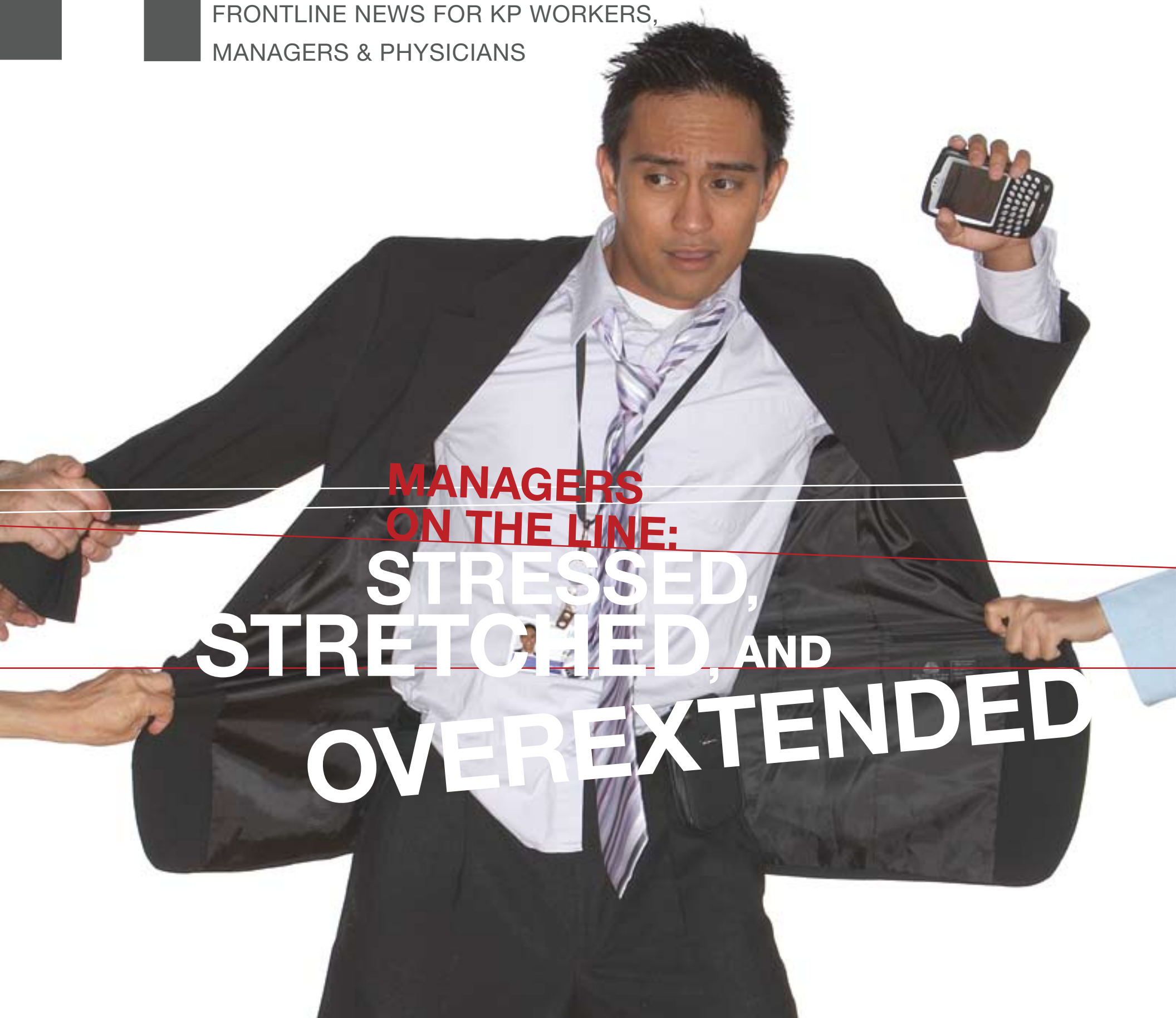


HANK

FRONTLINE NEWS FOR KP WORKERS,
MANAGERS & PHYSICIANS

OCTOBER 06 | ISSUE No.10



**MANAGERS
ON THE LINE:
STRESSED,
STRETCHED, AND
OVEREXTENDED**

IN THIS ISSUE

Happy First Anniversary. National Agreement...Now What?

Partnership Under Construction

A Way Out: Fighting Domestic Violence

From the Desk of Henrietta: Light Turbulence for Stewards

EDITOR'S LETTER

(L+M)^P

The Power of Partnership

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GOLD QUILL AWARD WINNER



Leading from the front line

"It all starts with the frontline manager. The manager sets the tone." We've heard these and similar words many times from Kaiser Permanente workers, executives, and Union Coalition leaders. But what does the statement mean to managers themselves—and to their labor partners and staff?

That question is at the heart of our cover story, "Managers on the Line," and the answers should provide encouragement and reflection for anyone who cares about the future of Kaiser Permanente, our Labor Management Partnership, and—most important—our service to members.

The call for different styles of frontline leadership—from managers and stewards alike—will increase with the coming of unit-based teams, which are a centerpiece of the 2005 National Agreement. One year after ratification, we take a look at how far we've come—and how far we still have to go—to achieve the full promise of the Agreement (see page 7).

In the meantime, Partnership is making a difference in areas that might surprise you: In the foundations of our buildings and the foundations of our relationships. We feature two eye-opening examples of this—in the design of new facilities and the prevention of domestic violence—on pages 8 and 9, respectively.

Finally, a housekeeping note. This is our 10th edition of *Hank*, and because some readers have asked how to tell if they've missed an issue, we're numbering this and all future editions of *Hank*. Collect the whole set, trade them with your friends, or download any issues you've missed by visiting www.lmpartnership.org and clicking on "Read All About It." You also can order back issues through our website's eStore, at www.lmpartnership.org/estore.

CONTENTS



COVER STORY: MANAGERS ON THE LINE

The National Agreement envisions frontline managers working with their union partners in new ways. But some things remain the same—including the need for results. Yesterday.



HAPPY FIRST ANNIVERSARY, NATIONAL AGREEMENT. NOW WHAT?

It's been a year since ratification of the National Agreement. Is it time to celebrate, prognosticate, or ruminate? Here's where we are, and where we're going.



BREAKING GROUND IN PARTNERSHIP

KP is investing \$27 billion in new and upgraded facilities—and benefiting, brick by brick, from the input of frontline workers, managers, and physicians.



A WAY OUT: FIGHTING DOMESTIC VIOLENCE

How KP and unions are joining to help fellow employees fight domestic violence.



FROM THE DESK OF HENRIETTA

Are union stewards accountable? Here's what they say.

11 *Hank* Survey Results: Managers Rise to the Challenge

12 A Tear-Out Poster: Rip and Post!



NEW RULES OF ENGAGEMENT

MANAGERS ON THE LINE

For years, frontline managers were expected to carry out orders, direct the work of others, marshal resources, and enforce policies. But that's SO 20th century.

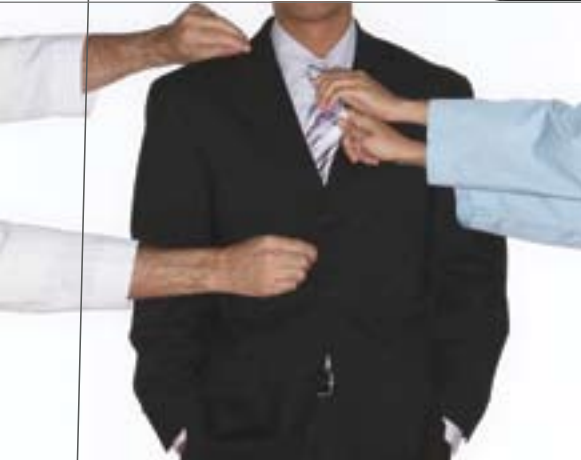
Since the advent of the Labor Management Partnership nearly 10 years ago, Kaiser Permanente has been updating that job description. Most KP managers say they embrace the new job—though, like a lot of job descriptions, it may bear only a vague resemblance to day-to-day reality.

One thing is certain: today's frontline managers need to deliver results, and they need to do so in closer collaboration with their staffs than ever before.

"Sometimes it's difficult to hold back and not just tell people what to do," says Dolores Covarrubias, department administrator for Occupational Medicine and Employee Health at Woodland Hills Medical Center. "But in the long run it makes my life easier if the whole team is involved in decision making. Everyone feels more committed and has a stake in the outcome. That means better service to members and co-workers."

Covarrubias is not alone in her views. A *Hank* survey of 8,500 managers across KP shows a remarkable level of support for partnership, and a healthy appetite for a new style of management (see page 11 for survey results).

(continues on page 4)



71%

AGREE IT IS CLEAR WHAT IS MEANT BY THE NEW ROLE OF MANAGERS OR MANAGERS WORKING AS MENTORS AS A REQUIREMENT FOR A SUCCESSFUL PARTNERSHIP.

(See page 11 for more findings.)

“Our focus needs to be building the capacity of the unit. It’s the way out of our overload.”

HIGH ASPIRATIONS, BROAD SUPPORT

The National Agreement lays out ambitious new roles for both stewards and supervisors, especially in the context of unit-based teams, the primary vehicle for implementing the Agreement:

In unit-based teams, supervisors will continue to play a crucial role in providing leadership and support to frontline workers. The role should evolve from directing the workforce to coaching, facilitating, supporting, representing management through interest-based procedures and ensuring that a more involved and engaged workforce is provided with the necessary systems, materials and resources (2005 National Agreement Section 1.B.1.b.).

The language is strong on vision, short on specifics. Managers and workers throughout KP will be redefining how work is done in their units in coming years. And in the process they’ll have to tackle some differing perceptions about accountability for results.

More than 70 percent of managers surveyed this summer said they knew what is meant by “the new role of managers” and “working as a mentor.” More than 67 percent say they’ve been given the tools, training, and time necessary to work successfully in Partnership, and 63 percent think they can meet the expectations laid out in the National Agreement. Only 20 percent say they’d prefer to manage in a traditional, top-down way.


“It’s extremely important to have open and honest communication with your staff,” says Tony Cangelosi, site administrator and manager of adult medicine in Rancho Cordova (Northern California). “My job is to build good working relationships and help create an environment that brings out the best in people.”

Gwen Gascie, operations manager at the Consolidated Services Center in San Diego and a 26-year KP veteran (including several years as a service representative and union member) takes a similar approach. “What’s different about managing in Partnership is that I’m not the only one making decisions,” she says. “I share information and ask questions and get input. That gives me added insight into both sides of an issue. And when we have a problem the outcomes are usually better, because I’m not trying to solve it alone.”

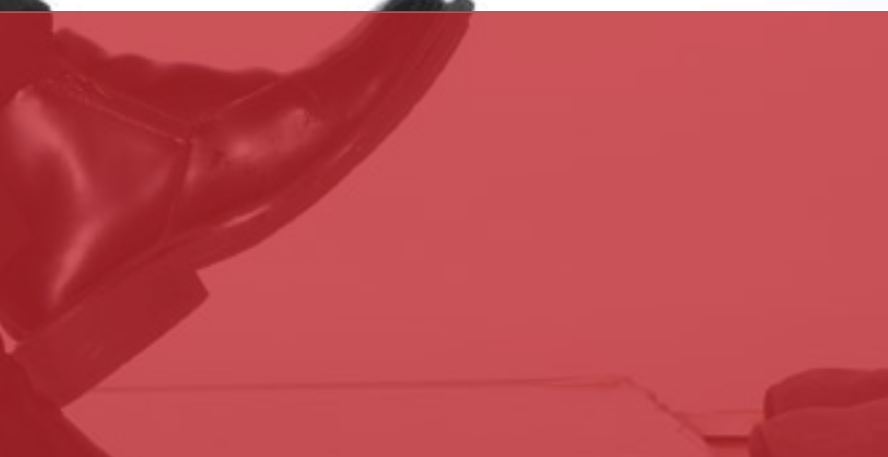
WHO’S ACCOUNTABLE . . . AND FOR WHAT?

However, Gascie also raises an issue echoed by several managers, one that points to a potential rift between managers and staff. “I feel that in many ways I am held more accountable than the staff. I have tools to use, but at the end of the day it’s my responsibility to get results. What’s frustrating,” she adds, “is that not everybody understands or supports what it means to partner.”

John Folk, facility services director in Redwood City, California (and a former shop steward of Local 39, Stationary Engineers), put it this way: “A lot of managers feel that Partnership is not always a two-way street. It’s hard to defend



“ People at different levels in the organization have different levels of responsibility, but everyone is accountable for what they do. ”



the indefensible, but I've seen it done by some stewards who think in very traditional ways that it is their job simply to defend the employee, right or wrong, rather than try to resolve a bad situation and move forward. The most successful outcomes I've experienced involved stewards who shared their unvarnished opinions with both the manager and the employee involved.”

“I'm already on the 'bad manager' list for holding my staff accountable,” says another Northern California manager, who asked not to be identified. “Overall my staff want to come to work, and they do a great job. My challenge, for the past six months, is that I have non-Partnering shop stewards who inflame situations rather than addressing them at the lowest level.”

Others say there's an imbalance in communications, with union members having better information sources than managers do. “In general, I feel well informed on the Partnership,” says Paul Roggero, manager of respiratory care services at San Francisco Medical Center, “but there are certain issues in our area, involving career development, where I need to go to the stewards for information. You have to seek out the information you need from many sources; you can't wait for it to come to you.”

Union Coalition leaders address these challenges head-on. “We're committed to performance, because performance is a union issue,” says John August, executive director for the Coalition of KP Unions. “Workers want to do the best jobs that they can and want to know that their skills, experience, and hard work are valued. We're also committed to accountability. But you cannot have accountability without measurement—measurement of Partnership behavior and of agreed-to goals and results. Unit-based teams will be where goals are set and

(continues on page 6)



Another Kind of Power

Frontline managers wear many hats. But companies often overlook these managers' impact on the intangible qualities of an organization: the nature of the work experience and the professional development of their staff.

“Having a positive relationship with your immediate manager is essential to employee satisfaction,” says Senior Vice President, Brand Strategy, Communications, and Public Relations Diane Gage Lofgren. “Think about it, your friends and kids probably know the name of your manager—he or she is someone who you talk about around the dinner table. They have a huge impact on your work life.”

Outside experts have studied the lasting influence that frontline managers can have on an organization and its people. A 2000 study of 6,500 senior and middle managers, by consultants McKinsey & Co., showed that bad bosses impede others' learning and development, prevent people from making a larger contribution to the bottom line, and drive talent from the company.

Beth Axelrod, a co-author of the McKinsey study and co-author of *The War for Talent*, now senior VP of human resources for eBay, recently told McKinsey.com, “You cannot overstate the importance of the role of a manager in developing others. Every day, employees interact with their manager, receive coaching and development, are given challenging opportunities and the confidence of their managers—or not, as the case may be.”

On the other hand, several KP managers credit past or current managers in their own careers as positive role mentors and models.

“I've been fortunate to have managers who try to give me opportunities and open up new ways to work,” says Dennis Deas, a principal in KP Colorado's Strategic Management Consulting Department. “My manager now, Kim Oberg, meets with me one-on-one at least once a month, discusses challenges, and gives feedback and guidance. It's all about providing opportunities to grow.”



WHAT DOES 'THE NEW ROLE OF FRONTLINE MANAGERS' MEAN TO YOU?



AMY DICKINSON
Team Manager
Member Services Call Center
Stockton, California

"It means being more concerned with achieving consensus—not just voting or getting feedback, or reciting policies and procedures—but working through everyone's interests. It is a matter of sharing information and remembering or relearning a different mind-set, not just making snap decisions."



MARY KAY TAYLOR
Assistant Director of Radiology
Oakland Medical Center

"I feel my new role is not much different than my old role. I am a firm believer in communication of all kinds. The shop stewards and I maintain a relationship that fosters interactive discussions. This then allows us to see all sides of an issue and be able to come to an equitable resolution. Being able to communicate on a daily basis makes the relationship stronger and creates a better place to work."



RICHARD WEEKLY
Environmental Safety
Oakland Medical Center
SEIU UHW-West

"It means respect, not just communications skills. When the going gets tough, they have to find a way to reach out and understand both the managers and the employees. Also, we don't need managers with fancy college degrees. We need more managers with common sense. And we need people to realize that if there isn't stability at the top, how can you expect there to be stability at the bottom?"



TOM LONGA
Optometrist and labor liaison
IFPTE Local 20, Redwood City

"Managing in Partnership is more than getting input—it's not just going to people after you have a solution in mind to see if they're OK with it. It's raising issues, working out situations, and planning together. At the present time, the manager has to look six to 12 months out and forecast where the department needs to be for planning purposes. In time the unit-based team will be part of that planning process."

Each issue, we ask four people—all from the same region—a top-of-mind Partnership question. If you have an idea for a question, or want to respond to this one, email it to hank@kp.org.

performance is measured, and will provide greater opportunities to contribute—and greater accountability—for everyone."

Adds Kathy Sackman, RN, president of United Nurses Associations of California/Union of Health Care Professionals, "Staff is held accountable for performance partly through the PSP." (The PSP, or Performance Sharing Program, provides annual bonuses for covered employees for meeting such goals as workplace safety, attendance, or service quality, as set by each region.)

"Labor is equally responsible for performance, especially when it comes to quality of care."

As for steward training, says Sackman, "Coalition unions have committed that our stewards will be trained and be responsive to the needs of the Partnership, while at the same time honoring the agreement." She notes that KP and Coalition leaders can help resolve workplace breakdowns. "Just as in management, there is a chain of responsibility within our unions. If managers have a problem with a steward, they should contact the union's staff representative, and ultimately, the union president."

Donna McClellan, VP, medical operations, for the Northwest region, also takes issue with the notion that frontline workers are less accountable than their supervisors. "People at different levels in the organization have different levels of responsibility, but everyone is accountable for what they do," she says. "Some managers may feel they are more accountable for resolving conflicts than are their union partners. But the goal of the Labor Management Partnership is to jointly align accountabilities and resolve conflicts, rather than create distinctions where 'I'm more accountable than you are.'"

FILLING THE GAP

As unit-based teams take hold across KP, such discussions may become more heated. Senior KP leaders acknowledge that the

transition to new management approaches has not been easy.

"We changed everything overnight [by going into Partnership]," says Bernard Tyson, senior vice president, health plan and hospital operations. "But we gave no support to managers and didn't change their goals. That's part of the reason why LMP is often seen as additional work."

Adds Southern California President Ben Chu, MD, "We're still using old ways to hit targets but are changing the way we work. It's a big jump to ask people to change. There are few tools available." However, he also points to a way out of "initiative overload"—the development of strong unit-based teams. "Our focus needs to be building the capacity of the unit. It's the way out of our parallel structures, and out of our overload."



Work teams will answer a lot of questions for themselves as the National Agreement is implemented at the regional level (see [page 7 for an update](#)). However, KP and Coalition leaders are on the same page when it comes to the results they envision.

"We've invested heavily in the Partnership, and it's our expectation that staff and physicians, as well as supervisors at all levels of the organization, will practice the Partnership principles," says Donna McClellan. "It's part of what it takes to be successful at Kaiser Permanente." (L+M)^P

How to Build Partnership in Your Department

Frontline managers across KP voice support for Labor Management Partnership. But what can managers—and their union partners—do to turn the theory of Partnership into day-to-day practice? Here are five tips from LMP field consultants:

Be sure you, and your partnering unioning employees, attend Partnership training. Contact your local training liaison listed on the LMP website (www.lmpartnership.org/contact/localtrainingcontacts.html)

Engage your union partner in planning the agendas for staff meetings. Routine staff meetings are a good opportunity to share information and to build working relationships. By planning and conducting your staff meetings jointly—and making LMP a standing item in your meeting agendas—you can establish trust and increase staff engagement.

Communicate early and often. Don't assume that your steward or staff are not interested in a given issue. It's far better to share the concern upfront, and find out what's important to them—from them. Give your co-lead a heads-up on any issues that would surprise them.

Use Partnership tools to resolve conflicts. Issue Resolution, Consensus Decision Making and Interest-Based Problem Solving can help all parties define the issue, understand one another's interests, find mutual solutions, and ensure support for those solutions.

Find a mentor. If you hit a barrier at the unit level, the LMP councils at most facilities and in every region can help. But if you need to vent your concerns and get advice and support, call on a peer or senior leader who's been there and done that.

"These are just a few simple steps that managers and stewards can take together," says Karen Price, senior LMP consultant for Northern California. "Working on day-to-day problems helps build relationships and starts the conversations and engagement that are necessary to have a well functioning department."

For a pamphlet with the 37 Partnership behaviors, please visit www.lmpartnership.org and click [eStore](#).

2005 NATIONAL AGREEMENT: HAPPY FIRST ANNIVERSARY. NOW WHAT?

OCTOBER 1 MARKED THE FIRST ANNIVERSARY OF THE 2005 NATIONAL AGREEMENT, AND THE HONEYMOON IS OVER. *THE SECOND HONEYMOON, THAT IS.*

Given that implementation of the 2000 National Agreement was incomplete at best, all eyes were on the first year after ratification of the 2005 National Agreement. With the end of this honeymoon—the period, like the first year of a marriage, marked by surprises both pleasant and puzzling, and by intense learning about what the relationship needs—it’s inevitable to draw comparisons between now and 2001.

Yet there’s no comparison. “Some people think it is taking too long to implement the 2005 National Agreement, but

- **Healthy workforce** (performance for the front line), supporting a healthy, productive, high-performing employee population, enabling us to provide the best service and compete successfully for skilled health care workers.
- **Support functions** that enable frontline change include metrics, integrated training, communications, change management, and finance.

“We view the unit-based team as the vehicle for achieving the performance improvement that is the basis for our Labor Management Partnership,” says Robert Hochberger, LMP

activities and evolve the holistic approach. At the same time, they know that senior KP and Coalition leaders are tracking their progress closely and that any time lost to planning and processing will have to be made up. The commitment is strong to proceed with helping regions address issues and solve problems that are most important to them, using the unit-based approach.

“The approach being used this time is a big improvement on what was done in 2000,” says Greg Hamblet, special assistant to the director of Collective Bargaining, United

“The fact that rank-and-file people are involved in the process is a major plus. It lets people see firsthand the commitment and resolve that everyone has to getting things right, and it strengthens the whole Partnership.”



compared to 2000, there is more structure, the work is better organized and process-driven, and it has strong sponsorship at all levels,” says Jim Pruitt, director of labor relations for the Northwest region.

Indeed, KP and the Coalition of Kaiser Permanente Unions have taken the time up front to build a structure that can support full implementation. But where does that leave us? Wish the 2005 National Agreement a happy first anniversary. And now it’s time to assess where things stand.

PROGRESS IN THE PAST 12 MONTHS

The changes that probably are most visible to employees—wage and benefit improvements averaging 4.5 percent a year over five years—have been in effect since day one of the Agreement.

Other provisions, aimed at changing the way KP works to serve members and to support and engage staff, were designed to be developed over time. The process of integrating these complex provisions into KP operations (for instance, staffing, budgeting, and backfill or service quality improvement) is well under way, with the help of hundreds of frontline workers and managers across the program.

And unit-based teams have come to the fore as the primary vehicle for implementation, and for the achievement of ongoing regional and departmental goals. Senior KP and Union Coalition leadership have agreed on a common vision for unit-based teams, encompassing three themes:

- **Performance improvement** (performance by the frontline), delivered by unit-based teams addressing such issues as service quality, cost structure, attendance, staffing, budgeting, and backfill, as well as workforce development.

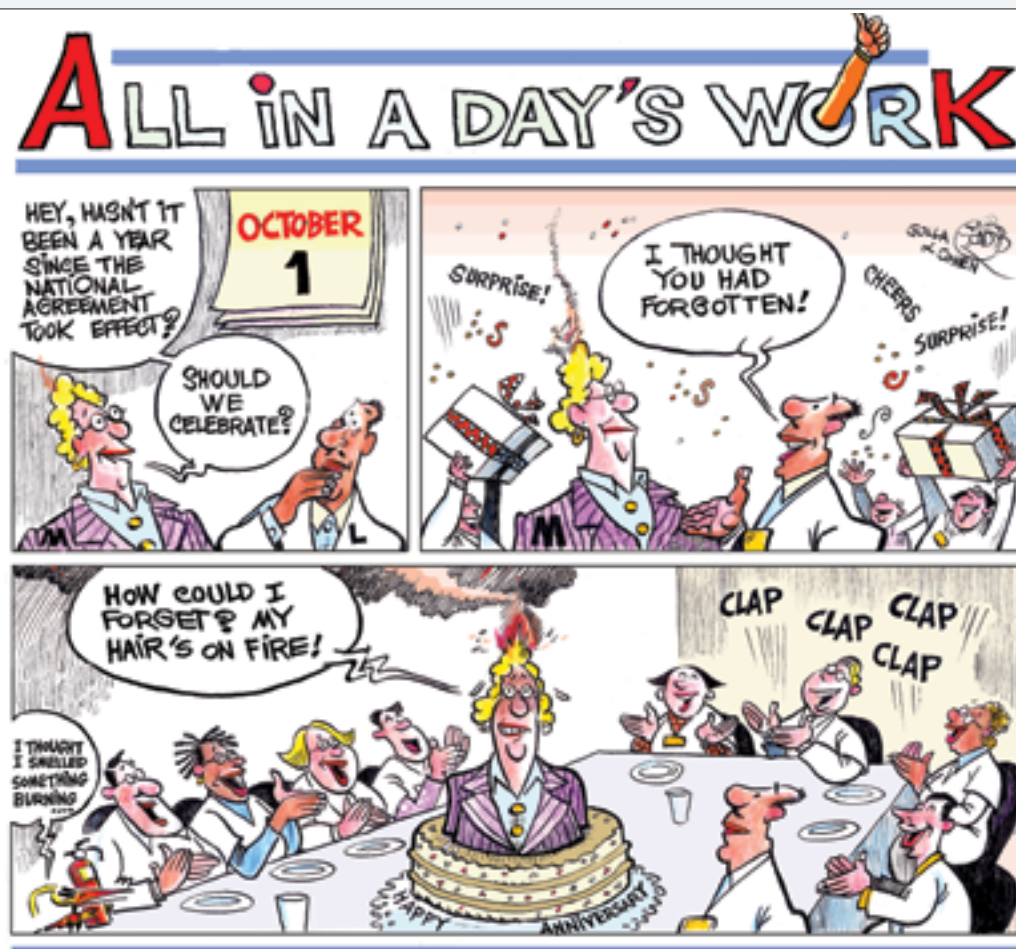
Coalition national coordinator and labor lead for the Mid-Atlantic, Georgia, and Ohio regions. “These teams will be key to achieving the goals and aims of the Partnership and driving performance improvement where it matters most: the front line. Unit-based teams will be the glue that binds the various initiatives and contractual requirements.”

IMPLEMENTATION FULL STEAM AHEAD

People involved in the day-to-day implementation work say there’s value in taking the time up front to organize

Food and Commercial Workers. “The fact that rank-and-file people are involved in the process is a major plus. It lets people see firsthand the commitment and resolve that everyone has to getting things right, and it strengthens the whole Partnership.”

Adds Pruitt, “Managers and employees need to understand what they can do to further National Agreement implementation and Partnership. We all have to step forward and make Partnership the way we do business.” (L+M)^P



BREAKING GROUND IN PARTNERSHIP



Delivering high-quality health care is about **people**: mission-driven, service-minded, knowledgeable and skilled clinicians, staff and managers. It's also about bricks and mortar, equipment and technology, workflows and design.

If KP were a construction company, it would be the fifth largest in the country, with \$27 billion budgeted for 27 new or upgraded hospitals and many other projects over the next eight years. And in 2006 alone, \$852 million of that total is going to union building trades labor. But what really sets all that construction apart is how it's being designed and built: in Partnership, with frontline workers and managers evaluating designs, testing equipment, and contributing to the planning of workstations and spaces for clinical care.

The first three medical centers to be designed in Partnership—Antioch and Modesto in Northern California, Irvine in Southern California—will begin to open late next year. Some of the California construction is prompted by laws

In June, the 37,000-square-foot Kaiser Permanente Sidney R. Garfield Center for Health Care Innovation opened in San Leandro, California, near the Oakland airport. Designers have built prototypes of patient rooms, nursing stations, waiting rooms, an operating room, an Emergency Department, and a labor and delivery room for frontline experts to test and modify.

Freddy Ballesteros, RN, who participated in an expert panel, said designers made assumptions about workflow that turned out not to be true.

For example, frontliners pointed out that the planned site for the medication room would be inconvenient to reach. They recommended moving it to a central location in the nurses' station so that RNs would not have to walk the length of

a non-PVC carpet backing in new hospitals because it does not release toxic dioxin throughout its lifecycle. And the impact goes beyond KP's walls. "Business as usual from vendors is not enough" explains Kouletsis. "We can push industry to do the right thing."

New KP facilities will include rubber floors that do not require EVS workers to use harsh chemicals for washing or waxing, and that help prevent trips and falls.

PLANNING FOR NEW TECHNOLOGY

Modern hospitals are growing ever larger, not only to accommodate patients and staff but also to house the new kinds of equipment used in health care. But space is just one concern that Michele Ovando, regional imaging services coordinator in the Northwest, and her colleagues have to contend with. Her labor partners joined her in designing and selecting equipment and developing workflow and staffing models to create what they hope will be a state-of-the-art digital imaging facility.

"As a manager I could only look to labor. They will have to work in this facility, with these vendors and these staffing models," she notes. The result, she says, will be a better exam for patients.

"We have to plan for the technology we know about, but we also have to be flexible enough to incorporate future technology in our plans," Dr. Rogan points out.

MEETING TIGHT TIMELINES

KP's jointly designed facilities are breaking new ground in another area as well: these large, complex construction projects are on track to beat industry standards for completion time. For example, the Antioch hospital will take five years from concept to opening. That's two years less than the industry average for Northern California. Kouletsis is impressed by how much will be accomplished in so little time. "This organization can be slow to change," he notes. "We're making things happen pretty quickly and we're making a difference in health care design." (L+M)^P



"The LMP was key [to ensuring that] all disciplines had their voices heard, from design to actual implementation. That results in a healthier environment."

requiring that all hospitals in the state meet the latest seismic standards by 2013. In other cases, like Sunnyside Medical Center outside Portland, which is opening a new wing next year, the hospital simply has outgrown the existing facility.

BUILDING ON TRADITION

Employee participation in designing facilities was initially informal and predated Partnership, according to John Kouletsis, director of strategy, planning, and design for National Facilities Services. But as the LMP takes root, that participation has become more formal, with union members on the expert panels that have developed much of the design.

Some 50 expert panels, made up of managers, frontline workers, and physicians, along with planners and architects, have helped develop a "templated hospital" that sets the standard for KP construction. These teams test prototypes of work stations, furniture, and equipment.

the floor to retrieve medications for their patients, and this adjustment will make life easier on the staff and safer for the patients every day.

"The changes we made will affect nursing for years," says Ballesteros. "The LMP was key [to ensuring that] all disciplines had their voices heard, from design to actual implementation. That results in a healthier environment."

Bruce Rogan, MD, Hospital Committee chair for the Southern California Permanente Medical Group, says some of the problems with existing hospitals will be avoided in the future by "drawing on information and ideas from the people who will be working in and using the space for years to come."

SAFETY BY DESIGN

Safety is central to the design of any clinical environment, and Kaiser Permanente's "safety by design" standard focuses not just on patient safety but also worker and environmental safety. For example, KP recently has gone to

Domestic violence as a public health issue has had the attention of KP's leaders, physicians, and staff for years, but it hasn't had the same level of attention as a workplace issue. Recent signs say that's changing, however. And KP and the Union Coalition are leading that change together.

"At a leadership council meeting, it was Mary Ann Thode [Northern California regional president] who said, 'What are we doing for our own employees?'" says Brigid McCaw, MD, who is now clinical director of Family Violence Prevention Programs in Northern California. "Then Mary Ann said, 'We have to get our own house in order.'"

Today, KP is nationally recognized as a workplace leader in domestic violence prevention. In 2005 the Northern California region's domestic violence displays, titled "Silent Witness," won Kaiser Permanente's coveted R.J. Erickson Diversity Achievement Award.

Yet, in the time it takes you to read this article, it's statistically likely that a KP employee or member will experience domestic violence.

registered nurses, Susan Korn (now retired) and Zoe Sutton, approached Gately with a proposal.

"We had an hour with Tony," Thomas says. "Less than five minutes into our presentation Tony stopped us and said, 'How much do you need?'"

Additional funding from other sources, and the help of Northern California Multimedia, created the displays, which debuted in 2004. The stark displays—white words on black backgrounds—tell how each of the employees got help, escaped their abusers, and moved on.

The featured employees are the lucky ones. At least three KP staff members—an obstetrician, a represented employee in Optical Services, and a manager—were killed in acts of domestic violence in the past 10 years.

Other high-profile efforts to counter domestic violence exist throughout KP, including the Northwest and other regions. In Northern California, the placement of domestic violence

"If there's anything in the world where there is no discrimination, it's domestic violence."

(Apply the national domestic violence rate—4 million people each year—to KP's members and employees, and you end up with an incidence of 1 every 4.2 minutes.)

"This is happening in our own house," says Cindy Thomas, workplace safety department secretary and past executive board vice president for SEIU United Healthcare Workers-West. "If there's anything in the world where there is no discrimination, it's domestic violence."

Thomas, unfortunately, knows this firsthand. Her escape from domestic violence is one of 13 KP employees' stories documented in the Silent Witness displays, which are making their way through KP facilities. Doctors and nurses, EVS workers and technicians, female and male—the common thread through all 13 is that they're KP employees, they trusted someone, and they were abused by that someone.

How the "get our own house in order" imperative was converted to action in Northern California is a story of Partnership. Two strong forces—state law, and the acknowledged societal and medical costs of domestic violence—drive health care providers everywhere to watch for and report suspected domestic violence among patients. Making employees aware of the issue as it affects co-workers is a different matter.

A domestic violence committee in Northern California, staffed by labor, management, and medical group employees, coalesced around building an awareness display based on employees' stories of abuse.

They lacked one thing: money.

They found a patron in the late Tony Gately, then the vice president of the Office of Labor Management Partnership. Thomas and two

prevention fliers in women's restrooms—a place even an abuser may think twice about entering—has been wildly successful. Yet the Silent Witness displays have attracted even more attention.

Several employees, Dr. McCaw says, have contacted Employee Assistance Program counselors after seeing the displays, as have numerous patients. After seeing an early version of the display, a male employee came forward and shared his story—he was abused by his former wife—so it could be included.

Silent Witness also has raised KP's presence on the national domestic violence prevention scene. The Corporate Alliance to End Partner Violence, a national nonprofit dedicated to reducing the costs and consequences of partner violence at work, will feature KP in November. Its Web site is www.caepv.org.

Macy's stores throughout Northern California have presented the displays. They can be seen in the Macy's at Union Square in San Francisco through October 23, and then at Macy's in Santa Rosa, California, from October 25 through November 20. The displays, Dr. McCaw notes, have helped KP physicians and account executives make strong inroads with Macy's employees and executives.

The Silent Witness display was scheduled to be shown at the California State Capitol in Sacramento on October 11. And you can see the displays online at <http://xnet.kp.org/domesticviolence/silentwitness/index.html>.

At least now, Thomas says, people know what's happening in our own house—and that there is a way out.

"We see more and more people who are willing to speak to their providers about this," Thomas says. "It has for too long been a closet ailment." (L+M)^P

- National Domestic Violence Hotline (24 hours a day): 800-799-SAFE (7233) or TTY 800-787-3224. Or, visit the National Domestic Violence Hotline online at: <http://ndvh.org>.
- KP's Employee Assistance Programs: There are different numbers for each region—and, in California, for each service area.
- California: To find the EAP coordinator nearest your facility, go to this website (accessible both inside and outside KP's network): <http://xnet.kp.org/hr/ca/north/docs/hrpeople/eap/contact.htm>
- Colorado: 800-873-7138
- Georgia: 800-869-0276
- Hawaii: 808-432-4922
- Mid-Atlantic: 800-227-1060
- Northwest: 503-813-4703
- Ohio: 800-521-3273
- Program Offices and KP-IT/Executives in NCAL: 866-772-4273
- Program Offices and KP-IT/Executives in SCAL: 866-313-0013

BY THE NUMBERS

Though domestic violence statistics are difficult to amass and report—not the least of which because of social stigma that inhibits some victims from reporting abuse—the statistics that are out there are sobering. Among them:

- 4 million American women are assaulted by a partner during an average 12-month period.
- On the average, more than three women are murdered by their husbands or boyfriends every day.
- One in three Americans say they know a woman who has been physically abused.
- About 74 percent of battered women surveyed in one study reported that their abusers harassed them at work. Domestic violence caused half of these women to miss at least three full days of work a month.
- 37 percent of women responding in a second study report that domestic violence had impacted their work performance in the form of lateness, absence, ability to keep a job, or inability to advance their career.
- 94 percent of corporate security directors rank domestic violence as a high security problem.
- The cost of intimate partner violence in the United States was recently estimated at \$5.8 billion per year, with \$4.1 billion of that coming from direct medical and mental health services.

Source: Family Violence Prevention Fund, <http://endabuse.org>



FROM THE DESK OF HENRIETTA : LIGHT TURBULENCE FOR STEWARDS



You'd be hard-pressed to find anybody at Kaiser Permanente but a manager who cares to characterize how stewards go bad. Some managers complain that stewards swagger and intimidate, that they carry baggage, fight losing battles, are not accountable. Are renegade stewards the metaphorical snakes on the plane of Partnership? Or is this just idle grousing, the kind we get into when we want to cut loose from our responsible roles at work?

As you'd expect, stewards have their own response to these questions.

Gayle Valverde says it's just grousing. A 30-year KP employee and union member in Roseville, she says steward humor relies on stories about managers and suspects that management spikes their laughs with tales of stewards. But she rejects talk about troubled stewards.

"I think stewards have to be really outstanding employees to start out with," she says. "You can't lead by example if you're a crappy example."

"I'm sensitive to the position management finds themselves in," Valverde says. "We're not a company union. We're not getting together and singing 'Kumbaya.' Managers need to understand, and if they don't understand, they need to respect our right to disagree."

Rose Almeda-Suazo, a senior clinical laboratory scientist in South Sacramento, concedes past abuse. "Before the LMP, I'm sorry to say, there were a lot of people who could get away with things because of the union. With the LMP, it's more like we work together on issues like customer service or attendance."

Will Clayton admits stewards have baggage. "But the baggage can be neutralized," says Clayton, administrative vice president of SEIU UHW-West. "It's how you react to it. If you blow me off,

Jackson and IFPTE Local 20 steward Almeda-Suazo.

"My role as a leader is to steer members in the right direction, not in a revolt," says Valverde.

"Managers need to understand, and if they don't understand, they need to respect our right to disagree."

it perpetuates my attitude. If you embrace it, and admit you're having a tough time, it opens the door for change."

Alexandra Jackson, a medical social worker in the Stockton Oncology Department, even sympathizes with management. "This is a learning process for everybody," she says. "Management is sometimes in a hard place because they're still being managed the old way. The person above them may not agree with the Partnership or a decision that's reached in Partnership."

Are stewards accountable? Yes, yes and yes, say SEIU stewards Valverde and

"We are accountable to our union, to the employees, to each other," says Jackson. And, as it turns out, to management too, notes respiratory care manager Chris Marinozzi of the San Francisco Medical Center, French Campus. "If my ship sinks, your dinghy is going with me," she says.

Ship ahoy.

I welcome your comments, questions and ideas for future columns. Send them to hank@kp.org. He'll make sure I get them.

(L+M)^P

ONE AGREEMENT, MANY FORMATS

The 2005 National Agreement is rolling out across Kaiser Permanente. One of the best ways to ensure you and your department achieve its full benefits is to get and read a copy of the Agreement.

There are three ways to get informed.

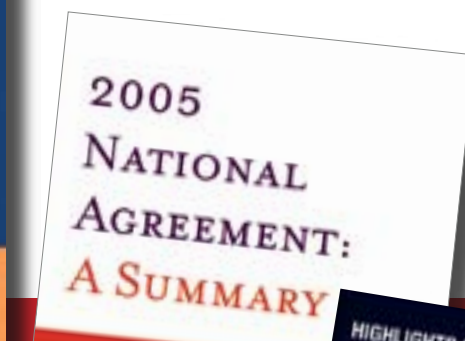
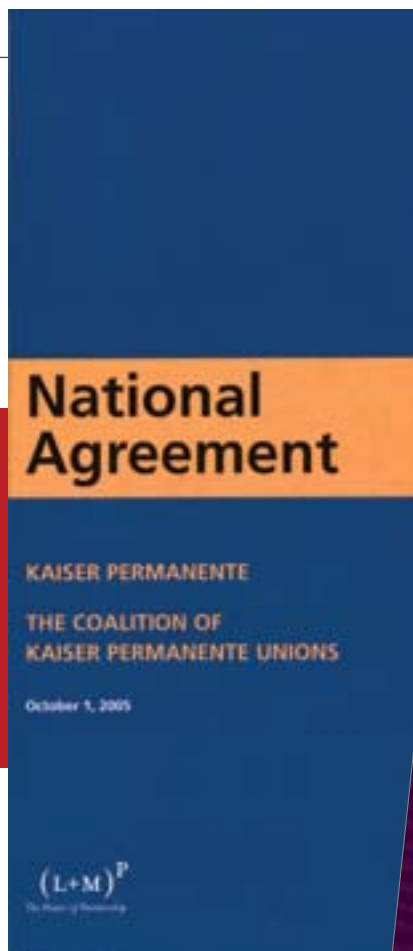
DOWNLOAD the full text of the Agreement or a handy summary of its main points.

ORDER a pocket-sized print edition of the full agreement, or the summary.

EXPLORE how key provisions of the agreement work for you by using an interactive tool and wage calculator.

All three options are available at:

www.lmpartnership.org/contracts/index.html



HANK SURVEY RESULTS



MANAGERS RISE TO THE CHALLENGE

Everyone has a boss—and an opinion about what that boss ought to be doing. But what do frontline managers themselves think about the job they’re being asked to do in Partnership? What does it mean to them to take on roles described in the 2005 National Agreement as “substantially different from those of traditional work situations”? To find out, we conducted an online survey of 8,500 managers across KP in August. Their responses show broad support for the Labor Management Partnership. More than half the respondents say the LMP has helped improve their department’s performance, and even larger majorities indicate that they understand their new role, have been given the tools and training to accomplish it, and believe they can deliver on the expectations outlined in the Agreement.

However, only 50 percent of the respondents agreed that they could speak freely about workplace issues. Twenty-seven percent think they could speak out without fear of reprisal, either from their managers or from their union Partners.

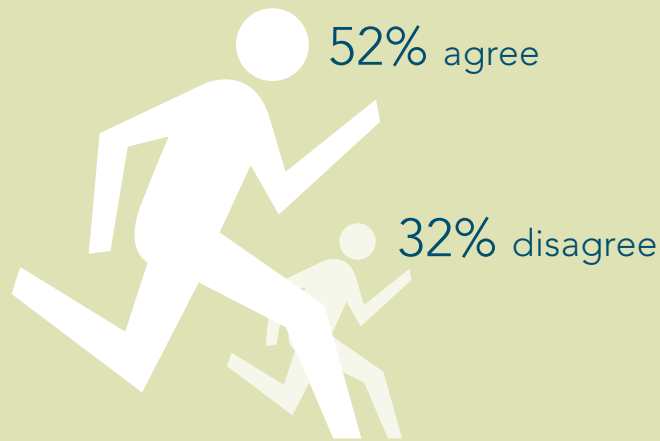
A snapshot of our respondents, most of whom appear to be working at, or close to, the front line:

- 75 percent described themselves as a supervisor, a manager, or a senior manager
- 49 percent have between 10 and 50 people reporting to them, directly or through other managers, and an additional 26 percent have fewer than 10 employees reporting to them
- 34 percent have been managers at KP for four to eight years; 29 percent have been managing for less than four years

A total of 876 managers completed the survey—a response rate of more than 10 percent. We thank all of them for their time, their honesty, and—based on the data—their commitment to Partnership.

For full survey results, visit www.lmpartnership.org

THE LMP HAS HELPED IMPROVE OUR DEPARTMENT’S PERFORMANCE



I BELIEVE I CAN SPEAK **CANDIDLY**, WITHOUT FEAR OF REPRISAL, ABOUT WORKPLACE ISSUES



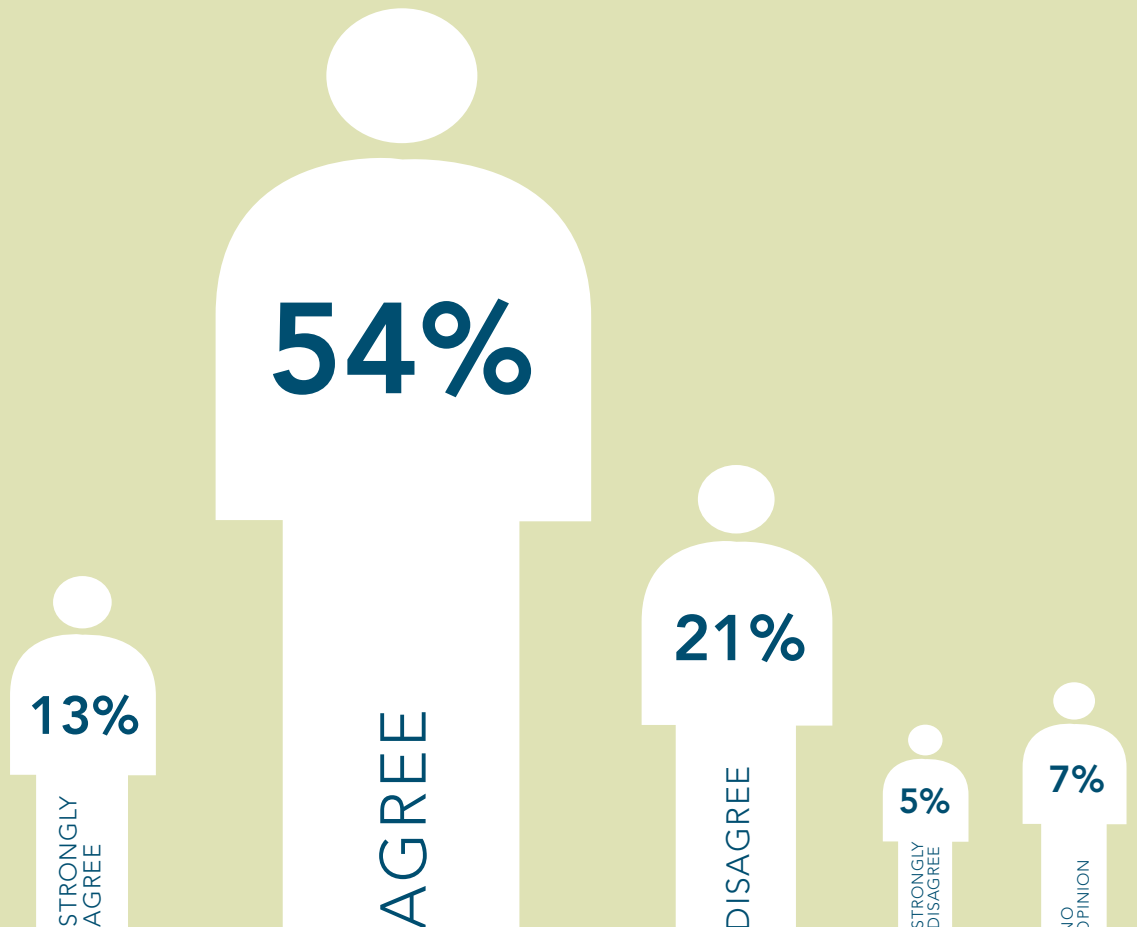
69% OF MANAGERS **DISAGREE** WITH **MANAGING** IN A **TRADITIONAL** WAY

20% OF MANAGERS WOULD PREFER TO **MANAGE** IN A **TRADITIONAL** WAY

63% UNDERSTAND THE NEW EXPECTATIONS FOR MANAGERS AND CAN MEET THOSE EXPECTATIONS

16% DON’T UNDERSTAND THE NEW EXPECTATIONS AND CAN’T MEET THOSE EXPECTATIONS

PERCENT OF MANAGERS THAT HAVE BEEN GIVEN THE TOOLS, TRAINING AND TIME NECESSARY TO WORK SUCCESSFULLY IN PARTNERSHIP



NOTE: PERCENTAGES ARE ROUNDED FIGURES.



Honest Henrietta

THE FIVE BIGGEST LIES

ABOUT CHANGING THE CULTURE AT KAISER PERMANENTE

1. IT'S LEADERSHIP'S PROBLEM, NOT MINE
2. IT WILL HURT MY LOVE LIFE
3. IF I IGNORE IT, NOBODY WILL NOTICE
4. IT WILL MAKE ME GAIN WEIGHT
5. WE CAN'T AFFORD IT

THE TRUTH IS that all of us need to participate in changing Kaiser Permanente's work culture through our LMP because it will let us work smarter, safer, more effectively, and maybe even help us lose weight — which will allow KP to invest its revenues in health care, pay and benefits, and technology.

Keep up with the latest and greatest LMP news. JOIN THE MAILING LIST FOR THE BIWEEKLY LMP FLASH. Just go to the LMP Web site at www.lmpartnership.org and fill in your email address in the space at the top of the home page that reads, join our email list.

WWW.LMPARTNERSHIP.ORG



(L+M)^P
The Power of Partnership

FOLD AND TEAR HERE