Walker says, “We structured it so the fairs happen before the annual People Pulse is taken again, in September”—that way, the fairs serve as a test of change. Will the communication provided by the fairs improve the score on the “I’m in a UBT” question?

“We’ll look for the next People Pulse results to validate whether this was the best way to go,” she says.

Watch for an update on the consultants’ efforts next year on LMPartnership.org, after the 2015 People Pulse results are in. [hank](#)

‘Partnership is the way to harness our staff members’ knowledge, passion and talents.’

—ANGELA TAYLOR, OPEIU Local 2, UBT consultant, improvement advisor



Take action to get the help you need

No need to struggle on your own. There are lots of resources out there to guide teams along the Path to Performance:

- » Find out who your UBT consultants and union partnership representatives are. Go to the “regions” tab on LMPartnership.org to find regional or facility LMP co-leads, who will have the most up-to-date information.
- » Get the training you need to build and strengthen your UBT. Visit LMPartnership.org/training for links and contact information.
- » Find out if there is a UBT Fair coming up at your facility or one nearby and go to it. Soak up great ideas and inspiration from other UBT members!

HOW MANY TEAMS ARE HIGH PERFORMING?



71%

DEC. 2014
(PROGRAM-WIDE)



80%

GOAL FOR DEC. 2015

WHO'S THAT PERSON?

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

CAN YOU NAME THIS PERSON?



ICEBREAKER: Give me one word

This icebreaker is a great way for team members to explore their thoughts on a common issue, like performance improvement (PI) or team culture.

INSTRUCTIONS: Choose a topic for the icebreaker and share it with everyone. Divide participants into groups of four or five people by having them number off. Ask the groups to sit and think for a minute, and then, within the groups, each person shares one word that describes the topic. After everyone has shared, the groups discuss the words and why they chose them and decide on which one word the group will share with the other groups. After the groups share their selected word, have another round of discussion, or have follow-up questions prepared on the topic for the groups to talk about.

WHERE'S THE CHANGE?

One familiar element that's been part of every issue of *Hank* since the first one in December 2004 is changed this issue. Can you find it? We'll tell you more in the Winter 2016 issue!

YOUR ANSWER:

TRIVIA QUESTION

The smallest bones in the human body are found in:

- a) Feet
- b) Ears
- c) Fingers
- d) Knees

WORD MATCH: Growing KP

DIRECTIONS: Connect the phrase in the first column with its description in the second column.

Adapt, adopt, abandon	The five-stage scale for rating unit-based teams
Performance improvement (PI)	A primary focus of UBT work
Interest-based problem solving (IBPS)	The method teams usually use to arrive at agreement
Rapid Improvement Model (RIM)	The four steps of RIM
Consensus decision making (CDM)	The primary PI method UBTs use
Path to Performance	Where teams record their PI work
UBT Tracker	The engine of performance improvement at Kaiser Permanente
Small test of change	A way of trying something new that makes it OK to fail
Plan, Do, Study, Act (PDSA)	A process that surfaces common concerns or aspirations
Unit-based team (UBT)	What teams do with a test of change after they've tried it

HANK LIBS: Supporters extraordinaire

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 space.

Unit-based team _____ and union partnership _____ are special people.
 (plural noun) (plural noun)

They need to have the _____ of a rubber band and the _____
 (adjective) (adjective)

of bamboo. A splash of _____ will serve this person well. UBT members, co-leads
 (noun)

and sponsors _____ to these individuals for encouragement, coaching and
 (verb) (noun)

mentoring. Calling on the analytical part of the _____ while tapping into the
 (noun)

creative _____ while _____ teams with communication might be a
 (noun) (verb-ing) (verb)

challenge to some, but consultants and UPRs are able to _____, between these
 (verb)

with the skill of a _____. Our UBT consultants and UPRs help our _____
 (adj.) (plural noun)

_____ big and _____ for the sky.
 (verb) (verb)



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

SUPER SCRUBS: A PATH TO PERFORMANCE



ARE YOU IN A UNIT-BASED TEAM?

START

Maybe next year!

NO

Do you work for Kaiser Permanente?

NO

Are you a KP member?

YES

YES

Are you a member of a union belonging to the Coalition of Kaiser Permanente Unions?

FACT: Unit-based teams use the voice of the member/patient and our Value Compass to guide their work. You are part of a UBT in spirit!

NO

YES

YOU ARE IN A UBT

Are you a manager of employees represented by a union in the Coalition of Kaiser Permanente Unions?

FACT: Since 2005, each National Agreement has stated, "Unit-based teams are the operating model for Kaiser Permanente."
 > *If your work group hasn't formed a UBT yet, now's the time!*

FACT: Through UBTs, all frontline employees and care providers are involved in decision making for their department. Have an idea to improve care for our members and patients? Speak up today!

NO

YES

Are you a physician working with employees represented by a union in the Coalition of Kaiser Permanente Unions and their manager(s)?

FACT: The 2005 National Agreement called for the creation of unit-based teams. There are now 3,500 teams throughout Kaiser Permanente.

NO

YES

FACT: Labor Management Partnership is the way Kaiser Permanente and the Coalition of KP Unions work together. Learn more at LMPartnership.org.