On Attendance

Reading the article “Calling in Sick” and your Vox Pop question on attendance, I think Nina Porrello has her finger on the pulse when she talks about the perceived status of the work environment as the key to better attendance. Most employees understand the correlation between having a job and being there to do the job in order to keep it. That said, when an adult has to be off, they are going to be off. If that means calling in sick, that’s what they are going to do. Rather than state (like the manager also quoted in Vox Pop) that managers cannot accommodate every such request, I’d rather see some dialogue on what managers can do to create a more positive environment and provide the team with an opportunity to be part of a satisfactory solution for both management and staff. Let’s not set ourselves up as opposing forces.

Lee F. Jackson
Clinical Social Worker
Los Angeles Medical Center

Solving KP’s attendance problems will require support at the regional and service area level, not just from within each unit or department. For example, I find that in many units team leaders call in from burnout because there is no coverage for vacations or other planned time off. When one nurse is out the others double the load of regular assignments. In any given month that could be one to two weeks that we are doing two nurses’ jobs. ... When the person who has been out finally returns, the nurse who has been left is too tired to continue. I believe there would be fewer call-ins at last minute if every service area had a float pool to cover nurses for vacations.

Suzanne E. Shumate, LVN
Hematology/Oncology Team Leader
Lakeview Medical Offices
Orange County, California

A Manager’s Turnaround

I was delighted to see “A Manager’s Story: Breaking Out of the Dungeon.” This is what the Partnership is all about: improving work conditions (the morale improvement of employees, and managers using the Principles of Partnership as well as saving money and developing best practices through collaborative decisions). Wouldn’t it be wonderful to see stories of this type at each service area? Soon it would be a total turnaround of the organization. What a commanding lead we could take with patient satisfaction.

Carol Bahr
Certified Tumor Registrar
Steward UHW
Baldwin Park, California

REMEMBERING
Tony Gately

March 23 after a long illness. In his 32 years at KP, Tony was a remarkable leader, most recently as Regional Administrator for the Permanente Medical Group and Vice President, National Labor Management Partnership. He will be remembered for his compassion, partnership, and achievement, and for his affection and respect for everyone in our organization.

For additional copies or back issues of Hank, please visit www.lmpartnership.org and click on eStore.
Thanks to the Employment and Income Security Agreement, negotiated through the Labor Management Partnership in 1999, workers whose current positions are lost through restructuring can expect training opportunities and a comparable position. KP and the unions agreed to jointly develop and oversee a workforce planning strategy to accommodate change and safeguard employees. Furthermore, union-represented employees give KP high marks for providing job security (see "Measures of Success," page 11). That’s the good news.

The bad news is, five years slipped by before much began to happen. Although union-management planning teams have recently developed tools to assess job impacts and map out a long-term change process, many employees are sweating out questions about their near-term future.

“Everyone has agreed for a long time that KP needed to build a comprehensive system to fill the promise of job security,” says Ben Hudnall, a national coordinator for the Coalition of KP Unions. “But it was never put on anyone’s priority list. The company invested heavily in new technology, but training and internal career development never got adequate funding...That’s changing, but there’s no time to lose.”

Unanswered Questions
The most immediate questions have to do with KP HealthConnect. The $3 billion-plus software initiative, pieces of which are already in place, will affect almost every area of operations, including medical records, scheduling, billing, and medical practice management, and will enable KP to administer “next generation” health insurance products.

KP HealthConnect will bring new capabilities and efficiencies to KP, but in the process many of today’s jobs will change—or, eventually, disappear. “When people here first heard about KP HealthConnect, we panicked,” says Zina McClendon, a ward clerk transcriber at the Los Angeles Medical Center and steward with SEIU United Healthcare Workers-West. “The most important aspects of my job will be going away. I’d like to know what I’ll be doing instead. And people pretty much don’t have any answers.” McClendon, who has worked for KP for 20 years and helps train clerical staff in the nursing department, would like to move into respiratory therapy or echocardiogram technology. But so far the only job mentioned has been medical receptionist. “I don’t want to do

CONTINUED ON PAGE 10
Partnership is the exception, not the rule,” says Gail Valverde, a unit assistant in the recovery room at Roseville Medical Center and chief steward, SEIU United Healthcare Workers-West. “We had a manager who went through the motions but could never find the time to actually schedule and attend committee meetings. It just wasn’t a priority for her. People here are so frustrated they’re close to chucking the Partnership—they say they’re not seeing the benefit.”

Valverde, however, adds that the unit’s new manager supports genuine Partnership.

Workers elsewhere tell similar stories. “When push comes to shove, most managers interpret things in their own way,” says Lori Whyman, an optical department receptionist in Orange County, California, and representative chair for SEIU UHW. “We have a process for resolving problems, but now people are thinking it is just for show.”

What Managers Say

Of course, many managers have championed Partnership. “This is a 24/7 operation, and I saw early on that I couldn’t do it all myself,” says Jan Murphy, supervisor of production services at the Walnut Creek, California, data center since 1999. She joined the Regional Partnership Council and set personal goals—now part of her annual performance assessment—for advancing Partnership efforts such as workplace safety and supply cost reduction.

However, Murphy has seen what happens when Partnership is not made an explicit part of people’s jobs. “There are managers out there who have no idea what Labor Management Partnership is, and haven’t taken the training or gotten involved. They’re not on the same page as their staff. It’s frustrating to see.” She adds that it’s a two-way street. “Not everyone is onboard on the union side either. Sometimes you just have to start the bus with who is onboard. But if you work to involve people, most are more than willing.”

But some managers take a different view of accountability. “Many managers worry about getting the work done every day—providing service to members, covering their shifts, and meeting strict perform-
Judy Malouf, medical services administrator and LMP co-chair for Orange County, says: “They’re under pressure—and some feel there are few consequences for union members if those goals aren’t met.” Many also view partnership as a one-way street. For instance, says Malouf, managers are asked to use Issue Resolution when there is a problem with an employee, but they see that employees still have the right to file a grievance... The real problem, from both sides, is not being able to see the other person’s point of view.”

Adds a frontline manager also based in Southern California, “We have bent over backwards but workers aren’t stepping up to their responsibilities.” Malouf and other managers also cite a lack of union capacity to provide enough trained and ready partners.

**Sending a Message**

Establishing greater accountability for Partnership is likely to be taken up in national bargaining now underway (for more, see page 8). Meanwhile, some people are taking a fresh look at how to make Partnership a way of life at the regional level. KP and union leaders in the Northwest, for example, are sending the message that working in partnership is not only good for the organization, but good for one’s career.

In the past, managers and union members met separately to discuss important issues. This led to “frustration, duplication of work, and confusion over the domain for decision making and how work was getting done within the Partnership,” recalls Tricia Peters, VP of Human Resources. So the Northwest Regional Partnership Steering Committee agreed “to create a structure that compelled our values of working together and challenged people to work with partners,” says Peters.

Regional President Cynthia Finter asked Kathy Schmidt, Union Coalition coordinator, and Dr. Allan Weiland, then medical director of Northwest Permanente Medical Group, to begin meeting regularly to make key decisions together. “Cynthia Finter put into practice what we all had agreed to do—work in genuine partnership,” says Schmidt.

Furthermore, Finter encouraged all managers in the region to engage with the Coalition and find labor partners for integrated decision making at every level, including capital spending, budget, strategy, and medical operations. KP and union leaders co-developed Partnership in Action, a training program for managers and stewards. KP funded the effort and provided release time for employees to take on additional responsibilities, and the four unions in the region selected partners for each manager.

Partnership involvement became an ongoing element of all managers’ performance assessment—and a portion of their annual incentive payout.

Annual performance reviews for managers now include three ongoing measures of Partnership:

- Successful use of Partnership tools such as interest-based problem solving, issue resolution, corrective action, and consensus decision making.
- Quantifiable improvements in workplace safety at each unit.
- Level of employee involvement and influence over decision making in each unit, as measured by the annual People Pulse survey.

Says Tricia Peters, “It will be difficult to succeed as a leader if you cannot commit to Partnership. On the other hand, managers who develop and use their Partnership skills can expect to do well in this organization.”

On the union side, accountability for Partnership behavior among stewards and other frontline leaders is reinforced through training and selective assignment to Partnership committees. Union leaders say that stewards or staff who cannot work in Partnership will be counseled to change, or asked to take other assignments.

Frontline union leaders like Valverde and Whyman also speak of the need to mentor and model the way. “It’s human nature to ask, ‘What’s in it for me?’” says Valverde. “Well, what’s in it is a better work environment and a more successful organization. If we’re going to effect change, we have a responsibility to work together and be part of the solution. Everyone should be accountable for that.”

For additional comments from KP and union leaders on accountability, see VoxPop, page 11.
Emergency Departments are the picture of a chaotic workplace: waiting rooms packed with sick and injured patients and a strong sense of urgency and emotion.

But Fresno’s ED isn’t letting the apparent chaos impede patient care, or endanger employees. Through a Partnership workplace safety program the department has achieved a 50 percent drop in injury rates since 2001.

Recently Hank followed one mother and her sick son, who lauded the staff’s efficiency and attentiveness—despite a waiting room filled with patients. The pictures show employees doing their job to make a child feel at ease and return him to health. What they don’t show are the hours of meetings employees attend on workplace safety, or their commitment to work together in Partnership to get the job done more safely.

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While focusing on the patient is always first and foremost, employees here are training themselves to think about their own safety, too. Taking just a few moments call for a lift team to help transfer a patient, for example, makes all the difference.

“You don’t have to be the hero by running out and helping lift the patient all by yourself,” said ED technician Stacy Carter-Sins, the department’s workplace safety co-chair and SEIU United Healthcare Workers-West shop steward. “You have to work as a team.”

With help from a regional workplace safety team, the department kicked safety practices into high gear by homing in on their most common injuries: acute strain from transferring patients, repetitive stress damage from improper ergonomic techniques, and needle sticks.

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on them for help. The ED also had a lift device to help assist with heavier patients, but employees weren’t using it regularly until their workplace safety team drove home the message that they had to look after their own health as well as their patients’.

“Our team has gotten better and stronger through education,” Carter-Sins said.

A visit to Fresno unfortunately ended with a trip to the Emergency Department for a young KP member, Jason, and his mother. Staff who helped care for him and other members that day included (photo 1, left to right) Dr. Chinedum Nathan and Dr. Claude McGlorie; (photo 2) Dr. Surinder Sandu, Dr. Daniel Ching, and Dr. McGlorie; (photo 3) Radiology Technician Kim Muller; (photo 4) EVS worker Jose Figurora; and (photo 5, center) Assistant Manager Tom Nichols, ED Technician Christine Halder, Nancy Lasso, RN, and Administrative Partner Vivien Taylor.

Photos by Robert Gumpert
In turn, what comes out of the agreement will shape working relationships among union employees, managers, and physicians for years to come. That makes the process, which will involve more than 500 union members, labor leaders, managers, and physician leaders, hard for anyone at KP to ignore. It kicks off in April and ends by October 1 with a new National Agreement, along with some 30 local contracts.

If you are one of the 81,000 employees represented by the Coalition of KP Unions, collective bargaining now under way affects you. The 2005 National Labor Agreement will determine wages, benefits, and working conditions. The parties will also attempt to resolve a host of issues not traditionally addressed in contract negotiations, like worker training, service quality, work-life balance, and attendance.

How It Works
Current bargaining aims to upgrade and improve the existing 2000 National Bargaining Agreement, which laid out everything from new problem-solving methods—known as issue resolution and corrective action—to shared goals around patient care and service. The 39-page document took six months to negotiate and provides a shared vision of what Kaiser Permanente should look like as a...
Unions have been part of the Kaiser Permanente tradition since the beginning. In fact, KP emerged as a prepaid health plan for the union workers on industrialist Henry J. Kaiser’s construction projects in Southern California in the late 1930s. Kaiser’s willingness to work with unions was apparent during the construction of the Grand Coulee Dam in 1938, when he explained that “the right of collective bargaining not only is the law of the land, but is sound, essential human relations. I agreed long ago that unions are here to stay.”

Over the years, most health plan members have come from union households. This was especially noticeable in the early years of the plan. And in the 1950s, when the American Medical Association tried to smear Kaiser MDs as participating in “socialized medicine,” it was labor unions that came to the doctors’ and the company’s defense.

Labor relations at Kaiser were solid until the mid-1980s, when KP started to compete with leaner, meaner for-profit health care providers. The company attempted to shore up finances by cutting labor costs. This led to layoffs, strikes, and labor concessions that demoralized the workforce (see “Walking the Line,” Hank, February 2005).

Out of this crisis, the Coalition of Kaiser Permanente Unions formed in 1995 to increase the bargaining power of the unions. Two years later, in an effort to transform the relationship, KP and the Coalition formed the Labor Management Partnership—the largest and most comprehensive such partnership in the country and a vehicle for workplace innovation, collaboration, and performance.

**Coming to Agreement**

In August, the draft national agreement goes to the Kaiser Permanente Partnership Group, which is made up of Health Plan and Medical Group executives, and to the 400-member Union Bargaining Council for endorsement. Then local negotiations begin, addressing issues specific to individual bargaining units. In September, the 81,000 members of the Union Coalition will vote on the national agreement along with local contracts. On October 1, 2005, the new National Bargaining Agreement and the local contracts will take effect.

It is a gargantuan, groundbreaking effort involving hundreds of hours of hard work by hundreds of people—and offering huge potential benefits for the people of KP.
that,” she says. “It’s not an upgrade of my skills.”

“Hang in there,” counsels Matthew Gerlach, senior vice president, business transformation, in Southern California. “There’s still a lot of work to be done to get the word out. But built into the system is a safety net that gives employees and the organization time to make transitions and develop their careers going forward.” Gerlach estimates that KP HealthConnect will directly affect about 1,400 jobs in the region, out of some 50,000 total. Systemwide, more than 100,000 staff, managers, and physicians will require training in KP HealthConnect.

As of press time, KP and the Union Coalition were trying to wrap up “effects bargaining” to address the immediate impact on particular positions. Longer term needs, such as job training and in-placement processes, will be discussed in national bargaining (see page 8.). Joint teams are now at work in each region, and by this fall the facilities most affected by KP HealthConnect will have teams in place to answer questions such as McClendon’s, according to Bob Redlo, director of strategic workforce initiatives.

All agree that KP HealthConnect will take years to fully implement, with gradual shifts in job responsibilities and no sudden job losses. In the meantime, joint workforce planning teams are developing ongoing, comprehensive programs to prepare people for new careers in KP. Their efforts focus on three areas:


Workforce realignment. Evaluating the impact on current jobs and appropriately redeploying employees.

Continuous learning and career development. Mapping career paths and providing training for advancement within KP.

“We’re fully committed to invest the resources for people to succeed in new roles—and we need people to stick with us and help us through the process,” says Redlo. For some, this will mean training for new jobs while continuing to work their old ones. “It will require flexibility from all sides, and some effort from employees,” says Redlo. “New technology may create temporary disruption, but it also creates new opportunities for people. The fear that staff won’t be able to learn new skills has proven to be false. Everyone who has been trained on the skills required by KP HealthConnect has successfully passed.”

The process relies on Partnership, he adds: “If we are to succeed in changing our systems, the people who do the work need to be involved. Staff know more about their jobs than anybody. They can best tell us what skills and training are necessary to achieve our goals and assure themselves of jobs with a future. KP’s success has always been driven by the dedication and know-how of its staff.”

Solving the Larger Puzzle

While KP HealthConnect is an immediate concern for many, it’s just one piece of a bigger workforce puzzle. Workforce planning teams are studying several employee training models. For instance:

The Accelerated Nursing School Preparation Program, in the Northwest, provides training for radiology, medical imaging technologists and for phlebotomists. Hundreds of KP employees have earned technical credentials through the program. Graduates can pay off their tuition by working at least three years in a related KP position.

Shirley Ware Education Center, a nonprofit organization supported by SEIU United Healthcare Workers-West and funded in part by KP, helps workers expand their skills and move into higher paying health care positions.

KP School of Allied Health Sciences provides training for radiology, medical imaging technologists and for phlebotomists. Hundreds of KP employees have earned technical credentials through the program. Graduates can pay off their tuition by working at least three years in a related KP position.

(Visit www.lmpartnership.org for more info on these programs.)

“We’re in a cultural shift and it will be challenging for both employees and managers,” says Jessica Butz, national workforce planning coordinator for the Union Coalition. The shift must include recruitment practices, she adds. “Hiring managers, HR staff, and recruiters should understand the benefits of developing our existing workforce and hiring from within: Employees will feel more engaged and confident about their future, and the company can save a ton of money on outside recruitment and employee turnover. If we do things right, it can be a win-win.”
What Matters to Staff

One of the most important issues for KP’s frontline employees is job security (see “We Have Plan,” page 3). And by workers’ own reckoning, KP has gone a long way toward delivering on that goal (see graph). But the company faces gaps in meeting other aspirations of its union-represented workers, according to a recent survey of employees.*

Also high on the list of employee concerns are things like “Being part of a team that shares my goals for doing high-quality work or delivering high-quality care.” Here the survey shows a 32-percentage-point gap between employees’ ratings of importance and the company’s perceived performance. And the survey shows even greater gaps on two keys to employee satisfaction: “A manager that supports me in developing new and better ways to do my job or deliver better care” and “Being recognized and valued by my supervisor for a job well done.” Evidently, the kind of communication and mutual support envisioned by Labor Management Partnership is not yet a reality across the board (see “Making Partnership Stick,” page 4).

But the biggest performance gap of all—a 44-point shortfall—is on “Ability to focus more on delivering patient care and less on paperwork.” That’s something KP HealthConnect aims to address (see page 3)—and a goal everyone can support. A few of the top responses are highlighted here.

“How should be done to hold people accountable for working in Partnership?”

*Project Looking Glass* collected opinions from more than 3,100 employees in late 2004. In this question, respondents were asked, “What is important to you about working at Kaiser Permanente?” and “How much do you agree or disagree that KP provides each of these as an employer?” Pay and benefits were not included on the list of possible responses as these are assumed to be important to all employees. Five of the top responses are highlighted here.

We tend to use the word accountability when we’re upset and we want someone’s head. But I view it as something positive that helps clarify expectations. We need to get the message out and have incentives in place for people who are exhibiting the behavior and the vision that we want to see in our model of Partnership. . . . Those signals usually come in the form of compensation and promotion. On the other side is, what are the consequences that come over time if someone can’t meet expectations? Ultimately that’s either demotion or letting someone go.”

Bernard Tyson
Senior Vice President, Brand Strategy and Management

“When particular organizers are not able to walk the talk on Partnership, I’ve asked them to work in another division of the union, where traditional adversarial relationships with employers are the norm. On the management side, we need quicker calling of the question when managers can’t walk the talk. Let them go work for some other provider—as we were told early on would be the case—and not transfer them to another Kaiser unit, which we see far too frequently.”

Sal Rosselli
President, SEIU United Healthcare Workers-West

“I’ve found that creating results has brought a lot of people into the Partnership. Workers and managers both see that they can get important things done by working together. But in the Northwest it also took some wholesale management restructuring to get people to understand that Partnership is what KP is all about.”

Jeff Harris, RN
ICU, Sunnyside Hospital, President, RN Bargaining Unit, Oregon Federation of Nurses and Healthcare Professionals, Local 5017

Greg Adams
Chief Operating Officer
Southern California Region

That’s what others say; let us know what you think. E-mail Hank at: hank@kp.org. Or fax your comments to 510-267-2154.
Your next click might be habit forming

www.lmpartnership.org