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# UBT FAIR



Getting to High Performance

September 9, 2014



# Today's Teams

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- Glenlake registration (Georgia)
- San Jose Inpatient Pharmacy (NCAL)
- Ontario Perioperative (SCAL)



# A Few Logistics

- To minimize noise, attendees have been muted upon entry
- Please use the chat box at the lower left of your screen to type in questions and comments
- Link to slides and audio will be posted to the LMP website
- Link and resources will be emailed to today's attendees later today

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Glenlake (GA) Registration  
September 9, 2014



# Our Team



Name	Title/Classification/Union
Susan Gooch	Management co-lead
Kenneth Neal	Labor co-lead, PSR, UFCW 1996
Andrew Shelton	CSC, UFCW 1996
Briana Sanders	CSC, UFCW 1996
Curtiss Wells	PSR
Evelyn Jeter	CSC, UFCW 1996
Janice Frazier	CSC, UFCW 1996
Linda Lymon	CSC, UFCW 1996
Marco Ingram,	CSC, UFCW 1996
Monique Fleming	CSC, UFCW 1996





# Our Story & Challenges

- In Dec. 2013, the team was a Level 1
- The co-lead performed all UBT work.
- As a team, we had to really evaluate each member.
- We realized many of the team members did not understand the purpose or function of a UBT.

*“Crawl before you can walk”*



# Our Story

## *“Reborn”*

- ✓ Team charter created.
- ✓ The team began to operate with clarity and began to understand that the UBT is their vehicle to have a say in their work.
- ✓ Attendance and participation improved.
- ✓ Quality of project ideas improved.
- ✓ We began to assess ourselves at higher levels.



# Our Charter



## **Glenlake CSC's Team Charter**

### **Purpose**

The team is a natural, local work group made of staff and managers working collaboratively to solve problems and enhance quality for tangible and quantifiable results. Together they are accountable for improved performance of Kaiser Permanente.

### **Goals/Objectives**

1. Continuously develop on the **Path to Performance** moving from Pre-Team Climate to High Performing among the 7 dimensions: Sponsorship, Leadership, Training, Team Process, Team Member Engagement, Use of Tools and Goals & Performance.
2. Goals and Performance will be aligned with the **KPGA Regional Business Goals and Measures** in all partnership and team activities to include: Affordability, Quality, Bring KP to Atlanta, Go to Market, and Performance Culture.
3. Goals and Performance will be aligned with the **Value Compass** in all partnership and team activities to include: Best Quality, Best Service, Affordability, and Best Place to Work.
4. Performance improvement work will be completed using **RIM** – the **Rapid Improvement Model** processes.
5. Team progress will be documented in the UBT tracker.

### **Membership**

1. Membership will include a minimum of (1) member of the partnership union and (1) member from management, and (1) member from TSPMG (when appropriate).
2. All staff and managers in the department will be invited to participate in team meetings.
3. Partnership union members will select the labor co-leads, management will select the management co-lead, and TSPMG will select the provider co-lead.
4. Co-lead transitions will be seamless. A new co-lead will be in place within 3 weeks and no role shall be vacant at any given time.

### **Quorum**

1. **5** members must be present to conduct a meeting.
2. **5** members must be present to make consensus decisions.
3. Decisions necessary between meetings will be made by: **Team Co-Leads**
4. The following work can be done without a quorum:  
**Lotus Notes invites, agendas, pre-planning, and set up meetings**





# Our Improvement Projects

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- Radiology outreach: We reduced complaints and cancellations from patients who did not know about their copayments for MRIs and CT scans from 12 per week in July 2013 to 0 per week in August 2013 by making outreach calls 48 hours before appointments.



# Our Improvement Projects

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- Created a “cheat sheet” to orient supplemental (float) staff to reduce missing paperwork & improve efficiency. We reduced complaints from back office staff from 3/week to zero within four weeks



# Projects in Progress

To reduce confusion and unnecessary delays, we are giving a red badge to patients who arrive with two back-to-back appointments. This alerts the patient and staff that two check-in's are needed.



# Red Badge

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# Projects in Progress

To increase staff autonomy and accountability and reduce last-minute absences, we are experimenting with self-scheduling.



# Our Best Practices

- Communicate using SameTime
- Rounding on fellow staff and patients (to increase our interaction)
- Self-scheduling, including sharing and switching assignments
- Sponsor regularly sharing information regarding expectations and KP's goals



# Our Key Learnings

- Use performance improvement tools such as process mapping
- Collect data with simple instruments such as paper tally sheets
- Choose projects that align with you region's key strategic priorities
- The "R" in RIM stands for rapid



# Sustainability Plan

## *The Three C's*

- Connect with our team and our members by **aggressively** looking for projects that impact our region's strategic priorities
- Commit to continue to review & evaluate past and current projects
- Communicate daily to discuss updates and changes





# Our Rewards & Recognition

- Our successful practices have spread to other facilities
- Georgia KP intranet site article
- LMP virtual UBT fair today!



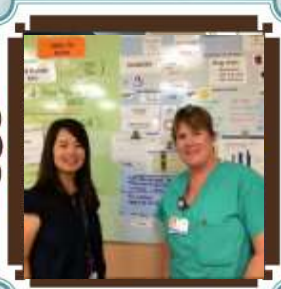
# Questions

- Questions for the Glenlake registration team
- Please use the Q and A box. Look for the blue question mark at the top right of your screen

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Inpatient Pharmacy  
San Jose, Sept. 9, 2014



# Our Team



<b>Name</b>	<b>Title/Classification/Union</b>
Alice Tang	Inpatient Pharmacy manager, management co-lead
Judy Gubatan	Pharmacy technician, labor co- lead, SEIU UHW
Anita Nguyen	Inpatient pharmacy director, management sponsor
Lex McAfee	Orthopedic technician, labor sponsor





# Our challenges

- Management driven
- “Going through the motions”
- Poor communication
- No understanding about “What is a UBT?”
- Staff thought that it was another “manager meeting”
- Staff didn’t have a voice
- Morale and engagement was very low



# Our Story from San Jose

- Going from Level 1 to Level 4
- And downhill 4 to 1
- Believe it or not, Level 1 to 4 again!





# Our Best Practices

- In-person team assessment with UBT consultant, UPR and sponsors
- 90-day plan with clear goals.
- Educated staff to create ownership over the UBT process.
- Co-leads as facilitators for UBT meetings.
- Staff participated and brought up issues at huddles.
- Twice daily huddles (morning and afternoon) with notes emailed to all staff members.



# Our Successes

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Before

After







# Our Successes

- Reduced drug wastage from \$28,087 to \$12,791 or 55% from 2013 to 2014
- Decreased drug wastage by 21% from 2012 vs 2014
- Average drug cost saving per month is \$130,031



# Our Key Learnings

- Be transparent about budget and department operations
- Design good process in writing as guideline for all staff
- Communicate regularly to all team members
- Empower employees to question and give input on processes
- Encourage ownership and accountability



# Our Rewards & Recognition

- Presented in July at an event for national LMP tri-chairs in San Jose
- Recognition at the Joint Departmental Manager meeting by San Jose Medical Group Administrator, The Permanente Medical Group



# Questions

- Questions for San Jose inpatient pharmacy team
- Please use the Q and A box. Look for the blue question mark at the top right of your screen

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Perioperative UBT  
Ontario, CA, Sept. 9, 2014



# Our Team

Name	Title//Union
Mary Rodriguez, MSN/Ed, RN	Management co-lead,ACD
Michelle Tolentino, MSN/Ed, RN	Co-lead, UNAC, Pre/PACU RN
Maria E. Guillory	Co-lead, 7600, Unit Secretary
Miriam Lapena, MSN/Ed, RN	Management, Pre/PACU ACD
Shawn Winnick, MD	Physician Director, Surgical Services, OMC/OVASC
James Hale, CAT	Anesthesia Tech, 7600
Quinn Jackson, CST	OR Tech, 7600
Toby Dingle, MBA, RN	Anesthesia, ADA
Queenie Paris, ADN, RN	OR RN, UNAC
Dominic Pisigan, MSN, NP-C	Preop/Recovery RN, UNAC
Daniela Tolentino	Periop Assistant, 7600
Nina Bowman, MD	General Surgeon
Robert Kapadia, CRNA	Nurse Anesthetist, KPNAA
Judy Mercado, MBA, BSN, CNOR, RNFA	UBT Sponsor





# Our challenges

- Staffing challenges/unit coverage
- Time to complete projects/action items
- Meetings-punctuality, adherence to agenda
- Communication to entire team
- Buy-in from front liners
- Accountability
- Sustainability
- Path to Performance rating dropped during labor dispute-Projects halted



# Our Best Practices

- UBT meetings are a priority
- Hold each other accountable for action items
- Use performance improvement tools (process maps, run charts, PDSA cycles) – 2 Improvement Advisors
- Engage in tests of change constantly/stick to target dates
  - Evaluate TOC's. Modify if needed and try again





# Our Best Practices

- Each UBT rep engages staff they represent
  - Engage physicians and physician leaders-clout
  - Expanded circle of influence
- Communication: huddles, emails, board posting, meetings
- Draw on the skills and perspectives of every member of the team



# Our Successes

- Decreased our average Pre-op time for total joints from 3 hrs and 8 minutes to 2 hours and 30 minutes from December 2013 to February 2014.
- Increased the percentage of patients receiving medication at the optimal time before surgery from 70 percent in March 2014 to 85 percent in May 2014
- Reduced operating room turnaround time from 28 minutes to 20 minutes between February and May 2014.



# Making the Time

UBTs “are the single most powerful vehicle we have at KP to empower employees and lead change. Staff and physicians need to have the time to consistently make it to the UBT meetings. Even if it means bringing in someone to cover part of the shift, that is more than paid back by the cost savings and organizational benefits that come out of UBTs.”

—Shawn Winnick, MD



# Our Rewards & Recognition

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- Level 5 team recognition
- Article written about us on LMP Website
- Kudos from the LMP Council



# Questions

- Questions for the Ontario period team
- Please use the Q and A box. Look for the blue question mark at the top right of your screen



# Discussion

- What was the hardest thing about moving from Level 3 to Level 4? How did you overcome it?
- How is your team different now that you are in the 'high-performing' category than it was before? What skills do you have and what kinds of things can you do that you couldn't do before?
- Looking back, what factors can you identify in retrospect that got you across the border separating Level 3 from 'high performing'?
- What practical steps can Level 3 teams take in the next week/month/3 months to get them to the next levels?
- What pitfalls should they watch out for?
- What words of encouragement do you have for them?