hank

Fall 2014 | Issue 41

FRONTLINE NEWS FOR KP WORKERS, MANAGERS AND PHYSICIANS

GO TEAM!

Round on patients

Invite patients to tell you their stories

Make post-discharge phone calls

Host a patient breakfast with leaders or staff

Engage in video storytelling

PATIENT 1

GIVING PATIENTS A VOICE

How UBTs are listening to members

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13 WHAT'S NEXT? ASK A PATIENT

TAKE OUR READER SURVEY (insert)

HENRIETTA

Mind, body, service

This time, I was the patient. I'm confident I received the right care at the right time. The removal of a suspicious polyp may have averted colon cancer a few decades hence. I'm grateful for that.

But I wouldn't say I was "at the center" of my care team's processes. My interaction brought home for me the theme of this issue of *Hank*—how we can improve care by asking members to participate in performance improvement. Previous patients could have told my team:

- » The instructions given to members on prepping for a colonoscopy don't mention that the effects of the purgatives might take two hours to arrive—and then arrive so urgently you'd better be three steps from the toilet. The prep sheet should note what you can do to be ready.
- » In the clinic itself, the row of patients lined up on their gurneys don't need to overhear nurses, somewhat frustrated, adapting to staffing changes. Problem solving is good, but save those discussions for staff areas.
- » In the procedure room, introduce yourselves—and keep pleasantries appropriate. In my case, one of two nurses remained anonymous. The doctor introduced himself but asked, "How are we doing today?" The "we" was a wrong note; he and I were having distinctly different days.

Body and spirit are intertwined, and so, too, are quality and service. Our bodies need "best quality," our spirits need "best service." Best care addresses both. Patients know better than anyone what best service looks like. Find ways to invite their voices into your team's work. hank

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WHO'S BEHIND HANK?

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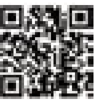
WHAT IS HANK?

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 quarterly for the partnership's more than 130,000 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.

For information about the management and union co-leads advancing partnership in your region, please visit **LMPartnership.org**.



AROUND THE REGIONS

COLORADO

Spurred on by a Performance Sharing Program goal, UBTs in the region are focusing on affordability and efficiency by taking on improvement projects with identified cost savings or revenue capture. Teams are finding ways to work together. For example, the Stapleton Cytology and Molecular lab teams increased productivity by cross-training and solving problems together. As of August 2014, the teams are processing five times more HPV screenings a month than in 2012. The region also is celebrating strong membership growth.

GEORGIA

UNDERSTANDING OF MEMBER BENEFITS—AVERAGE SCORES

BEFORE TRAINING »	68.5%
AFTER TRAINING »	95.0%

Clinicians know a lot about medicine and less about the health insurance benefits their patients have. Members of the unit-based team at the Douglasville Medical Office knew that frustrated patients. They set out in July 2013 to improve the staff's understanding of member benefits through an ambitious 12-week training session. Before starting the weekly classes, staff members scored an average of 68.5 percent on a test about member benefits. By the end of October, their average score was 95 percent. The team credits its newfound business literacy for boosting service scores, which helped Kaiser Permanente retain a major city account and win a new one.

HAWAII

Outreach includes engaging current and prospective KP health plan members.

More than 1,000 new health plan members joined Kaiser Permanente this summer, thanks to the collaboration between Kaiser Permanente and the Coalition of KP Unions to grow KP membership. The effort started in May with a strong presence at a conference of the Hawaii Government Employees Association—one of six unions covered by the state Employees' Retirement System, KP Hawaii's largest customer. Conference delegates visited the KP booth, took Body Mass Index (BMI) readings and participated in a KP-sponsored walk. KP followed up with mailers to prospective members, presentations to union retirees, invitations to tour KP facilities and more. Lynn Ching, labor liaison for the Labor Management Partnership in Hawaii, and Troy Tomita, a KP senior account manager, worked on the project together. "It's a great headstart for open enrollment in October," Ching says.

MID-ATLANTIC STATES

Members of the Ambulatory Surgery Center unit-based team in Gaithersburg, Md., not only are putting the patient at the center of every effort, but also bringing the patient's family members and friends into the fold. The team created a perioperative liaison role, in which a staff person is assigned to a patient and acts as point person, updating a patient's friends or family members throughout the patient's journey through the surgery center. After creating the new role in February 2014, the surgery center's service scores jumped from 75.8 percent in January 2014 to 88.8 percent in April 2014.

NORTHERN CALIFORNIA

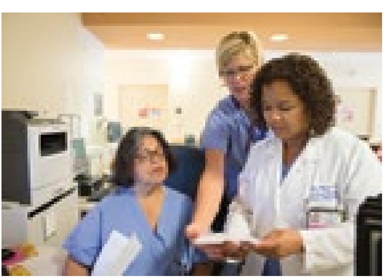
No obstacle too great for Fremont Medical Center staff during Instant Recess.

Fremont Medical Center employees took all obstacles in stride when it came to adding physical activity to their workday as part of the KP-wide Instant Recess® week in early August. Nearly 200 Fremont workers Hula-Hooped, boxed, danced, hop-scotched and jump-roped as part of the facility's Instant Recess obstacle course. Usually, Instant Recess is a 5- to 10-minute activity done to music, but it also can be any kind of fun activity that gets people moving. The San Francisco, Richmond and San Rafael medical centers were among the other Northern California locations that joined in the week of Instant Recess, which was organized by national and regional Workforce Wellness programs and the union coalition.

NORTHWEST

Working through unit-based teams, the region has launched a new focus on affordability. The UBT Resource Team is leading the charge by providing such resources as a project template and performance improvement tools, including 6S and the Waste Walk, as it works with teams. In addition, teams can reach out to subject matter experts in finance, purchasing and other areas for assistance. The region's UBT Data Team will calculate the return on investment of the efforts and enter that information into UBT Tracker. Some teams, such as the Rockwood Medical Office Patient Registration UBT, are working on reducing paper registration forms to cut down on waste and save money.

SOUTHERN CALIFORNIA



Members of the Labor and Delivery UBT at South Bay, a high-performing team.

Leaders at the South Bay Medical Center hosted a performance improvement fair for unit-based teams this summer, aimed at giving teams the tools they need to reach levels 4 and 5 on the Path to Performance. After grabbing some healthy snacks at the sign-in table, UBT co-lead pairs sat with an improvement advisor or UBT consultant and got customized advice on how to move their projects forward. For instance, the union co-lead from a medical-surgical unit reviewed data collection techniques at one table, while at another, food and nutrition team members filled out a fishbone diagram for their efforts to collect errant cafeteria trays. Co-leads got help entering their projects into UBT Tracker, then left with a packet of performance improvement tools. hank

GIVING PATIENTS A VOICE

Article by:

LAUREEN LAZAROVICI

INVITING PATIENTS TO SPEAK:

Many teams are asking patients for their ideas on how to improve processes. The experience the Ichinose family (opposite page, inset) had around the birth of Trav and Juanita's son, Teo, led Trav to become an active participant on a parent advisory council.

On her last day at work before going on maternity leave, something started going wrong with Juanita Ichinose's pregnancy—and she found herself in an ambulance, on her way to the Downey Medical Center. Her husband, Trav, followed in his car. The images from an ultrasound foretold a grim story: Juanita was expecting twins, but one of the boys was not moving. "Code pink" began blaring from the overhead speakers as she was wheeled to the operating room. What caregivers and the family feared came to pass. One twin survived, but the other did not.

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GIVING PATIENTS A VOICE

CONTINUED FROM PAGE 4

A COMPLETE PICTURE:

Input from Trav Ichinose and other parents is helping the Downey NICU unit-based team open up communication channels and improve service during a critical time for patients and families. Shown above (clockwise from top): Juanita Ichinose and 4-year-old Teo; Teo (also on page 8) playing with his favorite airplane; and Juanita, Teo and Trav.

"We had some moments with our other son," says Trav Ichinose. "Then I went to see Teo. He weighed a pound and a half. The doctor told me, 'He is very small.'"

Thus began Teo Ichinose's four-month stay in the neonatal intensive care unit, a journey that led his father to become an active member of the department's parent advisory council. Today, Teo is a happy 4 year-old, obsessed with his toy airplane from the latest Disney movie. And his father continues to bring the voice of the patient to Downey's NICU unit-based team, where his input has helped shape numerous improvements.

UBTs exist to include all voices—employees, managers and physicians—in efforts to improve performance. And some UBTs are bringing in one more crucial voice: the patient's.

To be sure, there are UBT members who resist. Objections range from "we don't have time" to "patients can't possibly know how our department runs." But for others, it is a step that literally brings the patient-and-member focus of the Value Compass to life.

"UBTs have a lot of expertise. They know what is and isn't working," says Hannah King, director for service quality for unit-based teams. "What is missing is the perspective of the user, someone who might be afraid or in pain. We don't know what they go through before and after they come to us. So we need to ask."

Read on to see how UBTs have included patients and members in their work and improved performance.

Whose handoff is this, anyhow?

Downey NICU finds a way to keep parents involved during shift changes

During his son's four-month stay in the NICU, Trav Ichinose became concerned that parents were prevented from visiting during shift changes, when the Nurse Knowledge Exchange Plus occurs.

"Parents want to maximize their time with their babies, and the policy was undermining that," he says.

Nurses wanted to integrate parents into the process but also needed to prevent interruptions. “During the report, the parents tended to interject,” says Marnie Morales, RN, the team’s union co-lead and a UNAC/UHCP member. “That was a safety issue,” because it is important nurses not get sidetracked.

So, together with Ichinose and the parent advisory council, UBT members devised a system that met the needs of caregivers and parents. There would be “quiet time,” when parents listen and jot down notes while the outgoing nurse updates the incoming nurse. Once they’re done, it’s the parents’ turn to discuss their baby’s care with the nurses.

In testing the process, the nurses realized they needed to be able to discuss sensitive information out of the parents’ earshot—if, for example, there was a domestic violence situation or mental health problems in the family. So they came up with a discreet cue that signals the need to step away.

“The patient is getting better care because there is better communication. Information that wasn’t getting shared before is now,” Morales says. “As nurses, we get so involved with charting that we forget the patient is sitting there. Now, we are explaining as we are doing it because the parent is there watching.”

The change gave the team a boost in its satisfaction scores, which rose from 74 percent in the third quarter of 2012 to 88 percent one year later. It works to maintain the scores by holding refresher trainings with staff.

“With long stays like ours, your emotional resilience is tested to the max,” Ichinose says. “There are things that happen in the NICU setting that can undermine that resilience—or bolster it. Bolstering our ability to take in information, to be physically and emotionally present for the care of our child, affects our satisfaction with the care.”

Preserving pride, preventing falls

A patient’s wife’s comment gives a San Diego team a fresh insight into patient safety

Why do patients fall when they are in the hospital? Is it because they are elderly? Or under the influence of medications that affect their balance? The leaders, physicians and nurses at the San Diego Medical Center considered a range of possibilities and tried everything in the usual playbook, posting pictures of falling leaves on patient doors and using color-coded armbands to indicate fall risk. But nothing was working.

Then the UBT on the 5 West medical-surgical unit cared for a patient who was a member of the facility’s patient advisory council—and they asked his wife for her opinion. She said her husband—normally a

CONTINUES ON PAGE 8

‘UBTs give more empowerment to their members. I am there as a member of the team.’

—**MANDHIR GUPTA**, MD, Downey NICU UBT physician co-lead

Learning by Listening: Patient Advisory Councils

Article by: JENNIFER GLADWELL

Kaiser Permanente is inviting patients and families into the boardroom to talk turkey. There’s no sugar-coating a bad experience or making excuses for less-than-stellar service. Listening to our patients has become a core value, and patient advisory councils are one of the ways KP is bringing the patient into the conversation to improve care.

“There are over 35 advisory councils and over 400 patient advisors throughout the organization,” says Hannah King, the director of service quality for unit-based teams.

In the Northwest, as in other regions, the work being done by the councils is affecting outcomes. Within six months of the formation of the Oncology Patient Advisory Council, for example, oncology patient satisfaction scores climbed 6.5 percent. One change prompted by patient feedback was a fresh look at a procedure that sometimes is used in the course of a surgical breast biopsy. After hearing from patients about the pain they were experiencing, physicians standardized the wire localization procedure to reduce pain.

One of the newest councils in the Northwest was created to help serve the region’s growing Hispanic population. Patients on the council have been involved in a video project that will be ready to share with staff by year-end. In the video, Latino patients talk directly to KP care teams about their culture, providing insights into how to build trust and develop good provider-patient relationships.

Patients who serve on the councils are not paid to participate. “These are the people who are invested in helping us succeed,” says Jonathan Bullock, program manager for Patient and Family Centered Care Programs in the Northwest.

Given the complexity of an organization at big as Kaiser Permanente, there’s been a learning curve for patients as well. At a recent council meeting in the Northwest, patients expressed frustration that a suggestion to improve signage hadn’t been acted on. As it turned out, their idea had been incorporated into the master plan—but there’s a schedule for updating signage, and the clinic they were familiar with wasn’t due yet for a refresh. hank

CONTINUED FROM PAGE 7

'I felt as if I was part of the team, and my input was just as valuable as any other member's.'

—**PAT**, patient's wife whose input helped reduce patient falls

Improvements at the Downey NICU

- Including parents at Nurse Knowledge Exchange Plus during shift changes
- Increasing storage space for breast milk
- Improving delivery of durable medical equipment

PATIENT SATISFACTION SCORES

74%	88%
Q3–2012	Q3–2013

self-sufficient, strong man—was too embarrassed to call a nurse to help him to the bathroom, especially given that he was wearing a flimsy, possibly revealing hospital gown.

That "aha" moment led the UBT to take a new approach: No one walks alone. Instead of trying to figure out who is at risk for falling, caregivers would treat everyone as a fall risk and provide assistance. The pilot program was so successful that it is being spread to the entire hospital. Before the campaign began in November 2012, the hospital had been averaging 16 falls a month. In June 2014, that figure was 3.4 a month.

Seeing the experience through the patient's eyes was the key to the solution.

"I felt as if I was part of the team, and my input was just as valuable as any other member's," says Pat, the patient's wife (last name withheld at her request). "If you go to patients with the attitude that they will be helping you do your job better, you will get an honest evaluation of what can be done to help, and they can make your job easier and more rewarding."

Reluctant to change?

Some ideas for getting over the resistance to including patients as part of a UBT

Sheryl Almendrez, the management co-lead of the Definitive Observation Unit (also called a step-down unit) at the San Diego Medical Center, acknowledges that caregivers on her team were hesitant to have a patient join its improvement work: "They were interested, but were they ready to hear 'the real truth'?" And what if a chronic complainer ate up valuable time?

As it turns out, there was little to fear. Patients' requests were reasonable. For example, they want nurses to give them a heads-up when using an ear thermometer. "We're used to it," Almendrez says, but patients may not know what it is. "They may think it's an injection coming at them."

For the Urgent Care unit in Largo, Md., listening to patients' feedback about long wait times when coming in with a sore throat led that UBT to work with colleagues in the lab to fast-track tests for strep throat.

"Our team was very hesitant about bringing a member in because there could be more complaints than real feedback," says Donna Fraser, RN, the team's union co-lead and a member of UFCW Local 400. Making it clear why it was including patients helped: "We told the patient that we want to know what we are doing wrong, because how else will we improve?"

Marnie Morales of the Downey NICU says she no longer flinches from criticism, whether or not it's phrased "constructively."

"Some of the people we have on our advisory council are the ones who complained the most," she says. "You know what? They became the advocates for all the other babies. They helped us change a lot of things on our unit for the better." hank

Win T-shirts for your team!

Tell us what your team is doing to involve patients in your decision making and be entered in a raffle to win Patient #1 T-shirts for everyone on your UBT.

1. Do you have a method for involving patients on your team? ❍ YES | ❍ NO
2. If YES, briefly describe your process.
3. What's one change that has come out of giving patients a voice?
4. If NO, what action step will you take to begin to include the patient's voice?
5. What's one change you hope will come out of including patients in your team's decision making?

Your name:

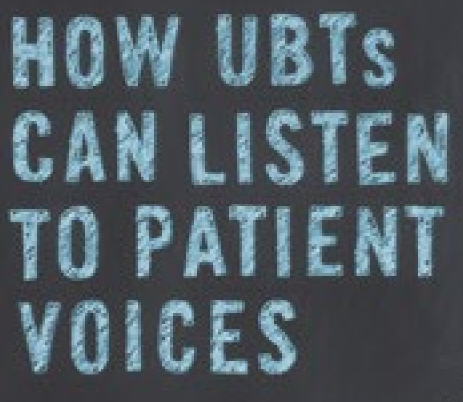
Your department/UBT:

Facility:

Region:

Phone:

Email:



Here are some ways to get started incorporating the patient point of view into your UBT's performance improvement work.

Have a patient take part in a performance improvement project

Host a patient breakfast with leaders or staff

Round on patients

Invite patients to tell you their stories

Shadow a patient throughout a care experience

Make post-discharge phone calls

Engage in video storytelling

Adapted from "Patient and Family Centered Care: Toolkit for Engaging Members in Improvement," available at **http://kpnet.kp.org/qrrm/pfcc/pfcc_index.htm** [KP intranet]. Type **video ethnography** into the search box on that page to find a toolkit to guide your video storytelling.

Curiosity Leads to Better Service

Article by:

JENNIFER GLADWELL

By being willing to adopt a best practice from another team, the Infusion Center in the Northwest improves care delivery for its patients

BORROWING SUCCESS:

RN Kathy Stafford (above), a member of the Oregon Nurses Association, resisted the "not invented here" syndrome and was open to learning from a sister team in another region. Now her infusion center UBT (facing page) can treat patients more quickly and efficiently.

The word "rapid" stopped Kathy Stafford, RN, and made her ask more questions.

Stafford, the UBT co-lead and charge nurse for the Regional Infusion Center in the Northwest, had been reading an email from a Colorado colleague. The colleague wondered whether the center was using a new protocol for Remicade, an infusion drug prescribed for such diseases as Crohn's, rheumatoid arthritis and psoriatric arthritis. The Colorado infusion center was trying a new "rapid" Remicade delivery method and looking to see what the experience of others had been.

The Northwest still was using the standard method, and Stafford, a member of the Oregon Nurses Association, was instantly curious. A regular Remicade infusion takes 3½ hours—three hours for the delivery of the drug, and then, to be sure there are no adverse effects, the patient has to wait 30 minutes before being discharged. The new protocol reduces that to a total of 1½ hours.

The gift of time

"If there is anything we can do to speed up infusions for our

patients," Stafford says, "it would be a service to them and, at the same time, save the organization money."

In short, Stafford was putting the patient at the center of her decision making, bringing the Value Compass to life. The rapid Remicade protocol improves the patient's care experience and improves service, quality, affordability and staff satisfaction:

» Patients spend less time in the clinic, since both the drug administration time and post-infusion wait time are reduced.

» Because patients are spending less time in the clinic, more patients can be seen. Up to 16 hours of patient chair time could be opened up every day.

» Because the clinic can accommodate more patients, fewer patients will be redirected for treatment in the Emergency department or at the regional Oncology department, improving those departments' ability to serve their primary patients.

"Any chance we have to be more effective is worth it, so we can spend more time with our patients," Stafford says.

Following up on the initial email inquiry, Stafford learned the evidence-based practice already was being used in Colorado and the California regions. She and Greg Frazier, the assistant department administrator and UBT management co-lead, pushed ahead with getting the protocol approved for use in the Northwest, benefitting all the region's eligible patients.

Making it happen

"There was no stopping Kathy," Frazier says. "She knew who to talk to in the organization and how to move things along....

"Our team is always looking at how to do things better, and to take care of the patient the best we can," Frazier continues. Noting that the infusion team is highly motivated and self-directed, he offered words of encouragement to those who see an opportunity they want to pursue.

"Don't turn away from a challenge. Ask questions," he says. "It may not work, but look into it first before you discount it."

Stafford credits the team for getting the new protocol approved so quickly, despite a complex approval process that included meetings with both physicians and pharmacists.

"Without the enthusiasm and involvement of the infusion RN team, this would not have gone as smoothly," she says. "We found out about the protocol in March and we began implementation in May. That's pretty fast." hank

'Don't turn away from a challenge. Ask questions.'

—**GREG FRAZIER**
assistant department administrator and UBT management co-lead

Exercise your team's curiosity muscle

Stafford, Frazier and the Infusion Center team were able to improve care for their patients because they were receptive to work done by another team in a different region.

Can your team do the same? At the next UBT meeting when you are discussing challenges facing your team and brainstorming solutions, check out these two great resources to see what's worked for similar teams:

» **Quick Picks**, an easy-to-use, online catalog of team-tested practices. Access it at **LMPartnership.org/quickpicks**.

» **UBT Tracker**, the web-based tool that helps teams collect and analyze data related to their performance improvement. Access Tracker on My HR; after signing on, navigate to *Workspace > Team Tools > UBT Tracker*. If you need help, you can find the UBT Tracker User Guide on **LMPartnership.org**; type **tracker user guide** into the search box on the home page.

PDSA »

Each issue, *Hank* features a team that has successfully used the "plan, do, study, act" (PDSA) steps of the Rapid Improvement Model (RIM). Find out other teams' successful practices and learn more about how to use the PDSA steps by visiting **LMPartnership.org/ubt**.

Article by:

KATE DARBY RAUCH

SIMPLE NOTEBOOK IMPROVES CARE

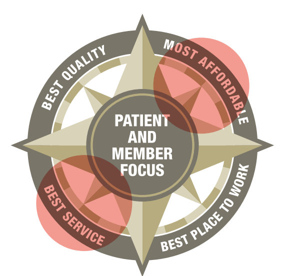
ASK THE PATIENT: The UBT's work means more post-discharge appointments are taking place in a timely manner. Shown here, co-leads Judith Gonzales (above, right; also at left), Amelia Chavez (at left, far left) and two of their advisors.

FEATURED DEPARTMENT:
Unit Assistants, Redwood City Medical Center

CO-LEADS:
Judith Gonzales
Senior unit assistant, SEIU-UHW

Amelia Chavez
Director of operations, Patient Care Services

VALUE COMPASS:
Best Service, Affordability



Unit assistants help patients keep their critical post-discharge appointments—and help KP avoid costly readmissions

Problem

The region has set a goal of having follow-up appointments take place within seven days of discharge from the hospital, and this goal was not being met consistently. Having follow-up appointments in the week after discharge helps prevent costly readmissions; readmitted patients have an average stay of 3.5 days, at an average cost of $5,000 a day.

SMART goal

Increase the percentage of follow-up appointments scheduled to take place within seven days of a patient's discharge from a baseline of 53 percent to 90 percent by the end of 2013.

Metrics

» Percent of follow-up appointments booked for within seven days of a patient's discharge from the hospital.

» Percent of patients keeping their follow-up appointments.

Small test of change

Starting with one hospital floor, unit assistants spoke with members and their families before discharge about the best days and times for follow-up appointments. They logged the information in a notebook so scheduling staff could book appointments at times most convenient for patients.

Results

» Percent of follow-up appointments scheduled in the desired time frame increased from 31 percent in July 2013 to 91 percent in January 2014, and has hovered in the high 80s since then.

» Percent of follow-up appointments kept by patients increased from 53 percent in July 2013 to a high of 86 percent in January 2014, and has fluctuated in a 10-point spread since then.

Background

It's been proven that after patients are discharged from the hospital, timely follow-up appointments help prevent costly and stressful readmissions. But making these appointments isn't always easy during hectic hospital discharges—or after a patient has returned home. Even when appointments are made, they aren't always kept.

The Unit Assistants UBT at Redwood City Medical Center took on the challenge of increasing the number of follow-up appointments scheduled to take place—and kept—in the first seven days after discharge.

Team members turned things around by turning to the patients themselves and their family support members, asking them for input on scheduling details.

"Obviously we can't force a patient to go to an appointment, but we can try to make appointments when it's suitable for them," says union co-lead Gonzales.

Team members began to sit down with patients before they were discharged, taking notes on which days and times they preferred for appointments, and then passed the information on to the staff members responsible for scheduling.

In just eight weeks, the percentage of patients who kept their follow-up appointments jumped from 50 percent to 60 percent. Soon the whole hospital was on board.

"We piloted in July 2013, and two months later we rolled it out to all the floors," says management co-lead Chavez. "Our percentages climbed and climbed. It was phenomenal."

By January 2014, 86 percent of follow-up appointments at Redwood City were taking place in the first week after discharge.

"The patients loved it. We included them in the process," Gonzales says. "This improved our patient satisfaction scores as well."

The success made team members proud and excited, Gonzales and Chavez say.

"We didn't do that much patient handling before, and to be able to communicate with patients made us feel we're part of their care," Gonzales says. hank

What's next for your team?

Inspired by the work the unit assistants did? Take the next step! Share this article with your team. At your next meeting, brainstorm a short list of challenges your team is facing. Then ask three questions:

1. What assumptions are we making about what's best for our patients/customers?
2. Which of the challenges on our list might shift if we got some information directly from our patients/customers?
3. What's our plan of action for getting that information?

TIPS & TOOLS

Fish out your root cause

Why use this tool?

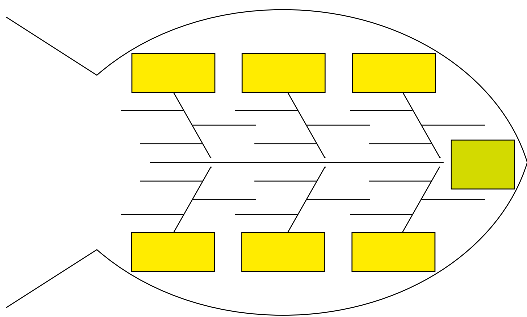
A fishbone diagram can help you identify the root causes of the problems in a process. It can be harder to fill out than it might seem at first glance, so it's a good idea to work with your local improvement advisor or UBT consultant. A team should be rated at Level 2 or higher on the Path to Performance before using this tool.

How to use the template

1. **Enter the problem** you want to solve in the far right box. Pose it as a question. The unit assistants, for example, might have written, "How do we increase the number of patients keeping their post-discharge appointment in the week after being released from the hospital?"
2. **Enter category names** of likely causes in each of the remaining six boxes. The suggested categories below are just a starting point; use categories that apply to your work. The unit assistants might have included "people," "information" and "method" on a fishbone diagram for their work.
3. **What's contributing to the problem?** Brainstorm ideas in each category and write those in on the horizontal lines associated with each category.
4. **Add identifying information** to the template, including the name of the process, who worked on the diagram and when, and whether this is a draft or final version.

With your team, use this information to decide on a test of change to implement. Remember to use a run chart to track your outcomes.

TYPICAL ROOT CAUSE CATEGORIES
people (human factors)
information (data)
tools (machines, hand tools, fixtures, technology, etc.)
material (supplies, inventory)
method (process, assembly steps)
work setting (environment)



Visit **LMPartnership.org** for more tools to help your team. To get the fishbone template or to see what a completed fishbone diagram looks like, type **fishbone** in the search box on the home page. Interested in creating a run chart? Type **run chart tool** in the search box.

WHO'S THAT PERSON?

In each issue of *Hank*, we will feature someone prominent from Kaiser Permanente on the front cover.

CAN YOU NAME THIS PERSON?

____

____

MEETING ICEBREAKER: What's your question?

This icebreaker is a great way to get to know team members better.

Everyone gets a 3"x5" card, and then one team member picks a topic and announces it to the others. Next, everyone writes a question related to the topic on their cards. For example, if "teamwork" is the topic, the questions written down by team members might be, "Why is teamwork so important?" or "What can make teamwork challenging?" Once everyone has written a question, put all the cards face down in the middle of the group. Let people take turns drawing a card and answering the question on it.

The team can revisit the icebreaker repeatedly with different members choosing a new topic. Funny or serious, ideas are endless: friendship, goals, family, growth, performance improvement, health, pets and more.

Check out the answers to this issue's puzzles and games at **LMPartnership.org/puzzles-and-games/answers**.

WORD SCRAMBLE: Patient participation

DIRECTIONS: Unscramble these nine jumbles and transfer the letters to the corresponding numbered squares to get to the final phrase about involving patients in performance improvement.

Jumble	Squares
TAENPIT DAVRIOSY CONLUIC	_ 24 _ _ 36 22 30 / 15 _ 20 3 39 31 _ _ / _ _ _ 2 _ _ _
VEICO	25 26 35 _ _
PANTIET	_ 6 _ 19 29 37 34
MENOVTEIPSMR	21 _ _ 16 _ _ _ _ _ _ 38 7
SERNU NEDLOEKGW GEXEHNCA	_ 1 _ 14 _ / _ _ _ _ _ _ 9 18 _ / _ _ 28 _ 12 _ 23 _
HET LERA TUTHR	10 _ 17 / _ _ 33 _ / _ _ _ _ _
TCNERE	_ _ _ 4 11 _
REMMEB	_ _ 13 5 _ _
XESTIRPEE	_ _ 32 8 _ _ 27 _ _

YOUR ANSWER:

1 2 3 4 - 5 6 7 8 9 / 10 11 12 13 14 / 15 16 17 / 18 19 20 21 22 23

24 / 25 26 27 28 29 / 30 31 / 32 33 34 35 36 37 38 39

HANK LIBS: Caring for patients with heart

DIRECTIONS: Before reading on, hand this to a fellow employee and ask him or her to read aloud the description for each blank and write the answer you give in the space.

Have you ever been in a ______________ (noun) where you are ______________ (adjective) and ______________ (verb) help? That's a common state for our ______________ (plural noun) when they visit us. It's not ______________ (adjective) to put your trust and care in the ______________ (plural noun) of others. At Kaiser Permanente, we ______________ (verb) this responsibility ______________ (adverb). We want to hear from our patients to ______________ (verb) what we can do better. Including ______________ (adjective) ideas for improving ______________ (noun) or asking them whether they prefer to be ______________ (past tense verb) by their first or last name goes a ______________ (adjective) way toward making them ______________ (adjective). Putting the patient at the ______________ (noun) of how we ______________ (verb) care is at the heart of how we care for patients.

WHERE'S THE MISTAKE?

In each issue of *Hank*, there will be a purposeful mistake hidden somewhere in the pages. Can you find it?

FOR EXAMPLE:

Woman is holding a cactus instead of a cup of water.

YOUR ANSWER:

____

____

TRIVIA QUESTION

What is the term for an intense fear of cooking?

a) Clinophobia

b) Mageirocophobia

c) Homichlophobia

d) Metathesiophobia

SUPERSCRUBS! THROUGH THE PATIENT'S EYES

Time For Flu Shots

IT'S A LIFE CHANGER. IT'S A LIFE SAVER.

Flu season is here. And flu can knock you down for a few days—or drag on for weeks.

If you've been exposed to the flu, you're at risk of spreading it to your family, co-workers and patients—even if you don't show symptoms yourself. Flu kills thousands of people every year and sends more than 200,000 people a year to the hospital, according to the Centers for Disease Control.

Protect yourself, your family and your patients. Ask your manager or employee health office when shots will be available in your facility.

For more information, visit **LMPartnership.org** and type **flu** in the search box on the home page.

FOLD AND TEAR ALONG DOTTED LINE