



# Unit Based Teams – Achieving Results

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# The Path to Performance

## Path to Performance

Use this poster to understand where your UBT is in the developmental process—and what it needs to move to the next level. Work with your sponsors to develop a plan for advancing through the levels.



Dimension	LEVEL 1: Pre-Team Climate	LEVEL 2: Foundational UBT	LEVEL 3: Transitional UBT	LEVEL 4: Operational UBT	LEVEL 5: High-Performing UBT
<b>Sponsorship</b>	+ Sponsors are identified and introduced to team.	+ Sponsors trained. + Charter completed.	+ Sponsors regularly communicating with co-leads.	+ Sponsors visibly support teams. + Minimal outside support needed.	+ Sponsors holding teams accountable for performance and reporting results to senior leadership.
<b>Leadership</b>	+ Team co-leads are identified or process of identification is under way.	+ Co-leads have developed a solid working relationship and are jointly planning the development of the team.	+ Co-leads are seen by team members as jointly leading the team.	+ Co-leads are held jointly accountable for performance by sponsors and executive leadership.	+ Team beginning to operate as a "self-managed team," with most day-to-day decisions made by team members.
<b>Training</b>	+ Co-lead training scheduled or completed.	+ Team member training (e.g., UBT Orientation, RIM+) scheduled or completed.	+ Advanced training (e.g., business literacy, coaching skills, metrics) scheduled or completed.	+ Advanced training (e.g., Breakthrough Conversations, Facilitative Leadership, etc.). + Focus area-specific training (e.g., patient safety or improvement tools to address human error-related issues).	+ Focus area-specific training. + Advanced performance improvement training (e.g., deeper data analysis, control charts, improvement methods via operational manager training).
<b>Team Process</b>	+ Traditional; not much change evident. + Team meetings scheduled and/or first meeting completed.	+ Staff meetings using UBT meetings (no parallel structure). + Co-leads jointly planning and leading meetings.	+ Team meetings are outcome-based; team members are participating actively in meetings and contributing to team progress and decision making. + Co-leads moving from direction to facilitation.	+ Co-leads jointly facilitate team meetings using outcome-focused agendas, effective meeting skills and strategies to engage all team members in discussion and decision making. + Team makes use of daily huddles to reflect on tests and changes made. + Team collects own data and reviews to see whether changes are helping improve performance.	+ Team beginning to move from joint management to self-management, with most day-to-day decisions made by team members. + Unit culture allows team to respond to changes quickly. + Team can move from first local project to next improvement project and can apply more robust changes. + Team measures progress using annotated run charts.
<b>Team Member Engagement</b>	+ Minimal.	+ Team members understand partnership processes.	+ Team members understand key performance metrics. + At least half of team members can articulate what the team is improving and what their contribution is.	+ Unit performance data is discussed regularly. + Large majority of team members are able to articulate what the team is improving and their contribution.	+ Team members able to connect unit performance to broader strategic goals of company. + Full transparency of information. + Team is working on questions of staffing, scheduling, financial improvement.
<b>Use of Tools</b>	+ Not in use.	+ Team members receive training in RIM+, etc.	+ Team is able to use RIM+ and has completed two testing cycles.	+ Team has completed three or more testing cycles, making more robust changes (e.g., workflow improvement rather than training).	+ Team using advanced performance improvement training (e.g., operations manager training). + Team can move from initial project to next improvement effort, applying deeper data and improvement methods.
<b>Goals and Performance</b>	+ Team does not have goals yet.	+ Co-leads discuss and present data and unit goals to teams.	+ Team has set performance targets, and targets are aligned with unit, department and regional priorities.	+ Team has achieved at least one target on a key performance metric.	+ Team is achieving targets and sustaining performance on multiple measures.

Need copies of the Path to Performance? Download it at: [LMPartnership.org/tools/poster-path-performance](http://LMPartnership.org/tools/poster-path-performance)

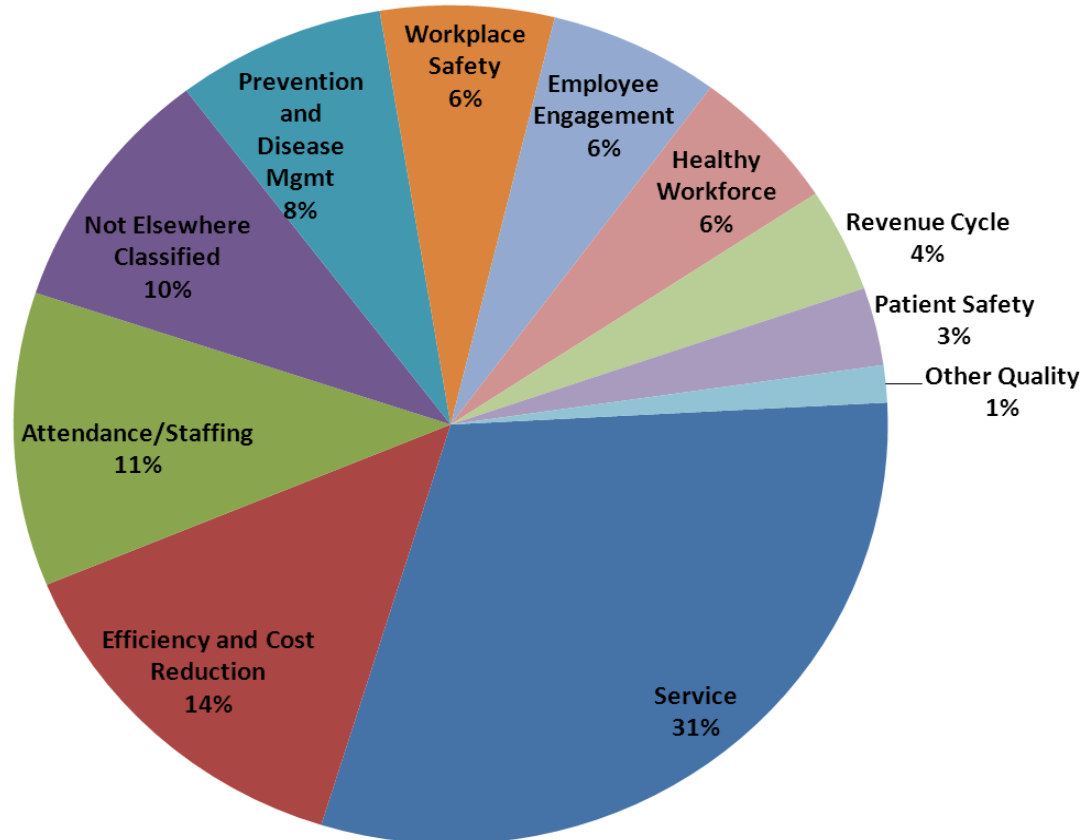


Success of a team is achieved by evolving the team across the Path to Performance on seven (7) critical dimensions.

- ❖ Sponsorship
- ❖ Leadership
- ❖ Training
- ❖ Team Processes
- ❖ Team Member Engagement
- ❖ Use of Tools
- ❖ Goals and Performance

# UBT Project Areas

2012 UBT Projects Through 9/30/12



5,660 UBT Projects initiated in 2012 as of 9/30/12

# How Do We Select Projects?

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# Focusing On Workflows To Control Hypertension



## Largo Adult Medicine UBT

Last year, the Largo Medical Facility had 11,400 members with uncontrolled blood pressure. The team wanted to see who was slipping through the cracks in terms of blood pressure management- and why.

### What did they do?

- Followed up machine blood pressure readings with manual readings
- Standardize process for taking blood pressures
- Sent patients with repeat high blood pressure readings to a nurse practitioner or pharmacist for further treatment or counseling
- Focused outreach calls on patients with chronic hypertension

### Results:

*The percentage of patients with controlled hypertension rose from 64% in May 2011 to 73.6% in September 2011. They have spread their successful practices across their service area, impacting more patients. The team has continued to improve, hitting 80% and above since April 2012 on the Regional Quality Scorecard.*

## Shady Grove Adult Medicine UBT

In mid - 2011, this UBT could not move it's HEDIS scores for mammograms past the regional target. Members could not readily access a mammogram appointment and in many cases did not follow-up.

### What did they do?

- The team standardized a process to facilitate getting patients in for mammograms; which in most cases happened the same day
- Working agreements and an established workflow with radiology helped the UBT identify the best times to send members for mammograms so members were not turned away, or encounter a long wait



### Results:

*In three months, the team met its goal of reaching the regional target—an 87 percent mammogram screening rate. They have met or exceeded this goal every month in 2012.*

# Controlling Hypertension Through Teamwork

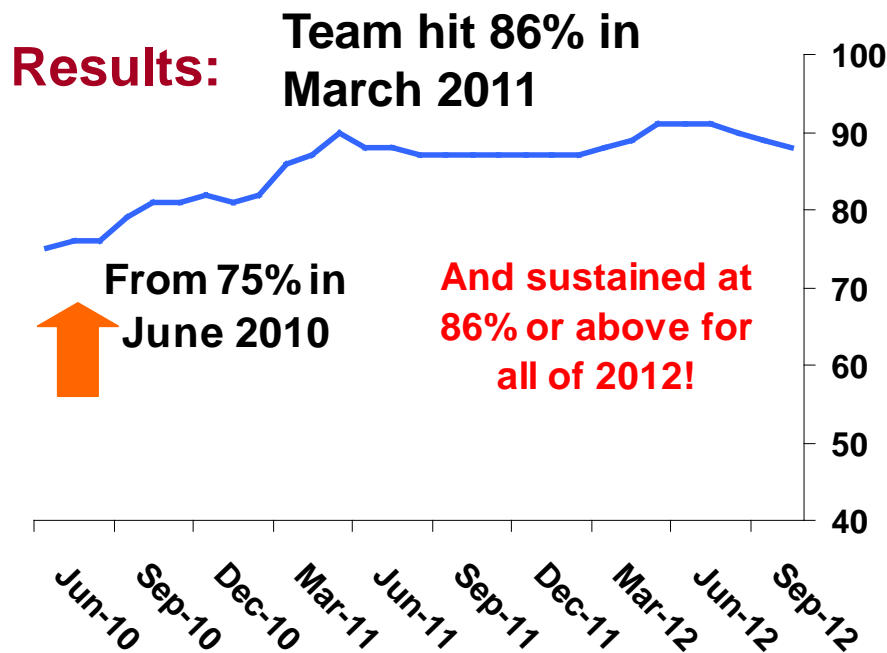


## Burke Primary Care UBT

In 2011, this UBT tackled control of hypertension in their Adult Primary Care population. Their successful efforts led to successful practices that have been spread to their service area.

### What did they do?

- The team standardized a process to outreach to members to come in for blood pressure checks
- Captured members who were in the pharmacy (and other departments) helped the team meet their goals
- The team checks their performance monthly and responds when not meeting goal



# Improved Service Though Team Communication



## Tyson's PT/OT UBT

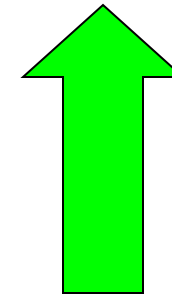
The Tyson's PT/OT UBT tackled service as a project, working as a team to improve personal and responsive service in their department. Communications between each other served as the cornerstone for this important work.

### What did they do?

- All staff participated in Communication Service Training to include Service Recovery
- Providers and PT Assistants developed practice agreements to help them work better together
- The clinical staff initiated use of a portable phone system to enhance communication with each other
- The team developed and implemented scripting to help them find the right words at the right time

## Results:

Q4 2011  
**73.9%**  
Personal and responsive service



Q3 2012  
**78.5 %**  
Personal and responsive service



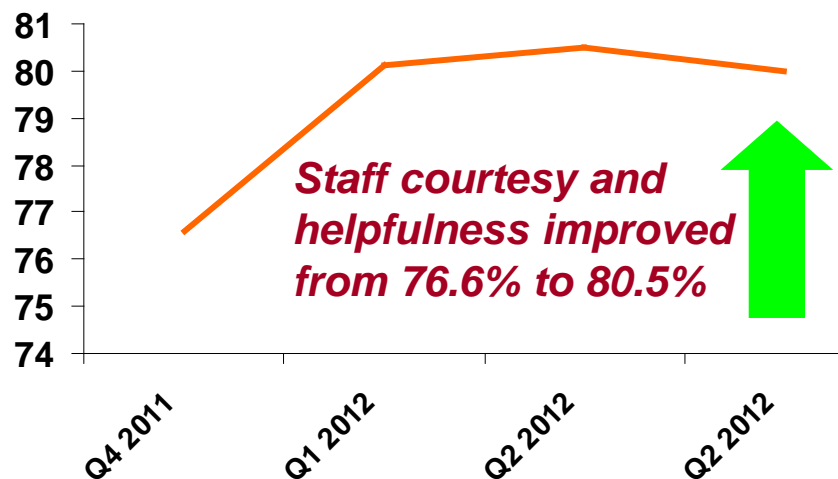
# Building A Service Culture in Urgent Care

## Largo Urgent Care UBT

Largo Urgent Care was trying to do a lot of things well in their department- but their member service scores didn't reflect it.

### What did they do?

- Invited members to their meetings to understand the member's expectations
- Created scripting using best practices from their team members
- Collected data monthly from members about their experience in Urgent Care
- In concert with other departments worked on decreasing total cycle time



# Give A Little Jingle for Service

## Reston Peds UBT

Time is of the essence with pediatric patients and their families- our littlest ones have low tolerance for long waits! Reston Peds tackled wait time for signed orders to decrease the time in the clinic spent waiting.



## What did they do?

- Changed their workflow to immediately route orders to the provider so that they were signed in a timely manner
- Start of session huddles to discuss workflow impacts
- Agreements with providers and all staff to ensure adherence to workflow changes
- Nurses shake jingle bells in the hallway as an auditory reminder to providers and staff that patients were waiting for orders to be signed for treatments

## Results:

*In 3 months, the team reduced the average cycle time for nurse appointments from 23 minutes to 16 minutes- and their patients love to hear the jingle bells ring! Signed orders also protect the patient's safety. Team is sustaining their improvements and are now tackling other quality and service improvements.*

## Silver Spring Clinical Contact Center

Focusing on handling difficult customer service situations helped this team improve their workplace.

### What did they do?

- Weekly customer service tips on a whiteboard at the center
- Assessment of everyone's customer service knowledge and skills
- Just-in-time trainings based on individual needs
- Individual coaching on customer service skills aimed at developing a comfort level with service and service recovery situations
- Colorful desktop posters with additional customer service tips



### Results:

*The number of employees reporting discomfort dealing with difficult callers decreased from 59% to 11%, over a 4 month period. Natasha Crockett, Manager, says, "You could hear it in their voices as they spoke with members on the phone."*

# Cash Handling At the Front Line

## Woodbridge Pharmacy UBT

The Woodbridge Pharmacy tackled cash handling as a project- inconsistent processes had created a significant loss of revenue in their department.



## What did they do?

- The team mapped their cash handling processes and revealed significant variation and best practices (process mapping)
- They standardized their process and provided training to all staff on the refined process
- Staff who met their personal goals were given certificates (recognition) which were displayed in the department and the weekly cash handling results were posted every week

## Results:

*The team reduced the number of miscount errors, over an 8 week period from 13 per week in March 2012 to 6 per week in May, 2012 and have continued to make steady improvements. They are sustaining these improvements and have moved on to other areas of improvement in their department*

# Questions?

For more information visit: [LMPartnership.org](http://LMPartnership.org)

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