# HANK

SPRING 12 | ISSUE No. 31

FRONTLINE NEWS FOR KP WORKERS, MANAGERS & PHYSICIANS

# SIMPLE STEPS TO **SUPERIOR SERVICE**


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# EDITOR'S LETTER: Putting the CARE back into HEALTH CARE

(L+M)P
The Power of Partnership

Published by Kaiser Permanente and the Coalition of Kaiser Permanente Unions

**COMMUNICATIONS CO-LEADS**

Maureen Anderson
Stacia Hill Levenfeld

**COMMUNICATIONS DIRECTOR**

Andrea Buffa

**EDITOR**

Tyra Ferlatte

**CONTRIBUTORS**

Kellie Applen, Cassandra Braun, Paul Cohen, Paul Erskine, Jennifer Gladwell, Laureen Lazarovici, Julie Light, Shawn Masten, Anjetta McQueen, Gwen E. Scott, Beverly White

Worksite photos: Bob Gumpert
Graphic design: Stoller Design Group

**CONTACT US**

Email feedback and story ideas to hank@kp.org.

**It sounds easy, good service does. So much of it, after all, is just common courtesy. But when we're juggling a lot of balls—as most of us are at work—it's easy to slip and concentrate on the juggling. How do you keep your focus on the individual standing in front of you—the patient at the center?**

How do you ensure that everyone who comes through our doors has an experience like that of a Northern California member whose recent interaction with KP caregivers was transformative? Victoria chose Kaiser Permanente as her Medicare Advantage provider last year. Her first encounter as a patient came in a moment of crisis—a recurrence of breast cancer that had been successfully treated years before. Fearing for her health and not knowing what to expect from KP, she was floored by the level of personal care and concern she received at the outpatient surgery center in Richmond.

Her check-in for the surgery was fast, smooth and attentive. "People knew I was a new member and went out of their way to make me feel safe, comfortable and cared for," she said. Her surgery went well, and her medications and after-care instructions were waiting for her when she was released. She got quick replies to the questions she emailed to her doctors. At her post-operative visit, the surgeon showed her the pathology report, with key portions highlighted in yellow, took time to explain everything, and delivered the good news with genuine warmth and satisfaction: The cancer had been fully removed and had not spread.

How do you create a care experience like the one Victoria had, where no one drops the ball? Where the service horror stories—we all know them—become tales from a distant past?

Google "common courtesy" and you'll glimpse one of the hurdles we face. If you were expecting to find a useful list of specific things you can do to be courteous, you'll be disappointed. Wikipedia sends you to "etiquette," but provides little insight; the "manners" entry starts off promisingly but dwindles fast.

With such a void, the need for practices like those explored in the "Simple Steps to Superior Service" story, which starts on the opposite page, becomes more apparent. AIDET is designed to make it easy to make habits of five behaviors that are fundamental to common courtesy. Nurse Knowledge Exchange-Plus provides a structure for an outgoing nurse to hand off to her counterpart on the incoming shift, providing seamless care that shows a fundamental respect for patients—in part by including them in the process.

On our list of attributes that define common courtesy, "respect" just may be at the top of the list.

"They treated me as a whole person," Victoria said of her care team. "It made such a difference in my healing and recovery, and I feel great about the care I got." (L+M)P

## 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 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.

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

GOLD QUILL AWARD WINNER
2006 IABC INTERNATIONAL ASSOCIATION OF BUSINESS COMMUNICATORS

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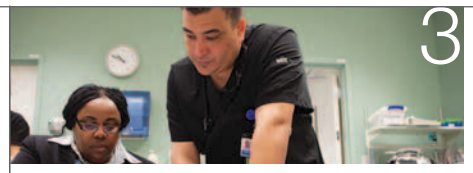


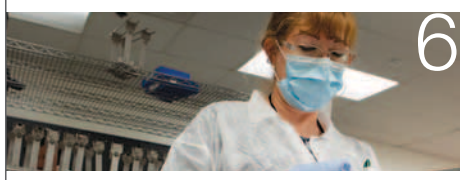





**Back cover poster!**
KP's service credo

# SIMPLE STEPS TO **SUPERIOR SERVICE**



## Patients deserve healing, not just fixing—so how do we ensure every interaction is POSITIVE?

Cheryl Kusmits has been a licensed practical nurse for 16 years at Ohio's Fairlawn Internal Medicine department, a small clinic with a close-knit staff known for its personal service. She loves her job and prides herself on doing it with compassion and a smile.

Kusmits knows all the longtime patients, and they know her. At least, she thought they did. Then she was trained in the service practice known as AIDET—Acknowledge, Introduce, Duration, Explanation and Thank you.

"Until I started saying, 'My name is Cheryl,' I didn't realize, 'Oh gosh, they see me all the time but I never say my name,'" she says.

When Kusmits introduced herself to a regular patient, he responded he'd been coming there for years and knew her face but had never known her name. It was nice, he said, to finally "meet" her.

Kusmits, who'd had her doubts about AIDET's value, was sold on the service training right then.

### THERE'S MORE TO SERVICE THAN BEING NICE

Top-notch service is not just the purview of five-star hotels or, where they still exist, full-service gas stations. These days consumers expect superlative service from their health care providers—and rightly so. No matter how technically superior the care, an inconsiderate or simply indifferent provider spoils the experience. Patients deserve healing, not just fixing.

As a result, providing stellar service to patients and members has never been more important for Kaiser Permanente. Our survival in the competitive health care market rests not only on the quality of care but also the quality of the service we provide to our members. The better the overall experience, the more likely we are to retain current members and gain new ones—ensuring the strength and stability of our model of care, which in turn leads to long-term job security.

"Members' and patients' own experiences, or the stories they hear from friends and family, make a huge difference in whether people choose Kaiser Permanente," says Vickie Cavarlez, an LMP senior labor liaison for public- and private-sector accounts. "As unit-based teams develop, they are making a real difference in the story we can tell."

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# SIMPLE STEPS TO **SUPERIOR SERVICE**

**Patients love the attention:** Southern California and Ohio teams are landing high patient satisfaction scores with their use of two proven programs improving service at the bedside and beyond. Members of the Panorama City Medical-Surgical unit-based team include Johanna Tavitian (above), RN, UNAC/UHCP; Eyvonne Kirk, department administrator 4 West, and Eric Zambrano, RN, UNAC/UHCP (top, left to right), and Marissa Maderazo, RN, UNAC/UHCP (opposite page, top left; also shown on page 9); Zambrano with Demetria Vena, ward clerk/transcriber, SEIU UHW), and Kirk with Cholita Linsangan, department administrator, 4 East (opposite page, right). Ohio's Fairlawn Primary Care team (opposite page, middle, with Cheryl Kusmits, back row, second from left) also improved its already good service scores with AIDET.

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The good news is that unit-based teams working to provide our members with the best service possible at every touch point in the system don't have to start from scratch—they can get a big jump ahead, fast, by taking advantage of KP-endorsed programs with proven track records. Here are the stories of two instances where such programs, AIDET and Nurse Knowledge Exchange Plus—which was pioneered by KP's Innovation Consultancy—have had dramatic effects.

Could your team be next?

## AIDET: MORE THAN A SURFACE POLISH

In 2010, management, physician and union co-leads for all of Ohio's unit-based teams were trained in the tactic known as AIDET to pump up the region's service. As a small market that competes in the shadow of the renowned Cleveland Clinic, KP's Ohio region must go above and beyond in quality of service and care provided.

"We don't have a physician on every corner. So you have to make it up somewhere, and we make it up in quality and service," says John Hightower, manager for organizational excellence in Ohio. "It's part of who we are and who we're trying to be."

The region turned to AIDET because of its simplicity. At its core, the training is about communication behaviors and basic courtesy—from acknowledging a patient's presence with eye contact to explaining that a physician is running late.

Fairlawn Primary Care, where Kusmits is the UBT union co-lead, always had received good service ratings from patients—with scores ranging from 81 percent to 83 percent—but the facility had experienced a small dip in 2010 after it moved offices, dropping to 75 percent. So when nurse manager Paula Hadley, the team's management co-lead, heard about the AIDET training, she talked with her co-leads—Kusmits and Keith Novak, MD—and volunteered Fairlawn as a pilot site. Initially, reviews were mixed.

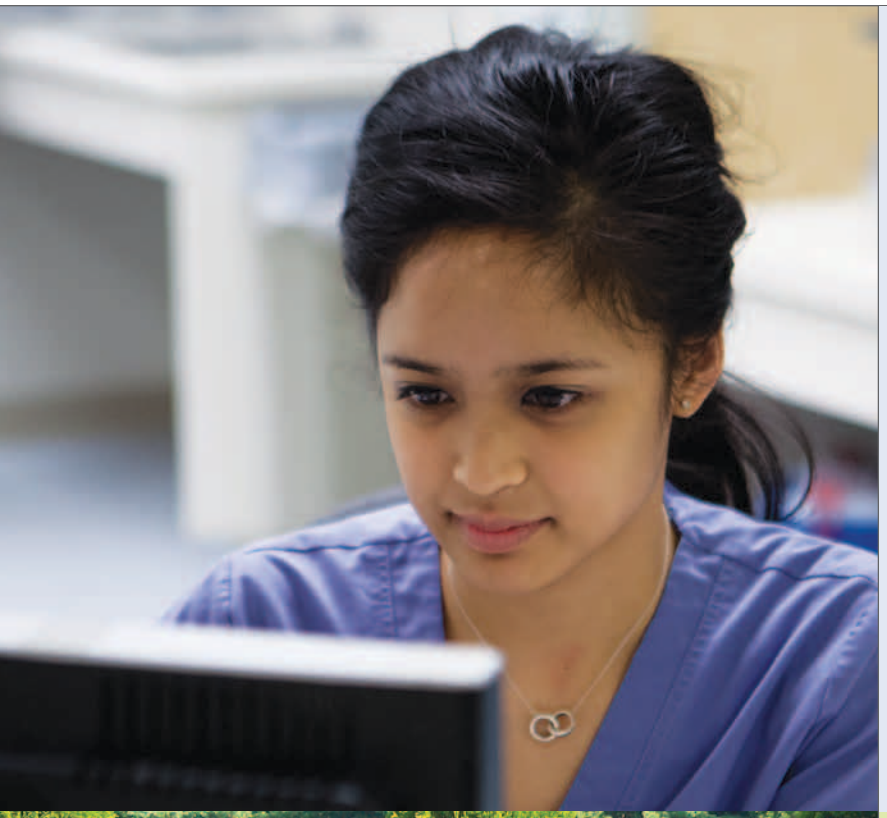
"Well, I thought, I'm nice all the time. We've always had high scores. I thought, 'How can I do any better?'" recalls Kusmits, an OPEIU Local 17 member. "But we did. It was kind of amazing when it all happened."

Fairlawn saw its service scores jump by 10 percentage points within a couple of months after it began using the AIDET behaviors. Office wait scores jumped from 67 percent in January 2011 to 76 percent in August the same year. In the area of staff courtesy and helpfulness, Fairlawn started at 83 percent at the beginning of 2011 and is currently at 89 percent.

The service tool is not a script. It's not about just being nicer. It's a set of behaviors, Hightower stresses, that enhances communication and shows respect for the patient.

"And not doing it like a robot," Hadley says. "It's genuinely using the behaviors so it's part of what they are doing every day."

Of course, there are still those times when an experience isn't perfect. In such "service recovery" cases, having AIDET under the belt is even more critical. Ohio saw this firsthand at the start of 2012, when it reduced its extensive outside provider network and redirected patients



## Star quality ★★★★★

The quality of service we provide can translate into hundreds of millions of dollars in federal funds through the Medicare Star Quality Program, directly affecting our ability to keep KP care affordable.

Medicare health plans are awarded 1 to 5 stars by the Centers for Medicare and Medicaid Services (CMS). The star rating system looks at more than 50 care and service quality measures across five categories that include staying healthy, managing chronic conditions, member satisfaction, customer service and pharmacy services.

For 2012, Kaiser Permanente's Medicare Advantage plans in Northern and Southern California (the two are treated as one region by Medicare), Northwest, Hawaii and Colorado all received an overall rating of 5 stars. Georgia, Ohio and the Mid-Atlantic States received 4.5 stars.

Through the star rating system, health plans that consistently deliver high-quality care and service to Medicare patients are granted some important extras. For example, Medicare Advantage plans that get the highest rating of 5 stars can enroll patients year-round—an important growth opportunity—while plans with lower ratings have a brief, once-a-year enrollment period.

In addition, the system provides bonus payments for plans that earn at least 3 stars, with the highest level awarded to 5-star plans. This will allow 5-star Medicare plans to partially offset legislated reductions in Medicare payments, which in turn will allow us to continue to provide the high quality of care and service acknowledged by the star ratings.

## AIDET by the letters

**Acknowledge**—The first letter of the AIDET acronym reminds each staff member or care provider along the patient's path to acknowledge his or her presence. Making eye contact with a patient or giving the member a smile is all that's needed.

**Introduce**—When you identify yourself by name, you change the patient's visit from an anonymous interaction into a personalized experience.

**Duration**—A little information goes a long way. Letting patients know how long a visit is expected to take lets them know their time is valued. If a doctor is running late or the lab is behind, letting patients know about the delay and keeping them updated shows respect.

**Explanation**—Whose body is it? No one likes it when a caregiver starts doing something without telling a patient what they're doing and why.

**Thank you**—The last step wraps up the visit by thanking the patient for coming in or for providing the information needed to provide them with excellent care.

to Permanente physicians. Suddenly patients who had longstanding relationships with outside primary care physicians had to switch to a Permanente primary care physician.

Going above and beyond in service was never more essential.

"I can only tell you that there are some members who are going to be upset no matter what," Hadley says. "And how we treat them—even if (we're not giving them) the answer they want—will make a difference in the outcome."

### THE POWER OF A SEAMLESS HANDOFF

While AIDET provides a foundation for superior service regardless of location, providing a good care experience at the bedside takes additional skills. In the hospital setting, providing a seamless handoff between revolving shifts of caregivers is critical, as is keeping patients informed, involved and confident in their care. Which is where Nurse Knowledge Exchange Plus comes into play.

Longtime nurse Jennifer Toledo remembers "the old days"—which were really only a few years ago—on her medical-surgical unit at Panorama City Medical Center in Southern California. When the registered nurses would change shifts, the incoming nurses would crowd into a conference room and listen to the charge nurse give a brief report on each of the patients. "And we'd all take notes," says Toledo, a member of UNAC/UHCP.

The practice never sat well with Toledo. "There was no way to validate what the charge nurse was saying," she says. "And, there were no patients involved."

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'We don't have a physician on every corner. So you have to make it up somewhere, and we make it up in QUALITY and SERVICE.'

—**JOHN HIGHTOWER**,
manager for organizational excellence, Ohio

# GOING FOR THE GOLD

## (SPRAY PAINT IN HAND)

## Vision Essentials uses partnership principles to launch express service

**Seeing patients eye to eye:** Southern California's Regional Optical Services team includes Maria Love (this page), Gabriela Llamas, edger operator . (opposite page, left); Bernardino Corona (opposite page, right), and Corona with Alen Tsaturyan (opposite page, middle). All four are SEIU UHW members. Love, Corona and Tsaturyan are optical machine operators.

Have you ever broken your glasses just days before leaving for vacation? Or before your driving test? Or before a big, important meeting?

You're not alone—for the frontline staff and managers at Kaiser Permanente's Vision Essentials clinics throughout Southern California, encountering patients facing these situations is a regular occurrence. The problem was, they had no way to speed up orders for new glasses. Patients ended up unhappy. Some would simply take their prescription to a competitor who promised glasses in a day.

The Vision Essentials business council—the regionwide Labor Management Partnership governing body with representatives from five unions and managers from optometry, ophthalmology, retail clinics and the optical lab—decided something had to be done. Their solution? The express service program.

Piloted in the Fontana and San Diego medical center areas, it allows patients to get their glasses in three days instead of the usual seven for a small fee. The service is so successful, it will be rolled out to the entire region by the summer.

## RED SHARPIES AND GOLD SPRAY PAINT

The keys to success were red Sharpies, gold spray paint and the tools provided by the Labor Management Partnership. The Value Compass—with the patient at the center—provided a key organizing principle.

"We were asking, 'How do we improve our turnaround time?' " says Jeff Zeidner, the optical lab manager. "It might not be possible to improve our overall turnaround time, so let's be selective about this."

Alex Mendez, labor co-chair of the lab's unit-based team, says, "We knew our customers needed some sort of express service."

But a lofty ideal about putting the patient at the center does not magically re-engineer a huge supply chain involving 42 retail clinics spread over hundreds of miles and a manufacturing plant that churns out 7,000 pairs of glasses every day, five days a week, from 5 a.m. to 10 p.m.

Another idea to emerge from the brainstorming—shimmery gold spray paint on the trays containing the express order lenses, so they could be easily spotted in the lab and moved to the head of the line.

## CONVEYER BELTS AND LAZY SUSANS

The Vision Essentials optical lab is quite literally on the wrong side of the railroad tracks in an industrial section north of downtown Los Angeles, sharing a service road with a strip club. Hefty pieces of plastic that look like clear hockey pucks begin their journey here. Brightly colored bar-coded bins, including the gold ones, carry the lenses-to-be along conveyer belts for their various stops. Four huge lazy susans hold the tools for smoothing and polishing. The grinding machine spews out big puffs of white shavings that look like fake snow. At the end of the process, optical technicians pop the lenses into frames. Then the glasses are off to the shipping department to head back to where their trip began—the clinic where a grateful patient will pick them up.

The frontline staff and managers at the Fontana Medical Center, where the first pilot was launched, were an integral part of planning and executing the express service initiative. After all, they were the ones who dealt directly with disappointed customers. The opticians there contributed another color coding trick: They annotated express orders with a red Sharpie.

"It's like a hot potato," says Nadia Arce, a receptionist and a member of Steelworkers 7600. Attractive tent cards on the receptionists' desks announce the availability of express service.

Express service adds an extra step for the clinic-based staff, who now have to call the lab to ensure the materials needed for rush job lenses are available.

"We don't want to promise something we can't deliver," says Mikhail Mgerian, an optician at Fontana and a member of Teamsters Local 166.

## BUILDING RAPPORT

Trissy Basin, the business line manager, estimates there are about 150 express service clients out of 20,000 jobs a year; regionwide, the number of express jobs per

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'We were asking, How do we improve our turnaround time?'

—**JEFF ZEIDNER**, optical lab manager

When some of the labor members of the business council broached the idea of an express service, they were met with skepticism.

## IT CAN'T BE DONE

"There was a lot of, 'We can't do that' and 'It's too expensive,' " says Mary Cavanaugh, an optometrist and labor representative. Cavanaugh is a member of the Kaiser Permanente Association of Southern California Optometrists (KPASCO), which is part of UNAC/UHCP.

Finally, the council asked the optical lab UBT to propose ideas on how to make express service a reality. The catch: The service couldn't delay turnaround time for normal orders, couldn't increase breakage rates and couldn't require more staff or overtime.

The brainstorming commenced.

"Everyone had different ideas about prices and parameters," recalls Mendez, a member of SEIU UHW.

Should the promised turnaround be one day? Two? Three? How about charging an extra $10? That might attract too many requests. Maybe $50? The UBT recommended $50.

# PLAN, DO, STUDY, ACT

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**.

SHARE YOUR BEST PRACTICE

Has your team successfully used the PDSA steps to improve service, quality or affordability? Email *Hank* about it at **hank@kp.org**.

## One-to-one assistance boosts charity applications

**Department:** Patient Financial Services, Oakland Medical Center

**Value Compass:** Service, Affordability

**Problem:** In April 2011, the department had a 58 percent completion rate for financial service forms, which are given to patients who can't afford treatment. The forms are used to apply for charity care through Community Benefit; qualifying patients are referred to Medi-Cal.

**Metric:** Percent of forms completed and amount of charitable care awarded.

**Union co-lead:** Angelica Hernandez, intake clerk, OPEIU Local 29

**Management co-lead:** Paul Coates, manager

**Small tests of change:** The team observed that shift changes often led to incomplete or unfinished forms because incoming financial counselors couldn't always understand the notes of outgoing counselors. Sometimes patients were discharged before the forms could be completed. UBT members agreed on a uniform note-taking system for every patient, reducing confusion. In addition, a financial counselor was assigned to every patient referred to the Financial Services department. The counselor tracked the patient's forms until they were completed.

"We decided to make sure we touched every single patient that was uninsured or underinsured," says management co-lead Coates.

Union co-lead Hernandez says, "It helped us, and it helped patients rest, because we didn't need to visit them as often to ask about their forms."

**Result:** Form completion rates steadily increased to 98 percent and held steady from June 30 through December 2011. In addition, the department easily met its 2011 goal of awarding $6.275 million in charity care.

**Next step:** The department is teaming up with Admitting to help it meet its goals for connecting patients with financial services. Admitting staff email or call the Financial Services Department as soon as they know a patient can't pay for care, and counselors meet with the patient.

"We are pleased with the way it's working—we're branching out," Coates says.

In recognition of their efforts, Coates and Hernandez were invited by Kaiser Permanente to attend an Institute for Healthcare Improvement conference in Florida late last year. Hernandez couldn't attend, but a co-worker went in her place.

**Biggest challenge:** Building trust within the nine-person UBT took time and sensitivity, Hernandez says. The UBT was formed about 18 months ago. "There's a lot of communication, everyone throws in their ideas, and we agree on which ones to try," she says. "At the next UBT meeting we ask, 'Did this work?' If the thumbs-up says yes, then we stick with it."

**Side benefit:** Good departmental communication spills over to every aspect of work, with employees helping each other out in numerous ways, Hernandez says.

**Background:** The need for financial assistance has increased in the last few years, as unemployment in Oakland has grown, according to Coates and Hernandez.

The hospital found it was lagging in completing financial assistance forms. Many eligible patients were leaving the hospital with incomplete forms, and some hadn't even met with a financial counselor. Kaiser Permanente bills these patients, using a collection agency if they don't receive payment by the deadlines.

KP increased the number of financial counselors at Oakland in 2009, going from two to five. Support staff also was added, essentially creating a new department.

A UBT was formed soon after. Its first mission: Improving the form completion rate.

The department's success is felt by employees and by patients, Hernandez says. "If we're happy as a team, then we're going to give 110 percent to the patient." (L+M)P

## GOING FOR THE GOLD (SPRAY PAINT IN HAND)

(continued from page 7)

year is expected to be 5,200. While the numbers aren't huge, she says, "the process of doing an express job is significant."

The process of creating the program in partnership also was significant.

"It is a lot better having the LMP," says Chris Leyva, the management co-lead of the optical lab's unit-based team, who has worked at Kaiser Permanente for 18 years. "There isn't the banging of heads. The partnership smoothes our rapport."

Adds his labor co-lead Mendez, "I feel comfortable giving my input and feel it gets taken into consideration."

Danny Pollack, an optometrist and labor co-chair of the business council, says the union's shared leadership role meant proponents of express service had a venue to keep pressing until the issue got taken up.

"It was perseverance, not pounding on the table," says Pollack, a KPASCO member. "This project is a great example of how labor can initiate an idea and, with the support of management, roll out a new service that benefits our members."

### REAPING REWARDS

In addition to service, the initiative also addresses another point on the Value Compass: best place to work.

"I get to call the patients to tell them their glasses are ready," says Arce, the Fontana receptionist, practically squealing with delight.

"We get to see the patients and reap the rewards of seeing them happy," adds Basin, sounding a little bit sorry for her lab-based colleagues.

But there are other rewards to sustain that team.

"We are proud of this," says lab supervisor Leyva. "It's an idea that came out of the LMP group. It's doing what it is designed to do. And it's fun." (L+M)P

> 'This project is a great example of how labor can initiate an idea and, with the support of management, roll out a new service that benefits our members.'
>
> —**DANNY POLLACK**, optometrist and labor co-chair

# SIMPLE STEPS TO **SUPERIOR SERVICE**

‘ Patients know the plan for the day. It gives them comfort because they are not wondering what is going to happen next.’

—**ERIC ZAMBRANO**, nurse

(continued from page 5)

Today, shift change on the fourth floor med-surg units is radically different. Incoming and outgoing nurses pair off in patient rooms for the “Nurse Knowledge Exchange Plus”—a structured, in-depth, in-person handoff that puts the patient at the center. Use of NKE Plus has increased nurse time at the bedside by nearly 19 percent and is improving nurse communication service scores among unit-based teams at Kaiser Permanente hospitals in Southern California.

With NKE Plus, the outgoing nurse introduces the incoming nurse to the patient before going off shift. Together, they review and update the patient’s in-room care board. They go over the plan of care, and make sure the patient understands it and has a chance to provide input. Some units use catchy acronyms—this is Kaiser Permanente, after all—such as HEAL to help nurses remember all the elements they need to review (High-alert medications, Environment, Alarms, Lines and drains).

This strategy “encourages more participation from the patient and gives them the security of knowing that someone is looking after them,” Toledo says. “We all agree on the plan, and we can correct misperceptions right then and there.”

Eric Zambrano, a relatively new nurse, agrees with his more seasoned colleague. “It makes the patients less anxious,” he says. “Patients know the plan for the day. It gives them comfort because they are not wondering what is going to happen next.”

NKE Plus “has catapulted our HCAHPS and nurse communication scores” at Woodland Hills, says Nancy Tankel, the nurse executive there, referring to the federal Hospital Consumer Assessment of Healthcare Providers and Systems survey. In fact, between January 2011 and January 2012, HCAHPS scores on a set of questions measuring the quality of nurse communication jumped from 71 percent strongly positive responses to nearly 82 percent. And the staff is as satisfied as the patients.

“I’ve had one nurse tell me, ‘I can sleep at night,’ ” says Tankel.

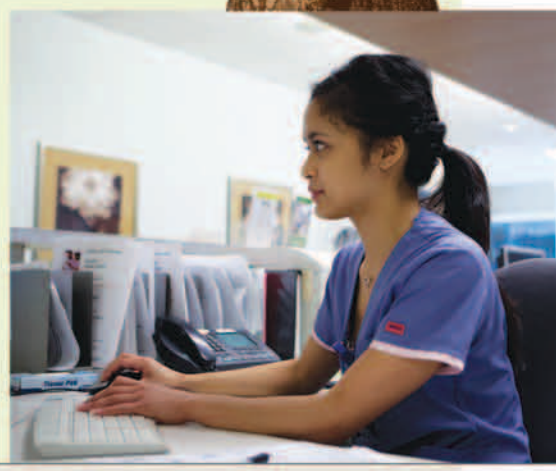
## LASTING IMPRESSIONS

Ultimately, beyond the critical role stellar service plays in Kaiser Permanente’s survival, providing the best experience we can, for every patient and every member, every time, is simply the right thing to do. It’s core to Kaiser Permanente’s mission.

From the moment our members come into contact with Kaiser Permanente, whether online, by phone or in any of our facilities, our interactions with them build or break their trust and loyalty. Providing for a great care experience goes beyond correct diagnoses and treatments. It means asking ourselves if we are looking someone in the eye; if we are examining whether our protocols and procedures make sense, not just for us, but for the members who have to navigate them; and if we are taking care that the many handoffs we make along the way are clear and seamless for our patients and their families.

“We want to keep our patients,” says Ohio LPN Kusmits. “So we need to make them happy and make them feel like we care. And we do care. We need to make sure they’re aware of that.”

*To learn more about AIDET, NKE Plus and other evidence-based practices aimed at improving the experience for patients and members, please visit the National Service Quality website at* http://kpnet.kp.org/qrrm/service2/index.html. (L+M)[P]



## Behind-the-scenes service

**In 2011, the Medical Records unit-based team in the Northwest received 1,222,361 pages of outside records that required indexing into patients’ electronic medical records—a staggering 725,000 more pages than it received in 2010.**

Yet team members met and mastered the challenges facing them, whittling down an enormous backlog and reducing the turnaround time for processing from 62 days in December 2010 to three days by December 2011—benefiting both their internal customers and KP’s members and patients. And they’re sustaining that success.

The steady increase had been debilitating. Overtime hours went through the roof, with more than 2,450 hours logged in 2010. The 37 team members work 24 hours a day, seven days a week and have seven different work classifications. Staff members were worn out. Piles of paperwork were stacked high, waiting for processing. Morale was at an all-time low.

The case illustrates vividly that service is not just a bedside issue at Kaiser Permanente. For a variety of reasons, many KP members see outside providers—and when those providers submit paper or electronic records with the patient’s medical information to Kaiser Permanente, the records have to get indexed into KP HealthConnect. If there’s a delay, the patient’s regular physician may be missing important information the next time the member is seen at KP.

“When the clinician needs medical information on their patients in order to treat their current medical condition, we’re able to provide updated and accurate records,” says the team’s union co-lead, Kathleen Boland, a data quality clerk and SEIU Local 49 member. And, she notes, members aren’t having to repeat critical tests and procedures, saving them time and money.

Things started to change when, through unit-based team training, team members learned such skills as process mapping and how to understand data. They created SMART goals (specific, measurable, attainable, realistic/relevant, time-bound), started huddling and developed a greater understanding of roles and responsibilities.

The team receives more than 700 different types of documents, so variation was rampant. Team members developed cheat sheets to standardize how documents should be prepped for indexing and to get everyone to use the same process for each task. They also cross-trained and helped each other out when someone was on vacation or ill.

“In the beginning,” says Bruce Corkum, RN, a UBT resource team specialist, “they didn’t share the work. Then they started understanding how they could help each other work toward the same goal.”

Not only did the backlog disappear, but the need for overtime is nonexistent now, they’ve improved attendance and “morale has improved,” says Burgandy Muzzy, a health records clerk and member of SEIU Local 49. People are happy to be at work.

“People are talking about us in a positive way now,” says manager Debbie Lang, “instead of as ‘those people who lose everything.’ ”

# FROM THE DESK OF HENRIETTA: Sugar—the new tobacco?

## Chew on this:

**OUR BODIES METABOLIZE THE EXCESSIVE SUGAR IN PROCESSED FOODS JUST AS IT PROCESSES ALCOHOL AND OTHER TOXINS, CAUSING DAMAGE TO OUR LIVER AND OTHER ORGANS.**

Sugar makes us more likely to develop a variety of risk factors that lead to serious illness, while making us crave sweet even more.

In fact, sugar causes a cycle of addiction in the brain in much the same way as drugs and alcohol—and cigarettes. When it comes to addictiveness, nicotine takes the, um, cake.

Physicians at the University of California at San Francisco (UCSF), led by outspoken pediatric endocrinologist Robert Lustig, MD, published a paper in February in the journal *Nature* showing that like alcohol and tobacco, sugar is a toxic, addictive substance. They argue that it should, therefore, be closely regulated, with taxes, laws on where and to whom it can be advertised and age-restricted sales. The researchers said that increased global consumption of sugar is primarily responsible for a whole range of chronic diseases that are reaching epidemic levels around the world.

Is sugar—so pervasive in processed foods, soda and junk food in general—the new tobacco? Let's see.

**It can kill you.** If Lustig and his colleagues—and many other independent researchers—are even half right, sugar and junk food have been responsible for millions of preventable deaths. According to journalist Eric Schlosser, author of "Fast Food Nation" and the children's book "Chew on This," poor diet and lack of exercise may soon surpass smoking as the No. 1 cause of preventable death.

**People make huge amounts of money by selling it.** Remember how long the tobacco industry denied the link between tobacco, advertising, and lung cancer and heart disease? We are hearing the same protestations from the processed food industry today. Don't buy it!

Schlosser, a keynote speaker at the 2012 Union Delegates Conference, recounts how McDonald's was built. Founder Ray Kroc discovered that profits were higher when kids ate out with their parents. So he lured children in with lollipops. Later, he added a clown. Today, fast food chains hire child psychologists, hold focus groups for toddlers and put 5-year-olds in MRI machines to see which part of their brain is responsible for brand loyalty.

"Think about the profit margin in a soda," Schlosser says. The raw materials are water, food coloring, sugar and a paper cup. Nutritional value: less than zero. Cost to produce: pennies. Now *there's* a profit margin!

**They make even more money by marketing to the vulnerable.** As white and highly educated people have cut down on cigarette smoking, the industry has shifted marketing to youth, to poorer people and to communities of color, both in the United States and abroad. Smoking, Schlosser says, "tracks very neatly with income and education." Fifty percent of high school dropouts smoke; only 6 percent of people with graduate degrees smoke.

Check out junk food billboards. What neighborhoods do you see them in? Notice the age and ethnicity of those happy, healthy people.

"I'm still amazed, at age 52, what some people are willing to do to make money," says Schlosser.

**People are made to feel personally responsible for their suffering.** Perhaps more devastating, individuals are made to feel responsible for their "choice" to use tobacco. Where does "choice" come in when use of a death-causing product is higher the lower your education level? Where does "choice" come in regarding a substance—nicotine—often said to be more addictive than heroin?

And where does "choice" come in when sugar acts like nicotine in our brain and metabolic systems, storing fat while making us hungry? When the sugar content even in breads and cereals has gone up threefold in 30 years?

How about when a burger, even with fries and a soda, costs less than a salad?

To make a healthier choice, there must be healthier choices available. Too many poor communities are "food deserts," with no access to fresh fruits and vegetables.

"Everyone talks about personal responsibility, and that won't work here, as it won't for any addictive substance," Lustig says. Furthermore, our choices are limited "when so much of our food is controlled by these industries."

**As with tobacco, we can fight back!** Surprising many, a poll taken in November 2011 showed nearly three out of five California voters would support a special fee on soft drinks to fight childhood obesity.

The researchers at UCSF, in fact, recommended that the Food and Drug Administration remove sugar from the list of foods "generally regarded as safe," meaning they can be used in unlimited quantities.

Lustig doesn't sugarcoat his message. "Government has to get off its ass," he told the *San Francisco Chronicle*.

Now that's *my* kinda doc!

*And KP workers are my kinda workers—we're getting off our collective behinds and taking our total health message to our communities. Check out the "UDC flash mob takes on Hollywood" video at* LMPartnership.org/stories-videos/udc-actions. (L+M)P

UCSF researchers say the FDA should remove sugar from the list of foods 'generally regarded as safe.'


# AROUND THE REGIONS

## [ NORTHWEST ]

### Tips on keeping KP's injury rates down, from KP's leading region

For the second year in a row, the Northwest region experienced the fewest workplace injuries of any hospital-based region in Kaiser Permanente, ending the 2011 reporting year with a 15 percent improvement over injury rates in 2010. Workplace Safety Committee co-leads Marilyn Terhaar and Susan McGovern Kinard attribute the region's success to several factors:

- **Real-time information.** Terhaar sends safety alert emails to managers, stewards, UBT co-leads and safety champions. The alerts list the injuries for the prior week and offer safety tips and resources.
- **Goals at the frontline.** Keeping injury rates low is a regional goal and a PSP goal. Unit-based teams are encouraged to work on these workplace safety issues prior to tackling other goals.
- **Culture change.** Safety conversations have become part of the workplace culture. If an employee sees someone not working safely or a hazard in the work area, it's his or her responsibility to speak up.
- **Investigation.** The approach to safety is proactive. The Employee Health and Safety department investigates the root cause of an accident and tries to make sure the accident does not happen again.

Members of the workplace safety committee aren't resting on their laurels. This year, they plan to bring the focus of safety to the UBT level.

"Most teams can solve their own issues," say McGovern Kinard. "There's been an increase in awareness that's been growing steadily over the last five years. Our numbers say it all."

## [ SOUTHERN CALIFORNIA ]

### NICU open to parents around the clock

Keeping the service point on the Value Compass in mind, the Neonatal Intensive Care unit at the Fontana Medical Center tackled the problem of concerned parents lacking 24-hour access to the unit.

"The belief in family-centered care is put into action here," says management co-lead Annette Adams, RN. "Nothing should come between parents and babies."

Not only do parents now get to see their babies whenever they desire, they also are asked to participate when the physicians round and during the change of shift handoff.

## [ COLORADO ]

### Flying the talk

The patient at the center of the Value Compass isn't always a KP member, as two Colorado RNs proved on a flight home from the Mid-Atlantic States region last fall—and the experience they shared in the air also brought a fresh appreciation of their shared values and commitment to partnership.

Debbie Zuege, Colorado's senior director of Nursing and Women's Health, and Becky Sassaman, a nurse at the Arapahoe After-Hours clinic in Denver, work together as co-leads for the Nursing Partnership Council but had never teamed up clinically. That changed on their return flight from the Mid-Atlantic States, where they had talked about partnership with a group of union stewards.

Shortly after takeoff, Zuege was settling in and starting to read a magazine when something caught her eye.

"A flight attendant came down the aisle, holding an oxygen tank," Zuege said. She alerted Sassaman, and they joined the flight attendant, who was tending to a woman lying down in the aisle. The woman was pale, sweating excessively and seemed confused. She'd been sick to her stomach. Two physicians on the flight joined in to help move her to the back of the plane.

The hastily formed team concluded the woman was dehydrated. Her pulse was weak. They elevated her feet and gave her liquids to drink; Sassaman placed an IV into her hand to administer fluids they found in the onboard medical kit, and Zuege administered oxygen. The woman responded well, with her pulse and color returning to normal. The doctors and nurses decided she'd be fine for the duration of the flight, and the attendant rearranged passengers so Sassaman could sit with her. The team kept the IV in place, suspending the fluids from a hanger hooked to the overhead bin, and gave her medicine for her nausea. Zuege and the two physicians checked in throughout the flight.

"The lady was so incredibly sweet and grateful," says Sassaman, who helped her get clean, found her jacket and even lent her a pair of workout pants. "She kept saying 'Thank you' and 'How can you do this?...I made a scene.' I told her we are nurses, and it is what we do."

By the time the plane landed, the woman was well enough to walk out on her own. The three women exchanged contact information—and Sassaman checked on her as soon as she got home herself.

"She is the sweetest lady," Sassaman says. "She sent me a new pair of pants with a card that thanked us for saving her life and thanked us for saving her dignity."

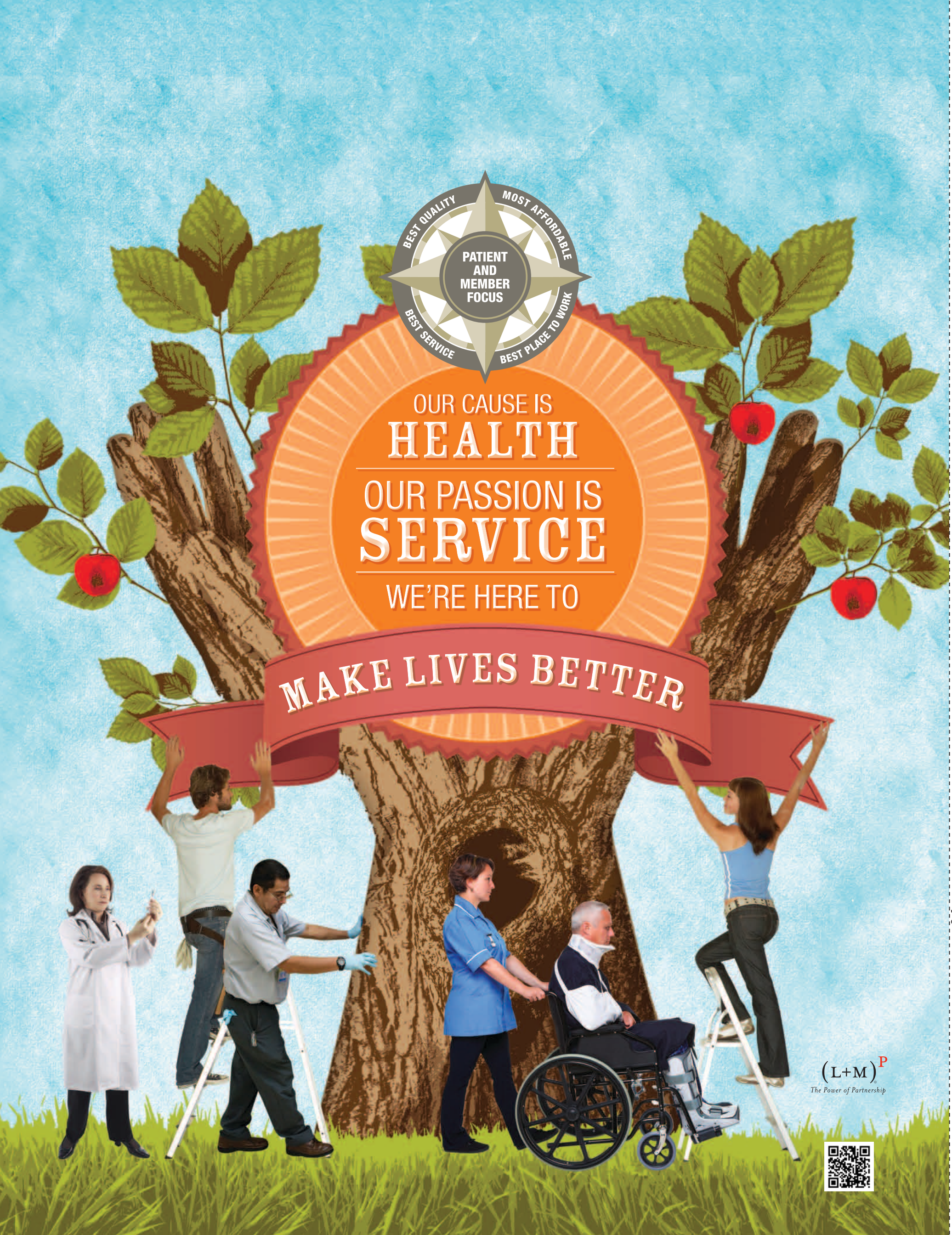
Sassaman and Zuege said it was instinctive to react quickly and with genuine care. "Nursing isn't a job you perform between certain walls, during certain hours," Sassaman says. "Nurses are innovative and can work with nothing. Sometimes, it's when we do our best."

Zuege says when she's officially on the job, she feels rewarded in much the same way she felt from the events on the plane: "We can experience this feeling every day when we take care of our patients and ourselves."

For Sassaman, the in-flight call to service underscored the strong partnership she and Zuege share.

"It reconfirmed we have a passion for nursing, and that is the foundation on which we can partner," Sassaman says. "When caring for this woman on the flight, Debbieand I were together, on the same page, like we had done this together many times before." (L+M)[P]


**Partnership in the air:** Colorado's Becky Sassaman (left), RN, a UFCW Local 7 member, teamed up with Debbie Zuege, RN, senior director of Nursing and Women's Health, to aid a sick passenger on a flight home from the Mid-Atlantic States.




FOLD AND TEAR ALONG DOTTED LINE