

hank

Summer 2013 | Issue 36



FRONTLINE NEWS FOR KP WORKERS,
MANAGERS AND PHYSICIANS

HEALTH CARE
FOR AMERICA
NOW!

THE
FUTURE
IS NOW

IN THIS ISSUE »

Health care reform glossary
and FAQ

How to drop wait times by
75 percent

Puzzles and games:
Learn and have fun, too



'What about me?'

When discussing change, it's a rare person who doesn't have that question lurking at some level of consciousness. Since health care reform will bring change to just about every corner of Kaiser Permanente, it's safe to assume a lot of people are wondering how their jobs will be affected.

The short answer is, no one exactly knows yet.

The better answer is, no one knows exactly and it doesn't really matter.

Because the 130,000 frontline workers, managers and physicians who are engaged in the Labor Management Partnership already are on a path of continuous improvement, which means taking change in stride is becoming second nature to this crowd.

Doing better tomorrow what we did well today is the name of the game for unit-based teams. Team innovation, as this issue's cover story notes, may result in a clinic making sure new members understand what they can do to ensure speedier service. It may result in new members getting the kind of attention on their first visit that impresses them and makes them want to stay with KP.

So the best answer to "what about me?" is: It doesn't matter if a change arrives because a lab decided it wants to get results out faster or if change is a result of health care reform. Change is change. It isn't out there waiting to roll over us, it's already here. It arrived when UBTs began using the Value Compass as a guide to providing our members with the best service and quality of care at the best price, while creating the best place to work.

More members on their way because of health care reform? We're already getting ready—it's the same work we're doing to serve our current members well. [hank](#)

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WHO'S BEHIND HANK?

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WHAT IS HANK?



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

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

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

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



AROUND THE REGIONS

COLORADO

The nurses in the Primary Care department at the Englewood Medical Office were short-staffed due to medical leaves and feeling overwhelmed. Messages from patients were piling up in the electronic inbox in KP HealthConnect™. So the team brainstormed ideas, and the physicians offered to help clear the backlog. After testing a couple of time blocks, the doctors began setting aside 30 minutes every morning and afternoon to triage messages and call patients back directly without involving the nurses. As a result, the team consistently closes encounters within an hour more than 40 percent of the time—and, with more problems resolved by phone, access for patients needing in-person appointments has improved. Morale in the department is up, too—and the team recently won the region's quarterly "Value Compass" award.

GEORGIA

At the Crescent Centre Medical Office Building in Tucker, the Adult Medicine unit-based team is closing care gaps, managing chronic conditions better and increasing screening rates for colon cancer—all key elements that differentiate Kaiser Permanente from its competitors. For example, the team increased the percentage of patients with diabetes getting the recommended blood sugar control and cholesterol tests by enlisting licensed practical nurses who help review, print and process pending test orders. To increase colon cancer screening rates, the team began tracking the number of take-home screening kits handed out by providers and made outreach calls to patients who didn't return them. Starting from scratch, the team ramped up rapidly and handed out 173 kits between September and December 2012 and achieved an impressive return rate of more than 76 percent.

HAWAII

At the Moanalua Medical Center's 1 East unit, patients are learning more about their medications, thanks to a successful test of change by the medical-surgical nurses. Two significant steps helped the Honolulu unit-based team achieve its goal of increasing patients' medication awareness: Nurses took the time to review a single prescription and its common side effects with each patient, and then they reinforced the information at subsequent office visits. A follow-up survey showed that the percentage of patients saying they understood their medications and the possible side effects increased from 36 percent to 50 percent in just three weeks in May.



1 East UBT co-leads Racquel Ines, an HNA member, and Rosie Elento

MID-ATLANTIC STATES

Several UBTs have joined the region-wide Member Demographic Data Collection Initiative, gathering crucial information about race, ethnicity and language preference. The data is needed to fulfill accreditation and contractual requirements—and, even more importantly, to eliminate health disparities and provide culturally competent care. In Springfield, Va., the Pediatrics team increased data collection from 46.8 percent of patients to 95 percent in less than two months by changing its workflow. In addition to nurses surveying patients in exam rooms, the team's receptionists start data collection at check-in. Using laminated cards to describe ethnicity choices helped the Reston, Va., Pediatrics team

improve by 10 percentage points. Region-wide rates improved 31 percentage points since May 2011, says Tracy S. Vang, the region's senior diversity consultant.

NORTHERN CALIFORNIA

The benefits of performance improvement work aren't just in the results. Sometimes the work helps teams discover the crucial role they play in providing quality care. That's what happened when the Richmond Medical Center's patient care technician team set out to improve its workflow. The technicians, who help hospital patients get up and moving, had been meeting only 45 percent of physicians' mobility orders. Their goal was to reach 75 percent by October 2012. By September, the team was fulfilling 95 percent of daily mobility orders. Communication with nurses and physicians improved, and the work had an added benefit: By helping patients get up more regularly, hospital stays were shortened, which is estimated to have avoided \$600,000 in costs over five months.



Tangela Ford-Brown, a Richmond patient care technician and SEIU UHW member, with patient Macan Singh

NORTHWEST

By eliminating variation and wasted time, the regional lab's Histology unit-based team improved slide turnaround time by 11.8 percentage points from its starting point in 2011 to April 2013. The team has reduced delays by tracking its slide volumes every hour, implementing huddles and adding additional equipment to minimize downtime due to lack of equipment.

Employee morale improved, too: People Pulse scores for the department Work Unit Index increased by 30 points from 2011 to 2012.

OHIO

The Labor Management Partnership is supporting frontline employees as the region prepares to become part of Catholic Health Partners. If the process is completed, employees, physicians and operations and administrative personnel who are currently part of the Ohio Permanente Medical Group and Kaiser Foundation Health Plan-Ohio would become part of Catholic Health Partners. They would continue to serve local members and work in the existing medical offices in Northeast Ohio.

SOUTHERN CALIFORNIA

Being accurate 98.9 percent of the time sounds pretty great. But the Central Processing department at the West Los Angeles Medical Center sterilizes almost 4,000 trays a month, so even a tiny drop in accuracy can disturb Operating Room efficiency. But with managers and employees working together to analyze the department's data, the unit-based team was able to reach its goal of 99 percent accuracy between June and August 2012. It continues to maintain that level of precision by using a buddy system to audit instrument trays, involving lead techs in quality assurance spot-checks, posting tray accuracy reports in break rooms and holding weekly meetings with the Operating Room department administrator. [hank](#)



Marco Bautista, manager of Central Processing

THE FUTURE IS NOW

Article by:

CASSANDRA BRAUN

A wow experience: The Pediatrics UBT at the Richmond Medical Center takes extra steps with new members—whether brand-new to KP or new to the department—at every point in the visit. UBT labor co-lead Jill Sandino, an SEIU UHW member, measures 17-week-old Logan Hosley (above); manager Cynthia Ramirez goes over the department's welcome package with his mom, Trisha Hosley (opposite page, left), and pediatrician Susana Acevedo shares a smile with mom and son (opposite page, right).



HEALTH CARE REFORM IS HERE.

Just how it will affect Kaiser Permanente is not completely clear—but every UBT can be getting ready for what’s coming.



Richmond Medical Center Pediatrics knew that “pretty good” wasn’t good enough in 2012. The department’s service scores hovered stubbornly around 88 percent. Its unit-based team members knew they could do better and distinguish themselves from competitors.

“We wanted to give KP members that ‘wow’ experience,” says manager Cynthia Ramirez—to make them glad they chose Kaiser Permanente and to give them reasons to stay with us.

So the UBT, knowing the system can be frustrating when you’re unfamiliar with it, created a project that would take the mystery out of the process. In doing so, the team also hoped to debunk any idea that KP is an impersonal health care factory.

“We need to not just look at our work as a job all the time,” says union co-lead Jill Sandino, a medical assistant and SEIU UHW member. “It’s kindness from the gate.”

Time for our A game

With major elements of the Affordable Care Act going into effect this fall, focusing on a member’s total experience with KP has never been more important. After years of preparation, how we respond to the challenges and opportunities will make a big difference for our organization and for

our members. And every UBT can get ready by figuring out where its processes aren’t the best—or are merely OK—and getting to work on improving them.

“For the first time in our history, how well we do fundamental business operations—billing, copayment collection, customer service—has the potential to overshadow the health care we deliver in driving overall member satisfaction,” especially because more members will have plans with deductibles, says Larry Sirowy, KP’s executive director for market research. Sirowy and others have been working to figure out the characteristics of the people who will become members through health care reform—and what we need to do to be able to provide all our members, new and old, with the care they need.

Without a crystal ball, no one can say exactly how Kaiser Permanente will be affected. But one thing everyone is anticipating is an influx of new members—and we know that if new members stay with us after the first year, we’re likely to keep them as members in future years. So in the months ahead, we need our A game, and we need to bring it to every aspect of our work.

The good news is UBTs are already working—and seeing results—on a variety of projects that will improve our ability to provide new members with excellent service and care as well as reaffirm current members’ decision to choose KP.

[continues on page 6] ▶

THE FUTURE IS NOW

←..... continued from page 5]

Getting better at teamwork: Members of the Richmond Pediatrics UBT, including management co-lead Cynthia Ramirez (below left, second from left) and union co-lead Jill Sandino (below left, at right) meet with fellow team members and get a lesson on how to use UBT Tracker from UBT consultant Yolanda Elston (below right).



Richmond's wow experience

To ensure new patients have a topnotch visit, for example, the Richmond Pediatrics UBT created a workflow that involves everyone. It starts with the receptionist spotting the new member flag in KP HealthConnect™ and giving the person a customized welcome. In the exam room, the medical assistant provides a welcome packet—offered in Spanish or English—with basic department information, critical phone numbers and instructions on how to sign up for kp.org. Department manager Ramirez comes by to introduce herself and share her business card.

The physician caps it off by welcoming the patient to his or her practice and touting the great teamwork in the department.

“This reinforces that they’re in good hands, and we’re a family and know everyone by name,” Ramirez says.

The new workflow is making a difference: The department’s service scores increased from 88.3 percent satisfaction at year-end 2012 to 95.1 percent in the first quarter of 2013.

“Starting with a small Rapid Improvement Model project has made a big impact,” Ramirez says. “It gives us the momentum to be ready for whatever comes next.”

Unexpected consequences

In January, Georgia’s Douglasville Medical Office got a dress rehearsal in receiving a flood of new patients when the local city government signed on with KP.

“I hadn’t realized how large this group was,” says pharmacist manager Adaora Oraefo, until, at the end of 2012, “we started to see a dip in our service scores.”

Douglasville is a tiny clinic, so patients are supposed to check in with the pharmacist to confirm their prescription before heading to the lab for tests. But often, no one told them that—so when they did get to the pharmacy, they had to wait 10 or 15 minutes while the prescription was filled.

Not surprisingly, since members assumed their prescription would be ready when they were done with their lab work, complaints starting coming in.

“I would step out in the waiting room and talk them through the process,” Oraefo says. “I saw an opportunity to improve.”

The pharmacy began working with the nurses to make sure they explained the clinic’s routine to patients. The facility expanded on the work by holding open house events for new members.

“They were so much happier, especially when they were able to see me as their pharmacy manager,” Oraefo says. “It made a difference. People were thinking, ‘These people are taking the time to show us what’s going on.’”

‘This reinforces that they’re in good hands, and we’re a family and know everyone by name.’ —CYNTHIA RAMIREZ, Pediatrics manager, Richmond Medical Center

Understanding KP's offerings

One element of preparing for health care reform is becoming educated about the law and its provisions, so we can help members understand the changes, too.

Since 2010, Colorado’s patient registration associates (PRAs) have seen an increase in the number of





CAREER DEVELOPMENT

When in doubt, train up



Health care reform. New technology and a greater variety of care settings. An evolving marketplace. What can health care workers do to stay ahead of the changes facing the industry?

One tried and true way to respond to change—and take charge of your own career—is to sharpen your skills and think strategically about your job future.

Workforce Planning and Development programs have helped thousands of Kaiser Permanente workers prepare for the health care jobs of the future, ensure job mobility and security, and keep KP the best place to work in health care. Employees represented by a union in the Coalition of Kaiser Permanente unions can get guidance from career counselors, train for better, more skilled jobs with Kaiser Permanente, and be reimbursed for their outside tuition costs and training time away from the job. At the same time, these programs help KP achieve regional business goals, hire for hard-to-fill positions from within KP, and better serve members and patients.

Transform your career, transform Kaiser Permanente

Things are changing in the world of training delivery, just as in care delivery. KP Workforce Planning & Development now offers more online courses and other innovations. Programs are available through KP Learn and two educational trusts—the SEIU UHW-West & Joint Employer Education Fund and the Ben Hudnall Memorial Trust.

“KP workers have the best and most secure jobs in the industry,” says Jessica Butz, the union coalition’s national program coordinator for Workforce Development. “But we know that today’s jobs will look different in the years ahead. By taking advantage of resources and educational opportunities, we can prepare ourselves for these changes, and make our own jobs and KP even better and stronger, to better serve our members and patients.”

New offerings for fall



Anatomy and Physiology (with lab): A California State University online course that includes equipment, a microscope, specimens and supplies to perform experiments at home and submit lab reports.



Ed Assist: Academic advising service provides individual education and financing plans for those who are interested in returning to school.



Skill Builders: Short-term classes, online or in person, to enhance your effectiveness in dozens of areas, including computer skills, medical terminology and cardiopulmonary resuscitation (CPR).

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

patients with deductible health plans, which often have significant payments associated with them. More experienced with KP’s HMO plans, which feature the familiar copay arrangement, the PRAs didn’t feel confident talking to members about deductible plans.

Since the Health Insurance Marketplaces that open this fall are expected to bring even more members with those types of plans, the PRAs made a proactive decision to educate themselves.

“While there will be a number of different types of plans, the concepts don’t change,” says patient registration manager Jeffrey Clayman. “Improving their confidence in their ability to talk about these plans was a natural fit.”

The regional PRA UBT held a training that included actors playing the patients and members, so the staff could practice realistic encounters. The clerks gained experience in explaining the costs and how the plans work—and they also got practice in how to respond when someone gets upset at an unexpected bill.

“We tried to learn how to be more aware of how we communicate to patients,” says PRA Diana Wagner, a member of SEIU Local 105 and the regional UBT’s union co-lead. “I treat patients the way I would want to be treated—which is businesslike. But the service quality person made a point, that you need to treat patients the way *they* want to be treated.”

Tim Kieschnick, a Kaiser Permanente executive consultant who has been working to understand how our member demographics will be changing, says that currently, many members with deductible plans don’t realize they have a deductible.

“They’ll pay a \$25 copay,” he says, “and then four months later, they get a bill for \$1,300”—and they’re shocked.

“The goal should be no surprises,” he says. “How you do that is something we’re all trying to figure out.”

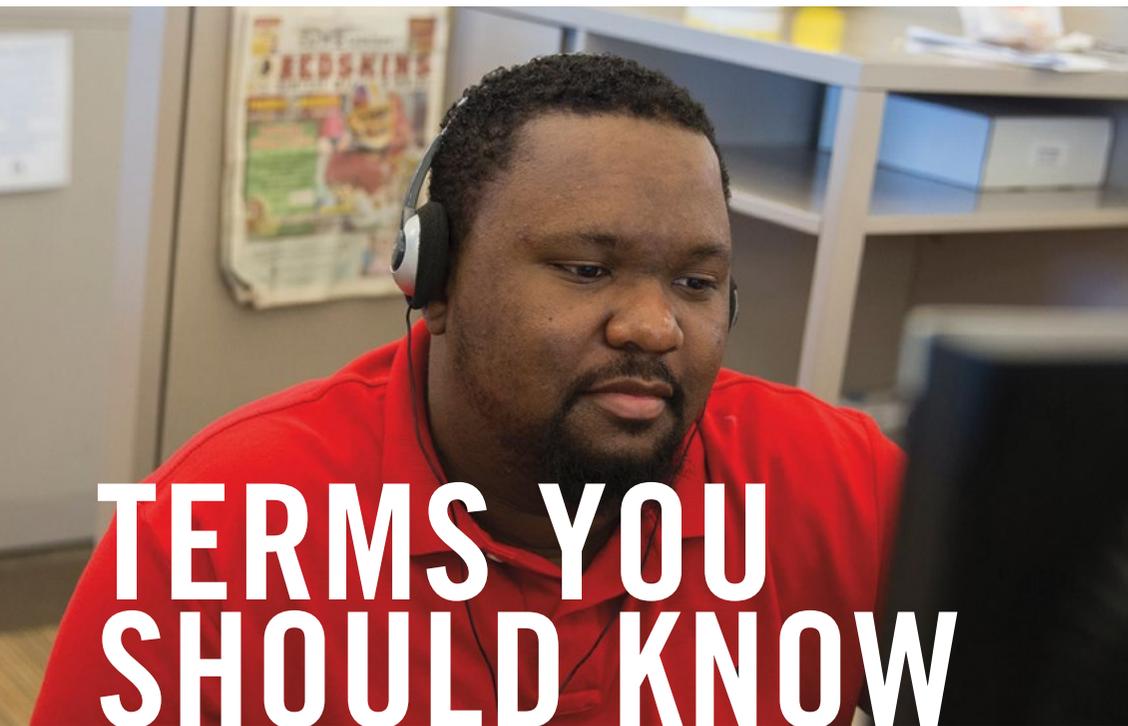
Sustaining improvement

The other challenge, of course, is to sustain a successful change.

With the many demands of a busy Pediatrics department, co-leads Ramirez and Sandino admit it can be easy to forget to use the new member workflow. To keep the momentum going, Ramirez provides a reminder in the team’s morning huddle if a few days have passed without seeing a new patient.

And Sandino says she tries to “be like a cheerleader.”

“We need members to have our jobs,” Sandino says. “Health care reform is a reality—it’s beyond KP, and it’s beyond the unions. I was never a cheerleader, but I’m a cheerleader at Kaiser around this.” [#hank](#)



TERMS YOU SHOULD KNOW



Without understanding the basics, it's hard to explain how things work. Here are some key terms to know as you navigate the world of health care reform.

Improving service for all members:

The work being done by the Member Services Call Center in Fulton, Md., to improve service will benefit current members as well as those who come to Kaiser Permanente through the new marketplaces; shown are member service representatives Carl Cardoza (above) and Christopher Smith and Allyson Crawford (above right, left to right). Cardoza and Smith are members of OPEIU Local 2, and Crawford is a member of UFCW Local 400. Read about their work on page 11.

Affordable Care Act (ACA)

The comprehensive federal health care reform law enacted in March 2010.

Coinsurance

The percentage of charges a member pays when receiving a covered service. The member's health plan coverage pays the balance up to the health plan's allowance. Coinsurance amounts vary depending on the member's plan and the service provided.

Copayment

The fixed dollar amount a member pays when receiving certain covered services or prescriptions. The member's health insurance pays the rest. Copayments vary depending on the member's plan and the service provided.

Cost share

The portion of charges for a service or prescription that the member is responsible for paying, such as a copayment, coinsurance or deductible payment.

Deductible

The fixed amount a member must pay in a calendar or contract year for certain health care services before the member's health insurance begins to pay.

Dependent

A family member, such as a spouse, child or partner, who is covered under a policyholder or subscriber's plan.

Federal financial assistance (subsidy)

Financial assistance in the form of reduced premiums and reduced out-of-pocket expenses to provide help for some people to pay for health coverage or care. The government will pay part of the premium and the out-of-pocket expenses directly to the health plan issuer. Usually determined by income level and family size.

Grandfathered plan

A group health plan that was created or an individual health insurance policy that was purchased on or before March 23, 2010. Grandfathered plans are exempted from many changes required under the Affordable Care Act.

Health care reform

A general term for the major health policy changes put in place by the federal Affordable Care Act of March 2010 and any state laws passed to put it in place.



Health Insurance Marketplaces

Government-run online markets, formerly called Health Insurance Exchanges, where individuals and small businesses will be able to compare and enroll in health plans, get answers to questions, and find out if they are eligible for financial assistance or special programs.

The marketplace

A common nickname for the Health Insurance Marketplaces, also called “exchanges.”

Medicaid

A government insurance plan for the poor and disabled; in California, it’s known as Medi-Cal.

Out-of-pocket expenses

These include the copayments, coinsurance and/or deductible payments members make for the health care services they receive, as opposed to the premium they pay each month to their insurers.

Pre-existing conditions

Medical conditions that a person has before he or she applies for a health insurance policy.

Premium

The amount a member and/or the member’s employer pays, usually each month, for health care coverage. hank



FREQUENTLY ASKED QUESTIONS

Health care reform

Q: What is health care reform?

A: The term “health care reform” refers to the Affordable Care Act—the federal law that was passed in March 2010—as well as any state laws passed to put it in place. These laws are intended to help more people get affordable health care coverage and receive better medical care.

Q: What are the Health Insurance Marketplaces?

A: The marketplaces, sometimes called “exchanges,” will be state- or federal-run online markets where many people can buy health care coverage. It will be available to people who are uninsured or who buy insurance on their own. They will be able to compare and choose health plans offered by private companies, get answers to questions, and find out if they are eligible for financial assistance or special programs. The marketplaces will also operate a Small Business Health Options Program (SHOP) where small employers can purchase coverage for their employees. Coverage purchased there will be effective Jan. 1, 2014, or later.

Q: Does a person have to buy from the marketplaces?

A: No, not necessarily. The marketplace is just one of the ways people can shop for health coverage. People can still get coverage through their employer or directly from an insurance company. A member will have to buy coverage through the marketplace to apply for subsidized coverage, however.

Q: Will Kaiser Permanente coverage be available through the marketplaces?

A: Kaiser Permanente intends for our plans to be available in the marketplaces, but individuals don’t have to buy from the marketplaces. A person can still buy directly from Kaiser Permanente or continue to get coverage through his or her employer.

Q: Can anyone get health care coverage?

A: Yes, the ACA requirement regarding guaranteed availability applies to all individuals. Insurance companies can no longer deny coverage because a person has a medical condition, and no one has to pass a medical exam to qualify for coverage.

Q: Who has to buy health insurance?

A: The Affordable Care Act requires most U.S. citizens and those lawfully present to have a basic level of health coverage starting Jan. 1, 2014. There will be some exceptions for financial hardship, religious objection, immigration status and certain other circumstances.

Q: What if a person can’t afford to buy health care coverage?

A: The federal government may provide financial assistance to help a person pay for health coverage if he or she can’t afford it. This is usually determined by a person’s income level and family size. Individuals will be able to find out if they qualify for financial assistance when the Health Insurance Marketplaces launch in October.

Q: What can frontline workers do to prepare for health care reform?

A: Take advantage of every opportunity to become informed. Attend trainings (on KP Learn or in person), read communications and ask questions. Visit kp.org/reform, and refer friends, family and members to the site, too.

WHY EXCELLENT CARE ISN'T ENOUGH

WHAT HAPPENS AT THE HOSPITAL OR MEDICAL OFFICE IS ONLY PART OF WHAT SHAPES OUR MEMBERS AND PATIENTS' OPINIONS OF KAISER PERMANENTE. THE BEHIND-THE-SCENES WORK DONE BY MEMBER SERVICES AND MEMBERSHIP ADMINISTRATION TEAMS IS CRUCIAL, TOO.

Article by:

ANJETTA McQUEEN

Speaking the same language:

The Contracts UBT at the California Service Center took the initiative to meet with the sales and marketing team and work out a cheat sheet of common codes for the two groups to use. Shown are account administration representative Sue Hermes with management co-lead Demetria Williams (above, left to right); account administration representatives Michelle Teasley and Kenneth McChellam (opposite page, left and center); and Williams (opposite page, right). Hermes, Teasley and McChellam are members of OPEIU Local 30.

With changes this fall promising to bring more health care coverage to millions of Americans—and many more members to Kaiser Permanente—unit-based teams are helping to get member services in top shape.

Managing diseases, slashing wait times and cutting out the high cost of waste are naturally on the radar for caregivers' UBTs. But operations teams also are working behind the scenes to make sure our services are seamless.

For instance, one team at the California Service Center in San Diego is working to make sure new members have a good “onboarding” experience. Its project aims to make sure that what an employer purchases for its employees is what those workers get when they show up at a medical center for the first time, ID cards in hand. No one wants a new member arriving at a Kaiser Permanente facility and being asked to fork out an unexpected copayment or, worse, being denied a service outright.

“This is the kind of solution that is—and should be—generated from the front line,” says Demetria Williams, a service center manager and the Contract team’s management co-lead.

Kaiser Permanente is unusual in that we provide both insurance coverage and health care, and so how administrative services are handled affect a member’s overall impression of the organization. The Contracts team enrolls employer groups, entering the details of the lengthy contracts—copay amounts, covered medicines, vision care allowances and so on—that will apply to every employee covered by that particular contract. That sets the stage for the individual employee’s enrollment with Kaiser Permanente. If it’s all done correctly, everything goes smoothly when the new member arrives at one of our facilities.

The job is tough. About 18 account administration representatives refer to the signed contracts they’ve received from Sales and Account managers as they enroll a new employer group—or update an existing one—so the employees will get the right services. The account administration representatives contact



the sales people when they find inconsistencies—when, say, the plan that was selected doesn't include vision coverage, even though the associated contract calls for it.

"We would pick up the phone, but we were not connecting," Williams says. "We were speaking different languages. We didn't know what they wanted; they didn't see what we saw."

Despite the meticulous work, the team faced a 65 percent discrepancy rate—entries that are likely to cause problems for members when they seek care. So the Contracts UBT used the plan, do, study, act steps to track where the data was misaligned and trace it to specific parts of the process—and team members decided on a small test of change, hosting a "Day in the Life of a Contract" with members of the Sales and Marketing team.

Part of the difficulty was that sales managers and service reps work on different computer systems, with no connection between them. The competing systems were a swamp of alphabet stew: CIDARS, LOB, PA. Since merging the two systems into one isn't in the offing, staff members found a solution at the unit-based team level.

During two days of face-to-face meetings, the two sides cut through the sea of baffling acronyms and buzzwords and created a cheat sheet of common, acceptable codes.

Jeannie Athey, the Contract team's union co-lead, an account administration representative for nine years and an OPEIU Local 30 member, said the UBT project was like a foreign student exchange. "We hadn't seen their system before," she says—and it was eye opening.

It's too soon to have updated metrics, but Athey says anecdotal reports indicate the reps need fewer phone consults with sales managers and there has been less frustration between the two groups.

"Members can't be enrolled until we've done our job of setting up the group contract," says Sherri Saunders, the service center's operations manager and the team's sponsor. "If they're not enrolled, they can't get services. The contracts are legal documents. We have to get them right the first time, for our members." HANK

'This is the kind of solution that is—and should be—generated from the front line.'

—**DEMETRIA WILLIAMS**, a California Service Center manager and Contracts UBT co-lead



Answering the phones? You've got power

Across the organization, member services and membership administration teams are crucial to KP's success in the marketplace

Teams with Customer and Member Services (CMS) and with Marketing, Sales, Service and Administration (MSSA) are hard at work on projects that will improve KP's ability to meet the challenges presented by health care reform.

- » A team in Fulton, Md., is using new scripting to reduce how many times a member's call is transferred before his or her concern or complaint is addressed. The new scripts focus on helping the customer service representatives resolve or defuse issues immediately.
- » In Denver, representatives are using fliers and other reminders to help avoid confrontations and other negative experiences.

- » A UBT based in Corona, Calif., that helps customers in regions outside the state is working to make online applications easier to use. It is testing whether viewing the applications in real time along with the member could take minutes off service calls as well as establish trust with a future or returning member.

MSSA employees handle questions and concerns from employer groups and their members and brokers related to eligibility, such as enrollment and reinstatement, and to premiums, including billing and refunds.

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.



Reaching out: To shorten wait times and keep them down, the Oncology Clinic UBT members worked with a wide range of colleagues at the Moanalua Medical Center. Shown are team co-leads Mary Jane Kanayama, RN, manager Donna Primiano-Holton, RN, and Annette Viernes, RN (left to right). Kanayama and Viernes are members of Hawaii Nurses Association, OPEIU Local 50.

Article by:
ANJETTA McQUEEN

FEATURED DEPARTMENT
**Oncology Clinic, Moanalua
Medical Center, Honolulu**
REGION
Hawaii
VALUE COMPASS
Best Service



By involving other departments as it untangled a web of issues, this Oncology Clinic has sustained its success for more than 18 months

Problem

Average wait time for patients from check-in to chemotherapy treatment was 56 minutes, causing complaints from patients and staff members

Metric

Average daily patient wait time

Team co-leads

Mary Jane Kanayama, RN, and Annette Viernes, RN, Hawaii Nurses Association, OPEIU Local 50; Donna J. Primiano-Holton, RN, nurse manager

SMART goal

Decrease the average daily wait time from 56 minutes to 29 minutes from November 2011 to December 2011. Once met, sustain the improvement over time.

Small tests of change

- » Advised patients to complete physician-ordered lab work at least one or two days in advance of their chemotherapy appointments, if possible
- » Recruited medical assistants to help physicians track lab orders and ensure laboratory tests are ordered and completed
- » Restricted most same-day appointments to chemotherapy/infusion treatments lasting 60 minutes or less, and reserved a two-hour window for lengthy appointments that could not be postponed due to patient’s schedule
- » Staggered patient appointment times to address staffing shortfalls

‘They were able to identify issues and reach out to everyone seamlessly, working together with the patient truly in mind.’

—LISA KANE, unit-based team consultant

Results

The team met its initial goal and then improved further, and it has essentially sustained the improvement for nearly 18 months. In the first month, the average wait time between check-in and treatment fell to 29 minutes. In four months, the team’s efforts had decreased the average wait time by 44 minutes, or 79 percent, to an average wait of 12 minutes per patient. Today, the average wait, measured year-to-date in May 2013, is about 15 minutes.

Key to sustaining change

Continue educating patients about having necessary lab tests and paperwork in order before coming to appointment; in addition to outreach letters, this includes one-on-one, face-to-face counseling with members.

Background

Why? Why? Why? That’s what the unit-based team of nurses at the Oncology Clinic kept hearing from patients. With 25 to 35 patients coming in each day and just eight treatment areas, the complaints were piling up, says union co-lead Kanayama.

“Why isn’t my medication ready?” “Why is it going to take so long? I was told I’d be finished in two hours.” “Why haven’t I been called yet?” The nurses started investigating the whys and found many culprits:

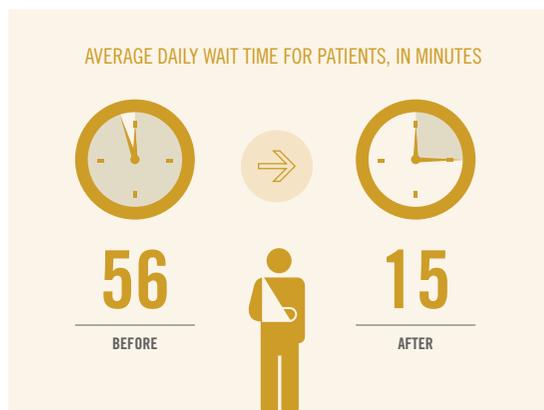
- » Missing lab results
- » Missing chemotherapy orders, or orders that had not been signed by a doctor or nurse practitioner
- » Double-booked infusion chairs
- » Nurses and other staff pulled away for advice calls
- » Pharmacists and physicians on different schedules unable to connect and sort out unclear orders
- » Pharmacy staffing that delayed the mixing of chemotherapy medications or getting the required second pharmacist’s verification of the medicines ordered
- » Too many patients scheduled at times with low staffing levels, such as lunch

Then the team got down to business. Nurses collected baseline data from randomly selected patients every day. Having identified such a range of issues, they reached out to physicians and to their colleagues outside the partnership, including pharmacists and medical assistants. With each test of change, the nursing team forged new connections and succeeded in getting different groups to help one another: Medical assistants helped physicians keep the chemotherapy orders current, for example, and schedulers coordinated with pharmacy staffing in setting appointments.

“This team has demonstrated the true meaning of partnership,” says Lisa Kane, the team’s UBT consultant. “They were able to identify issues and reach out to everyone seamlessly, working together with the patient truly in mind.”

And with so many different elements to address, the team gained a deeper appreciation of the value of the plan, do, study, act cycle.

“We could not have had this success without it,” says management co-lead Primiano-Holton. “The format really helped us to think things through, and organize our approach, keep our goals in line, and understand why we needed to follow through with each test before going on to the next step.” hank



USE THE ONLINE STORYTELLING TOOL

Has your team used the PDSA steps to improve service, quality, affordability or the work environment? Use the LMP’s online storytelling tool to share your success with other teams!

Visit LMPartnership.org/storytelling.

TIPS AND TOOLS

Got change? Now spread it!

Spread is the process of replicating a successful change or package of changes to other parts of the facility or to other regions. After testing change on a small scale, learning from each test and refining the change through several plan, do, study, act cycles—including testing the change under varying conditions, on different shifts and with different staff—the change may be ready for implementation on a broader scale.

There are many elements and roles involved in spreading a process beyond the UBT that created it:

Leadership. Sets the agenda and assigns responsibility for spread.

Set up for spread. The target population is identified and an initial strategy formulated for reaching all sites in the target population with new ideas.

Better ideas. A description of the new ideas and evidence to “make the case” to others is developed.

Communication. Ways to share awareness and technical information about the new ideas are determined.

Social system. Leaders consider the relationships among the people who will adopt the new ideas.

Knowledge management. The practice of observing and spreading best methods as they emerge from the practice of the organization.

Measurement and feedback.

Collecting and using data to monitor and make adjustments to the spread process.

Source: Institute for Healthcare Improvement

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? 



HANK LIBS: Greeting power

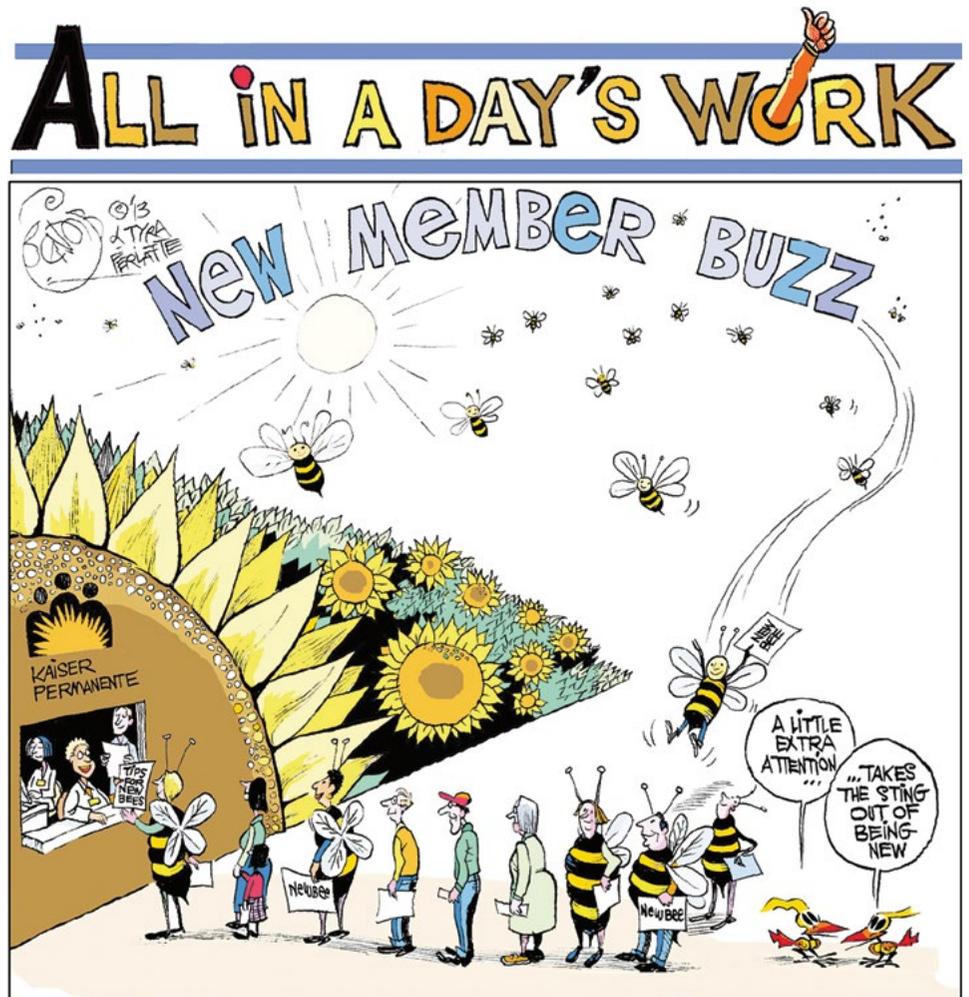
DIRECTIONS: Before reading on, hand this to a fellow employee and ask him or her to read aloud the description for each blank and write the answer you give in the space.

Once upon a time, there was a woman with three _____ who did not have health insurance. The mother was beside herself trying to keep up with their _____ care. When she got a new _____, she chose Kaiser Permanente for their medical care. She was a little _____ about the _____ of managed health care. Her first experience with KP came when she had to take her son to the _____ department for a bad _____. Staff members were _____ and introduced themselves by _____, and position. Her son's injury was taken care of _____ and a short time later, they left _____ great about KP's service and care.

HEALTH CARE REFORM JEOPARDY

DIRECTIONS: Test your health care reform knowledge and have some fun, too!

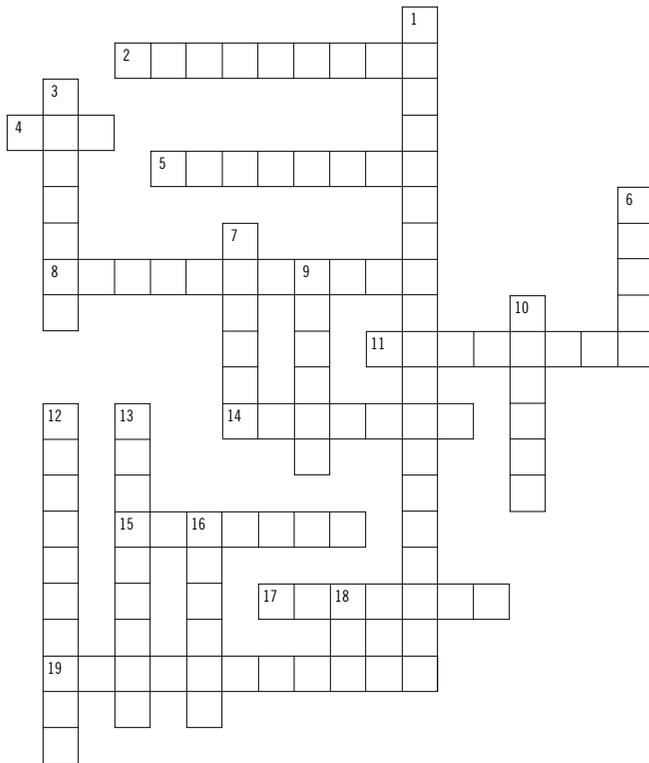
- The term "health care reform" refers to...**
 - A. The Health Care Reform Act
 - B. The Affordable Care Act
 - C. The Health Care Accessibility Act
 - D. The Health Care Choice Act
- These state- or federal-run organizations are where many people can buy health care coverage:**
 - A. Wellness shops
 - B. Insurance portals
 - C. E-care coverage shops
 - D. Health insurance marketplaces (also called exchanges)
- Many health care reform changes that affect health plans are already in place. Other big changes are coming during this month.**
 - A. January 2014
 - B. February 2014
 - C. November 2013
 - D. December 2013
- Members can learn more about health care reform and how it might affect them by visiting this site.**
 - A. kp.org/reform
 - B. kp.org/healthcarereform
 - C. kp.org/exchanges
 - D. kp.org/answers
- As employees, we should let people know that our members get doctors, facilities, and health plans that have this unique benefit.**
 - A. That can earn double reward points
 - B. That have a coffee shop
 - C. That offer an indoor pool
 - D. That can work together as one



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

CROSSWORD: Welcoming new members

DIRECTIONS: Do you know your new member terms? Find out by working this puzzle.



DOWN

- 1 KP HealthConnect™ flag for newbies (3 words)
- 2 LMP tool to help welcome new members (2 words)
- 3 Surveys that ask consumers and patients to evaluate their health plan and care
- 4 Reshaping health care in this country
- 5 Care services for non-threatening symptoms and chronic illnesses
- 6 What you can do on kp.org
- 7 How KP keeps members focused on staying well
- 8 Lack of equality that can lead to poorer health
- 9 What a KP member should carry at all times (2 words)
- 10 Affordable Care _____

ACROSS

- 2 Workers who collaborate on performance improvement
- 4 _____ experience
- 5 Federal health insurance for people over age 65
- 8 They answer routine and urgent questions (2 words)
- 11 Chronic disease that needs managing
- 14 My Health _____
- 15 These physicians come first
- 17 What everyone in health care is striving toward
- 19 24/7 help for speaking the same language

Picturing the workers of Kaiser Permanente

Article by:

LINCOLN CUSHING

Kaiser Permanente Heritage Resources



Ann Rosener's portrait of Janet Doyle at the Richmond shipyard in 1943

Two people—one, a white woman, the other, a black man from the West Indies—witnessed the crucible of new workers who arrived by the tens of thousands at the Kaiser shipyards

during World War II. Together, they laid the foundation for an extraordinary photographic record of the organization's history.

Ann Rosener was a San Francisco Bay Area local whose assignment with the Office of War Information included writing and photography. Emmanuel Francis Joseph was born on the island of Saint Lucia. He settled in Oakland in 1924 and became the first professional black photographer in the Bay Area. Both artists brought a keen eye to the history unfolding before them and chronicled the often-overlooked working lives of women and people of color.

The tradition they began is carried on today, with contract photographer Bob Gumpert documenting the work lives of the frontline staff, managers and physicians who are the backbone of the Labor Management Partnership. Gumpert started his career in 1974 in Kentucky, photographing what turned out to be the last three months of the epic United Mineworker's strike. In the years since, he has covered economic, social and worker issues in a number of countries.

Usually, a company's photographic record boils down to a few standard subjects—founder portraits, major buildings, award ceremonies. But a rich organizational archive also includes images of the ordinary people who work there, who cumulatively contribute to the operation and impact of businesses large and small.

Gumpert has taken more than 75,000 photos of just about every sort of worker in the KP cosmos—clerks, drivers, doctors, pharmacy technicians, RNs, housekeepers. These images, like those of pioneer documentarians Rosener and Joseph, put a human face on a dynamic American industry. [hank](#)

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:

Clock is upside down.

YOUR ANSWER:

TRIVIA QUESTION

How much saliva does the average human produce daily?

MEETING ICEBREAKER

Deserted island

Tell everyone they are stranded on a deserted island and ask them to write down the one item they want to have with them. Break the group into tables of five or six people (or ask for a half-dozen volunteers). Each person explains why he or she chose the object, and then each table figures out how to improve its chances of survival—or escape—by using *all* of its members' objects.

Participants can vote on the most imaginative group or simply enjoy the creativity.



PREPARE FOR HEALTH CARE REFORM

1. Continue providing the excellent care and service we are known for.
2. Take advantage of every opportunity to inform yourself: Attend offered trainings, read communications and ask questions. Check out the trainings on KP Learn.
3. Read kp.org/reform, and refer friends, family and members to the site, too.
4. Understand that new members may need special assistance understanding and navigating our integrated care system: Our members get doctors, facilities and a health plan that work together as one. That makes care more coordinated, convenient and connected.
5. Make every member's visit special with a warm welcome. Take time to answer questions about Kaiser Permanente, or arrange for a mini-tour of the facility before or after an appointment.

HEALTH CARE REFORM is intended to help more people get access to health care coverage and receive better medical care. Many health care reform changes that affect health plans are already in place. Other changes are coming in January 2014. For Kaiser Permanente, this is a critical time—how we respond to the challenges and opportunities this year will make a big difference for our organization and the patients and members we serve.

Visit LMPartnership.org for ideas and tools for your team.

FOLD AND TEAR ALONG DOTTED LINE