

HANK

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FRONTLINE NEWS FOR KP WORKERS,
MANAGERS & PHYSICIANS



hub of
HOPE

IN THIS ISSUE

From the clinic to the capitol

Taking the patients' point of view

An argument for civility



FROM THE DESK OF HENRIETTA: **PATIENT VISION**

(L+M)^P

The Power of Partnership

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Alicia Moore likes to say she took home new eyes after a brief visit to a county health care system in Sweden.

“If these people can give me new eyes in three days, just think what we should be able to do in Kaiser Permanente,” Moore said last summer, not long after returning from the whirlwind tour.

Moore, a file clerk at the Oakland Medical Center and an OPEIU Local 29 steward, visited the health care system in the county of Jonkoping, Sweden, with other KP workers, managers and Union Coalition officials.

They came back true believers. They discovered that because the patient is at the center of every decision in Swedish health care, the quality of care is superior, consistent and far more nurturing than that delivered in the United States. In fact, this county has drawn attention from around the world for its consistently high health-care outcomes.

“In Sweden, the bottom line is the patient,” said Diane Watson, a registered nurse in the Northwest. “Here, the bottom line is the team. There, the main question is, what are you doing every single moment to make sure the patients feel safe and cared for?”

Before several audiences in the succeeding months, the KP visitors relived their trip, speaking with some reverence about the learning system in Sweden; laughing at how one of their hosts, in reaction to the KP troupe’s open-mouthed skepticism at transferring Swedish practices to the United States, responded with a statement akin to “We are not animals in a zoo”; and expressing astonishment at how they failed to recognize physicians because Jonkoping doctors participated in patient care without consciousness of title or status.

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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 six times a year for the Partnership’s 120,000 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.

We always welcome feedback and story ideas through this e-mail address: hank@kp.org.

GOLD QUILL AWARD WINNER



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How different would KP be if, as a delegation of workers, managers and union leaders discovered is the case in Sweden, the patient was at the center of every decision?

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For 40 years, dedicated KP employees have helped improve the lives of underprivileged children in the Watts neighborhood of Los Angeles, providing not medical care but a host of educational and counseling services that are rarely available there. It’s community benefit at its best.

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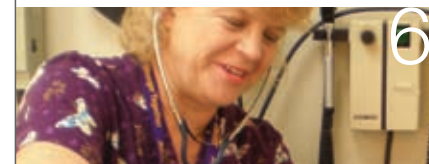
Sounding off on attendance, and more.

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After their eye-opening trip to Sweden, members of KP’s traveling band say what they’d like to see changed here.

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Stanford professor Robert Sutton’s new book says in plain language that people shouldn’t tolerate jerks at work.





The sign over the door says “Kaiser Permanente,” but the modest one-story office building is unlike any other in the KP system.

hub of HOPE

Eighteen preschoolers play in a yard, getting ready for lunch and nap time. Next door, an educational therapist tutors a quiet seventh grader with learning disabilities. Most Saturdays, an instructor from the Princeton Review coaches 25 high school students for their college admission tests.

The staff represents the best of Kaiser Permanente, delivering world-class services and improving the lives of families and communities. Yet they do not provide medical care, and most of the people served—at little or no cost to the recipients—are not even Kaiser members.

Welcome to the Watts Counseling and Learning Center.

Funded over the last four decades by KP’s Community Benefit program, the center was a response to the 1965 Watts riots. It sets a standard for community service and commitment, and embodies the core values that make Kaiser Permanente different. These are the same values that will guide KP through a time of change—quality, service, affordability and efficiency, and workplace quality and engagement.

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“The **longevity** and **durability** of this effort is very unusual....Forty years is a remarkable **legacy**.”

—James M. Ferris, director, USC Center on Philanthropy and Public Policy

Above: A young child looks up from his meal at the center's preschool (top); a detail from one of the center's murals (below).

Opposite page: Rita Embry, shown here with one child at the preschool, came to the center when she was 11, which gave her "an opportunity to see black people who were professionals....It gave me a little push" (left); Joanne Robinson, left, the center's executive director, and Vikki Franklin, the preschool's director, share a laugh (center); and in a historic photo, founding director Bill Coggins and a young girl at an opening ceremony (right).

The center offers youth services that are not generally available in the low-income neighborhood and that cost upward of \$80 an hour elsewhere. These include:

- Child and family counseling;
- A state-licensed, nationally accredited preschool, with a focus on child and parent development;
- Educational therapy, assessment and advocacy for children with learning disabilities;
- Kids Can Cope, support for children whose parents or siblings have life-threatening diseases;
- Homework help and math tutoring;
- College preparation assistance;
- Work skills training in health care and other professions;
- Summer day camp, with academic and recreational activities; and
- Van service for children who cannot otherwise get to or from the center.

The center also provides training for social work graduate students and clinical psychology interns. Uninsured families with medical needs are referred to community clinics (some of which also get grants from KP) for charitable care.

Hard-wired for Quality

The center's 30-member team of social workers, psychologists, educational therapists, teachers and support staff are all KP employees, working in full partnership to develop, deliver and assess their programs. An additional five staff members work at a second center about 25 miles away in Baldwin Park.

“Our culture here has always been to focus on quality,” says Winnie Allen, a Ph.D. clinical psychologist and union co-steward for the psych-social work chapter of SEIU United Healthcare Workers-West, who has worked at the center for 33 of its 40 years. “Whatever we offer in this community should be on a par with anything available (in affluent neighborhoods) across town. We have (people with) master's of social work (degrees) and Ph.D.s delivering services. Just because people get subsidized care doesn't mean it should be substandard. We're hard-wired for quality. It's what we do.”

For instance, the preschool maintains a staff ratio of just five students per teacher—far better than the state-mandated staffing level of 12 to one. The school and all of its teachers are fully accredited. In addition, school director Vikki Franklin and the staff are trained to spot children who may have developmental delays and can refer them to the center's own specialists for assessment.



‘A good life is possible’

Vikki Franklin knows firsthand what it’s like to grow up in Watts. That’s why she returned to the community last year to serve as the director of the preschool at KP’s Watts Counseling and Learning Center. Hear Franklin talk about her life, the center and the children in a slideshow at www.LMPartnership.org/commtools/interactive.



“I don’t know where we would be without the center,” says Lisa Gant, whose 13-year-old son has gotten educational therapy twice a week since 2004. “He’s very bright but was having trouble learning to read, and we didn’t know why. He was becoming withdrawn.”

“A Different Kid”

Gant heard about the Watts center from a teacher and walked in for help. The educational therapy program was full, but the department manager offered to work with the boy herself. He was found to have auditory processing difficulties. When the school district was unable to meet his learning needs, the center helped him secure district funding to attend a special school. Today he is a student council member, student body vice president and “a different kid,” says his mother.

Social sector professionals outside of Kaiser Permanente also have seen the impact of the center.

“It’s remarkable to see the pride in the level of services that the center provides, and the embracing of the center by the community,” says Dorothy Ungerleider, founding president of the Association of Educational Therapists. “For a lot of people, this was the first time others really listened and responded, without any agenda of their

(continues on page 9)

Answering the Call

It was the week the phrase “Burn Baby Burn” entered the language.

On a hot August evening in 1965, a routine traffic stop in the predominantly black Los Angeles neighborhood of Watts sparked a calamity. Six days of riots left 34 people dead, 600 buildings damaged or destroyed, and 15,000 National Guard and U.S. Army troops patrolling several square miles of the city.

Kaiser Permanente, which already operated a community-based psychiatric clinic for children in Los Angeles, expanded its efforts. Regional medical group leaders hired a young social worker named Bill Coggins to help develop a child-oriented program dubbed “the Watts Project.” Coggins spent months canvassing the community in his van, talking with people about what they needed, and building trust. He piloted small programs focusing on counseling for children and their parents.

“Working closely with parents and school principals, my mission began by taking 22 kids, both achievers and those with difficulties, on field trips beyond the streets of Watts,” he recalls. There were trips to museums, amusement parks, Dodger games and dance recitals. “That involvement with families and schools grew into tutoring sessions, as well as group and individual counseling. We listened to the community and continued to expand our services.”

In 1967, Coggins became the founding director of what was then called the Kaiser Foundation Parent-Child Center, in a one-room prefabricated building. Today, the Watts Counseling and Learning Center fills a 10,000-square-foot facility. The Watts facility, and a smaller center in Baldwin Park, operate on a combined budget of under \$4 million and deliver tens of thousands of service hours a year to families in need.

PRIME TIME FOR REFORM

In *“Health Care Reform Now! A Prescription for Change,”* George Halvorson, the chairman and CEO of Kaiser Foundation Health Plan/Hospitals, argues that a number of factors have lined up that create an unusual opportunity to effectively reform health care in the United States. The following excerpt, from the introduction to the book, summarizes the state of health care in America—and says what’s needed from each and every one of us.

We don’t really have a health care delivery system in this country. We have an expensive plethora of uncoordinated, unlinked, economically segregated, operationally limited microsystems, each performing in ways that too often create suboptimal performance both for the overall health care infrastructure and for individual patients. We have a nonsystem of care, and, truth be told, the current nonsystem of care is inconsistent, massively expensive, sometimes dangerous, operationally inefficient, and dysfunctionally and sometimes perversely incented. Our current approach to financing both care and health care coverage too often leaves us with major operational problems as well as serious ethical issues relative to resource allocation. Our current approach to health care resource consumption can lead to unconscionably inadequate access to quality care for far too many Americans. Those problems are exacerbated for minority Americans. When it comes to racial and ethnic disparities in care and coverage, we very sadly have grown to accept as the status quo in America what should be seen as completely unacceptable differences in care delivery and care outcomes for our various minority populations. Our current nonsystem is expensive, frequently ineffective, and the distribution of care resources is often dangerously and shamefully inequitable.

This is clearly the wrong place to be. I am definitely not the only person who believes that to be true. Far from it. Just about everyone who thinks seriously about American health care today is coming to that same conclusion. It’s obviously time for a change—and multiple change agents in our society are increasingly ready to move to a better approach....

This is the time. The energy is here now, waiting to be focused. What we need to do at this point is bring everyone—labor, management, consumers, carriers, the uninsured, the underinsured, caregivers, government agencies, patients, and the community—together to form a consensus on an approach that can truly get the job done. Then we need to turn that consensus into practical, functional, operational reality as soon as we can get that whole agenda in place.

I hope this book helps in that process. It’s intended to be a simple conversation in practical and commonsense terms about some things we need to focus on and some things we need to do to actually reform health care in America.

“Health Care Reform Now! A Prescription for Change” is available at bookstores or can be purchased on amazon.com.



From the CLINIC to the CAPITOL

Kaiser Permanente nurse jumps into the debate on health care reform by winning a seat in the Colorado state legislature.

Sara Gagliardi, a licensed practical nurse with 24 years’ experience, folded up her hospital scrubs at the start of the year and temporarily packed away her KP badge.

On went the dress slacks and blouse, and off she went to her new job in the Colorado state capitol building. She’d won a seat in the legislature by 111 votes, and began work as a state representative last January.

Not surprisingly, health care is one of her top priorities.

“I wanted to make a difference,” Gagliardi said. “There are 800,000 people in Colorado who don’t have health care. We really need to take a good hard look at this.”

The number of uninsured Americans is at an all-time high. The latest data from the U.S. Census Bureau shows that in 2006, a record 47 million Americans were without insurance, or about 15.8 percent of the population. Colorado is among the states with the most significant increases in recent years.

“If we are not successful in finding solutions to our health care crisis, more families will be without health care and end up going to the emergency rooms, driving up the costs to all of us,” Gagliardi said.

Gagliardi’s passion for politics grew from her union involvement at Kaiser Permanente. Shortly after she joined KP in 1983 and became a member of SEIU Local 105, the union was trying to negotiate a contract with the company and was considering a strike.

“I had never been involved in that environment before,” she said. “I was a single mom with two kids. How could I have survived going through a strike?”

Not knowing much about unions or negotiations, Gagliardi was a quick study. She got involved in union meetings and asked a lot of questions. She went on to become a union steward.

The strike never came to fruition, but her desire to be a part of local politics did. She participated in small local campaigns with SEIU and was knocking on doors during the governor’s campaign in 1996.

“I began to fall in love with politics,” she said. “I saw what a huge role it played in our lives, for our schools, our juvenile system and our communities.”

Gagliardi ran for office in 2002, but came up a mere 1,000 votes short. In 2006, with a platform strong in health care reform, education and jobs, she ran again and won.

PROPOSALS FOR REFORM

“It’s an incredible opportunity to represent people. It’s very humbling,” she said. “And I think I have a great ability to lead.”

It is an exciting time for Gagliardi to be serving, as the legislature will be reviewing a handful of proposals on health care reform next year.

Created by the Colorado Legislature in 2006, the Blue Ribbon Commission for Health Care Reform is charged with making recommendations for a comprehensive health care reform package, and to that end the panel solicited proposals from around the state last year.

You don't have to run for office to get involved in fixing the system. Here are some other ways to make a difference:

- ▶ **Call your state legislators** and let them know you are concerned about health care, Colorado lawmaker and KP employee Sara Gagliardi suggested. "Come and testify before a committee. There's no reason to be nervous. This is what America is all about—this is a democracy."
(Employees should make it clear they are expressing their own opinions, not speaking on behalf of Kaiser Permanente.)
- ▶ **Unions are taking a leading role in driving reform**, so check in with your local and find out how you can participate. Colorado residents have an easy one-stop resource, www.healthpartnership.org, the website of the health care reform coalition founded by SEIU and KP. One of the site's features: a running tally of the cost of doing nothing.

- ▶ **Consider volunteering with groups providing health care**, such as safety net clinics, says Kristin Snyder, the Colorado region's vice president of quality and public affairs. "Check with your region's community relations or community benefit department," she said. "They may have specific volunteer opportunities, or at least can give suggestions depending on the person's skills and interests." You also might consider joining groups that are very active in these fields, such as the Lions Club or Rotary.

What's your state doing?

A great place to find out what's going on with health care in your state is the Henry J. Kaiser Family Foundation website, www.kff.org. The foundation is a nonprofit, private entity that focuses on major health care issues. The website is a virtual clearinghouse of news and information for the health care community. You can find specific statistics and the latest facts about your state and how it compares with the United States overall at a companion site, www.statehealthfacts.org.

"I began to fall in love with politics....I saw what a huge role it played in our lives, for our schools, our juvenile system and our communities."

—Sara Gagliardi, Colorado representative and KP licensed practical nurse



Kaiser Permanente and SEIU were two of 31 parties that submitted proposals for consideration, and both made it past the first cut.

KP Colorado President Donna Lynne said leaders from SEIU Local 105 and KP worked together on the proposals, meeting frequently under the umbrella of the region's Labor Management Partnership public policy group.

"It just made sense," Lynne said. "We are SEIU's largest employer in Colorado, and we certainly didn't want to put something out there that was inconsistent with their principles."

Lynne said the proposals shared many concepts—and there even was talk at one point about doing one proposal signed by both SEIU and KP.

"But then we decided this would give us more chances to get in," Lynne said. And in the end, KP's proposal didn't make the final cut, while SEIU's did. "We are really happy that SEIU was selected."

In October, KP and SEIU were among the founding members of an alliance called "Partnership for a Healthy Colorado," which will be promoting public awareness of the need for health care reform.

Come January, the members of the reform commission will present the four selected proposals to state lawmakers—including Gagliardi.

SEIU's proposal approaches health care coverage in phases. "We are obviously very pleased" that the union's proposal will be considered by the legislature, said Mitch Ackerman, president of SEIU Local 105. "We decided early on that we wanted to be all over every aspect of health care reform."

We want to be in the room and outside of the room pushing from behind. So, this is great news for us and it's great news for KP."

The SEIU proposal, called Better Health Care for Colorado, takes a three-pronged approach. The first element is to expand public coverage for low-income children and then move on to adults and to helping small businesses offer health care.

The second prong aims at reforming Medicaid.

"Colorado ranks 43rd in the nation in its poor quality of Medicaid," Ackerman said. "We want to make Medicaid more like Kaiser Permanente—meaning it should have a lot of the same quality and values the Kaiser model has, such as evidence-based medicine, preventive care, electronic medical record systems, managed care. These are a lot of things that just make health care work."

The proposal also takes a hard look at long-term care.

HUGE SPIKE COMING

"Colorado, like other places, is going to have a huge spike when the baby boomer generation is ready to retire," Ackerman said. "We're underprepared for it. We have to come up with a system to handle seniors and people with disabilities that provides the widest range of choice and has the ability for us to maximize our dollars."

The health care reform commission, which includes a KP physician, has hired a consultant to go through each plan and provide a detailed analysis, including the costs, advantages and pitfalls.

Colorado's taxpayer bill of rights means that all new taxes have to be approved by the voters—and whatever plan is

selected, the challenge will be making it palatable to voters, said Kristin Snyder, vice president of quality and public affairs at KP Colorado.

"I wish I could say I'm confident, but I'm not," said Snyder, who was the mastermind behind KP's proposal.

Jerry McElroy, director of government relations at KP Colorado, said a lot of public education is needed, which is a great way for KP employees to get involved.

"People should be reading and becoming familiar with the proposals," McElroy said. "Legislators are not bound in any way to adopt any of the proposals. They can make changes and they often do. People should be contacting their legislators to tell them what they think."

Gagliardi finished up her first session in the legislature last May and got to trade in her business suit for something a little more comfortable.

"I'm back in my scrubs and in a very different world," she said, after getting back to work in the dermatology department at the Franklin Medical Center. "Yes, I miss my other job, but I still have plenty of (state) meetings and I'm on the Hispanic/Latino caucus."

Come January, she'll be back in session at the capitol. She's already filed her papers to run for another term.

"Sara is just an amazing success story," Ackerman said. "Like anything in life, you either have to be smart, lucky or an extremely hard worker. Sara's got a little bit of everything. She works tirelessly, she's a mom and she's very active with her community. Where's she found the time and energy to do all of this is anyone's guess."

(L+M)^P

“Time flies when you’re having fun.”

—Anonymous

“Time flies like an arrow, fruit flies like a banana.”

—Max Frisch

Time to reserve your 2008 LMP calendar. It's all about change. What our colleagues think about change, how they experience change, whether they welcome it or not. Also featuring significant dates in the life of Kaiser Permanente, civil rights, women, unions and more.

It's about all of us.

Order the 2008 LMP desk calendar.

E-mail beverly.e.white-felder@kp.org with your name, street address, phone number and number of calendars you want.

Available in December 2007.

Always visit www.LMPPartnership for more information.



LETTERS TO THE EDITOR

LETTERS TO HANK

Hank welcomes your comments and perspectives about the Partnership and about stories in *Hank*:

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Please include a daytime phone number with your letter so we can reach you. *Hank* reserves the right to edit letters for clarity, style and length. Unsigned letters cannot be published.

Physician attendance

I read with interest your recent article “Stealing Time?” (July '07). What particularly caught my eye was the statement: “And for those who are wondering: Since managers and physicians don't have separate pots of sick time and vacation time, the attendance rates of these groups can't currently be compared with union employees' rates.” As a physician with TPMG, I can undoubtedly state that the physicians do have separate sick and vacation time.

JEFFREY M. LEHMER, MD
TPMG, Union City Medical Offices

Hank responds: We stand corrected. Physicians do have separate allotments of vacation and sick time. We regret the error.

Don't make your colleagues sick!

I am not a member of the LMP but I usually do read *Hank*. I think the cover story “Stealing Time?” (July '07) did not address a big cause of the increased sick leave use in January and February 2007. Speak with the infection control RNs and you will find that there was a *huge* spike in the number of flu and respiratory viruses during those two months. This spike was greater than that normally seen during flu season. This affected both staff and our members, and many of them developed bronchitis and pneumonia as a result. I hope that the appropriate use of sick leave—when a staff person is ill, and does not want to infect co-workers—is considered to be a positive, not negative, thing.

MARY DEXHEIMER, RN, DNC
Union City Medical Offices

Future of health care

I was particularly pleased with your article “How to Survive Disruptive Innovation” (July '07), featuring Professor Clay Christensen. His work challenges all of us to rethink what direction we should be going in. Christensen is a remarkably able yet soft-spoken man whose ideas about the future of health care need to be looked at carefully by not only our senior leadership but by people throughout our organization.

TIM GRENNAN, MD
Davis Medical Center

own. The orientation here is, ‘What can we do to help teach and make change happen?’ The involvement of the center in the community is very moving. It takes courage and a big heart for Kaiser to keep that commitment going for so many years.”

That kind of sustained commitment is rare, according to one expert. “The longevity and durability of this effort is very unusual,” says James M. Ferris, director of the Center on Philanthropy and Public Policy at the University of Southern California. “A lot of companies change their corporate giving portfolios as they change CEOs or senior leadership. Forty years is a remarkable legacy of philanthropy in the community.”

For Corye Goodman, a Smith College social work student interning at the center, the program holds special promise for clients: “It has a very family feel and a very clear mission. It is a hub of hope.”

Roots Make a Difference

The center has maintained deep personal connections with local residents, even as the neighborhood has changed over the years. Since Watts is now largely Latino, the center has added Spanish-speaking staff and bilingual services.

“Our support in the community is multigenerational. We see the children of people we served as children,” says Executive Director Joanne Robinson, a 22-year veteran of the center. “We couldn’t be here if we weren’t wanted and trusted. It makes a huge difference when you can see that people who live here work here.”

Rita Embry, who came to the center as an 11-year-old, now teaches at the preschool. “The center helped me when I didn’t even know I needed help, and hopefully I’ll be able to do the same for somebody else,” she says. “It’s one place you can always come, get help and feel safe, and that’s one of the things many parents tell us: ‘I didn’t know where else to go or what to do but I knew if I came to this center I could get help.’”

Embry felt the benefits in unexpected ways. “I got an opportunity as a young girl to see black people who were professionals,” she says. “And in 1965, you didn’t see much of that. It gave me that little push, like ‘You can do this, you can be like them.’”

How Partnership Helps

The Watts center’s managers and staff operate in partnership. The unit’s LMP Council meets monthly to plan and assess day-to-day operations, staffing issues, new program development, budget and strategic goals.

The partnership approach “gives us more resources,” says Nazanin Dadfarin, an educational therapist. “It allows issues to come up, and the team to be thinking together. Everyone has a voice.”

“The people doing the work are the people making decisions,” adds Winnie Allen. “We know what the needs are and have evidence from our actual service to clients to ask if something is the best use of our dollars, or what to do differently.”

She offers one word of advice to others in KP trying to boost engagement and performance: “Overcommunicate.”

“It’s something we work on,” she says. “Everybody should understand what’s going on and how things work, so when something happens, nobody can say, ‘Where’d *that* come from?’”

Joanne Robinson adds, “If something is wrong, we know there’s a venue for where to take it up and how to make it better.”

But it starts with a culture of caring.

“We all take personal responsibility for the quality of our work,” she says.

“There’s not one person here who doesn’t take pride in and commit to what we do every day.” (L+M)^P

Educational therapist Nazanin Dadfarin works with a young client at the Watts center.



▶ What We’re About: Community Benefit

Kaiser Permanente was built on a mission: improving the health of our members and of the larger community. For more than 60 years, KP’s Community Benefit Program has helped fulfill that mission.

From charitable coverage and care to research and education, Kaiser Permanente spends hundreds of millions per year to raise the public’s quality of health and quality of life. It has sought to lower financial barriers to health care. It has funded such programs as the Watts Counseling and Learning Center—programs that, strictly speaking, fall outside the realm of “health care,” but that contribute to a communities well-being.

In 2006 alone, Community Benefit spent roughly \$807 million—62 percent of Kaiser Permanente’s net income—in combined charitable care, community programs and research.

To maximize its effectiveness, the Community Benefit program divides its work among four key areas:

- Providing care and coverage for low-income people or those who can’t gain access to health care. Last year, charitable programs provided coverage for 72,012 low-income people and discounted and free health care to an additional 256,506 low-income or uninsured patients.
- Partnering with community-based clinics, public hospitals and public health departments to help eliminate racial, ethnic and financial disparities in health care and to reach people who otherwise would fall between the cracks. Last year, for example, KP collaborated with the San Diego Council of Community Clinics to launch its pilot project called ALL. The program, developed in association

with community health centers, provides a “bundle” of medications shown to reduce heart disease—aspirin, Lisinopril and Lovastatin—to low-income, uninsured patients with a high risk of heart attacks and strokes.

- Advancing community health initiatives that improve the well-being of all segments of a community. The Healthy Eating/Active Living (HEAL) campaign, an outreach program aimed at staunching the growth of adolescent and adult obesity and chronic conditions related to inactivity and poor nutrition, is a prime example. This fall, KP launched “The Incredible Adventures of the Amazing Food Detective,” an educational video and activity kit that will be used in grade schools to teach children the benefits of eating well and being more active.

- Supporting research, education and training to influence smart health policy and health care delivery. Kaiser Permanente is one of the leading nonacademic research institutions in the nation due to its integrated medical care structure and stable member population, which gives it an ability to track health outcomes over decades. Over the last two years, a diabetes study in Northern California has tapped into KP’s large and diverse patient base. Funded by the National Institutes of Health, Kaiser Permanente researchers have been gleaning information from some 20,000 members with diabetes to better understand the disparities in the disease’s complications and in patients’ access to health care.



HENRIETTA: PATIENT VISION (continued from page 2)

"I didn't recognize a doctor because he acted like he was just part of the team," said Fred Tinamisan, a registered nurse at the South Bay Medical Center in Harbor City (Southern California) and an interim chapter president of UNAC.

"From the CEO down to the person who cleans the hospital, they don't have a hierarchy the way we do," Moore said. "Everybody is in it all together. When you talk to people, you don't know who you're talking to. They don't even introduce themselves as doctors and nurses. The CEO told us that when he got to work, the first thing he thought about was, 'What can I do for a patient today?'"

They've been back about six months. Some of the delegation have changed roles. Paul Records, who traveled to Sweden as a regional vice president of human resources and who marveled at his union counterparts engaging in conversations about cost and value rather than such traditional union concerns as wages and benefits, is now the acting head of Human Resources for Kaiser Foundation Health Plan/Hospitals. Watson remains a patient advocate but has withdrawn from her more prominent OFNHP role.

What's stayed the same is the enthusiasm.

"Coming back from Sweden has changed my mind about everything," Moore said. "Like the Swedes, we are special people at Kaiser Permanente because we deal with people's lives, not just with people consuming things like Clorox and other products."

And the final word? We'll all be patients one day, said Bebs Nonato, a registered nurse at the Los Angeles Medical Center. And when that day comes, we're assured

by Nonato and her colleagues, we'll want the same kind of caring treatment patients receive in Jonkoping.

"If we just concentrate on the patient, everything would fall into place," she said. "I'm ready for the challenge. Are you not?"

In Sweden, they like to say they act themselves into new thinking rather than thinking themselves into new acting. Think about it.

But not for too long. (L+M)^P

...because the patient is at the center of every decision in Swedish health care, the quality of care is superior...



POINT OF VIEW

In June, a group of Kaiser Permanente workers, managers and union leaders visited a county in Sweden whose team-based health care model is setting the standard for patient care. (Swedish health care workers and managers also have visited KP. See *Hank*, July 2007, page 8.) We asked four members of the KP delegation to reflect on what they've learned in these exchanges and tell us: **What can people at KP do to improve quality, service and affordability, or to make KP the best place to work?**



PAUL RECORDS
Senior VP & HR chief operating officer
Kaiser Foundation Health Plan/Hospitals

"In Sweden, we learned how their teams work together to improve service, quality and the total patient experience. For example, when a patient is discharged from the hospital for home care, they bring together everyone who cared for her or will care for her—a doctor, nurse, administrative support, home health nurse, patient transport person—and talk about the patient's needs and preferences. They get the full benefit of everyone's perspective. Focusing on the patients' or members' experience—from their point of view—is the key to everything."



ALICIA MOORE
Steward, OPEIU Local 29
Department secretary, facility operations
Oakland Medical Center

"We all need to remember why we're here—to help our patients and members. We have the skills and the resources, but we have to change our culture. Managers and staff should train together, so we can succeed in our unit-based teams. We have to see our part in the big picture, how our everyday actions and attitudes affect our members and co-workers. If we don't see it as part of our jobs to improve patient value for the lowest cost and top quality, we'll have no members, and no jobs."



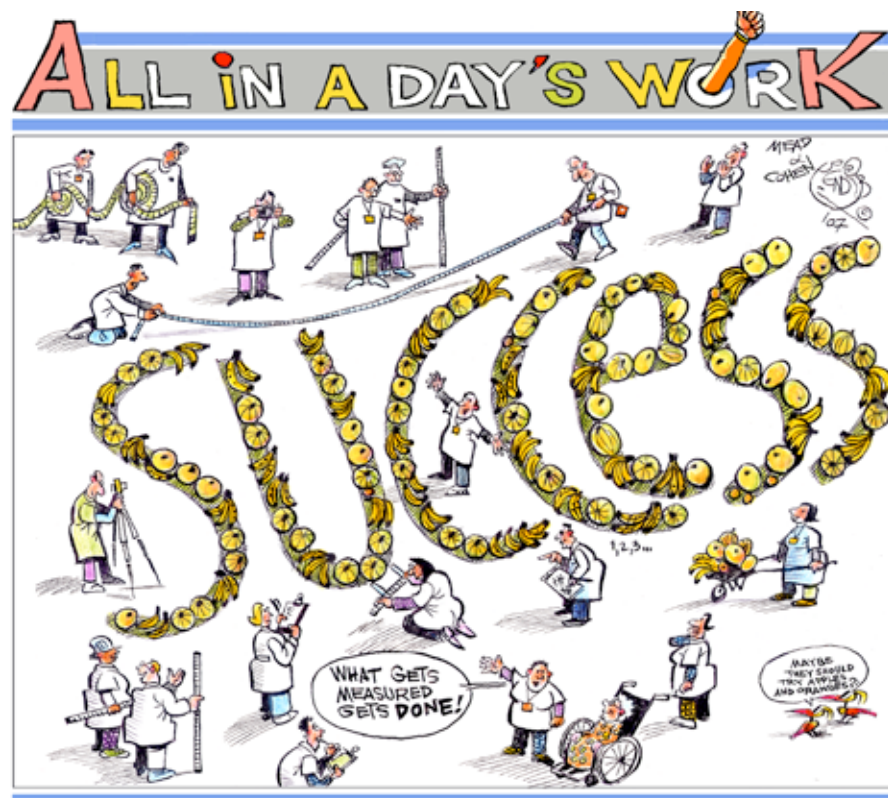
FRED TINAMISAN, RN
Interim chapter president, UNAC
South Bay Medical Center Harbor City (Southern California)

"We got a lesson from the Swedes about having the best place to work. We asked how many grievances they have, and they didn't understand what a 'grievance' was. When they have a problem, they just sit down and talk it through. We need to create that kind of environment here. Unfortunately, I see things moving the other way, where corrective action and grievances are the first resort, not the last."



BEBS NONATO, RN
American Federation of Nurses, SEIU UHW-West
Los Angeles Medical Center

"Everybody needs to have accountability and responsibility for their work. We need to make decisions as a team, with the patient at the center of everything we do. If we can do that, we will get past our power struggles. Patients will see they are surrounded by people who put them first. That would improve quality and service, and affordability, because work will be better organized. That's the kind of workplace most people want to have."



TOOLS FOR TEAMS

Order a UBT card pack for every member on your team: The cards are filled with information about unit-based teams and designed to encourage critical thinking, creativity and help your UBT change for the better! You also can order bulletin board packets tailored for unit-based teams, plus a five-minute guide that puts the UBT effort in context. It's all available at:

http://www.lmpartnership.org/commtools/ubt_commtools/

UNIT-BASED TEAMS



NO Jerks Allowed



One of the most talked-about business books of the year has a title that is unprintable in many publications, including this one: **“The No A—hole Rule: Building a Civilized Workplace and Surviving One that Isn’t.”**

Author Robert Sutton, a Stanford University management professor, uses the crude language to confront what he says is a serious problem: abusive and demeaning workplace behavior. He spoke recently with *Hank* about how such behavior undermines performance, especially in health care—and what can be done about it. Here are highlights of the conversation.

“Being against incivility and nastiness doesn’t mean there shouldn’t be toughness or accountability.”

—Robert Sutton

FIRST, WHAT IS THE “NO A—HOLE RULE”?

It’s having a culture where you try not to let in people who are constantly demeaning and de-energizing others. And when people act like that, you don’t let them get away with it.

Organizations need to see abusive behavior as a dimension of competence. It’s like managing performance—you don’t want to bring in incompetent people, and if you make a mistake and do bring them in, you want them to change. If they can’t, you have to get rid of them.

HOW PREVALENT IS THIS PROBLEM?

I have heard from people in every walk of life and every profession—including the clergy—about bullying and lack of respect in the workplace. I feel like Dr. Phil.

In health care in particular, it seems to be an endemic problem, and that is scary in a couple of ways. When you’re afraid you’ll get stomped on for making a mistake or pointing out a shortfall, it is very difficult to learn. It’s also difficult to retain nurses and other skilled people in that kind of environment. And it’s hard to serve others well if you can’t be decent to each other.

We’ve seen in experimental settings that if you put someone in a position of power, three things tend to happen that turn people into jerks. They become more

focused on satisfying their own needs; they become more oblivious to the needs of others; and they start acting like the rules don’t apply to them.

It’s also well documented that if you work with a person who is nasty, you’ll become more like that person. It’s a contagious disease.

HOW SHOULD PEOPLE DEAL WITH AN ABUSIVE BOSS?

As a first step, having a polite conversation with the bully, saying, “You’re making things miserable for me and I wish you would stop” can be good. If that fails, or there’s too much fear of retaliation, there are several coping strategies—learning not to care, creating psychological distance with the person, building pockets of safety and support with others in the unit, documenting the behavior and looking for a way out as quickly as you can.

I’ve found there are two types of abusers. First are the clueless ones who genuinely don’t know how others see them and who, when you confront them, are shocked. It is personally upsetting to them to discover.

The second is the strategic a—hole, who believes that it’s the best way to get ahead. They may be easier to reform because if they see that their behavior has negative outcomes and organizational costs, they can often change. Their emotional control can be that good.

But even if their behavior has no measurable impact, we should reduce it, because it makes life miserable. If you’re a winner and an a—hole, you’re still an a—hole.

WHAT IF A TEAM MEMBER OR CO-WORKER IS THE PROBLEM?

At the work group level, having a “no a—hole rule” is like enforcing any other norms. Confronting people with performance problems, even if that used to be the manager’s responsibility, needs to become the responsibility of the whole group. Any time social norms work, it is not the boss’s responsibility to enforce them; it is everybody’s responsibility. That’s the logic of self-managing teams. It’s one thing to fool the boss, but to fool everybody is a lot harder.

It starts by how you select people, how you prime them from the time they walk in the door. Southwest Airlines is famous for hiring and firing for attitude. But elsewhere, it is amazing the degree to which jerks will be tolerated.

The no a—hole rule doesn’t mean you should breed a bunch of wimps. Being against incivility and nastiness doesn’t mean there shouldn’t be toughness or accountability. People can fight over ideas like crazy, and still be respectful. (L+M)^P

For more information, including an A—hole Rating Self-Exam (ARSE), see <http://bobsutton.typepad.com>.



Give Yourself a Raise

You work hard taking care of others.

Now you can better **take care of your own future.**

If you're a Union Coalition-represented employee, you can add extra dollars to your retirement savings accounts, such as a KP 401(k) or Tax-Sheltered Annuity (TSA). Starting with the first pay period of 2008, Kaiser Permanente will match up to 1.25 percent of your pay, dollar for dollar, when you contribute to a KP tax-deferred retirement savings plan.

Coalition-represented employees who are not receiving a comparable employer match to their savings plan are eligible, as part of the 2005 National Agreement.

MORE REASONS TO SAVE

Kaiser Permanente's tax-deferred retirement plans make it easy to save through regular payroll deductions. The matching contributions for eligible employees make these plans even more attractive. Advantages include:

► **An immediate tax break.** Every dollar you save is deducted from your paycheck before income taxes are withheld, so you can build more savings, faster.

► **Tax-deferred growth.** Your money can grow tax free until you withdraw it. (Because you can contribute to a plan only in whole percentages, you'll need to contribute at least 2 percent of your pay to get the maximum matching contribution of 1.25 percent.)

HOW TO GET STARTED

The accounts are managed through The Vanguard Group. To open an account:

California or Northwest employees: Call Vanguard at 1-800-523-1188. You will be prompted to enter your Social Security number. To speak directly to a Vanguard representative, press *0.

Employees in all other regions: Contact your local benefits/HR representative to request an enrollment kit.

Once you open an account, you can sign on to www.vanguard.com to make changes to your contribution levels and fund selections at any time.