



The 'yes' hazard

Yes, I'd be happy to. Yes, I can do that. Yes, of course, yes.

Stepping up to the plate, being engaged, working hard—in a workplace that fosters continuous learning and improvement, these are qualities we prize in our colleagues and cultivate in ourselves.

And, in a sprawling, complex organization like ours, with myriad initiatives and projects, these traits can be our undoing. If we say yes to everything, we wind up spread too thin. Spread too thin, we lose effectiveness. Trying to regain the ground we think we should already have covered, we go faster and faster, start to spin our wheels and—burn ourselves out.

We do it as individuals, and we do it in our unit-based teams, too: Yes, we can do that. Yes, we'll take that on. And then there's too much to do and an effort to improve sputters out.

There are lots of techniques for individuals to manage competing demands. As UBTs mature, they and their mentors are getting savvy about the importance of having teams set priorities, too.

Developing teams don't always have the confidence it takes to say no. In this issue's cover story, "From frenzied to focused," Denise Johnson, the continuum of care administrator at San Jose Medical Center, notes that we have a tendency to think more is better. She and other UBT supporters are helping their teams map out the path forward, teaching them to discriminate (in all the best senses of that word)—to know when to say "yes" and when "no, not now" is in order.

Fewer, well-chosen projects have a greater impact on Kaiser Permanente's quality of care, service and affordability. And not being constantly frazzled certainly helps create a better place to work, too. [hank](#)

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What team doesn't struggle with competing demands? Find out how UBT supporters are helping their teams figure out their priorities.



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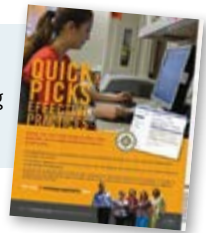
A membership administration team in the Mid-Atlantic States finds a way to shepherd lost ID cards home, saving time, money and hassle.



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WHO'S BEHIND HANK?

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WHAT IS HANK?

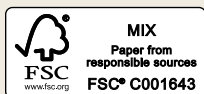
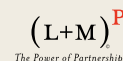


Hank is an award-winning journal named in honor of Kaiser Permanente's visionary co-founder and innovator, Henry J. Kaiser.

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

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

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



AROUND THE REGIONS

COLORADO

With Labor Management Partnership Innovation funds, the region's unit-based team consultants hosted a "Building Strong Co-Leads" program. The half-day program featured workshops, breakout sessions and discussions about how unit-based teams can best serve new members, improve member affordability by reducing waste and inefficient practices, and use tools and resources to improve their teams. The program was offered twice in one day to accommodate co-leads from most of the region's 200-plus teams. "It's about focus," says UBT consultant Linda Focht, adding that she and her colleagues will work with team co-leads to help ensure their UBTs' projects align with the priorities discussed during the program. "We are trying to set the teams up to be successful so that when we come out of the next few challenging years, we will be in a good place."



UFCW Local 7's Joan Heller, second from right, helps coach co-leads

GEORGIA

When a UBT in Georgia knows it is getting close to achieving Level 5 on the Path to Performance, it has some serious preparation to do: The region's validation process is rigorous. After meeting with their UBT consultant, team leaders fill in a nine-slide template tracing the team's journey. The slides include information such as the team's SMART goal, baseline metrics, process map, PDSA cycles,

results achieved and how the team's work aligns with the region's strategic goals. After the slideshow is in tip-top shape, team members rehearse their presentation, which they give to the LMP steering committee. For copies of the template and its accompanying checklist and timeline, contact Ian King, Georgia's UBT program manager at Ian.E.King@kp.org. The template is based on the storytelling training and tools available at LMPPartnership.org/storytelling.



Co-leads from regional radiology, the first Level 5 UBT in Georgia

HAWAII

Nothing's keeping unit-based teams on track better than, well, UBT Tracker. Stumped early on by errant and absent entries on the web-based tool for reporting performance improvement data, LMP leaders brought in an expert from Program Office for a training. UBT consultants followed up with one-on-one coaching and drop-in clinics for co-leads. The investment in time has paid off. Marika Scalisi, a consultant who supports about 25 UBTs, says teams are reserving time after meetings to enter data, posting results sooner and doing a better job of setting priorities for projects. "They are owning the work," Scalisi says.

MID-ATLANTIC STATES

Babies need at least 10 diapers a day, totaling more than \$100 per month per child, or they wind up

with rashes, infections and other health problems. But many families struggle with the expense. So unit-based teams at the Capitol Hill Medical Center stepped in to help. Partnering with the Girl Scouts of America, the medical center set a goal of gathering 10,000 disposable diapers by June 2014 for the DC Diaper Bank. The already high-performing teams are building morale with the project. It's part of the region's Live Well Be Well program, which, in addition to community programs, includes yoga, belly dancing, literacy programs and gardening for employees.

NORTHERN CALIFORNIA

In 2012, 20 percent of workplace injuries in the region were caused by slips, trips and falls due to unsafe footwear. But now, you don't have to let your work shoes trip you up, thanks to a project led by East Bay Safety Leader Andrea Dooley with input from SEIU UHW. All KP employees (not just those in Northern California) now can receive a 5 percent to 25 percent discount on slip-resistant footwear from two different vendors. The deal is available on MyHR under Employee Discounts (choose Health & Fitness from the left-hand sidebar, and then select Recreation Connection) or go directly to RecreationConnection.com/kaiser and click on Safety Products on the left.

NORTHWEST

UBTs in the Northwest focus on projects aligned with the region's operating plan and Annual Incentive Plan/Performance Sharing Program goals, and the UBT scorecards on the region's intranet site reflect these priorities. But keeping teams on track requires bottom-up as well as top-down strategies. On the team level,

one labor co-lead has found success by chopping up big performance improvement projects into clear, simple "action items" that can be accomplished within one work week and by assigning an action item to each member of the work group. "At times the priorities and goals of the UBT can get lost in the chaos of the day to day," says histology technician Matthew Sabater, a member of OFNHP and the labor co-lead of the Airport Way Lab's UBT. The action-item approach means the team can make progress "without bogging any one person down," Sabater says.

SOUTHERN CALIFORNIA

In her role as chief nurse executive at Irvine Medical Center, Ruby Gill sponsors several unit-based teams. She's admired for successfully focusing teams on key goals—service scores at the hospital are among the highest in the nation—but not in a heavy-handed way. "I share metrics and show comparisons to create some healthy competition," Gill says. "We reward and recognize teams for even small successes—we don't wait until they get to the 90th percentile." At the same time, "if a team comes to me with an idea, I let them go for it"—even when it is not laser-focused on a key metric, she says. "If it improves staff morale and teamwork, then that will impact service and quality." hank



Ruby Gill, second from right, with telemetry nursing colleagues



FROM FRENZIED TO FOCUSED



How UBT supporters are helping teams sort out competing priorities and demands

Article by:
CASSANDRA BRAUN and
ANJETTA McQUEEN

Seeing the big picture: Clinical lab scientists Ernesto Balancio and Lilyn Gacayan (opposite page), both members of IFTPE Local 20 at the San Jose Medical Center, are on a unit-based team that zoomed from Level 1 to Level 4 after new co-leads—including phlebotomist Antoinette Sandez (below), an SEIU UHW member—began to jointly set priorities.

Improve service scores. Reduce waste. Retain members. Gain new members. Cut wait times. Work safer. Perfect patient safety. Innovate care.

Teams are juggling constantly, trying to meet their own objectives, move forward on initiatives and projects related to facility, regional and national goals, and comply with regulatory requirements—all in a competitive economic environment.

When the curve ball comes sliding in, it can be one thing too many, derailing a strong team or keeping a struggling team at ground level. So a host of unit-based team supporters are turning their attention to strategies to help unit-based teams prioritize competing demands—from personalized mentoring to intensive workshops for co-leads.

“I see my role as taking away the noise and the chaos...to help them figure out, ‘Realistically, how many things can we work on at once?’” says Denise Johnson, San Jose Medical Center continuum of care administrator and a UBT sponsor. “I have to help them not be crazy, because we don’t want a lot of projects that don’t make a difference.”

Here are four strategies for helping teams.

STRATEGY #1: Planning pays off

Every year, labor and management sponsors at the San Jose Medical Center sit down with their UBT co-leads to develop an operating plan. The plan

flows from Kaiser Permanente’s organizational goals as well as from regional goals, facility priorities, and the needs of the department. Each sit-down includes the service area’s UBT consultant and its union partnership representative. Projects emerge naturally from that plan, with teams turning to the Value Compass and a tool called a PICK chart (*see page 7*) to fine-tune their priorities.

“They have to figure out what’s in their sphere of influence,” says Eric Abbott, the area’s union partnership representative. “What are the things they can change, and of those things, how much time do they have?”

When Johnson became sponsor of one San Jose team, it was immediately clear to her the UBT had too much on its plate. She worked with the team to winnow eight projects down to two.

“In my experience, people get bogged down with the to-do list and sometimes don’t stop and think about what’s really on that list and what effort does it serve,” she says. “They thought I was crazy. They came from a mentality where ‘more is better.’”

STRATEGY #2: Urgency can be good

Two years ago, San Diego’s interventional anesthesia unit-based team was humming along in its performance improvement work when it got hit with the news that co-pays for some of their patients who suffer from chronic pain would be increasing sharply.

[continues on page 6]

FROM FRENZIED TO FOCUSED

←..... continued from page 5]



Sponsors matter: Members of the lab UBT at San Jose Medical Center, including Rosemary Cipoletti, the assistant laboratory administrator and phlebotomist Antoinette Sandez (above right, at left and right) credit their sponsors, including lab assistant Cheryl Gonzalez and Hollie Parker-Winzenread (above right, center front and center back) with helping the team set priorities so that, as Sandez says, “we didn’t bite off more than we could chew.” Parker-Winzenread is associate medical group administrator; Gonzalez and Sandez are members of SEIU UHW.

The 14-member team responded with a new service project, a multiphase communication plan to help members understand the new co-pay and their options. And then the next wave broke: The team learned it had a matter of days to move into a new specialty services building. It suspended the co-pay project to plan for and complete the move.

One key performance improvement tool—a process map (*see page 8*)—proved instrumental. The team created a detailed map that laid out every piece of work that needed to be done in preparation for the transition, from changing procedures to adapting to a new phone system to altering workflows based on the new floor plan.

“They simply became a single-issue team,” says their UBT consultant, Sylvia Wallace, of the 2011 move.

With the process map in hand, the team spotted an opportunity to weave communication about the new co-pays together with communication about the move. As a result, it didn’t miss a beat in providing its members with critical information about available financial assistance.

The comprehensive plan helped the unit’s service scores hold steady through the transition—and then increase at the new facility. The moving plan became a template for other departments, which are still moving into the Garfield Specialty Center.

“Everyone participated. All types of ideas were solicited and implemented,” says Grace Francisco, the assistant department administrator and the management co-lead at the time. “Everyone has a role and accountability for each step.”

STRATEGY #3: Take time to train

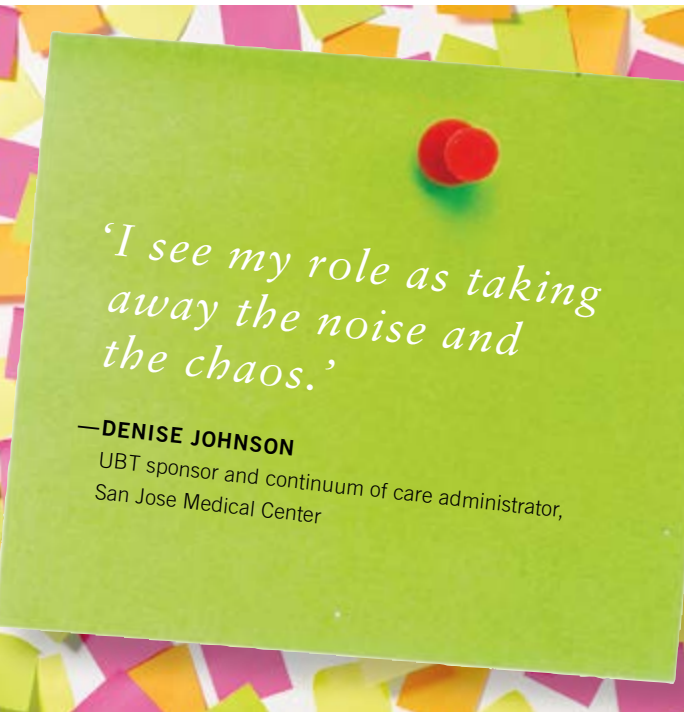
Teams stand a better chance of weathering competing demands when they have a solid understanding of partnership principles and processes as well as performance improvement tools and methods.

In Colorado, the UBT consultants used LMP Innovation grant funds to host a two-day workshop centered on two regional priorities. Co-lead pairs from throughout the region learned how best to serve new members and improve the affordability of KP care by reducing waste and inefficient practices. They walked away with a variety of team improvement tools and resources.

“We are trying to set the teams up to be successful by giving them the time to focus on topics that could have a huge impact in the region in the next few years,” says Linda Focht, a UBT consultant and UFCW Local 7 member. (*See page 3 for more information.*)

In San Diego, regular UBT summits bring co-leads together for intensive sessions on given topics. Service area and local union leaders play a major role in structuring the agenda, so the team development matches up with high-level strategy. The joint planning creates a full picture, one that resonates better at the front line and sets up teams to work on projects that make a difference to KP’s reputation.

“Leaders see a lot more than what we see,” says Jenny Button, director of Business Strategy and Performance Improvement in San Diego. “Leaders see what is going on with the competition. They see across all of the different metrics we are working toward. They see at a broad level where our biggest gaps are.”



—DENISE JOHNSON
 UBT sponsor and continuum of care administrator,
 San Jose Medical Center

TIPS AND TOOLS

PICK your priorities!

Purpose: The PICK chart is used to help teams prioritize their performance improvement work. The tool helps determine which projects to focus energy on first—starting with work that has high impact and is relatively easy to do, moving on to work that has lower impact or will take longer to accomplish, and setting aside work that has low impact and/or will require more time or resources than a team has.

When: Use if your team has identified several projects or areas of improvement in a system or work setting.

Who: Level 2 and higher teams.



STRATEGY #4: One-on-one attention counts

At San Jose Medical Center, sponsors like Johnson and Hollie Parker-Winzenread, an assistant medical group administrator, are coaching UBTs one on one in performance improvement tools to help them set priorities.

“Teams like to jump to the solution,” says Parker-Winzenread. “But they struggle with the process.... The gain falls apart, because the process is not strong.”

San Jose’s clinical laboratory UBT is a success story, jumping from a Level 1 to a Level 4 in less than a year after new co-leads worked together to reach joint agreement on the department’s priorities. The team started with tests of change that made strides in attendance. Today, it has moved on to complex projects that require shifting schedules to accommodate demands for getting lab results earlier in the day.

Guidance from their sponsors has helped keep team members on track.

“We’d come up with all of these ideas and projects, and they made suggestions and really helped prioritize what we worked on so we didn’t bite off more than we could chew,” says Antoinette Sandez, a phlebotomist, the team’s union co-lead and an SEIU UHW member.

“You have to help teams to believe in the process,” Johnson says. “As a sponsor I can’t rush the process and say harder, faster, move, move, move. That won’t get us what we want in the long run. Because we’re looking for sustainability.” [hank](#)

Untangle a process, energize a team

It's not unusual for teams to have shared tasks or work in common that each team member does a little differently—and the lack of consistency can drain away a startling amount of time and energy. By mapping its processes and coming to agreement on procedures, a team can free itself up to focus on significant priorities.

WHAT IS PROCESS MAPPING?

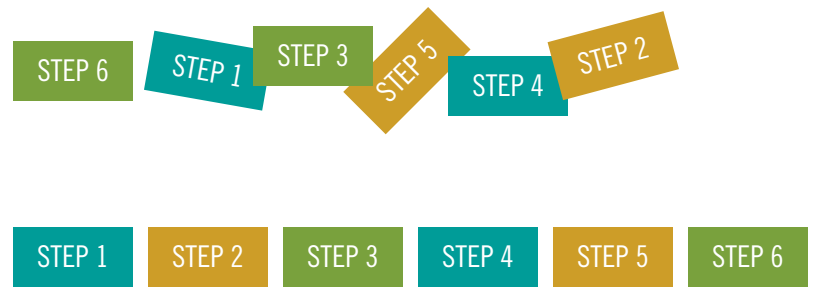
A **process** is a set of activities or steps that achieves a result. Each step can add—or subtract—value from the entire process. A process is reliable when team members take consistent steps leading to a consistent result each time under normal conditions.

A **process map** is a visual representation of a process or system designed to help a team understand its roles and tasks and to highlight opportunities for improvement.

WHY MAP?

Process maps are more than simple boxes and lines that document a workflow. This tool, when used properly, can shed light on opportunities to:

- [✓] Increase efficiency
- [✓] Enhance patient service
- [✓] Eliminate waste
- [✓] Simplify complex workflows
- [✓] Reduce wait times
- [✓] Gain buy-in and support for organizational change



Purpose: This process map tool will help your UBT identify all the steps in its workflow. The flow chart will help you break down processes into basic, sequential steps—which in turn will help you identify opportunities to improve care (greater efficiency in medical charting, improved treatment for chronic diseases) and service (less waiting time to schedule a visit, shorter waiting time during the visit).

When: Use to help your team determine where to focus improvement efforts.

Who: Level 2 team and higher.



Creating a Process Map

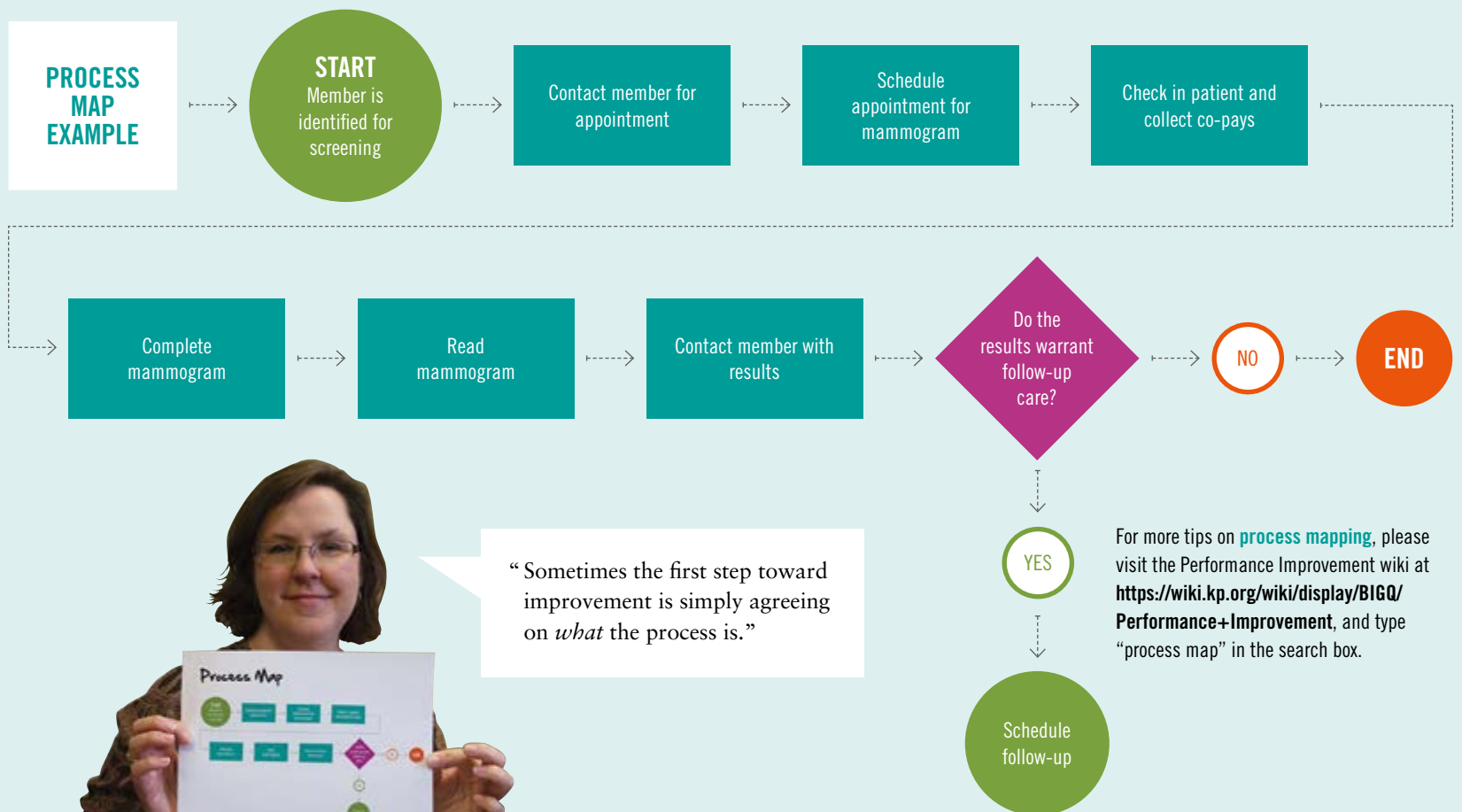
FIRST STEP: WHAT IS YOUR PROCESS?

1. Walk through the entire process
2. Identify what happens at each step:
 - » Who does the work?
 - » How long does each step take?
 - » How much does the success of the process rely on this step?
3. Identify waste, problems or delays

SECOND STEP: MAP IT

1. You'll need these materials
 - » A large piece of flipchart paper or newsprint
 - » A set of sticky notes or cards
 - » Tape
 - » Pens

2. These commonly used symbols will help
 - Start/End of a process (trim corners of card or sticky note)
 - Task/Activity/Step in process (single card or note)
 - Direction of flow from one step to another
 - ◆ Question that will lead to a decision (arrows will point to YES or NO)
3. How to map your process
 - » Begin with a Start/End symbol, writing in "Start" or "End"
 - » Use a Task/Activity card to document each step
 - » Show which direction the work is flowing by using arrows to point from one symbol to another
 - » Use a diamond to document where decisions have to be made
 - » Finish with another Start/End symbol
4. Identify unclear steps, areas of waste or other opportunities for improvement, and create an action plan for addressing them.
5. Post the final process map in a visible location so team members who didn't participate in the mapping can provide feedback.



"Sometimes the first step toward improvement is simply agreeing on *what* the process is."



A VACCINATING CHALLENGE

The combination of meaningful goals and first-rate teamwork helps a pediatrics team succeed in getting adolescent girls in for a series of three shots over six months

Article by:

LAUREEN LAZAROVICI

Pediatrics teams shine: By concentrating on how they're performing on HEDIS-related measures, UBTs in Georgia are improving care for young KP patients. On these pages, Christina Yadao, MD, examines patient Brooke Davis at the Panola Medical Offices (above); pediatrician Christopher Gaydos, MD, talks with Razhonge Landers, RN, a member of UFCW Local 1996 (center), at Southwood Medical Center; and Southwood pediatrics labor co-lead and UFCW Local 1996 member Arnette Green-Barrett, a licensed practical nurse, reviews a chart with Brandie Chan, MD (opposite page).



On one level, the pediatric clinic at Georgia's Panola Medical Center Offices is like any other pediatric clinic. Babies squawking and squealing are part of the soundtrack—and under that, there's the murmur of parents and nurses cooing to get the little ones to stop crying.

But the Panola clinic's unit-based team stands out. Its members work at one of the several pediatric clinics in KP's Georgia region that have significantly improved preventive care and screenings for their young patients, who range in age from newborn up through their teens.

The pediatric teams have achieved these goals in the midst of competing demands by staying laser-focused on a handful of quality measures in the Healthcare Effectiveness

Data and Information Set, or HEDIS.

"Our projects are usually HEDIS-related," says Panola's labor co-lead, Sheryl Boyd, a licensed practical nurse and member of UFCW Local 1996. "HEDIS is so measurable."

The work is a good example of how, instead of driving an agenda from the top down, achieving a goal can be inspired by engaging frontline teams in understanding how they contribute to KP's brand promise of total health.

"The teams are not 'being told what to do,' but rather they see the big picture and see what they can do to affect it," says David Jones, MD, Georgia's physician co-lead for UBTs. Dr. Jones says he and his labor and management LMP counterparts stay abreast of Georgia's regional goals and

priorities, then work with UBT consultants to communicate those to frontline teams.

"We incorporate UBTs as a lever to execute our clinical goals," says Dr. Jones, creating a vital loop of communication and support.

Collaboration pays off

One of the Panola UBT's successes has been to increase the number of girls getting the human papillomavirus vaccine (HPV) by their 13th birthday. The vaccine can help prevent a virus that increases the risk of cervical cancer.

The project kicked off in October 2011. At the time, the team wasn't tracking how many of the girls in the target population had received the vaccination, which is delivered in a series of three shots over six months. The team's initial goal was to get 5 percent of the girls eligible for the shot vaccinated. In the first six months, the team succeeded in getting 10 percent of the target population started on the series—and by October 2013, nearly 20 percent had gotten the complete series, a significant achievement. While it has yet to reach the national HEDIS average for the vaccination, the team is steadily closing the gap.



Team members achieved these results by working with the clinic's information technology staff to get a list of patients—11- and 12-year old girls—who needed the vaccine. They contacted parents and made appointments. In the exam room, nurses discussed HPV and the importance of the vaccine with patients and their parents.

And they worked with their IT colleagues again, modifying the computer system so they could book appointments six months in advance. That allowed them to act on a crucial step—scheduling visits for the two follow-up booster shots right then and there.

The parent education was extremely important, says Erica Reynolds, the charge nurse and management co-lead.

“Some parents think we want people to come back in for appointments because we want the co-payments,” she says—but in fact, if the shots aren't completed in the proper time period and the immunization series needs to be started all over, it requires even more visits. To avoid that, she says, “Scheduling a nurse visit for the second and third vaccines has become a part of our workflow.”

Hard-wiring success

That kind of hard-wiring of successful practices is the holy grail of performance improvement.

As labor co-lead Boyd puts it, “Our projects are not ‘projects.’ They are ongoing.”

In addition, Dr. Jones says, the integration of partnership and performance is taking place at all levels in the region.

For example, he says, physician leaders “integrate the Labor Management Partnership and performance improvement into existing meetings so it is not viewed as outside those discussions.”

As a result, when Georgia earned a five-star Medicare rating in fall 2013 for the first time—bringing all of KP's regions into that rarified club of health care excellence—Rob Schreiner, MD, the region's executive medical director, specifically credited UBTs and the culture of continuous improvement for the achievement.

Driven by those two engines, says Schreiner, “We'll improve quality, service and affordability at a tempo that exceeds that of our competitors.” Thank

Breathing easy

Level 5 pediatrics team improves its care of children with asthma

One of two Level 5 teams in Georgia so far is the pediatrics UBT at the Southwood Medical Center. The team decided to work on improving its care of children with asthma, using the HEDIS measure that looks at the appropriate use of asthma medication for people with asthma as its metric. Better control would cut down on scary—and expensive—urgent care and emergency room visits as well as hospitalizations.

To accomplish their goal, team members shifted to a proactive approach. Instead of waiting and following up with patients after they had already had an emergency visit, they worked together to accurately identify the patients who were persistent asthmatics. The percentage of patients properly classified jumped from 5 percent in January 2012 to 79 percent by December 2012.

That allowed doctors and nurses to educate those patients and their parents about the best ways to prevent asthma flare-ups and to make sure they were following their medication regimen to control the disease. By October 2013, compliance with medication instructions had risen to nearly 100 percent.

“In the course of 18 months, we've totally changed the way we deal with asthma patients,” says Erin Jackson, RN, the team's management co-lead. “We do one project at a time and build on it. We are making it part of our DNA.”

When Georgia earned a five-star Medicare rating in 2013, the region's executive medical director credited UBTs and the culture of continuous improvement for that achievement.

PDSA »

Each issue, *Hank* features a team that has successfully used the “plan, do, study, act” (PDSA) steps of the Rapid Improvement Model (RIM). Find out about other teams’ successful practices and learn more about how to use the PDSA steps by visiting LMPartnership.org/ubt.



THE NUMBER OF CARDS RETURNED AND DESTROYED AND THE ASSOCIATED COSTS



728 = \$67,000

(Q1-2013)



107 = \$8,200

(Q3-2013)

SHEPHERDING LOST ID CARDS HOME

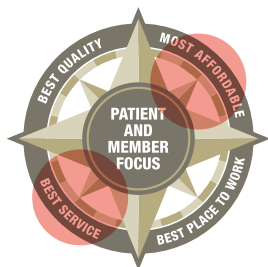
Article by:

ANJETTA McQUEEN

FEATURED DEPARTMENT
Membership Administration

REGION
Mid-Atlantic States

VALUE COMPASS
Best Service, Most Affordable



Kaiser Permanente members need their cards, and too many were going astray in the mail. Despite the increased volume of work around open enrollment and health care reform, this regional Membership Administration team found time to solve the problem.

Problem

Producing member ID cards is a costly process because of the need to keep protected health information secure—and incorrect mailing addresses meant thousands of dollars were being spent on sorting, storing and ultimately destroying cards that had been returned as undeliverable.

SMART goal

Reduce the number of ID cards being destroyed from a baseline of 728 cards in the first quarter of 2013 to 364 cards in the third quarter, a reduction of roughly seven cards per day to three cards per day.

Metrics

- » Manual count of ID cards returned because of incorrect mailing addresses
- » Cost associated with shredding the cards, investigating and reconciling faulty addresses and issuing new cards

Team co-leads

Adwoa Kese, enrollment processor, OPEIU Local 2; Anthony Pender, senior operations manager
(shown above)

Small tests of change

- » Correcting addresses with information from members, employer groups and other Kaiser

- Permanent departments—and keeping updates in a department spreadsheet for future reference
- » Re-mailing the original ID card to the member once the address is corrected, instead of spending the time and money to issue a new duplicate card
- » Working with call center colleagues to prevent replacement cards from again going to an incorrect address, resulting in multiple card shreadings

Results

The team exceeded its goal: After a slight increase in the number of returned cards being destroyed, by the third quarter,

just 107 returned cards were sent to the shredder, an average of about one per day.

The reduction yielded a hard savings of nearly \$60,000, with costs dropping from \$67,000 to \$8,200. With less employee time devoted to the problem, there were also soft savings of \$1,800.

Background

The Membership Administration unit-based team can make a big difference behind the scenes in a member's experience with Kaiser Permanente. Noticing that undeliverable ID cards were one of the biggest categories of returned mail, team members decided to take a proactive approach to getting the cards to their proper owners.

"Imagine that you are waiting for your card," says labor co-lead Kese. "You need care and services, and the card is out there somewhere."

The 45-member team, whose work includes processing applications, enrollments and terminations, took on the issue of the returned cards at a challenging time: It was in the midst of open enrollment-related updates and also preparing for the changes that would come with the first Affordable Care Act enrollments.

But, says improvement advisor Angela Taylor, "The team committed to setting time aside to do the work. The co-leads have done a fantastic job in empowering the core members to take on added responsibilities. They were resilient and committed."

The returned ID cards were among the 1,200 pieces of mail that come into the department each week. After counting returned cards for six weeks, team members developed a workflow for getting as many cards as possible re-mailed instead of shredded.

To help engage others—such as call center colleagues who get urgent requests from members


waiting for their cards—the team spread the story of Mr. ID Card:

Upon the enrollment of a member, he is conceived in The Membership System (TMS). If he has an address defect, instead of being delivered to a loving home...he is placed on a shelf to wait three months before being automatically shredded. While waiting on "Shelf Row," Mr. Card is joined by many of his relatives to face the same fate... Why must our customers wait for an ID card that will never come? Because there was no workflow to resolve the bad addresses in TMS.

The story helped bring attention to the problem, and team members discovered there were multiple reasons why cards were getting returned. Sometimes, the TMS simply had an out-of-date address, and a phone call to the member cleared up the problem. Other times, the address on a returned card was correct—and it turned out the card had been addressed to a member's dependent, who wasn't an "official" resident at the location. A change of address card for the dependent did the trick in these cases.

Today, the team has engaged other departments in addressing issues beyond its immediate control: Information sent from employer records, for example, override in-house records, even if an address has been manually corrected. Meanwhile, addresses corrected in KP HealthConnect® by a receptionist in a medical center don't show up in The Membership System because the two systems aren't linked.

The key to calm in the midst of these storms?

"We pulled everybody in. We reached out to all of our stakeholders," says management co-lead Pender. "We've been able to alleviate the need to destroy the original cards that get sent back as returned mail." 



USE THE ONLINE STORYTELLING TOOL

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










TIPS AND TOOLS

Selecting Changes

How should UBTs choose which performance improvement projects to work on? The best changes and the best decisions are rooted in what's best for the Kaiser Permanente member. Ask yourself: Is the test of change my team wants to tackle in line with regional and national goals? Does it lead to improvement in at least one of the four points of the Value Compass?

GOOD AREAS FOR SMALL TESTS OF CHANGE

	Workflow	Improving the flow of work is an important way to make the quality of services we offer our members and clients better.
	Products or services	Improving processes is important, but don't overlook opportunities to improve products and services, too.
	Inventory	Inventory of any kind is a possible source of waste. Understanding how inventory is stocked in a system is the first step in finding opportunities for improvement.
	Waste	Look for ways to eliminate any activity or resource in the organization that does not add value.
	Variation	Reducing variation makes outcomes more predictable and consistent and helps avoid poor results.
	Error	Redesigning systems can make it less likely that people will make errors. Write down the information necessary to perform a task (so it's not just held in memory) or make it inherent in the product or process.
	Time	Reducing wait times for services, lead times for orders, and deliveries and cycle times for all functions in the organization can provide a competitive advantage—and benefits members, too.

Source: Institute for Healthcare Improvement. Visit www.ihl.org.

WHO'S THAT PERSON?

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

CAN YOU NAME THIS PERSON? 1...▶



HANK LIBS: Feel like a juggler?

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.

Whether you're a UBT co-lead, _____, _____ sponsor, _____ worker or a _____, you probably feel like you wear _____ hats. Your team is _____ to improve quality and _____ and keeping an _____ on the budget, too. There are a lot of balls to _____ in the air to help make sure that KP is a _____ place to get care and a _____ place to work. Get ideas in this issue of _____ on how to set your team's _____—and _____ the ideas of your team for the _____ outcomes. And have _____! Recognize those who have done a great job and _____ your team's success.

WORD SEARCH: Finding your team's balance

DIRECTIONS: Find the following words and phrases, all of which express elements of a workplace where everyone is able to speak up and contribute his or her ideas. The words may appear vertically, horizontally or diagonally, and may be read from either direction.



- COACHING
- COMPETING DEMANDS
- ENERGY
- ENGAGING
- EXPERTS
- FOCUS
- GOALS
- IMPROVEMENTS
- PLANNING
- PRINCIPLES
- PRIORITIZE
- PROACTIVE
- PROCESS MAP
- RESILIENCE
- STRATEGY
- SUPPORT
- SUSTAINABILITY
- TEAMWORK
- TOOLS
- UBT SUMMITS
- WORKFLOW

MEETING ICEBREAKER: The story of my life

This icebreaker is a fun way to get to know colleagues better. Every person gets a pen and a sheet of paper and is given this situation: You have five minutes to write the story of your life to sell to a movie producer. Fold your sheet of paper, and on the front, write the title of your movie. Use the next panel for the table of contents (for example, where you were born, how you got your name and other details you'd like to share). On the third panel, draw pictures of yourself, your family, and so on. On the last panel, draw a picture of how you'd like to retire.

After the five minutes is up, if the group is small, everyone gives his or her sheet to someone else, and then that person "sells" the story to the group. If the group is large, pair people up and exchange sheets, and each person has a few minutes to sell the story of the other person's life.

TRIVIA QUESTION

What familiar piece of medical equipment was invented by the French physician René Théophile Hyacinthe Laënnec in 1819?

WHERE'S THE MISTAKE?

In each issue of *Hank*, there will be a purposeful mistake hidden somewhere in the pages. Can you find it?



FOR EXAMPLE: Clock is turned upside down. YOUR ANSWER: _____

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

SUPER SCRUBS: TAMING THE CHAOS





QUICK PICKS EFFECTIVE PRACTICES



Jumpstart your team's brainstorming by taking a look at Quick Picks, the new catalog of effective practices on the LMP website.

The catalog features easy-to-read entries that summarize successful tests of change from a wide variety of unit-based teams across Kaiser Permanente.

The entries are organized by points of the Value Compass, with sub-categories such as preventive care, new member experience, co-pay collection and attendance.

Or you can use the catalog's search function to search by department—pharmacy or primary care, for example—or by region or facility. You can also search by the "point of contact" with the patient and member; choices here include inpatient, outpatient, business services and more.

Start using LMPpartnership.org/quickpicks today!



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



FOLD AND TEAR ALONG DOTTED LINE