

hank



FRONTLINE NEWS FOR KP WORKERS,
MANAGERS AND PHYSICIANS



IN THIS ISSUE

KP WORKERS
AND LEADERS
ARE LOWERING
COSTS AND
IMPROVING CARE



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 145,000 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.

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Our values, our value

THE WORD “AFFORDABILITY” CAN BE A LIGHTNING ROD. Union members often think it is a code word for layoffs and cutbacks. They might question why it is suddenly up to them to sweat every paper towel and latex glove and wonder if higher-ups are pitching in.

Managers might wonder how in the world they are supposed to squeeze more out of their already-tight department budgets.

If everyone suits up for battle every time the word is mentioned, then progress on saving money becomes harder, if not impossible.

Luckily, at Kaiser Permanente, our values create value. After all, Henry J. Kaiser and Dr. Sidney Garfield founded KP to be an affordable (there's that word again), high-quality health plan for working families, with incentives to keep our members healthy (rather than profit when they got sick or injured).

With the advent of the Labor Management Partnership 20 years ago, we cemented another core value: Listening to the voices of frontline workers, managers and physicians, who do the work and are closest to the patients. They know where the waste and inefficiencies are. And addressing inefficiencies goes hand in hand with improving care.

In 2005, the National Agreement negotiated by KP and the Coalition of Kaiser Permanente Unions further refined these values by laying the groundwork for unit-based teams. UBTs emphasize performance improvement and, more importantly, ensure everyone at every level of the organization has access to PI methods and tools so they can contribute.

Read on, and make peace with “affordability”—confident that our values create value. **HANK**



MEET YOUR NATIONAL AGREEMENT

ARTICLE BY: Paul Cohen | PHOTO BY: Clement Britt

Training for everyone, starting in the middle

“THE NO. 1 REASON FOR THE SUCCESS OF OUR TEAMS has been personal engagement,” says Alan Kroll, a primary care area administrator in Colorado who co-sponsors nine unit-based teams with his labor and physician partners. “Everyone needs to buy into the process to make partnership work.”

Building engagement and ensuring a consistent work experience have been goals of the Labor Management Partnership since the beginning. But, at the same time, there’s been a good deal of variation around these efforts from location to location across Kaiser Permanente, to the frustration of many managers, workers, and KP members and patients.

That’s why the 2015 National Agreement mandates partnership training for everyone, including the mid-level managers and union leaders who guide others. Early versions of the partnership training for mid-level leaders, which will be available this year, have gotten high marks from UBT sponsors and other leaders who have taken it.

Consistency counts

The agreement calls for “a learning system that supports sustained behavior change, partnership

and performance.” This includes joint training and refresher courses—delivered in-person and/or online—to “achieve the same partnership and employment experience wherever one works in KP.”

The new training for mid-level leaders will include segments on:

- + interest-based problem solving
- + examining the forces that support or undermine partnership
- + core partnership behaviors and principles
- + the strategic importance of the LMP

Joint training is key

The programs are designed to develop successful leaders who can model partnership and spread successful practices—and to ensure that the managers or union representatives helping teams have what they need to support those teams.

“It is very powerful for managers and union leaders to be in training together,” Kroll says. “It sends the message that everyone is important, and sets a foundation to work from when an issue gets stuck.”

The training served as a reminder that good partnership practices also are good leadership practices.

“People want to hear from their leaders,” he says, and to “know what issues we are dealing with and that we can help remove obstacles.”

See the 2015 National Agreement, section 1.E, Education and Training (pages 31–33) for additional information. **HANK**



TAKE ACTION: LEARN MORE ABOUT LEARNING

New partnership training programs will roll out to every KP region this year. To get a head start, visit the Learning Portal on **LMPPartnership.org** for a selection of online and classroom courses.

To learn what additional programs will be available, contact your regional training leader (find yours on the LMP website: type “Staff Directories” into the search box, and select Regional Training Leaders).

If you’re interested in participating in a training pilot program still in development, contact Jo.T.Alvarez@kp.org or Cassandra.Braun@unioncoalition.org.





ENGAGED, ENABLED, EMPOWERED

What can boost the impact of a good team? Regional leaders make a difference.

“MY UNION MEMBERS’ BIGGEST PASSION is providing good service and high-quality care,” says Nate Bernstein, health care director of UFCW Local 7, which represents about 2,000 of Kaiser Permanente’s Colorado employees. “And we also know the company needs to be sustainable financially.”

But frontline staff can’t do it all on their own. Unit-based teams need leaders who share goals and strategy, helping them connect the dots between quality, service and affordability.

Knowing the difference such information can make to frontline workers, KP Colorado Health Plan President Roland Lyon provides regular, in-person updates on membership numbers, service scores, financial results and more.

He emphasizes a few key business goals, and he provides a vision: “The best way to deliver affordable care is to deliver high-quality care.”

Providing that high-quality, affordable care is everyone’s job, at every level. Local, regional and national KP leaders are, for example, revamping

purchasing practices and taking advantage of tech innovations to keep a lid on the rising cost of care. In 2016, 4,800 UBT projects reduced expenses by more than \$48 million, savings that help keep costs down for members. The sum may seem small in a \$65 billion organization, but it speaks to a deeper commitment.

Leading change

“Workers know where the challenges are,” Bernstein says, “and have led change over the years to improve the patient experience and reduce costs.”

The challenges often directly affect workers. Colorado saw an influx of new members in 2014 and again in 2016. The region still is growing, but a big chunk of the new members left after a year because of changing market dynamics as well as internal service, access and cost issues.

“The ups and downs of membership growth create strains on our system—and it’s hard on our teams,” Lyon acknowledges. [CONTINUED ON PAGE 6](#)

ARTICLE BY: Paul Cohen | GRAPHICS BY: Travis Retter



ENGAGED, ENABLED, EMPOWERED

CONTINUED FROM PAGE 5

Lyon's updates and other regional communications provide UBTs with information on the types of projects to take on to support Colorado's strategy. To solve some of the access issues, for example, the region is making greater use of digitally enabled services, some of which were developed by frontline teams and some by leadership.

But success requires the know-how of the teams and, says Lyon, "engaged, enabled and empowered" team members to identify and remove barriers to service, pilot new approaches and help take waste out of the system.

The result is that UBTs in Colorado reduced waste or captured lost revenue to the tune of more than \$9 million last year. And they've helped the region reduce its expense trend by nearly 1 percent.

But "you can't cut your way to long-term success," Lyon tells managers and workers. "You can't really do more with less. And you can't do it alone. But we can do more with a little bit more. It's about providing more access to the best care to more people." **HANK**



TIPS FOR REACHING OUT

Roland Lyon, the health plan president of the Colorado region, uses several outlets to share business results, strategies and ideas for improvement with workers, managers and physicians across the region. These include:



Leadership forums: In-person meetings for up to 750 health plan, medical group and union leaders, which Lyon co-hosts with Margaret Ferguson, MD, the president and executive director of the Colorado Permanente Medical Group, and Dan Ryan, the national coordinator in Colorado for the Coalition of Kaiser Permanente Unions.



All-hands meeting: Annual video conference for all employees and physicians.



Listening and learning tours: In his first nine months as regional president, Lyon visited the region's 32 clinics and 25 administrative offices. He continues to round informally and asks leaders at all levels to do the same.



Union meetings: Open discussions with leaders and stewards of UFCW Local 7 and SEIU Local 105, two or three times a year.

RIGHT SETTING, LOWER COSTS, BETTER CARE

Team improves care and helps save \$1 million by educating patients about Emergency Department use

ARTICLE BY: Jennifer Gladwell | PHOTOS BY: Laura Morton, Tracy Lee Silveria



TAKE ACTION: TAKE CREDIT WHERE CREDIT IS DUE

Quality or service improvement projects often lead to more cost-effective care. Be sure you track the financial impact of your team's performance improvement work and log it in UBT Tracker.

These tools will help:

- + 7 Tips for Tracking Savings From Team Projects
- + Handy Spreadsheet to Gauge UBT Savings
- + UBT Tracker User Guide

Find them on LMPartnership.org by typing some or all of the tool name in the search box.



'Low-difficulty interventions can have a great impact.'

— MICHAEL TOBIN, licensed clinical psychologist



WHEN THE RIDGELINE BEHAVIORAL HEALTH TEAM MEMBERS in Colorado decided to tackle outside medical costs, even they were surprised at how their small touch on a huge issue could result in such significant savings.

Team members identified two ways they thought they could have an impact—including finding out which of their patients were being seen frequently in the Emergency Department—while helping their patients get appropriate care. “We know from evidence-based medicine that if patients are seeking care in the Emergency Department for mental health issues, it’s unlikely to provide a long-term improvement in symptoms,” explains Amy Martin, manager of Ridgeline Behavioral Health.

Team members began the project by researching which outside hospitals Kaiser Permanente prefers to have members and patients use. Armed with the new information, they created a flier explaining the options and shared it with the rest of the staff, who then shared it with patients. This way, when patients did access care, they were more likely to go to a facility that KP has a contract with and thus, cut costs.

The results were remarkable. The team’s patients’ visits to emergency departments decreased by 8.25 percent, which in turn reduced ED costs by 26 percent. The total impact for 2016: \$1 million in soft-dollar savings.

Unnecessary strain

“We were pleasantly surprised by the financial savings. We had great participation by our team, and predicted some savings, but never imagined it would be so significant,” says Michael Tobin, a licensed clinical psychologist and member of UFCW Local 7.

Emergency care is one of the biggest expenses for any region, especially those, like Colorado, where Kaiser Permanente doesn’t operate its own hospitals. Treating minor ailments and injuries in the emergency room strains resources unnecessarily. It’s not good for members, either, since such visits cost more than others.

And the emergency room, Martin notes, isn’t the setting where care providers can help patients with mental health issues develop needed skills.

“Through education and better care coordination, patients will ultimately see better outcomes by using the appropriate level of care for the situation,” Martin says.

Where the care is: When members on this Behavioral Health team saw data showing patients were using the emergency room for nonemergency problems, they sprang into action.

Breakthrough discovery

Finally, the team analyzed claims data for the 20 Ridgeline Behavioral Health patients who had the highest number of Emergency Department visits. Comparing two three-month periods in 2015 and 2016, they discovered that some patients were visiting the Emergency Department for routine medical or mental health care. In one case, a patient and spouse had checked in to the ED together several times during the periods studied, seeking care for nonemergency issues.

Team members reviewed patients’ charts and discussed ways they could ensure the patients were aware of appropriate care options. In some cases, they reached out to the patients’ primary care providers or other specialists to help address the situation. And they plan to review patient charts periodically to see whether the results are being sustained.

“This project,” says Tobin, “is a great example of how, in partnership, low-difficulty interventions can have a big impact.” **HANK**

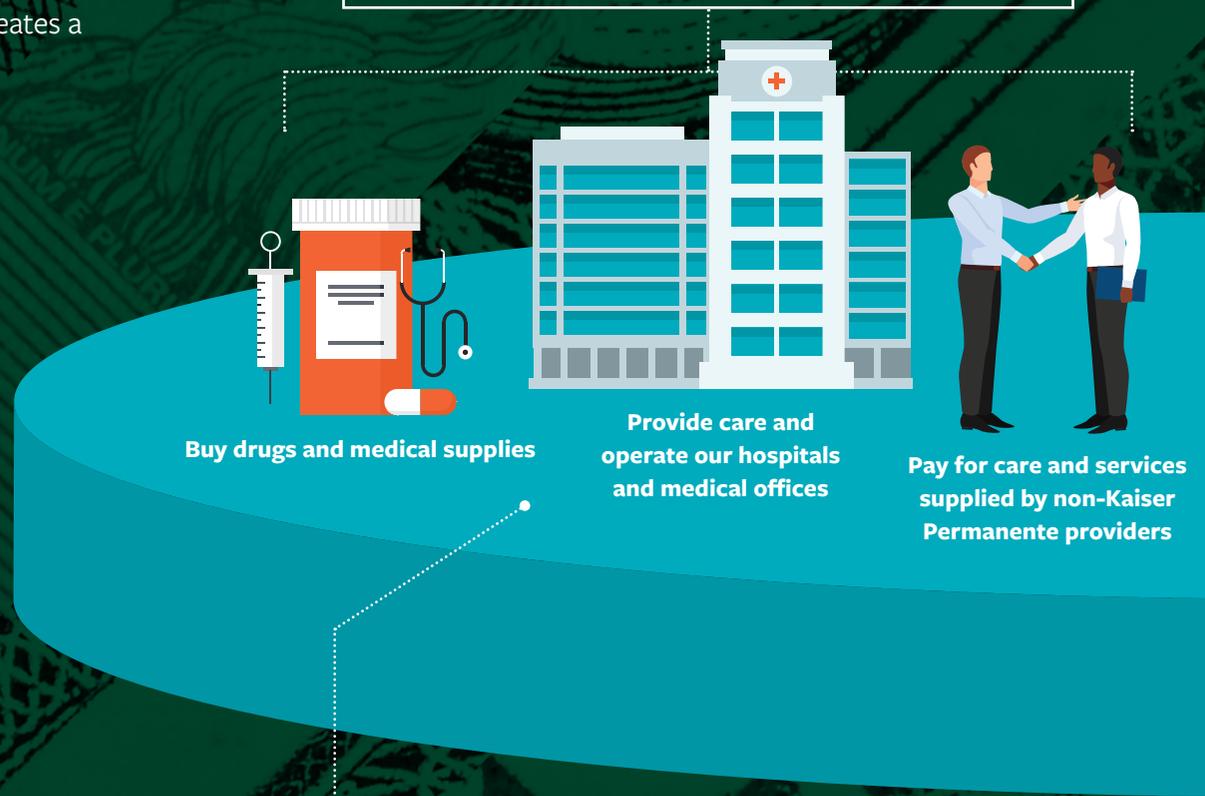
Where the money goes

OUR VALUES CREATE VALUE

Working in partnership at all levels of the organization improves service and quality, keeps costs down and creates a great workplace environment.

WHY WORRY ABOUT COSTS?

Inefficiencies and waste eat up resources that otherwise can be invested in our workers, our communities, our future—and in better care and service for our members and patients.



NOTE: 2016 operating revenue was \$65 billion; this is a combined, nationwide result for Kaiser Foundation Health Plan and Hospitals, Inc. Each region will have different results in any given year. Operating revenue is the amount collected from members, non-members, government agencies and third parties.

97%

PROVIDING CARE AND COVERAGE FOR 11.8 MILLION MEMBERS

The vast majority of our operating revenue is spent delivering high-quality care and service to our members and communities.

Kaiser Permanente's mission is to provide high-quality, affordable health care and to improve the health of our members and the communities we serve. Through the Labor Management Partnership, the Coalition of Kaiser Permanente Unions and Kaiser Permanente work together to deliver on that mission.

RESPECT FOR PEOPLE

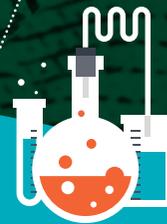
Providing industry-leading wages and benefits as well as helping our communities is a long-term strategy for success.



Support our communities to improve health



Pay, hire and retain a talented team of health care professionals



Contribute to medical research

3% OPERATING MARGIN



Investing in technologies and equipment to help transform our care

- + telemedicine
- + phone consults with our caregivers
- + kp.org and other online services
- + mobile apps
- + green and energy-efficient technologies



Updating existing equipment and buildings

Building new facilities to support growing communities and membership, and to meet earthquake and safety standards

INVESTING IN OUR FUTURE

Our operating margin is what remains once operating expenses have been paid for out of revenue. This is the money we have available to invest in our future and to continue to be the model for the future of health care in the United States.



The Goldilocks principle:

Keeping not too little—but not too much—on hand helped this outpatient pharmacy team reduce the waste of expensive medications. Team members include Jeffrey Ha, a pharmacy technician and member of UFCW Local 135 (above); Angel Nguyen, a pharmacist and UNAC/UHCP member, and Wesley Frani, pharmacy assistant and UFCW Local 135 member (opposite page, left); and Nathan Close, outpatient pharmacy supervisor (opposite page, right).

PHARMACY SAVES BIG WITH VALUE-SHOPPER APPROACH

Greater collaboration over inventory also contributes to a \$1.1 million win

ARTICLE BY: Sherry Crosby | PHOTOS BY: Laura Morton

BUDGET-SAVVY SHOPPERS know you can save money by buying in bulk—even, it turns out, when you're buying pharmaceuticals. Just ask the team members of the Zion Outpatient Pharmacy in San Diego.

The unit-based team was able to save more than \$1 million over five months by buying drugs in quantity and managing specialty medications better. And, adopting a practice that would make Goldilocks happy, the pharmacy now keeps just the right amount—no more, no less—of high-cost meds in stock. Managing costs helps keep expenses down for members, and the team's improved communication means better service for patients, whose medications are there when they need them.

Not so long ago, the financial picture looked bleak for the 24-hour pharmacy, which serves discharged hospital patients and other members



TAKE ACTION: UNDERSTAND YOUR BUDGET

High costs can be a symptom of an underlying issue. Study your department's budget at your next unit-based team meeting and come up with ideas for tests of change. These proven performance improvement tools are great resources for a team looking for ways to keep care affordable:

- + Fish Out Your Root Cause
- + 6S to Tame Chaos in the Workplace
- + How-To Guide: Do a Waste Walk

Find them on LMPartnership.org by typing some or all of the tool name in the search box.



At \$10,000 a bottle, rarely used pharmaceuticals suck up resources when they sit on shelves.



at the bustling Zion Medical Center. Inventory had swollen to more than \$3 million. It was a signal the pharmacy had too much stock on hand and wasn't turning it over frequently enough.

"We realized that we needed to do something," says Nathan Close, outpatient pharmacy supervisor and management tri-lead of the 45-member team, which is at Level 4 on the five-point UBT Path to Performance.

Honest assessment

Team members set a five-month goal to reduce their bloated inventory by \$600,000, from \$3.2 million to \$2.6 million, starting in January 2016.

Their first step was to review the pharmacy's ordering and inventory practices. Team members quickly realized they were overstocking oral chemotherapy, Hepatitis C and antiviral medications. At \$10,000 a bottle, rarely used pharmaceuticals suck up resources when they sit on shelves. Worse, if they aren't used or returned to the manufacturer before they expire, they're a costly mistake.

To get a better handle on prescription trends, team members reached out to ambulatory care pharmacists, who are part of a different team and who collaborate with physicians to treat members with cancer or chronic conditions. By partnering with the pharmacists, the team was able to plan ahead better.

"Once we know what patients are going to need, we make sure that we have that in stock," says Wesley Frani, a pharmacy assistant and UFCW Local 135 member who is one of the team's labor tri-leads.

Key to the team's success is another labor tri-lead, Jane Corby, an inventory control assistant and also a UFCW Local 135 member. She carefully monitors stock levels to ensure that when patients present their prescriptions, the right medications are on hand.

Side benefit to Costco-style approach

The team also saved money by buying drugs in bulk. For example, instead of purchasing bottles

of 100 pills, they opted for those containing 1,000 pills.

"Our idea behind bulk purchasing was the Costco theory," says Close. "If we buy something in large quantity, we can save some money."

The bulk purchasing had an unexpected side benefit: Team members also reduced stress on their wrists, because they were twisting off fewer bottle caps.

"Instead of opening 30 small bottles, we're opening one large bottle," Close explains.

The team's bottom line is also under less stress. By June 2016, the pharmacy had saved \$1.1 million—nearly twice as much as its original goal. In the months since, team members have sustained their streamlined ordering and inventory practices by communicating with each other via email, huddles and meetings.

"Without partnership," says Angel Nguyen, ambulatory care pharmacist and a member of UNAC/UHCP, "we would not have been able to achieve the same results." **HANK**



BY THE NUMBERS

South Sacramento is a Level II trauma center with:



400

patients a day



12,000

patients per month



50

full-time equivalent (FTE) and part-time clerks

Using the old paper forms required:



3-5

pages minimum for each patient



\$1

per page to scan

Switching to computerized registration saves:



\$88,000

a year in paper, scanning and toner costs

High-tech lowers costs: Ninneth “Nina” O’Hara, an SEIU-UHW member and Emergency Department clerk, heads out to get information from a patient using a laptop on wheels.



e-S-i-g-n-a-t-u-r-e spells ‘savings’

Staff laptops make life easier for patients, too

EVEN IN A FAST-PACED EMERGENCY DEPARTMENT, change doesn’t always come swiftly.

“I’m old school,” says Jacinta Laupua, a clerk and SEIU-UHW member, who was one of the last holdouts when her team decided to try using laptop computers to gather member signatures.

“I thought of every excuse in the book. But now I love it,” she continues. “If I don’t have a laptop assigned to me, I ask other clerks if they are using theirs, because I want one. In fact, we need more.”

The laptops, provided through a regional initiative, are at the heart of a successful unit-based team project to reduce paper and copying costs in the Emergency Department at the South Sacramento Medical Center. The total savings came to more than \$88,000 in 2016.

The Level 5 UBT’s project got under way in late 2015, when clerks and the team’s co-leads—Bianca Ruff, a clerk and SEIU-UHW member, and managers Susan Velasquez, administrative

services manager, and Neeta Kumar, administrative clerical supervisor—brainstormed ways to improve cost savings and efficiency. Their first goal was to save \$27,820 over four months.

Soon team members were trying out the use of laptops with signature capture pads. The technology makes it possible for clerks to register patients at their bedside and record their information and signature electronically. Not only does this eliminate the need for paper registration forms, it also increases the clerks’ mobility and efficiency.

There were many small tests of change needed before everything was working smoothly, but the project has been so successful the department has invested in nine laptops on wheels. And all Emergency Department clerks are trained on the computers.

“It’s almost too painful to remember how we used to process forms,” jokes Ruff.

—Tracy Lee Silveria



NORTHWEST

Pharmacy team ‘owns’ its inventory, saves thousands

When team members at the Community Care Pharmacy in the Northwest region did a routine inventory, they were astounded at the value of their expired medications that no longer could be returned.

“We took a \$70,000 loss,” says Rob Yancey, the pharmacy’s manager. The pharmacy serves patients in extended care facilities and often fills prescriptions for costly and uncommon drugs.

Susan Luu, an inventory technician and member of UFCW Local 555, spearheaded a successful project that drew on the free-to-speak culture and collaborative spirit that helps make this a Level 5 team.

“I knew it was too much to do by myself,” Luu says. “I felt comfortable talking with my manager, and his response was, ‘Let me see how can I can help.’”

Different staff members “owned” a section of the pharmacy to check for outdated or slow-moving medications. By the time the team did its next inventory, losses had dropped to \$7,000.

—Jennifer Gladwell

MID-ATLANTIC STATES

Tackling unwanted side effect of a computer upgrade

When the South Baltimore County Medical Center laboratory in the Mid-Atlantic States

region upgraded its computer system in December 2015, it inadvertently increased lab costs.

The problem? While the new system has many great features, it doesn’t have a way to alert staff when providers add a new test to an existing order. In May 2016, the lab missed 32 percent of these “add-ons,” a total of 30 tests, says Samuel Endalew, the lab’s lead technician, a UFCW Local 27 member and the team’s labor co-lead.

The mistake inconveniences members, who must return to the lab to provide a new specimen. Each missed add-on costs Kaiser Permanente about \$35 in extra supplies and employee time.

The solution: a system to check the lab’s inbox for add-on tests and a team binder to track their progress. By February 2017, the team was missing only 2 percent of add-ons and saving about \$1,050 a month.

Leaders from other area labs are considering adopting the process.

—Otesa Miles

GEORGIA

Overcoming patients’ resistance to better treatment option

Georgia’s regional Nephrology team faced a tricky challenge: how to reduce the amount of time dialysis patients depend on chest catheters.

The preferred method for delivering dialysis requires having a vascular surgeon attach a vein

to an artery in the forearm. The fistula that forms is then used for the procedure. Fistulas are less likely than catheters to cause infection and other complications, but some patients balk at the procedure.

So the team is trying to change patients’ attitudes by educating them about treatment options and getting them in to see a surgeon faster. The team has exceeded its goal of reducing the time on catheters by 10 percent, achieving a 13 percent reduction.

Regional officials anticipate that by reducing infection-related hospitalizations, the project will improve care and reduce costs by as much as \$400,000 annually.

—Otesa Miles

HAWAII

Nurses use guidelines to improve PACU care

Moving patients through the hospital is a complex dance involving many departments, and the nurses in the Post-Anesthesia Care Unit (PACU) at Moanalua Medical Center are fine-tuning their steps—potentially saving more than \$175,000 annually in nurses’ work hours.

Delays in the PACU, where surgery patients recover before being admitted to a nursing unit, create backlogs and stress. At Moanalua, the average PACU stay was 80 minutes, 20 minutes longer than the American Society of Peri-Anesthesia Nurses recommends.

“We are the stabilizers. It’s our job to make sure they wake up from anesthesia safely,” says Andy Kubo, RN, a member of Hawaii Nurses Association, OPEIU Local 50, and the team’s labor co-lead. But, he says, “We weren’t paying attention to the time standard prior to this project.”

Working with an improvement advisor, Terilyn Carvahlo-Luke, RN, an HNA OPEIU Local 50 member, the team has seen a 27 percent reduction in patients’ recovery time.

The project has inspired increased staff engagement, says Janet Lundberg, senior director of patient and workplace safety and the team’s management co-lead: “Overall, a win-win!”

—Jennifer Gladwell

Waste not: Susan Luu, inventory technician and UFCW Local 555 member (above left). Samuel Endalew, lab technician/labor co-lead and UFCW Local 27 member (above right).



LMP LABOR MANAGEMENT PARTNERSHIP 20th ANNIVERSARY

Labor Management Partnership turns 20:

Send us your 'then and now' photos!



Where were you and what were you doing in 1997? What are you doing today? Email a photo of you then and one of you now to Hank@kp.org...

Why 1997? That's the year the Coalition of Kaiser Permanente Unions and Kaiser Permanente agreed to form the Labor Management Partnership.

Meantime, here are a few reminders of how much things have changed in the world around us over the last two decades.

A look back at 1997

- + Bill Clinton was president of the United States.
+ Great Britain's Princess Diana died.
+ Unemployment fell below 5 percent for the first time in more than 20 years.
+ "Harry Potter and the Philosopher's Stone," the first book in the Harry Potter series, was published in the United Kingdom.
+ Beanie Babies were the must-have toy for Christmas.
+ The movie "Titanic" was released and won 11 Oscars.



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

WORD SCRAMBLE: Performance improvement savvy

DIRECTIONS: Unscramble these word jumbles, then use at least half of them—nine or more—in a sentence about work your unit-based team has done or might do! It's OK to make it funny.

- 1. neyom
2. emta
3. ifnd
4. sisvnga
5. yiorntvne
6. teasw
7. suppesil
8. dbuetg
9. fsrctaoe
10. pmrevtmneio
11. peofrnrecam
12. neitvs
13. enspd
14. Inpa
15. od
16. dyuts
17. cta
18. radrwe



Now for your sentence:

Four horizontal dotted lines for writing a sentence.



WHO'S THIS PERSON?

In each issue of Hank, we feature someone prominent from Kaiser Permanente or its unions. Can you name this person?



WHERE'S THE MISTAKE?

There is a purposeful mistake hidden somewhere in the pages of this issue. Can you find it?

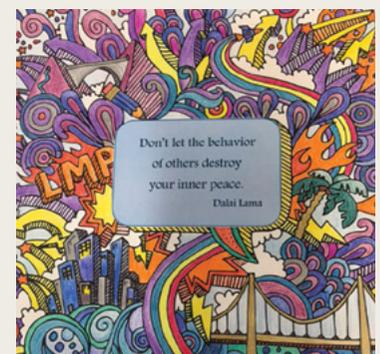


FOR EXAMPLE: Name tag is reversed.



Color yourself happy

The winner of the coloring page contest in the Q1-2017 Hank is Venus Hocking, a senior staff assistant in the Pharmacy department at the Sacramento Medical Center.



IT ALL ADDS UP!



