

A Study of High-Performing Unit-Based Teams at Kaiser Permanente



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EXECUTIVE SUMMARY

The 2005 National Agreement between Kaiser Permanente and the Coalition of Kaiser Permanente Unions (CKPU) committed Kaiser Permanente to introduce labor-management unit-based teams (UBTs) in all natural work units by 2010. This Agreement, which deepened and strengthened in multiple ways the Labor Management Partnership first initiated in 1997, described UBTs as the “operating strategy” of Kaiser Permanente and the way it would achieve the goals of the Partnership.

The 2010 National Agreement negotiated by the parties builds on this work by committing the organization to double the number of “high-performing” UBTs in 2011 and increase the number still further in 2012 and 2013. The agreement specifies criteria for high-performing teams and outlines a clear development path for them.

This is an opportune moment for Kaiser Permanente to develop a better understanding of what enables high-performing teams and whether and how teams are contributing to deeper cultural and organizational change. This research focuses on teams identified within their region as “high-performing.” In particular, we focused on teams with a history of poor to mediocre performance who had

experienced substantial improvements since the implementation of UBTs. These UBTs were assessed via observation and interviews conducted with both individuals and groups.

Understanding Unit-Based Teams

The 2005 National Agreement envisions teams as natural workgroups of physicians, managers and frontline employees who work collaboratively to solve problems and improve performance. Within that high-level definition, however, we found much diversity among teams in terms of their structure, membership and approach to setting goals:

- **Large teams require different structures:** Large departments or units face unique challenges in implementing the UBT concept. We encountered UBTs that faced these challenges by establishing representative structures or developing sub-teams in order to involve more employees in the work.
- **Shared goals can unite teams with diverse memberships.** The social ties of profession or job classification are often helpful in facilitating teamwork. Most teams, however, include a diversity of job classifications. We found that a focus on shared goals helped bring these more diverse groups together.



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- **Teams need flexibility and guidance when setting goals.** Regions that gave teams complete freedom in setting goals found that teams struggled to do this. Most regions have moved toward systems that give teams more concrete guidance while allowing them to choose goals that reflect local operational challenges.

Characteristics of High-Performing UBTs

A specific objective of this research project was to identify characteristics of high-performing teams. We have divided those factors into five broad categories: 1) leadership; 2) line of sight; 3) team cohesion; 4) processes and methods; and 5) infrastructure and support. Some success factors—physician involvement, strong labor and management co-leads, etc.—have been identified in previous studies. In what follows, we focus on additional factors that have emerged from this study:

1. Leadership: Strong leadership on both the labor and management side is crucial for team success. Key aspects of strong leadership included a strong commitment to partnership from both labor and management, openness to feedback from the entire team and a willingness of managers to embrace more of a “coaching” style of management. Two factors that were identified as particularly important were:

- **Transparency of Information:** The sharing of performance information—including data on financial performance—builds trust between labor and management. Team members were able to see firsthand how staffing, attendance, workplace safety, etc., affect the budget.

- **Joint Leadership:** On most of the high-performing teams we studied, the labor leads—who were generally selected by the unionized employees—took on a very strong leadership role. For example, both parties were equally capable of running team meetings.

2. Line of Sight: A second key success factor for high-performing UBTs is the development of a clear line of sight between the actions of the teams and KP’s strategic goals. As a member of one team put it, “now we know not just what to do, but why we are doing it.” Teams employed a number of tools to make this happen, including:

- **Review Metrics and Make Them “User-Friendly”:** A key challenge for teams is to make performance metrics understandable and easily accessible. Most team members we talked to reported that efforts to make data more user-friendly and share it more widely were new with the establishment of UBTs.
- **Include Budget and Expenditure Trends in Data Review:** Employees responded very positively to the willingness of managers to share information on the department’s budget and expense trends. This helped build a sense of collective responsibility for financial performance.

3. Team Cohesion: Successful teams *feel* like teams. In many of the teams we studied, this was the result of specific actions aimed at building team cohesion, such as including physicians as team members, having a safe environment to voice concerns and holding each other accountable for performance. Some particularly important factors include:



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- **Diverse Means of Communications.**

The high-performing teams we studied communicate via several different methods so that all members of the department have a shared understanding of the work of the team. Key strategies included having regular team meetings or huddles, posting minutes or announcements around the worksite and using email.

- **Meetings Matter.** While appreciating the challenges of taking employees away from their work, most team members believe that some kind of regular face-to-face meeting is vital in building team cohesion and facilitating communication.

4. Processes and Methods: High-performing teams have used structured approaches to performance improvement, particularly the techniques that have been embedded in the unit-based team training programs. Two key tools in widespread use include:

- **Rapid Improvement Model (RIM):** All of the successful teams we studied were using RIM or a similar version of the Plan-Do-Study-Act (PDSA) approach to performance improvement.
- **Huddles:** Most of the high-performing teams we studied were making use of “huddles,” i.e. short meetings without formal agendas. Huddles are a particularly effective way to conduct team business without disrupting work flows in environments that have to run 24/7.

5. Infrastructure and Support: While the success of a unit-based team depends on many factors under its control, facility and regional leadership also have an important role to play in providing the necessary infrastructure and support:

- **The Need for Training:** Training—including adequate time for training—was identified as important, although teams are exploring alternatives to “classroom” training to minimize the impact on operations. Team members felt that training provided the team with a shared language and set of expectations.
- **The Importance of Sponsorship:** We found that consistent, aligned, and visible sponsorship is necessary for building successful relationships with UBTs. Sponsors support the work of the UBT, remove barriers when necessary, coach and mentor co-leads, and provide linkages to other resources that are necessary for the team’s success.

As a final point, a theme running through all these findings is the degree of flexibility, particularly in structures, processes and methods, shown by these successful teams. While the inclination in many labor-management partnerships in the past has been to create rigid requirements for how frontline committees function, given the variety of jobs and diverse types of work settings within the Kaiser community, it makes sense that offering teams the flexibility to function in ways that meet their particular needs would result in greater team success.