



Cornell University Healthcare Summit

Why Unions Need to Lead on Quality Improvement: Why They Get Results

John August, Executive Director
Coalition of Kaiser Permanente Unions
December 11, 2012

Our challenge

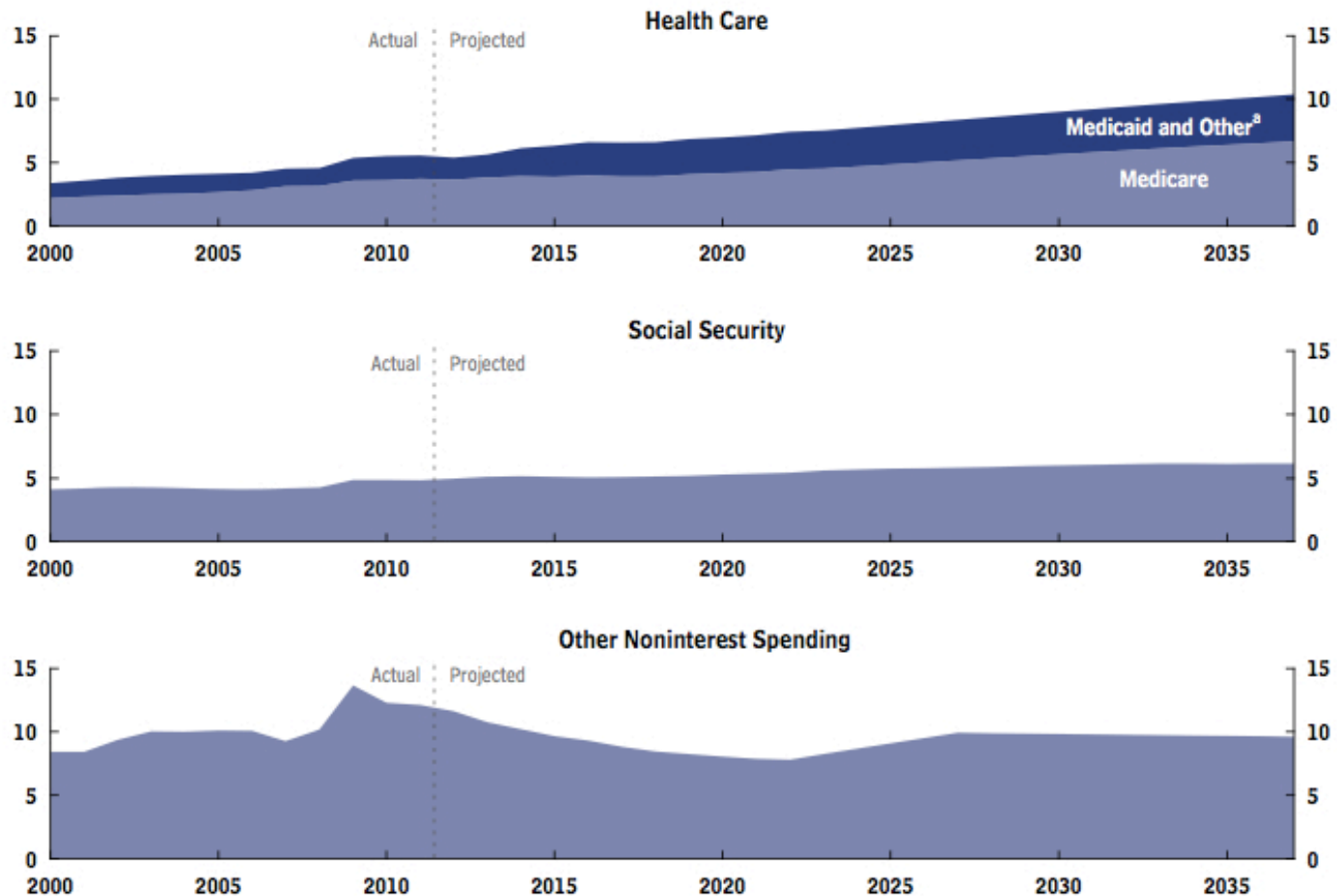
**It boils down to one word –
it is our ethical responsibility to make
health care**

Affordable

The deficit is all about health care

Components of Noninterest Spending Under the Extended Alternative Fiscal Scenario

(Percentage of gross domestic product)

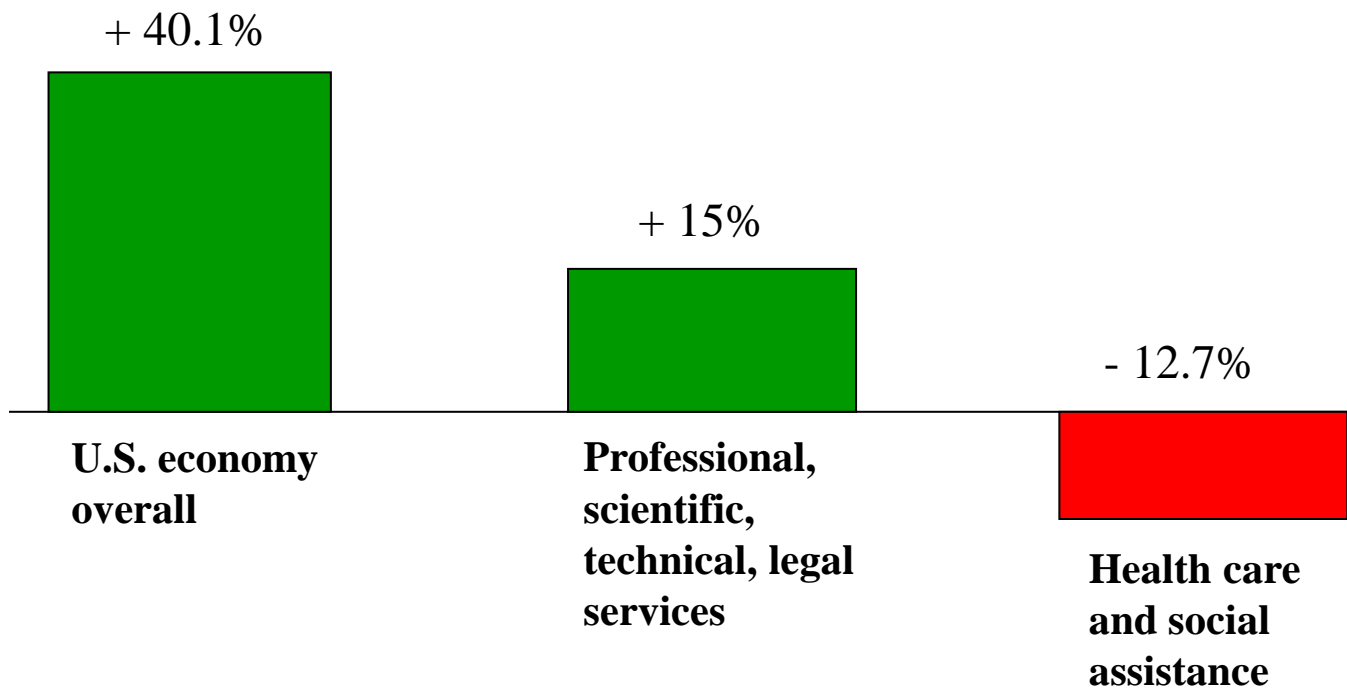


Source: Congressional Budget Office, *The 2012 Long-Term Budget Outlook* (June 2012).

How we can lead: Add more value

Labor productivity gap for health care

Compound growth rates, 1990 - 2010



Source: Bureau of Labor Statistics, New England Journal of Medicine

Our stark choice

The choice is stark: chop or improve.

“If we permit chopping, I assure you that the chopping block will get very full – first with cuts to the most voiceless and poorest of us, but, soon after, to more and more of us. Fewer health insurance benefits, declining access, more out-of-pocket burdens, and growing delays.

If we don't improve, the cynics win.”

- Don Berwick, past administrator,
Centers for Medicare and Medicaid Services



Chop or improve?

We know from documented experience that the best way to create value is through an engaged workforce and continuous improvement.

Taking the waste, cost, errors, and inefficiencies out of the system can only be done at the front line, by a respected and secure workforce.





Our Journey to Level 5

Nutrition Services Department Unit Based Team

Thanh Thach Nutrition Clerk, Elizabeth Bailey Food and Nutrition Manager, Diane Sanchez Nutrition Partner, Regina Amarillas Nutrition Partner, Sajida Arsiwala Registered Dietitian, Kerrie Severo Nutrition Partner, Evelyn Lanzalotti Food Services Supervisor

Team Overview



Inpatient Nutrition Services

- **UBT kicked off on December 28, 2009**
- **Total of 27 staff members in the department**
 - 7 UBT representatives attend meetings
- **Team co-leads:**
 - Elizabeth Bailey, Management Co-lead
 - Thanh Thach, Labor Co-lead
- **Team sponsors:**
 - Terri Simpson-Tucker, Management Sponsor
 - Lynette Harper, Labor Sponsor

Nutrition Services World Class Hospital Mission Statement

Created by the UBT

Kaiser Permanente San Jose Nutrition Services is committed to providing **WORLD CLASS SERVICE** to our patients of all cultural diversities with our skilled and competent Registered Dietitians and through our specialized VIP meals, Catered to YOU, and Celebration Meal programs. We will fulfill our patients' nutritional needs in a quick and pleasant manner **ALWAYS** remembering they are the reason we are here. Our team will continually seek ways to **WOW** our patients with service in unexpected ways to ensure smiles throughout their stay.



UBT Communication Process / Tools

Open Issues Log

OPEN ISSUES LOG RECORD 2012

OPEN ISSUE	DATE RECORDED	STATUS	COMMENTS
1. Problem w/ <u>spectralink</u> phones	4/2/12	Called company for replacement	Resolved 7/3
2. Isolation menu line indicator light for voicemail	4/6/12	Still wait for IT	Resolved 7/5
3. 6 th floor refrigerator/freezer combo is out of order.	4/8/12	Called eng	
4. Labeler broken	5/16/12	Sent to get about 2 wk	
5. 3 rd floor roll-in lock broken	8/29/12	Called eng	
6. Gnats in kitchen	8/25/12	Reported t	
7. Coffee cups too hot to handle. Need sleeves. Cups/bowls/lids don't fit.	8/22/12	Ordering	
8. Soup lids/cups ran out	9/10/12	Ordering	
9. Hot water on 3 rd floor runs slow/calcium deposits	10/8/12	10/9/12	

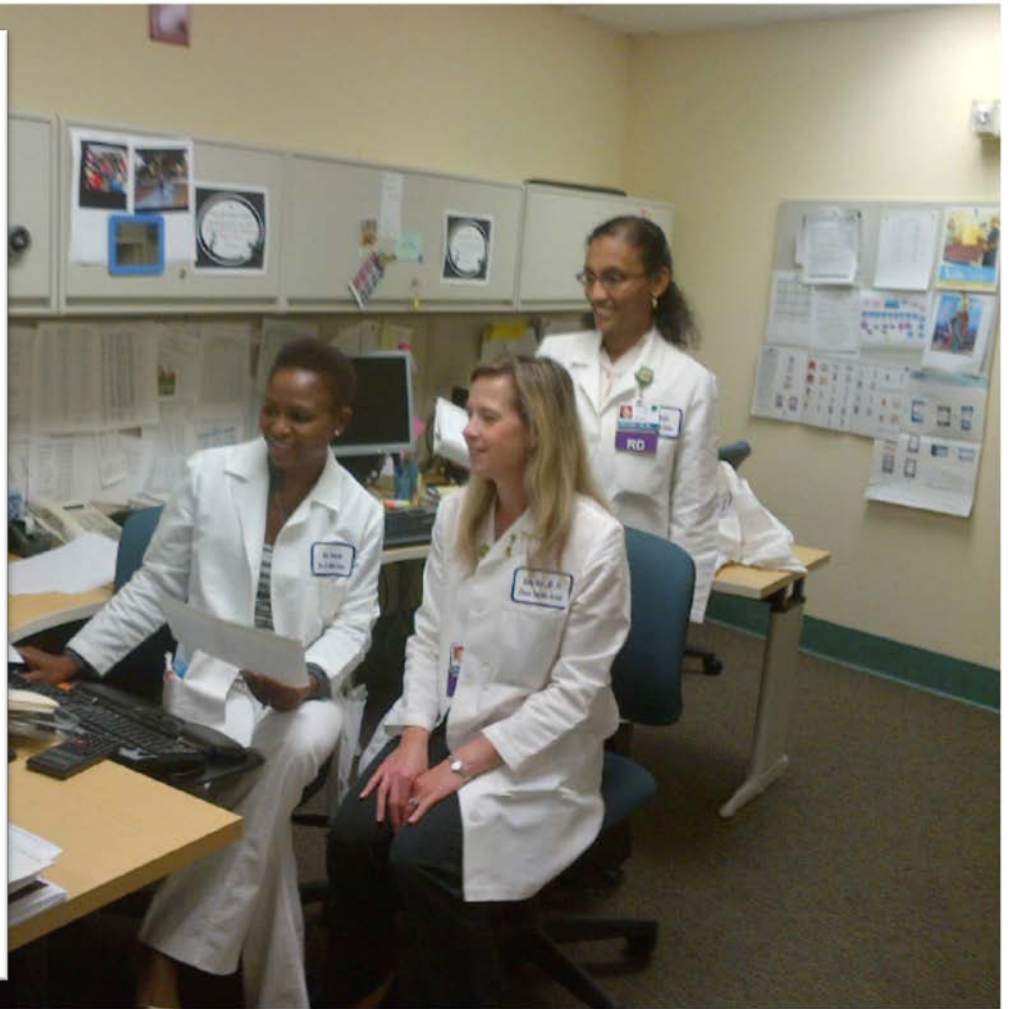


UBT Communication Process / Tools

Department Bulletin Boards



Department Huddles – Daily Huddles Work



Frontline Staff Engagement Strategy

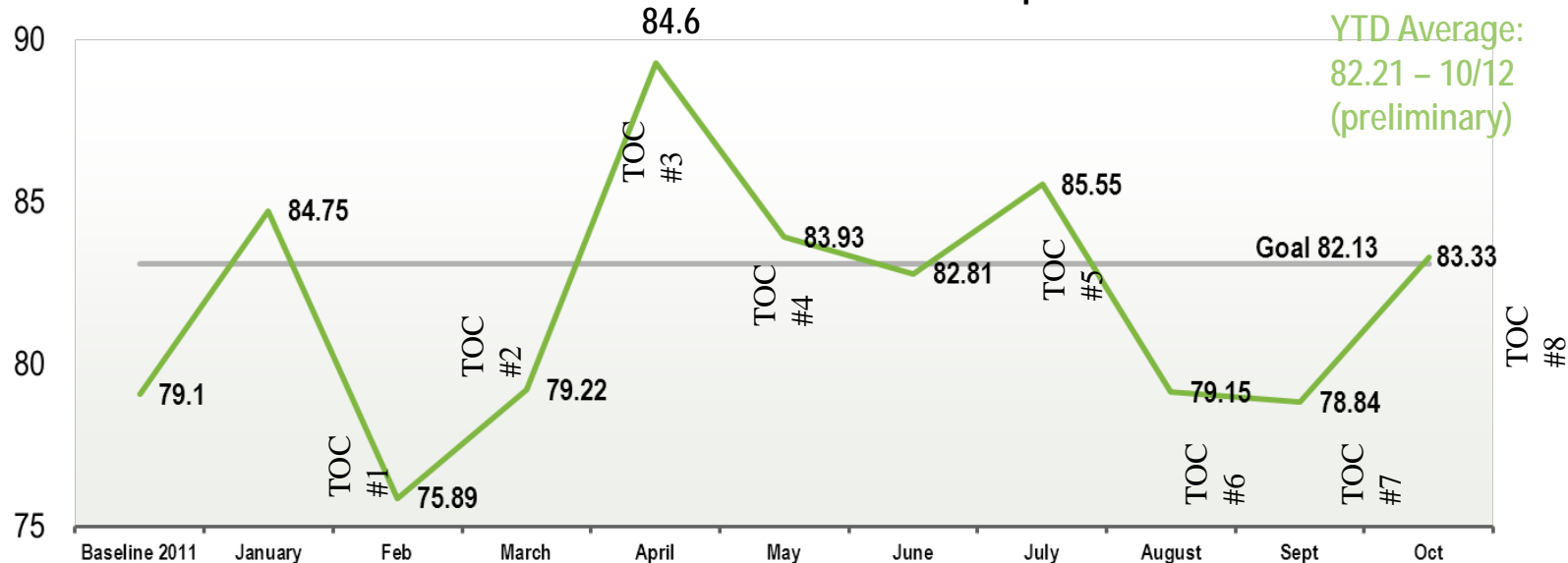
- In 2011, did an engagement campaign to assess level of knowledge of UBT projects and accomplishments and changed communication plan as needed.
- Education to all department staff on the UBT process
 - UBT Member Orientation class
- Strong 2-way Communication Plan
 - Monthly UBT Newsletter/talking points
 - UBT Update at staff meetings & huddles
 - Each UBT representative is assigned to 4 department team members
- Projects are consistently initiated by frontline staff using brainstorming, surveys and suggestion box
- All frontline staff participate in Tests of Change

SMART Goal #1

- San Jose Nutrition Services department will increase our top box score for courtesy of food service staff by 3 points from the 2011 baseline of 79.1 by December 31, 2012

SMART Goal #1 – Annotated Run Chart

Courtesy of Food Service Staff 2012
HCHAPS Data for SJO IP Nutrition Services Department



Tests of Change

- #1: Developed WOW recipes
- #2: NNM Wow Event
- #3: Vacant positions filled decreasing doubles
- #4: Spectralink Phones Repaired
- #5: Implemented of service rounds refresh audits
- #6: Implemented nightly call to house supervisor and ED for patient needs.
Moved to 1 3rd floor staff member in AM for productivity.
- #7: WOW Event – Ice Cream
- #8: Implemented coffee taste improvement project

Please note: HCHAPS scores lag 3-months behind

**While waiting for HCHAPS data department staff perform monthly patient satisfaction surveys

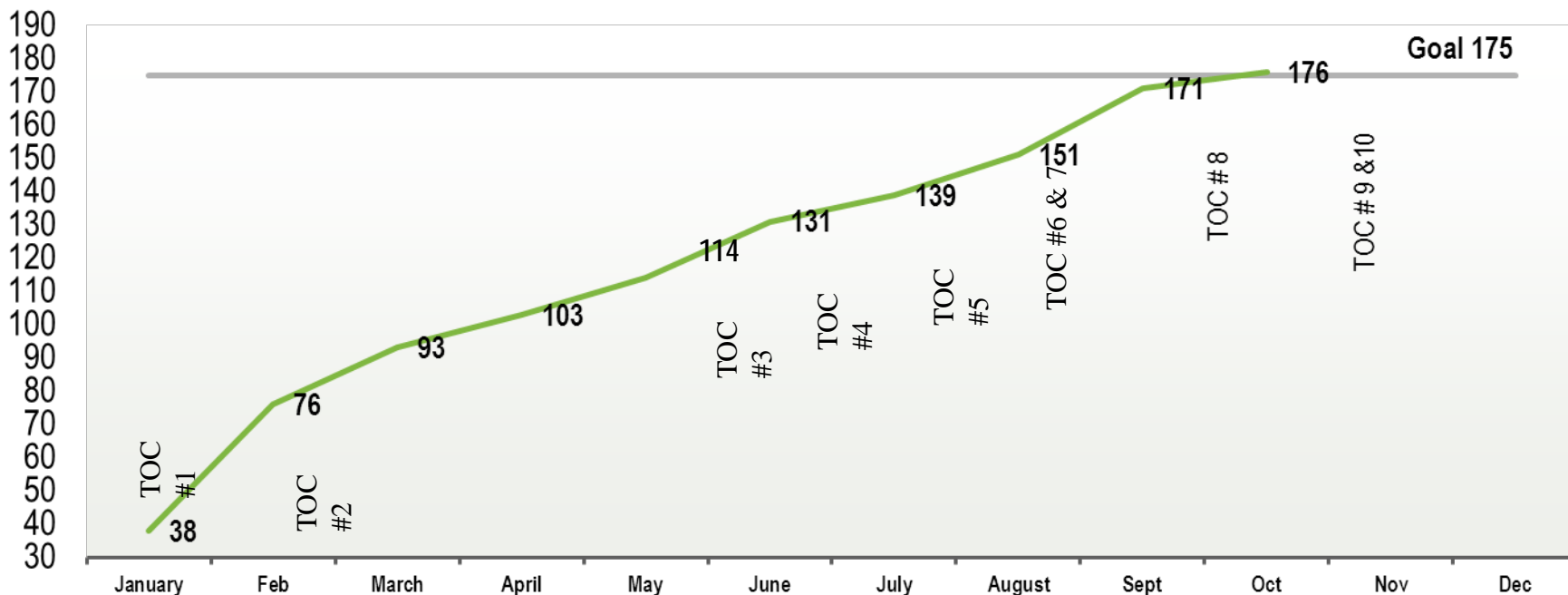
SMART Goal #2

- San Jose Nutrition Services department will increase the percentage of patients appropriately identified as having PCM by 5% as a threshold, 10% as a target, and 15% as a stretch from baseline of 153 diagnosis per 10,000 members (2011 DEC YTD) by December 31, 2012.

SMART Goal #2 – Annotated Run Chart

SJO Patient Calorie Malnutrition Patients Diagnosed - 2012

#



Tests of Change

#1: PCM Committee initiated

#2: Conducted HBS In-service

#3: Outpatient (OP) RDs PCM subgroup initiated

#4: PCM KPHC report initiated

#5: OP PCM subgroup process flow drafted

#6: Conducted Ortho doctor In-service

#7: Worked with Adult Services team to develop process for documenting accurate patient weights. Posted PCM posters on floors.

#8: Conducted ED inservice

#9: Trained trainer on PCM in ICU

#10: Home Health inservice to Nursing on PCM

- Each Medicare Patient Diagnosed = \$6,500 reimbursement payment to KP
- Total Return on Investment for this project is \$1,144,000

Overall Dept. Metric Performance in 2012

- 2012 Department People Pulse completion – 100%
- People Pulse Scores 2011-Found 3 areas to capitalize and 0 items to act on. Our work unit index was 94% and we were tied for #1 in the facility
- Attendance reduction - From 2011 baseline of 4.11 to 3.72 as of PP23
- Workplace Safety – Zero injuries for 3 years
- Overtime reduction – From 2011 baseline of 2.4% to 1.9% as of PP23

Culture Before UBT

- Two to three years ago there was a feeling that the staff had a lack of engagement in a positive way. The Nutrition Services staff has always "been in the know" in the department but not always in a positive light.
- Some staff assumed their own version of the truth and didn't verify facts. The staff seemed lost with nowhere to voice their concerns.
- Very few staff spoke up directly about concerns. Concerns were heard through the grapevine.

Culture Shift After Developing the UBT

- "Before the staff tended to put all the work on management to do and now we see we need to have a part in solving the problems in the department" – *Thanh Thach*
- "Getting feedback from the UBT representatives to the staff about the importance of timely follow-up has definitely helped staff have the information they need to share and follow up on their concerns" – *Elizabeth Bailey*



Best Practices / Tools



Communication

Listen to and use feedback from frontline staff they have the best ideas



Data Collection

Keep it simple! Get frontline staff involved in the process of collecting data

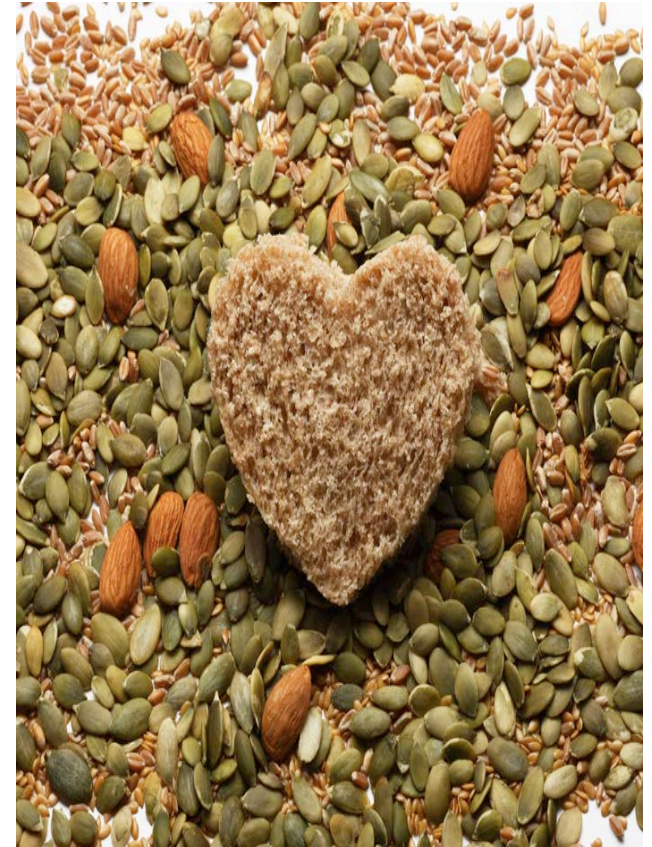


Consistency

Meet regularly, complete action items, engage with sponsor and make time for each other

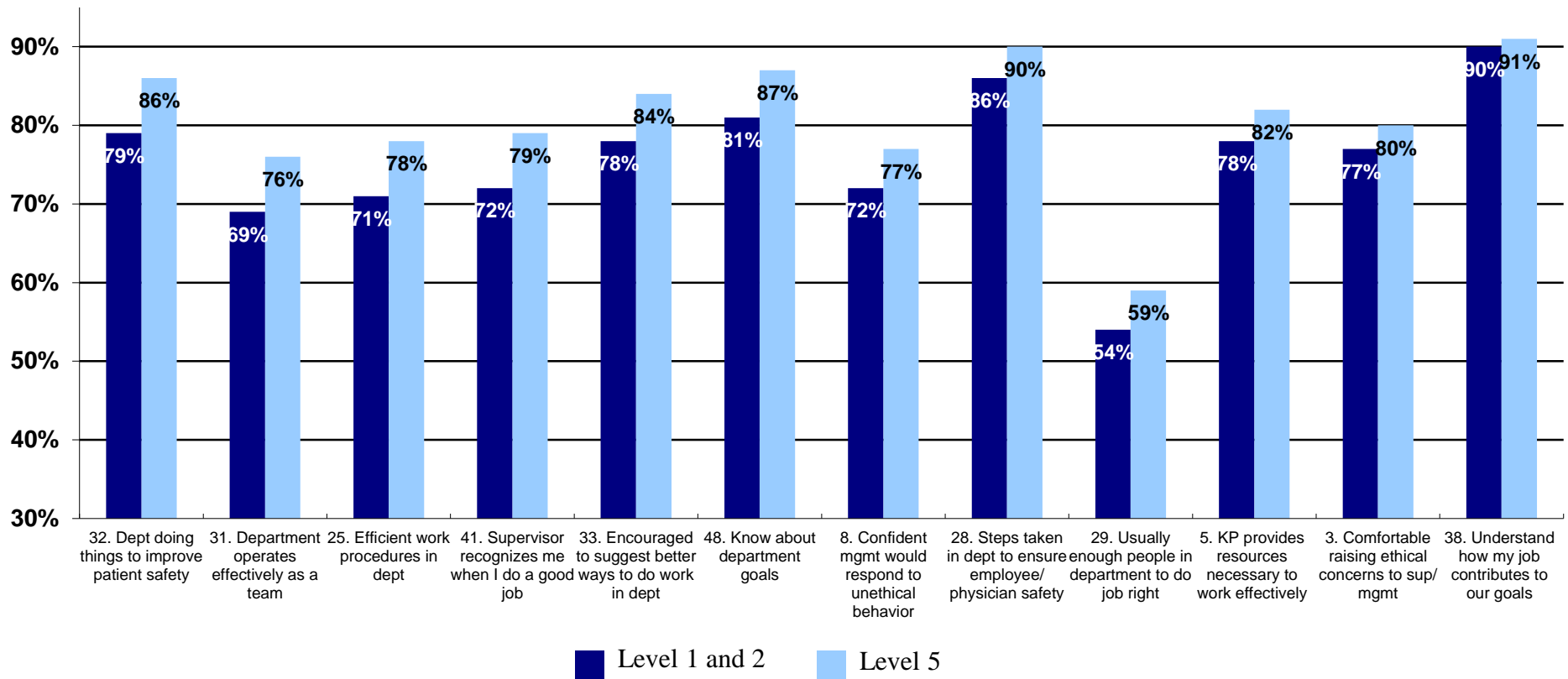
Advice to Other Teams

- Respect each other
- Invest time in team building
- Develop common interests to help focus on patient centered results
- Transparency
- Have fun!



How UBTs impact culture

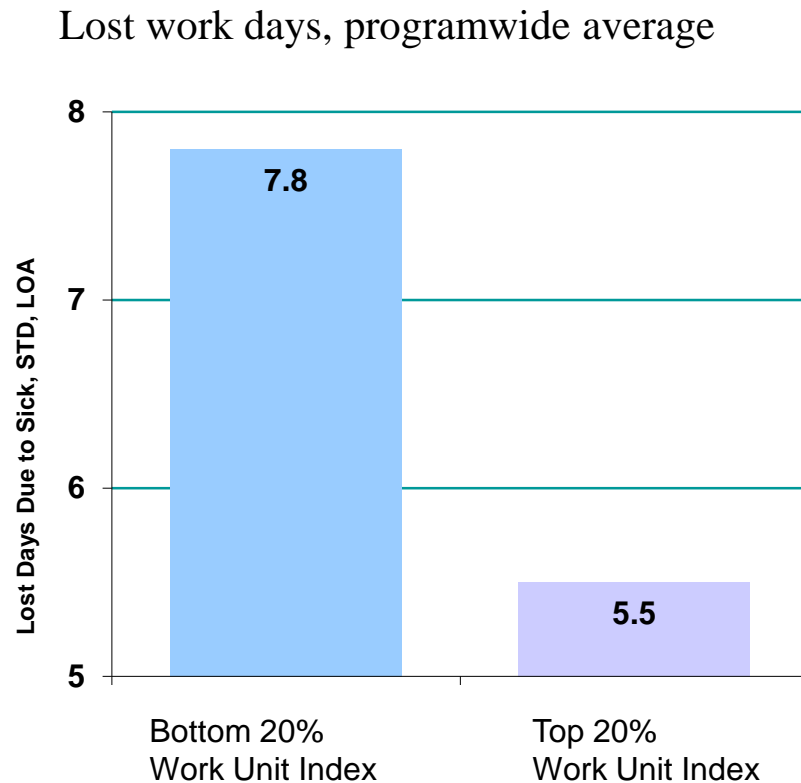
UBTs with higher Path to Performance scores also have higher scores on 12 employee survey items related to performance.



Source: People Pulse 2011 Survey; UBT Tracker

How culture impacts performance

Departments with high Work Unit Index results have less lost time

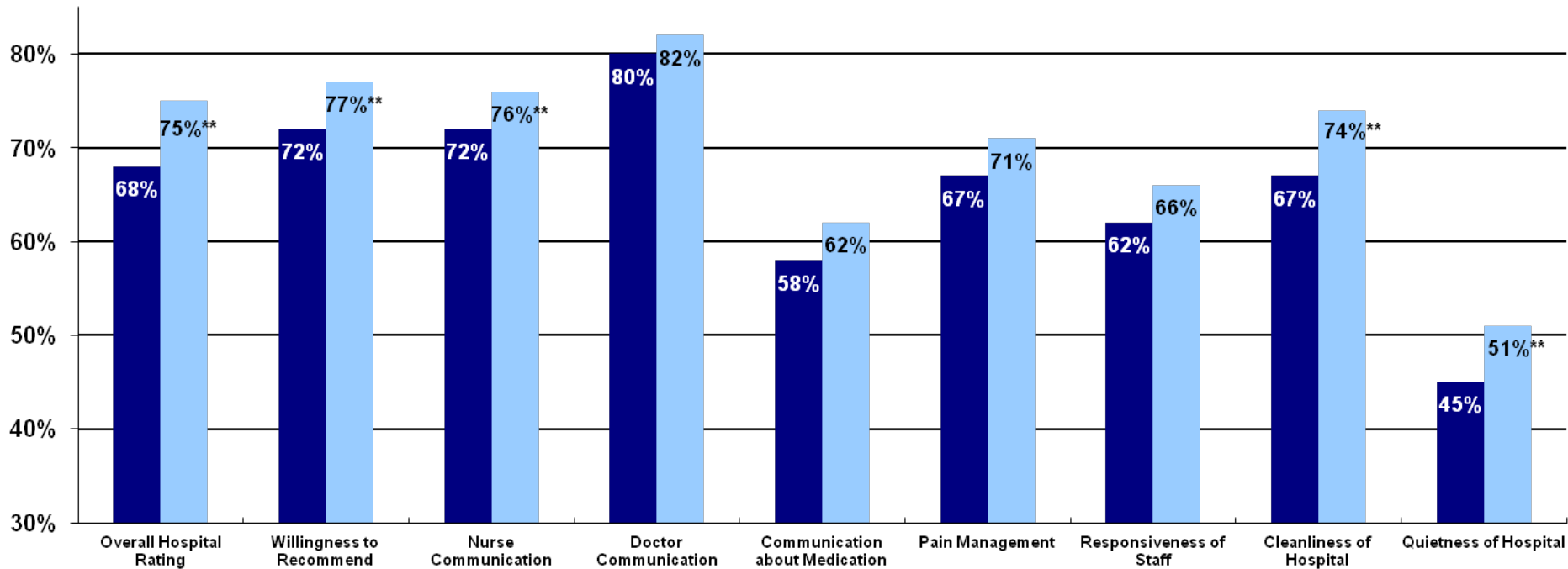


How culture impacts performance

High-functioning UBTs have higher service scores

■ Level 1 — Pre-Team Climate UBT *

■ Level 4 and 5 — Unit-Based Team/ High-functioning UBT *



Inpatient Service (HCAHPS)

How do we do this?

1. Make the case for change
2. Respect work
3. Trust and believe in worker empowerment: All knowledge is within the lives and experience of frontline workers
4. Use organizing methods: Establish the goal, understand the problem, think backwards, execute, assess, intervene, record results
5. Ground our work in the social mission of the union: economic and social justice
6. Lead on the principle that *performance is a union issue*
7. Create a learning organization
8. Create an atmosphere of psychological safety: all questions and comments are valid; eliminate fear culture

How do we do this?

9. Establish team goals that are strategic
10. Establish a team charter
11. Begin small tests of change
12. Use data all the time with complete transparency
13. Reward and recognize
14. Focus on Value
15. Line of sight
16. Sponsorship
17. Leadership
18. D.I.A.O.A (do it all over again)



A different vision and model

Union Coalition legacy statement

We have demonstrated that empowered health care workers deliver higher quality care at a more affordable cost—and in so doing, create the value that provides for industry leading wages, benefits and quality of work life. Our model serves to inspire the movement for affordable, high quality universal health care.

Seven kinds of courage

1. The COURAGE to aim high
2. The COURAGE to search outside
3. The COURAGE to compare
4. The COURAGE to trust the workforce
5. The COURAGE to trust the patients
6. The COURAGE to test change and make mid-course correction
7. The COURAGE to ask' "What am I a part of?"

- Don Berwick, past administrator,
Centers for Medicare and Medicaid Services

