

hank

Fall 2012 | Issue 33



FRONTLINE NEWS FOR KP WORKERS,
MANAGERS AND PHYSICIANS

SORRY, WE ARE CURRENTLY
OUT OF STOCK



THE SPONSORSHIP DILEMMA

IN THIS ISSUE »

Profiles in sponsorship:
Three sponsors speak out

Northwest lab hailed for
cutting tax costs

Test your partnership knowledge
with new puzzles and games

180 flavors later

A friend of mine with a heart flutter had to spend a day in a Kaiser Permanente emergency room recently, and he asked one of the staff members helping him, “Are you in a unit-based team?”

“Oh, yeah,” the staff member said, without much enthusiasm. “We have one of those.”

The exchange may not have been altogether surprising, but it underscores the work that still lies ahead for those of us who believe—as I suspect most readers of this column do—that partnership and unit-based teams are the right way to do business.

Naysayers nurture the old arguments. Partnership means management caving in to the unions or, conversely, partnership means unions selling out to management. Some people sit on the fence, dismissing partnership as a “flavor of the month” and apparently hoping if they ignore it long enough, it will go away.

Fifteen years after the Labor Management Partnership’s founding agreement was signed—at 12 flavors a year, that would be 180 flavors later—what’s a partnership advocate to do?

Spread the word. Do what you’ve been doing: Acknowledge the challenges of working in partnership, and cite the considerable achievements being piled up by UBTs. And here’s one more: Do what you can to support the increasing LMP focus on sponsorship, which is the subject of this issue’s cover article and companion stories.

Active sponsors are an essential component of a high-performing team’s makeup—and active sponsors serve as bridges between teams. They are positioned to spread effective practices up, down and sideways. Looking back after another 15 years, we may see that active sponsors were the partnership ingredient that finally turned LMP doubters into players. [Link](#)

WHO’S BEHIND HANK?

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TEAR-OFF BACK COVER POSTER 
Every team needs sponsors!



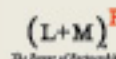
WHAT IS HANK?

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

Hank’s mission: Highlight the successes and struggles of Kaiser Permanente’s Labor Management Partnership, which has been recognized as a model operating strategy for health care. Hank is published quarterly for the partnership’s 130,000 workers, managers, physicians and dentists. All of them are working to make KP the best place to receive care and

the best place to work—and in the process are making health care history. That’s what Henry Kaiser had in mind from the start.

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



AROUND THE REGIONS: IN SUPPORT OF SPONSORS

COLORADO

The Regional Imaging teams in Colorado are lucky to have two effective sponsors: Joseph Gonzales, clinical operations for Regional Imaging, and Rebecca "Becky" Torres, a pharmacy technician and SEIU Local 105 member. Part of their success, the pair says, is the emphasis they have placed on sharing information—with each other and with their teams. The pair also figured out a way to spread effective practices. Using a PowerPoint template, the sponsors asked co-leads to explain what they're working on, how it supports regional goals, whether it worked and the outcome. Then, the teams came together for a UBT Fair and shared their PowerPoints.



Joseph Gonzales and Rebecca Torres

GEORGIA

David Jones, MD, has a title unique at Kaiser Permanente: assistant to the medical director for unit-based teams. He mobilizes his fellow physicians in the Georgia region to get involved with UBTs and partnership to improve performance and grow membership. "The first thing I tell physicians about the UBTs is that it is about improving the work that we're already doing," he says. "It's not about adding more work, it's about looking at the work that you're doing and figuring out how to do it better." Read more from Jones—including how his experience with UBTs has transformed the way he delivers care to his patients—at LMPartnership.org/stories-videos/how-ubts-help-doctors.

HAWAII

A small region, Hawaii needed a novel approach to sponsorship: Branch out rather than always branch up. Initially, a five-member unit-based team committee tried to troubleshoot issues for the region's fledgling teams. Often, those committee members, who also had roles as team co-leads or contract specialists, were trying to wear too many hats and got jammed. So the region, which now has more than 40 teams, has tapped 19 people to receive sponsorship training. The group includes middle managers, directors and other executives, frontline nurses who serve on the Kaiser Permanente board of the Hawaii Nurses Association, OPEIU Local 50, and former labor team members and co-leads.

MID-ATLANTIC STATES

While the Mid-Atlantic States region's clinical unit-based teams have management and labor co-sponsors, ancillary departments such as lab and radiology are sponsored in a different way. A UBT leadership group made up of labor and management leaders from these areas performs sponsorship functions as a united body. "We generated a vision of our UBT sponsorship. We got very specific on how we would work together," says Jane Lewis, executive director of health plan regional services and a member of the group that sponsors eight pharmacy UBTs. The UBTs report their projects and team dynamics at monthly meetings. The leadership group reviews People Pulse, service scores, quality results and other metrics, identifies struggling teams and recognizes teams that excel.

NORTHERN CALIFORNIA

The region has been on a roll with its "A Leader's Role as UBT Sponsor" training. Launched in the spring,

the tutorial gives management and labor leaders an easy-to-understand yet in-depth look at providing effective support to unit-based teams and their performance improvement work. The short, online training covers everything from outlining a sponsor's role and how a sponsor can model partnership to tips on developing strong UBT co-leads and high-performing teams. Several facilities have combined the training with in-person, interactive exercises, and early feedback suggests the blended approach is striking a chord with sponsors. The online training can be found at KP Learn.

NORTHWEST

"My role as a senior sponsor is to bring the message of UBTs to physician leadership," says Rasjad Lints, MD, the region's executive sponsor of UBTs. Lints is especially interested in helping teams focus on outcome metrics—a measure of the final result of something, such as how many patients with hypertension have their blood pressure under control—and to help everyone on the team understand that improving on process metrics often drives improvement on outcomes. It can be difficult to see the value in participating in process metrics if team members don't see how it relates to the outcome measures. "At the end of the day, physicians have to drive the care," Lints says. While working in UBTs presents physicians with some unique challenges, he believes that "if the physicians aren't engaged, it's a lost opportunity."



Rasjad Lints, MD

OHIO

In an effort to improve the quality of team project information in UBT Tracker, the regional LMP support team solicited the help of the people who support the work of teams—sponsors. In June, an improvement adviser met with Ohio's 20-plus sponsors and asked them to work with their teams to boost the input of that data. To illustrate the value and role of quality data in UBT Tracker, they used the data in Tracker to brief the sponsors on their UBTs' projects and status. Their approach made an impact: The region has reported an increase in sponsor engagement, and several teams have reported performance and relationship improvements.

SOUTHERN CALIFORNIA

The regional Labor Management Partnership department is launching a new sponsor training curriculum that covers the nuts and bolts of what sponsors do and how they do it. Topics include: the responsibilities of sponsoring bodies (such as helping define how the teams should be structured and guiding selection of co-leads); coaching skills to help develop UBT leaders; the similarities and differences between labor and management sponsorship; how managing in partnership differs from traditional management; and how the sponsor role differs from that of facilitators, project managers, trainers and consultants. Also included in the course are basics of the Labor Management Partnership and unit-based teams, such as the key elements for UBT success, the roles and responsibilities of UBT co-leads and members, and consensus decision making. For more information, contact Robert.Fernbach@kp.org or Stacy.S.Dietz@kp.org. LMPartnership.org



THE SPONSORSHIP DILEMMA

Sponsoring great people to give great care: Gena Bailey, a service area director in the Northwest, advises her fellow sponsors "to (see) yourself... as someone who can support this work to make it better for our patients." She is shown above with Melissa Garan (on the right), a medical assistant and SEIU Local 49 member, and on the opposite page with physician lead Aaron Hanson, MD, and Garan and also at a Care Council meeting at the North Lancaster facility. Visit LMPartnership.org and type gena_bailey in the home page search box to view an audio slideshow featuring Bailey.



Research bears out what experience shows: Active sponsors are key to the success of high- performing teams. How will partnership overcome the chronic short supply?



Article by:
CASSANDRA BRAUN

If you ask Los Angeles Medical Center sponsors Ilda Luna and Sanjit Sodhi for the secret to successful sponsorship, they'll agree it boils down to investment—of time, trust and respect—in each other, in their teams and in the collaborative work process.

Luna, a family medicine receptionist, and Sodhi, the chief financial officer for LAMC, didn't know each other when they were asked to co-sponsor the Health Information Management, Admitting and Patient Revenue, and the local business office teams—teams that were failing to meet performance goals and were entrenched in mistrust between labor and management.

"Sanjit said, 'Tell me what I need to do to get us up and running,'" recalls Luna, a member of SEIU-UHW. "I said, 'You need to meet with your teams. If you invest time in labor, you'll get huge dividends.'"

Like most investments, success didn't happen overnight—and it wasn't guaranteed. But after a year and a half of perseverance, dedicating time and hard work to supporting the work of those teams, the pair has watched the departments go from being in the red in most metrics to seeing huge improvements in areas like attendance and co-pay collection.

"We're taking on types of projects that we could never have dreamed of a year ago," Sodhi says.

"And when you work through relationship issues and put the focus back on partnership and performance improvement, it's highly satisfying."

What's so special about sponsors?

A 2011 study by Johns Hopkins University, Rutgers University and Kaiser Permanente identified five key characteristics of high-performing teams, including "consistent, aligned and visible sponsorship." It confirmed what has been seen throughout the organization—strong sponsorship and support from higher levels of leadership are key factors in a team's success.

The reasons are straightforward. Many frontline workers say simply having leaders' involvement and support gives their work validation, letting them know that what they're working on is important, that their contributions matter. In addition:

- Sponsors mentor unit-based teams and connect them with effective practices and other resources to help them do their work.
- They help break down barriers and provide guidance on setting goals that line up with local and national performance goals.

[continues on page 6] >>>>>

THE SPONSORSHIP DILEMMA

←.....[continued from page 5]



“You need to meet with your teams. If you invest time in labor, you’ll get huge dividends.”

—ILDA LUNA, receptionist, SEIU UHW member and UBT sponsor, Los Angeles Medical Center

• They act as role models and advocates for working in partnership.

“There are teams that need both management and labor sponsors to model partnership behaviors, who can agree to disagree and who can have some healthy courageous conversations till they get to an outcome,” says Vicki Barkan, the UBT consultant at the Los Angeles Medical Center. “Sometimes teams and co-leads haven’t experienced that, so they need to see it. It really helps to further the team dynamics.”

Sodhi agrees.

“As sponsors,” she says, “we have the same common goals and mutual respect for each other” that team members should have. “It trickles down to the rest of the UBT.”

“Sponsorship is a way to help move UBTs forward,” says Diane Ochoa, the regional director for Medical Group Support Services in Northern California and a former San Jose Medical Center medical group administrator. “It’s just like having a mentor, somebody you can talk to, to help you with issues and celebrate with you, and be there to really acknowledge the work you’re doing.”

So, what’s the problem?

Yet sponsorship is still a developing area in the partnership structure, even though many regions find that without active union and management sponsors, UBTs’ performance improvement work stalls.

Several challenges get in the way, and chief among those is time. Sponsors repeatedly cite the difficulty of finding time in their regular work to mentor teams. Labor sponsors face the added challenge of needing to cover their duties when they’re away from their usual post, lest those duties fall to colleagues.

Even with a commitment from facility and department leadership to backfill her position when her sponsorship work takes her away from her regular job, Luna, who is the union co-lead for the medical center’s LMP Council, says there isn’t enough time for everything she needs to do.

“But you have to make time,” she says. “I put in my own time, during lunch and after I clock out.”

Luna’s partner Sodhi agrees. The time challenge has to be reckoned with—but it’s a challenge worth solving.

“I’ve definitely made it a priority,” she says. “It was tiring devoting all that time, but I knew that I needed to do that to develop my relationships. In order to achieve any results, I knew I had to invest in time.”

“Capacity” is another word that surfaces when sponsors talk about challenges. Identifying people who can be strong sponsors and ensuring they have the tools and skills for the role is not easy. Labor bears the brunt of this barrier, in part because the unionized workforce typically has a smaller pool of leaders to draw from than management has. Many potential labor sponsors lack the consulting and facilitative skills required to mentor a team.

SPONSOR PROFILE: PHYSICIAN

TOM HARBURG, MD Q + A

JOB TITLE:
Physician In Charge

FACILITY:
Division Medical Office

REGION:
Northwest

Tom Harburg, MD, is the physician in charge at Division Medical Office in the Northwest. He co-sponsors two primary care teams in the medical office along with the medical office manager and their labor partners. “Doctors can’t be cowboys anymore,” says Dr. Harburg, referring to physician Atul Gawande’s *New Yorker* article “Cowboys and Pit Crews.” Harburg agrees with Gawande that doctors need to work in a team environment and that, as Gawande wrote, “places that function most like a system are most successful...(where) diverse people actually work together to direct their specialized capabilities toward a common goal for patients.” Dr. Harburg talked with LMP communications consultant Jennifer Gladwell about being a sponsor and the value of having the physician involved in the team.

What is your role as a sponsor?

As the medical director of the clinic, I work with the medical office manager and labor partners to help sponsor the teams. We help facilitate leadership. I think the strength of the unit-based teams lies with the grassroots approach. The ideas come from the front line. My role is to help build awareness and alignment to the goals of the organization and ensure that our approach is member-centric.



“We have to be able to measure our performance to see if what we’re doing has any effect on our patients.”

—TOM HARBURG, MD

As a result, union sponsors are in short supply, and those few become overwhelmed, with too many teams to support.

"I think that with labor, with so much work to do for our regular jobs, this is too much," Luna explains. "So a lot of my peers didn't want to do it. (Or) the ones who want to do it couldn't get released because of operational needs. Patient care comes first, so operational need is a huge barrier."

Solutions?

Some say successful sponsorship won't happen until sponsors are held accountable, with their success tied to performance goals and financial compensation.

But in the meantime, many medical centers and regions are wrestling with finding other solutions to these issues. As a first step, some are revamping their training to clarify roles and responsibilities, which many sponsors—both labor and management alike—say have not been clear.

"It will be helpful for people to understand what they are supposed to do and see examples of how that's done," Ochoa says. "This is relatively new for some labor folks especially, and the more we can give them the tools to be a good sponsor, we need to do that."

At the Los Angeles Medical Center, the facility's LMP Council has made a series of changes in the last year it thinks will help shore up sponsorship. These include establishing criteria for becoming

a sponsor, to make sure the right people are in the role and can model partnership and leadership behaviors; aggressively recruiting union co-leads of high-performing teams to become sponsors to increase the labor sponsor pool; and reassigning UBTs so a sponsor has no more than five teams.

Ultimately, time and commitment always will be challenges, but the potential rewards—the culture change and performance improvement work that come with high-performing teams—make the investment worthwhile. If sponsorship remains a barrier, there is a risk that teams will get discouraged.

"You have to make the investment, otherwise it won't happen," says John August, the executive director of the Coalition of Kaiser Permanente Unions. "Kaiser Permanente was not set up for people to go to work every day to work 100 miles an hour. It was set up to make an investment in making the system right."

As Luna says, "To be successful, we need successful sponsors and to build credibility with our teams. And we want to be successful." [hank](#)



'In order to achieve results, I knew I had to invest in time.'

—SANJIT SODHI, chief financial officer, Los Angeles Medical Center

What's the biggest barrier you see?

The measurement is the biggest barrier. We have to be able to measure our performance to see if what we're doing has any effect on our patients.

How do huddles improve the work of the team?

The true benefit of the huddles is communication. There's a social aspect to in-person huddles that allows you to address issues that pop up. It also facilitates learning and disseminating information—like the first day of a new protocol, you can remind folks at the huddles. I also think it's a morale builder. Huddles foster good camaraderie. We only have two huddles per week at the clinic, but we have been doing huddles for three years. We've changed the time of the huddles based on the clinic hours, and now we're going back to mornings.

What advice do you have for other physician sponsors to help their teams be successful?

If anybody is becoming a UBT sponsor or leader, I think the training is good. It's useful for anything you might do.

The whole concept of the team versus the individual is important. Dr. Atul Gawande wrote a *New Yorker* article about how doctors can't be cowboys anymore. We have to work in teams. We have to be involved. We can be leaders. Physician involvement is ultimately going to be good for patients, and the team helps make life easier.

It's too easy to operate with a silo mentality. In clinical practice, we don't want the lab making a rule that impacts patient care. We want to maintain leadership of the right thing to do, but having said that, you have to involve all the elements to have the team involved. Are we moving more toward that?

For sure. [hank](#)

WORDS FROM THE FRONT LINE

"Dr. Harburg is all about the members and is a team player. If patients or family want to talk to him, he will call them that day. His patients always want to wait to see him. He is a good role model to others."

—RUTH-ANN ERICKSON, RN
OFNHP member and team leader, Internal Medicine, labor partner and UBT sponsor, Division Medical Office

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ANDREA BADELLEBESS

JOB TITLE:
OPEIU Local 29 labor liaison, Administration,
The Permanente Medical Group

FACILITY:
Fremont Medical Center

REGION:
Northern California

Andrea Badellebess has been a labor co-sponsor in the Greater Southern Alameda Area (GSAA) in the Northern California region for seven years. She sponsors 37 teams—including EVS, Health Management and the pharmacy UBTs, all of which include OPEIU Local 29 members—by “spreading myself around as much as I possibly can.” In talking with LMP communications consultants Shawn Masten and Cassandra Braun about the challenges and rewards of being a labor sponsor, she introduced the idea of a “family team”—a team that is above even Level 5, when “teams just interact and do what’s needed...It’s a real partnership. And it’s unspoken; it just gets done. It’s not about whose job it is.”

Q + A

WORDS FROM THE FRONT LINE

“She’s very involved. It’s not like you just see her once a month or every other month. And you can tell that she’s interested in what we’re trying to say and do. If we go out of bounds, she’ll ask, ‘Is this what you meant?’”

—LEILANI MEJIA
Health Information Management specialist, OPEIU Local 29 member and union co-lead, Fremont Medical Center

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[p] (510) 248-7285

First: How do you sponsor 37 teams?

Mostly, I do it electronically. I look at team meeting minutes on the shared drive and look at UBT Tracker to see where they are on projects. For those teams that are unique and need additional pushes, I work with our UBT consultant and visit them more often. If they’re a Level 5 team, I try to get to meetings at least two to three times a year. Then I have teams that need a little more motivation. I have to visit those teams more often to let them know they’re not by themselves. So it’s kind of hard. But you have to let them know you’re there.

What’s the state of sponsorship today?

The work of sponsors has evolved slower than the work of unit-based teams. At one point, teams thought their consultants were their sponsors. But that’s the beauty of this whole performance improvement thing—it is its own ongoing small test of change. Everyone is learning as they go. There’s been a whole new culture change.

What about sponsorship needs improving?


Here in the GSAA, we have been taking steps to improve union sponsorship especially. There are not enough people who can wear that sponsor hat. So now we are looking for stewards who *want* to—and have the capacity to—be sponsors. They have to be capable of seeing the common barriers teams face. And they have to either know who can remove those barriers or to point their teams in a different

direction. What we’re doing is providing the training and development needed for stewards to succeed as sponsors. This is a significant shift, and one that we hope will make a difference.

What do you like most about being a sponsor?

One of my greatest thrills—and sometimes one of my hardest jobs—is helping UBT members recognize that if they speak up they will be listened to. This is still hard for some, especially those skeptical that this whole unit-based team thing isn’t just another experiment that will pass. But this is what I tell them: “You are the experts. Who knows how to do your job better than you?” Once they realize they are the experts and have a say, and they are heard, they become a partner. UBTs make the frontline staff become partners. You’re not just a worker, you’re a partner, and you have a say in what’s going on.

Can you give an example where the workers solved the problem?

Our call center operators were having a problem with elderly members getting hung up on or calls being dropped after they were transferred. They came together as a unit-based team and found a solution: Instead of simply putting such calls through, they stayed on the line and would talk with the person at the other end, explain who the member was and why they were calling. They had a problem, they solved it and there was no finger-pointing, no blame. 



LINDA J. BODELL

JOB TITLE:
Clinical director,
Medical-Surgical Services

FACILITY:
Fontana Medical Center

REGION:
Southern California

Linda J. Bodell, a former clinical nurse specialist, spent much of her career in critical care settings where patient cases often are unstable and complex. She learned to be watchful and attentive. Today, those lessons define her as a sponsor of four teams at the Fontana Medical Center. She meets with her teams and her labor partners each month. Her personal goal is to understand what works and what doesn't—and to get to the "why." Bodell's teams praise her for guiding them through facility and regional business goals, yet trusting the teams to find solutions that deliver needed results. She talked about being a sponsor with LMP senior communications consultant Anjetta McQueen.



Q + A

Please share one of your best practices.

Show up at team meetings, even if it's only just one 15-minute window. It's once a month per team. It's essential. There is no substitute for being present. Let your teams tell you what they are currently working on. You tell them what's going on...because they need it to complete their projects successfully. They haven't had a bloodstream infection in 16 months? They need to hear where they are being successful.

Would you describe an instance when you removed a barrier?

A year and a half ago, an RN and PCA (personal care attendant) from one of my teams asked to get a blood pressure machine that could stay on the unit. I did that—we had a department closing. I acquired a unit that could stay in one of the isolation rooms. It's just those little things that make a difference in their work experience every day.

Are there aspects of your experience that have enhanced your sponsorship?

I have served on several nonprofit boards and as a volunteer, in different areas of health care and in Oman and South America, and that's about taking a service to people, and it's the same thing I do here as a sponsor. It's my job to serve them so that they have everything they need to do their job the best they can. I know they care about their patients and their colleagues. They need to know that I care about them and what they do, and that it matters.

Have your teams ever solved something you thought was unsolvable?

I would ask them! But the 4 West Med-Surg team was having a difficult time with workflows and getting to their supplies. They work where there are long hallways, where the 34 beds are arranged in a rectangular shape around the unit. This did not look like a process that could be fixed. They did the spaghetti diagram on how many steps nurses take. And the staff, together, made decisions about how to change, where they have their supplies, and how they were arranged. They worked on their workflow. Now the service scores are phenomenal.

What inspires you each day in your duties as a sponsor?

So when you know what the goals are and what the actual plans are, and you go out and round on the department, and you can see those in living proof—it's just exciting to see that this process really affects practice and activity at the unit level. [Learn More](#)

WORDS FROM THE FRONT LINE

"She really has an open door and an open heart. Linda has been a wonderful mentor. She is patient and stays calm under pressure. She knows how to lead you without just handing you the answers. She keeps you focused on what's important."

—LETTY FIGUEROA, RN
Assistant clinical director
and management co-lead,
4 East Med-Surg UBT,
Fontana Medical Center

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'It's my job to serve them so that they have everything they need to do their job the best they can.'

—LINDA J. BODELL

SOLVING THE SPONSORSHIP BIND

AS THE EVIDENCE MOUNTS THAT HIGH-PERFORMING TEAMS DELIVER BETTER RESULTS, FIGURING OUT HOW TO GET TEAMS THE SPONSORSHIP THEY NEED BECOMES EVER MORE IMPORTANT

Article by:
CASSANDRA BRAUN

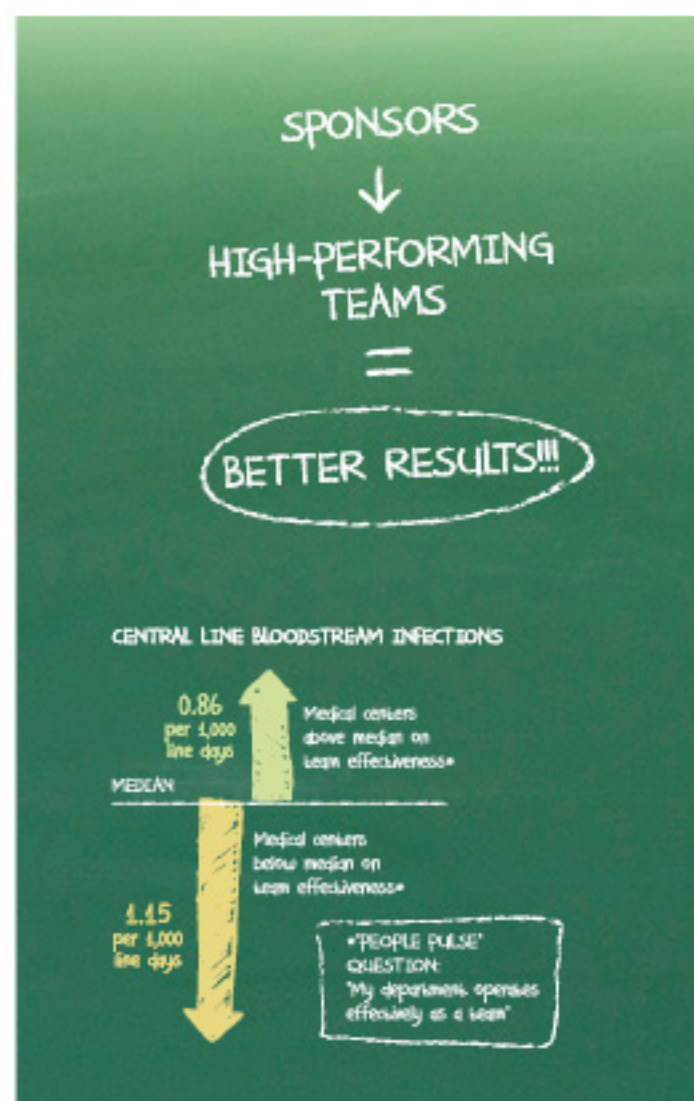
It's hardly a secret that sponsors are critical to a unit-based team's performance. Look at any high-performing team, and you're likely to find an engaged sponsor. The link is so fundamental that teams can't be rated at Level 4 or 5 on the Path to Performance without sponsors.

That leaves teams with a Catch-22, however, because they can't control whether they have sponsors or how effective those sponsors are.

Paradoxically, despite the clear links between sponsorship, high-performing teams and results, sponsorship has not received as much attention as other areas in the partnership structure.

"We have had a plan for team development but not a plan for sponsorship," says John August, the executive director of the Coalition of Kaiser Permanente Unions. But that, he says, is changing with the 2012 National Agreement, which took effect Oct. 1.

The agreement outlines prescriptive measures to strengthen sponsorship organization-wide, mandating that "sponsors will receive more comprehensive support to be effective in their role."



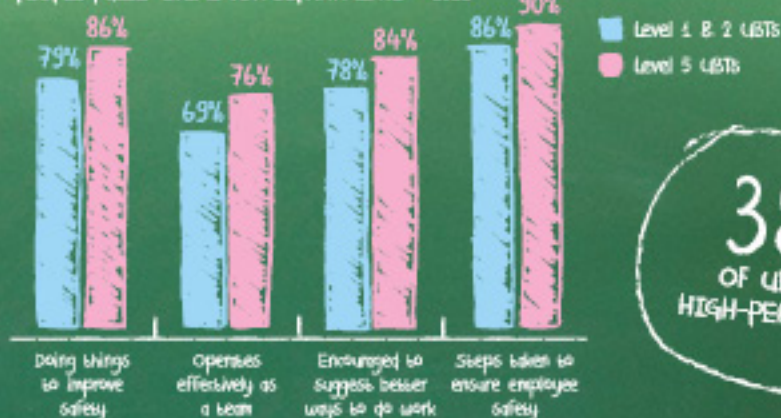
As a first step, the Office of Labor Management Partnership conducted a study this summer that surveyed more than 8,700 co-leads, sponsors and UBT consultants and included focus groups and dozens of one-on-one interviews.

"This is a great opportunity to impact sponsorship," says Janet Coffman, the coalition's director of education and transformation. "Sponsorship can feel so far away when it's ineffective, but when it works well, it can be the key to UBTs' success."

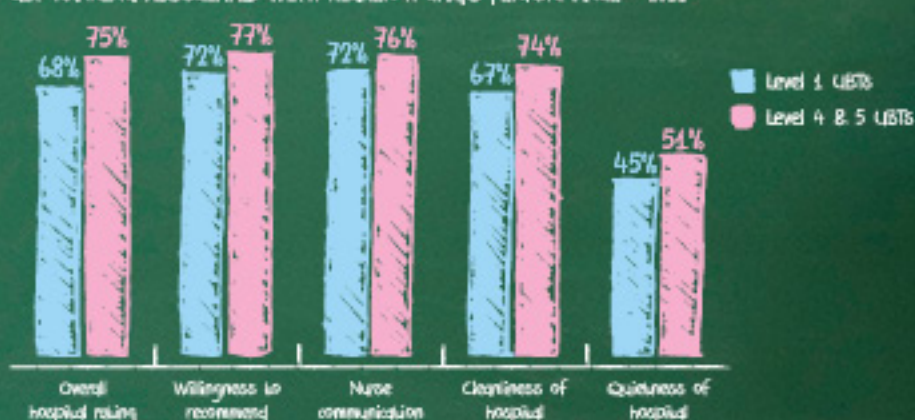
The preliminary results give credence to the anecdotal, recurring complaints about sponsorship. The frequently expressed concerns documented by the study include:

- Multiple and inconsistent training for sponsors.
- Limited leadership development training, tools and resources.
- Poor comprehension and inconsistent use of tools and processes.
- Inconsistent engagement and oversight of sponsors by executive management, physician and labor leaders.

PERCENT FAVORABLE ON SELECTED KAISER PERMANENTE 'PEOPLE PULSE' ITEMS FOR DEPARTMENTS - 2011



UBT RANKING ASSOCIATED WITH HIGHER H-CAHPS PERFORMANCE - 2011



HIGH-PERFORMING TEAMS ARE OUTPERFORMING OTHERS IN:

1. Service scores
2. Attendance
3. Workplace safety
4. Quality
5. Workplace culture and engagement

38%
OF UBTs ARE
HIGH-PERFORMING

'Part of the sponsorship conversation is, how can people at the front line have sponsorship roles?'

— DONNA LYNNE,
Group president, Kaiser
Foundation Health Plan
and Hospitals

- Few opportunities for sponsor-to-sponsor sharing and networking.
- Limited resources available to assist in addressing complex UBT issues.
- Lack of an organizational plan and commitment to develop UBT sponsorship as a business strategy across management, physician and labor groups.
- Perception of insufficient funds and staffing allocated to sponsorship work.

The preliminary report also offers recommendations ranging from integrating sponsor development into leadership development and establishing networks for peer-to-peer coaching. Other suggestions include establishing common standards and measures for sponsor performance and accountability, assessing skills and knowledge gaps, holding "successful sponsor" town hall presentations, and creating a sponsorship mentoring program to link sponsors across team levels and roles.

The study's findings and recommendations got a positive reception when they were presented to the

regional presidents and Bernard Tyson, KP's president and chief operating officer, at an October meeting.

"We emphasized that while we have made good progress...we've now moved to a different standard, which is moving to high performance," says Donna Lynne, a group president of Kaiser Foundation Health Plan/Hospitals and president of the Colorado region, who presented the findings with August. "Sponsorship is part of the pathway to get teams to Level 4 and 5. We said, 'You have an obligation as senior leaders...(to) make sure there's adequate sponsorship below you.'"

In addition, Lynne says, "Since UBTs allow front line workers to be involved in how we meet strategic goals, part of the sponsorship conversation is, how can people at the frontline have sponsorship roles?"

The study's recommendations are still being reviewed, so it remains to be seen which will become action items.

But the problem is clearly in the limelight now. [hank](#)

PDSA »

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



LAB HAILED FOR CUTTING TAXI COSTS

Article by:

JENNIFER GLADWELL

FEATURED DEPARTMENT:
Laboratory, North Lancaster
Medical Office

REGION:
Northwest

VALUE COMPASS:
Most Affordable



SMART goal

Reduce the number of stat specimens—those needing urgent processing—that are transported by taxicab by 80 percent from Q1 to Q2.

Team co-leads

Denise Greenwade, phlebotomist, SEIU Local 49;
Barbara Nelson-Whitford, supervisor

Small tests of change

The lab worked with Kaiser Permanente’s internal transportation couriers to have them make the stat deliveries part of their regular routes.


Result

The team saw a decrease from an average of 42 cab fares per month in the first quarter to an average of three cab fares per month in the second quarter, a 93 percent reduction in the use of cabs that resulted in a savings of about \$2,300 per month compared with the same time last year.

Background

The Lancaster lab’s long standing procedure was to send stat specimens by cab to the Skyline Medical Office across town for processing. One day, UBT labor co-lead Greenwade was handing off a specimen to a cab driver when Gene Butolph, a KP courier, happened to overhear her conversation with the cabbie. Butolph made the suggestion that the specimens be transported by the couriers, who have regular routes to Skyline.

Greenwade worked with the couriers’ scheduler to have the lab added to the routes. She verified the stat orders still would arrive quickly enough to meet the time requirements.




With the new system in place, Greenwade says, “The couriers celebrated with us. It’s kind of contagious.” 

SHARE YOUR BEST PRACTICE

Has your team successfully used the PDSA steps to improve service, quality, affordability or the work environment? Email *Hank* about it at hank@kp.org.

THREE STEPS OF SYSTEMS THINKING

Systems thinking helps break down silos by looking at the interaction of all the parts in a system when solving a problem. It takes account of how improvements in one area of a system can adversely or beneficially affect another area. Leaders and sponsors of unit-based teams can coach teams to incorporate systems thinking into their day-to-day work and small tests of change.

	IDENTIFY THE PROBLEM	Step back and consider the problem within the bigger system.
		Focus on patterns of behaviors over time, rather than a single event.
		Focus on the specific system within the organization's control that is responsible for performance issues.
		Look for the cause of the problem or inefficient workflow.
	BRAINSTORM SOLUTIONS	Understand the feedback loop and ongoing process that reinforces the problem.
		Take advantage of the collective brainpower of the group to solve the problem.
		Create a list of different possible solutions.
	DO A REALITY CHECK	Evaluate the solutions to see whether they are realistic.
		Conduct small tests of change to see whether an improvement can be made.

'Some people who weren't participating didn't think their voice mattered. I told them, YES, IT MATTERS!'

—DENISE GREENWADE, phlebotomist, SEIU Local 49

AVERAGE NUMBER OF CAB FARES PER MONTH



42



3



93%
REDUCTION RATE



\$2,300
SAVINGS PER MONTH

TIPS AND TOOLS

Ten essential tips for sponsors

Sponsors are the go-to people for UBT co-leads, providing resources, guidance and oversight for teams—and effective sponsorship is one of the most important ingredients for a high-performing unit-based team. If you're a sponsor, provide your teams with the support they need to create an environment where UBT members are always learning, always improving, always innovating.

1. Make it a priority to be involved. Provide feedback and hold teams accountable for action plans.
2. Coach and mentor co-leads; connect them with opportunities to develop needed skills or knowledge. Developing strong team members will ease your work in the long run.
3. Take time for face time. Walk the floor with team members and occasionally attend UBT meetings.
4. Share expectations up front with your co-sponsor and team co-leads. Define how you'll make decisions and how you'll communicate—and how often.
5. Help team members build their problem-solving skills by having them develop solutions, but if there are barriers outside the co-leads' or team's scope, get busy breaking them down.
6. Educate your teams about local work plans and regional performance priorities so they can work on the right projects. Be sure, too, that things team members care most about get addressed.
7. Celebrate and highlight successes, both large and small, by rewarding individuals and teams in a way that is meaningful to them—whether it's an email, party, lunch or a parking spot for a month.
8. Secure the resources your teams need to get work done, such as time for regular trainings or meetings and access to data that will help benchmark their performance.
9. Establish a baseline Path to Performance rating. Assist teams in understanding the rating and connect them with resources or successful practices that will help them become high performing.
10. Ensure teams are documenting their work regularly, accurately and concisely in UBT Tracker.

These practices are gleaned from reporting done by LMP Communications across Kaiser Permanente and from LMP education and training materials. They are intended not as a definitive list but as a starting point for team discussions. Go to LMPpartnership.org/tentips for links to stories and tools to help sponsors. [LMP](#)

LMP turns 15



On Oct. 1, as the new national agreement took effect, Kaiser Permanente's Labor Management Partnership also officially celebrated its 15th anniversary—the largest and longest-lasting labor-management partnership in the United States. In the past decade and a half, it has grown, evolved and thrived. Today, the partnership covers 95,000 workers from 29 union locals, as well as 20,000 frontline managers and 16,000 physicians. The historic agreement and working strategy has not just benefited workers' salaries and benefits, which lead the health care industry. The people who do the work every day now have a voice and ownership in the organization's performance.

Partnership started in 1997, emerging from mounting strife between Kaiser Permanente and its unions that threatened to derail the organization. Instead of continuing a traditional approach and launching a campaign against KP that ultimately could damage it—and the workers it employed—the Coalition of Kaiser Permanente Unions approached KP leaders with an idea for how to do things differently.

In forming the partnership, the parties agreed to work collaboratively to improve the quality of care for KP's members and communities and help KP lead the market in health care, while providing job security and the best place to work for its employees.

LMP leaders have described partnership's evolution as one from LMP 1.0, the early years of laying the foundation for working relationships, to LMP 2.0, which has brought the advancement of performance improvement through UBTs. But there is still much work to be done before partnership is a seamless way we do business.

"The LMP is a journey—it is not a thing," says John August, executive director of the Coalition of Kaiser Permanente Unions. "The LMP is labor, management and physicians transforming KP so we can transform health care...and we are succeeding."

For an LMP history timeline, go to LMPpartnership.org and type [lmp timeline](#) in the search box on the home page. 

MEET THE FALL LMP STAR!

Zondra Lewis-Brooks, an LVN2 in the Dermatology department at Southern California's Anaheim Medical Center and a member of SEIU UHW, has been a Kaiser Permanente employee since 1997—but her association with KP started when she was 5 years old and became a member thanks to her dad's employment with Caltrans. "I love Kaiser and the partnership and the unity," she says. "One of the things I enjoy is how they're always encouraging us to further our education. And Kaiser's just so into courtesy for patients—to treat the patient as you'd like to be treated."



BE OUR NEXT STAR! Here's how:

1. Complete each puzzle/game on the opposite page.
2. Have fun filling out the HANK LIBS.
3. Mail the page to:
LMP Communications/Hank,
1 Kaiser Plaza 24L, Oakland CA 94612
or scan it in and email it to hank@kp.org.

NOTE: All entries that have the first four puzzles/games correct will proceed to the tie-breaking round: Our panel of LMP judges will vote for the most creative HANK LIBS.



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



WHO'S THAT PERSON?

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

CAN YOU NAME THIS PERSON? ▶



WHERE'S THE MISTAKE?

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



FOR EXAMPLE:

Name tag on backwards.

YOUR ANSWER FOR THIS ISSUE:

WORD SEARCH: Sponsor essentials

DIRECTIONS: Use this word search to unlock the key words to successful sponsorship.

G E E N E E U R A D G N S I R L N
 R I R B B A R E S R E E N N T D N
 T N P G P N G L X A H O O R A C B
 S T A M P E C S T W I R I A O O N
 E C N A M R O F R E P O T H T A P
 C E N N N C A E A R B U A I H C I
 R S T A R H C C I N C N T R I C H
 U I N G R I H L N S O D C N O O S
 O D E E A S I I I I P I E E L U R
 S E M M R R N S N N T N P R N N O
 E T N E M E G A G N E G X S H T S
 R L G N O I T I N G O C E R O A N
 I A I T R R T T E R A L N N S B O
 E B L A S R E S C O M M O D E L P
 G O A L S A O P R I O R I T I E S
 R R T G F B E M C S A A S E A O M
 L S R A C R G R I O I R N I M G S

PATH TO PERFORMANCE
 PRIORITIES
 ALIGNMENT
 GOALS
 REWARD
 RECOGNITION
 COACHING
 TRAINING
 BARRIERS
 EXPECTATIONS
 RESOURCES
 MODEL
 ACCOUNTABLE
 LABOR
 MANAGEMENT
 SPONSORSHIP
 ENGAGEMENT
 ROUNDING

HANK LIBS: Calling on sponsors!

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

Once upon a time, a unit-based team in _____ hit a _____
(KP region) (adjective)
 roadblock. Team members were trying to work on _____, but they couldn't get
(performance/improvement topic)
 the data to _____ their _____ that they really had a _____
(verb) (plural noun) (noun)
 Someone on the team suggested they _____ out to their sponsors to see what
(verb)
 _____ they might have. Lo and behold, the _____ sponsor was able
(plural noun) (choose one: labor, management, physician)
 to tap into a _____ that gave the team a baseline metric. Sometimes when
(noun)
 you get _____, you just need a fresh set of _____ on the problem.
(verb) (body part)
 Sponsors have a key role in the _____ of UBTs. With _____ sponsors,
(noun) (adjective)
 we can be a _____ organization that provides the _____ care to our
(adjective) (adjective)
 _____ and is a _____ place to work for our _____
(plural noun) (adjective) (plural noun)

MEETING ICEBREAKER

Are you my partner?: In preparation for the activity, a facilitator comes up with a list of things that go together in obvious pairs and then writes one of the terms of each pair on separate slips of paper (e.g., salt written on one paper, pepper on another). The list should have half as many pairs as there are group members, so there is a slip for each person. To start the game, the facilitator tapes one of these slips on the back of each participant without letting them read it. The facilitator then instructs the participants to mingle and, asking only yes or no questions, figure out what is written on their back and find their matching partner. Once partners have found each other, they sit down and learn three interesting facts about the other person. Then, the facilitator has each person introduce his or her partner to the rest of the group and share one of the interesting facts. Time: 20–25 minutes.

MEDICAL TRIVIA QUESTION

T or F ✖ One of the earliest known prescriptions for contraception, captured on an Egyptian papyrus dating around 2000 BC, recommended a combination of honey, soda and crocodile dung.

	Submitted by _____	Position _____
	Region _____	Facility _____
	Phone _____	Email _____

AGES 18 AND UP

(L+M)^P

The Power of Partnership

SPONSORS ARE...
AMAZING MENTORS!
COURAGEOUS COACHES!
CHAMPIONS OF
CHANGE!

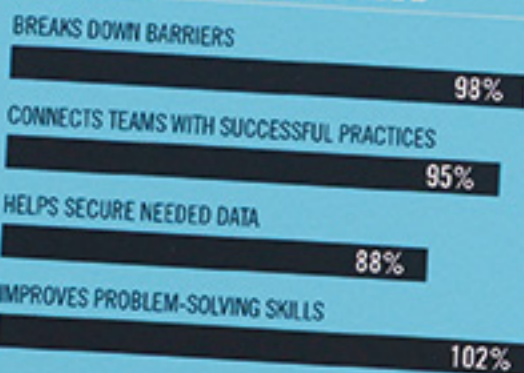
Best
Ever!

SUPREME SPONSOR

ACTION FIGURE

Long ago, Joe D. Bossman was one competent administrator among many, dispatching emails and returning phone calls but seldom stepping from his office. Then one day, a conversation with two unit-based team co-leads struck him like a lightning bolt, and he was transformed. Today, he spends time with all of his teams and helps them succeed, earning his new name of... **SUPREME SPONSOR!**

EFFECTIVENESS STATS



PROBLEM-
SOLVING
SKILLS!

KUNG FU
GRIP!

VALUE
COMPASS
SHIELD!

COLLECT THEM ALL!

- 1 PHYSICIAN SPONSOR
- 2 MANAGEMENT SPONSOR
- 3 LABOR SPONSOR



EVERY TEAM NEEDS MORE THAN ONE!

- » Sponsors, check out a new sponsor toolkit at LMPartnership.org/toolkits/sponsor-toolkit.
- » Teams, learn more about working with your sponsors at LMPartnership.org/abt/working-with-your-sponsor.



(L+M)^P
The Power of Partnership

FOLD AND TEAR ALONG DOTTED LINE