

# hank

Spring 2015 | Issue 43



FRONTLINE NEWS FOR KP WORKERS,  
MANAGERS AND PHYSICIANS

## STEAL SHAMELESSLY



TO DO THIS  
ISSUE

9 SHARE YOUR SUCCESSES

12 MEET THE SUPER UBT

14 HAVE SOME FUN



## Proudly found elsewhere

Our Value Compass puts the patient at the center. But—which patient do we mean?

If you are, say, a registered nurse on a telemetry unit, do you mean just your specific patient? Or all the patients in your department? Or at your whole facility? In your region?

What would happen if you took the One KP strategy to heart and considered every patient at every Kaiser Permanente facility your patient?

In this issue of *Hank*, you'll find ways to do just that. How? By sharing your own department's successful practices—and by learning from your colleagues' triumphs in improving care.

Let's face it: As at every large organization, there are silos and turf at KP, with attendant rivalries among departments, facilities and regions. That sense of competition on everything from service scores to attendance to membership growth can make it seem like quality is a zero-sum game—that my improvement must come at your expense.

As at other institutions, there's also a bias against anything “not invented here.” How many times have you heard, “But that won't work here. We're—different.” Really? Is the birth of a baby so different in Oakland than in Portland? Is filling a prescription for statins so different in Atlanta than in Denver? Or could the same approaches to improving service and quality work regardless of location?

As an antidote to “not invented here,” try “proudly found elsewhere.” Open your mind, eyes, heart and—yes—ego to improvements from outside your home base. When you view every KP patient as yours, you won't hesitate to spread what you've learned to others and to learn from them in turn. [hank](#)

## WHO'S BEHIND HANK?

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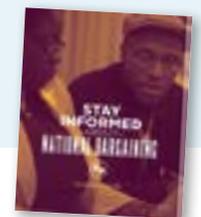
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### BACK COVER POSTER

Tear off and pin up this poster on national bargaining.



## WHAT IS HANK?

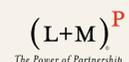


*Hank* is an award-winning journal named in honor of Kaiser Permanente's visionary co-founder and innovator, Henry J. Kaiser.

*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](http://LMPartnership.org).



## AROUND THE REGIONS

### COLORADO

The Metabolic Surgical Weight Management unit-based team at the Franklin Medical Office is saving money and improving efficiency by reducing unnecessary lab tests for patients. The team researched current literature and discovered that its process was not adding value to patient care. As a result, the team went from 40 to 50 tests each day to 10 to 12 a day, saving more than \$700,000 in one year. The project helped propel the team from a Level 1 to a Level 5 on the Path to Performance. The team won the UBT Value Compass Award for the first quarter of 2015.



Fewer tests make for better performance for this Colorado UBT.

### GEORGIA

When the Georgia region sought to promote compliance initiatives while engaging frontline workers, it copied an idea from an existing regional program. “We already have workplace safety champions, so we mirrored what they did to birth this little baby,” says Kim King, fraud control, privacy and security officer. As of December 2014, each of Georgia’s 30 medical centers and its medical records facility boast a compliance champion on site. The goal is to increase understanding of possible compliance lapses, such as an unlocked door or allowing an unknown person into restricted areas. “Frontline staff—and the majority are union representatives—raise awareness and do monthly walkthroughs of the facilities,” says King.

### HAWAII

After she helped set up a network of safety champions at the Moanalua Medical Center and medical offices in the Hawaii region, registered nurse Christy Borton won the individual award for Creating a Safer Workplace at Kaiser Permanente’s Workplace Safety Summit in late February. Borton, the workplace safety co-lead and a member of HNA OPEIU Local 50, is mobilizing colleagues around the region’s renewed focus on safety conversations and safety walk-arounds. Frontline staff share safety tips via a weekly safety newsletter. She also is working with the Safe Patient Handling Committee to spread the use of HoverMatts, which help prevent injuries to both patients and employees.



RN Christy Borton (at left) mobilizes for a safer workplace.

### MID-ATLANTIC STATES

Workplace safety leaders in the Mid-Atlantic States region are committed to investigating incidents in partnership. Ensuring that a labor representative can meet soon after an employee injury was a key to the boost seen over the last several months. In January, 89 percent of incident investigations were performed in partnership, a 10 percent increase over December and significantly better than in October, when fewer than 70 percent were investigated in partnership. Another improvement is that incidents were reported in an average of four days in January compared to an average of eight days in December. “If we don’t keep ourselves and

each other safe, we won’t be there for our patients to provide the care they deserve,” says Samantha D. Unkelbach, RN, the labor lead for Workplace Safety/Integrated Disability Management for the Baltimore area and a member of UFCW Local 27.

### NORTHERN CALIFORNIA

Before moving to a new facility in San Leandro, members of the Pulmonary Sleep Services Center in Hayward took action to raise their patient satisfaction scores from the bottom third to upper third. They asked patients what needed to improve and even visited some members at home. By listening, the unit-based team identified nearly 50 points of confusion patients face from the moment they arrive for treatment to when they go home. From February to August 2014, the UBT began letting patients return diagnostic equipment at their own convenience and staggered lunch breaks to ensure that patients could receive respiratory therapy around the clock. These changes helped transform the team from a Level 1 to a Level 4 on the Path to Performance.

### NORTHWEST

Building on the region’s success in exceeding the goal of 75 percent completion of the Total Health Assessment in 2014, Total Health leaders are taking more steps to create a culture of wellness. Cynthia Beaulieu, the region’s Total Health labor lead and an SEIU Local 49 member, along with her management partner Lauren Whyte, employee wellness consultant, work with unit-based teams to celebrate team approaches to health. They round on teams with leaders to acknowledge and learn from team efforts. One fun project was collecting “healthy selfies” to

showcase on the region’s intranet site. Beaulieu and Whyte are encouraging the more than 300 employees who submitted photos to share them on social media using the hashtag #KPHealthie.



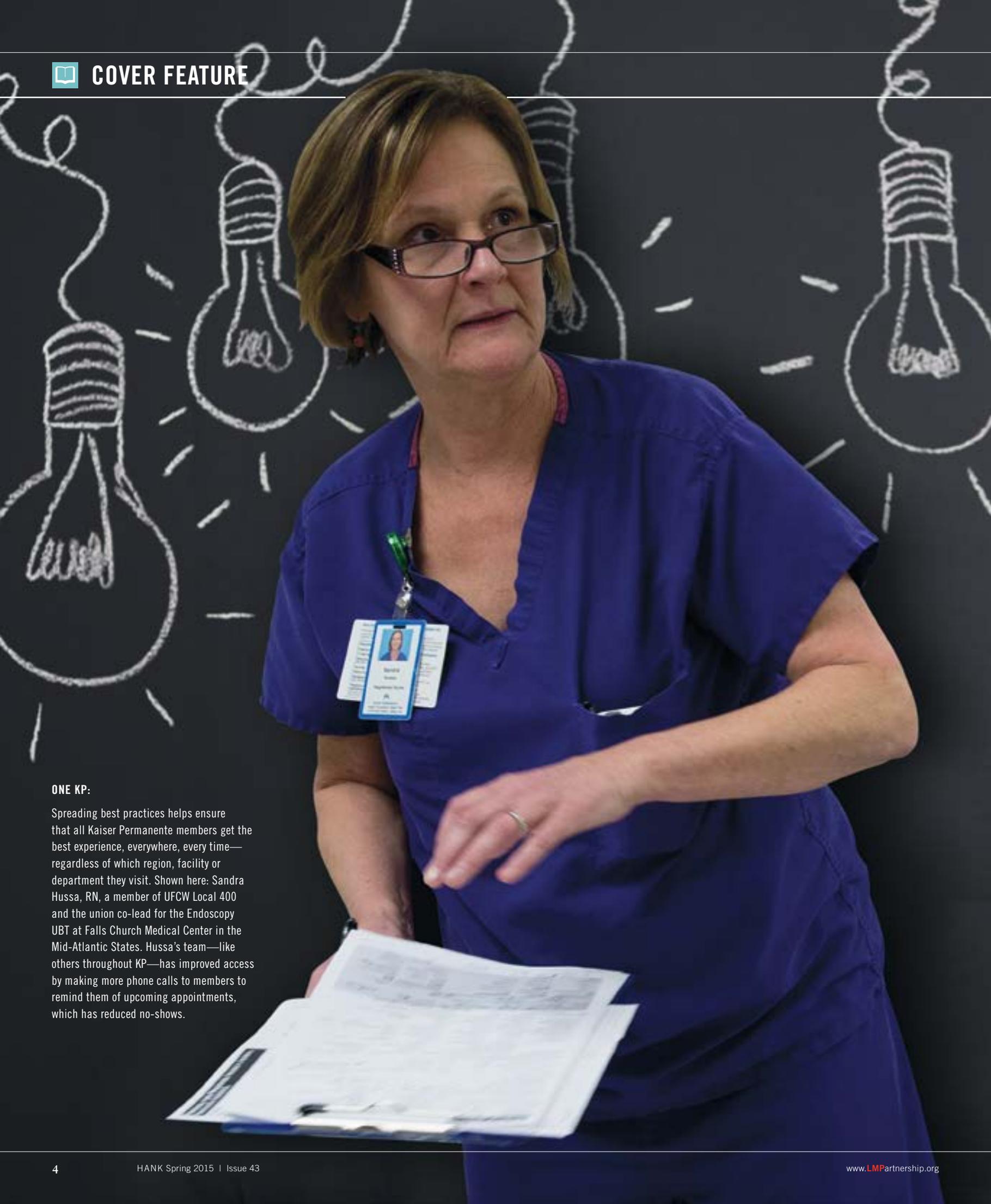
One of more than 300 “healthy selfies.”

### SOUTHERN CALIFORNIA

The region is adding a new dimension to its popular and effective reward and recognition program for inpatient Medical/Surgical and Maternal Child Health unit-based teams: a special award for teams that sustain their strong service scores for an entire year. For the performance year that recently ended, winners were Anaheim Medical Center for Maternal Child Health and Woodland Hills 4 West for Med-Surg. After celebrating their achievements, the teams are expected to help spread their successful practices to their peers at their own facilities and region-wide. Strategies they are considering are a one-day conference with presentations by the winning teams, hosting visits from other UBT co-leads, and monthly webinars. hank



Consistently high service scores at Woodland Hills 4 West earned an award for sustaining successes.



**ONE KP:**

Spreading best practices helps ensure that all Kaiser Permanente members get the best experience, everywhere, every time—regardless of which region, facility or department they visit. Shown here: Sandra Hussa, RN, a member of UFCW Local 400 and the union co-lead for the Endoscopy UBT at Falls Church Medical Center in the Mid-Atlantic States. Hussa's team—like others throughout KP—has improved access by making more phone calls to members to remind them of upcoming appointments, which has reduced no-shows.



# STEAL SHAMELESSLY

Sometimes, the best way forward is to look around and find the solution that someone has already developed—and adopt it. Teams can save time and money by being willing to borrow successful practices from others.

Article by:  
OTESA MILES

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**A**lthough Rahul Nayak, MD, calls himself “fundamentally lazy,” it might be more accurate to call him lazy like a fox. Instead of starting from scratch to create Georgia’s centralized Outpatient Safety Net Program, his team started with a recipe provided by Southern California.

“Someone has already done something that works. Why not start there?” says Dr. Nayak, who was physician program director of patient safety for Georgia when the program launched.

Dr. Nayak’s outlook serves as the guiding force behind spread—the art of adopting a practice, workflow or project from another team, medical center or even an entire region. The benefits? As the Georgia team learned, new initiatives often get off the ground faster if they’re modeled on an already proven concept. The Southern California safety net system had already won a 2012 David M. Lawrence Patient Safety Award for its work.

CONTINUES ON PAGE 6 | .....▶

# STEAL SHAMELESSLY

◀..... CONTINUED FROM PAGE 5

“The foundation was laid,” says safety net team member Eula Maddox, RN, a member of UFCW Local 1996. Maddox makes up to 60 calls a day, phoning members who have had abnormal lab results and scheduling follow-up appointments. “These calls reduce stress for patients and costs for Kaiser Permanente,” she says. But, she notes, the team had to adapt the program for it to work well for Georgia members, including changing the hours that calls were made.

For its work, the team won the 2014 David M. Lawrence Patient Safety Award in the transfer category—an award for a region that successfully implements a project from an earlier award winner. The award recognizes the importance of spreading best practices, which ensures that members receive the same high level of care regardless of which medical center they visit. That’s a primary principle of One KP, which sets the goal of providing every health plan member with “the best experience, everywhere, every time.”

“Our members and customers believe—rightfully so—that we know how to operate as one organization,” says Bernard J. Tyson, KP’s chairman and CEO, “and that whatever we learn about the best ways to care for people in one geographic area...is available to all of our 9.6 million members.”

Best practices occur at all levels and in all departments. In Colorado, for example, the Regional Lab unit-based team tackled the issue of standardizing labels. Even a simple mistake—putting a label on crooked—can adversely affect patient care. The team is creating visual aids and tip sheets that will spread to 28 locations by this fall.

“This is a problem people have had to deal with for years and are passionate about fixing,” says Beth Fisher, a medical technologist, member of UFCW Local 7 and sponsor for the regional lab team.

Spreading practices takes effort from both sides. At Virginia’s Burke Medical Center, a project launched by the Primary Care team four years ago has sustained its success in helping patients with hypertension get their blood pressure under control—and the team has helped other facilities in Northern Virginia adopt the practice (see pages 8 and 10).

“If it works for us, it will work for other people,” says the Burke team’s lead nurse, Angela N. Williams-Edwards, RN, a UFCW Local 400 member. “Other teams saw it was easy and ran with it.” [hank](#)

## WE CAN DO BETTER AT BORROWING

In UBT Tracker, teams are asked...



“WHERE DID YOU GET THIS IDEA?”

9%

FOUND IT FROM ANOTHER KP SOURCE

10%

GOT IT FROM SPONSOR OR SUPERVISOR

78%

CAME UP WITH IT THEMSELVES

The next time your team is brainstorming performance improvement ideas, start by searching UBT Tracker and the Quick Picks catalog on [LMPartnership.org](#) to see what teams facing similar problems have done. If you come up empty-handed, that’s the time to start generating your own solutions. Otherwise, borrow!

WHEN IT COMES TO CHANGE, WOULD YOU SAY YOU ARE:



- » An early adopter
- » In the early majority
- » In the late majority
- » A laggard

If you’re slow to adopt a change, think about what would make you more comfortable integrating a new practice. What action step can you take to become more at ease with change?

*‘Farmers say they don’t grow crops, they create conditions for crops to grow. That’s also what good leaders do. They prepare the field, then provide a structure and process to help people spread new ideas.’*

—ROBERT LLOYD, executive director for performance improvement, Institute for Healthcare Improvement (IHI)

# PRACTICAL TIPS FOR SUCCESSFUL SHARING



**SIN:** Expect huge improvements quickly then start spreading right away.

**DO THIS INSTEAD:** Create a reliable process before you start to spread.



**SIN:** Don't bother testing—just do a large pilot.

**DO THIS INSTEAD:** Start with small, local tests and several PDSA cycles.



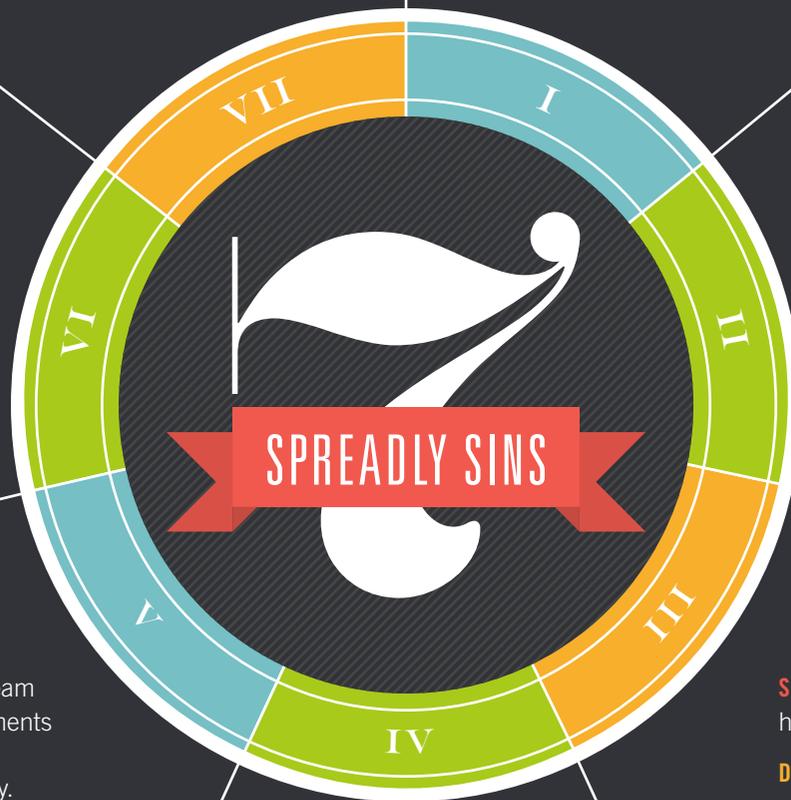
**SIN:** Give one person the responsibility to do it all. Depend on “local heroes.”

**DO THIS INSTEAD:** Make spread a team effort.



**SIN:** Check huge mountains of data just once every quarter.

**DO THIS INSTEAD:** Check small samples daily or frequently so you can decide how to adapt spread practices.



**SIN:** Require the person and team who drove the initial improvements to be responsible for spread throughout a hospital or facility.

**DO THIS INSTEAD:** Choose a spread team strategically and include the scope of the spread as part of your decision.

**SIN:** Rely solely on vigilance and hard work.

**DO THIS INSTEAD:** Sustain gains with an infrastructure to support them.



**SIN:** Spread the success unchanged. Don't waste time “adapting” because, after all, it worked so well the first time.

**DO THIS INSTEAD:** Allow some customization, as long as it is controlled and elements that are core to the improvements are clear.





# DON'T BE SHY

It's great to get and maintain good results—  
but spreading a proven practice and multiplying  
its benefits is even better

Article by:  
OTESA MILES

#### CALLING ALL CAREGIVERS:

Registered nurse Angela Williams-Edwards (above), a UFCW Local 400 member, reaches out to patients who need help managing their high blood pressure and also to colleagues eager to adapt successful improvement efforts from her UBT.

**A**fter their letters to members went unanswered, the members of the Burke Primary Care team changed their approach.

Instead, clinical assistants called patients with the message, “Your doctor is concerned that your blood pressure is not being controlled,” says Angela N. Williams-Edwards, RN, a member of UFCW Local 400, the team’s lead nurse and former labor co-lead. “It worked better because it was more personal.”

This was in 2011, when the team had challenged itself to get more patients’ blood pressure under control and reduce their risk of a wide range of diseases. They succeeded—and their success mushroomed, with the other centers in Northern Virginia adopting it (see page 10). All Primary Care teams share the goal of having more patients

with blood pressure in a healthy range, and there was no reason for the other teams to start at square one since Burke had demonstrated its way worked—and worked well.

Four years ago, to entice members to come in more frequently to better manage their hypertension, the Burke team also made changes to make the visits for blood pressure checks as appealing as possible:

- » Patients could pop in almost any time for the mini-checks, so they could stop by when they were at the medical center for other reasons.
- » There was no copay for the quickie visits.
- » The members don’t have to wait long. “If they wait too long,” Williams-Edwards says, “their blood pressure will go up.”
- » If a member’s blood pressure reading was too high, the doctor came in during that same visit to discuss options—possibly making medication changes—and to urge the member to return for a follow-up within 10 to 14 days.

All of these factors helped the Burke unit-based team increase the percentage of patients whose blood pressure is under control from 75 percent

in January of 2011 to 85 percent by August of 2011. Today, the team has not only maintained that improvement but surpassed it. As of November 2014, the team boasts that 90 percent of its patients with hypertension have their blood pressure under control.

“Burke worked so hard to have the results sustained,” says Eileen Chiama, who has been the team’s management co-lead and clinical operations manager for about three years. “We achieved these gains through the huddling process and by keeping focused on it. It became part of our normal workflow.”

Moreover, Chiama says, “The workflow process was shared with other medical centers. The way you spread is to find a champion—someone on the team who is so passionate about the goal.” She says Edwards-Williams is that champion at Burke. “Never underestimate the power of one to generate enthusiasm in the rest of the team.”

Marianne Henson, RN, who was the team’s manager when the project first started, says she met regularly with the area’s other internal medicine clinical operations managers. “We share best practices that way,” she says. Now, several Northern Virginia teams—including Henson’s current teams at Falls Church and Tysons Corner—have improved their rate of blood pressure control, too. [hank](#)

## CONTROLLING BLOOD PRESSURE

By sharing successful practices, many facilities in Northern Virginia have raised the percentage of patients with hypertension whose blood pressure is under control.



*‘The way you spread is to find a champion—someone on the team who is so passionate about the goal.’* —EILEEN CHIAMA, management co-lead



## TIPS & TOOLS

### HOW TEAMS CAN SPREAD THEIR SUCCESSES

- Shout from the rooftops: Share your success at strategically chosen meetings and conferences and by using the online resources at right.
- Say specifically that you welcome having others copy your successful practices.
- Boil down and spell out the factors that helped your project be successful, so that other teams can focus on those.
- Choose a project that has a clear, program-wide, fairly generic goal, such as taking the Total Health Assessment or improving attendance.
- Be a pollinator. Are you in a role where you get to interact with lots of different departments, facilities or regions? Be the person who brings ideas to others.

### HOW LEADERS CAN BOLSTER SUCCESSFUL PRACTICES

- Be sure your facility or region has a structure and process related to spread.
- Measure the impact of attempts at spreading successes. Does the same process have a different result in different settings?

### ONLINE RESOURCES

**Quick Picks:** Get your team’s success included in Quick Picks, an online catalog of successful practices. Download an entry form at [LMPartnership.org/quickpicks](https://lmpartnership.org/quickpicks).

**PI Wiki:** Visit the PI wiki at <https://wiki.kp.org/wiki/display/BIGQ/Performance+Improvement>.

**Access UBT Tracker:** Go to My HR at <https://epf.kp.org/wps/portal/hr> and sign on with your NUID and password. Then navigate to *Workspace > Team Tools > UBT Tracker*.



Article by:  
OTESA MILES

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# BOOST YOUR BORROWING

It's tempting to think that your team, department, clinic, area or region is unique and needs its own special solutions. But more often than not, adopting or adapting an idea from elsewhere is the fastest way to a win.

**W**hen Marianne Henson, RN, left her position as clinical operations manager of the Burke Primary Care team in Virginia, she took something with her—a plan.

In 2011, Henson helped launch a project at the Burke Medical Center that boosted the percentage of patients with their blood pressure under control. Instead of creating a brand-new plan to solve the same problem at her new facility in Falls Church, Virginia, she became a copycat.

“Why reinvent the wheel?” Henson says. “We already knew what worked.”

When Henson was in her role at Burke, other clinical operations managers and physicians from the 10 Northern Virginia medical centers held regular area-wide meetings that allowed teams faced with similar issues to learn from one another. As a result, other facilities began adopting Burke’s practice of having clinical assistants call members with hypertension to ask them to come in for more frequent blood pressure checks. Burke had already discovered that members ignored requests sent via mass mail, so the other centers didn’t waste time or money repeating that experiment.

“We have members waiting only five to 10 minutes,” says Andrea Brown, a clinical assistant at Falls Church and member of OPEIU Local 2. “We let them know over the phone that this will be a quick visit and they will be on their way.”

Brown and the other clinical assistants try to call at least five members each day to see if they can pop in for a check while at the pharmacy or when they have an appointment with a specialist. And each day, depending on the weather, between three and five patients take advantage of the mini-blood pressure appointments. “This brief visit is cost effective, saves time and helps us make sure the member is on the right track,” Brown says.

Brown says members have given her positive feedback because of the convenience.

“It made sense because the whole region was expected to bring hypertension control up to better levels,” Henson says. “We standardized what we do.” hank

*‘Why reinvent the wheel? We already knew what worked.’*

—**MARIANNE HENSON**, RN, clinical operations manager, Falls Church, Virginia (left)

## TIPS & TOOLS

### HOW TO ADOPT THE BEST FROM OTHERS

Play with your mindset. Think, “I’m open to learning from my peers.” Shifting your outlook lets you hear ideas you might have missed before. If you notice resistance to the thought, explore what’s behind the resistance.

- » Identify areas your team wants to improve and actively seek out other teams’ successes. Use the resources listed on page 9.
- » Check the data backing up claims of success. Don’t copy something just because it sounds cool, has a charismatic leader or a whiz-bang website.
- » Take part in communities of practice with others throughout KP who do the same type of work you do.
- » If you hear yourself or your co-workers say, “But we’re different,” pause for a moment. Then ask, How are you different? How are you the same? Given your answers, how might your team adapt a practice that has been successful elsewhere?
- » If you can’t—or won’t—borrow a successful team’s practice, can you identify a way to match its performance?
- » Put the projects you adopt from other teams through multiple tests of change and adapt as necessary to make them your own.

### Frontline workers are the key to success

“If you want to spread, engage the people who do the work,” says Robert Lloyd, the executive director for performance improvement at the Institute for Health Care Improvement. “Workers are smart and know how things get done.” Here are elements that Lloyd suggests need to be in place:



You have to know how to start a movement that draws on the knowledge of people who do the work.



The idea needs to have stickiness. It needs a structure and process to spread.



You need to measure its impact, and see if things are happening the same or differently across different settings.



You have to make sure you understand the existing capability of the group you are trying to reach.

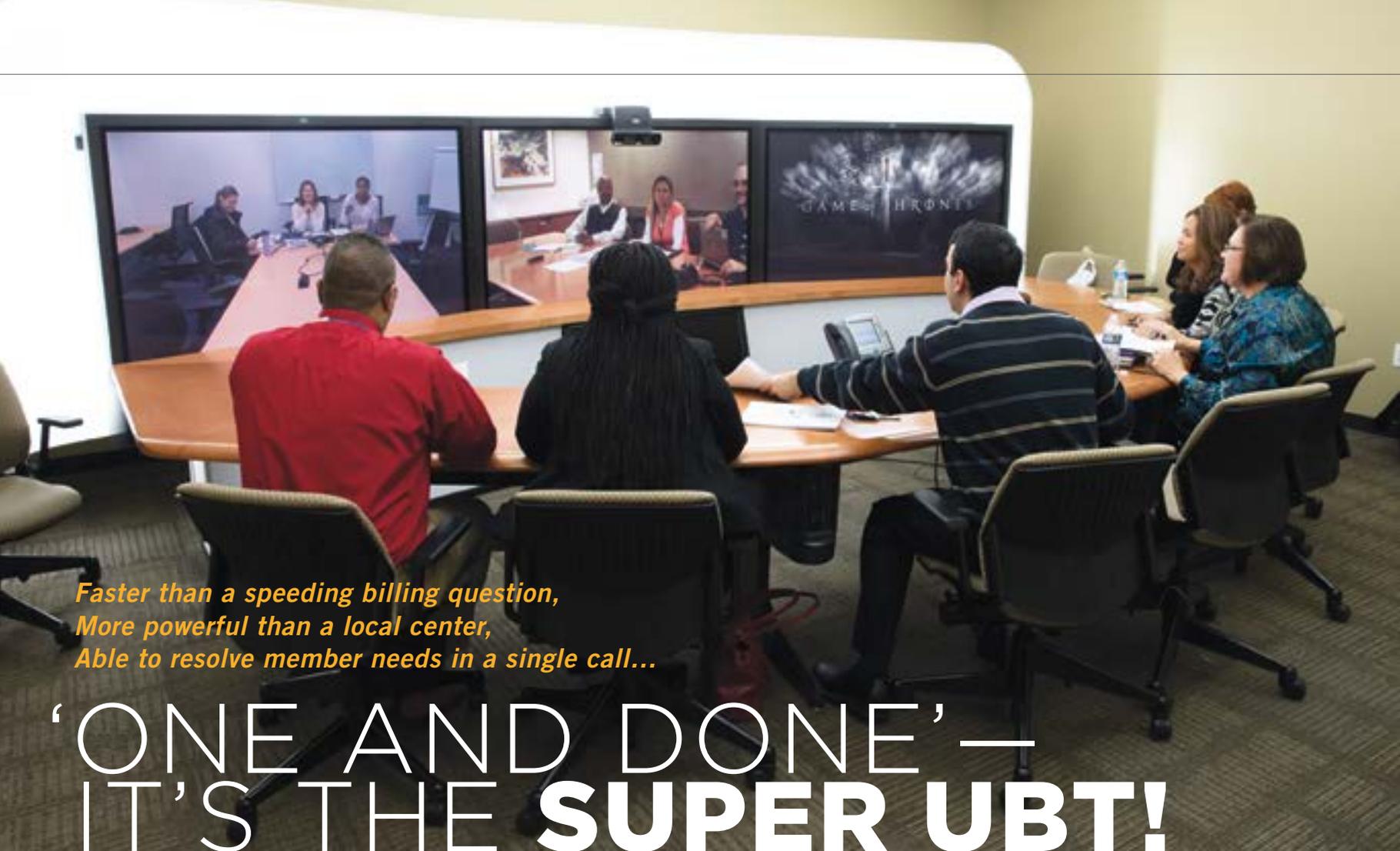


Make sure you get feedback from the people expected to do the spreading.



### WEB EXTRAS!

Go to [LMPartnership.org](http://LMPartnership.org) and type **successful practices toolkit** in the search box on the home page.



*Faster than a speeding billing question,  
More powerful than a local center,  
Able to resolve member needs in a single call...*

# ‘ONE AND DONE’ — IT’S THE SUPER UBT!



Article by:  
OTESA MILES

## HIGH TECH, HIGH TOUCH:

Super UBT members in Fulton, Maryland, convene with teammates from across Kaiser Permanente via tele-presence to discuss ways to improve service.

The dread is familiar: You have a question or a problem, and you need to call a service center to get the matter cleared up. Will the issue be fixed quickly? Or will the call be transferred from one person to the next—to the next—to the next?

As the second open enrollment period under the Affordable Care Act approached, Kaiser Permanente’s Customer & Member Services team knew that it didn’t want the thousands of new members joining KP to have that sort of frustrating experience. Just the year before, C&MS’ Member Service Contact Centers (MSCC) had been swamped by three times as many calls as expected. That had led to many handoffs to Membership Administration, which works with the MSCC customer service representatives to get questions answered.

And so the first-ever “super unit-based team” sprang into action in September 2014. Its mission: To combat long wait times and better handle the anticipated surge in calls that would come with open enrollment.

What made it “super” was that it transcended locations and time zones, bringing together on

a single team representatives from across the country—from the MSCCs in Denver, Colorado; Fulton, Maryland; and Corona, California, and from Membership Administration in Denver and San Diego. In the past, an individual UBT at one of the centers might develop a good practice, but it was left largely to chance that other centers would learn of it and follow suit. But under the umbrella of the Open Enrollment 2015 Readiness Initiative, 29 frontline and managers, supported by regional and national leaders, took a fresh approach to testing initiatives and spreading best practices.

## Unifying approach

The combined team helps everyone operate as one team instead of separate entities, says Deashimikia Williams, a customer service representative at MSCC-Fulton and an OPEIU Local 2 member.

The collaborative effort was important because members don’t distinguish between different centers or different divisions. “They see us as One KP,” says Marie Monrad, vice president of strategy and operations for the Office of Labor Management Partnership, “and with this, we are doing performance improvement as One KP.”

The Super UBT's biggest success so far is known as "one and done"—meaning that the member's question is taken care of by the representative who picks up the phone. Before, a member's request to stop an online payment, for example, might have taken up to a half-dozen calls. But with the introduction of the one and done process, the MSCCs were able to reduce the number of handoffs by 60 percent from January 2014 to January 2015.

The secret to success was looking to the customer service representatives for answers, says Jerry Coy, senior vice president of Customer & Member Services. "We asked the people who actually take the calls, 'What questions are members asking?' and 'What would make your job easier?'" he says. "We are the front door to KP. We welcome the members and want them to be a member for life."

"All of this work is in line with the Labor Management Partnership's commitment to grow and maintain membership for KP," notes Janelle Williams, consultant specialist for frontline engagement and growth.

### Answering calls from all over

The call centers that participate in the Super UBT answer the majority of KP member calls from the entire organization, fielding questions on a range of topics from billing to details of the health plan to helping members who haven't received their membership cards.

Super UBT members received additional education and created a rapid resolution team within Membership Administration. While the representative stays on the phone with the member, he or she can consult with specialists via Lotus Notes SameTime chats or by opening another line. From mid-January through early March, the MSCCs handled nearly 5,400 calls—and more than 5,000 of them were successful rapid resolution calls, with the members helped in a single interaction. In addition, through staffing changes, operational improvements, and the implementation of the rapid resolution team, Membership Administration has reduced mean processing time for member issues from 26 days in January 2014 to three days in January 2015.

While Kaiser Permanente members benefit from the work, the frontline staff members benefit, too.

"We have a better understanding about the changes in different regions," says Deashimikia Williams, who is the Fulton UBT's labor co-lead. "Before the Super UBT, it was hard to get

everybody engaged. Being engulfed in this work motivated us."

LaDondra Hancock, senior account administration representative for Membership Administration in San Diego, also says the initiatives started by the Super UBT have improved the way she and her teammates work. "It has lessened the calls we get in from the different Member Services Contact Centers," says Hancock, who serves as her local team's labor co-lead and is a member of OPEIU Local 30.

### Model practices

The success of this collective effort provides a model for other teams and departments looking to share and spread best practices, and underscores the importance of reaching out to other teams doing the same or similar work.

"Not only is this work of the Super UBT critically important for improving the member experience," Monrad says, "but it also shows that it is critically important to test, model and explore new ways to bring improvement through our partnership that cuts across not only multiple regions, but multiple unions and multiple functions." hank

MEAN NUMBER OF DAYS TO PROCESS MEMBER ISSUES



26

JANUARY 2014

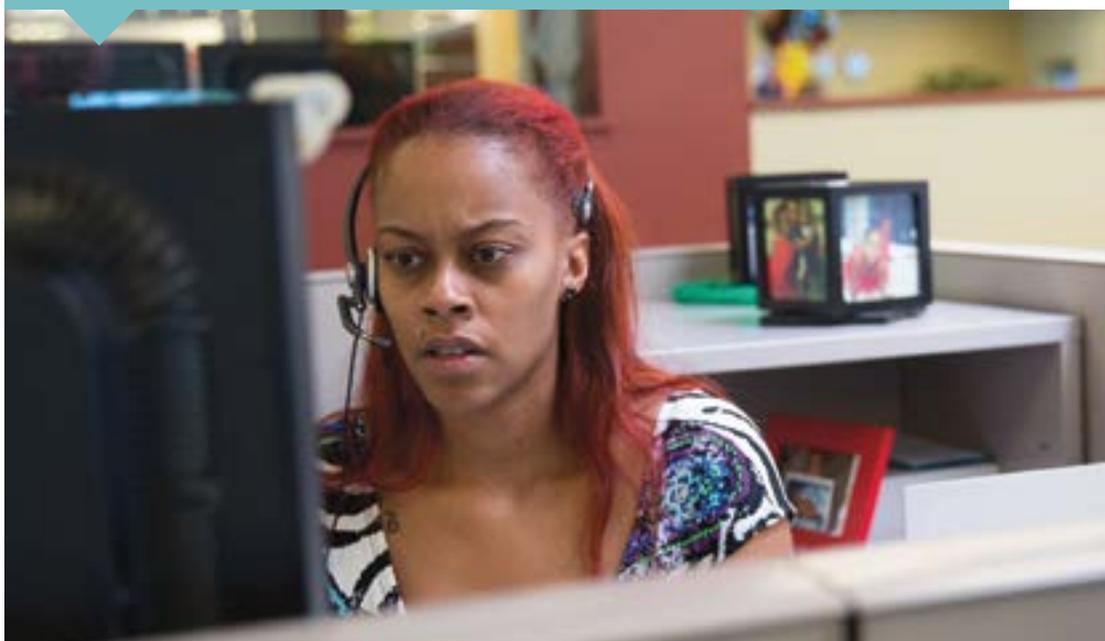


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JANUARY 2015

*'Before the Super UBT, it was hard to get everybody engaged. Being engulfed in this work motivated us.'*

—DEASHIMIKIA WILLIAMS, customer service representative, union co-lead and OPEIU Local 2 member, MSCC-Fulton (below)



**WHO'S THAT PERSON?**

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

**CAN YOU NAME THIS PERSON?**



**ICEBREAKER: The human web**

**This icebreaker is a great way to illustrate how people in a group or unit depend on one another.**

**INSTRUCTIONS:** Ask the group to form a circle. The facilitator begins with a ball of yarn. Keeping one end, the facilitator passes the ball to a participant standing at least a few positions away. That person introduces herself and briefly describes her role in the organization. (If the people don't work together and don't already know each other well, this can be a high-level description; for a team that works together daily, it can be a specific job responsibility.) This person then passes the ball of yarn to any other person in the group. That person introduces himself—and must describe how his work depends on the person who passed him the yarn. The process continues until everyone is introduced.

To emphasize the interdependencies among team members, the facilitator then pulls on the starting thread and everyone's hand moves.

**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:

*Woman is holding a cactus instead of a cup of water.*

**YOUR ANSWER:**

**TRIVIA QUESTION**

**How far does the blood in the human body travel in a day?**

- a) 60 miles
- b) 6,000 miles
- c) 60,000 miles
- d) 600,000 miles

**WORD SEARCH: Get your spread on**

**DIRECTIONS:** Find the following words, all of which relate to spreading and adopting successful practices. The words may appear vertically, horizontally or diagonally, and may be read from either direction.

L D C S Y C S S E C O R P I E  
 A A A U B V P C H M Z F N S V  
 M X N E S K G A Q X B F O T I  
 F T B O R T M E Q G R U T R T  
 Y F N W I P O A A A Z E V A A  
 A L V M I G S M S W Z P T T R  
 T F S O H O E T I I C P J E O  
 P W N O F Q R R D Z A J F G B  
 O T E S T U V R S D E J Q I A  
 D H J V C F A D A S N P O C L  
 A I J T V D N L C S O Y C O L  
 D M U J N L Q U H M Q R Y R O  
 X R V A C H I A B T Y M C T C  
 E Y T I L I B A N I A T S U S  
 Q S E N G A G E M E N T L J T

- ADAPT
- ADOPT
- CHAMPION
- COLLABORATIVE
- CROSS-REGIONAL
- CUSTOMIZE
- ENGAGEMENT
- INFRASTRUCTURE
- PROCESS
- SPREAD
- STANDARDIZE
- STRATEGIC
- SUSTAINABILITY
- TEST

**HANK LIBS: Smooth or crunchy?**

**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.

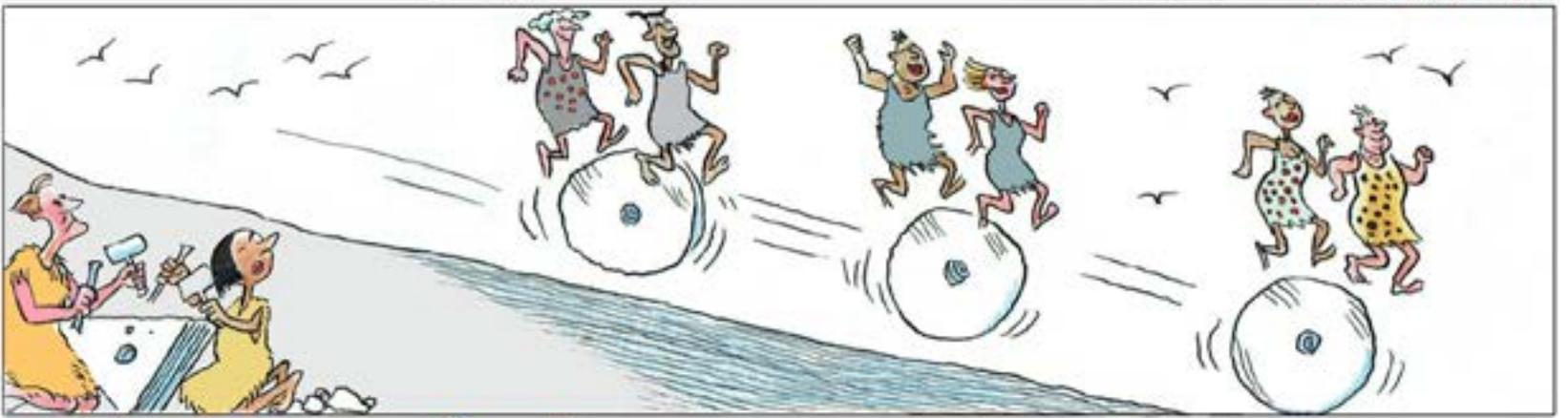
Spreading \_\_\_\_\_ practices from your team's \_\_\_\_\_ to another  
 \_\_\_\_\_ can be as \_\_\_\_\_ as peanut butter and jelly. It's good for the  
 \_\_\_\_\_ and it's good for staff. No need to \_\_\_\_\_ from scratch—you can  
 \_\_\_\_\_ see what another team has done and use its \_\_\_\_\_ as a starting  
 point. Take it as it comes or \_\_\_\_\_ it fit for your team, \_\_\_\_\_ your own  
 tests of \_\_\_\_\_ and seeing what to \_\_\_\_\_, what to \_\_\_\_\_,  
 what to \_\_\_\_\_. Whether you're braving the \_\_\_\_\_ on the East Coast or  
 checking out the tide schedule with our friends on the West, we've all got \_\_\_\_\_  
 in common and can \_\_\_\_\_ from one another. We are all One KP.



Check out the answers to this issue's puzzles and games at [LMPartnership.org/puzzles-and-games/answers](http://LMPartnership.org/puzzles-and-games/answers).

# WISDOM FROM THE AGES

SUPERSCRUBS:



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