

hank

Winter 2015 | Issue 42



FRONTLINE NEWS FOR KP WORKERS,
MANAGERS AND PHYSICIANS

WHAT'S THE DEAL WITH **BARGAINING?**



**TO DO THIS
ISSUE**

Define an interest

Name a bargaining milestone

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**2015 ATTENDANCE
CALENDAR INSIDE!**
Back cover fold-out





Revolutionary

No one does it like we do.


Our negotiations for a new National Agreement will be one of the largest private-sector contract talks in the United States this year. No one else brings together such a large and diverse group of representatives from labor and management—plus physicians—to arrive at a single contract for so many union locals nationwide.

We're so accustomed to this being our norm, it's easy to forget how revolutionary our Labor Management Partnership is—and how democratic our interest-based methods are.

“At the table, everyone has an equal right to speak and explain their interest,” says Linda Gonzales of the Federal Mediation and Conciliation Service, which helps facilitate the negotiations. “There’s more open dialogue and sharing of information.”

The tone set by interest-based bargaining carries over to the work of unit-based teams. UBTs were one of the outcomes of 2005 bargaining. Today, they are the engine for performance improvement at Kaiser Permanente. They are also the structure giving frontline workers a voice in making decisions. The work UBTs do to improve care for KP members wouldn't be happening if partnership weren't in place, and if each successive national agreement didn't commit everyone to finding innovative ways to address common interests.

It's not always smooth sailing. But the interest-based model grounds everyone in shared values.

“There are some hard issues, and bargaining still has to take place,” says Joel Cutcher-Gershenfeld, a professor at the Institute of Labor and Industrial Relations at the University of Illinois. “At the end of the day, you have to find the right balance.” 

WHO'S BEHIND HANK?

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2015 attendance calendar

Back cover poster
12 for '15



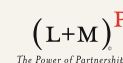
WHAT IS HANK?

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

When the region revamped how it assesses unit-based teams' Path to Performance rankings in 2014, some teams dropped down on the five-point scale. But the National Agreement and the region's Performance Sharing Plan motivate teams to reach high performance, and UBTs are rallying around the more objective and accurate evaluation method. The downgrades are proving to be temporary. One Level 5 team is the Cardiology department at the Franklin Medical Office, which improved access by streamlining the referral review process for patients.

GEORGIA



Musicians aren't the only ones who go on tour. Loretta Sirmons, a Total Health labor lead, and Tracie Hawkins-Simpson, a contract specialist, who are both members of UFCW Local 1996, hit the road to encourage people to complete the Total Health Assessment. They were joined by their business representative, Louise Dempsey, and Russell Wise, the Coalition of Kaiser Permanente Unions national coordinator for Georgia. "We blitzed the facilities," Wise says. "For those who hadn't taken the THA, we explained its importance." They visited during the work day, dropped in on farmers markets and held cyber cafés. Wise credits the collaboration for increasing regional participation in the THA: In May, it stood at 37 percent. By September, it had increased to 63 percent.

HAWAII



The Hawaii region is partnering with 25 local labor trusts to enhance its members' benefits and build loyalty to Kaiser Permanente. The new benefit, called Well Rx Hawaii, makes drugs for high blood pressure, high cholesterol and diabetes available free of charge for enrolled members. "Union leaders like it because it shows the value they bring to their members," says Harris Nakamoto, KP's director of labor and trust sales for Hawaii. "We like it because it emphasizes the strength of KP's integrated delivery system—and helps members with chronic conditions save money and stay healthier." KP is funding the program through expected savings in future medical costs and is tracking enrolled members' compliance with medication, follow-up care and any decrease in emergency room visits or hospital stays.

MID-ATLANTIC STATES

The supply closets for the Physical Therapy department at the Woodlawn Medical Center in Maryland were "in disarray," admits Dexter Alleyne, materials coordinator and member of OPEIU Local 2. "The overabundance of supplies was money not being used." Using the 6S method, the inventory operations team took responsibility for the closets—organizing them and setting par levels while preparing to use OneLink for ordering supplies. The team created a spreadsheet for surplus supplies and sent an "up for grabs" email

to colleagues at its own medical center and beyond, says Jennifer Hodges, inventory operations supervisor for the Baltimore area. Purging four closets over the summer is yielding savings. The team plans to spread the success throughout Woodlawn and to three nearby medical centers.

NORTHERN CALIFORNIA

Concerned by the slow pace of growth in the number of high-performing unit-based teams in the first part of 2014, both the Northern and Southern California regions piloted a SWAT team approach to accelerate the development of Level 4 and 5 teams. The results were impressive. In June, Northern California temporarily reassigned UBT consultants and union partnership representatives from high-performing service areas to assist the consultants and UPRs working in three struggling service areas. As a result, from June to September 2014, the region moved 42 UBTs to Levels 4 and 5 in the targeted service areas. During the same period in 2013, 15 UBTs had become Level 4 and 5 in those same areas.

NORTHWEST



Dental UBTs celebrate successes—and an anniversary.

The Northwest is the only KP region to offer dental services to health plan members—and its dental program is celebrating its 40th anniversary. The idea for the program, which launched in 1974,

came from Mitch Greenlick, then director of the Center for Health Research, KP's medical research unit. Today, Greenlick is a state representative in Oregon—and more than 800 KP dental staff and dentists provide more than 234,000 people with dental care and coverage. The program is home to 19 unit-based teams, almost all of them high performing. Sunset Dental UBT reduced unfilled appointments by creating a wait list and calling patients when a spot opened up. Unfilled appointments improved by 22 percent in 2013, and team members have sustained the result. For more, see LMPartnership.org/dental.

SOUTHERN CALIFORNIA



Carol Hammill (left), a new UPR, pictured with her management colleague Ursula Doidic.

Taking a SWAT team approach to boost the number of high-performing unit-based teams, Southern California concentrated resources on several strategically selected facilities. By October, the percentage of UBTs at Levels 4 and 5 was 59 percent, up from 34 percent in January. A key component of the approach was hiring seven new union partnership representatives, including Elsie Balov, an SEIU-UHW member who is aiding teams at the South Bay Medical Center. "It is really important that labor is helping with this work," Balov says. "We are pulled from the front line to help, so we know the obstacles and the challenges and can work with the UBT consultants on those." hank

LET'S TALK ABOUT IT:

By listening actively and clearly communicating their respective interests, union and management negotiators are blazing a trail for a new way of bargaining. Pictured on these pages are scenes from the 2012 national bargaining sessions.



Articles by:

PAUL COHEN and ANJETTA McQUEEN


WHAT'S THE DEAL WITH **BARGAINING?**

On the eve of national negotiations, a look at how an interest-based approach is radically different from the traditional—and why it's worth the effort

Fists pounding on tables, demands, showdowns, strikes. So went traditional collective bargaining: Each side fighting for a bigger slice of the same pie. Each side gunning for a narrowly drawn agreement on pay and working conditions, leaving mutual concerns about patient care, quality and affordability unaddressed.

But Kaiser Permanente and the Coalition of Kaiser Permanente Unions abandoned the traditional approach in 1997, when they founded the Labor Management Partnership.

Our negotiations feature committees, observers and flip charts of options. Since 2000, KP workers, managers and physicians have worked together to craft four National Agreements and one reopener amid relative labor peace. On March 30, some 150 representatives will begin to negotiate a fifth agreement. Assuming all goes according to schedule, the new contract for the 100,000 workers represented by 28 locals in the coalition will be ready to go into effect when the 2012 National Agreement expires Sept. 30.

In an age of growing health care costs and increased competition, the joint goal is to provide our health plan members and patients with better, faster, less expensive and more personal care and to maintain and improve the best health care jobs in the United States. 

WHY GO TO ALL THE TROUBLE?

The interest-based approach isn't easy—but it has helped us address issues we all care about

Sign up to stay informed

The bargaining2015.org website will be live early in 2015. Be sure to visit it for the latest information as the bargaining kickoff approaches and learn who your representatives on the Common Issues Committee are. Updates will be posted after each bargaining session, too. You can also sign up on the website to get email updates if you prefer.

“Interest-based bargaining is not a utopia and not always a win-win. It's taken Kaiser and the unions a lot of hard work to get where they are,” says Linda Gonzales, director of mediation services for the Federal Mediation and Conciliation Service, Southwest Region. “[But] to resolve difficult issues in partnership is a strength.”

Because of interest-based bargaining, Kaiser Permanente and the Coalition of KP Unions have been able to go well beyond


wages and benefits—the subjects of traditional bargaining—in negotiating four program-wide contracts. These National Agreements have developed industry-leading approaches to worker sick leave, safety and training and workforce development. They have created unit-based teams to improve patient care and service, set standards to hold teams and their sponsors accountable, and pioneered programs for the mutual growth of KP and the unions.

Interest-based bargaining pays off in other ways as well.

“To understand one another's interests, you have to engage in

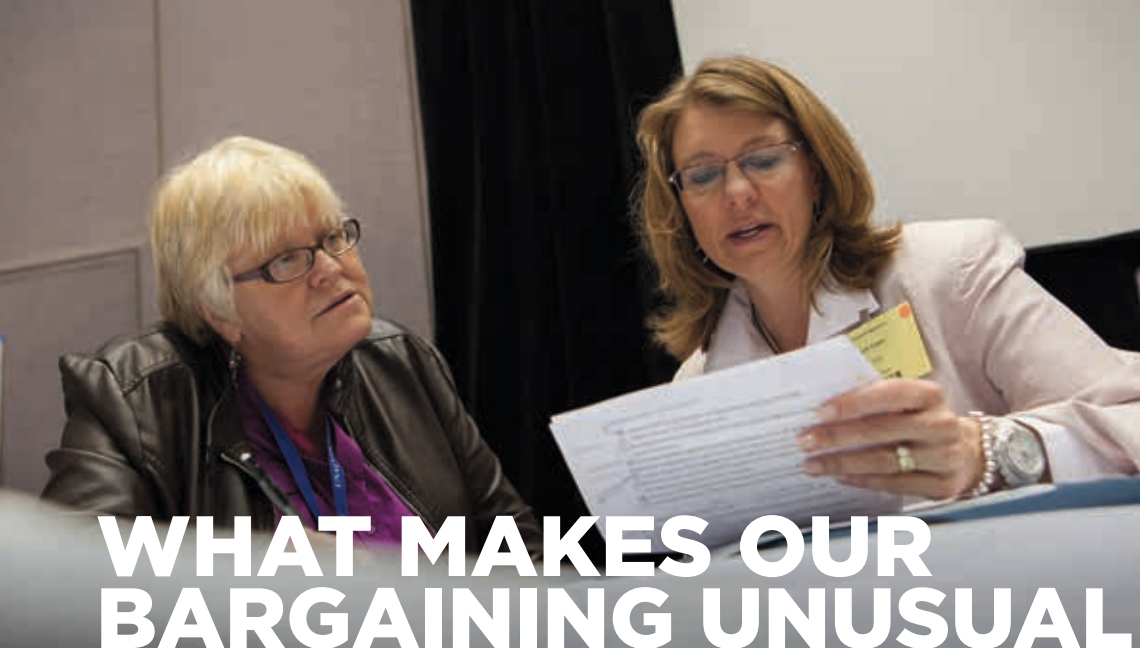
inquiry and listening, and you have to resist jumping to conclusions about the other party's intentions,” says Harvard Business School Professor Amy Edmondson. “Doing this develops leaders who better understand how the organization works.”

“People in health care look to Kaiser Permanente as the showcase for working together,” says Gonzales, who helped facilitate bargaining for the first National Agreement in 2000.

The mediation service last year recognized a handful of cases of successful interest-based bargaining. Our Labor Management Partnership was one of them. —PAUL COHEN 

Where and when: 2015 bargaining schedule

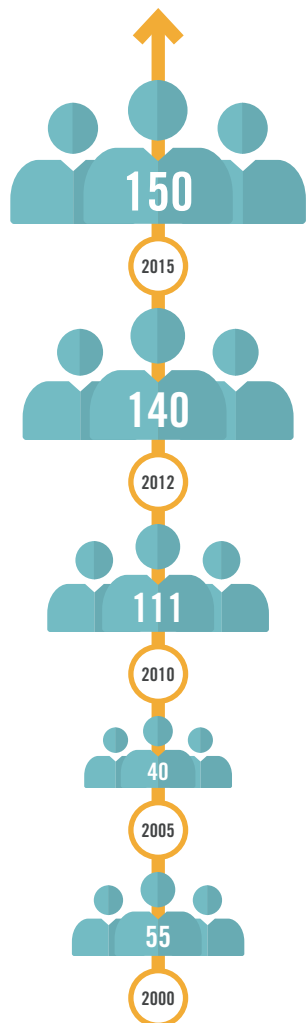
BARGAINING SESSION		DATES	LOCATION
Kickoff meeting	Training in interest-based process; drafting of bargaining subgroup charters	March 30–April 1	Southern California
Session 1	Subgroups share information and identify respective union and management interests	April 14–April 16	Southern California
Session 2	Subgroups identify shared interests and begin to develop options	April 28–April 30	Northern California
Session 3	Subgroups finalize their recommended options to submit to full CIC	May 12–14	Southern California
Session 4	Full CIC considers subgroup recommendations, reaches consensus and approves a tentative agreement	June 2–4	Southern California
Ratification	Local union members vote on tentative agreement; Kaiser Permanente leadership approves separately	June–August	In all regions



WHAT MAKES OUR BARGAINING UNUSUAL

Leaders from all levels serve on the committee that negotiates the agreement, creating ownership not just in crafting it but also for carrying it out

THE COMMON ISSUES COMMITTEE is the full body that agrees on proposals from smaller subgroups. The number of people on the CIC has grown over the years, bringing in a wider range of viewpoints.



Picture a large room with 150 people. Hands are raised. Everyone gets heard. It is pushing midnight and exhaustion is setting in, but everyone maintains a sense of mutual respect and serious purpose.

It's not the United Nations but the Common Issues Committee (CIC). The CIC is a representative group—made up of Kaiser Permanente workers, managers and physicians as well as delegates from the Coalition of Kaiser Permanente Unions—who take on the responsibility of negotiating a new National Agreement. The program-wide labor contract covers the 28 locals in the union coalition.

This inclusion is part of what makes our negotiations different from other labor contract negotiations—because *how* we bargain greatly affects *what* we bargain. By seating RNs and

regional health plan presidents with lab techs and program managers during negotiations, interest-based bargaining at KP opens up new issues for discussion and creates deeper support for the final agreement.

“I personally learned a lot from the different perspectives voiced by all of the individuals representing their fields,” says Dr. Varoujan Altebarmakian, a medical group representative on the 2012 CIC. What he learned during bargaining, he says, made him an even more active advocate for partnership at Fresno Medical Center, where he is physician-in-chief.

A new CIC is formed each bargaining year. KP and union leaders select members and assign each to a subgroup to address a topic area. This year, those topics are expected to include Total Health, Work of the Future, and Operational and Service Excellence in Partnership.

Each subgroup is co-led by a management and union representative. Instead of taking

hard-line positions, subgroup members stake out their common interests. Over the course of five bargaining sessions, assisted by outside facilitators, they identify interests and develop options.

In 2012, the process led to the creation of the Total Health Incentive Plan. “We got a chance to create something that was totally new,” says Ilda Luna, a family medicine receptionist and SEIU-UHW member who serves as the LMP union co-lead for Los Angeles Medical Center. “This is helping employees have a healthy work life and healthy home life. And we get a bonus for living healthy and working healthy. That’s a big deal.”

At the final bargaining session, each subgroup brings its proposals to the full CIC for discussion and agreement; the full CIC also negotiates wages and benefits. The finalized contract then goes to KP management for approval and is ratified by the members of each local in the union coalition.

—ANJETTA McQUEEN hank

Interest-based bargaining helps ‘develop leaders who better understand how the organization works.’

—AMY EDMONDSON, Harvard Business School





Article by:
OTESA MILES

FOCUSING ON COMMON GROUND

The power of the interest-based process is that it takes ‘winning’ and ‘losing’ out of the equation

KEY TERMS

1. The **ISSUE** is the problem or subject area to be addressed.
2. A **POSITION** is a proposed solution.
3. The **INTEREST** is the underlying need, motivation or concern that may have to be addressed in order to reach a solution. You can tell an interest in part because there is usually more than one way to satisfy it.
4. An **OPTION** is a potential way to address the issue, in whole or in part.

Each day, more than 3,500 unit-based teams use interest-based problem solving and consensus decision making to improve performance and resolve issues throughout Kaiser Permanente. Those same techniques guide negotiations for the National Agreement.

The interest-based process differs from traditional bargaining in several ways. The first major difference can be seen in the room, says Dawn Bading, vice president of human resources for the Georgia region.

“The way we physically sit is different,” she says. “In traditional bargaining, labor sits on one side and management sits on the other. With interest-based bargaining, we sit at a U-shaped table and we are interspersed together. Beside me may be a union rep and on

the other side may be someone from management. This physically represents the interweaving of thoughts and ideas.”

This intermingling continues as the negotiations begin, says LaMont Stone, labor liaison for OPEIU Local 29 in Northern California.


“In regular bargaining, you start apart and try to come together,” says Stone, who has participated in bargaining the last two National Agreements. “Here, we start together and try to stay together.”

Part of the power of interest-based bargaining is that in the early stages, the parties aren’t staking out possible solutions.

Walter Allen, executive director and CFO of OPEIU Local 30, says that in traditional bargaining, sides may start off with extreme positions to better their chances of getting what they actually want in the negotiations.

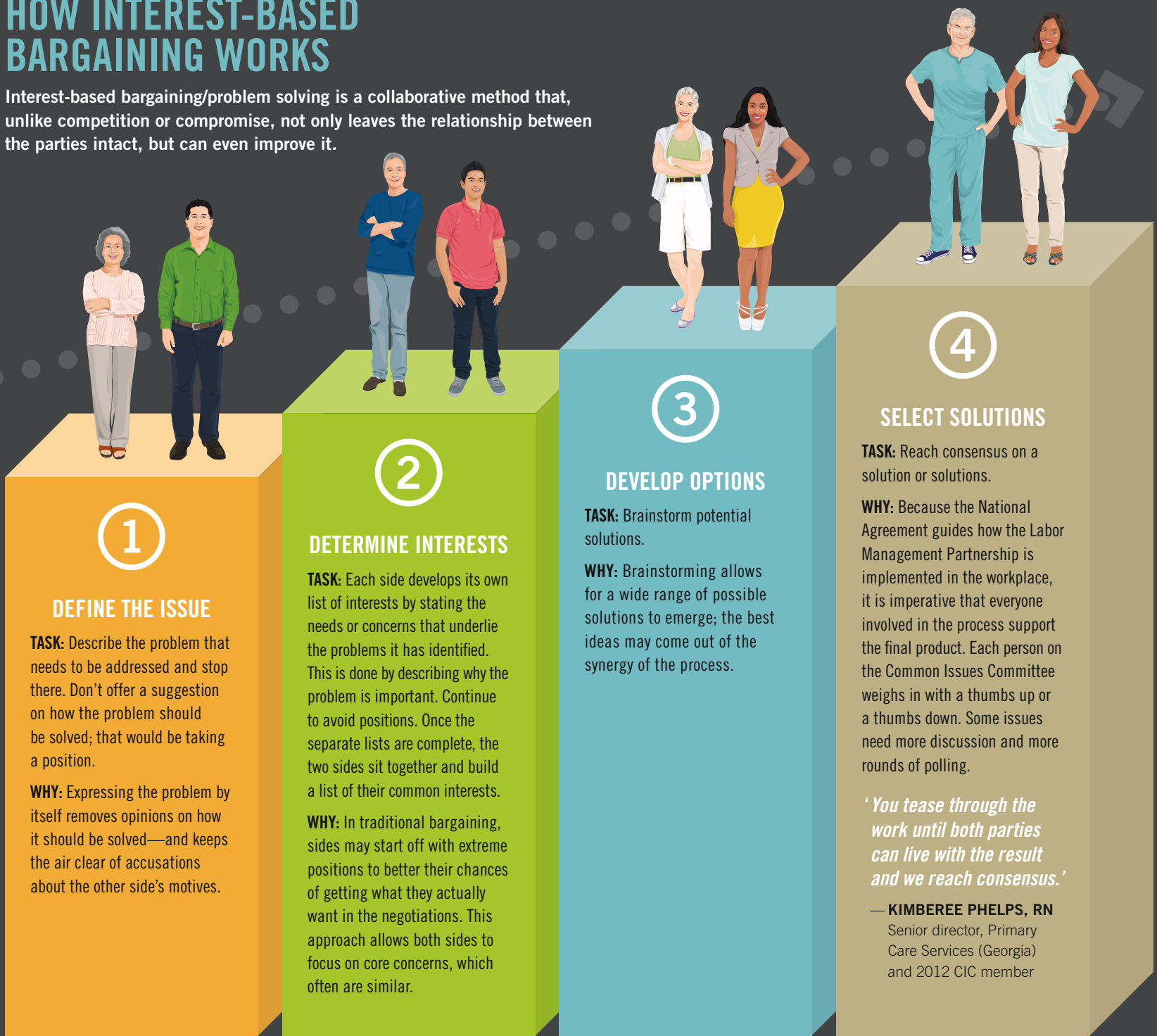
“I’ve heard some unbelievable proposals, such as having Groundhog Day off,” Allen says. “Because we don’t do proposals (positions)—we do interests—you don’t get that here. You have to say why this is an interest. How can you argue seriously for Groundhog Day off? No one wants to defend a stupid proposal. Interest-based bargaining eliminates a lot of nonsense.”

This step also helps each side see how much they have in common before moving on to develop options and reach consensus.

“At times it was tedious,” says Angela Young, a unit assistant at Roseville Medical Center. An SEIU-UHW member, Young was a 2010 and 2012 member of the Common Issues Committee and is headed to bargaining again in 2015. “But it keeps the conversation going, and got us where we needed to be. That’s a good thing.” 

HOW INTEREST-BASED BARGAINING WORKS

Interest-based bargaining/problem solving is a collaborative method that, unlike competition or compromise, not only leaves the relationship between the parties intact, but can even improve it.



IS THAT 'INTEREST' REALLY A POSITION?

What do you do when you've got a position masquerading as an interest? Usually, you can get to the interests that underlie a position if you listen carefully and ask the right questions. Find out the needs and concerns behind the position.

A position tells us what you want but not necessarily why you want it.

- » A spouse wants to put 5 percent of income into a retirement fund.
- » A parent wants a child in bed by 9:30 on a weeknight.
- » A union wants a 3 percent across-the-board wage increase in collective bargaining.

An interest tells us what is important to you.

- » A spouse wants enough saved to have a comfortable retirement.
- » A parent wants a child to be well rested for school the next day.
- » A union rep wants a compensation package for members that aids recruitment and retention.

TRY THIS WITH YOUR TEAM

The next time your UBT meets, be honest. Is there a lingering issue that hasn't been resolved? Bring it out of the shadows and see what happens when you use interest-based problem solving to address it.

TIMELINE OF THE NATIONAL AGREEMENT



Described commitment to “work-life balance”



Funded two Taft-Hartley trusts for workforce development



2000 NATIONAL AGREEMENT



Established the Labor Management Partnership Trust

‘The workforce development programs have been a great opportunity for our employees to further their careers.’

— **JANIS THORN**, medical assistant, Riverside Medical Center (Southern California), and vice president, United Steelworkers Local 7600



GROUNDBREAKING FROM THE GET-GO

Nemer, the Northwest region’s executive director of benefits and membership administration, regulatory services and issues management. He has worked at KP for a dozen years. “We don’t just focus on wages, benefits and working conditions. We get into how we will work together to improve the health of our members.”

One of the most extraordinary developments came with the 2005 agreement, which called for the creation of unit-based teams.

“The vision and the genesis of the partnership was involvement with the front line—so creating UBTs was important,” says LaMont Stone, a labor liaison for OPEIU Local 29 in Northern California who’s been involved in the last two rounds of bargaining. “This actually gets the frontline employee involved in decision making. With UBTs, you now have ideas going from the top to the bottom and back.” **hank**

COALITION OF KAISER PERMANENTE UNIONS
NUMBER OF REPRESENTED EMPLOYEES



1997	→	57,000
2005	→	82,000
2014	→	100,000

The first round of national bargaining was unlike anything undertaken before—and each round of bargaining since then has broken new ground.

The 2000 National Agreement was a brand-new concept. The partnership had been formed just three years earlier, and it was the first time that Kaiser Permanente and the

Coalition of KP Unions—which at that time had 33 union locals as members—bargained on a national scale.

Much of what was discussed was aspirational rather than literal. But over time, what once seemed like pie in the sky has become reality.

“We’ve accomplished a lot that you wouldn’t normally see in labor negotiations,” says Adam

‘Creating UBTs was important. This actually gets the frontline employee involved in decision making.’

— **LAMONT STONE**, labor liaison for OPEIU Local 29 (Northern California)





Noted that Martin Luther King Jr.'s birthday should be celebrated consistently company-wide

'The unit-based team structure has been very helpful and powerful for our organization. They have become the foundation of how we do our work in LMP work units.'

—ADAM NEMER, executive director of benefits and membership administration (Northwest)



2005 NATIONAL AGREEMENT



Created one contract specialist position for every 1,500 union members



Launched unit-based teams



Created UBT Tracker, a web-based application that provides teams a way to report on their work and to share best practices

CONTINUES ON PAGE 12 →

BARGAINING VIEWPOINT

THE EDUCATION OF A NEWBIE

Going through national bargaining for the first time can be a nearly overwhelming experience, as **Alan Kroll**, a member of the management team in 2012, describes here. As he discovered, the interest-based approach is a powerful tool—for bargaining and beyond.

When I was asked to serve on the national bargaining team in 2012, I was a newbie. I had never done bargaining before and didn't know what interest-based bargaining was. I quickly learned it is a skill that would serve me well, both in the bargaining sessions and in my career beyond that event.

Bargaining began with a significant investment from the LMP Trust, providing both labor and management representatives with education sessions to understand interest-based bargaining. Part of this education was to understand the landscape of Kaiser Permanente and how we were doing in the industry. It also included a look at the future, as well as the history of KP and the value of the partnership. Bernard Tyson (KP's chairman and CEO) made it clear that partnership is an asset to KP and it wasn't going away.

I worked on the Growth team, which was to find ways to help grow KP and union membership. We practiced together with scenarios, using the interest-based problem solving tools—a great way for the team members to start to trust each other.

As we went through the process, there were times we disagreed, and we worked through that. Getting through those tough conversations really showed that although we might be coming from a different place, we had the same commitment and common interests.

One of the interesting aspects of working with a national team was meeting folks from across the KP program. Although I am from Colorado, it was interesting to see that the concerns we had from our region were similar to those of Mid-Atlantic States.



'The process was a reaffirmation that we are all on the same page. Other companies haven't been able to do what we do.'

—ALAN KROLL, North Area administrator, Primary Care (Colorado)



I was a little concerned going into the process that we'd get stuck on some of the local issues. When specific regional issues came forward, we were able to quickly work through them and refocus. I was impressed with my labor partners, who really helped us move from the local issues to the strategic.

Honestly, there were times when I wondered if we were going to be able to get through it. The process was a reaffirmation that we are all on the same page. Other companies haven't been able to do what we do. We stumble and fall back on traditional methods at times, but there is power in the KP model of how we do things. **hank**

← CONTINUES FROM PAGE 11



Created the Path to Performance, a uniform system for rating UBTs

2008 REOPENER

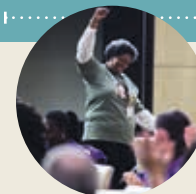
2010 NATIONAL AGREEMENT



Established Health Reimbursement Accounts



Adopted the Value Compass as a guide to decision making for all UBTs and their members



BARGAINING VIEWPOINT

WITH COLLECTIVE WISDOM, YOU CAN ACHIEVE ANYTHING

Dr. Varoujan Altebarmakian brought an unusual vantage point to 2012 bargaining: He was the only physician out of the 140 people on the Common Issues Committee.

When I was asked to represent The Permanente Medical Group at 2012 bargaining, I leapt at the opportunity. My own experience with partnership at Fresno Medical Center showed me what great things could be accomplished with collective problem solving.

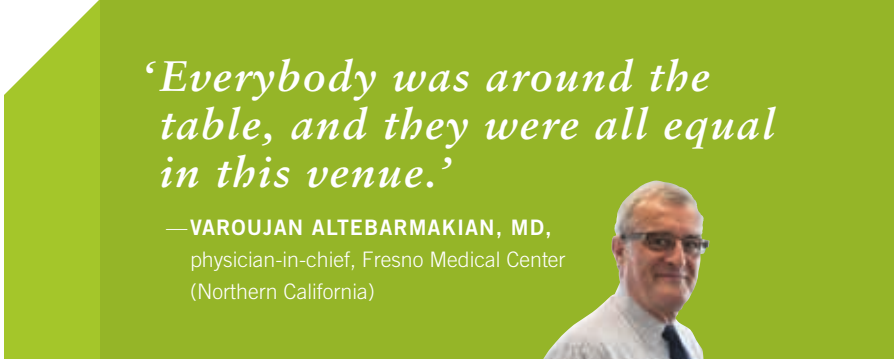
I sat on the subgroup that looked at how to improve partnership to enhance performance and Kaiser Permanente's operational agility. I was amazed at seeing so many people with different backgrounds sharing their thoughts and shaping the outcomes. From the highest levels of Kaiser Permanente and union leadership to the front line, everybody was around the table, and they were all equal in this venue. Everyone was heard and engaged.

I personally learned a lot from the different perspectives voiced by all of the individuals representing their fields. I strongly believe that collective wisdom is

better than individual wisdom, and that with collective wisdom you can achieve anything in life. Interest-based bargaining, which assembles voices from all levels and reaches of Kaiser Permanente, is a great example of collective wisdom.

Another thing that struck me—how much folks craved the physician perspective. When I spoke, all 25 to 30 people in that subgroup really listened. And there were issues where a physician perspective was critical. That was a strong message I brought back to physicians. In most unit-based teams at Fresno, there is physician involvement. The intention is to bring those perspectives together to enhance the care for our members and patients. But does that mean if I walk into a UBT meeting I'll see a doctor? Maybe yes, maybe no.

I've worked at Kaiser Permanente for 34 years, and I saw the pre-partnership years. They were



'Everybody was around the table, and they were all equal in this venue.'

—VAROUJAN ALTEBARMAKIAN, MD, physician-in-chief, Fresno Medical Center (Northern California)



contentious ones. We've had relative peace with coalition unions since partnership. That's not to say that working in partnership is perfect in every way. It can't be done without trusting each other. And how do you develop trust? Through transparency. The whole bargaining process was about transparency;

essentially, everybody could share everything. That doesn't mean people didn't disagree. The interest-based, collective approach takes into account everyone's perspectives to reach a better outcome, which is ultimately a common goal—superior care for our members and patients. **hank**



Created the Total Health Incentive Plan



'This groundbreaking program was created to benefit both the company and employees, to have more people responsible for their own personal well-being and health.'
—WALTER ALLEN, executive director and CFO, OPEIU Local 30



2012 NATIONAL AGREEMENT



Boosted funding for the Ben Hudnall Memorial Trust and the SEIU UHW-West & Joint Employer Education Fund



Began automatically enrolling new hires in 401(k) and 403(b) retirement savings plans

BARGAINING VIEWPOINT

SIGHTSEEING? MAKING A MAJOR PURCHASE? TRY IBPS.

Once you've helped bargain four National Agreements, as nurse practitioner **Pam Brodersen** has, interest-based problem solving becomes a way of life.



'Being at a round table with interest-based problem solving is the best way to move health care forward.'

—PAM BRODERSEN, NP, UNAC/UHCP,
Downey Medical Center (Southern California)



I just used interest-based problem solving (IBPS) while I was at a union convention in Philadelphia. We got five people to rent a car together and go sightseeing on our one day off. So we had to decide what to do in Philadelphia for 24 hours. We brainstormed, then identified the ideas we all supported. We went to Valley Forge, Amish country and the boardwalk in Atlantic City. It worked great. My husband and I used interest-based problem solving to make a decision about a major purchase recently. I used IBPS to get to "yes." IBPS is the easiest way to organize your mind. My mind automatically goes to it and that whole process. If a conversation gets confusing, you can go back to the structure provided by it.

Being at a round table with interest-based problem solving is the best way to move health care forward. What we do at the bargaining table with IBPS is great, but we need to do a better job bringing that back to the workplace. We can make it better by having more frontline managers at the bargaining table.

Frontline managers, especially the newer ones, need a sense of

the history and commitment of our National Agreement. And frontline managers need more support. There are still problems with backfill, with allowing employees to be involved in LMP activities.

The way we do business at Kaiser Permanente is the Labor Management Partnership, so we need to have those interest-based discussions. I've been involved in 2000, 2005, 2010 and 2012 bargaining. I am in awe of the great work labor and management representatives do—and how we can come up with common goals in a nonadversarial manner. I hope we all see it as a value. [hank](#)

Try this at home

The interest-based method works at home, as Brodersen says here. Do you have a recurring disagreement with your spouse, or a parent, child or friend? Brush up on the differences between "positions" and "interests" and see what happens when the two of you drop your positions and start to explore your interests.

SUPER SCRUBS: INTEREST-BASED HARMONY



What's



WITH YOUR
2015



2015 ATTENDANCE
CALENDAR INSIDE!



PUZZLES AND GAMES

HANK LIBS: Plan for time off

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.

A new _____ is upon us—time again to _____ for vacations and other time off. The 2015
 (noun) (verb)
 attendance calendar is a _____ tool to use. It will _____ you in _____ ahead,
 (adjective) (verb) (verb-ing)
 _____ when you are away and _____ out your remaining time off. Many teams use
 (verb-ing) (verb-ing)
 _____ ways to staff the department so that when _____ need time off for doctors'
 (adjective) (plural noun)
 _____ or _____ events, their request can be honored. If your team hasn't _____
 (plural noun) (adjective) (verb-past tense)
 ways to cover for each other for _____ off, this is a great _____ to take on.
 (noun) (noun)

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:

Woman is holding a cactus
 instead of a cup of water.

YOUR ANSWER:

TRIVIA QUESTION

Before surgical dressings of gauze and cotton were introduced, what was commonly used to cover wounds in U.S. hospitals?

- a) Flour
- b) Dried tea leaves
- c) Pressed sawdust
- d) Leather patches

WORD SCRAMBLE: Recipe for great attendance

DIRECTIONS: Unscramble these six jumbles and transfer the letters to the corresponding numbered squares to get to the final phrase about creating a workplace that inspires people to avoid unplanned time off.

ILFXETHIYLB	10									19
EMTAORWK	18		22			11	12			
CCYNTSNOISE	24	14		2	6	9	5	3		
GNETNMEAE	25	4	13	17						21
NIITAOYCTCALUB				15		23				8
SPDEEILRHAE		20	7	16			1			

YOUR ANSWER:

E	1	2	3	4	5	6	7	8	9	10	11	12	
13	14	15	16	17	18	19	20	21	D	22	23	24	25

WHO'S THAT PERSON?

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



CAN YOU NAME THIS PERSON?

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

TAKE A STEP EVERY MONTH TO IMPROVE YOUR HEALTH!

Use these suggestions with the calendar inside to track your progress. You could be eligible for a \$500 bonus under the Total Health Incentive Plan, which was part of the 2012 National Agreement and is continuing in 2015.

12
FOR
'15

Take the stairs



Breathe

12



Plan your time off

1

Adopt a healthy lifestyle goal

2



Park your car farther away and walk

3



4

Keep healthy snacks on hand

Take the total health assessment

5



Enjoy the outdoors

6



Make the most of the National Agreement

7



Stretch

8

Update your numbers (BMI, blood pressure, cholesterol)

9



Practice gratitude

10



Take the stairs

11



FOLD AND TEAR ALONG DOTTED LINE