IN THIS ISSUE
Career Opportunities Are Knocking—Open the Door!
Power Streamlining: 70 Systems Into One
Henrietta on ‘Spray and Pray’
EDITOR'S LETTER

Now, about the sheep. Please don’t be offended. The point is: We all tend to slide into group think, which generally supports the status quo. The sheep are meant merely as a reminder that we all need to be on guard against the tendency to think that the way things have been is the way things should be.

For Kaiser Permanente to succeed in the face of changing economic times—with our competitors becoming bigger and fiercer while the middle class finds its share of the country’s wealth diminishing—everyone who works here has to be constantly looking for ways to do the job better. Make KP the best place to work and deliver the best service with the best quality at the best price.

If you’ve ever watched a flock of sheep, you know that while they may drift away from each other as they graze, they all know exactly where their pals are. At a “Transforming KP to Transform Health Care” conference in December (www.LMPartnership.org/news/national/), a Swedish health care leader suggested that each person on a team has a sort of fixed relationship with the other members of the team—and even if individuals begin to innovate and contribute more, no one shifts out of their relative position in the group. For a team to maximize its potential, he said, the individuals on that team need to break out of the established patterns.

That’s what the story “Trailblazers” is all about—KP staff, managers and physicians working in unit-based teams to find fresh ways to hurdle old stumbling blocks.

For Kaiser Permanente to succeed, we can’t afford group think. We can’t afford to do things the way they’ve always been done. Each of us needs to think independently, think about how things can be done differently, and bring those ideas to the table, or the daily huddle, where they can get hashed out, refined, tested, improved.

So shake off your old wool coat. Slip into something new. In other words: Be a neon sheep. 

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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 six times a year for the Partnership’s 120,000 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.

We always welcome feedback and story ideas through this email address: hank@kp.org.

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Are unit-based teams just another passing fancy? Take a look at the results these teams are getting and you decide if they’re a smart way to go.

6 OPPORTUNITY IS KNOCKING

Juggling work, school and family may be daunting—but taking advantage of the career development opportunities at KP pays off, as a group of newly minted nurses in the Northwest will tell you.

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Frontline workers are playing a key role as Kaiser Permanente moves to create a single, unified purchasing system called OneLink.

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Have we got your attention? An alphabet soup of improvement programs doesn’t serve the purpose.

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Learn how to spot a team in trouble, and what you can do about it. Advice from best-selling business writer Patrick Lencioni.
The goals vary, the methods differ, but partnership teams across the program are doing things differently and getting results.

When her employees got honest and told her she was being too bossy, Christine White turned to the people who knew her best: her husband and an older sister. Yup, they said—you’re like that at home, too. White listened. She changed her ways. She made a deliberate effort to back off and give her employees more freedom. Making all the decisions “was my style—now it’s making collaborative decisions.”

The outcome for Kaiser Permanente? The Affiliated Health Care Operations (Claims) department, which White manages and which was selected to form one of the Georgia region’s first unit-based teams, recovered more than $4.8 million in overpaid claims in 2007. That’s a cool $1.8 million more than the usual total. The team has identified an additional $900,000 that they’re working on recovering.

How did that happen? With some discomfort, initially. “I always wanted to be the boss because everybody always told me what to do, growing up,” said White, who was the youngest of 12 children. “That was always my excuse….But people came to me and were very honest and candid so I thought, ‘You better get your act together.'”

Not all the UBTs launched in 2007 had a clear-cut monetary goal—and not all the teams with successes were formal UBTs. Some teams used longstanding partnership tools to improve. Others jumped in with the new “plan, do, study, act” steps of the rapid improvement model.

As with White’s team, that often means discarding how things had been done before. For the Labor Management Partnership at large, there’s been a new emphasis on aligning the teams’ work with regional business priorities. Strategies are evolving so that workers get just the training they need, when they need it, “no more, no less,” said Mike Hurley, the Union Coalition director of training.

“Continuous improvement will be the way we do our jobs,” he continued. Looking for ways to do the job better “is not another job on top of what we’re doing, it’s the way we look at our job in the first place.”

The shifts leave some people unsettled, though, and there are hurdles yet to clear. Some managers still give lip service to partnership, while some union employees still want to clock in, do the minimum required and collect their pay. The focus on performance improvement leaves some employees wondering, “What’s in it for us?”

To Juli Jacobson, a Colorado staff clinical pharmacist and Local 7 shop steward, the answer is easy. “When you get your work flow down so there’s less waste, you’re less frazzled and you’re not doing double work,” said Jacobson, who has been part of a regional UBT that developed ways to reduce the number of prescriptions that had to be returned to stock. To Yvonne Henry, White’s labor co-lead in Georgia, there’s a tradeoff in committing to making partnership

(continues on page 4)
Many UBTs have been trained in the rapid improvement model, which promotes change through repeated cycles of the “plan, do, study, act” steps. Teams working with PDSA focus on three questions: What are we trying to accomplish? How will we know that the change is an improvement? What change can we make that will result in improvement?

**Plan, do, study, act**

**THREE DEPARTMENTS, ONE OBJECTIVE**

**Departments:** L.A. Medical Center’s Diagnostic Imaging, Emergency Room and Transportation

**Problem:** Long turnaround times for X-rays and other diagnostic radiology tests

**Value compass:** Best quality

**Metric:** Imaging turnaround time and number and frequency of complaints from nursing departments and radiology

**Labor co-leads:** Ziba Stewig, CT/MRI technician, UHW-West; Andy Amster, RN, Emergency Room, UNCAS; Angel Perez, lead transporter, UHW-West

**Management co-lead:** P.L. Maillard, assistant medical group administrator, Emergency Room

**First small test:** Radiology technicians communicated with nurses and transporters before moving a patient for an imaging test. Backlog of radiology requests spread out in 15-minute intervals.

**Result:** Faster turnaround for imaging requests by ED nurses; improved tracking and efficiency of transport workers; marked drop in number of complaints from emergency and imaging technicians. “Last week I had only one complaint. Before, there would be multiple complaints per day,” said Julian Walsh, radiology department administrator.

**Next step:** Clarify expectations and hold each other accountable.

**Biggest challenge:** Size and scope, said management co-lead Maillard. “We have three departments, all of whom have challenges of their own. We couldn’t solve everything for everyone.”

**What made it work:** “The key is to really get a team together and target the areas that are problematic,” said CT/MRI technician and labor co-lead Stewig. “We got together with the supervisors and lead techs and all put our two cents in. And we kept going back and forth, back and forth, until we all agreed.”
Certainly it was an issue that needed attention. In January 2007, the UBT had the fourth-highest number of absences of the center’s 25 teams, with a rate of 35.28 sick days per year per productive FTE (a calculation that looks at the time an employee is actually at work). No one anticipated how quickly the team of 22 teleservice representatives (TSRs), working with Richards and former UBT co-lead Rhonda Gore, would turn that around.

The service reps have tough jobs. A TSR follows the same scripts, day in and day out, and takes scores of calls back to back. Members are sometimes frustrated and cranky when they cannot get an appointment or get through to their provider—and a TSR hears all about it. They are trained to express empathy and defuse tension but don’t always get recognized for the important role they play in patient care and service.

Yet in just six months, the UBT had leapfrogged up to ninth place at the call center. And that trend held steady through the year.

Their secret? Teamwork and keeping careful track of their results. “Every time we meet, it comes together,” Richards said. “Listening to what employees want does a lot for my team’s morale.”

The team has lots of institutional support. The call center’s attendance co-leads, Angela Smith and Candice Bell, have worked closely with the group to create a commitment to member service and to the team—which requires using sick days judiciously, not taking them as extra vacation or personal days. The relationships that the UBT has built, as well as its commitment to serving members, is making the difference between a monotonous, burnt-out job and an engaging one.

“If we are not here, we are not helping people get what they want from Kaiser,” said current UBT co-lead Candace Alberts.

Knowing they are being scrutinized has UBT members striving for perfect attendance, not wanting to let their colleagues down when monthly statistics are posted. “Feeling the sense of connection and seeing attitudes change taught me that working together can make a difference,” agreed Gore, a shop steward with SEIU UHW-West.

Taking steps to improve attendance

Communication first

The first thing that Richards and Gore did was set regular team meetings to pass on information and air complaints. The UBT also meets with management once a month to give progress reports and make proposals, including:

- Streamlining the shift trade process, shortening the advance notice required from 72 hours to 24;
- Working fewer days but longer hours (10 hours instead of eight); and
- Addressing health and safety issues and job burnout.

“They are taking ownership instead of looking to leadership to solve questions or issues,” observed Susan Minahen, operations director of the Vallejo Call Center.

Close eye on the facts

Like all UBTs, the team is required to keep careful records and track results. By the end of the year, the team had a rate of 13.36 sick days per productive FTE, putting them almost in the top third of the call center’s rankings.

A sense of community

Managers and staff have made efforts to improve morale and working conditions over the last few years. The building is divided into “neighborhoods,” distinguished by bright colors and decorations chosen by employees. Service representatives now have set schedules. In the past, variable schedules meant many employees worked different shifts in any one pay period.

Calling it like it is

Formerly known as “Team 16,” the UBT now goes by “Trend Setters,” in recognition of the new ground it is breaking. “Our goal is to get this attendance (project) going… and find out how we can improve this facility as a whole,” said Richards. (T.M)²

Ohio team shakes off old habits

Patient satisfaction scores jumped almost 20 percent when a team of Cleveland Heights lab assistants took a close look at how they treated each other and the members. Now they’ve gone nearly a year without a single member complaint about the care experience. Go to www.LMPPartnership.org/news/ to find out how they did it.

Pictured here is lab assistant Ada Alexander.

UBT REGIONAL UPDATE

SOUTHERN CALIFORNIA

<table>
<thead>
<tr>
<th>Teams launched:</th>
<th>94 targeted unit-based teams (T-UBTs)</th>
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<tbody>
<tr>
<td>Highlights:</td>
<td>Majority of the teams exhibited team-based behaviors, engagement by employees and practiced joint problem solving.</td>
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<tr>
<td>Challenges:</td>
<td>Need stronger engagement of local experts on quality, LMP, service, access, etc., to support the T-UBTs.</td>
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<tr>
<td>2008 goals:</td>
<td>Continue to launch T-UBTs. Create more visible and consistent sponsorship. Integrate and align T-UBT Strategy Group work with local LMP councils.</td>
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NORTHERN CALIFORNIA

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<tr>
<th>Teams launched:</th>
<th>About 112 T-UBTs</th>
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<tbody>
<tr>
<td>Highlights:</td>
<td>Learned to be flexible with changing UBT co-leads. Survey shows improving working conditions.</td>
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<tr>
<td>Challenges:</td>
<td>Resources to support teams. Continued turnover of UBT co-leads.</td>
</tr>
<tr>
<td>2008 goals:</td>
<td>Provide UBT handbooks, physician toolkits and other partnership training. Work toward full implementation of UBTs by 2010. Provide regular communication that shares successful UBT stories and best practices.</td>
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(continues on page 10)
Nermin Arnaut, a pharmacy technician, routinely got up at 5 in the morning to study, before his wife and daughters were awake.

Diana Balandran, a medical assistant, learned to alternate where she focused her attention: First she spent some one-on-one time playing with her young son, then she hit the books. He wound up learning anatomy along with her.

Titza Suvalcu, whose work dealt with research compliance issues, decided she had to set new priorities the day her 6-year-old daughter snuggled into her lap while Suvalcu was doing homework and said, “Mommy, I wish I could sit on your lap forever.” Keeping the house spic and span, she decided, wasn’t as important as spending time with her three daughters and husband, doing a good job at work—and studying hard.

Today all three are newly minted nurses, having graduated in December with their AA degrees after 2½ grueling years of juggling school, work and family. They were part of a group of nearly two dozen Kaiser Permanente employees who “won the lottery,” as one student put it, and were part of the Contracted Associates Degree in Nursing program in the Northwest region.

“From the regional perspective at Kaiser Permanente, we’ve gained fantastic hires, and they were already here.’”

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Newly minted nurses in the Northwest all will tell you: Brush up on your juggling skills and take advantage of the career development opportunities at Kaiser Permanente. It’ll change your life.

QUALITY SERVICE AND CARE

Few companies offer as much career development support to employees as Kaiser Permanente does. There’s an economic motivation, to be sure, since the estimated cost of filling a position is 1.5 times the annual salary for that position. But there’s a more intangible value as well—a loyal and stable workforce can deliver quality service and care like no other.

“I was so happy as a Kaiser employee to start with, not because they put me through school, it’s that they’ve treated me very well,” said 30-year-old Patricia Taylor, who was an SEIU Local 49 phlebotomist at the North Lancaster clinic. “And then, to add this on top of it!...This gave me a chance to do what I really want to do, and to be of better service to the community I live in.”

“It’s completely changed my life,” said Keri Fleming, 39, who was working as a UFCW Local 555 member imaging assistant at the regional call center for radiology and is a single mom with two children, ages 8 and 10. “Not just the financial aspects—the fact I’ll be able to own my own home and raise my standard of living—but how I feel about myself as a person. Before, I felt like I was the one that was needy. Now I feel
Fleming’s sentiments were echoed by student after student in the program. All agreed that the stress of juggling work, school and family—in many ways, the hardest aspect of the program, and one of the significant considerations for employees who want to go back to school—was more than worth it.

‘A BIGGER PERSPECTIVE’

For Balandran—who was an SEIU Local 49 member working at Cascade Park Medical Office and, at 24, was the youngest student in the program—being part of a diverse group that became one big family was important. “It’s given me a bigger perspective,” she said, and in the end, “all those personal experiences help you give better care.”

Some of the elements of the nurse training program were unusual. For one, because it was started before the creation of the Taft-Hartley educational trusts, which now provide funding for training programs for Union Coalition members, it was paid for primarily through the region’s workforce development budget.

But the program’s basic elements were similar to those of other workforce development programs throughout Kaiser Permanente:

➤ There’s an emphasis on training employees for “hard-to-fill” positions.
➤ Partnering with local community colleges and other organizations is a high priority.
➤ In this case, KP picked up the cost of relief time, so the students could reduce the hours they were working. But employees who meet certain requirements can apply for a stipend.

Perhaps the most important common thread through all workforce development programs is the end result: Kaiser Permanente retains good employees by giving them an opportunity to grow in their careers without changing employers.

From the regional perspective at Kaiser Permanente, we’ve gained fantastic hires, and they were already here,” said registered nurse Paulette Hawkins, who taught part-time in the program and is the region’s safety education coordinator.

The program came into being when the Oregon Health Career Center approached Kaiser Permanente to collaborate on a nurse training program that would be offered through Clackamas Community College. More than 300 KP employees applied; 100 went through partnership interviews; two dozen ultimately were chosen.

“‘There wasn’t one area that could completely hurt or help you,’” said Brandon Byars, the regional workforce planning coordinator in the Northwest. “We gave points to employees based on how long they’d been with the organization, for example, and points for their education level.” Supervisors provided feedback on the applicant’s ability to work as a team member as well as punctuality and attendance—critical information in selecting the right candidates for an accelerated program where every hour would be packed with information, and missing one day would be a setback.

WORDS OF ADVICE

Arnaut—who didn’t call in sick a single day in 5½ years as a UFCW Local 555 pharmacy tech at Sunnyside Inpatient Pharmacy—was the first person in his family to get a college degree. He flew his father in from Bosnia to attend the December pinning ceremony.

“I’ll probably keep going to get my bachelor’s,” said the 36-year-old, who was planning to become a pharmacist when war broke out in his homeland. He was 21 when he left the country, living first in Germany, then coming to the United States. “For right now—I’m just hoping to transition into the nursing role as smoothly as possible.”

For others considering growing beyond their current jobs, Suvalcu had these words of advice.

“I don’t think anybody can be more scared of change than I was!” said Suvalcu, 45, who emigrated from Romania to the United States when she was 24 and was employed at the Kaiser Center for Health Research, in the Research Subjects Protection Office. “I don’t like to get out of my comfort zone. But, going though school, going through college, it helps you in everyday life. It makes you not only book smart, it makes you smarter, period. It’s totally worth facing your fear.”

“Just go for it,” Arnaut said. “You can’t go wrong.”

Postscript: The new nurses are all now working at Sunnyside Hospital. Arnaut and Balandran have jobs in the progressive care unit; Fleming is in maternal child nursing; Suvalcu is working in oncology and Taylor is working in the telemetry unit.
A $35 billion company shouldn’t have to make phone calls to find out what’s in inventory,” observed Tony Chin, a project director with the KP Finance Strategic Implementation Group.

The problem is that KP has more than 70 systems for finance and procurement, many of them decades old. Some of the hand-held scanners in use are so old they no longer are manufactured.

KP has had to replace failing equipment with used devices purchased from third-party sources.

But soon, the information that pharmacists and other KP employees need will be just a couple of mouse clicks away, thanks to a massive endeavor that involves KP business strategists, information technology (IT) professionals and end users.

When Kaiser Permanente pharmacists ran low on flu vaccine three winters ago, during the national shortage, modern technology might have played a supporting role—but didn’t. Instead, pharmacists had to call other facilities one by one to find those that had inoculations to spare, ensuring that vulnerable patients got the shots they needed.

Frontline workers are helping develop a unified system for ordering supplies, a move that will affect thousands of employees.
The OneLink initiative, led by Lynette Seid, vice president of financial systems, is much more than a new IT system. OneLink will shift most of KP’s procurement and inventory transactions into a single, unified system, standardizing processes and transforming the way Kaiser Permanente of the Southern California accounts payable department. “Partnership gives a wider view of how things should work, along with management.”

Shaw has done most of the jobs in the department in the course of his 18-plus years with Kaiser Permanente, but he is getting specialists in each area of work involved in documenting their workflow for OneLink.

In the long run, the new technology will provide an opportunity for KP employees to upgrade their skills while helping the company use technology to stay competitive and reduce costs.

Working in partnership is a new experience for manager Vickie de Guzman, who was involved in implementing upgraded IT systems at previous jobs. Only months into her new position as an accounts payable supervisor in Northern California, she already was seeing the benefits of involving staff.

“You have the advantage of getting employees’ buy-in from the beginning,” she said. “Because of the union, they have a strong voice.”

Designing in Partnership

OneLink also will affect thousands of users companywide, and their input is being sought to make the system the best it can be.

It’s standard procedure these days to have end users test new technology, since technology is only as good as an end-user’s ability to make it work. But the Labor Management Partnership at Kaiser Permanente is taking that practice to a new level: OneLink is being created with user participation every step of the way, from documenting existing systems to designing and testing new ones, training users and implementing the new technology.

“This is the best job of integrating the Coalition into the grassroots and governance process that I have seen,” said Jack Weberski, health care economist and the special assistant to the executive director of the Coalition of Kaiser Permanente Unions. He noted that when cost savings come from efficiency, not cutbacks or stagnating salaries, everyone benefits—the company, the employees and the members.

The employees involved in the OneLink project are from a variety of departments, including accounts payable, procurement, inventory and general accounting. Both managers and union staff are participating.

“Before LMP, management made decisions and never consulted workers that actually do the job to find out the best way to do things,” said Charles Shaw, a data entry clerk and SEIU UHW-West shop steward who acts as a liaison between the group developing OneLink and the members.

OneLink is being created with user participation in every step of the way, from designing and testing new systems to training users and implementing the new technology.
FROM THE DESK OF HENRIETTA:

HONK Is there anything to be said for constancy?

For Canada geese, which mate for a lifetime, it cuts out heartache and alimony payments. For a Democratic or Republican Party member, devotion to constancy means attending the annual state convention wearing a bad outfit of red, white and blue and a weird hat. As it turns out, constancy is an important notion among practitioners of performance improvement methods, many of whom endorse revolutionary change in health care. But revolutionary does not mean changing with abandon. Wild spontaneity would destroy a systematic process like the plan, do, study, act cycle, a method devised in 1939, promoted by management guru Edwards Deming and used widely at Kaiser Permanente among unit-based teams.

The so-called PDSA cycle isn’t the only performance improvement process circulating at Kaiser Permanente. There’s the LEAN method, which is practiced by Toyota Motor Corp. to curb waste and has its own vocabulary: “kai,” denoting change, “poka-yoke,” which means error-proofing and “kaizen,” meaning continuous improvement. We have IDEO, too, a process based on the “kaizen,” meaning continuous improvement.

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For Kaiser Permanente, constancy could be the trick resulting in change, the kind that leads not to better results but to a lackluster record.

That’s why a cross section of about 30 KP staff specializing in service, quality, partnership and patient safety are examining health care sites throughout the world that have successfully adapted performance improvement programs. The group intends to cul the most promising, test them in pilot projects to figure out what best suits KP and then offer an integrated performance improvement model.

“We need to make sure it’s easy to do the right thing,” Barbara Grimm, medical group administrator at the San Diego Medical Center, said recently. “Let’s take some risks. If we’re going to fail, let’s fail quickly and change more fluidly.”

When people trip or stumble, they need to be able to get up and get back on track. They don’t need to look around for other tricks that might work.

For Kaiser Permanente, constancy could be the trick resulting in change, the kind that transforms KP.

REGIONAL UPDATE (continued from page 5)

COLORADO

Teams launched: 18 (regional and facility-specific)

Highlights: Rolled out new “best practice” batching procedures to all pharmacies in the region. Created a UBT support system that provides facilitators, trainers or project managers for new teams.

Challenges: Ambiguity in identifying and establishing unit-based teams.

2008 goals: Launch 25 or more UBTs. Ensure all teams have clear goals and metrics. Provide partnership training to groups needing such assistance.

GEORGIA

Teams launched: 8

Highlights: AHO Claims and Auditing UBT recovered $4.8 million in overpayments to providers. Providing quality patient care and retaining members competes for time to hold partnership meetings or training.

2008 goals: Roll out 12 more UBTs.

MID- ATLANTIC STATES

Teams launched: 3

Highlights: Established leadership teams, including a physician director, medical center administrator and two union leader representatives, to oversee and provide partnership support at the three largest medical centers.

Challenges: Establishing upper-management sponsorship, a support infrastructure and understanding of partnership at middle management/shop steward level. Lack of resources for training, education and time for partnership meetings.

2008 goals: Roll out 30 facility-specific UBTs.

NORTHWEST

Teams launched: 59

Highlights: Created a support network of facilitators and trainers for UBT members. Rapid improvement model being used widely by UBTs.

Challenges: Limited regional resources for project management, analytic reporting, training and coaching.

2008 goals: Launch approximately 20 to 30 teams with 1,200 people in primary and specialty departments.

OHIO

Teams launched: 42

Highlights: Worked with the existing “triad” team structure, composed of physician, management and labor leads, to establish UBTs and provide training, education and support to those teams.

Challenges: Lack of a regional dashboard. High turnover of team co-leads.

2008 goals: Launch UBTs in radiology, pharmacy and laboratory departments. Establish regional UBT dashboard by end of the first quarter.
Increasingly, the work of KP is being done in teams. But teams at every level, in every organization, sometimes produce more frustration than results. To find out why, Hank recently spoke with business writer and consultant Patrick Lencioni, whose 2002 book “The Five Dysfunctions of a Team” has sold more than 1 million copies, according to a Wall Street Journal profile. Here are highlights of the conversation.

What are the signs of trouble in a team?
There are many telltale signs. You’ll see a lot of politics, and people saying things behind closed doors or in the hallways or in the parking lot that they’re not willing to say during meetings. You’ll see a lot of competing interests that ought to be working together—a lot of politics and confusion. You’ll see turnover among good people. And ultimately you’ll see results suffer.

You say trust is the foundation of team performance. Why?
When a team can truly establish trust, it has an advantage in overcoming everything else.

And if it doesn’t have trust, it doesn’t have a chance.
Trust is essential because when people can be emotionally vulnerable about their strengths, their weaknesses, the mistakes they make, when they need help, everyone on the team knows they are not positioning with one another, they are just being human. It sounds touchy-feely but it is very pragmatic.

Trust also allows us to overcome the second dysfunction of teams, which is fear of conflict. Conflict without trust is politics and manipulation….Trust is necessary so people can disagree, knowing that they’re pursuing the best possible answer, not playing politics.

What can teams do to avoid becoming committees? How can they focus on producing results?
One reason teams fail to act is they’re afraid to be wrong. But the old military adage is “any decision is better than no decision.” When you make no decision, people down the line are standing around idle and start to worry. Much better to make a decision, learn from it, and change course later than to waffle.

Another reason teams don’t commit to action is that they haven’t figured out how to get people to weigh in. People don’t really buy in on a decision if they do not weigh in on it first. When decisions are made without them, they will just sit back and wait for it to blow up or blow over.

That’s why teams require a manageable group of people, usually 10 or under…. People have to advocate, and they have to inquire of each other. When you get too many people in a group…they don’t ask one another questions, they just state their case.

Once decisions are made, team members have to hold one another accountable for stepping up and doing what’s necessary to make the decision work. When one team member sees another member not doing that, and calls them on it, you have peer-to-peer accountability, which is any company’s best friend.

Your most recent book is about job satisfaction. What’s the connection to teamwork?
It’s huge. People don’t generally leave organizations where they feel part of the team. Ultimately, managers have to take responsibility for creating that kind of environment.

When it comes to individually managing someone, there are three simple things a manager has to do: Take a personal interest in the people they manage, because anonymity is the first sign of a miserable job. Second, help that person understand why their job is relevant to some other person’s life, because when there’s irrelevance in a helping profession like teaching or health care, people get especially bitter. And third, give people a way to gauge whether they’re succeeding. Be it a patient survey or a quota for a salesperson…you need some way of saying “I’m having a good week,” achieving what I need to achieve to make a difference. [1-4]

2ND OPINION

Making Teams Work

The Five Dysfunctions of a Team
Patrick Lencioni identifies five ways that teams go astray. Each of these failures leads to the next one in the chain, he says.

1. Absence of Trust. When team members cannot admit mistakes or weaknesses—or when they doubt their teammates’ intentions—they waste time, play politics, shun risks and avoid conflict.

2. Fear of Conflict. Productive conflict—about ideas and solutions, as opposed to personalities and fault finding—is essential to healthy work relationships. Teams that fear such conflict create greater tension, leading to back-channel attacks, posturing and team paralysis.

3. Lack of Commitment. Shared commitment requires clarity and buy-in. Failure to fully engage everyone in decision making undermines the support that teams need—including the support of members who don’t agree with every decision.

4. Avoidance of Accountability. People’s willingness to call a teammate on bad behavior or poor performance is a powerful tool—as is the desire to come through for one’s teammates. Teams that lack this sense of mutual accountability fall back on rules, bureaucracy and resentment.

5. Inattention to Results. A surprising number of teams do not focus on results—and teams suffering from the first four dysfunctions are incapable of doing so. Instead, these teams focus on their own standing or self-interest.
Make sure you’re ready for center stage in 2008 and beyond by refining your ambition and improving your skills.

Check out a new website that makes it easier for Union Coalition members to access career counseling and other services through the SEIU UHW-West & Joint Employer Education Trust and the Ben Hudnall Memorial Trust. Access information that is customized by union at http://xnet.kp.org/careerplanning.

Some of the site’s features include:

**YOUR RESOURCES**
Read about financial assistance, such as tuition reimbursement, education leave and financial aid.

**CRITICAL POSITIONS**
Find out which positions are in high demand in Kaiser Permanente’s regions and learn about licenses, certificates or education needed to qualify.

**CAREER COUNSELING**
Request an appointment with a career counselor who can explain appropriate career options and create job development plans.

**YOUR LOCAL**
Check out information about new positions, internship possibilities and other tips.

**COMING IN SPRING 2008**
Map out a strategy and career ladder for your own work development on new portions of the site available in the spring.

Get ready for Center Stage!