



LMP LABOR MANAGEMENT
PARTNERSHIP

Sponsor and Leader Resource Guide for UBTs

Tools, information and resources for physician, management and union leaders





SECTION 1

INTRODUCTION

SPONSOR AND LEADER | RESOURCE GUIDE FOR UBTs

LMP LABOR MANAGEMENT PARTNERSHIP



Introducing the Sponsor and Leader Resource Guide for UBTs

Fostering a High-Performance Culture

Kaiser Permanente is our country's first and largest nonprofit health care system. Our integrated model of care, commitment to improve the health of our members, patients and communities, and historic partnership with labor are a model for health care. But, as we know, our world is changing. We're moving quickly to meet today's challenges and take advantage of real opportunities. Every employee, manager and physician will play a part in that transformation.

Unit-Based Teams are part of the solution. They engage the skills, knowledge and experience of every employee and physician. And they're getting results—making changes in service and operations, reducing waste, simplifying work processes and improving performance and job satisfaction. These changes add up to high performance and a superior member/patient experience. As a sponsor or leader, we need your engagement and support to ensure that cultural, behavioral and operational changes are being delivered by our UBTs.

Consider this Resource Guide the “CliffsNotes” for your role as a sponsor of UBTs. It contains highlights of a number of key programs at Kaiser Permanente and can serve as a companion to other learning programs. The purpose of this Guide is threefold: to clarify how the role of leaders is changing, to provide tools that support leaders in this transition and to provide information about what UBT co-leads and team members are learning.

The overall goal is to improve the effectiveness of sponsorship across our organization.

Without effective sponsorship—coaching, facilitation, guidance, accountability—from leaders, our improvement efforts may founder or not produce results quickly enough. On our path to becoming a high-performing organization we take things one step at a time, always putting the patient and member first. Please dig in, collaborate with your colleagues and show the world that Kaiser Permanente continues to be the model for U.S. health care.

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The purpose of the *Sponsor and Leader Resource Guide for UBTs* is to build sponsorship capability and capacity in leaders to support high-performing unit-based teams. The *Resource Guide* is filled with useful job aids, tools and information to support leaders in their roles as sponsors, coaches and facilitators.

In this *Resource Guide*, we define sponsors as those to whom UBT co-leads report—meaning leaders across the organization for all three constituencies. For labor, where there is no direct reporting relationship, the targets are stewards, contract specialists, business agents and others who provide information and support to labor co-leads. For the medical group, it means chiefs and assistant medical directors. For management, the targets are directors and other managers who have UBT co-leads as direct reports.

The *Resource Guide* is organized around three key UBT sponsor competencies: coaching, engaging for transformation and performance excellence. The tools and information included were pulled together from many places across Kaiser Permanente, including regions and national initiatives. In addition, the *Resource Guide* is aligned with LMP and organizational learning materials.

The materials are generic and may be similar to things already being used in your region, though there may be variations. Given that regions have different structures and processes, not everything in this guide may apply to you. Please keep this in mind. Use the materials, when appropriate, to help you effectively guide the behaviors and actions of your teams in the transition to high performance.

You can find the full text version of the *Resource Guide* online at:

www.LMPPartnership.org.

Acknowledgments

This *Resource Guide* represents a collection of tools, information and suggestions for sponsors and leaders from labor, management and the medical group to use in their work supporting UBTs.

Thank you to the many people and departments who shared their materials and feedback to create this *Resource Guide*:

- » The Permanente Federation
- » National Workplace Safety
- » National Service Quality
- » National Performance Improvement
- » National Workforce Development
- » National Organization Effectiveness
- » National Clinical Quality
- » National Patient Safety
- » National Management Development
- » LMP Metrics and Analytics
- » LMP Communications
- » LMP Training and Development
- » Northern California UBT Toolkit
- » San Diego Service Area LMP
- » Northwest LMP
- » Colorado Organization Effectiveness Leadership Succession Management
- » Leading for Performance Excellence

Special thanks to the following individuals whose comments and ideas served as the catalyst for the Guide:

Jose Deltoro
Medical Office Administrator,
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Alan Kroll
Director of Orthopedic Service,
Colorado

Paul Rosenstein
CKPU National Coordinator,
Southern California

The time and participation of our pilot sites is greatly appreciated:

- » San Diego Service Area
- » Colorado
- » Mid-Atlantic States
- » Northwest

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- » How do I know what’s in the 2005 National Agreement and what it really means?
- » I am new to KP. How can I get a better understanding of the constituencies that make up Kaiser Permanente?
- » How do I use the Value Compass in my work as a sponsor of UBTs?
- » I’ve heard about the Case for Change—any ideas on how I can reinforce these concepts with my co-leads and UBTs?
- » I need a simple definition of UBTs and who participates—where do I find this information?
- » I hear the word partnership a lot—what does it really mean in day-to-day practice?

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QUESTIONS ANSWERED IN THIS SECTION:

- » I see that my role as a leader is evolving. I want to make sure I am prepared. What skills and behaviors do I need to be effective?
- » In a nutshell, what is the UBT sponsor role?
- » What are the primary differences in how I should behave now as opposed to the past? What is expected and what will be rewarded?
- » I want to start off on the right foot with my co-sponsors. I don't know them well. What should I do?
- » How do I get started in my UBT sponsor role?

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QUESTIONS ANSWERED IN THIS SECTION:

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- » One set of co-leads is having a hard time working together. How can I help them start working effectively?
- » In the past I think I have done a lot of “telling.” I understand I need to do more “asking.” How can I improve in this area?
- » One of my UBTs seems to get mired in detail and has trouble making a decision and moving forward. How can I help them grow beyond this?
- » I’m interested in helping my team learn to work with partnership decision making models. Are there some simple tools we can use?
- » I am pretty comfortable giving feedback, but I don’t always like getting it. I know that as a UBT sponsor I need to solicit feedback so I set a good example. Any ideas?

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- » Being new to Kaiser, I don’t know all the “unwritten rules.” What are some of the key things I need to be aware of?
- » My UBT is going through the normal team development process, but it seems to be uncomfortable for them. I want to help them understand what to focus on to avoid common problems.
- » We are doing a lot of things well, but like many teams, I think we need to improve our communication. What kinds of suggestions can I make?
- » We are making progress and have had a few successes. I want to reward my team, but I know from past experience that this needs to be done right. What are the guidelines?

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- » I hear a lot of talk about metrics and performance improvement. What do I need to know as a leader?
- » Everyone seems to need help with setting good goals. I want a simple tool to share with my team.
- » My co-sponsors and I are interested in spreading some successful changes across our UBTs. We need advice about how to do this well.
- » Metrics, measurement, data, reports—what do I need to know to support my UBT in performance improvement work? It will be a while before I can get to any training.
- » Safety is such an important issue. I want to increase awareness—any ideas?

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QUESTIONS ANSWERED IN THIS SECTION:

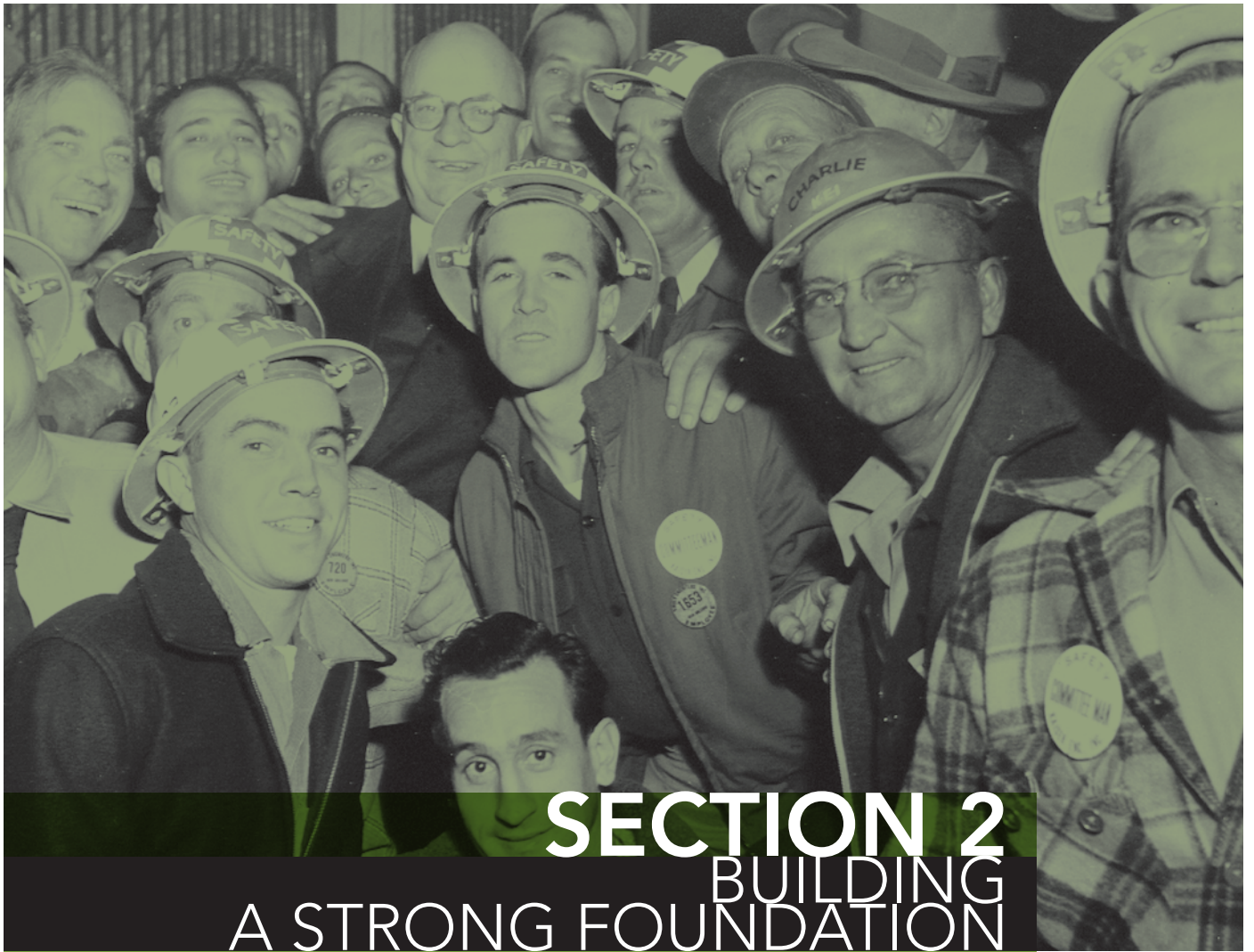
- » I want to ensure my teams are getting the training they need. Where do I find out about what's available and what we should be doing?
- » I am aware that UBTs go through a developmental process. What can I do to help my teams understand this process and identify where they are at any given point?
- » I'd like to know more about what a high-performing UBT looks like so I understand the target.
- » Is there such a thing as a checklist for what I should do to support UBTs?
- » I need a simple description of the UBT co-lead role.

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SECTION 2

BUILDING A STRONG FOUNDATION

SPONSOR AND LEADER | RESOURCE GUIDE FOR UBTs

LMP LABOR MANAGEMENT
PARTNERSHIP

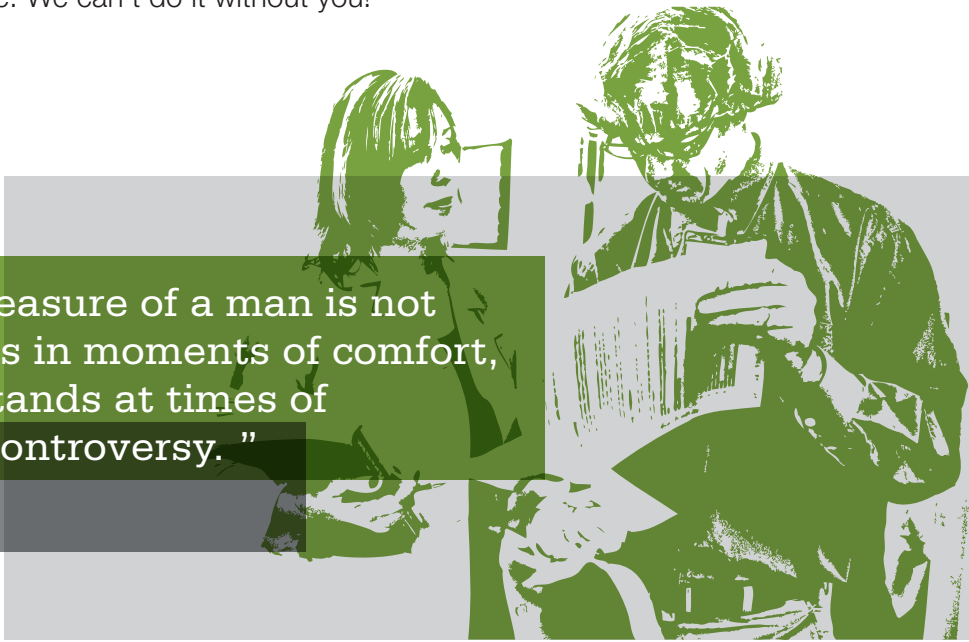


BUILDING A STRONG FOUNDATION

Introduction

Kaiser Permanente is a large, complex organization. It is helpful to understand the basic structure and how the various entities relate to each other, as well as the historical context. These things explain how we became what we are today. And now, given the particular challenges we face, it is equally important to understand why and how we must transform in order to sustain our mission and values into the future.

This section contains information on the history and structure of Kaiser Permanente; the Case for Change—which explains the current threats to our mission; the Value Compass—our guide to improving organizational performance; unit-based teams—our platform for organizational improvement; and Partnership—the way Kaiser does business. This information will provide you with a strong foundation as you build your sponsorship skills to lead unit-based teams to success. Our members/patients, our communities and our entire organization look to UBT sponsors to create an environment where teams thrive, generate results and we transform into what we need to become. We can't do it without you!



“The ultimate measure of a man is not where he stands in moments of comfort, but where he stands at times of challenge and controversy.”

Martin Luther King, Jr.

Our Collective Structure

What is Kaiser Permanente?

At Kaiser Permanente, the way we deliver health care is different. We're a health plan, a hospital system and a medical group, all working together—making it easier for us to give our members high-quality, coordinated and affordable care that's convenient.

Kaiser Permanente (KP) is America's leading health care provider and not-for-profit health plan. The Kaiser Foundation Health Plan, Inc. (KFHP) and its regional operating organizations, Kaiser Foundation Hospitals and the Permanente Medical Groups (PMG) are joined by the Coalition of Kaiser Permanente Unions (CKPU), which represents more than 95,000 coalition union employees.

As a health plan, hospital system and medical group all working together, Kaiser Permanente is able to deliver high-quality, coordinated and affordable care to members and patients.

KP currently serves 8.6 million members in nine states and the District of Columbia. Kaiser Permanente has 167,000 employees, including 40,400 nurses, 14,600 physicians, 35 medical centers and 431 medical offices. In 2008, annual operating revenues were approximately \$40.3 billion.

Our Three Constituencies:

1. COALITION OF KAISER PERMANENTE UNIONS

Today, the Partnership covers 95,000 employees (about 80 percent of all union-represented employees at KP) in six international unions with 29 locals who comprise the **Coalition of Kaiser Permanente Unions (CKPU)**. The Coalition of KP Unions bargains collectively with KP.

The combined non-KP membership of these international unions exceeds 6 million members. It is important to understand that most of our partnership unions work with other employers in addition to Kaiser Permanente. Also, each international and each local union has its own unique internal structures, adopted by-laws and collective bargaining agreements they negotiate and enforce with multiple employers.

COALITION OF
KAISER PERMANENTE
UNIONS

CKPU staff report to the executive director of the CKPU who in turn is directly responsible to a Board of Directors that is composed of prominent national union leaders. The executive director also serves as the labor representative for the Labor Management Partnership.

2. THE PERMANENTE MEDICAL GROUPS

THE PERMANENTE FEDERATION, LLC

Permanente Medical Groups (PMG) are physician-owned organizations that provide and arrange for medical care for Kaiser Foundation Health Plan members (or Group Health of the Puget Sound in Seattle) in each respective region through exclusive contracts. Kaiser cannot contract with anyone else to provide medical care and Permanente cannot contract with any other health plan/provider organization.

The medical groups are for-profit partnerships or professional corporations. Each Permanente Medical Group contracts with the Health Plan to be paid a fixed amount per member, per month, from the membership dues the Health Plan collects. The first medical group, The Permanente Medical Group, was formed in 1948 in Northern California.

Each medical group is autonomous from the others and has its own board of directors. They do not report to a central governing body or entity. The medical director for each PMG is elected by the medical group and not appointed by the board.

The Permanente Federation, LLC, was formed in January 1997. It exists to help medical groups work collaboratively to provide high-quality, affordable health care services through enabling ongoing, organizational transformation. The Permanente Federation works in partnership with Kaiser Foundation Health Plan and the Coalition of Kaiser Permanente Unions on program-wide initiatives.

The Federation reports to the Permanente Medical Groups and is governed by a five-person Executive Committee composed of four Executive Medical directors (from four regions) and the Federation's Executive Director.

3. KAISER FOUNDATION HEALTH PLAN AND HOSPITALS

 **KAISER PERMANENTE®**

The Kaiser Foundation Health Plans (KFHP) are non-profit, public benefit corporations that contract with Kaiser Foundation Hospitals and medical groups to provide services. In regions that are

National Agreement

KAISER PERMANENTE
THE COALITION OF
KAISER PERMANENTE UNIONS

October 1, 2005

The 2005 National Agreement expires in September 2010, at which time a new partnership agreement will be negotiated.

A summary of the 2005 National Agreement can be found at: www.LMPartnership.org/contracts/agreements/docs/2005_national_agreement_summary.pdf.

not hospital-based, they may contract with non-Kaiser hospitals. The Health Plans are the health insurance component of the organization and are therefore the income-producing arm of Kaiser Permanente. Each region has its own health plan company.

Kaiser Foundation Hospitals (KFH) is a non-profit, public benefit corporation that owns and operates community hospitals in three states: California, Oregon and Hawaii. The corporation owns outpatient facilities in all KP regions; provides or arranges hospital services; and sponsors charitable, educational and research activities.

Kaiser Foundation Health Plan and Hospitals has a single board of directors that is the ultimate governing body. The current chairman of the board and chief executive officer of Kaiser Foundation Health Plan and Hospitals is George C. Halvorson. Each region is headed by a regional president who reports to a member of the national leadership team, headed by Mr. Halvorson.

Labor Management Partnership

Kaiser Permanente and the Coalition of Kaiser Permanente Unions created the **Labor Management Partnership (LMP)** in 1997 as a way to transform the relationship between unions and the organization—in essence, returning to the cooperative spirit between the company and its union employees that existed at the company's founding.

The Partnership is an operational strategy for engaging physicians, managers and front-line workers in achieving high organizational performance results by involving employees and unions in decision making at every level.

The LMP is governed by the Labor Management Partnership Strategy Group, which is composed of the regional presidents, a subset of the KFHP/H National Leadership Team, representatives from the Permanente Medical Groups, the Permanente Federation, the **Office of Labor Management Partnership (OLMP)** and the Coalition of Kaiser Permanente Unions (CKPU).

National Agreement

The National Agreement (NA) is a contractual agreement that outlines how our three constituencies will work together to make Kaiser Permanente a high-performing organization. The agreement

also addresses issues within the legal scope of representation, including wages and hours, working conditions and procedures to be used when parties differ in their interpretation of any of the provisions of the National Agreement. The current agreement, established in 2005, is the result of an interest-based bargaining process that involved more than 400 workers, physicians and managers.

The 2005 NA is considered to be a “living agreement,” which means that the provisions it covers can be discussed at any time.

LMP Trust

The Partnership Trust was established to fund labor management administration and partnership activities and it pays for about 98 percent of the costs for Coalition staff. The Trust is overseen by the LMP Strategy Group.

Funding for the Trust comes from two sources: each Coalition Union employee defers \$.09 per hour of their wages—deposited into the Partnership trust—for a total of more than \$14 million annually; Kaiser Permanente contributes more than \$7.5 million to the Trust, along with some additional funding for positions that work directly with the Partnership. Contributions to the Partnership Trust from KP and Coalition Union members totaled more than \$22 million in 2008.

Workforce Development Trusts

The Kaiser Permanente Workforce Development Program is funded by two trusts, each governed by a board composed of an equal number of union and management trustees:

The **SEIU UHW-West and Joint Employer Education Fund** offers educational and training opportunities to all SEIU members employed by Kaiser Permanente in California, Colorado, Oregon and Washington.

The Ben Hudnall Memorial Trust, named after a prominent Union Coalition negotiator and activist, provides workforce development services for all members of UFCW, OPEIU, UNAC/ UHCP-AFSCME, OFNHP-AFT, ILWU, IFPTE, USW, KPNAA, IBT, ONA (Ohio) and the ONA (Oregon).



Three rules for human relations:

“Mutual acceptance, recognition and confidence in each other...

Honesty and integrity in our dealings together...

We must understand each other.”

Henry Kaiser,
Kaiser Permanente founder

Why Do We Need To Change?

A Case for Change

Kaiser Permanente's historic mission and model of care—our unique system of high-quality, affordable care—has served our members and communities well for more than 60 years. But our mission is threatened by current economic realities, competitive pressures and health care public policy. It is time for change.

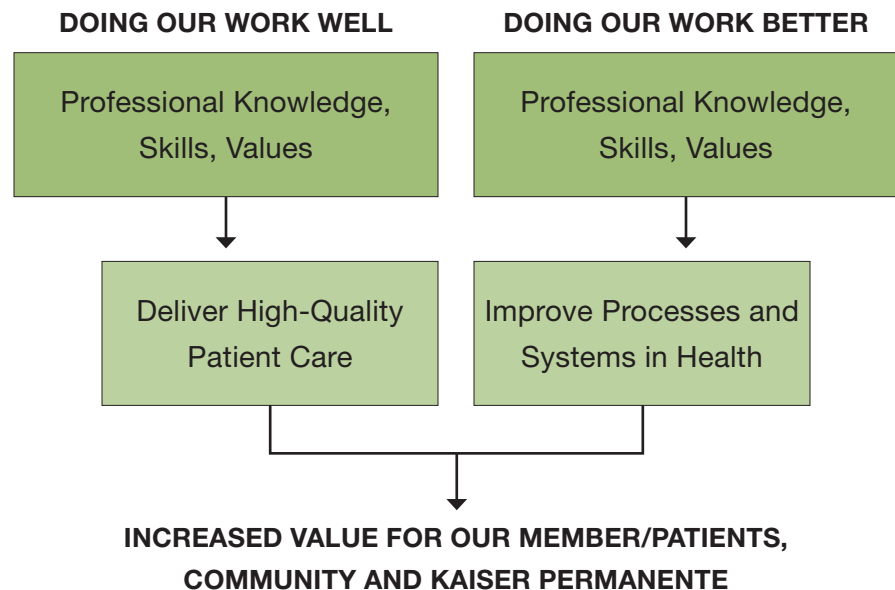
1.	WE HAVE a historic mission as our country's first and largest non-profit integrated health care delivery system founded by working people for working people.
2.	WE FACE unprecedented market threats, economic changes and public policy issues. Our mission is at risk.
3.	WE'RE CHANGING to meet these challenges—and that means every worker, manager and physician will think and work differently in their day-to-day jobs.

All of us, regardless of our role in the organization, are looking at how we need to work differently to provide the best quality, the best service, the most affordable care and become the best place to work—for ourselves, our members and the communities we serve.

Key Tip!

This means every day that we have two jobs: to **do our work well** and to figure out how to **do the work better**.

For more information, see www.LMPartnership.org



 **TOOL: A Case for Change Activity—Stating Your Case**

Use this activity to think about what you will say to support the Case for Change at your workplace. This tool will help you use everyday workplace opportunities to communicate about transformation.

For each of the key points, write in your own words what the key message means. Then, practice stating what you would tell your UBT or co-leads about the Case for Change.

KEY MESSAGE	IN YOUR OWN WORDS, WHAT DO YOU THINK THIS MEANS?
<p>WE HAVE a historic mission as our country’s first and largest non-profit integrated health care delivery system founded by working people for working people.</p>	
<p>WE FACE unprecedented market threats, economic changes and public policy issues. Our mission is at risk.</p>	
<p>WE’RE CHANGING to meet these challenges—and that means every worker, manager and physician will think and work differently in their day-to-day jobs.</p>	

For the last key point, what will this look like at your workplace?

What Direction Will We Take?



The KP Value Compass—A Tool to Guide Your Decisions

The **Value Compass** sets the direction for improving organizational performance with a focus on the health plan member/patient. The points on the compass make Kaiser Permanente’s path to success clear.

As an organization, and in our unit-based teams, we must:	
[✓]	Put the health plan member/patient at the center of every decision
[✓]	Set the standard for customer service
[✓]	Give unrivaled quality care
[✓]	Create the best place to work
[✓]	Provide affordable coverage

“Accountability and performance are not driven by managers, they’re driven by our commitment to care for people.”

John Guffey,
Pharmacy Manager, NW



Points of the Value Compass





TOOL: KP Value Compass Activity



Use this activity to determine how well your teams are doing based on the points on the Value Compass and to identify key areas that require improvement.

How to Use

1. Review the Value Compass with your co-leads. Explain the key points on the Compass and discuss what they mean if your co-leads are not familiar with them.
2. Ask your co-leads to write down answers to the questions below.
3. Discuss the answers with your co-leads to identify opportunities for performance improvement and begin planning priorities for their UBTs.

You may download copies of the Value Compass at the LMP website:

www.LMPartnership.org/transforming/value_compass.html

1. How is your work unit performing in each of the points on the Compass?

2. What results do you want to achieve in each of these areas?

3. What can your UBT do to achieve those results and be more patient- and member-focused?

How Will We Make The Change?

Partnership—The Way Kaiser Permanente Does Business

WHAT PARTNERSHIP MEANS

Today, we are challenged by cost and competition as never before. We can and must transform Kaiser Permanente, so we can lead the nation toward the transformation of health care itself. One way we are changing is through our Labor Management Partnership, which offers us a model for patient-centered care delivered through unit-based teams (UBTs).

Change must occur at every level to move the whole.

The transformation of KP into a high-performing, market-leading organization focused on the needs of our members and patients is possible only with the involvement, influence, accountability and day-to-day work of all.

KEY CHARACTERISTICS OF HIGHEST-RATED PARTNERSHIPS

- » **Trust**
- » **Plan Together**
- » **Role Clarity**
- » **Mutual Goals**

Through UBTs operating in partnership, employees throughout the organization have the opportunity to make decisions and take actions to improve performance and better address member and patient needs.



Key Tip!

Unit-based teams enable fuller integration at the work unit when frontline workers, managers, physicians—individuals with different job functions and experience—work collaboratively to solve problems.



“In times of change, trust-building behaviors are positively related to an organization’s capacity for change. Conversely, trust-breaking behaviors are associated with a decrease in capacity for change.”

Margaret M. Rudolf, PhD, consultant



Key Tip!

Our goal is to elevate member/patient care from being a matter of individual effort to making it the basis for team decision making and performance improvement.

UBTs—The Platform for Transformation

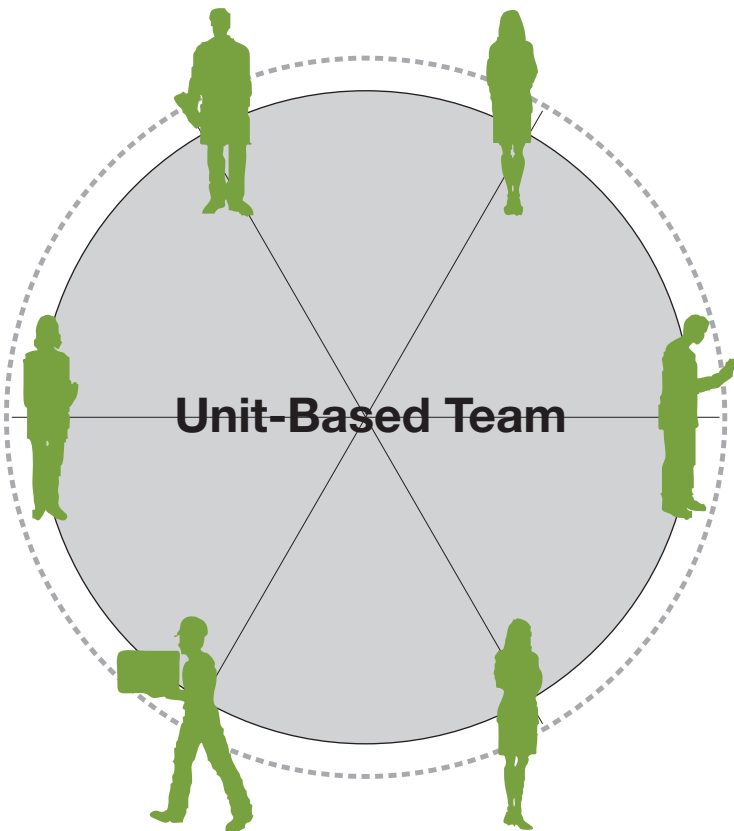
WHAT IS A UNIT-BASED TEAM?

PARTNERSHIP IN ACTION. A unit-based team (UBT) is a natural, local work group made of workers, physicians and managers, who work collaboratively to solve problems and enhance quality for tangible and quantifiable results. Together they are accountable for improved performance.

By 2010, everyone at Kaiser Permanente who is represented by a coalition union—and every physician and manager who works with them—will be part of a unit-based team. UBTs will be the operational platform throughout the KP system. Performance improvement will be driven by unit-based teams who work collaboratively to solve problems and enhance quality for tangible results.

EXAMPLE: A small unit with a total of six team members [including physicians, providers, managers and frontline staff] engages everyone in decisions through huddles and regular staff meetings.

Team members conduct small tests of change to improve performance.



What Can We Accomplish?

Partnership brings managers, frontline workers and physicians together to make full use of the expertise of each group and each individual. These different perspectives help to bring about solutions that address and resolve systemic issues, improving service, the quality of care and eliminating waste that drives up costs. Frontline employees, who do the job every day, are able to offer innovative solutions to the problems at hand.

Stewards are evolving into work-unit leaders. Managers are moving away from directing how work is done and into coaching and mentoring roles. Physicians are supported in providing high-quality, compassionate, patient-centered care. For members and patients, the entire care experience improves.

The team's purpose must be aligned with regional business strategy and desired outcomes for performance, service quality, efficiency and growth, and bring greater consistency and standardization to the work of KP.

By implementing the National Agreement and ensuring transformation takes place at all levels, Kaiser Permanente will be a better organization for employees and members/patients. True transformation emanates from where patients receive care—from where the work is actually done day to day.

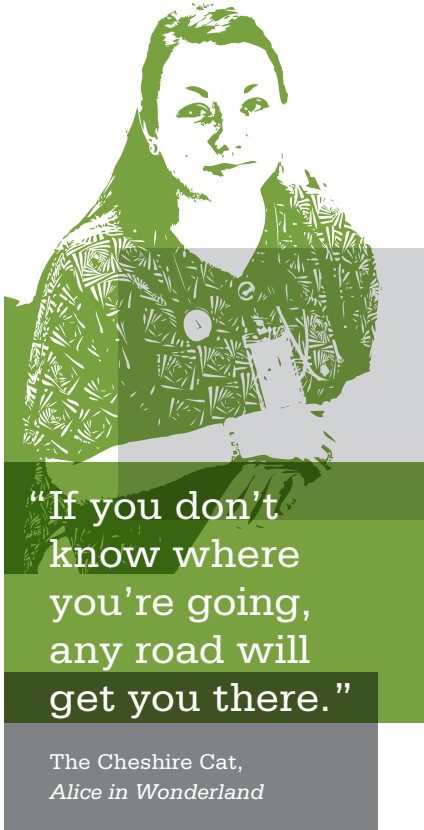
Unit-based teams help make Kaiser Permanente a better organization by:

- » Providing high-quality care and service to patients, members and each other
- » Relentlessly focusing on improving performance of their unit and making it a great place to work
- » Role modeling transformation in all interactions every day, in service of each other, our patients and Kaiser Permanente



“This is a game of implementation. Only 15% of the job is figuring out what to do. Making it happen—that is where the action is.”

F. Warren McFarlan



Partnership Benefits Everyone

When people are fully engaged in the transformation of Kaiser Permanente, possibilities become realities. More importantly, when we elevate patient-centered care from being a matter of individual effort to the basis for team decision making and performance improvement, our members benefit.

- » Employees feel a sense of pride and take ownership of their work and are committed to Kaiser Permanente and its future success
- » Patients and members receive our full attention, compassion, care and respect

Working in partnership, we will:	
[✓]	Improve the quality of health care for Kaiser Permanente members and the communities we serve
[✓]	Differentiate Kaiser Permanente in the marketplace by delivering exemplary service
[✓]	Make Kaiser Permanente the best place to work
[✓]	Expand Kaiser Permanente’s membership in current and new markets, including designation as a provider of choice for all labor organizations in the areas we serve
[✓]	Provide Kaiser Permanente employees with the maximum possible employment and income security in health care
[✓]	Involve employees and their unions in decisions
[✓]	Consult on public policy issues and jointly advocate when possible and appropriate

A Great Place to Work

IT'S NO SECRET. When frontline workers, physicians and managers come together to make their work and workplace more effective, more efficient and safer, it becomes a more satisfying place to work.

A GREAT WORKPLACE		A GREAT PLACE TO WORK
Nice parking facilities and lunch	→	Good relationship with my manager/supervisor and co-workers
Company provides coffee, tea and other amenities	→	I get recognition and support from my manager/supervisor and co-workers
Nice office with a view, nice commute, nice computers, company supplies laptop	→	Use of social systems to communicate about change or meaningful work
A focus on tools, techniques and processes	→	A focus on people—for example, concern for reducing occupational injury and illness

Source: Victor Maiki, Culture Change and Service Leader, NCAL



Case Study: Achieving a New Bottom Line—Saved Lives

From: www.LMPartnership.org/news/2008/achieving_a_bottom_line.html

Internal Medicine at Skyline Medical Center in Colorado had the worst hypertension control rate in the region: 60 percent—6 points lower than the regional performance goal. The third-floor internal medicine UBT used the Plan-Do-Study-Act cycle to improve this by developing a hypertension clinic.

- » They set a goal to reach a 66 percent hypertension control rate by 2009—they accomplished this in 10 months, two months ahead of schedule.
- » As a result, 350 hypertensive patients now lead healthier lives.
- » If it maintain their current pace, the team expects that in five years the clinic will save 11 lives and more than \$500,000.

Over the next year, they want the rate to be closer to 75 percent. The key to success was a jointly crafted idea created with a shared understanding of the business.



“ If I had just given this list of patient names to the staff, it would not have worked. This is a sharing of ideas.... There’s a sense of involvement that wasn’t there before.”

—Sean Riley, MD, Physician UBT Co-Lead



SECTION 3

SPONSOR AND LEADER ROLES

SPONSOR AND LEADER | RESOURCE GUIDE FOR UBTs

LMP LABOR MANAGEMENT
PARTNERSHIP



SPONSOR AND LEADER ROLES

Introduction

Who are the Mid-level Sponsors and Leaders of UBTs?

For the purposes of the *Sponsor and Leader Resource Guide* for UBTs, sponsors are **those to whom the co-leads report**. If you have management or physician co-leads reporting to you, you are a UBT sponsor. For unions, where there is no direct reporting relationship, sponsors are union leaders whom labor co-leads go to for information and support, such as stewards and business agents.

Transforming Kaiser Permanente to a high-performing organization that puts the member/patient at the heart of everything it does requires unit-based team sponsors (managers, physician leaders and stewards/labor leaders) to mentor, coach, facilitate, advocate and reinforce the success of their teams.

🔑 **Key Tip!**

Sponsors are both responsible and accountable for their teams' performance improvement efforts. One way to think about responsibility and accountability is:

Responsibility—one's duties day-to-day

Accountability—the measure of one's execution of those duties

Sponsors who create an environment of continuous improvement and actively sustain high-performing, innovative teams:	
[✓]	Articulate the Case for Change to help UBTs understand the issues facing Kaiser Permanente and their role in improving organizational performance.
[✓]	Engage frontline employees to own the redesign of business and work processes.
[✓]	Hold their own leaders and each other accountable for jointly determined performance outcomes.
[✓]	Model working in partnership through open collaboration with their medical group, union and management partners—while each stays true to the core expectations of their role.
[✓]	Proactively focus of teams to resolve issues so that a member/patient focus and the values of the organization inform the resolution process.
[✓]	Understand and promote use of Rapid Improvement Model (RIM) as the means to improve the performance of the entire system.

Understanding Sponsorship



“Sponsorship is the single most important factor in any implementation.”

Don Harrison,
Founder of Accelerating
Implementation Methodology
(AIM)

The people UBT co-leads report to, or go to for information and support, are sponsors of unit-based teams. Sponsoring UBTs is part of your role as a leader and long-term sustainability of UBTs depends on active sponsorship from union, management and physician leaders.

Getting Started

1. Get Clarity about the Sponsorship Role

- ❑ Understand the sponsorship role in general and as it applies to your constituency specifically.
- ❑ Meet with your manager to confirm expectations and determine how and when you will report on UBT progress.

2. Learn What You Need to Know

- ❑ Attend needed training and commit to apply what you’ve learned in your role as sponsor.
- ❑ Become familiar with the 2005 National Agreement to understand the background and expectations of UBTs in the transformation of KP.
- ❑ Understand the new behavioral expectations of our performance excellence culture.
- ❑ Refer to your *Sponsor and Leader Resource Guide for UBTs* for needed information, tools and resources.

3. Reach Working Agreements with Key Partners

- ❑ Meet with your co-sponsors (management, union and physician) to reach agreement on how you will conduct your joint work of supporting your UBTs to improve performance.
- ❑ Discuss your roles and expectations of each other as co-sponsors.
- ❑ Meet with your UBT co-leads to share co-sponsor plans for working together and expectations of co-leads, as well as learn what the co-leads need from you.

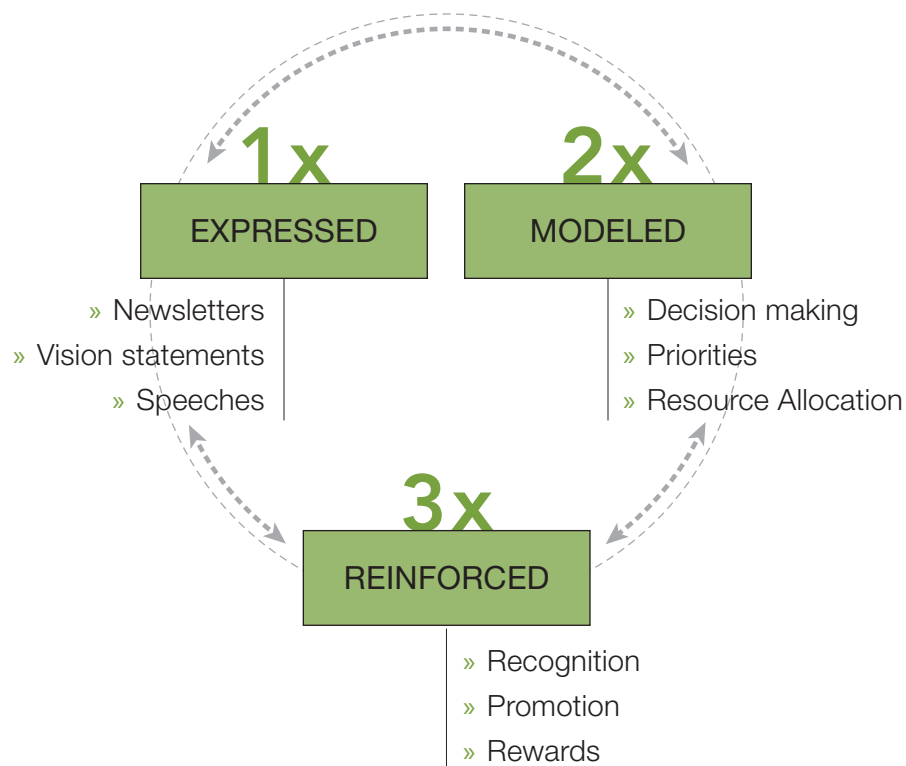
Demonstrating Sponsorship Commitment

Team members pay more attention to what you DO than what you say, so modeling the behaviors you want to see in them is essential—**lead by example**.

THREE WAYS TO DEMONSTRATE COMMITMENT

1. **Express commitment**—Formal, and informal, oral and written communications about the change.
2. **Model commitment**—Sponsor behaviors and activities that represent the desired change.
3. **Reinforce commitment**—Planned resource allocation and formal and informal rewards that reinforce the desired change.

Reinforced values are three times as powerful as those expressed.



Key Tip!

The collaborative work you do with your co-sponsors should be very visible. If you don't have a co-sponsor, think about finding one if you work in pairs or two if you work in triads. Try committing to holding 15-minute co-sponsor huddles in public space.

THREE QUESTIONS TO GUIDE YOU

1. How are you engaging people in improving the performance of the unit or team?
2. What barriers are you finding?
3. What is needed to remove the barriers?



Source: Implementation Management Associates, Accelerating Implementation Methodology (AIM) www.imaworldwide.com



TOOL: Critical Sponsor Behaviors

Consistency and visibility of transformative behaviors are essential. Question your skills/knowledge in these areas.

BEHAVIORS	BUILD YOUR SKILLS
Accountability for Improved Performance	<ul style="list-style-type: none"> » Help UBTs develop clarity on current state vs. desired future state » Monitor results and intervene where necessary
Reinforce Desired Behaviors	<ul style="list-style-type: none"> » Align reward and recognition systems to support the change » Model partnership behaviors and work together with your co-sponsors (management, union, physician)—do this visibly, so your team can see and learn » Reinforce behaviors that support learning and deliver results
Coach for Results	<ul style="list-style-type: none"> » Remove barriers and carefully manage change » Ensure sustainability by keeping the culture of teamwork alive » Teach, coach and facilitate » Encourage use of UBT support specialists/subject matter experts
Ensure Improvement Work is Aligned with Regional/National Goals	<ul style="list-style-type: none"> » Consistently communicate Kaiser Permanente/regional vision, business context and goals using multiple media—connect to UBT work » Foster innovation and flexibility
Provide Resources	<ul style="list-style-type: none"> » Build capacity by developing leadership skills of co-leads » Be accessible » Allocate sufficient resources » Identify gaps in team skill and support personal/professional development
Ensure Data is Used Accurately and Appropriately	<ul style="list-style-type: none"> » Help teams access regional/national data » Support teams in gathering and analyzing their own data » Work with teams to set key milestones and monitor progress » Ensure teams receive performance improvement training



TOOL: Sponsor Behaviors Self-Rating Form

Directions: Carefully read the statements below. Using a scale of “1” (Never) to “5” (Always), choose the response that most accurately reflects what you actually do, and not what you believe you should do.

1. I am able to set deadlines/target dates that feel real rather than arbitrary for the UBT.

1	2	3	4	5
Never		Sometimes		Always

2. I model partnership with my co-sponsors at every opportunity.

1	2	3	4	5
Never		Sometimes		Always

3. I am willing to let the UBT come to the solution to a problem so that ownership and knowledge are shared.

1	2	3	4	5
Never		Sometimes		Always

4. I am able to articulate how the work of the UBT supports the goals and initiatives of the region.

1	2	3	4	5
Never		Sometimes		Always

5. I ensure my co-leads and teams receive the training they need to engage in performance improvement work.

1	2	3	4	5
Never		Sometimes		Always

6. I work with co-leads to ensure improvement work aligns with the points on the Value Compass.

1	2	3	4	5
Never		Sometimes		Always

7. Where do you see room for improvement?

New Roles in the Transformation of KP

Evolving Leader Roles

Although a lot is changing, many things are staying the same. For management, the duty to manage is still a key component of the job, which includes performance management, hiring and firing authority and ensuring safe working conditions. Physician sponsors/leaders retain ultimate responsibility for clinical decision making, and union leaders retain the responsibility to represent. You retain these individual responsibilities, while working in a more collaborative way to solve problems.

All three constituencies are responsible for:	
[✓]	Success of the department
[✓]	Success of Kaiser Permanente and the unions
[✓]	Involving employees in effective decision making
[✓]	Supporting the Partnership
[✓]	Securing LMP and UBT training for employees
[✓]	Establishing effective labor management relations
[✓]	Making sure employees provide a superior health care experience for health plan members



Each retains the following constituency-specific responsibilities:

Union Leaders/Stewards	
[✓]	Duty of fair representation
[✓]	Grievance filing/handling
[✓]	Contract enforcement/negotiation
[✓]	Building solidarity within the union
[✓]	Organizing

Physicians	
[✓]	Ultimately accountable for clinical decision making for care of member/patients
[✓]	Clinical supervision of allied health personnel
[✓]	Responsible for clinical quality

Managers	
[✓]	Personnel responsibilities (final authority for hiring and firing)
[✓]	Performance management (goals, reviews, rewards, development)
[✓]	Safe work environment

Management Sponsors and Leaders

The role of mid-level management leaders is evolving from directing the workforce to coaching, facilitating and supporting frontline teams with necessary systems and resources, while representing the interests of management through interest-based problem solving. Most mid-level management leaders will become sponsors of UBTs by the end of 2010. **If management UBT co-leads report to you, you are a UBT sponsor.**

Management Sponsors:	
[✓]	Ensure success of the department
[✓]	Help teams understand regional priorities and what's at stake financially
[✓]	Support teams as they develop skills for performance excellence
[✓]	Meet regularly with UBT co-sponsors and co-leads to review results, identify problems and facilitate team development of PDSA cycles using the RIM model
[✓]	Broadcast results so everyone is motivated to participate
[✓]	Provide timely and appropriate rewards and recognition for UBT performance

🔑 **Key Tip!**

The hardest change for many managers is to let go. You're used to driving the work. But now you are being encouraged to ask people to step up, own a problem and develop solutions. People learn by doing. Ensure your teams are prepared and then let them go. Check in with them, monitor progress and be responsive when asked for help. Then acknowledge and reinforce the efforts and results.



AS MANAGERS, SUCCESSFULLY SPONSORING UNIT-BASED TEAMS MEANS:

1. As UBTs become effective at improving performance, and address issues for themselves, you will have more time for other responsibilities.
2. Using time in new and creative ways. Use standing meetings with your teams (staff) and co-leads (direct reports) to conduct your sponsorship activities and address UBT issues.
3. Your employees will feel more satisfied, which leads to stable staffing and less turnover.
4. You will help create a culture of “no blame and no excuses.”
5. Your members/patients will benefit from improved quality and service.



Key Tip!

Traditionally, physicians have not been trained to work in a team of equals to design efficient, patient-centered workflows. With UBTs, physicians may need to practice communicating more clearly, listening attentively and sharing some of the non-clinical decision making. Doing these things will motivate team members to participate, take risks and have increased confidence in their ability to make changes for the betterment of patients and members.



POCKET COACHING

Physician Sponsors and Leaders

If UBT physician co-leads report to you, you are a UBT sponsor. Unit-based teams are more successful with **active physician engagement**. The key is to engage physicians in new ways, while continuing to maximize clinical time—such as physicians being active participants on clinical care UBTs. As sponsors, physician leaders help other physicians use their natural leadership and clinical expertise to guide teams by ensuring the member/patient is at the center of all decisions, metrics are used appropriately and implications of proposed changes are understood. **Remember, the team is the building block in the care delivery system.**

Physician Sponsors:

[✓]	Understand the frames of reference (perspectives, culture, history, needs, maps, interests) of their co-leads and team members
[✓]	Help co-leads lead teams in developing appropriate milestones and good problem statements
[✓]	Get other physician input and share with the team
[✓]	Promote UBT projects and changes with colleagues
[✓]	Suggest successful practices that the UBT could emulate
[✓]	Are informed and engaged with the work of the UBT

AS A PHYSICIAN LEADER, SUCCESSFULLY SPONSORING UBTs MEANS:

1. Team members are more engaged. UBTs become a great place to work, leading to a more stable team. This contributes to continuity of care and quality improvement.
2. You will see improved patient care as work flows become more efficient and total panel ownership/management is shared by the team.
3. You will have more success introducing new initiatives or guiding the improvement of clinical care through the team-based platform.
4. Your team will spend more time focused on system issues rather than personal issues.
5. Physicians are still leaders of the clinical team and all members of the team focus on caring for member/patients—keeping them as healthy as possible.

Union Sponsors and Leaders

Union Leaders—union stewards and other representatives—play a critical role as sponsors of unit-based teams. With UBTs they take on increased leadership responsibilities, partner with managers and physicians in interest-based problem solving and consensus decision making, and coach and support their union member colleagues who participate on UBTs.

Key Tip!

Union stewards are used to representing workers in bargaining or addressing workers’ issues in grievances. Now, along with other union leaders, they are being asked to communicate about and lead change, connect the goals of UBTs to organizational strategies and partner with other sponsors to obtain resources and remove barriers. As a sponsor/leader, union stewards model new behaviors and help set the tone for UBT work.

Union Leader Sponsors:	
[✓]	Use their skills and experience to help teams advocate for member/patients, make better decisions about patient care and improve quality and service.
[✓]	Help create a more satisfying workplace by working with co-leads and teams to select improvement work that maximizes scope of practice and leads to real improvement.
[✓]	Improve morale and the quality of work life by demonstrating active partnership with their co-leads, co-sponsors and colleagues.
[✓]	Empower employees in decision making and create an environment where teams see their work in new and different ways.



AS A UNION LEADER, SUCCESSFULLY SPONSORING UBTs MEANS:

1. You will see team members develop confidence as you encourage all voices to be heard.
2. You will spend less time on issues as teams learn to reach resolution themselves.
3. You will develop personal skill with RIM as you support teams in using it.
4. You will create a learning environment in which employees learn by doing and see the resulting improvement.
5. You will have more collaborative relationships with your co-sponsors.

Transformative Behaviors



A New Mindset

Given the Case for Change, we know KP has to move quickly to achieve its goals. We want to be the model for health care in our country. To accomplish this, labor, management and physicians must collectively examine their behaviors and attitudes and refocus energy on the member.

All three constituencies will have to give up stereotypes about the other entities, as well as their own—and understand that everyone needs to change for us to be successful. **If everyone changes a little, we all change a lot.**

Physicians will have to acknowledge that...	Labor will have to acknowledge that...	Management will have to acknowledge that...
Labor is well positioned to identify system problems/waste and create viable, sustainable solutions.	Physicians are ultimately accountable for clinical care and all employees must work upward within their scope of practice.	Management must be part of the team, coaching and empowering to achieve a balance between process, relationships and results.
Each member of the team contributes to the total member/patient experience.	Labor’s role is to support the physician/patient plan, contributing to the best possible outcomes for patients/members.	Labor wants to be a credible contributor and partner. This requires management to be transparent with information and encourage participation in areas that are new to labor.
Physicians must hold themselves and each other accountable for top performance to ensure the viability of KP.	Labor input is important, but to management traditionally has been held accountable for the budget.	Physicians, labor and management will be required to understand each other’s work in order to create an environment that supports the goals of Kaiser Permanente.

Joint decision making means joint accountability for labor, management and physicians.

 **TOOL: Old Behaviors vs. New Behaviors**

Old Behaviors		New Behaviors
Physicians		
My job is to see patients in the clinic.	→	My job is to make sure my panel of member/patients stays as healthy as possible.
I am totally responsible for getting the work done.	→	I work with many others to constantly improve systems, relationships and processes to get the results our members need.
I am responsible for my own behavior only.	→	I am responsible to work with my colleagues and staff to ensure we all thrive in our workplace—working together we will achieve more.
It is up to me to solve the problems.	→	The team identifies system problems and creates good solutions.
Labor		
My job is to perform assigned tasks.	→	My job is to constantly improve how I do my work by improving processes and relationships so that our members and colleagues thrive.
I am only responsible for supporting my provider.	→	I am responsible to participate in the delivery of care to meet the needs of all our members.
What I do doesn't always seem to matter.	→	I am an important part of the team and my contributions ensure our members are receiving affordable, high-quality health care every day.
Management		
I am responsible for making change happen.	→	I am responsible for creating an environment of collaboration and trust, empowering teams to create change.
I am solely responsible for the budget.	→	I will include UBTs in the budget process. We will all be accountable for decisions we make together.
It is my job to control the physicians and staff.	→	It is my job to mentor and coach teams, to provide tools the team needs to meet organizational goals and achieve outcomes consistent with the Value Compass.
All		
I just want the status quo.	→	In order for KP to survive, we all have a responsibility to change, even when it feels uncomfortable to do so—I am open to change.
I just want to learn what is necessary and be finished.	→	We embrace the notion that we must learn, unlearn and relearn, and every day is an opportunity to create improvement in processes, systems and relationships.
I must be in control.	→	We will be open to each others' ideas and perspectives. We will create an environment of shared accountability and empowerment so we are all the best we can be, together.
I just worry about my own constituency and what's best for us.	→	Partnership is a focus for all constituencies—physicians, union and management.

Continuum of Behaviors for Sponsors and Leaders

In highly effective teams, the transformative behaviors listed below may not be new—some areas have a long history of working in the “new” way. Transformative behaviors should be exhibited by leaders in all three constituencies.

Review the comparison between old and new behaviors in the table below. **How closely does your area reflect the transformative behaviors?**

TRADITIONAL		TRANSFORMATIVE
Decide	→	Facilitate problem identification and solutions
Direct	→	Guide and influence
Paint the vision	→	Facilitate a clear joint vision
Emphasize correction	→	Emphasize prevention (through creating effective structures, processes, relationships)
Manage problem solving	→	Coach problem solvers. Look at problems with a system focus in an impersonal manner
Manage projects	→	Sponsor continuous improvement
Make sure the right people are in the meeting	→	Engage co-leads to get the right people involved
Get resources for team	→	Be a resource for the team
Responsible for team’s results	→	Responsible for team’s results and learning development
Manage conflict among team members	→	Manage conflict among co-leads. Coach/develop co-leads to manage conflict among team members



TOOL: Sponsor Partner Preferences

When establishing a relationship with your co-sponsors, use the following ideas to **develop rapport and understanding**. Creating a strong foundation at the beginning will serve you well in your joint work of supporting UBTs to improve organizational performance.

1. I define partnership by...
2. I develop and maintain trust-based relationships by these specific actions...
3. To me, communication is most effective when...
4. My best strength in dealing with people...
5. My thoughts about change are...
6. The way I like to start solving a problem is...
7. When two people are talking, I think it's very important that they...
8. When I know that a conversation is going to be difficult, I will...
9. I believe conflict always gets worse when...
10. To me, a good plan will always...
11. The worst plan I ever saw was...
12. I'm most comfortable developing a plan with others when...
13. The best way for me to set priorities is to...
14. Before I make a final decision, I really need to...
15. I think the best way to handle tough differences is to...
16. I'm willing to forgive almost any disappointment in a partnership, except when a partner...
17. One thing I always try to do in an ongoing working relationship is...
18. People drive me nuts when they...
19. I sometimes get angry at myself when I realize I'm...

Source: San Diego Service Area LMP



TOOL: Sponsor Working Agreements

Use these questions to help you and your co-sponsor(s) **develop working agreements** about how you will collaborate to support your UBT.

- 1. What are your co-sponsor roles and expectations of each other? How will you hold each other accountable?**
- 2. How will you communicate with each other as a co-sponsor team? (Meetings, phone, email, etc.)**
- 3. How and when will you meet with your UBT co-leads? Who will arrange these meetings and set the agenda?**
- 4. How and what do you want your UBTs to communicate with you?**
- 5. How often will you, as sponsors, attend UBT meetings? What about other key meetings? Who will attend which?**
- 6. How will you model working in partnership?**
- 7. Have you reviewed your team's charter? Are you in agreement with the charter?**
- 8. What are your UBTs' goals/timelines?**
- 9. What are your expectations of your UBTs?**
- 10. How will you handle issues or differences of opinion among yourselves?**
- 11. How will you communicate with each other about any changes in UBT membership?**
- 12. How will you communicate with your constituencies and managers?**
- 13. How will these working agreements be communicated to your teams?**

Source: Colorado Steward Sponsor Workshop



SECTION 4.1

KEY LEADERSHIP COMPETENCIES FOR UBT SUCCESS

SPONSOR AND LEADER | RESOURCE GUIDE FOR UBTs

LMP LABOR MANAGEMENT
PARTNERSHIP



COMPETENCY TOOLS: COACHING AND FACILITATION

Introduction

Transforming Kaiser Permanente to meet today's challenges means we are asking a lot from our teams and co-leads. In making these massive changes, your role is to build capacity in the co-leads so they lead performance improvement efforts, participate in joint decision making, and engage every member of the team in the day-to-day decisions.

The first step in the process of leading change is to model transformative behaviors yourself. You can:

[✓]	Coach
[✓]	Know when to be facilitative instead of directive
[✓]	Ask for feedback so you improve your own performance
[✓]	Give feedback to help co-leads know what they are doing well and how they can be more effective

As a sponsor and leader, one of the critical roles you fill is that of a coach to co-leads (also called coachees) in order to facilitate their individual growth as leaders. Coaching focuses on the present and requires the coach to be highly self-aware. The goals of coaching are to:

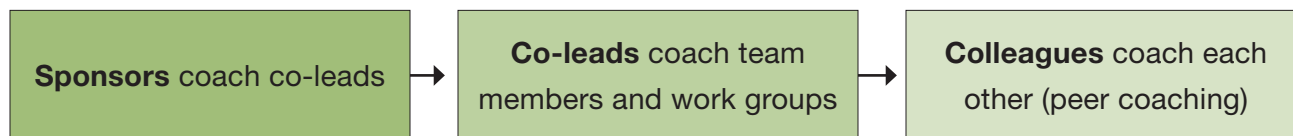
1. **Help the co-lead/coachee become more self-aware**
2. **Increase the co-lead/coachee's belief in their ability to manage their own behaviors**
3. **Increase the co-lead/coachee's ability to develop skills in others**

This section contains a set of tools to help you be confident and competent in supporting co-leads as they model desired behaviors and lead successful unit-based teams.

Coaching

TOOL: Coaching Basics

WHO COACHES WHOM?



Coaching sessions may happen in the moment or be planned ahead of time. You might coach to provide guidance or a co-lead/coachee might request help in the form of coaching.

There are three general types of coaching conversations: **Feedback**, **Problem solving** and **Developmental**.

TYPE	PURPOSE	EXAMPLE
Feedback	To reinforce or change a specific pattern of behavior	<ul style="list-style-type: none"> » After observing a UBT meeting » When you see progress/success
Problem Solving	To figure out the best approach for solving a problem, pursuing an opportunity or producing a specific result	<ul style="list-style-type: none"> » Resolve feelings of anxiety about leading change » Determine how to resolve conflict in a UBT » Identify barriers to leading UBTs
Developmental	To define the coachee's professional or personal aspirations and find ways to achieve those aspirations	<ul style="list-style-type: none"> » Help strengthen specific performance improvement skills » Increase ability to use metrics » Integrate lessons from training into daily work life

Source: Interaction Associates www.interactionassociates.com



WHEN YOU ARE COACHING, YOU HAVE TO EXCEL AT:

1. Building and maintaining rapport
2. Asking good questions to facilitate mutual understanding
3. Reflecting back content and coachee feelings



TOOL: Coaching Conversation

Use these key steps to improve your effectiveness as a coach. Doing so will ensure you and your team member agree on what is needed and your role in the process. When you have a clear goal, it will be easier for both of you to be more efficient, stay on track and get a better outcome.

COACHING PROCESS:

1. **Plan the Conversation**—Clarify what type of conversation you want to have and what your goals are.
2. **Have the Conversation**—Use effective asking and listening techniques. Follow the six steps below.
3. **Follow Up the Conversation**—Actively follow-up. Responsibility of the coach does not end when the coaching conversation is over.



Key Tip!

Remember the better the co-lead performs, the faster you reach your goals, the more capacity is built among the team and the more time you have to focus on other responsibilities.

SIX COACHING STEPS

1. Clarify Roles	What does help look like? How do they want you to coach or support them?
2. Define the Situation	What do they need help with?
3. Create a Vision of Success	How would they know if the original problem/need was accomplished or resolved?
4. Identify Possible Solutions	Remember this should come from them as much as possible.
5. Establish Next Steps	How will you follow up after this? What else needs to happen in the coaching relationship?
6. Evaluate Results	Did you achieve the results you wanted?

Source: Colorado Region Human Resources cwebb.co.kp.org/hr (KP Intranet only)



TOOL: Coaching Approaches



Key Tip!

You might choose to use a different approach to your coaching style depending on the goals of the coaching session. The following chart outlines different uses for a directive or supportive style.

Skills and knowledge alone are not enough to help co-leads/coachees grow as leaders and reach their own goals as professionals. The attitude and feelings you convey as the coach/sponsor are essential and necessary to the success of the coaching relationship.

APPROACH	USES	EXAMPLES
Directive Showing / telling the person what to do	Developing skills	Training a new employee who needs to develop skills in your area of expertise
	Providing answers	Explaining the company's strategy to a new direct report
	Instructing	Conducting a sales call with an employee to demonstrate how it's done
Problem-Solving Acting as a facilitator or guide	Facilitating problem solving	Helping a direct report find his or her own solution to a problem
	Building confidence	Expressing belief that an employee can find the solution
	Encouraging self-directed learning	Letting a direct report with new responsibilities learn on the job and make mistakes
	Serving as a resource	Providing information or contacts to help an individual solve problems



POCKET COACHING


Source: Colorado Region Human Resources coweb.co.kp.org/hr (KP Intranet only)

WHEN YOU'RE COACHING, REMEMBER TO:

1. Create a safe environment that builds trust
2. Listen and be a sounding board
3. Share your own successes and lessons learned
4. Facilitate the process and collaborate on the result
5. Model what you coach

 **TOOL: Rounding for Outcomes**

Rounding is an opportunity for leaders to informally coach “on the floor.” It is a great way to demonstrate active support for unit-based teams by engaging them directly and listening to their concerns. Rounding helps identify outcomes focused on the four points of the Value Compass, while keeping the patient/member at the heart of our work.

 **Key Tip!**

Rounding is NOT a meeting with an agenda, delivering newspapers to patients, stealth observation to catch deviants, management by walking around or socializing to connect with people.

- USE ROUNDING FOR OUTCOMES TO PROACTIVELY ENGAGE A PERSON IN ORDER TO:**
1. Reward and recognize
 2. Improve performance
 3. Connect work with our purpose



HOW TO DO IT	ROUNDING OUTCOME
Open with a relationship-building question	» Re-engage staff in performance improvement work » Engage member/patients in the process
What’s working well?	» Harvest and reinforce successful practices
Is there anyone I should recognize for doing great work?	» Take the time to celebrate accomplishments » See rewards and recognition tools for more ideas
Are there any systems or processes that need improvement?	» Improve performance/staff engagement in solutions
Do you have the tools, equipment and information you need to do your job well?	» Remove service/safety barriers
Provide key messages and link what you heard to our purposes.	» Connect all you heard to the key messages for your department/facility—for example: attendance, teamwork, member/patient satisfaction
Close by asking if there is anything else you can do for them?	» Thank the person and follow up with them later

Source: National Service Quality kpnet.kp.org/qrrm/service2/soe/roundings.html (KP Intranet only)



TOOL: Critical Coaching Skills

Review this list of skills to understand specific techniques you might use when coaching a co-lead. Consider practicing one skill per coaching session, or highlighting areas you want to further develop.

SKILL	DESCRIPTION
1. Listening actively	<p>Listen to what is and is not said. Note the individual's manner and tone of voice.</p> <p>Paraphrase, mirror or reflect what was said to ensure the message has been understood as intended.</p>
2. Questioning	<p>Use questions to obtain information, establish rapport, clarify or stimulate thought. How they are asked can either facilitate or hinder the process of communicating.</p>
3. Building rapport and trust	<p>Overcome resistance and distrust by concentrating on what you have in common.</p> <p>Be open about your own thoughts and feelings, demonstrate competencies in the individual's area and always have the person's best interests in mind.</p>
4. Being candid and challenging	<p>Speak frankly from your more objective position as a coach. Draw attention to certain issues for the benefit of the other person.</p> <p>Phrase your questions so the other person is challenged. (How do you know that? What evidence do you have for that?)</p>
5. Giving encouragement and support	<p>Encourage individuals and support them in thinking through their commitments to action.</p> <p>Make your actions match your words (that is, if a person needs a coach's support, it is important that the coach not give the impression of being too busy).</p>

Source: Interaction Associates www.interactionassociates.com



TOOL: Coaching Skills Self-Rating Form

Directions: Please carefully read the statements below and choose the response that best describes your behavior. Using a scale of “1” (Never) to “5” (Always), choose the response that most accurately reflects what you actually do, and not what you believe you should do.

1. When meeting with a co-lead/coachee, I consciously try to fully “get it” and understand that person’s perspective and feel what they are feeling.

1	2	3	4	5
Never		Sometimes		Always

2. I spend more time listening when meeting with others than I do speaking.

1	2	3	4	5
Never		Sometimes		Always

3. I can modify my coaching and overall approach to best suit the person I am working with and the situation we are discussing.

1	2	3	4	5
Never		Sometimes		Always

4. I assist people in considering alternative perspectives regarding a difficult situation.

1	2	3	4	5
Never		Sometimes		Always

5. I encourage people to put into motion specific action plans.


1	2	3	4	5
Never		Sometimes		Always

6. Where do you see room for improvement?

Source: Colorado Region Human Resources cweb.co.kp.org/hr (KP Intranet only)

Facilitation

TOOL: Facilitative Behaviors

 **Key Tip!**

Remember to inquire before you advocate or suggest action. As a coach should not talk more than the receiver of the coaching or make assumptions you don't check out!

The definition of facilitate is to **make easier**. Facilitative behaviors are designed to make it easy for a group to achieve its desired outcomes. While the focus here is on meetings, facilitative behaviors are a neutral way to help any conversation be productive. Using effective facilitative behaviors ensures your audience will be engaged and comfortable participating and providing feedback.

INEFFECTIVE BEHAVIORS		EFFECTIVE BEHAVIORS
<ul style="list-style-type: none"> » Being positional, wanting to be “right,” coming in with a predetermined outcome » Communicating in “silos” without responding or reflecting on what others have said 	→	<ul style="list-style-type: none"> » Openness to hearing different ideas » Mutual respect even when disagreeing » Attempts to understand each other (asking clarifying questions, paraphrasing, etc.) » Member represents the interests of their constituents
<ul style="list-style-type: none"> » Disrespectful behavior » Some members are allowed to dominate the discussion » Distracting from topic, process or speaker 	→	<ul style="list-style-type: none"> » Establishment and use of ground rules » Presumption of goodwill » Working with an agreed-upon process to reach solutions » Trustworthiness » Monitoring time allotted
<ul style="list-style-type: none"> » Unfocused discussions » Not taking responsibility for desired outcomes, agenda or process » Giving all authority to co-lead(s) or facilitator » Waiting for someone else to make something happen 	→	<ul style="list-style-type: none"> » Balanced participation » Focusing on the desired outcomes, agenda and process » Contributing new ideas, building on other ideas » Highlighting areas of agreement, no matter how small » Follow through » Get agreement from group before moving to next process step or agenda topic

Source: Northern California UBT Handbook kpnet.kp.org/ncal/lmp (KP Intranet only)



TOOL: Inquiry Tools for Getting Information

Good coaching involves good listening. There are many ways you can “listen” to what your colleague or employee has to say. Use the techniques below to improve your listening skills, strengthen the relationship you have with your coachee and show respect.

Technique: “Bracket”

Purpose: To create an open mind so that you can listen, free from your own filters, to the other’s point of view.

How to Do It: Turn down the volume of your own internal chatter by reminding yourself that it is both useful and respectful to understand the speaker’s words, thoughts or feelings.

For Example: *“Linda, I can hear that you are bothered about something. Why don’t you tell me about it.”*

Technique: “Paraphrase”

Purpose: To validate the coachee and confirm what you think you heard him or her say.

How to Do It: Repeat back to the coachee what you understood them to say. Offer them a chance to confirm if you heard them correctly.

For Example: *“What I heard you saying, Linda, is that you are finding some members of the team are resistant to the improvement team idea.”*

Technique: “Ask Probing Questions”

Purpose: To get more information and deepen understanding.

How to Do It: Ask basic questions using “who,” “what,” “when,” “why,” “where” or “how.” Make sure the intention of your question is to seek more information, not to veil an evaluation or challenge. Try to avoid questions that seek a “yes” or “no” answer. Instead, make them “open-ended.”

For Example: *“What other concerns did the team express about the proposed change?”*

Technique: “Check Perceptions”

Purpose: To confirm something you suspect the coachee may be thinking or feeling (“reading between the lines”). This deepens your ability to understand and empathize with the coachee.

How to Do It: If you pick up any unspoken assumptions, conclusions or feelings the speaker may have, name them and then ask if your perceptions are correct.

For Example: *“Linda, you still seem kind of agitated. Do you think people are doing this deliberately?”*

Source: Interaction Associates www.interactionassociates.com



TOOL: Asking Good Questions

When coaching or problem solving, ask thoughtful questions to engage the other person and help them increase their capacity for solving problems on their own. Thoughtful questions motivate the coachee to think, analyze, speculate and express feelings. If you plan the questions ahead of time, you are more likely to ask questions that will get the results you are looking for.



1. Ask one question at a time and listen for the answer.
(Count to 10 before you rephrase)
2. When you want the “person to think,” ask open-ended questions. Avoid yes or no questions.
3. Use an inviting, non-judgmental tone of voice and body language.
4. Sometimes the best questions are *“Say more about that,”*
“Give me an example,” *“Tell me about a time when...,”*
“Give me a for instance...”

1. **What issue do you want to address?**
2. **What kind of support would you like from me?**
3. **What do you feel are the barriers to our getting along?**
4. **What are the root causes or key parts to this problem?**
5. **What are your perceptions of how this change will work?**
6. **What are some potential solutions to this problem?**
7. **What strategies or solutions would you like to implement?**
8. **What are the potential benefits of the new way?**
9. **What would it take for us to be successful?**
10. **How will we know if we’re successful?**
11. **How do you see us improving the wait times for our member/patients?**
12. **What would make our unit more productive and a better place to work?**
13. **What are the impacts of this action and how will we evaluate them?**
14. **Have you engaged your co-lead partners on this issue?**
15. **What do you like best about working in this department?**
16. **What other questions will you ask your co-leads?**



TOOL: Creative Problem-Solving Techniques

UNSTICK TEAM MEETINGS

When teams get stuck in “process” mode, or are picking topics that are too big and complex to realistically tackle, coach the co-leads on using different techniques to help their team solve problems in creative and innovative ways.

Assign Risk Takers

From within the UBT, select a few people to wear the “risk taker hat.” Risk takers are charged with not letting the meeting end unless a small test of change has been agreed upon and owned by at least one person.

Try Smaller Steps

Break the member/patient flow process into steps. Pick one step. Figure out a change to try for that step.

Find the Smallest Improvement

Ask team members to put the smallest improvement idea they can think of on a 3x5 card. Then, ask them to write the next smallest improvement on another card. Then the next. Share these with the entire group.

THINK OUTSIDE THE BOX

If a team gets stuck because they see an area that needs improvement or can identify a problem, but don’t know what to try in order to fix it, encourage the co-leads to try these techniques to get them to start thinking out of the box.

1. Try asking them to imagine how the member/patient would want them to do it!
2. What would you do if this were a nuclear power plant?
3. Imagine how the Fire Department might handle this.
4. Play “**Make it Illegal**”
 - a. Start with the problem you want to solve
 - i. (i.e., We are not able to consistently provide high-quality care to our member/patients.)
 - b. Take any potential solution you might come up with and make it illegal to do that thing.
 - i. (i.e., Make it illegal to hand out any written material to member/patients).
 - ii. (i.e., Make it illegal to ever meet with a member at the bedside).
 - c. Then answer the question: If you can’t do your first or second solution, what would you do in those circumstances to solve the same problem?
5. Sometimes, remembering how much they’ve accomplished helps. Encourage the co-leads to ask them what their concerns are or what it would take to get them back on track.

Joint Decision Making



TOOL: Making Decisions in Partnership



Key Tip!

Don't assume what the interest level is of the other party. Have a discussion and then jointly determine the appropriate level of decision making.

At the work unit level, nearly all of the day-to-day decisions will be of some **level of interest** to employees and employees will have opinions as to how we can work smarter and better for our members/patients. For this reason, employees should be engaged in all workplace decisions that affect their work environment.

The **level of involvement**—that is, whether to inform, seek input, consult with or initiate the consensus process—depends on the level of interest and/or expertise related to the issue at hand and can never be determined unilaterally.

Remember, not all decisions are made by consensus. Some decisions require less involvement, depending on the situation. As a sponsor, you can help co-leads guide their team into using the appropriate level of involvement for the decision at hand. Teams should strive for consensus, but also be able to recognize when consensus is not feasible. However, the team must make the ultimate determination as to when, and if, consensus decision making should apply.

EIGHT FACTORS TO CONSIDER:

1. Openly and frequently share information.
2. Never assume what your partner's interest level is—always ask!
3. Jointly choose a level of involvement up front based on the level of interest and/or expertise of your partner.
4. As your relationship matures (and trust deepens), joint decision making becomes easier.
5. Exercise sound judgment—be sensitive to time constraints in urgent matters.
6. Be cautious about spending too much time on frivolous or insignificant matters.
7. In the absence of a joint decision, either party can make a decision/take action.
8. Before making a unilateral decision, consider the impact of that decision on the relationship.




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Source: Northern California UBT Handbook kpnet.kp.org/ncal/Imp (KP Intranet only)

 **TOOL: Steps to Build an Agreement**

Building agreement is a critical leadership function. By getting people to agree on what to do and how to do it, leaders create a safe environment for people to work together and to participate fully. Use the techniques below when you are facilitating a meeting with your co-leads or UBT and want to create an agreement.

 **Key Tip!**

Remember that big, complicated agreements come from a series of smaller agreements.

STEPS	EXAMPLES
<p>Present a Proposal</p> <p>What do you want a person or a group to agree to?</p>	<p>» “Since we all learn differently, we will try to present the information in a variety of ways. If you are not getting your needs met, despite the variety of learning formats, please take responsibility for your own learning by asking for what you need.”</p> <p>» “Because you are the labor co-lead, I suggest you create the agenda for our monthly meeting and I give you input.”</p>
<p>Check for Understanding</p> <p>Make sure everyone is clear on what they are agreeing to so they can do it when you aren’t there.</p>	<p>» “Is there anyone who is unclear about what we’ve agreed to?”</p> <p>» “What questions do you have about my suggestion for you to draft the agenda?”</p>
<p>Check for Agreement</p> <p>This is a critical step. Look at each person.</p>	<p>» “Is there anyone who cannot agree to this proposal?”</p> <p>» “So, do we have an agreement that you will create the agenda for next month’s meeting with input from me?”</p>

1. Pause long enough for people to frame their questions or objections.
2. If it is complicated, have the person or team member summarize the agreement and recheck.
3. If you use the thumbs up voting method, make sure you look at each person’s thumb.



Source: Interaction Associates www.interactionassociates.com

Partnership Tools



TOOL: Interest-Based Problem Solving (IBPS)

Interest-based problem solving is an issue-resolution process that addresses individual and group differences. Participants work together to reach agreement by sharing information and remaining creative and flexible, rather than by taking adversarial positions.

IBPS can be hampered by lack of trust, support, information or training. Once you eliminate these barriers, IBPS resolves issues quickly, enhances relationships and builds trust. It helps create a more constructive work environment, and can improve services and health care affordability.

If you discover that a UBT is unable to move forward due to relationship issues or lack of trust, one option is to recommend to co-leads that the team engage in IBPS. This process is best led by a neutral facilitator. You can help the team get this resource, if needed.



INTEREST-BASED PROBLEM SOLVING:	
Step 1: Define the Problem	<ul style="list-style-type: none"> ■ Develop Question <ul style="list-style-type: none"> ■ Contains Issue ■ Begins “How might we?” ■ No “Yes/No” Answers ■ No Solutions ■ No Accusations
Step 2: Determine Interests	<ul style="list-style-type: none"> ■ Seperate Interests <ul style="list-style-type: none"> ■ Needs ■ Concerns ■ Identify Common Interests
Step 3: Develop Options	<ul style="list-style-type: none"> ■ Brainstorming ■ Best Practice ■ Expert Panel ■ Straw Design
Step 4: Select a Solution	<ul style="list-style-type: none"> ■ Screen Options ■ Shorten List ■ Develop Standards ■ Test Options to Standards ■ Decide on Solutions

Source: Northern California UBT Handbook kpnet.kp.org/ncal/lmp (KP Intranet only)



TOOL: Consensus Decision Making

Consensus is a form of group decision making. Everyone discusses the issues to be decided so that the group benefits from the knowledge and experience of all members. In order for consensus to occur, every member of the group must be able to support the decision.

Test for Consensus

[✓]	Has everyone been heard?
[✓]	Can everyone live with the decision, even though it may not be your first choice?
[✓]	Will everyone actively support the decision?

OTHER IMPORTANT POINTS TO REMEMBER:

1. Respect the different perspectives of others in order to understand the issue fully.
2. Listen with at least as much dedication and commitment as you speak.
3. If the group is “stuck,” get some advice about ways to move beyond it. Before you begin addressing an issue, it may be best to determine a fallback plan; that is, how the decision will be made if the group truly cannot reach consensus.

CONSENSUS DECISION MAKING

DO:

- Share information
- Listen
- Be open to new roles
- Offer alternatives

DON'T:

- Agree too quickly
- Trade or bargain
- Vote
- Penalize standouts

TESTING FOR CONSENSUS

- Has everyone been heard?
- Can everyone live with the decision?
- Will everyone actively support the decision?
(Can you identify behaviors that support the decision?)

Source: Northern California UBT Handbook kpnet.kp.org/ncal/lmp (KP Intranet only)

When UBTs are deciding on what small test of change to conduct with RIM, they should use CDM to make that decision. As a sponsor, you can help your co-leads know what decision-making methodology to use at different times.



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Feedback

TOOL: Feedback for Success

Key Tip!

Sometimes you may have to coach for compliance or patient safety—**“Drift”** happens when people stray from the agreed way to perform a task. Doing so may put that person, or someone around them, at risk. You can help them become aware of their own drifting behaviors by discussing what you see, the potential impact and getting agreement on how that person will modify their approach next time.



Feedback helps co-leads know what they are doing well and identify areas where they can improve. Constructive feedback should be given when you see great performance, to encourage continued use of those behaviors. It should also be used when you see the co-lead doing something ineffective, so that those behaviors can be changed to help the team be more successful.

- Timely**—Give feedback as close to the event as possible, remembering to be sensitive to what else is going on.
1. Praise the team in public. Correct the individual in private. Give at least five “keep it ups” for every one “please change.”
 2. Check for understanding. Asking for a response allows you to get more information in case you didn’t get the whole picture.
 3. Make sure you give feedback for positive things, as well as things you want to see changed.
 4. Debrief afterward so the team can evaluate the process and their own behaviors.

USE THE SBI METHOD

Situation	Describe the time, place, circumstance. Tell the whole story. Put things in context.
Behavior	Focus on specific actions, without passing judgment or attributing motivation. For example, <i>“I saw that you slammed the door, threw forms on the desk and spoke very loudly to the MA/CA.”</i> Not, <i>“You acted unprofessionally since you were mad.”</i>
Impact	Describe how you saw this affect others. Don’t beat around the bush.



TOOL: Feedback Worksheet

Here's a list of potential opportunities to give constructive feedback. Review the list and begin to think of situations that you'd like to improve by using this skill.

1. When a slip-up occurs in coordination or communication.
2. When a situation wastes time and energy.
3. When a situation impacts customer service.
4. When a team member makes commitments but doesn't follow through.
5. When you don't get the information you need from another department on time.
6. When a team member whose input you need doesn't return phone calls.
7. When you notice increasing errors in an another's work.
8. When a team member is late providing resources promised to finish a project.
9. When a team member's negativity affects your morale.

1. Convey your positive intent. What will you say to convey your positive intent?

2. Describe specifically what you have observed. What will you say to describe your specific observations?

3. State the impact of the behavior or action. What will you say to state the impact of the behavior or action?



TOOL: The “I” Message—A Great Feedback Tool



Key Tip!

Be as specific with positive behavior you want the person to repeat as with behavior you want changed.

When walls go up in communicating, it can be tough to break them down. Especially during a disagreement, two people can have a difficult time hearing what the other person is saying. “I” messages are particularly effective when this happens. Successful use of “I” messages helps you explain how you feel in a way that the other person is more likely to hear so they can understand how their actions affect you or others.

<p>An “I” message</p>	<ul style="list-style-type: none"> » Describes the behavior » States the impact » Contains a request <p>For example: <i>“When you interrupt me, I lose my train of thought, I feel discounted and I want you to let me finish before you answer.”</i></p>
<p>Four Components</p>	<ul style="list-style-type: none"> » The behavior » The impact » How you feel about the behavior » A request <p>Sometimes the impact and the feeling are the same. Sometimes you may not want to share the feeling if you feel the receiver doesn’t care or will use it against you.</p>
<p>Requests should...</p>	<ul style="list-style-type: none"> » Be short » Suggest a new behavior rather than stopping an old one <p>Good request: <i>“I want you to be on time”</i></p> <p>Poor request: <i>“Stop being late”</i></p>

OTHER EXAMPLES

A physician to an MA/CA

“When you helped Mrs. Wong into the exam room, telling her not to hurry, introducing yourself and telling her how much other patients like me, you modeled the service we talked about in our vision. It made me feel confident that our patients are getting roomed in a way that will

help them have a smooth visit with me. This will help us continue to be member/patient focused.”

An MA/CA to a physician

“When you correct me in front of patients, it embarrasses me and makes the patient doubt that I can help them. I appreciate the feedback and, in the future, I think it will be more effective for us if you do it in private.”



TOOL: Soliciting Feedback

The best way to coach your colleagues on how to receive feedback and apply it is to provide a good example. Asking for feedback and then making changes goes a long way to model the transformational behaviors we expect from our co-leads and their unit-based teams.

Keep it Timely	Ask for feedback in a time and place where people can give it to you. If you are perceived as having authority over the people you are asking, you may want to start with confidential surveys. Always follow up with what you learned and what you plan to do about it. Even if you decide you can't change, explain why and thank them for trying to help you do a better job.
Keep it Behavioral	Ask about specific behaviors. This will help people feel comfortable giving you feedback and help you feel positive accepting it. Rather than saying, "Am I a good coach?" you could say, "Give me examples of when my coaching worked for you." "Would you like me to ask you more questions" or "How can I improve my support for your difficult situation on your team?"
Set the Context for Soliciting Feedback	Why do you want feedback and what will you do with it? Examples: "The culture change LMP brings is changing my role and requiring new behaviors for all of us. I need your help to make sure I am going in the right direction. Could you tell me if the kinds of questions I am asking you are helpful in thinking through problems?"
Make Sure You Understand the Feedback You Receive	For example: You might clarify, "Did you mean I ask too many questions or just that I am making you uncomfortable in the way I ask them?"
Maintain the Relationship	Thank them for helping you. Don't be defensive. Listen actively. Make sure they get all their ideas out. Use probes like, "Tell me more about that" or "Can you give me an example of when I did that so I can understand better what you mean."
Remember You Need Balanced Feedback (just like those we support)	Ask for what you are doing that works for them. "What do you see as my top three strengths as a coach?" "What is one thing I might improve?"

Source: Interaction Associates www.interactionassociates.com



SECTION 4.2

ENGAGEMENT FOR TRANSFORMATION

SPONSOR AND LEADER | RESOURCE GUIDE FOR UBTs

LMP LABOR MANAGEMENT PARTNERSHIP



COMPETENCY TOOLS: ENGAGEMENT FOR TRANSFORMATION

Introduction

Transforming Kaiser Permanente to be the future of health care in the United States requires engagement and focused effort from everyone. As a sponsor, you foster engagement by modeling and reinforcing the behaviors required for UBTs to achieve performance excellence. This includes setting expectations, defining priorities and holding your team members accountable.

As a sponsor and leader:	
[✓]	Focus on how you LEAD , not how you manage
[✓]	Communicate strong ownership and personal commitment for this change
[✓]	Make self-worth and dignity possible in others
[✓]	Create conditions that enable others to work effectively and safely

Effective sponsors help facilitate change at the personal and interpersonal levels. This is accomplished through a combination of the following skills:

1. **Active listening**
2. **Responsible communication**
3. **Engaging people for full participation**
4. **Understanding how change affects people**
5. **Use of positive reinforcement and consequences**

This section provides tools for facilitating change and keeping team members engaged throughout the transformation process.

Engagement



TOOL: Management vs. Leadership


To prosper in today's complex health care environment, organizations have to balance leadership and management. Management means setting objectives and focusing on consistently producing key results. Leadership focuses on potential—creating and supporting change to vitalize the organization.

	MANAGEMENT	LEADERSHIP
Creating an Agenda	Planning and Budgeting	Establishing Direction
	<ul style="list-style-type: none"> » Establishing detailed steps » Allocating necessary resources » Focus on the short term, details » Eliminating risks 	<ul style="list-style-type: none"> » Developing a vision and strategies for change » Focus on the long term
Developing a Human Network for Achieving the Agenda	Organizing and Staffing	Aligning People
	<ul style="list-style-type: none"> » Establishing structure » Staffing, delegating » Providing policies/procedures » Creating processes/systems » Focus on specialization » Compliance 	<ul style="list-style-type: none"> » Resolve feelings of anxiety about leading change » Determine how to resolve conflict in UBT » Identifying barriers to leading UBTs
Execution	Controlling and Problem Solving	Motivating and Inspiring
	<ul style="list-style-type: none"> » Monitoring results vs. plan » Identifying deviations » Organizing to solve problems » Focus on containment and control » Getting right person for the job 	<ul style="list-style-type: none"> » Energizing people » Satisfying higher-level needs » Focusing on empowerment » Creating environment for development
Outcomes	Predictability and Order	Change
	<ul style="list-style-type: none"> » Consistently producing key results expected by various stakeholders 	<ul style="list-style-type: none"> » Producing (often dramatic) change to become more competitive

Source: Adapted from John Kotter, *A Force of Change: How Leadership Differs from Management*, 1990

 **TOOL: Engaging and Involving Participants**

Leading change and establishing high performing unit-based teams means engaging the workforce to tap the creativity and energy of everyone. This ensures they have a voice in the decision making and process of transformation. Encourage your co-leads to try the following ideas with their teams.

 **Key Tip!**

Remember—employees are meaningfully engaged when they have influence that makes a difference, whether directly or indirectly.

<p>Tell a Vivid Story</p>	<ul style="list-style-type: none"> » Stories are a good way to introduce changes or present important points. They bring texture and spirit so people remember and are inspired. People are motivated by both logic/reasoning/data and emotional content from stories. » Make sure that when you end the story, you either have a call to action or you ask questions that help people figure out what action to take.
<p>Ask High-Gain Questions</p>	<ul style="list-style-type: none"> » These should stimulate thought, make people reflect on their feelings and get them involved. Use open-ended questions that can't be answered by reciting facts or saying yes/no. These often start with "how" or "what." » Only ask one question at a time and wait for an answer(s). Just be silent; someone will answer. <ul style="list-style-type: none"> » <i>"What was the most fulfilling experience you've had with a patient?"</i> » <i>"When you experienced really good service, how did it make you feel?"</i> » <i>"What do you think gets in the way of a member feeling like we care about them?"</i>
<p>Break Participants Into Smaller Groups or Pairs</p>	<ul style="list-style-type: none"> » People learn by doing, so give them activities to do. » If one member is quiet or unsure, pair them with someone who will draw them out (but not rescue them or walk on them). Give them clear instructions for doing this.
<p>Follow Up on Action Items</p>	<ul style="list-style-type: none"> » If people agree to do tasks outside of the meeting, call them in a couple of days and ask how they are doing with the task and ask if they need help. It helps them to remember their commitment.
<p>Help Participants Stay Motivated</p>	<ul style="list-style-type: none"> » When people get discouraged, name it. <ul style="list-style-type: none"> » <i>"This is hard work."</i> » Sometimes, going back to the vision of what we are striving for remembering how much you've accomplished helps. » Try asking them what their concerns are or what it would take to get them back on track.



TOOL: Specific Engagement Techniques

Use the techniques below to actively engage co-leads and team members to ensure they are participating and their voice is heard in the decision making process.

Hold One-On-One Communications	Hold individual conversations with co-workers that inform them about what the team is working on and ask for their ideas and feedback
Communication Binder	Include team charter, meeting minutes, performance assessments and other team documents in one place so that all co-workers have easy access to information as the work progresses
Fliers	Regular eye-catching updates can be posted in employee areas
Department Newsletter	Create a simple newsletter to share information and acknowledge progress and successes
Send an Email Message	Be creative, build interest, have contests, conduct surveys, etc.
Survey and Feedback Box	Place in a central location in the unit so that it is available for all employees and supervisors to submit ideas and feedback. Assign someone from the team to check the box regularly and be sure to let people know what you did with their input.
Set Up Subgroups	Do this within the department to work on specific issues: Teams can ask a small sub-group of members from the team, and the rest of the unit, to work on developing recommendations, straw plans, editing suggestions, etc.
Post Chart Pads to Gather Feedback about Specific Issues or Ideas	For example, post an issue statement, interests or options and ask team members to add to the list or provide feedback
Staff Meetings	A great forum for information sharing and problem solving—make a presentation and ask for ideas and feedback. Celebrate progress!

Source: Northern California UBT Handbook kpnet.kp.org/ncal/imp (KP Intranet only)



TOOL: Next Level Up: Engaging Your Executive Sponsors

Just as you need to provide sponsorship to UBT co-leads, you, too, need sponsorship from your manager or from your union representative. Your executive sponsor is whomever you go to for support, guidance, resources, clearance or help. Use the tips below to work effectively with your own sponsor to get what you need to fully support UBT co-leads in their work.

As a sponsor and leader:

[✓]

Be very clear and specific about what support you need from your executive sponsor. Make it easy for him or her to give it.

For example: You need help to get department heads on board. Ask your executive sponsor to address them at the next department head meeting. Give the executive sponsor talking points and clear outcomes. Offer to create a presentation for him. If you want her to recognize the special effort of the team, describe what they did and the impact, and how you want them to be recognized. Offer to draft a letter for him to sign. If the executive sponsor can't do what you propose, have an alternative suggestion.

[✓]

Executive sponsors hate surprises! Keep them informed.

[✓]

If you have a problem, or anticipate one, warn the executive sponsor. Cover what the problem is, its impact and what you have done or will do to fix it.

[✓]

Make an agreement with the executive sponsor about how often and in what way you will provide updates.

[✓]

Make sure you know what the executive sponsor thinks is important and report on that. Saving money is usually important, so tell them how much you have saved or how your plan could reduce expense. Explain your project in your sponsor's language and emphasize what they feel is important.

[✓]

Send the executive sponsor a note when you reach a milestone, even if it is small.

[✓]

Display charts in your work unit showing UBT progress. This will encourage everyone and make it easy for executive sponsors to stay informed.

[✓]

Know what initiatives or projects the executive sponsor is responsible for. Show him or her how your work connects to it.

Supporting People Through Change



TOOL: Understanding Change

Sponsors and leaders have a responsibility to understand the change process—the situation **CHANGES**, the person goes through a **TRANSITION**—and support their colleagues and employees in a caring and respectful manner as they move through the transition. By nature, change is disruptive, even if the change is self-imposed and considered to be positive.

No matter how positive, promising or proactive the change, no matter how competent, loyal and committed team members are, expect **a sense of loss and a sense of confusion**. Loss and confusion will cause some degree of mistrust and a “me” focus.

When people have little control over **WHAT** is changing, get them involved in **HOW** it will be done—this will help reduce their fear. The following tools will help you understand change more fully and what you can do to guide people through it.



GOOD CHANGE LEADERSHIP INCLUDES:


1. Fostering a non-threatening environment that does not penalize mistakes, but instead encourages learning.
2. Understanding how people are experiencing the change by listening to concerns, rewarding them for surfacing issues and helping them find solutions to their problems.
3. Reinforce the change by making it **easy to do the new thing and hard do the old**.

People may experience:

[✓]	Apprehension	[✓]	Exhaustion
[✓]	Loss of control	[✓]	More work
[✓]	Loss of face	[✓]	Loss of work/life balance
[✓]	Concern for competence	[✓]	Changing needs
[✓]	Being overwhelmed	[✓]	Fear of failure

TOOL: Stages of Change

There are different “stages” in the change process and not everyone goes through them at the same time or in the same way. People need time to process what the changes mean to them. The change curve is a normal, predictable process. Everyone goes through it whether the change is personal or business-related; positive or negative; self-imposed or externally imposed.

 **Key Tip!**

People have a right to be angry when they don't have choices, but they don't have the right to be aggressive to others. Be clear about this.

DENIAL	
Indicators	Strategies
<ul style="list-style-type: none"> » Indifference » Disbelief » Avoidance » Withdrawal 	<ul style="list-style-type: none"> » Developing a vision and strategies for change » Focus on the long term



RESISTANCE	
Indicators	Strategies
<ul style="list-style-type: none"> » Frustration » Negativity » Glorifying past » Skepticism » Unwilling to participate 	<ul style="list-style-type: none"> » Probe for underlying feelings/concerns » Acknowledge and legitimize feelings » Clarify case for Change, vision and plan » Listen reflectively and actively » Reinforce stated expectations » Provide opportunities to influence through participation



COMMITMENT	
Indicators	Strategies
<ul style="list-style-type: none"> » Cooperation » Excitement » Initiative » High energy » Confidence 	<ul style="list-style-type: none"> » Provide guidance, support and recognition » Provide frequent feedback on progress » Provide opportunities for leadership » Reinforce new behaviors » Careful not to overload or burnout



EXPLORATION	
Indicators	Strategies
<ul style="list-style-type: none"> » Curious » Want more information » Ask questions » Cautious but excited » Somewhat optimistic 	<ul style="list-style-type: none"> » Acknowledge efforts and the struggle » Celebrate successes and endings » Provide opportunities for visible advocacy » Provide varied opportunities for participation and contribution

Source: Victor Maiki, Culture Change and Service Leader, NCAL



TOOL: Techniques for Leading Change

Use the techniques below to help you and your co-leads effectively lead change and build an atmosphere where people are more open and comfortable taking the risk to do things differently.

Tailor Communication to Audience	Describe the benefits of the change in terms that matter to the audience. Always clarify the “WIIFM” (What’s in it for me) for each group—labor leads may have differently worded messages than physician leads.
Be Honest	Be honest about what will be different—don’t sugar coat it. Don’t pretend it will be better or easier than you think it will be.
Under Promise and Over Deliver	People are always happy when you give them more than what they are expecting.
Be Clear Upfront	The more disruptive the change, the more anxiety and resistance, so state very clearly up front how you see the change working. Then, communicate often, even if it is to say you don’t have anything new to report. Explain what you are doing to get more information and when you will report back.
Communicate Often and In Person	The more disruption the change will cause, the more you need in-person communication. People generally want to hear messages about how change will impact them from their direct supervisor or manager.
Start With the Positive and the Common	Emphasize what is good about the change and what will remain the same. Whenever possible, find specific examples that demonstrate how the change will remedy agreed-upon problems and make the team more effective.
Set Up Subgroups	Do this within the department to work on specific issues: Teams can ask a small subgroup of members from the team, and the rest of the unit, to work on developing recommendations, straw plans, editing suggestions, etc.
Listen to Both Ideas and Concerns	Ask people what the strengths of the new idea or process are first, and then ask what concerns they have. Write them down so they know you are listening. Follow up on concerns.
Keep It Simple	Your stories, data, presentations, conversations and reports all should be clear, concise and on point.

TOOL: Understanding Unwritten Rules

Unwritten Rules are ways workgroups circumvent official processes in order to solve problems—especially when the process is poor or creates an inefficient workflow. Unwritten rules express the culture: This is how things are **REALLY** done around here. They satisfy and accommodate both individual and organizational needs. Over time, unwritten rules become team operating norms and are handed down to new members as they join the group.

KP EXAMPLE	UNWRITTEN RULE
KP Time	We don't show up for meetings on time. We come 10 minutes late.
Kaiser Nod	No matter what is said in the meeting, just nod your head "yes." Later, we will get together to decide if we really mean yes.
Flavor of the Month	They don't really mean it; if we wait long enough this will go away.
We Do Things Our Way	This scheduling practice just creates a backlog of member/patients in the waiting room. We'll fix it and come up with our own schedule.

Can you think of any unwritten rules in your department? Are some helpful? Do some actually create barriers for the team and others?

Unwritten Rules create barriers for performance improvement by creating:

1. A focus on meeting individual needs rather than system needs
2. Resistance to standardization
3. Imbalance of power that moves away from the intended structure
4. Communication barriers with other teams that have rules of their own
5. It is nearly impossible for the organization to truly understand how things are done



AS A SPONSOR, PAY ATTENTION TO UNWRITTEN RULES:

Minimize Negative Impacts—Support UBT co-leads in facilitating conversations that surface Unwritten Rules, then figure out ways the team can minimize the negative impact.

Leverage Unwritten Rules Conversations—When discussing Unwritten Rules, identify root causes and help teams apply RIM methodology to test solutions. Using RIM allows the team to create more effective and fair solutions, increase its ability to solve problems, develop more efficient processes and build confidence and trust within the team.



TOOL: Challenges Teams Face



Key Tip!

Effective teamwork may be difficult to achieve, but as long as teams avoid the five dysfunctions shown here, they can accomplish their goals and improve organizational and team performance. Support your teams by coaching co-leads to increase their awareness of the following problems and how to effectively respond to them.



“THE FIVE DYSFUNCTIONS OF A TEAM” MODEL

Absence of Trust	When team members cannot admit mistakes, weaknesses or doubt their teammates' intentions, they waste time, play politics, shun risks and avoid conflict.
Fear of Conflict	Productive conflict—about ideas and solutions, as opposed to personalities and fault finding—is essential to healthy work relationships. Teams that fear such conflict create greater tension, leading to back-channel attacks, posturing and team paralysis.
Lack of Commitment	Shared commitment requires clarity and buy-in. Failure to fully engage everyone in decision making undermines the support that teams need—including the support of members who don't agree with every decision.
Avoidance of Accountability	People's willingness to call a teammate on bad behavior or poor performance is a powerful tool—as is the desire to come through for one's teammates. Teams that lack this sense of mutual accountability fall back on rules, bureaucracy and resentment.
Inattention to Results	A surprising number of teams do not focus on results—and teams suffering from the first four dysfunctions are incapable of doing so. Instead, these teams focus on their own standing or self-interest.

Source: Patrick Lencioni, *The Five Dysfunctions of a Team*, 2002.

Communication



TOOL: Communication Tips

When communicating with your co-leads and teams, consider the following tips:

[✓]	Communication must be one of your ongoing priorities. Book time for regular, face-to-face staff meetings, and make sure there are continual, informal exchanges.
[✓]	Email is fine for dispersing information quickly, but not for exchanging ideas, influencing behavior or building trust.
[✓]	You don't have to answer every question on the spot, but you do have to get back to people with answers. Poor follow-up creates frustration and damages trust.
[✓]	Employees know more than you think and can handle the truth, even if it's bad news. Ducking answers to tough questions undermines your credibility.
[✓]	Your style matters. People already know who you are. Be genuine, be human.
[✓]	Be patient and respectful of culture and language differences.
[✓]	Watch for signs of communication misunderstandings.



Key Tip!

By considering the cultural and language needs of our member/patients, employees and the communities we serve, we can improve care, build on our strengths in diversity and provide better health and business outcomes.



**POCKET
COACHING**

FOCUS ON TWO-WAY COMMUNICATION TO FULLY ENGAGE OTHERS:

1. Huddles
2. Individual Conversations
3. Structured Q&A
4. Interactive Staff Meetings

These methods may be more time consuming, but they are also more inclusive, more informative and provide opportunities for immediate feedback.



TOOL: Using Huddles



Key Tip!

Try “scripting” a huddle until everyone feels comfortable with the process. The leader needs to set the right tone for the huddle and create a psychologically safe climate so all members of the team feel comfortable speaking up.



POCKET
COACHING

Huddles are a quick and easy form of communication that teams can use to “get everyone on the same page.” Huddles help facilitate clear and effective communication while speeding up the work of performance improvement. Huddle, in ways visible to others, with co-leads, co-sponsors and colleagues to stay informed, review work and plan small tests of change.

STEPS TO A SUCCESSFUL HUDDLE

1. Get the group’s attention. Set a positive tone.
Use people’s names.
2. Describe the plan or topic for discussion, including relevant background information and contingencies.
3. Explicitly ask for input. Have a two-way conversation.
Effective leaders continuously invite other team members into the conversation.
4. Encourage ongoing monitoring and cross-checking.
5. Specifically ask people to speak up if they have questions or concerns.

MAKE GOOD USE OF HUDDLES! HERE ARE SOME IDEAS OF WHAT TO DISCUSS:

1. Observed workplace safety issues that everyone should learn from.
2. Work of other departments that may impact a team’s work that day.
3. Small tests of change to resolve identified issues and help improve performance.
4. How everyone is doing and who may need extra support that day.
5. New policies or procedures or other changes.

 **TOOL: Debriefing**

Debriefing is a team-based review of a shared experience. By examining what happened, teams learn from the experience and gain valuable information to help them achieve superior outcomes in the future. Debriefing is a quick snapshot of what went well and what didn't go well. The results of a debrief could be used later as part of a problem-solving process. Sponsors can support teams with de-briefing by ensuring co-leads are prepared to implement and lead these kinds of discussions.

 **Key Tip!**

Effective debriefs are crisp and to the point. As a leader, ensure everyone gets a chance to speak. Consider starting with the more junior or quiet folks first; otherwise, they may be overshadowed by the “veterans.” Avoid judgment—debriefs need to be positive learning experiences or people won't participate.

- TRY DEBRIEFING:**
1. After infrequent, high-risk procedures, or close calls
 2. At the end of the shift
 3. To evaluate meetings
 4. During simulation training



DEBRIEFING STEPS

Know why you are meeting	Get the team's attention, set a positive tone and restate the purpose of the debrief.
Focus on systems and team work issues	Ask two simple, yet specific, questions: » “What went well?” » “What would we like to do differently next time?”
Brainstorm. Don't discuss	Encourage everyone to avoid discussing other people's answers. This slows down the process and changes the purpose of the debriefing from tracking current results to problem solving for next time.
Document the answers	Documenting the information ensures that something can be done with the results!
Appreciate people's time	Conclude by thanking everyone and taking responsibility for appropriately addressing systems issues that were raised.

Source: National Patient Safety kpnet.kp.org/qs/nrm/HRST3/images/toolkit_2/Debriefing/debriefing_2008.pdf (KP Intranet only)



TOOL: Communicating with C A R E



Key Tip!

CARE is about consistent quality communication to improve service to our patients and to each other, ensuring improved relationships and health outcomes through exceptional communication experiences.

CARE is based on the Enhanced Four Habits model.

CARE is a mnemonic device to help you remember four important steps to use every time you communicate. We want our members/patients, and our colleagues, to feel valued, respected and cared for. Effective communication helps us to be better providers, co-workers, partners, patients, parents and more. As a sponsor you can use the CARE method with your co-leads, and encourage them to use it with their teams and member/patients.

C A R E	C A R E BEHAVIORS	FOUR HABITS
Connect	<ul style="list-style-type: none"> » Smile » Make eye contact » Choose the right attitude » Send the right body language signals » Wear your name badge » Acknowledge the person and anyone with them » Introduce yourself, role, relevant skills and background 	Invest in the Beginning
Ask	<ul style="list-style-type: none"> » Speak directly to the person, even when using an interpreter » Use short, open-ended questions to elicit their perspective, needs and requests » Listen attentively 	Draw out the Other's Perspective
Respond	<ul style="list-style-type: none"> » Use an appropriate tone of voice » Use words and phrases that demonstrate caring and understanding » Use body language that mirrors your empathetic words and phrases 	Demonstrate Empathy
Educate	<ul style="list-style-type: none"> » Explain what to expect, when it will occur and how long it should take » Involve members in decision making when appropriate » Involve members in their care by explaining what is happening » Check for understanding by asking and answering questions » Prepare the member for next steps/handoffs » Say "Thank you, and is there anything else I can do for you?" 	Invest in the End

Source: National Service Quality kpnet.kp.org/grm/service2/index.html (KP Intranet only)



TOOL: Service Recovery with A-H E A R T

A-HEART is a mnemonic device to help you remember the important steps in performing service recovery when a member/patient expresses a problem or concern. It shows patients and members that we are willing to bend over backward to resolve their service concerns and problems. Great service recovery gives us an opportunity to counter a negative emotional experience with a positive emotional experience. As a sponsor, you can model use of A-HEART and encourage your co-leads and teams to use it with their member/patients.

A-H E A R T	A-H E A R T BEHAVIORS
A pologize	<ul style="list-style-type: none"> » Start with the phrase <i>“I am sorry...”</i> » Apologize for the situation or emotional experience » Don’t blame the person or others
H ear	<ul style="list-style-type: none"> » Let the person tell you what they want to say » LISTEN for their core perceptions, concerns, and feelings » Draw out the full concern if needed » Don’t jump to problem solving before the person is finished
E mpathize	<ul style="list-style-type: none"> » Use an appropriate tone of voice » Use words and phrases that demonstrate caring and understanding » Use body language that mirrors your empathetic words and phrases
A sk	<ul style="list-style-type: none"> » Re-apologize for the concern. » Ask <i>“What can I do to make this better?”</i> » pause and let the person respond.
R esolve	<ul style="list-style-type: none"> » Agree to use their suggested solution if possible » Present options of possible solutions and let the person pick one » End solution suggestions with <i>“for you”</i> » Later, let your manager know about the concern
T hank	<ul style="list-style-type: none"> » Start with the phrase <i>“Thank you for...”</i> » Appreciate the effort it took for them to express the concern » Mention how their raising the concern allowed you to improve the care for them or for others in the future.

Source: National Service Quality kpnet.kp.org/grrm/service2/index.html (KP Intranet only)



TOOL: SBAR (pronounced S-BAR)



Key Tip!

Originally borrowed from the U.S. Navy, SBAR works just as well in non-clinical settings. Brainstorm how you can use this technique with co-leads. Email is a great place to collect and synthesize thoughts with SBAR.



POCKET COACHING

SBAR is a structured communication technique that provides a lot of important information in a concise and brief manner. We all have different styles of communicating that vary by culture, gender, language, profession, etc. For example, nurses are trained to be narrative (e.g., nursing care plans) and doctors are trained to summarize (*“just the facts, please”*). SBAR makes it easier for people to convey important information without digressing, omitting key information or worrying about how someone might react. Encourage your co-leads and teams to use SBAR to improve team communication.

AS A SPONSOR, YOU CAN COACH CO-LEADS AND TEAMS TO USE SBAR WHEN:

1. They would like an action to be considered/taken
2. There is key information to share with another individual, such as during change of shift
3. They want to escalate a concern

S B A R	ASK	S B A R EXAMPLE
Situation	What is happening now?	RN: <i>“Dr. Preston, this is Suzanne Graham. I’m an RN on the Step Down Unit and I’m calling about Mr. Convissar in Room 414.”</i>
Background	What relevant factors led up to this event?	RN: <i>“He had a Whipple Procedure eight hours ago, his blood pressure is 88/40 and his pulse is 115; he’s pale and weak. I’ve had to change his dressing twice because it’s soaked through and there is a steady flow of blood from his incision.”</i>
Assessment	What do you think is going on?	RN: <i>“I’m worried that he’s having internal bleeding.”</i>
Recommendation	What action do you propose	RN: <i>“I need you at the bedside now. Would you like me to send a stat CBC and coags? Would you like to order anything else and may I confirm you are on your way?”</i>

Source: National Patient Safety kpnet.kp.org/qrrm/patient/toolkits/sbar/sbar_index.html (KP Intranet only)



TOOL: SBAR Worksheet

Practice creating an SBAR for the following clinical scenario or develop one that is more relevant to your work. Ask for feedback!

SCENARIO:

A member/patient has just shown up for his appointment, exactly at the right time, unfortunately he's a day early! Assume the member/patient has traveled a good distance and is willing to wait a reasonable amount of time to be seen. You know his primary care provider (Dr. Smith) is busy, but sending the member/patient back home is going to be unsatisfying to him.

1. **State the SITUATION:** Describe it in one sentence and begin with, *“Dr. Smith, I have a patient of yours that is here on the wrong day for his appointment and...”*

2. **Give BACKGROUND information:** Research and share details of the situation, such as the patient's confusion of his appointment date, his willingness to wait, etc.

3. **Give your ASSESSMENT:** Assess the situation and tell the physician what you think should be done, *“This patient is traveling from a long distance; I don't know if it was our mistake or the patient's, but I think...”*

4. **Provide a RECOMMENDATION:** Advise the physician what your method would be for solving the problem. It may or may not be accepted, but it can lead to discussing solutions.

Rewards and Recognition



TOOL: Celebrating Accomplishments



Key Tip!

Maintain a 4:1 ratio for positive reinforcement versus negative feedback. For every one negative piece of feedback, make sure you give four pieces of positive recognition!

Celebrating accomplishment builds a positive environment in which people are inspired to contribute their best. It “warms up” the workplace and makes it safe to take risks, be creative and participate fully. Calling attention to good behavior increases the likelihood it will be repeated.

AS A SPONSOR, YOU HAVE A RESPONSIBILITY TO CELEBRATE THE ACCOMPLISHMENTS YOU SEE AND HEAR ABOUT. YOU ARE FULFILLING THIS RESPONSIBILITY WHEN:

1. You encourage the team throughout its lifecycle.
2. You deliver recognition that is meaningful to team members and reinforce desired behaviors and outcomes.



POCKET
COACHING

Authentic celebration is a matter of **intention** and **attention**.

The Intention of the leader is...

- » To convey appreciation and value
- » To build others' confidence
- » To foster a safe, supportive environment
- » To model the behavior for others to emulate

The Attention of the leader is on...

- » Things people do that deserve acknowledgement
- » Understanding people's preferences and using appropriate, meaningful awards (symbolic or concrete) that people value
- » Acknowledging small successes as well as large ones

 **TOOL: Five Things to Remember About Reinforcement**

People continue old behaviors for a reason. In order to encourage people to adopt new behaviors, make them more attractive and easier to do than the old ones. One way to do that is to make old behaviors less attractive, such as establishing negative consequences for old behavior. In the same way, if you know people think there are negative consequences for new behavior, you can eliminate those and help people feel safe (For example: *People will laugh at me, I feel awkward doing that, I don't want to fail, what if I can't do it right?*).



Make it easy for people to do the right thing and hard to do the wrong thing. To take the hassle factor out:

Don't wait for perfection!	Any movement in the right direction is an occasion to reinforce. Catch them doing something right and tell them about it.
Be as specific in praise as possible.	<p><i>"Yesterday, when you explained the KP online system to the elderly patient in such a respectful way, you made me proud to be part of this team."</i></p> <p><i>"Your suggestion for a new stocking work flow unlocked the whole meeting. Many new ideas came after that and now we are testing yours. Thanks."</i></p>
Remember, it takes three to five positive interactions to neutralize 1 criticism.	Yes. You have to praise four more times just to be seen as fair.
Be sincere. Don't say it if you don't mean it.	People appreciate genuine praise and feedback. It helps build trust and rapport.
Link reinforcement to contributions that improve our values and are linked to the KP Value Compass.	<p><i>"When you helped Nurse Wong with her patient, you helped ensure our patient received better care and made our team a better one to be part of."</i></p> <p><i>"Showing us there was a way to achieve the goal outlined in the contract really modeled what partnership behavior should look like for the rest of us."</i></p>



TOOL: Techniques for Recognizing Accomplishment

Appropriately recognizing accomplishments creates a motivating atmosphere and keeps employees engaged.

Find creative ways to recognize participation, courage, teamwork, and leadership. Take advantage of the moment to give praise for behaviors you want to reinforce. Try carrying thank you cards in your pocket so you can hand them out on the spot. Or jot down the receiver's name and see that he or she gets it within a day.



Possible Ways to Recognize Employees at Kaiser Permanente:

1. Letter of thanks
2. Gifts from the Brand Store
3. Public acknowledgement
4. Flowers/plants
5. Plaques
6. Training opportunities
7. Preferred assignments

<p>Give recognition that is given with sincerity and thoughtfulness</p>	<p>Genuine appreciation for a job well done lets employees know they are valued and helps build trust and respect.</p>
<p>Ensure recognition criteria are clear and well communicated</p>	<p>The criteria for giving rewards are explicit, tied to specific behaviors or results and understood by potential recipients.</p>
<p>Ensure recognition matches the achievement</p>	<p>Simple and informal rewards are appropriate for small, positive efforts. Larger or more elaborate rewards should be given when the team or individual has produced a significant, positive impact across one or more areas.</p>
<p>Ensure recognition is meaningful to the person receiving it</p>	<p>Rewards work best if they are meaningful to the recipient. What is meaningful to the leader may not be meaningful to the team member. Therefore, it is a good idea to understand what sort of rewards are significant to your team members.</p>



TOOL: Recognition Questionnaire

Use the following questionnaire, or make one of your own, to find out how each of your employees or colleagues would like to be recognized. Remember, creating a culture of celebration fuels a sense of unity and mission essential to motivating unit-based teams and their co-leads.

Name:

I prefer to be recognized...

- In front of the group
- In private
- Either in public or in private

I appreciate recognition from...

- My co-workers
- My supervisor
- Company leaders
- Physicians
- No preference

I like to be recognized for...

- Accomplishing my goals
- Putting in extra efforts
- Taking initiative
- Completing projects
- Meeting member/patient needs
- Being a team player
- Other

I have a great day at work when...

Source: Colorado Management Passport cweb.co.kp.org/hr/emp_relations/mgmt_passport (KP Intranet only)



SECTION 4.3

ACHIEVING PERFORMANCE EXCELLENCE

SPONSOR AND LEADER | RESOURCE GUIDE FOR UBTs

LMP LABOR MANAGEMENT PARTNERSHIP



COMPETENCY TOOLS: ACHIEVING PERFORMANCE EXCELLENCE

Introduction

Performance excellence is the overarching umbrella that encompasses the various systems, processes and tools we use at Kaiser Permanente to:

1. **Improve clinical outcomes**
2. **Eliminate waste**
3. **Become more member/patient focused**
4. **Reduce costs**
5. **Reach the highest quality service**
6. **Make Kaiser Permanente the best place to work**

Performance improvement is a process that helps us reach excellence in each of these areas. It is a way we can apply continuously and consistently to reach our goals.

Key Tip!

Creating a performance excellence culture takes careful planning, execution and commitment. As a sponsor/leader, it is your role to help develop this culture and engage your team in performance excellence work.

As a sponsor and leader, engage your team in performance excellence work:	
[✓]	Learn and apply standard performance excellence tools and methodology
[✓]	Communicate with staff regularly on progress of improvement work and “where we are”
[✓]	Provide tools and resources
[✓]	Have the will to change the current system and execute ideas that will improve the system
[✓]	Reinforce that performance excellence is everyone’s work and not seen as a separate “side” activity or singular event

This section on Performance Excellence provides basic tools to help you coach and guide co-leads through lead performance excellence efforts within their teams. Get support from local and regional resources, such as improvement advisers, UBT implementation consultants or other UBT leads, quality and learning departments, to name a few.

Performance Excellence



TOOL: Creating a Performance Excellence Culture



Key Tip!

Performance excellence sponsors and leaders partner with their union representatives to make UBTs work!

As unit-based teams engage in performance improvement work, they help build a culture of performance excellence.

All levels of employees at KP have accountability for improved practice and performance. When staff are engaged in the process of improvement, the entire process becomes more meaningful.

The culture of an organization is a collection of behaviors, attitudes and values that form a pattern over time.

How Will You Know When You Have a Performance Excellence Culture?

[✓]	When performance excellence behaviors are regularly observed in staff
[✓]	When performance excellence tools and training are used regularly by frontline staff
[✓]	When performance excellence values are clearly communicated by walking the talk
[✓]	When relevant data and information is made readily available to frontline staff
[✓]	When performance excellence work is routine and becomes “core” to the day-to-day duties
[✓]	When thinking is no longer <i>“It’s not my problem,” “I did my part”</i> and <i>“I’m done”</i>
[✓]	When performance excellence language is commonplace and not a “foreign” concept
[✓]	When there is a climate of trust and open sharing toward performance excellence

 **TOOL: Performance Excellence Behaviors**

High-performing organizations share six key qualities. Part of the process for achieving performance excellence at Kaiser Permanente is developing and maintaining these attributes. As a sponsor of unit-based teams, focus on developing these capabilities in yourself, your co-leads and within the overall organization.

<p>Leadership Priority Setting</p>	<ul style="list-style-type: none"> » Leadership team engaged and aligned » Sets clear priorities based on vital few breakthrough performance areas » Priority areas focus on clinical, financial, employee and member/patient indicators
<p>View the System as a Process</p>	<ul style="list-style-type: none"> » Organization leadership teams identify core business processes » Aligns improvement priorities based on vital business needs
<p>Measurement Capability</p>	<ul style="list-style-type: none"> » Set outcomes and improvement process metrics for key areas » Establish performance targets to achieve best in class/national best » Use balanced scorecard system to make process performance a priority
<p>Learning Organization</p>	<ul style="list-style-type: none"> » Surface best practice based on evidence of performance » Share, learn and spread performance capability across enterprise » Focus on top-down and bottom-up execution
<p>Improvement Capability</p>	<ul style="list-style-type: none"> » Create improvement infrastructure and staff » Able to execute from testing through spread of practice at all levels » Unified internal methodology for improvement representing multiple methods » Improvement skills applied immediately to improvement priority
<p>Engagement and Culture</p>	<ul style="list-style-type: none"> » Leaders walk around and understand local level work » Communicate often and visibly about how the improvement efforts of staff connects to organizational priorities » Use of improvement training to teach staff about system mission and priorities, create safe space to explore and learn

Source: Performance Improvement Institute kpnet.kp.org/qrrm/perf_imp/imp_inst/imp_inst_index.html
(KP Intranet only)



TOOL: Systems Thinking and Organizational Learning

As unit-based teams focus on performance improvement work, they will make changes to processes and procedures that can have a ripple effect throughout the organization. An essential part of your role as a sponsor is the ability to step back, look at the big picture and assess the impact of decisions and changes on other parts of the organization. This ability, called Systems Thinking, approaches problem solving by looking at the interaction of all the parts that make up the system and how improvements in one area of a system can adversely, or beneficially, affect another area. Doing so promotes organizational learning and helps break down silos.

Key Tip!

Significant improvements can be achieved in health care when unit-based teams consider how changes affect the entire system. As a sponsor of unit-based teams, coach co-leads to incorporate Systems Thinking into their small tests of change, and even their day to day work!

Benefits of Systems Thinking:

1. Able to deal more effectively with complex problems
2. Prevent significant negative events
3. Prevent harm to member/patients
4. Increase staff morale
5. Get away from assignment of blame
6. Solve problems that seem unsolvable or revise ineffective solutions
7. Innovation encouraged at every level

THREE STEPS OF SYSTEMS THINKING	
Identify the Problem	<ul style="list-style-type: none"> » Step back and consider the problem within the bigger system » Focus on patterns of behavior over time, rather than a single event » Focus on the specific system within the organization’s control that is responsible for performance issues » Reach agreement on what the problem is before moving to solutions
Brainstorm Solutions	<ul style="list-style-type: none"> » Look for the cause of the problem or inefficient workflow » Understand feedback loop and ongoing process that reinforces the problem » Take advantage of collective brain power of the group to solve the problem » Try to create a list of different possible solutions
Do a Reality Check	<ul style="list-style-type: none"> » Evaluate feasibility of the solutions to see if they are realistic » Conduct small tests of change to see if an improvement can be made (RIM)

Source: Institute for Healthcare Improvement www.ihl.org

Performance Improvement



TOOL: Understanding Rapid Improvement Model (RIM)

The **Rapid Improvement Model** has been adopted by the LMP and the National Performance Improvement and Execution Department as an effective quality improvement methodology. RIM+ is a tried-and-tested approach to achieving successful change improvement. This model offers the following benefits:

1. Simple approach that anyone can apply
2. Reduces risk by starting small
3. Used to help plan, develop, implement and sustain change
4. Achieve big gains from small rapid tests of change
5. Eliminate time wasting and dangerous work-arounds/ unwritten rules
6. Accomplish your department's goals and improve its performance



Developed by Associates in Process Improvement (API) www.apiweb.org

SETTING GOALS

What are we trying to accomplish?

Improvement requires setting goals that are time-specific, measurable and define the specific population of members/patients that will be affected. Goals for improvement should be aligned with department/regional goals and the Value Compass.

ESTABLISHING MEASURES

How will we know that change is an improvement?

This question focuses specifically on what your team will measure, how you will measure it, and how you will know that the change is really an improvement.

SELECTING CHANGES

What changes can we make that will result in improvement?

All improvement requires making changes, but not all changes result in improvement. Organizations must identify changes that are most likely to result in improvement.

TESTING CHANGES

The Plan-Do-Study-Act (PDSA) cycle is a quick way to test change in a real work setting—plan it, try it, observe the results and act on what is learned. PDSA is the scientific method for action-oriented learning.



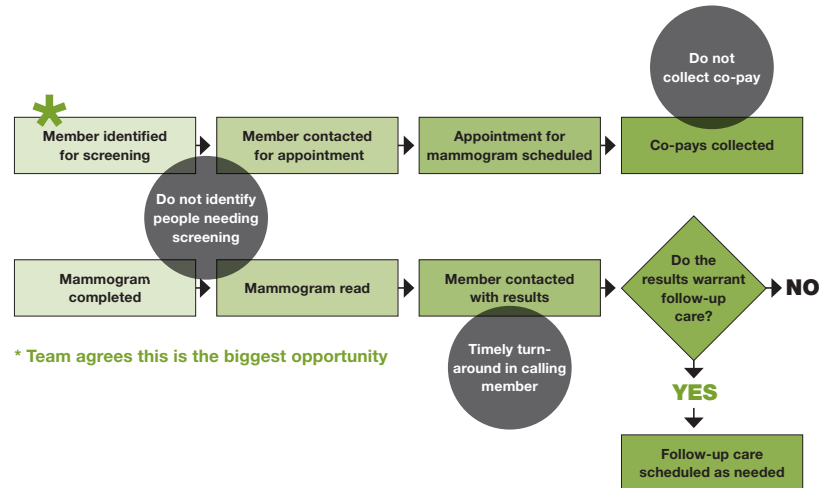
TOOL: Understanding Process Mapping



Key Tip!

Remember, there are always at least three versions of the map: **what you think it is, what it actually is and what you would like it to be.** The point of process mapping is not the map itself, but understanding the flow of information and material in order to make process improvements.

Once your teams know what performance improvement project to work on, they can begin the process of identifying potential areas of improvement. A process map will help them do this. As a sponsor, you can help co-leads coach their teams in completing a process map and ensuring a focus on the member/patient.



Do a Quick Walk-Through of Entire Process	<ul style="list-style-type: none"> » Provides a sense of flow and sequence of steps » Document the amount of time it takes to complete the process » Pretend you are staff or a member/patient experiencing the problem
Draw the Process by Hand	<ul style="list-style-type: none"> » Follow actual pathways of materials and information <ul style="list-style-type: none"> » Materials—which ones, why and how and when they are used » Information—how people know what to do and when » Use pencil so you can make changes as needed » Get feedback from those who do the work of the process
Gather Information Relevant to Each Step	<ul style="list-style-type: none"> » Can be data or stories—use data tool to collect relevant current-state information » Rely only on information you or your team collect personally » Verify facts to clearly understand the current state
Map the Process Yourself	<ul style="list-style-type: none"> » Do this even if you have information from other people or departments
Decide What You Would Like the Process to Be	<ul style="list-style-type: none"> » In a perfect world, what would it look like? » Be creative and be realistic! » Use this to determine what small tests of change to make » Focus on one area at a time

Source: Performance Improvement Institute kpnet.kp.org/qrrm/perf_imp/imp_inst/imp_inst_index.html (KP Intranet only)

 **TOOL: Setting Goals**

Once teams have identified what they want to work on using a process map, they need to clarify their goals. An organization will not improve without a clear and firm intention to do so. The first step in the Rapid Improvement Model is to set a goal by answering the question, **“What are we trying to accomplish?”**

 **Key Tip!**

The SMART technique does not just apply to RIM goals. Try using this approach for yourself. In one sentence, see if you can make your own goals SMART!

EXAMPLES:

1. **Inpatient:** reduce ventilator-associated infections by 25 percent in the ICU West within ten months.
2. **Outpatient:** Increase by 25 percent the annual testing of HgbA1C in diagnosed diabetes patients in the South City Clinic within six months.
3. **Non-clinical:** Improve staff satisfaction service scores by 5 percent in the registration department in the next six months.

S M A R T	MEANS	ASK YOURSELF
Specific	Goal is specific, concrete and well defined	<ul style="list-style-type: none"> » Do you know exactly what you want to accomplish? » Can you summarize the thought?
Measurable	Outcome can be measured	<ul style="list-style-type: none"> » Are you able to assess your progress? » How will you know when you’ve reached it?
Actionable	Goal is something you can act on	<ul style="list-style-type: none"> » Is your goal something you have power over? » Is the goal dependent on others?
Realistic	Goal or objective is realistic and chance of success is good	<ul style="list-style-type: none"> » Is your goal doable within your current situation? » What things might prevent you from achieving your goal?
Time-bound	Goal or objective has a specific end-time for achievement	<ul style="list-style-type: none"> » What is the deadline for completing your goal? » What is the frequency you are assessing?

Source: Performance Improvement Institute kpnet.kp.org/qrrm/perf_imp/imp_inst/imp_inst_index.html (KP Intranet only)



TOOL: Establishing Measures

The more specific a goal is, the easier it will be to test with the Plan-Do-Study-Act cycle. Try coaching your co-leads to develop SMART goals with their unit-based teams.



POCKET COACHING

Once teams have a goal, they need to figure out what measures, or metrics, are needed to track their progress. Measurement is a critical part of testing and implementing changes; measures tell a team whether the changes they are making actually lead to improvement. This answers the question, **“How will we know that a change is an improvement?”**

Tips for Measuring Data

- » Plot data over time
- » Seek usefulness, not perfection
- » Use sampling
- » Keep it simple
- » Integrate collection, display and analysis into the daily routine
- » Use qualitative and quantitative data

THREE TYPES OF MEASURES

Outcome Measures (voice of the member or patient)	How is the system performing? What is the result? » Tied directly to goal statements » Can be time, clinical outcome, financial or satisfaction
Process Measures (voice of how the process works)	Are the parts/steps in the system performing as planned?
Balancing Measures (viewing system from different directions/dimensions)	Are changes designed to improve one part of the system causing new problems in other parts of the system? » What happened to the system as we improved outcome and process measures?

Three Types of Data:

Accountability	Research	Improvement
Reporting Purposes	Beyond Doubt	Just Enough to Learn
» Specific data	» Lots of data	» Limited data
» Agencies	» Prove hypotheses	» Small samples/tests of change
» State/federal regulators	» Statistical	» Changes incorporated, as needed



TOOL: Selecting Changes

While all changes do not lead to improvement, all improvement requires change. The ability to develop, test and implement changes is essential for any individual, group or organization that wants to continuously improve. As a sponsor/leader, work with your co-leads to ensure that change efforts teams tackle are in line with regional/national goals and work toward the four points on the Value Compass, with the member/patient at the center.

EXAMPLES OF POSSIBLE CHANGES TO TEST

Producer/Patient Interface	To benefit from improvements in quality of products and services, the patient must recognize and appreciate the improvements
Focus on the Product or Service	Although many organizations focus on ways to improve processes, it is also important to address improvement of products and services
Improve Work Flow	Improving the flow of work in processes is an important way to improve the quality of goods and services produced by those processes
Optimize Inventory	Inventory of all types is a possible source of waste; understanding where inventory is stored in a system is the first step in finding opportunities for improvement
Eliminate Waste	Look for ways to eliminate any activity or resource in the organization that does not add value to an external customer.
Focus on Variation	Reducing variation improves the predictability of outcomes and helps reduce the frequency of poor results
Error Proofing	Redesigning systems makes it less likely that people will make errors. One way to error-proof a system is to make the information necessary to perform a task available in the external world, not just in one's memory. Write it down or make it inherent in the product or process
Change the Work Environment	Changing the work environment itself can be a high-leverage opportunity for making all other process changes more effective
Manage Time	Organizations gain competitive advantage by reducing the time to develop new products, waiting times for services, lead times for orders and deliveries and cycle times for all functions in the organization

Source: Institute for Health Improvement www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove (KP Intranet only)



TOOL: Testing Changes—Plan, Do, Study, Act (PDSA)

STEP 1: PLAN

Plan the test or observation, including a plan for collecting data

- » State the objective of the test
- » Make predictions about what will happen and why
- » Use a baseline—create one, if needed
- » Develop a plan to test the change (Who? What? When? Where? What data need to be collected?)

STEP 2: DO

Try out the test on a small scale.

- » Carry out the test
- » Document problems and unexpected observations
- » Begin analysis of the data

STEP 3: STUDY

Set aside time to analyze the data and study the results.

- » Complete the analysis of the data.
- » Compare the data to your predictions
- » Summarize and reflect on what was learned

STEP 4: ACT

Refine the change, based on what was learned from the test

- » Determine what modifications should be made
- » Prepare a plan for the next test

Once a team has mapped a process, set a goal, developed measures and a data collection plan and selected changes, the next step is to test those changes. The **Plan, Do, Study, Act (PDSA)** cycle is a quick way of improving work processes that allows teams to rapidly test on a small scale, where a little risk taking is encouraged, and failures are considered ok because we learn from them.

As a sponsor, you can coach your co-leads to:

[✓]	Think big. Test small
[✓]	Survey the team on how the change is working
[✓]	Understand controlled failure is ok—it's a chance for the team to learn
[✓]	Debrief the failure so it is a learning experience, not a humiliation. (Ask, "What did we learn? How could we have done this differently? What will we do now?")
[✓]	Celebrate success early and often!



Source: Performance Improvement Institute kpnet.kp.org/qrrm/perf_imp/imp_inst/imp_inst_index.html (KP Intranet only)



TOOL: Implementing and Spreading Change

After testing change on a small scale, learning from each test and refining the change through several PDSA cycles—including testing the change under varying conditions, on different shifts and with different staff—the change may be ready for **implementation** on a broader scale. Implementation is the final step and involves building the change into the organization and possibly revising documents and written policies.

AS A SPONSOR, UNDERSTAND WHY TEAMS NEED TO TEST BEFORE IMPLEMENTING CHANGE:

1. Increases degree of belief that change may work
2. Documents expectations and learnings
3. Builds a common understanding of what good looks like
4. Evaluates costs and side-effects for changes
5. Explores theories and predictions
6. Tests ideas under different conditions
7. Learn and adapt in real time



Spread is the process of taking a successful implementation process and replicating that change or package of changes in other parts of the facility or other regions. There are several models of spread used with success at KP: the IHI Breakthrough Series Collaborative Model, the IHI Framework for Spread and the KP Wave Model all share the following common characteristics:

Leadership	Setting the agenda and assigning responsibility for spread
Set-Up for Spread	Identifying the target population and the initial strategy to reach all sites in the target population with the new ideas
Better Ideas	A description of the new ideas and evidence to “make the case” to others
Communication	Methods to share awareness and technical information about the new ideas
Social System	Understanding the relationships among the people who will be adopting the new ideas
Knowledge Management	Observing and using the best methods for spread as they emerge from the practice of the organization
Measurement and Feedback	Collecting and using data about process and outcomes to better monitor and make adjustments to the spread progress

Source: Institute for Health Improvement www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove (KP Intranet only)

Metrics

Measure Improvement at KP: A Guide for the Perplexed


A key aim of unit-based teams is to improve performance on one or more of the four points of Value Compass: Quality, Service, Affordability, Best Place to Work. Performance measurement helps us answer the question: how do we know that what we are doing is making things better?

UNDERSTANDING METRICS

Metrics are like a dashboard in your car. They tell you how you're currently operating in a number of areas. By tracking your metrics over time, you can determine if the changes you are making are really an improvement and whether the improvement is large or small.

If the metric improves, does that mean our performance is getting better?

In general, the answer is “yes,” but not always. You should be careful about paying too much attention to short-term fluctuations in your metrics. Every metric has a certain degree of random variation built into it. In most cases, the long-term trend is a better indicator of a team's performance.



“Study the prevalence of the problem and have an accurate baseline to work with. How else are you going to be able to tell you're doing better?”

Dana Barron,
Infection Control and Prevention Manager
South Sacramento Medical Center

Source: LMP Metrics and Analytics



TOOL: Performance Measurement Glossary

Baseline	First set of measurements before testing a change. Provides a marker to show which areas are doing well and which need improvements.
Control Group	Unchanged variable (clinic or region) that can be used to compare progress against to see if improvement is due to change or something else unrelated.
Metrics (or Measure)	Number linked to some aspect of performance. Most metrics are expressed as a ratio or percentage of one number to another. Example: We give our members a survey to find out how many are satisfied with their primary care visits. One hundred members fill out the survey and 80 of them report being satisfied. That means that 80 percent (i.e., 80 out of the 100) are satisfied.
Numerator	First or top number in a ratio. Some tests of change may want to see this number increase to show improvement. Example: We would want the number of patients, 80, who report they are satisfied to go up.
Denominator	Second or bottom number in the ratio. Some tests of change may want this number to decrease to show improvement. Example: We want to improve the number of female patients screened for cervical cancer. Women with hysterectomies should not be included. Including them is understating our true performance.
Threshold	Usually corresponds to the bare minimum of performance that is considered acceptable on a measure.
Target	Desired level of performance on a metric—good level of performance obtainable through strong effort. Example: We want 90 percent of our patients satisfied with their primary care visit. This is our “target” level of performance for this measure.
Stretch	Considered to be a very good level of performance achieved through particularly focused effort. In some departments or medical centers, certain types of rewards or recognition may be attached to these different levels of performance.

Source: LMP Metrics and Analytics



TOOL: What is Your Team's Metrics Strategy?

Don't forget... any time you plan a test of change, make sure you identify and collect the metrics to let you know if your change is having a positive impact. This is important for your clinic but also very important if you want to share with others what you're doing.

Few organizations can measure and track as many indicators of organizational performance as Kaiser Permanente. While the national team tracks many of your clinic's metrics, you may need additional metrics or metrics on a more frequent basis. Once you've identified which metrics you want to track, you'll need to develop a plan to actually get the metrics. Your local or national project manager can assist with this plan.

Identify Existing Reports	<ul style="list-style-type: none"> » Clinic manager may already receive these reports » Sometimes, quality or membership satisfaction information is posted on regional websites or accessible through the Panel Support Tool or POINT.
Designate Someone to Gather Metrics and Bring to Team Meetings for Review	<ul style="list-style-type: none"> » May need to talk with sponsors about requesting local analyst to help » Having an analyst as part of the team (even if they can't attend every meeting) can be very helpful!

Where to Get Performance Measurement Data

People can find data to measure performance from three general places:

1. **Reports:** Most common source. Created by KP regional offices and many medical centers. No additional resources are needed to generate the data, but existing data may not have exactly what you need.
2. **Raw Data:** Even if KP doesn't have an existing report on the metric you need, the data may be available in a computer system and can be extracted by someone with the right programming skills. This is generally more complicated and expensive than using existing reports. The potential benefit is that you may be able to construct precisely the metric you need.
3. **Self-Collected:** In cases where no data currently exists in a report or database, you may want to consider collecting the data yourself. For example, KP currently does not have a computer system that records whether patient care staff are washing their hands regularly. Before constructing your own data collection tool, check with other teams and departments doing similar work to see if they have already created something.

Source: LMP Metrics and Analytics

 **TOOL: Value Compass Reports**

Below is a brief summary of the types of reports that may be available to you, organized by domain of the LMP Value Compass. These reports are usually generated by a regional or medical center office that deals with performance reporting. However, there may be different staff—and in some cases even different departments—involved in the production of the various reports.



SERVICE	
Inpatient Satisfaction (HCAHPS)	A standard survey used by KP’s hospital regions to measure member/patient satisfaction. The questions are very detailed and cover all major aspects of the hospital experience. The data are available in a national database known as AVATAR, which has many powerful reporting and analysis features.
Outpatient Satisfaction	There is no current standard survey in use that can be compared across regions. All KP regions measure outpatient satisfaction and ask questions about things, such as: the totality of the experience, making the appointment through the registration process and the encounter with the physician or other provider.
Appointment Operations Data	For outpatient service, getting an appointment in a timely fashion is a key driver of member/patient satisfaction. Most regions maintain a significant reporting and analysis capability in this area, including booked-to-seen intervals, appointment backlog, etc.
QUALITY	
Outpatient Quality	There is a national set of outpatient quality measures that all major health plans use known as HEDIS (Healthcare Effectiveness Data and Information Set). These measures include measures of primary prevention (e.g., cancer screening), chronic disease management (e.g., hypertension control) and resource utilization (e.g., referral rates for certain procedures).
Inpatient Quality	There is a national set of inpatient quality measures that all hospitals use known as JCAHO Core Measures (JCAHO—pronounced jay-co—is the national accrediting body for hospitals). These measures include things like effective care for heart attack victims and surgical infection prevention.

Source: LMP Metrics and Analytics

Page 1 of 2



TOOL: Value Compass Reports (continued)

* AFFORDABILITY

<p>General Financial Performance</p>	<p>Department financial performance is usually available from a medical center controller or finance department. This would include things like the department's spending compared to its budget. In many cases, this data can be broken down to highlight spending on particular items (e.g., supplies, etc.), which could be the focus of performance excellence activities.</p>
<p>Efficiency/Productivity</p>	<p>Existing reporting on efficiency and productivity tends to vary across regions, medical centers and departments, such as finance or operations. Some large departments, such as pharmacies or call centers, may also have their own internal reporting capabilities.</p>
<p>Revenue Collection</p>	<p>Finance or other departments are generally the best source for information and reporting on co-pay collection, billing and other aspects of the revenue cycle.</p>
<p>Membership Growth</p>	<p>Marketing and Sales departments are generally the best source of information on membership growth and retention</p>

BEST PLACE TO WORK

<p>People Pulse</p>	<p>The single best source of information about employee perceptions of our work environment is the annual People Pulse survey, which is used in all regions. The large number of questions allows departments to track various aspects of employee engagement and satisfaction. However, since PP is only conducted once a year, it is hard to use it for rapid cycle performance improvement. In most cases, PP data can be obtained from regional HR departments.</p>
<p>Workforce Development</p>	<p>There is now a national Workforce Development Dashboard. It includes data on recruitment, demographic and retention metrics. Data is not completely comparable across regions due to different HR information systems.</p>
<p>Workplace Safety</p>	<p>Because of federal reporting requirements, KP has data that are available across regions. All regions except Hawaii report through the Workplace Injury Information System (WIIS). Contact your local HR department for more information about how to gain access to this information.</p>

* This compass point encompasses a wide range of activities aimed at improving efficiency, revenue collection and membership growth. Depending on what aspect of affordability is being measured, reporting in this area can vary widely across regions, medical centers and departments.

Source: LMP Metrics and Analytics

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TOOL: Coaching Co-Leads on Use of Metrics

As a leader in the organization, you may be in the position of responding to question from UBTs about what they should measure or how they can get access to data. Here are some questions you can work through together to help them focus their efforts.

<p>What is Your Overall Goal?</p>	<p>Before jumping into the question of metrics, be clear on the team’s performance excellence goal. If the goal is closely aligned with one of the points on the Value Compass, there may be an existing metric to measure progress toward that goal.</p>
<p>Are We Currently Measuring That Goal?</p>	<p>When the team has a clear idea of the goal, investigate whether any of KP’s existing performance measures are a good fit for that goal. If not, would it make sense for the team to adjust the goal so they can take advantage of existing reporting systems?</p>
<p>Can We Measure Things that Drive the Outcome?</p>	<p>In some cases, it may be more appropriate to measure certain “drivers” that affect the outcome rather than the outcome itself. For example, month-to-month data for strokes and heart attacks will often be too variable to be a reliable measure of the team’s performance. Instead, encourage them to focus on key drivers of the outcome (e.g., effectively controlling hypertension) and measure and track those.</p>
<p>Is the Measure “Good Enough?”</p>	<p>Just because a measure isn’t exactly what you are looking for doesn’t mean it can’t be helpful. Even if a measure shows a more muted impact in distilled, departmental data, that may be the feedback you need to justify continuing the activity and perhaps refining the measure.</p>
<p>Is the Target Reasonable?</p>	<p>You want a target that stretches the team and encourages it to perform at its best—not one so hard it becomes a source of discouragement. Try looking at the three best-performing teams or departments in your medical center or region and aim for their level of performance. As a leader, you can provide an important “reality check” to teams so that they don’t set their sights too low or too high.</p>
<p>How Do We Communicate to the Team About The Metrics?</p>	<p>Everyone on the team should understand how the metric works and how they can work to improve it. Your teams may need your help in connecting with the right kind of analytic staff within your medical center who can explain the metrics the organization is using.</p>

Source: LMP Metrics and Analytics

Other KP Cultures



TOOL: Creating a “Just Culture”

Having a workplace culture that is **JUST** further promotes performance excellence by establishing a sense of fairness, openness and trust. In a **Just Culture**, people are encouraged to share valuable work information, discuss acceptable and unacceptable behavior openly and learn from mistakes.

Leaders understand that staff will make mistakes. You can help unit-based teams learn from their everyday experiences and demonstrate a Just Culture by:

1. Understanding the **how** and **why** of mistakes or errors
2. Providing **fair treatment** to individuals who make errors, regardless of the outcome or frequency
3. Demonstrating a firm intolerance for **intentional** risk-taking behavior
4. Conducting a thorough examination of the facts, events and circumstances
5. Determining what needs to be done with regard to the behavior—managers make the ultimate determination and labor may have to defend them

Tips for Demonstrating a Just Culture:

[✓]	Model Just Culture behaviors—staff learn from your example
[✓]	Communicate the message about Just Culture and set the tone
[✓]	Rounding—keep your finger on the “pulse” and be visible to staff, be in the know
[✓]	Performance reports drive performance excellence work—share them with your staff
[✓]	Maintain consistency in fairness
[✓]	Make performance excellence a part of your staff meeting agenda
[✓]	Use incentives for staff to reward them for practicing Just Culture behaviors

Source: Patient Safety University kpnet.kp.org/qrrm/patient/toolkits/culture/culture_index.html (KP Intranet only)

TOOL: Creating a Culture of "Safety"

Injuries in the work unit impact morale, attendance, service, performance and quality of care. Frontline participation in the identification and elimination of hazards is a foundation of the organization's comprehensive approach to safety.

What Does a Culture of Safety Look Like?

1. At Kaiser Permanente, safety is a core business and personal value.
2. All injuries and all safety incidents are preventable: the goal is zero.
3. Line managers are accountable for the safety performance of their employees.
4. All employees are accountable for working safely.
5. Prevention is more effective and sustainable than "post-injury" management.
6. Safety feedback and observation are everyone's responsibility.
7. Employee involvement is critical.
8. Employees must receive appropriate training.
9. Managers are responsible for ensuring that the systems, equipment, training and support allow employees to work safely.

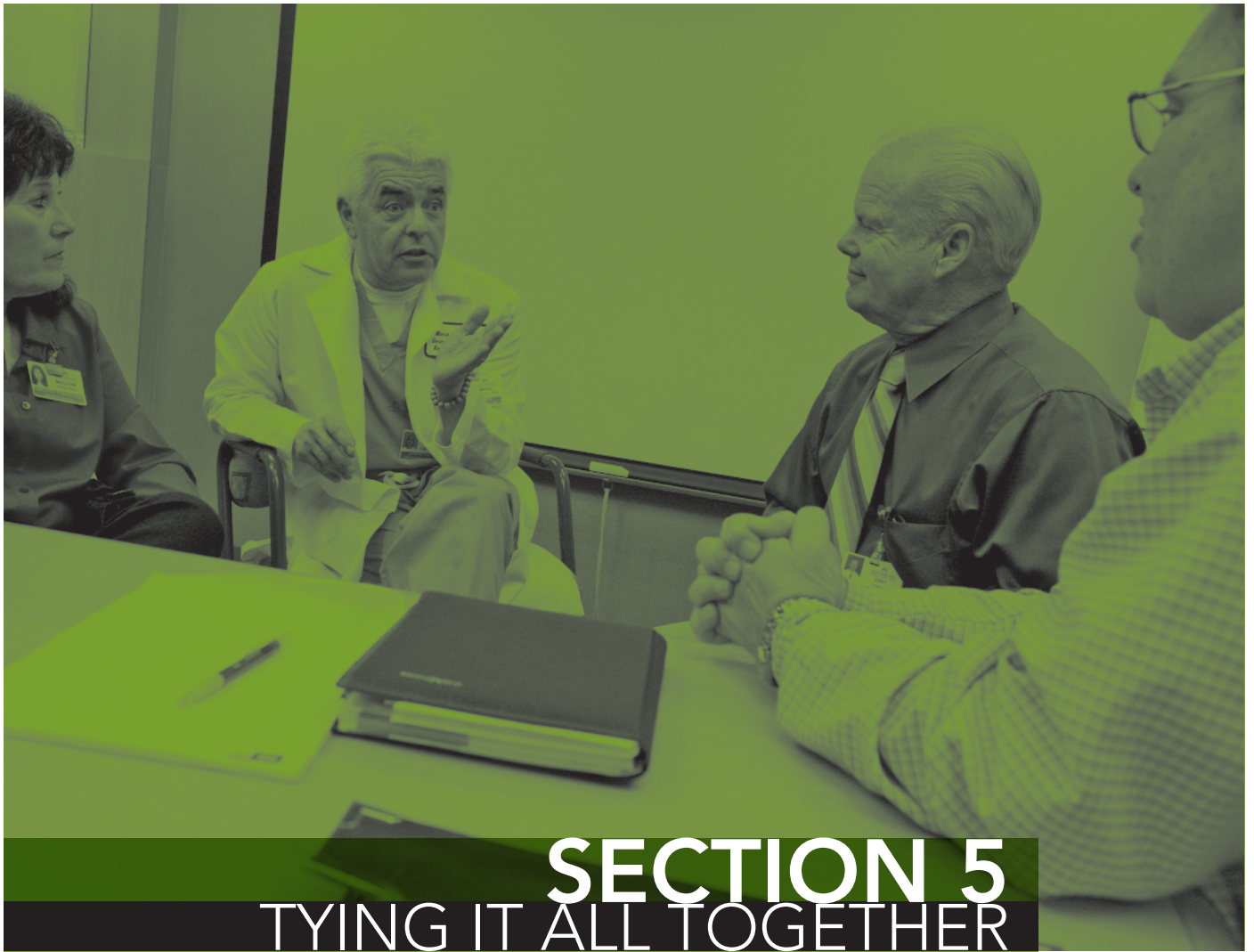
REMEMBER, FOSTERING A CULTURE OF SAFETY HELPS PROMOTE:

1. A safe work environment
2. An acceptance of responsibility for personal safety
3. An acceptance of responsibility for the personal safety of others
4. Increased organizational pride and a stronger sense of team

Strong Leadership	<ul style="list-style-type: none"> » Visible, demonstrated commitment » Clear, meaningful policies and principles » Challenging goals and plans » High standards of performance
Appropriate Structure	<ul style="list-style-type: none"> » Everyone is responsible for injury reduction and safety » Active engagement by people who do the work » Line management accountability » Supportive safety staff » Integrated committee structure » Performance measurement and progressive motivation
Focused Processes and Actions	<ul style="list-style-type: none"> » Thorough investigations and follow-up » Effective audits and re-evaluation » Effective communication processes » Safety management skills



Source: National Workplace Safety



SECTION 5

TYING IT ALL TOGETHER

SPONSOR AND LEADER | RESOURCE GUIDE FOR UBTs

LMP LABOR MANAGEMENT PARTNERSHIP



TYING IT ALL TOGETHER

Introduction

Given the amount of material contained in this *Guide*, and the organizational expectation that UBTs will drive KP transformation, you may be wondering, “*Now what? How do I tie this together and begin? How I ensure sustainability?*”

Transforming KP is a journey. The success of UBTs is critical, as they are the foundation for process improvement. By the end of 2010, all UBTs will be in place. Our focus is shifting from launching teams to learning how to continue the process and sustain the gains while spreading the innovations.

UBTs are about changing our culture. Being successful at lasting cultural change requires strong and enduring sponsorship. As a sponsor, you play a key role in building a culture of continuous improvement and patient-centered care—an environment where teams thrive, apply learnings, engage in new behaviors, and are recognized for their efforts.

As a journey, this effort has no end. We will be successful when UBTs and a performance culture are no longer an implementation project, but are instead the way we do business at Kaiser Permanente.

Get involved, nurture your teams, experience the change—and remember to enjoy the journey!

Achieving the performance needed to ensure a strong future for Kaiser Permanente will take the effort of many people and involve all three constituencies—physicians, unions and management. UBT success is the sum of many parts:			
[✓]	Process improvement	[✓]	Team development
[✓]	Individual skills and attitude	[✓]	Collaboration and partnership
[✓]	Consistent, strong sponsorship and leadership	[✓]	Awareness and utilization of available support services and tools
[✓]	Reinforcement	[✓]	Continuous improvement
[✓]	Patient/member focus	[✓]	Innovation and sustainability

Team Development



Key Tip!

Ask yourself:

Where are your teams in the developmental process?

Who is developing and who isn't?

Why aren't they developing?

What do they need?

How can you and your co-sponsors support their evolution to the next level?

Stages of Unit-Based Team Development

Leaders and sponsors play an important role in the ongoing development of UBTs. The more you understand about where your teams are in the developmental process, and what they need to move to the next level, the more effective you can be in supporting their forward momentum. The faster this process happens, the faster you will see results. Work with your co-sponsors to identify team status, strategize ways to help move them forward and develop a plan for long-term sustainability.

Guidelines for Using the Following Tool

1. Each month, give this tool to your teams and have them assess themselves. They must meet all the criteria in one phase before they can move to the next phase.
2. As the sponsor, part of your role is to track team status monthly. The Team Assessment Tool gives you valuable information you can use to reward teams that are making progress and support those that are not moving forward at a desired rate.

Level 1	Level 2	Level 3	Level 4	Level 5
Pre-Team Climate	Foundational	Transitional	Operational	High-Performing
Unit is learning what a unit-based team is and how UBTs work.	Team is establishing structures and beginning to function as a UBT.	Team is demonstrating progress on engagement and making improvement.	Team has joint leadership, engagement of team members and improved performance.	Team is fully successful and collaborating to improve/sustain performance against targets.

TOOL: UBT Development and Assessment Scale

Dimension	Level 1 Pre-Team Climate	Level 2: Foundational UBT	Level 3: Transitional UBT	Level 4: Operational UBT	Level 5: High Performing UBT
Sponsorship	+ Sponsors are identified and introduced to team.	+ Sponsors trained. + Charter completed.	+ Sponsors regularly communicating with co-leads.	+ Sponsors visibly support teams. + Minimal outside support needed.	+ Sponsors holding teams accountable for performance and reporting results to senior leadership.
Leadership	+ Team co-leads are identified or process of identification is under way.	+ Co-leads have developed a solid working relationship and are jointly planning the development of the team.	+ Co-leads are seen by team members as jointly leading the team.	+ Co-leads are held jointly accountable for performance by sponsors and executive leadership.	+ Team beginning to operate as a “self-managed team,” with most day-to-day decisions made by team members.
Training	+ Co-lead training scheduled or completed.	+ Team member training (e.g., UBT Orientation, RIM+) scheduled or completed.	+ Advanced training (e.g., business literacy, coaching skills, metrics) scheduled or completed.	+ Advanced training (e.g., Breakthrough Conversations, Facilitative Leadership, etc.). + Focus area-specific training (e.g., patient safety or improvement tools to address human error-related issues).	+ Focus area-specific training. + Advanced performance improvement training (e.g., deeper data analysis, control charts, improvement methods via operational manager training).
Team Process	+ Traditional; not much change evident. + Team meetings scheduled and/or first meeting completed.	+ Staff meetings operating as UBT meetings (no parallel structure). + Co-leads jointly planning and leading meetings.	+ Team meetings are outcome-based; team members are participating actively in meetings and contributing to team progress and decision making. + Co-leads moving from direction to facilitation.	+ Co-leads jointly facilitate team meetings using outcome-focused agendas, effective meeting skills and strategies to engage all team members in discussion and decision making. + Team makes use of daily huddles to reflect on tests and changes made. + Team collects own data and reviews to see whether changes are helping improve performance.	+ Team beginning to move from joint-management to self-management, with most day-to-day decisions made by team members. + Unit culture allows team to respond to changes quickly. + Team can move from first local project to next improvement project and can apply more robust changes. + Team measures progress using annotated run charts.
Team Member Engagement	+ Minimal.	+ Team members understand partnership processes.	+ Team members understand key performance metrics. + At least half of team members can articulate what the team is improving and what their contribution is.	+ Unit performance data are discussed regularly. + Large majority of team members are able to articulate what the team is improving and their contribution.	+ Team members able to connect unit performance to broader strategic goals of company. + Full transparency of information. + Team is working on questions of staffing, scheduling, financial improvement.
Use of Tools	+ Not in use.	+ Team members receive training in RIM+, etc.	+ Team is able to use RIM+ and has completed two testing cycles.	+ Team has completed three or more testing cycles, making more robust changes (e.g., workflow improvement rather than training).	+ Team using advanced performance improvement training (e.g., operations manager training). + Team can move from initial project to next improvement effort, applying deeper data and improvement methods.
Goals and Performance	+ Team does not have goals yet.	+ Co-leads discuss and present data and unit goals to teams.	+ Team has set performance targets, and targets are aligned with unit, department and regional priorities.	+ Team has achieved at least one target on a key performance metric.	+ Team is achieving targets and sustaining performance on multiple measures.

The table above is designed to be used by Kaiser Permanente regions as a model for developing their own unit-based team pathways. It assesses UBTs on several dimensions of team effectiveness and is aligned with the five-point team-effectiveness rating built into UBT Tracker. Revised December, 2009.

Definition of a High-Performing UBT

One step in UBT development to high-performance is understanding the definition of a high-performing UBT. Review the following description with your co-leads and teams. Discuss where you currently are compared to the goal. Key your eye on the target as you go through the developmental process. You are more likely to reach high performing status if you know what it looks like.

High-Performing UBTs Exhibit:	
[✓]	Focus on core operational and business issues that lead to performance improvement in alignment with regional priorities and strategy
[✓]	Success measures developed in the UBT in service of overall regional performance goals
[✓]	High levels of trust
[✓]	Focus on cultural components of their team, including trust, working relationships and mindset
[✓]	Knowledge of where they are on the developmental continuum and understanding of what it takes to move to the next level
[✓]	A culture that enables them to respond to changes quickly
[✓]	Engagement of all team members in decision making and performance improvement
[✓]	High-functioning system of communication
[✓]	Awareness and understanding of their sponsor/leaders' role change to coach, facilitator and mentor
[✓]	Achieve results over multiple indicators
[✓]	A deep knowledge of the business and consistent use of critical thinking skills
[✓]	Understanding how they personally contribute to business results, achieve sustainability and spread successful practices
[✓]	Understanding and use of data to drive results
[✓]	Quick resolution of workplace issues
[✓]	A high level of employee engagement and high morale
[✓]	Personal ownership and commitment to the teams' success
[✓]	Willingness to mentor other individuals and teams

Success Factors

Co-Lead Role on a Unit-Based Team

As a sponsor or leader of UBTs it's important that you understand the role of co-leads who are accountable to you. Co-leads perform the hands on role of leading UBTs everyday. Their skill in leadership, attitude and behavior, knowledge of the organization and what it takes to improve performance—all have a significant impact on teams.

Become familiar with the following list of co-lead responsibilities—ones assumed in addition to the co-lead's everyday job—and use it to help you coach your co-leads. Your effectiveness at guiding and mentoring co-leads is key to your success as a sponsor.



Key Tip!

Make sure your co-leads have access to the National UBT Startup Toolkit for tools, tips, and ideas on how to become stronger team leaders.

www.LMPartnership.org

UBT Co-leads:	
[✓]	Are flexible and open
[✓]	Model good partnering with their physician, union and management co-leads (plan meetings and UBT work jointly)
[✓]	Provide leadership to UBTs—not giving orders, but guidance as needed
[✓]	Set a collaborative tone—listen to all team members to ensure balanced participation
[✓]	Ensure teams have current data to work with. Understand data sources within the organization
[✓]	Help other constituency members get on board and stay engaged
[✓]	With co-lead partners, find resources for the team
[✓]	Advocate for their UBTs with the UBT sponsors
[✓]	Keep their UBTs informed of related initiatives and sponsor needs/wishes
[✓]	Help other co-leads spread successful practices
[✓]	Promote UBTs as an operating strategy
[✓]	Increase capacity and improve clinical outcomes while striving for excellent service, making the member/patient the central focus of KP work
[✓]	Ensure their UBTs have balanced participation
[✓]	Keep their sponsors and fellow constituency members informed, escalating issues or barriers, as needed
[✓]	Discuss confidential issues in private
[✓]	Use RIM as methodology for achieving goals and ensure teams have current data

**Key Tip!**

Don't forget to ask—**What do YOU think?** Co-leads and teams are empowered to make changes when you include them in a thought-partnering process. Try it and watch what happens!



“Unless high-profile managers consistently model the desired behaviors and actively recognize employees who engage in the behaviors, no real cultural change is possible.”

Mark L. Feltman and
Michael F. Spratt,
Five Frogs on a Log 1999

Outstanding UBT Sponsorship Defined**WHEN ASKED, UBTs SAY GREAT SPONSORS:**

- » Are available and accessible
- » Help problem solve or thought partner when asked
- » Obtain resources and break down barriers, as needed
- » Are cheerleaders
- » Know what's expected of teams and communicate that in ways teams understand
- » Are familiar with the programs and initiatives UBTs are accountable to
- » Support teams in learning new ways of doing things
- » Help teams develop skill with PDSA, and other performance improvement tools, while developing an understanding of when and where tools are most appropriately used
- » Pay attention and monitor performance, rewarding progress as well as success
- » Model teamwork and foster team development
- » Set clear expectations and hold teams accountable for results

All with the member/patient in the center.



TOOL: Sponsor Checklist for Supporting UBTs

One of the most important things you can do is lead by example. Model the behaviors and attention to performance you want to see from your UBT co-leads and team members.



Key Tip!

Meet with your manager to ensure open communication about your role in UBT development/performance. You need clear expectations, support and reinforcement too!

[✓]	Begin by understanding your role as a UBT sponsor. Your leadership and support are critical to UBT success.
[✓]	Next, develop an understanding of what is expected of UBTs and think about how you will support, encourage and hold your teams accountable.
[✓]	Check to see that your co-leads and team members have received the recommended/required training.
[✓]	Familiarize yourself with what teams are learning in training so you can effectively support them as they take on new responsibilities and processes.
[✓]	Work with your co-leads to ensure that team members who are new, missed training or need additional training get what they need to perform well.
[✓]	Partner with your co-sponsors. The stronger your sponsor team, the stronger your UBTs will be. Show your teams the kind of outcomes that come from collaboration and partnership between management, physicians and unions. Model desired behaviors!
[✓]	Learn about the phases of UBT development from pre-team to high performing. Knowing where your teams are in the development process will help ensure that the support you provide is appropriate to the needs of the team.
[✓]	Seek training and other opportunities that will help you become an even more effective leader.
[✓]	Develop capability and capacity in your co-leads, and then step back and let them lead the team. Remain available, accessible and supportive.
[✓]	Attend UBT team meetings to help you find opportunities to coach your co-leads and provide feedback about meeting management.
[✓]	Acknowledge what you want to see and celebrate together!



Key Tip!

**Effective sponsorship
+ effective co-leads
= high-performing UBTs!**

Summing it Up: UBT Success Factors

As a sponsor and leader of UBTs, you should know the critical success factors for teams. The more of the following you can ensure are present, the more likely your teams will become high performing and make a significant difference in patient care and the workplace experience at Kaiser Permanente.

<p>Co-Leads Provide Strong Leadership to the Team</p>	<ul style="list-style-type: none"> » Actively engaged in team activities » Respected » Skilled enough in group dynamics to get real participation » Held accountable for results » Take responsibility to follow through » Model the behaviors expected of team members
<p>Teams Receive Needed Support</p>	<ul style="list-style-type: none"> » Facilitators coach the team and provide just-in-time training, as needed » Leaders help teams perform small tests of change, conduct huddles and solve problems » Performance data is available at the UBT level » Results are easily seen and shared with others » All team members receive training needed to prepare them for their role in becoming a highly performing team
<p>Strong, Consistent Sponsorship is Provided</p>	<ul style="list-style-type: none"> » Executive sponsorship is evident in words and actions » Sponsors clearly communicate to UBTs and executive leadership that UBTs are an important vehicle for improving performance » Physicians support and participate in UBTs as the operational strategy for Kaiser Permanente and help drive clinical goals » Teams receive clear directions from strategy groups » Sponsors acknowledge and reinforce UBT efforts and results

Mindsets of Successful UBTs

Unit-based teams are learning how to evolve their thinking. The following table shows different mindsets that can help or hinder success.

Mindsets that May Get in the Way of Achieving Transformation and Successful UBTs		Mindsets that May Enable Us to Achieve Transformation and Successful UBTs
“Self”-Mentality		“Team” Mentality
I work to maximize the results that I produce as an individual, therefore I place my own interests above my team’s interests.	→	I prioritize the needs of the team above my own needs and I feel connected to our shared purpose.
Focus on Process, Minimize Risk		Focus on Results, Manage Risks
I need to make sure that the organization and I are never at risk, and so spend a lot of time following the right process—painstakingly detailing every aspect of the process to make sure the organization and I are not at risk.	→	In each and every interaction, I focus on producing the result needed/making the decisions needed, while managing the level of risk.
Agree		Align
To support a team decision, I must feel that it was my and everyone else’s first choice. We cannot move forward if we do not all unanimously agree.	→	I am prepared to support a team decision as it if were my own, even if the entire team and I did not unanimously agree.
Control Others		Trust Others
I try to control the process others follow and the results others produce in my interaction with them. I prefer not to address instances where trust is missing and compensate by managing details.	→	I trust the people in the organization and engage in interactions that help me build trust when it is not at the right level.
Perfection		Action
It is more valuable to spend time analyzing situations than to take action quickly, ‘analysis paralysis.’ I need permission to progress on this.	→	There are always productive actions I can take, even before all of the related questions are fully answered. I am empowered to make things happen.
Can’t Do—Permission		Can Do—Empowerment
This is why it can’t work.	→	This is how we can make it happen.

What Teams Are Learning

UBT Learning Strategy

The foundation of the learning strategy for the unit-based team deployment is continuous learning with the co-lead playing a key role as coach for the team. The following table illustrates the competencies UBT co-leads and their teams should be building, what behaviors they should engage in and what results can be achieved when they do.

Competencies Needed	New Behaviors	Results
<p>Co-lead:</p> <ul style="list-style-type: none"> » Coaching » Team building » Communication » Employee engagement » Change management 	<ul style="list-style-type: none"> » Focus on the member/patient » Co-leads coaching vs. directing » Accountable, highly functioning teams » Learning while doing » Those closest to the work involved in making improvements » Huddles held daily » High degree of trust and collaboration » Blame-free environment » Ability to take risks » Teams trying small tests of change » Evidence-based decision making » Spread of improvements 	<ul style="list-style-type: none"> » Increased number of employees on unit-based teams » Employees rate the work environment as better » Teams set and achieve goals around the Value Compass
<p>Unit-Based Team</p> <ul style="list-style-type: none"> » Systems thinking » Teamwork » Assertiveness » Results orientation » Accountability » Meeting management » Business acumen » Performance improvement 		

“The definition of insanity is doing the same thing over and over and expecting different results.”

Albert Einstein



LMP Core Curriculum Map

	Preparation	→	Team Launch	→	Continuous Learning
Sponsor	<ul style="list-style-type: none"> » Leading Performance Excellence » RIM » Unit-Based Team Orientation WBT 	→	<ul style="list-style-type: none"> » Creating a Motivating Environment (Sponsorship) » Sponsor and Leader Resource Guide for UBTs 	→	<ul style="list-style-type: none"> » Facilitative Leadership » CDM/IBPS WBT
Co-Lead	<ul style="list-style-type: none"> » Leading in Partnership » RIM+ 	→	<ul style="list-style-type: none"> » Co-lead Workshop » UBT “Start-up” Toolkit 	→	<ul style="list-style-type: none"> » Facilitative Leadership
Team	<ul style="list-style-type: none"> » Unit-Based Team Orientation 	→	<ul style="list-style-type: none"> » RIM 	→	<ul style="list-style-type: none"> » Just-in-Time Modules: (IBPS/CDM/IR)
Support Role	<ul style="list-style-type: none"> » Facilitation Skills Workshop » Train the Trainer for Core Curriculum » Just in Time Learning Methods 	→		→	
Individual	<ul style="list-style-type: none"> » Unit-Based Team Member Training » Consensus Decision Making (CDM) » Interest-Based Problem Solving (IBPS) » Effective Stakeholder (labor leads) » Root Learning Maps 	→		→	



SECTION 6

RESOURCES FOR TRANSFORMATION

SPONSOR AND LEADER | RESOURCE GUIDE FOR UBTs

LMP LABOR MANAGEMENT PARTNERSHIP



RESOURCES FOR TRANSFORMATION

Introduction

A key sponsor responsibility is to provide resources and information to teams and to break down barriers as they are encountered. In order to do this, you need to be familiar with what's available locally, regionally and nationally that may help to your team.

This *Resource Guide* primarily provides information about national services, initiatives and products. Please take the time to become familiar with these valuable resources. Then connect with regional/facility resources to get a clear understanding of the local services available to support you and your teams in the journey to high-performance.

RESOURCES REFERENCED IN THIS GUIDE—WEB LINKS	
The Permanente Federation	kpnet.kp.org/permfed/index.html
CO Management Passport	coweb.co.kp.org/hr/emp_relations/mgmt_passport
Institute for Healthcare Improvement	www.ihl.org
Change Management Website	kpnet.kp.org/kpchangemanagement/home.htm
Implementation Management Associates—Accelerated Implementation Methodology (AIM) Change Management Program	www.imaworldwide.com
Interaction Associates	www.interactionassociates.com
Patrick Lencioni, <i>The Five Dysfunctions of a Team</i>, 2002	www.tablegroup.com
Partnership Case Studies	xnetapps.kp.org/xsearch/Imp/categorysearch.jsp?Partnership=Case+Studies
More Tools for UBTs	www.LMPartnership.org/learning/training/tools.html
National UBT Handbook	www.LMPartnership.org
IRCPG	kpnet.kp.org/cpc/index.html
Care Experience Council	kpnet.kp.org/permfed/support/improvement/ce_council/index.html
KP Learn	learn.kp.org/

Labor Management Partnership

www.LMPartnership.org

Kaiser Permanente and the Coalition of Kaiser Permanente Unions created the Labor Management Partnership in 1997 as a way to transform the relationship between the unions and the organization—in essence, returning to the cooperative spirit between the company and its union employees that existed at the company's founding. The following list of websites will help you find needed resources and information to support the work of unit-based teams.

LMP—WEB LINKS	
2005 National Agreement	www.LMPartnership.org/contracts/agreements/index.html
LMP and Union Coalition Staff	www.LMPartnership.org/about/contacts/lmp.html
LMP Strategy Group	www.LMPartnership.org/about/contacts/strategy_group.html
Regional Team Leads and Members	www.LMPartnership.org/about/contacts/regional.html
Colorado LMP	coweb.co.kp.org/hr/lmp/
Georgia LMP	kpnet.kp.org:81/ga/sites/lmp/index.htm
Hawaii	xnetapps.kp.org/xsearch/lmp/categorysearch.jsp?Regions=Hawaii
Ohio LMP	xnetapps.kp.org/xsearch/lmp/categorysearch.jsp?Regions=Ohio
Mid-Atlantic LMP	kpnet.kp.org/mas/communicate/lmp/aboutlmp.htm
Northern California LMP	insidekp.kp.org/ncal/lmp/
Northwest LMP	internal.or.kp.org/nwlmp/
Southern California LMP	kpnet.kp.org:81/ubt/

LMP Communications—Media Publications

Hank—Full-size, color magazine published quarterly that is full of irreverence, honesty, quirkiness, and edgy look and feel. Provides regional coverage of UBT PSP and National Agreement success stories.

LittleHank—Abbreviated, electronic version of LMPPartnership.org news stories released via email very two weeks. Great for distributing to teams and generating lively discussion.

Catalyst News Service—Electronic distribution of short news articles, case studies, peer-to-peer advice and practical tools to improve team performance for middle and frontline management. Distributed monthly via email.

LMP Flash—Electronic news update featuring links to fresh content on LMPPartnership.org site.

LMP Materials—Dress up your bulletin boards with colorful, quarterly packets. Educate your UBTs with five-minute fliers, videos demonstrating performance improvement work, the PDSA interactive game or UBT pocket cards that explain roles, behaviors and outcomes.

LMP eStore—Find all of our materials to help and support UBTs on our website. Most of these materials can be ordered free by Kaiser Permanente employees and Union Coalition staff.
www.LMPPartnership.org/estore/index.html

Communications Consulting—The LMP Communications team offers one-on-one consulting services to UBT sponsors and co-leads to assist in strategic communications efforts and/or to address specific communications needs of facility-based teams.

Communications Training—Scaled in length from two hours to just 10 minutes, the targeted trainings offered by LMP Communications staff are designed to support UBT effectiveness. Contact LMP Communications for more information:
www.LMPPartnership.org/tools/feedback.html

Directors of Communications

Stacia Levenfeld (LMP)
510-271-5642
stacia.h.levenfeld@kp.org

Maureen Anderson (CKPU)
415-282-1805
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“It isn’t the changes that do you in, it’s the transition after the change that does!”

William Bridges, author

Labor Management Partnership Support Staff for UBTs

www.LMPPartnership.org/about/contacts/Imp.html

Union Partnership Representatives (UPRs)

Union Partnership Representatives are experts in all facets of the Labor Management Partnership. Many UPRs are senior union leaders in their local unions. UPRs participate in LMP Committees, joint decision making forums and organize, mentor and sponsor unit-based teams in their regions. They are trained facilitators and are well versed in Performance improvement methodology.

Labor Liaisons

Labor Liaisons have received all LMP core trainings and act as the liaisons between local union leadership and LMP programs. Their responsibilities include UBT team sponsorship and capacity building for UBT Implementation within their own unions. Labor liaisons have a thorough familiarity with local contracts and provide support to local union stewards.

Trainers and Facilitators

Within the LMP, hundreds of KP employees have received “train the trainer” education, allowing them to teach core curricula to frontline employees and facilitate the work of teams. The LMP Learning and Education Department coordinates the activities of these trainers. In some regions, trainers sponsor and support unit-based teams.

UBT Specialists and UBT Consultants

UBT specialists work on one year assignments to build capacity among frontline workers to succeed in the effective deployment of unit-based teams. They work closely with Coalition staff, identifying challenges to UBT optimization and addressing those challenges accessing resources to support the UBTs on the ground.

Contract Specialists

Contract specialists also serve one-year assignments to assist members in enforcing the local contract, consistent with the union’s duty of fair representation. The National Agreement allows unions to select one contract specialist for each 1,500 members to handle normal union representation issues. It was contemplated in the National Agreement that retaining contract specialists would allow shop stewards to focus their time and energy on National Agreement implementation and the building of unit-based teams (operations) rather than only on traditional representation issues (labor relations).

How are Unions Organized?

The democratic structure of unions influences the behavior of union officials, staff and stewards: Members elect their leaders, oversee their activities and have ultimate authority to overturn their decisions. All locals have an elected executive board, which meets regularly to set policy and oversee the affairs of the organization. The board is composed of elected officers and other elected positions. Locals that are large enough have full-time or part-time elected officials and/or professional staff to carry out the day-to-day work of the union. International unions oversee the activities of member locals based on the by-laws and constitution of the particular international union.

The Stewards

Most locals have stewards who are working members trained to handle on-the-job problems and grievances. Some locals elect their stewards; in others, stewards are appointed. Stewards are typically in close contact with the paid/elected staff from their local union. The structure of the steward system is largely determined by the internal dynamic of the union and its relationship with the employer. In most cases, the union's goal is to have a steward in every unit and on every shift, but this is often a challenge. At KP, the stewards' role has been expanded to participate in realizing the vision of the National Agreement through direct participation in joint decision making, performance improvement initiatives and UBT sponsorship.

Union Staff

Most locals have full-time hired or elected staff (called field representatives, business agents, internal organizers, etc.) whose responsibilities include coordinating negotiations and contract administration for particular bargaining units. The jobs of these individuals can include a variety of activities, depending on the local union. Examples are training and assisting stewards, coordinating bargaining activities and developing internal organizing campaigns. The role of union staff in Partnership activities also varies from union to union.

Membership Meetings

All locals have regular membership meetings. The rules of internal union activity are laid out in the constitution and by-laws of the union. These documents spell out everything from the election procedures and duties of officers to the procedure for ratifying contracts to dues rates.

Coalition of Kaiser Permanente Unions

Today the LMP covers some 90,000 union-represented employees (about 80 percent of all union-represented employees at KP) in California, Washington, Oregon, Colorado, Georgia, Ohio and the Washington, D.C., metro region.

UNION	LOCATION	WEB ADDRESS
International Brotherhood of Teamsters Local 166	Bloomington, CA	www.teamsterslocal166.org/
International Federation of Professional and Technical Engineers (IFPTE) Engineers and Scientists of California Local 20	Oakland, CA	www.ifpte20.org/
International Longshore and Warehouse Union (ILWU)	Oakland, CA	www.ilwu.org/about/locals/local28.cfm
Kaiser Permanente Nurse Anesthetists Association (KPNAA)	Los Angeles and Orange County, CA	www.kpnaa.org/
Office and Professional Employees Union (OPEIU) Local 29	Oakland, CA	www.unions.org/home/v-21561-5-OPEIU-.htm
OPEIU Local 30	San Diego, CA	www.opeiulocal30.org/
Service Employees International Union (SEIU)—United Healthcare Workers-West (formerly SEIU 250, SEIU 399 and SEIU 535)	Oakland, CA	www.seiu-uhw.org/
United Food and Commercial Workers Union (UFCW) Local 1036	Camarillo, CA	www.ufcw1036.com/
UFCW Local 1167	Bloomington, CA	www.ufcw1167.com/
UFCW Local 135	San Diego, CA	www.ufcw135.org/
UFCW Local 1428	Claremont, CA	www.ufcw1428.org/
UFCW Local 1442	Santa Monica, CA	www.ufcw1442.org/
UFCW Local 324	Buena Park, CA	www.ufcw324.org/
UFCW Local 770	Los Angeles, CA	www.ufcw770.org/
United Nurses Associations of California (UNAC)/Union of Health Care Professionals (UHCP) Local 5017	Los Angeles, CA	www.unac-ca.org/
United Steelworkers of America (USW) Local 7600	Fontana, CA	www.uswlocal7600.org/
SEIU Local 105	Denver, CO	www.seiu105.org/
UFCW Local 7	Denver, CO	www.ufcw7.com/
UFCW Local 1996	Suwanee, GA	www.ufcw1996.org/
OPEIU Local 2	Silver Spring, MD	www.opeiu-local2.org/
UFCW Local 27	Baltimore, MD	www.ufcw27.org/
UFCW Local 400	Landover, MD	www.ufcw400.org/
Ohio Nurses Association	Columbus, OH	www.ohnurses.org/
OPEIU Local 17	Parma, OH	mailto:opeiulocal17@aol.com
Oregon Federation of Nurses and Health Professionals (OFNHP AFT) Local 5017	Clackamas, OR	www.ofnhp.com/
SEIU Local 49	Portland, OR	www.seiu49.org/
UFCW Local 555	Portland, OR	www.ufcw555.com/
United American Nurses Oregon Nurses Association	Portland, OR	www.oregonrn.org/
OPEIU Local 277	Fort Worth, TX	www.opeiu.org/

KP Workforce Development Program

kpnet.kp.org/workforceplanning/overview/index.html



Workforce Planning Mission Statement

Our goal is to contribute to making Kaiser Permanente the health care employer of choice, capable of keeping pace with the changing environment, making workforce transitions in support of business strategies and ensuring that all KP employees have the skills and competencies for individual and corporate success.

The 2005 National Agreement commits Kaiser Permanente to a culture that values and invests in lifelong learning, career opportunities and internal promotion through the development of a comprehensive workforce development program. The program supports diversity, extending retention and expanding employee satisfaction, filling critical vacancies and strengthening our Labor Management Partnership.

Each region has a jointly led **Workforce Planning and Development Committee** that can provide UBTs with access to resources, tools and support as well as providing a forum for change and best practices. For more information, contact the **National Workforce Planning and Development co-directors, Bob Redlo at 510-625-5886 or Jessica Butz at 510-625-6949.**

The Kaiser Permanente workforce development program is funded by two trusts, **The SEIU UHW-West and Joint Employer Education Fund** and **The Ben Hudnall Memorial Trust**, each governed by a board composed of an equal number of union and management trustees.

- » For SEIU/UHW members, contact www.seiu-uhweduc.org or 888.872.4606 for more information.
- » For members of OPEIU, UFCW, UNAC/UHCP-AFSCME, KPNAA, Teamsters, United Steelworkers, ILWU, OFNHP-AFT, IFPTE or ONA-UAN, contact benhudnallmemorialtrust.org or call 800.216.4517 for more information.



“When speaking with people who are angry or upset, I always find it better to be nice than right.”

Ric Bennewate,
Regional Operations Manager, NW

Career Development on the Web

kp.org/careerplanning/index.html

LMP members can access a variety of tools and resources they can use to develop new skills, find out about critical positions, make appointments with their career counselors and find out about both KP and bargained benefits.

1. **Career Counseling**—Counselors are available to all LMP employees to help them find new career directions and plan how to get there.
2. **Critical Positions**—Here we spotlight several positions that provide higher-than-average placement opportunities.
3. **Career Paths**—View some Kaiser Permanente career paths in your region before planning your next move.
4. **Your Resources**—Here you can find more information on programs that may help you in your career development efforts, including tuition reimbursements, education leave, scholarship opportunities and many more.
5. **Success Stories**—Find out how other employees have advanced their careers and made the best use of their time and resources to achieve professional and personal growth.



Success Story

Workforce Development

Anthony Azurin, MRI technologist, SEIU UHW-West—Anthony Azurin, a CAT scan technologist, decided he wanted to work with MRIs, have better hours and earn higher pay because he and his wife were expecting their first child.

The state Employment Training Panel subsidized the income of Azurin and 15 of his colleagues while they attended a three-month, five-day a week MRI training program. The Kaiser Permanente Medical Group paid for backfill—so the students didn't have to do extra work to cover their regular duties—and for the course instructor.

Midway through the course, his wife gave birth to their daughter, who became ill and stayed in the neonatal intensive care unit for several months. Azurin considered dropping out—even though he knew without the state grant and KP program he probably could not afford to become an MRI technologist. But after encouragement from a manager, he decided to stay with the program.

After completing the program, Azurin passed the American Registry for Radiologic Technologists licensing exam. He landed a permanent position six months later while performing MRIs on a fill-in basis. He no longer works nights and weekends. That gives him more time to spend with his family and daughter, recovered and home from the hospital.

“It's changed my life,” Azurin says of his study and new position.

KP Healthy Workforce Program

kpnet.kp.org/workforceplanning/index.html



Healthy Workforce Aspiration

Our goal is to support and inspire ourselves and each other, to be our best in mind, body and spirit. Because when we thrive, so do our members, our communities and our organization.

Started in late 2007 as part of the 2005 National Agreement, Healthy Workforce is a national Human Resources Center of Excellence focused on creating a best place to work by improving the health and well being of all Kaiser Permanente employees.

The idea of a healthy workforce isn't new to Kaiser Permanente. From our beginning in the 1940s, when Dr. Sidney Garfield and Henry Kaiser teamed up to provide prepaid medical care to the workers at the Grand Coulee Dam, we've been focused on medical and preventive care for the workforce and their families. Today and in the future, we remain committed to creating opportunities for our own workforce, and their families, to thrive.

Our Goal

Healthy Workforce is more than just a single program or campaign. The goal is to collaboratively align and create partnerships with all regions, to create a common approach to:

[✓]	Employee Health and Wellness Programs
[✓]	Employee Assistance Programs (EAP)
[✓]	Employee Health Care Management Programs—so that all employees have the same opportunities to make healthy choices.

Getting Involved

All employees, regions and entities—health plan, hospital, the Coalition of Unions and the Permanente Federation—have a voice through the establishment of the Healthy Workforce Inter-regional Work Group.

The sponsors, leaders and members of all UBTs will have ongoing opportunities to support and encourage one another to:

[✓]	Make healthy choices by taking full advantage of the many resources, tools and programs available
[✓]	Create work/life balance
[✓]	Enjoy a best place to work, and
[✓]	Deliver the highest quality and service to the members of Kaiser Permanente.



TOOL: Tips for a Healthy Meeting

What are the Benefits of a Healthy Meeting?

Providing a healthy meeting environment for our employees will prepare them for maximum participation and effectiveness so every meeting can be a successful meeting.

What is a healthy meeting?

Any meeting can be a healthy one. Help employees have a healthy day at work—by building in some activities like stretch breaks or nutritious choices, if food or snacks are available.

<p>How To Get Started</p>	<ul style="list-style-type: none"> » Start your meeting with a wellness tip—let employees share what they do to support their health, read an inspirational quote or tell about a favorite healthy recipe or restaurant. » Remind employees about upcoming events at your facility that support their health—like flu shot clinics, farmers’ markets and health fairs.
<p>Let’s Get Moving or On The Move</p>	<ul style="list-style-type: none"> » Including some activity in a meeting doesn’t have to make people sweat, cause pain or discomfort or be led by a professional instructor. Activity during a meeting should be completely voluntary, an opportunity to move and/or stretch and energize! » Schedule brief stretch breaks during longer meetings to relax and refresh. » Encourage employees to take the stairs to and from the meeting and during breaks. » For all-day meetings, encourage employees to take a walk together at the lunch break, or walk to a restaurant instead of drive.
<p>Healthy Eating</p>	<ul style="list-style-type: none"> » Healthy eating doesn’t mean you can’t have any of your favorite foods—it’s all about balance and having healthy choices as available as other choices. » Consider healthy choices when planning recognition and reward events, department potlucks, or even when bringing in food to share at work. It doesn’t always have to be pizza and pastries! » Provide water in pitchers instead of bottled water at meetings—it’s healthier and good for the Earth, too. » Stick to water, sparkling water and juices instead of sodas when providing beverages. » Keep portions small so calories don’t add up too fast.

KP Workplace Safety Program

kpnet.kp.org:81/wps/national/



WPS Mission Statement

Kaiser Permanente believes that an injury-free workplace should be the goal and responsibility of every physician, manager and employee, and an essential ingredient of high-quality, affordable patient care. Working in partnership, we are establishing the health care industry standard by setting the goal of eliminating all causes of work-related injuries and illnesses, so as to create a workplace free of injuries.

Workplace safety and unit-based teams are a natural fit—WPS encourages front-line employees and supervisors to work together effectively in partnership. Together, they identify and eliminate safety hazards, ultimately eliminating workplace injuries. Injuries in the work unit impact morale, attendance, service, performance and quality of care. Frontline participation in the identification and elimination of hazards is a foundation of the organization's comprehensive approach to safety and this frontline engagement is a fundamental core principle of the unit-based team.

Felt Leadership Measure—Felt Leadership is a measure of the extent to which department/facility leaders are perceived as being “Safety Drivers” who lead with safety and continually seek opportunities to strengthen the safety culture. They integrate safety into every day and into every job and project, challenge the norm and actively participate in efforts to create employee engagement, empowerment and ownership. (Note: this description is excerpted from the NCAL WPS Safety Culture Survey as a description of the “Felt Leadership” Index)

Integrated Disability Management—IDM is a program under the National Agreement and part of a comprehensive approach to workplace safety. Already implemented in each region, IDM is an operating strategy for Kaiser Permanente, supported by labor and management, which recognizes the importance of an early return to work, returns an employee to daily work and life activities that can actually help an injured worker's recovery and reduce the chance of long-term disability. Early intervention is key. The sooner action is taken, the better the chances are of an employee making a full and speedy return to work.

For further information on this program, please contact your regional IDM co-leads. Their contact information can be found on the WPS website.

Workplace Safety Resources

National Workplace Safety Scorecard—Each quarter, the National WPS Scorecard publishes the year-to-date injury rate metric against current goals. As part of the mission to eliminate workplace injuries, workplace safety drives change with evidence-based decision making by tracking and reporting timely data to both labor and management.

kpnet.kp.org:81/wps/national/performance/index.htm

“E” is for Ergonomic Campaign—Kaiser Permanente's Northern California region developed the “E” campaign as a strategy to create a culture of safety by encouraging KP staff and physicians to take proactive responsibility for safety in the workplace and reduce workplace injuries. The campaign includes posters featuring staff and physicians in work situations featuring an “E” in creative ways. “E” reminds us to think about ergonomics.

Safety Begins with Me—Kaiser Permanente's Southern California region related the “Safety Begins with Me” campaign with a series of posters that are both inspirational and instructional. The campaign signifies the idea that we not only provide our members with the best possible care and service, we also look inward to protect the well being of the entire Kaiser Permanente family.

kpnet.kp.org:81/wps/national/communications/index.htm

Leadership Walkaround Guide Book—This guide assists leaders in conducting quick, non-threatening, blame-free conversations, while demonstrating that safety is a high priority. All this is to discover and remove safety hazards, ultimately making Kaiser Permanente an injury-free workplace.

kpnet.kp.org:81/wps/national/tools/walkaround_guide.htm

Workplace Safety Injury Information System (WIIS)—This is a database available on the intranet for any Kaiser Permanente employee who is working on workplace safety. The purpose of WIIS is to drive injury reduction by providing timely data that supports decision making. In WIIS, the user can drill down into the workplace safety metrics to get detailed information about what kinds of injuries are happening at the local level.

Types of information in WIIS include:

[✓]	Number of injuries
[✓]	Injury rate
[✓]	Lost work day case rate
[✓]	Description of injury (body part, type of injury)
[✓]	Occupation
[✓]	Number of interventions
[✓]	Patient handling injuries
[✓]	Lost work days



KP HealthConnect™ Program Goals

Kaiser Permanente HealthConnect™ harnesses the most advanced health care technology available to help us achieve the Kaiser Permanente promise to deliver quality, personal, convenient and affordable care to our 8.6 million members. KP HealthConnect's goals support the realization of this promise and the vision of the KP organization.

KP HealthConnect is Kaiser Permanente's comprehensive health information system—

KP HealthConnect facilitates communication between members/patients and Kaiser Permanente professionals to help make getting well and staying healthy even more convenient.

KP HealthConnect is being deployed across all Kaiser Permanente regions and facilities. Its full implementation will:

[✓]	Provide tangible benefits for both member/patients and business operations
[✓]	Enhance patient safety
[✓]	Provide overall cost savings
[✓]	Enable KP to offer new products

SmartBook—To support your work in achieving quality, member service and financial targets in your regional strategic plans, the **KPHC and Kp.org SmartBook for Value Realization and Optimization** is available.

Harvesting value from an investment in KP HealthConnect requires deliberate leadership and action. This new online tool is designed to help physician, union and operational leaders understand opportunities available and to connect them with experts across the regions. Features include:

1. Value Realization Dashboard
2. Browse SmartBook
3. Search SmartBook
4. Version 5.0 Highlights

insidekp.kp.org/kphealthconnect/stabilize/smartbook/index.htm

Department of Care and Service Quality

kpnet.kp.org/qrrm/index.html

The “Big Q” is what Kaiser Permanente does—day in and day out. It is at the heart of who we are and what our members expect from us. When we talk about the “Big Q,” we are referring to the quality that our members and customers experience every day.

The “Big Q” includes clinical effectiveness and patient safety, but equally important, it includes resource stewardship, risk management and service quality.

Patient Safety—Patient safety is dedicated to providing care that is reliable, effective, consistent and safe. Patient safety is an ongoing and relentless commitment to build safer systems that prevent accidental injury to our patients.

kpnet.kp.org/qrrm/patient/index.html

Performance Improvement—The performance improvement team strives to achieve world-class performance in quality by developing an execution strategy that focuses on breakthrough performance.

kpnet.kp.org/qrrm/perf_imp/index.htm

Quality Management—Quality management is dedicated to the development and implementation of quality initiatives, to contribute to quality improvement activities through educational programs and materials and to ensure quality medical care for all of our Kaiser Permanente members.

kpnet.kp.org/qrrm/quality2/index.html

Resource Stewardship—We aim to create superior quality and value for each individual patient and for all members.

kpnet.kp.org/qrrm/stewardship/index.htm

Risk Management—Risk management is dedicated to the prevention, reduction and/or control of injuries and loss, and ultimately, protection of the health of the members, patients and employees of Kaiser Permanente.

kpnet.kp.org/qs/nrm/index.html

Service Quality—We provide information, programs, services and tools that help foster and maintain a patient-centered, service quality-oriented culture at Kaiser Permanente.

kpnet.kp.org/qrrm/service2/index.html

UBT Material and Resources List

SUPPORT FOR PHYSICIAN, UNION AND MANAGEMENT UBT SPONSORS		
Materials and Resources	Audience	Where to Find It
<p>Web Based Learning modules: (none over 45 minutes)</p> <ul style="list-style-type: none"> » Orientation to Unit-Based Teams Web-based Training » Consensus Decision Making Web-based Training » Interest-Based Problem Solving Web-based Training » Rapid Improvement Methodology Web-based Training 	Physicians and others as interested	KP Learn learn.kp.org/
<p>1-2 page handouts/fliers containing talking points about UBTs:</p> <ul style="list-style-type: none"> » Benefits of Embracing UBTs » Why Should Physician Leaders Support Unit-Based Teams » Why Physicians Embrace Unit-Based Teams » UBT Flier Labor » UBT Flier Managers » Readiness / Success factors » Chief Checklist » Factors for Success » Physician Checklist » Role Clarification » Chief Role » Physician Co-lead Role » Physicians' Roles—explains various roles physicians might play 	Physician, union and management UBT sponsors	E Store www.LMPartnership.org/estore/index.html or ask your National Labor Co-lead or Management
<p>Sponsor and Leader Resource Guide for UBTs</p> <ul style="list-style-type: none"> » Collection of tools, information, role descriptions, links to relevant websites and explanations to help you support the UBT co-leads 	Physician, union and management UBT sponsors	www.LMPartnership.org
<p>Orientation to Resource Guide—Mini Training for Sponsors:</p> <ul style="list-style-type: none"> » Two-hour instructor-led training to introduce or reinvigorate UBT sponsorship (physician, union and management) to their roles in making UBTs effective and sustainable. Focus on role clarification, preparation for problem solving and increasing knowledge of available resources. 	Physician, union and management UBT sponsors	Contact Cynthia Rodriguez 1 Kaiser Plaza Oakland, CA 94612 510-271-6329 cynthia.x.rodriguez@KP.org or your National Labor Co-lead or Management Coordinator



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www.LMPpartnership.org

