PERFORMANCE REPORT

WHAT'S INSIDE
Culture drives performance
8 ways to spread effective practices
Joint strategy on growth
“People may say they have 20 years of experience in their job. But is it really just one or two years of experience repeated over and over?” So said business guru Tom Peters a few years back. The same question can be asked of organizations.

It’s easy to fall back on what you learned early on or to take what is handed down as the “way we’ve always done things.” But that risks falling into a rut and getting left behind when the rest of the world moves on.

When your goal is to lead the world to new and better ways of keeping people healthy—to provide the best service and best care at the most affordable price, while creating world-class working conditions—it’s not enough to rely on the knowledge and skills that people bring to work every day. You also have to build into your system ways to innovate and ways to spread new learning across departments, facilities and regions.

That’s what “learning organizations” are all about. They build an environment in which people and teams can grow, create more value and develop individuals who can flex, grow and pioneer new ways of doing things.

And the work of creating the environment where learning happens—like learning itself—is never done. It means having a workplace where people feel free to speak up and change traditional work relationships. It means building trust and respect between individuals, regardless of their roles, and building trust and respect within and between teams. It means banishing fear from the workplace.

Doing that takes commitment and leading by example. It also takes time. Over the last few years, as unit-based teams were launched and began their journey along the Path to Performance, we have seen hundreds of outstanding instances of creativity. Teams have improved screening rates, reduced wait times and much, much more.

And in 2011, we began to see what happens when teams look to each other for ideas to speed their improvement work.

For instance, in the Mid-Atlantic States (page 9), nine urgent care unit-based teams in the region get together regularly, in person, to share effective practices. As a result, two Maryland teams have adapted a Virginia team’s system for cutting triage times. And in Ohio (page 12), the Bedford Internal Medicine UBT piloted the use of waiting room whiteboards to keep patients posted on any delays in their doctor’s schedule. Other departments and facilities in the region took up the practice—and have seen service scores increase by as much as 15 percentage points.

These and other examples of shared learning helped make 2011 a good year for our partnership and for Kaiser Permanente members and patients. We invite you to jump in and see for yourself—and see what you can learn from others.

— John August, executive director, Coalition of Kaiser Permanente Unions

— Barb Grimm, senior vice president, Office of Labor Management Partnership

**CONTENTS**

**3**

CULTURE DRIVES PERFORMANCE

What’s the relationship between the culture of a workplace and the performance of those who work there?

**4**

GOOD PRESS FOR LMP

The outside world is taking note of the work being done in partnership at Kaiser Permanente.

**5**

SPREADING EFFECTIVE PRACTICES

- Colorado
- Georgia
- Hawaii
- Mid-Atlantic States
- Northern California
- Northwest
- Ohio
- Southern California

**14**

LMP CROSS-REGIONAL PROGRAMS

Updates on the joint membership growth effort and from the Attendance, Healthy Workforce, Workforce Planning and Development, and Workplace Safety programs.
As unit-based teams become the operational method for doing business, it’s imperative they achieve results. In that regard, the Path to Performance benchmarks are solid assurances that teams are achieving significant performance improvement right here and now. By definition, high-performing teams are in the habit of setting performance targets that are aligned with unit, department and regional priorities. In addition, the Path to Performance progression requires that to be ranked at Level 4, a team has achieved at least one key business objective; Level 5 teams are achieving targets and sustaining performance on multiple measures.

Moreover, according to UBT Tracker, the organization-wide database that provides a window into the work of unit-based teams, UBTs took on more than 5,800 performance improvement projects in 2011. They addressed every point of the Value Compass: service, quality, affordability and best place to work.

And, crucially, as teams develop and their members get better at collaborating, they are taking on challenges that matter most to our patients and members and that also have a direct bearing on our reputation and long-term success.

Tracker data shows one of the fastest-growing focus areas for unit-based teams is patient safety, jumping by 420 percent in 2011. Starting from a small number of projects in 2010, teams are ramping up as they build trust and gain proficiency in problem solving and performance improvement techniques.

UBTs are also taking on issues around affordability of care, an area important not only to KP members and patients but to the whole U.S. health care system. Tests of change in this arena—bringing down supply costs, for example, or improving operational efficiency—increased by 126 percent in 2011.

In an area that very directly affects our members and patients, chronic disease management and prevention measures, there was a 192 percent increase in the number of projects.

With 1,097 high-performing teams at year's end—67 percent more than the 2011 goal—the quality of those teams’ work and the quality of their teamwork takes on new importance.

continues on page 4
Final projects centered on service excellence were a key area of growth, and the one with the greatest total number of projects. Teams launched some 1,900 service improvement projects in 2011, a 42 percent increase from 2010.

But looking down the road, the quality of a team’s teamwork is of paramount importance. Unit-based teams support the development of a collaborative work environment, supplanting the top-down, hierarchical model that is ill-suited to a knowledge-based industry.

That matters. As noted in a July-August 2011 Harvard Business Review article, “Building a Collaborative Enterprise”: “The organizations that will become the household names of this century will be renowned for sustained, large-scale, efficient innovation. The key to that capability is…a strong, collaborative community.”

The article, by Paul Adler of USC, Charles Heckscher of Rutgers University and Laurence Prusak, who teaches at Columbia University, cites Kaiser Permanente and our Labor Management Partnership as one of a number of organizations dealing effectively with market challenges by reaping the benefits of building collaborative communities.

One example of the power of a collaborative work environment comes from the first phase of a study undertaken this year by the Office of Labor Management Partnership, Southern California LMP and KP Organizational Research. An analysis of data from UBT Tracker, the 2010 People Pulse employee survey and other sources determined that high-performing teams with a culture of “trust and openness” have a significantly lower workplace injury rate than lower-performing teams. There’s also evidence members of high-performing teams are more engaged—which leads to better attendance.

The impact of unit-based teams, then, cannot be measured simply by tallying the number of teams at each level along the Path to Performance or adding up how many projects have been completed in what areas. High-performing teams drive culture, and culture drives performance.

The Labor Management Partnership is drawing attention from a variety of quarters: As noted above, a Harvard Business Review article called out our work in building a collaborative community, and two industry journals featured articles about partnership written by top LMP leaders.

The July-August 2011 HBR article says collaborative communities help companies thrive because they “encourage people to continually apply their unique talents to group projects—and to become motivated by a collective mission….The approach fosters not only innovation and agility but also efficiency and scalability.”

The article’s authors applaud Kaiser Permanente’s Value Compass—with its best quality, best service, most affordable and best place to work points, with the member and patient in the center—saying that it “succinctly defines the organization’s shared purpose…. It’s a description of what everyone in the organization is trying to do.”

Meanwhile, John August, executive director of the Union Coalition, and Barb Grimm, the LMP senior vice president, wrote articles introducing readers of Modern Healthcare and Human Resource Executive Online to the advantages of working in partnership.

“Organizations that recognize employees’ potential and create a culture of mutual respect, individual responsibility and personal empowerment can experience transformative changes,” they wrote in Modern Healthcare. “Venues for workplace collaboration, such as the Labor Management Partnership, provide a pathway to improving patient care and employee satisfaction.”

Good press for LMP
As unit-based teams take hold as the way Kaiser Permanente does business, they’re finding ways to learn from each other.

Whether effective practices jump across the hall or stretch across a region, spreading them successfully is critical to the performance of an organization. It’s as important as the trial and error that leads to discovering the small innovation that makes processes more efficient, delivers better care or provides better service.

The more departments across Kaiser Permanente share and adopt successful practices, the more patients consistently receive top-notch care. The faster the spread, the faster the performance improvement.

The challenge comes in finding reliable ways to share effective practices and standardize them across a large organization like KP, and to do both the sharing and the standardizing well. While preferred methods for disseminating effective practices varies from region to region and facility to facility, in the end, face-to-face sharing appears to trump all methods. Nothing compares with learning firsthand about another team’s secret to successfully streamlining a process or yielding impressive clinical outcomes.

This was evidenced at the UBT Resource Exchange, a two-day conference hosted by the Office of Labor Management Partnership in Denver in September 2011. The event brought together UBT consultants and union partnership representatives from across the organization to do one thing—share and learn from one another. By many accounts, the experience was a rich one and continues to yield sharing of tools and effective practices on KP IdeaBook.

Of course, the 24-hour business of patient care makes it difficult to get people in one place. So this year, the LMP performance report aims to help the spread of effective practices by highlighting eight proven methods, one from each region. They include everything from facility UBT fairs to tele-conferences that focus on a specialty. Turn the page and let the spreading begin.
Colorado finished the year with 42 high-performing unit-based teams, and the work done by all the region’s UBTs had a positive impact on its goal of improving service and the member experience. Teams also helped Colorado exceed its target for quality measures around control rates for hypertension and diabetes. The Colorado region also took care of the community outside the medical setting, with 13 percent of staff participating in paid time release programs to work in the community—five points above the region’s community benefit target. In 2012, teams will continue to focus on service and the member experience—and will continue to move along the Path to Performance toward high performance.

Is your team gettin’ it done?

Colorado is taking advantage of the competitive spark to encourage the sharing of effective practices and reward teams at the same time.

The slogan “Is your team gettin’ it done?” rallies teams and encourages them to apply for a quarterly Value Compass Award, which started with the summer quarter. The application criteria ensure the winning team is high performing. Teams have to have:

- two or more projects meeting target or stretch goals in the previous 12 months
- goals that align with the Value Compass and regional strategy
- goals written in the SMART format
- documented plan, do, study, act (PDSA) data in UBT Tracker
- documented project results in UBT Tracker

The first team to win the award, the Chronic Care Coordination UBT, got to star in its own video, which debuted at the region’s quarterly Leadership Forum in October. At press time, it wasn’t known whether other UBTs have emulated the team’s work, but the video was viewed by several hundred attendees as well as those watching by videoconference. The team also presented at the KP Quality Conference.

The Chronic Care team put a process in place that helps patients with chronic obstructive pulmonary disease (COPD) care for themselves after they’ve gone home from the Emergency Department. Team members have made it a standard practice to create a COPD assessment and plan of care with goals for each patient. As part of their work, they contact every patient with COPD who has been seen in the ED for respiratory issues. Patients say they appreciate the follow-up.

The second team to win the honor in 2011 was the Rock Creek Medical Office Gastrointestinal UBT. After a national media story about patients exposed to dirty scopes, the team took a proactive approach to be sure it had solid patient safety procedures in place. Exposure to dirty scopes used for colonoscopies and endoscopies can lead to the spread of HIV, hepatitis C and other dangerous viruses.

Team members tested a process in which they label clean scopes with sterilized blue tags. Before the physician performs the procedure, he or she removes the tag. If the scope doesn’t have a tag, it’s assumed that it’s dirty and it’s not used.

### METHOD OF SPREAD

Quarterly Value Compass Award creates publicity around a high-performing team’s work.

### EFFECTIVE PRACTICE

Patients with chronic obstructive pulmonary disease who have been seen in the ED are contacted afterward and get a plan of care.
A new leadership structure for the Labor Management Partnership in Georgia has led to an increased level of executive engagement. Kerry Kohnen, the new regional president, transitioned overall UBT oversight from Human Resources to Operations. In addition, David Jones, MD, the new regional physician co-lead who reports to the executive medical director, has joined the team that assumes accountability for UBT performance. The region added 10 new teams in 2011 and saw significant development of its existing teams along the Path to Performance. This development included just-in-time training for team sponsors and co-leads, which brought greater clarity to role expectations and improved communication within and among the teams—facilitating the sharing of project results and effective practices.

**Sponsors as matchmakers**

A pair of sponsors, looking for ways to get their 13 teams to share ideas, decided to host a monthly conference call—and for a pair of teams working on clinical quality, the timing could not have been better.

The facility-wide unit-based teams at the East Cobb and Sugar Hill-Buford Medical Office buildings were looking at outreach calls as a way to persuade parents to bring their daughters in for vaccinations against the human papillomavirus (HPV), a leading cause of cervical cancer.

East Cobb was happy to share its secret for overcoming resistance: Get the providers to talk with the parents. By creating a step-by-step process, the team persuaded three parents in a single month to grant permission. That brought the team, which hadn’t done any vaccinations before that, up to having 10 percent of the patient population vaccinated, meeting its initial goal.

Parents are more receptive to hearing the information “face to face (with the provider)...than on the phone with the support staff,” says Patti L. Terry, East Cobb clinical manager and the team’s management co-lead.

HEDIS is expected to set a national target this year calling for 40 to 50 percent of girls ages 9 to 12 to be vaccinated with the three-dose HPV vaccine, says Tandua O. Washington, MD, a physician member of the Sugar Hill-Buford team. That facility had a 20 percent vaccination rate for the target population but set a goal to raise it to 30 percent, and the tips from East Cobb will help, Washington says.

James Toth, MD, the team’s physician co-lead, says as a result of the sharing of effective practices, the team has started to:
- identify which patients with the right profile have not been vaccinated
- call those patients’ parents and recommend the vaccine
- use a handout with answers to common questions and concerns
- review providers’ appointment schedules and “red-dot” members who have not yet received the vaccine

More broadly, the teams’ sponsors—Jack Wooten, area operations director and UBT management sponsor, and Vaneeselle Griffin, a patient services coordinator at the Glenlake Facility, UBT labor sponsor and member of UFCW Local 1996—say the monthly calls allow them to give feedback and connect projects to regional goals and strategy.
Hawaii completed the rollout of unit-based teams at the Moanalua Medical Center in 2011: 40 UBTs now represent 576 nurses—69 percent of the membership of the Hawaii Nurses Association, OPEIU Local 50. The region, which joined the LMP in 2009, committed resources to provide just-in-time training in advanced performance improvement, facilitative skills, business literacy and meeting management—and UBTs are improving performance on a variety of measures, ranging from service excellence and pain management to throughput and workplace safety. In 2012, the Oahu-based clinics will be joined by several teams on neighboring islands, and the region will implement the Performance Sharing Program, aligning it with the Value Compass.

Trash talk turns Hawaii green

The Moanalua Medical Center in Honolulu is saving the planet, one unit-based team at a time.

The Ambulatory Surgery Recovery UBT started collecting small bags of recyclables on its own in March. But team members resorted to some “trash talking,” and now the entire medical center collects about 30 pounds of recyclables each week.

“The original goal was to help our aina (land) thrive,” says Avis Yasumura, RN, the team’s union co-lead and member of the Hawaii Nurses Association, OPEIU Local 50. “Being on an island, there are limited space and resources.”

The region estimates that since October 2010, the recycling has diverted 7.1 tons from the landfill and saved several hundreds of dollars in disposal fees.

The ASR team started by identifying items on its unit that a local vendor was willing to collect and recycle: irrigation bags, wrappers for intravenous tubing and operating room “peel packs” (sterile wraps for drapes, instruments, gowns and gloves). The team used tests of change to successfully gather and segregate the items.

ASR shared its effective practices in several ways, including:
• a PowerPoint presentation on products that can be recycled
• “Going Green” editions of its UBT newsletter and fliers with pictures of recyclables
• helping other units order blue recycle containers and arranging for pick up with the EVS department

The team also promoted the project at Hawaii’s first UBT fair, with a colorful storyboard display, complete with examples of recyclable products.

“It was the talk of the UBT fair,” says ASR co-lead Janet Lundberg, nurse manager of procedural sedation. “This recognition inspires all UBTs to take risks.”

More than 10 teams at the 300-bed center are recycling now.

Where did the ASR unit get the recycling bug in the first place? Carolyn Sandison, an HNA nurse, was inspired by an LMP bulletin board poster in her break room about the blue-wrap recycling project at Sand Canyon Surgicenter in Southern California.
Mid-Atlantic States UBTs are delivering ever stronger performance. Sponsors help set priorities, ensuring that team goals align with regional goals. Teams are working on key issues: access, attendance, service, back-office process efficiency, chronic condition management, health screening, patient and employee safety, service and revenue cycle. The region is developing strong sponsorship relationships through regular report-outs to regional leaders. The region developed standards for UBT Tracker data input and schedules a quarterly review and analysis of Tracker data. In 2012, the region will bring together labor, health plan management and medical group leaders to review data and discuss next steps to further embed and promote the performance of UBTs.

Crossing bridges to better service

Urgent care teams in Maryland, Virginia and the District of Columbia saw no reason to let a little thing like the Potomac River come between them. Making 20-mile field trips to one another’s facilities and convening 1 a.m. conference calls, they are collaborating on trimming patient wait times, reducing specimen collection errors, quickly filling lab orders and other projects.

“It’s nice to see something jump the river,” says Jennifer Walker, lead UBT improvement specialist, referring to both the Anacostia and the storied Potomac, which flows past Maryland foothills, Northern Virginia and some of DC’s famous monuments. She describes the nine Urgent Care centers in a region without KP hospitals as “the unsung heroes of the overnight. It’s not like a doctor’s office: You never know what is going to walk in.”

The teams got involved with one another on their own initiative.

Co-leads at Largo and Camp Springs in Maryland drove to Falls Church, Va., to learn how the team there cut triage times by assigning a specific nurse to assess the needs of patients within eight minutes of their walking in the clinic.

The Maryland teams meet together regularly—and an onsite demonstration for the visiting Capitol Hill team inspired a re-evaluation of patient flow. “Observing them firsthand made it all more real,” says Jessica Perez, RN, a UFCW Local 400 member and triage nurse at Capitol Hill.

Meanwhile, the Shady Grove and Kensington centers hosted fellow Marylanders from Largo and Camp Springs, sharing a solution for cutting long patient waits. The team gives their patients a “red card” to take to the lab. The cards alert the lab staff to Urgent Care patients needing results faster than those of patients who are getting routine workups.

“We all tend to get busy. Sometimes it’s best to just step away from it and talk,” says Donna Hurrell, RN, UFCW Local 400 member and labor co-lead of the Falls Church Urgent Care UBT.

How it all got started seems to be lore. Maybe a pair of management co-leads met at an in-service and started comparing notes. Maybe some co-leads bonded at an LMP training. No matter, the practice of reaching out has spread.

“Our best asset is our willingness to collaborate and talk,” says Ken Rice, management co-lead of both the Shady Grove and Kensington teams. “We shamelessly borrow, beg and steal.”

### Method of Spread

Field trips and conference calls help Urgent Care teams collaborate.

### Effective Practice

“Red card” sends a priority patient to the front of the line at the lab.

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<th>Level</th>
<th>Number of Teams</th>
<th>Percentage</th>
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<td>35 (36%)</td>
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Northern California doubled its number of high-performing teams in 2011. The region credits its cadre of unit-based team consultants and union partnership representatives for this success. The consultants were key in coaching and mentoring unit-based teams along the Path to Performance, which translated into meaningful performance improvement goals and measurable results. The region says unit-based teams were crucial in improving inpatient and outpatient service scores, in addition to better attendance and a reduction in workplace injuries. Northern California LMP also continued its work of the previous year in rolling out its business literacy training to engage frontline workers in the effort to reduce costs.

Modern venue for old-fashioned storytelling

Every couple of months, typically on a Thursday afternoon, Environmental Services workers throughout Northern California huddle around speaker phones and computer screens.

Not to snap up online bargains, look at pictures or play games, but to share best practices, explore data and keep up with the region’s latest initiatives via webinar.

“It’s very interesting to hear other voices, hear their energy level and see if we can take what they are doing and make it work for us,” says Phillinea Davis, EVS supervisor and unit-based team member at Roseville Medical Center.

Started in 2009 to help Northern California’s EVS and Admitting unit-based teams collaborate on regional attendance, workplace safety and care experience improvements, these webinars are the main way that effective practices get shared among the teams.

“Giving people the opportunity to tell their story—what they did differently—is the important thing,” says Tamar Schnep, Northern California UBT specialist and host of the one-hour online sessions.

Examples of the practices or tools that EVS teams have adopted after seeing them shared on the webinar include:

- tent cards and “right words at the right time,” used by workers to identify themselves and better communicate with the patients whose rooms they clean and improve patient care
- standard room and cart set-ups
- identifying, recognizing and communicating safe work practices

Hearing ideas from their peers makes teams more likely to adopt new practices, says Antonio Alvarado, a floor tech, labor co-lead and SEIU UHW member at Roseville, “because it’s not just a manager saying you have to do this. It’s all about what we’ve actually been working on.”

The webinars also are morale boosters, participants say.

“It makes the team feel good that the work we are doing locally can be adopted regionally,” says management co-lead Julie Yost, EVS manager at Fresno Medical Center.
The Northwest region embraced the 2010 National Agreement’s goal to move teams up on the Path to Performance and set a regional goal to have 62 high-performing teams by the end of 2011. It exceeded that target and ended the year with 178. In addition, the region set a goal to have 60 percent of the care delivery teams advance by one or more levels—and 85 percent of the teams met the goal. The payoff? The Northwest hit almost all of its regional targets in 2011. In addition, the region was recognized by the National Committee for Quality Assurance (NCQA) as the No. 1 private health plan and the No. 1 Medicare plan in Oregon and Washington. The coming year will see a continued focus on moving teams along the Path to Performance, hitting regional goals and keeping the patient at the center of the work.

A hub for sharing information
Steward Councils aren’t a new concept in the NW—stewards from the region’s five unions (SEIU, OFNHP, Oregon Nurses Association, UFCW and ILWU) have been meeting regularly for almost eight years—but recently the meetings have acquired a new focus. Attend a Steward Council, and you’re likely to see guest speakers and regional leaders from almost every area of the organization offering information. Ideas flow on improving patient care. The meetings provide valuable information for stewards to take back to their teams and their union members.

The meetings take place during the workday, and stewards are released from their regular jobs and backfilled. Twice a year, the 13 steward councils come together for one large council meeting. Stewards participate in workshops, share information about effective practices and also donate funds or items to a charity.

It’s a fulfillment of the initial concept of the councils, which Kate Pingo, the union coalition’s national coordinator for the Northwest, says “was for stewards to learn and share information with each other.”

KP security officer and ILWU steward Greg Chavez thinks the councils are valuable.

“We were one of the last UBTs to get going,” he says. “To hear what other people are doing saves us time—we don’t have to reinvent the wheel. You can utilize a shared experience and not feel like you’re alone.”

In 2011, UBT management and physician co-leads were invited to join their labor co-leads at Steward Councils to learn about the regional strategic goals, Annual Incentive Program/Performance Sharing Program (AIP/PSP) goals and expense trends. The forum worked so well that joint meetings will be in the schedule for 2012.

“By combining the skills and ideas of our partners with our own,” says Philip Taylor, patient care manager at Lancaster Medical Office, “we maximize our ability to overcome challenges together, motivate our team from within, and deliver an ever increasing level of service and care our members have come to expect.”

‘We maximize our ability to overcome challenges together.’
—Philip Taylor, patient care manager

METHOD OF SPREAD
Steward Councils provide an arena for sharing information from every area of the organization.

EFFECTIVE PRACTICE
“To hear what other people are doing saves us time—we don’t have to reinvent the wheel.”
—Greg Chavez, security officer and ILWU steward

| Level 5: 41 (11%) |
| Level 4: 137 (35%) |
| Level 3: 121 (31%) |
| Level 2: 58 (15%) |
| Level 1: 29 (8%) |
Cultivating high-performing UBTs was the focus of Ohio’s work in 2011. Co-leads received intensive training on the Path to Performance, including education on the building blocks of high-performing teams. At the end of 2011, 82 percent of Ohio’s 67 teams were rated at Level 4 or 5. In quality of care, Ohio saw HEDIS scores improve as a result of improving response rates to best practice alerts in KP HealthConnect: When a member’s electronic medical record flags an overdue health screening, everyone is expected to help the patient schedule it. Ohio also expanded the 2010 focus on service by training all co-leads and team members in AIDET (Acknowledge, Introduce, Duration, Explanation and Thank you).

Simple ways to keep patients informed

Sometimes the best innovations are the simplest. For Ohio, simple communication and a whiteboard have dramatically improved service scores. Departments use the whiteboard to inform patients if a provider is on time or running late.

Bedford Internal Medicine piloted the practice in 2008 in response to struggling service scores, says manager Chicquita Nelson, RN. She and the team’s physician and labor co-leads, Martinique Binstock, MD, and Dylan Frith, an LPN and OPEIU member (who has since moved to one of Ohio’s new microclinics), decided to test the whiteboards after a study found a patient’s perception of wait times improved if the person was kept informed.

The board lists the providers in the office that day, whether they are running late and, if so, the approximate delay. Bedford posts the whiteboard in the waiting area for patients to see. The nurse assigned to the doctor also verbally communicates with a waiting patient, in a practice known as reception-area rounding.

After the whiteboards launched in late 2008, service scores rose from 79 percent to 83 percent in 2011.

“We always had a problem with wait times and perception of waits,” Nelson says. “It was the lack of communication. Now, the fact that someone talked to them is huge.”

Other departments that have duplicated the practice keep the whiteboard at the nurses’ station, and the nurses then inform patients of delays. Regardless of whatever tweaks have been made, the many specialty and primary care departments in the region that have adopted the practice have seen improved service scores.

General surgery in Cleveland Heights began using whiteboards and reception-area rounding in August, after Bedford shared its project at one of Ohio’s quarterly co-lead meetings. Cleveland Heights then saw its biggest jump ever in service scores—from 66 percent in 2009 to 81 percent of patients satisfied in 2011, says union co-lead Mary Beth Casey, RN.

Casey, a member of the Ohio Nurses Association, praises Ohio’s quarterly face-to-face meetings as one of the best ways for sharing effective performance improvement tools.

“You get to hear how others are doing their jobs,” Casey says. “You can take it for what it’s worth. Use it or not use it.”

METHOD OF SPREAD

Quarterly co-lead meetings provide for face-to-face exchanges of information.

EFFECTIVE PRACTICE

Whiteboards with reception-area rounding improve service scores by improving patient perception of wait times.
Unit-based teams in Southern California accelerated improvements so much in 2011 that the region exceeded its goal of doubling the number of high-performing Level 4 and Level 5 teams by 38 percent. Many teams took on workplace safety, which helped the region achieve double-digit reductions in injury rates, and enabled leaders to identify 15 themes common to high-performing medical center areas, including leadership, trust, accountability, frontline engagement and an emphasis on safety observations to prevent injuries. As part of the Performance Sharing Program (PSP), the regional LMP council created an individual incentive aimed at reducing last-minute sick calls. Initial results indicate the experiment helped improve attendance.

**SWAN song improves service**

On the fourth floor of the Panorama City Medical Center, the staffs and managers of 4 East and 4 West medical-surgical units go about their performance improvement projects separately. But they share successful practices—and challenges—with each other by augmenting their individual UBT meetings with a joint gathering of what they’ve dubbed the SWAN. That stands for Service, Work initiatives and Workplace safety, Attendance and Affordability, and Nursing quality.

Both units are working hard to provide the best service by implementing such proven practices as hourly rounding and nurse knowledge exchange at shift change.

The 4 East team consistently achieved HCAHPS (Hospital Consumer Assessment of Health Providers and Systems) overall rating service scores in the low 80s between July 2010 and June 2011, while 4 West was inching up from the high 60s to the low 70s in that period. The staff members of 4 West point to the use of a memory-jogging aid called KP SMILE as a key contribution from their colleagues across the hall. Used during nurse knowledge exchange at the bedside, each letter provides a prompt: Know the patient, Professional exchange report; Snapshot; Medicine administration report; Intake/outtake; Labs; and finally, Educate the patient and family.

“The best thing I learned from 4 East is the acknowledgement part” that flows from KP SMILE, says Eric Zambrano, RN, a UNAC/UHCP member. “It makes the patients less anxious. They know the plan for the day. It gives them comfort because they are not wondering.”

The two teams are helping roll out the practice on the hospital’s fifth floor units, where service scores are not as high.

Because of the shared purpose they emphasize in their monthly meetings—and because they often float on each other’s units—the staff members of 4 East and 4 West take advantage of the opportunity to coach each other and observe what works and what doesn’t on the sister units.

“We hold each other accountable,” says Mary Lou Catapang, RN, a UNAC/UHCP member and a 4 West team member. “As professionals, we can say, ‘Your care board looks a little empty, let’s fill it out.’…It’s OK if a co-worker holds you accountable.”

**METHOD OF SPREAD**

A pair of similar UBTs holds joint monthly meetings.

**EFFECTIVE PRACTICE**

A memory-jogging aid called KP SMILE helps nurses cover all the important points during bedside nurse knowledge exchanges.

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**Level Distribution**

- Level 5: 20 (2%)
- Level 4: 272 (25%)
- Level 3: 315 (29%)
- Level 2: 287 (26%)
- Level 1: 191 (18%)
Growth

The joint growth effort has helped prospective customers understand the role unit-based teams play in improving service, quality and affordability for health plan members. It also has helped open doors in the marketplace for KP. For instance, partnership labor liaisons, working with sales and account managers, are working to win, expand and retain key accounts across the country, especially in the public sector. In California alone, the joint team has identified 39 public sector accounts for engagement. Among the 2011 highlights:

KP strengthened a longstanding relationship with Los Angeles County, where 20 local unions represent about 85,000 employees or retirees who are eligible for care. The joint program is increasing the share of county workers who choose Kaiser Permanente and educating health plan members and potential members on KP’s wellness programs, such as Everybody Walk!

A two-year effort by our sales and marketing teams, which included support from the LMP, resulted in winning the business of the Fresno Unified School District. As a result, nearly 7,000 school district employees and their families and more than 4,000 retirees now have access to KP care. The Union Ambassador program, which was launched in 2011 and taps into the passion and expertise of frontline KP employees, will help union members in the Fresno school district decide among their health plan choices during open enrollment periods.

The Northwest region’s sales and account management team, working with an outside broker and a task group of KP and union coalition leaders, secured SEIU Local 49’s selection of Kaiser Permanente as the exclusive dental provider for its 2,200-member group. It was the largest jump in dental program membership since 1998.

Knowing the importance of the new member experience to member satisfaction and retention, a unit-based team in Falls Church, Va., in the Mid-Atlantic States region now welcomes new health plan members on their first visit with informational kits and facility tours. Such efforts contributed to a 12-point increase in Falls Church service satisfaction scores in 2011, exceeding the area’s target goal.
Attendance
The National Attendance team continues its goal of achieving levels of attendance that enhance service quality, affordability and employee wellness and satisfaction. Accomplishments for 2011 include:

Reduced sick time utilization: Union coalition-represented employees programwide now take about eight sick days per year per full-time employee.

The Common Lost Time Metric Analytic System. This system, which allows users to view total lost time by region, medical center, location, cost center and job family, is now being used in all regions. (Available on MyHR under Manager Tools.)

Time Off Request Tracking System enhancements. TORT now provides greater flexibility and allows employees and supervisors to better manage flexible personal days, vacation or PTO days, training or meeting days and other planned time off.

Healthy Workforce
In its second year of operation, Healthy Workforce worked with all KP regions to implement dynamic wellness programs focused on creating a workplace culture of health. Significant gains were made in offering more programs, achieving strategic integration of wellness into organizational processes, and increasing program engagement. Among the highlights:

More than 33,000 employees committed to being physically active 30 minutes a day, five days a week with Thrive Across America and KP Walk!

In 2011 alone, more than 46,000 employees—29 percent of the workforce—completed a total health assessment, triggering a KP donation of more than $2.3 million to community organizations. Of those completing the assessment, 55 percent were union coalition-represented employees.

For more information, visit kp.org/healthyworkforce.

Workforce Planning and Development
Workforce Planning and Development enables frontline staff to build new skills and career paths in line with the changing needs of Kaiser Permanente and our members and patients. Seventy-six percent of employees have a favorable view of career growth and development opportunities at Kaiser Permanente—19 points higher than for “best in class” health care organizations overall—according to the 2011 People Pulse survey. Highlights in 2011 include:

Increased access to entry-level and prerequisite education.

Better coordination with the Ben Hudnall and SEIU education trusts and more use of upfront payments expanded tuition-reimbursement use by 15 percent.

A study of hard-to-fill positions identified emerging job needs and provided 10 practical steps to close gaps and barriers.

For more information, visit kp.org/careerplanning, benhudnallmemorialtrust.org or seiu-uhweduc.org.

Workplace Safety
At Kaiser Permanente, workplace safety is an essential ingredient in providing high-quality, affordable patient care. While we did not meet our aggressive targets in any of the regions in 2011, there were notable achievements, including:

Since 2008, KP’s overall injury rate has improved by 19 percent, as measured by accepted workers’ compensation claims.

Significant injury rate improvements were achieved in 2011 in Georgia (43 percent), Northern California (19 percent), Southern California (16 percent) and the Northwest (15 percent). The ergonomic-related injury rate improved by 24 percent.

We are implementing a comprehensive, integrated approach to achieve excellence in workplace safety. The chart below indicates the components of workplace safety are not yet fully operational in most KP facilities. This work is being intensified.

This table shows whether the various components, each of which has several criteria to guide the assessments, are in place with regard to workplace safety.

For more information, visit LMPartnership.org/workplace-safety.
The Value Compass is not an initiative, a symbol or a checklist. It’s a shared vision. It reminds us how important our contributions are—and why we work so hard at improvement. It acknowledges that work has meaning not just for the “leaders” but for everyone. It reminds us the sum of team collaboration produces value greater than our individual efforts alone.