NEW TRAUMA DIRECTOR HIRED

Dr. Karam to lead South Sacramento Trauma Center

Jospeh Karam, MD, FACS, medical director of Trauma and Surgical Critical Care Services at Hahnemann University Hospital in Philadelphia, was recently tapped to lead our South Sacramento Trauma Center.

Dr. Karam received his MD from Jefferson Medical School and completed fellowships in both critical care and trauma at Allegheny University Hospital in Philadelphia. In addition to leading a Level I Trauma Center at Hahnemann University Hospital for the past five years, Dr. Karam also served as assistant professor of surgery at Drexel University College of Medicine in Philadelphia. We recently asked Dr. Karam about his thoughts on his new role, which begins this month, and our efforts to open a new Level II Trauma Center this summer.

First of all, what are your thoughts about moving some 2,500 miles west from Philadelphia, Pennsylvania to Sacramento?

There is no question that this is going to be a significant change of lifestyle for me and my wife and there will be some adjustment, most notably the shift from a pedestrian, urban existence. My wife, Mary Kate, and I have talked about moving to California for several years in order to enjoy more outdoor activity and warmer weather, and we are very excited about moving out here.

What are you most looking forward to in your new role as medical director of trauma services?

This is an exciting opportunity and I am thrilled to be part of it. I think it is certainly an integral part of any trauma surgeon’s character to love a challenge, and as a seasoned trauma director, this

SERVICE IMPROVEMENT

Quick voices provide a healing environment

Quiet voices. This is a healing environment. That’s the message being conveyed on the third floor of our South Sacramento Medical Center. The goal is to provide a quiet environment that helps our patients heal and, in the process, receive higher Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) scores.

As our medical center works to improve its service scores and receive a “10” from every patient on the publicly reported HCAHPS surveys, one area that could be improved was for a quieter environment, both day and night.

“We are a healing environment, and one of the ways that patients heal is to have a quiet environment,” said Beverly Wernitz, RN, improvement advisor, South Sacramento.

“Continuous readiness” Staff and physicians must be ready at all times to host a four-day survey to demonstrate that

TRAUMA PREPARATION

South Sacramento receives accreditation in neurosurgery

Our work to provide top-notch trauma services to our community took another step forward in February when we received accreditation from the Joint Commission for neurosurgery services.

We received the accreditation after a one-day, unannounced survey was held to determine if we meet the agency’s stringent national quality and safety standards to extend neurosurgery services to our hospital.

“This is a positive validation that we are able to deliver excellent neurological and trauma care to our members and the community,” said Max Villalobos, senior vice president and area manager.

The physician surveyor visited and spoke with physicians and staff in our ICU, Med-Surg, 4 West, OR, and PACU. In addition, the surveyor traced recent South Sacramento neurosurgical patients throughout their hospitalizations.

The surveyor concluded with no findings and no requirements for improvement.

“This survey was a delight, and demonstrated that your medical center has a very well thought-out program and processes in place to provide superb neurosurgery services. It also has very strong processes in place to support plans for trauma services.”

An outpatient clinic where pre-op and post-op neurosurgery patients will be seen will open April 8 in the MTU in MOB I. ■

CONTINUOUS READINESS

Joint Commission could come at any time

In 2005 the Joint Commission changed to conducting unannounced surveys. This means that our South Sacramento Medical Center’s last accreditation was granted in June 2007, so our “window of opportunity” for the next survey opened in January 2009.

To prepare for an unannounced survey, South Sacramento has adopted a state of “continuous readiness.” Staff and physicians must be ready at all times to host a four-day survey to demonstrate that

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continued on page 8

A publication for employees, physicians, and volunteers

Kaiser Permanente. | A publication for employees, physicians, and volunteers

INSIDE

Dr. Pearl on the economy, KP, and you

Get ready to enroll in Wellness University

Volunteer is all smiles

Good news about workplace safety

Newline is published bi-monthly by the Public Affairs Department for Kaiser Permanente employees, physicians, and volunteers in the South Sacramento Area. Newsline may also be read online by clicking on our service area intranet at http://southSac.kp.org.

Do you have a story to share? Please contact Public Affairs at South Sacramento; call us at 8-527-2254; fax us at 8-527-4684; or e-mail us at SSC-ELG-update@kp.org.

B E S T P L A C E T O W O R K • B E S T P L A C E T O R E C E I V E C A R E

SOUTH SACRAMENTO AND ELK GROVE

NEWSLINE APRIL 2009

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Dr. Robert Pearl on the economy and what employees can do to help Kaiser Permanente succeed

In late February, we sat down with Robert Pearl, MD, executive director and CEO of The Permanente Medical Group, to discuss the economy and its impact on Kaiser Permanente.

Growing market share, providing consistently outstanding service to our members, and being ambassadors for KP are Dr. Pearl’s primary messages to employees.

Q. How is Kaiser Permanente Northern California responding to the current economic climate?

“The consequence of the current economy is rising rates of unemployment, resulting in people losing their health care coverage. In response we are introducing new insurance products to bridge the gap, while focusing on opportunities to increase our market share and provide long-term solutions.

Individuals who lose their jobs can’t afford our traditional comprehensive options. Yet they want to continue receiving preventive services and be protected from catastrophic illness. In response, we are seeking regulatory approval to offer a broad range of individual deductible plans, priced lower than the current alternatives such as COBRA.

Clearly, at a time when the total number of insured people is declining, we must grow our market share. To be successful, we need to establish our reputation as the organization that provides high quality, focus on prevention, and be the best today is not enough, given the growing economic environment.

As such, we need to shift how we apply this strategy to the current external reality. Industry report cards show that KP Northern California is the best in California and that our quality outcomes are significantly better than those of our competitors. Other indicators demonstrate the positive impact it would have on the country if we were the model for the entire nation. But being the best today is not enough, given the growing external challenges. For this reason, we need excellence at every single point of contact—outpatient and inpatient, in the exam room, and in the hospital.

A very important part of the solution will come from offering our members greater choice in how they want to receive their medical care. Time is becoming an increasingly rare commodity in all aspects of our lives, and it is no different for patients needing care. That’s why, for example, we have been successful in expanding kp.org to include secure messages to both primary care and specialty physicians.

Q. Tell us about the role KP is playing in the continuing discourse on health care reform.

Kaiser Permanente helped create the design for universal coverage which came close to being enacted in California, and we are active in the current national debate. Although Governor Schwarzenegger’s plan to expand medical insurance to all failed to be adopted, we worked with the staff in Sacramento to ensure that it would provide high quality, focus on prevention, and be sustainable over time.

There are many voices at the national level, but continued on page 7

PATIENT SAFETY AWARENESS WEEK: MARCH 8-14

Patient involvement: The key to patient safety

The theme for Patient Safety Awareness Week this year is “Putting the Patient in Patient Safety” and the focus is patient involvement—a topic KP Northern California has been embracing since well before the annual March celebration was announced.

“Patient involvement is really a national movement to engage the patient,” explained Suzanne Graham, RN, PhD, regional director of Patient Safety “But already at Kaiser Permanente we have involved our patients in many ways—on some of our committees, participating in multiple focus groups, and on panels at conferences to discuss areas in which we can improve our safety programs.”

Programs in Place

One example that Graham points to is the Highly Reliable Surgical Team (HRST) Program launched in 2007. Its goals are to eliminate surgical verification injuries and any foreign objects such as sponges or instruments unintentionally left in the patient, achieve exceptional reliability in reducing known complications, and create a teamwork safety net to identify and prevent errors.

Each of the region’s medical centers now has an operating room committee that is responsible for overseeing the HRST Program. Each year, safety summits are held. And the main operating rooms in each medical center now have a briefing prior to each surgical procedure, including several key patient safety elements:

- Patient identity, confirmation of the site/side of surgery, and the procedure to be performed.
- To include the patient as part of the briefing, the process is done prior to anesthesia.
- Another example Graham cites is the High Alert Medication Program (HAMP), first initiated because of a 2005 catastrophic medication error. It aims to eliminate harm to the patient from the use of high-alert medications, implement and continually improve standardized medication handling processes, and ensure that safe processes are in place.

Before July 2006, high-alert medication events that caused serious harm or death to patients were identified every 8.6 days, Graham said. Starting in March 2007, the department has collected data on the frequency of high-alert medication errors causing major injury or death in Northern California. Since the department starting keeping track, only one patient has been seriously harmed from a medication error.

Nancy Corbett, RN, MHA, regional Risk Management clinical practice leader, points to the HEROES Rapid Response Team project, as well.

Through it, regional medical centers are educating patients and families on what to do if they need immediate emergency attention or the patient or their family member feels their concerns are not being met.

“Condition H—with the ‘H standing for help’—was continued on page 6
Teaching good medicine increases job satisfaction

Katherine Brubaker, MD, came to Kaiser Permanente in 1989 to practice medicine. But she also had something else in mind. She wanted to teach.

“I wanted to be someone who shapes the next generation of doctors,” said the Santa Clara Ob/Gyn doctor who won the 2008 Teaching Excellence Award in Graduate Medical Education. “I saw MDs who finished their training and over the next five to 10 years became outdated and I wanted to stress to residents that their learning does not stop after residency.”

Dr. Brubaker is one of many physicians who teach residents, newly minted doctors who are learning still while working for three to five years after medical school. Through the Community Benefit-funded Graduate Medical Education program established 60 years ago by founding physician Sidney Garfield, KP doctors regionwide work with more than 1,000 residents each year.

The residents they teach either belong to one of KP Northern California’s 11 residency programs or come from residency programs run by universities such as Stanford or UC Davis.

A majority of KP’s residents are at facilities in Oakland, Santa Clara, and San Francisco. They work in internal medicine, family, emergency medicine, Ob/Gyn, pulmonology, and more.

The region doesn’t keep a tally of how many doctors spend some of their time teaching, but Theresa Azevedo, MA, associate institutional director of Graduate Medical Education, said teaching doctors can be found in every service area and they don’t need a special background in teaching to shape and mold the newest crop of doctors—just a passion to teach.

While sometimes teaching can mean more work and no added perks, Azevedo said, it also helps boost job satisfaction for doctors like Dr. Brubaker.

“Teaching residents is what keeps me going,” said Dr. Brubaker, whose name has turned into a verb among residents—to be “brubed” is to be persistently and supportively encouraged to complete a research project. “Our job could become fairly mundane with yearly exams, pap smears. But teaching in the OR, in the clinic, and on Labor & Delivery keeps us alert and up to date. As I’ve gotten older with more experience under my belt, I also now feel that I have important things to share with the residents that aren’t taught in books.”

For more information about the region’s residency programs, go to http://residency.kp.org/nical/.

A presidential inauguration, volunteerism, and a race

On Jan. 19, employees and physicians across Northern California volunteered in the community for Martin Luther King, Jr. Day. Community Relations hosted its second annual photo contest, choosing the best photos from three teams and awarding cash to their sites. The first prize went to the Fresno team of 32 who built a home for a low-income family in Fresno. Habitat for Humanity, their partners, received the team’s $1,000 prize. Shown here; Josh Jackson, RN, Patricia Piggee, MD, and Joe Wright, RN.

The following day, Jan. 20, America saw the close of the race for the White House and a historic moment with the inauguration of Barak Obama, the country’s first African American president. A group of Northern California employees even made it to Washington, D.C. to see it first-hand. On Feb. 1, employees regionwide ran a race of their own; the Kaiser Permanente Half Marathon and 5K. Read these stories and more on KP Northern California at http://insidekplkp.org/ncal/portal.

To find these stories, look under the Find More Stories tab and click on 2009.
Quiet voices provide a healing environment

to a group of staff and managers working on a Performance Improvement Charter in October.

The focus for the performance improvement committee was to try new ways, test them, and review the results. Each committee member is responsible to communicate the messages to specific staff members to ensure that everybody on all shifts is involved.

Cresta Adcock, CNA, 3 West, said that the focus is on our members. “When it’s quiet, it helps the patients,” she said. “They are not disturbed and they can get their rest.”

The third floor implemented a number of changes to create a quieter environment, with much of the focus on having everyone speaking quietly. Efforts include hand signals to remind people to lower their voice; handing a “quiet” card to someone who is speaking too loud; and keeping a list when someone pages a doctor so that the medical assistant can quietly transfer the call. New posters also remind people to use quiet voices, and departments who go to the third floor have been notified of the change. “We are asking everyone who comes to our floor to be quiet,” Kim said.

The goal is to improve our score on the question, “My room is quiet and restful,” by 20 percent by the end of April. The most recent survey results demonstrate that the campaign is making progress. At the conclusion of the campaign, the committee will evaluate the program, and if it is as successful as they expect, “We’ll spread it everywhere,” Wernitz said.

COMMUNITY BENEFIT

Kaiser Permanente to offer free cataract surgery to underserved

Kaiser Permanente physicians and staff will once again offer free cataract surgery to eligible community members through the Mission Cataract program that has been operating locally for the past 14 years.

Led by Clint McClanahan, MD, Ophthalmology, Dean West, the Mission Cataract team screens patients for cataracts and financial eligibility and then performs 15 to 20 cataract surgeries on patients in need about a month later at our Rancho Cordova Eye Surgery Center. This year, Kaiser Permanente has always encouraged recycling, the recycling program in South Sacramento and Elk Grove became even more convenient last year with the addition of blue recycling cans for bottles and cans in all departments and throughout our South Sacramento, Elk Grove, and Wyndham facilities.

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The posters with soothing images reinforce the healing aspect of quiet voices.

It’s easy to be green at South Sacramento

Kermitt the Frog sang that “it’s not easy being green,” but for the staff and physicians at our South Sacramento Medical Center, it’s easy with our recycling program.

While Kaiser Permanente has always encouraged recycling, the recycling program in South Sacramento and Elk Grove became even more convenient last year with the addition of blue recycling cans for bottles and cans in all departments and throughout our South Sacramento, Elk Grove, and Wyndham facilities.

The containers for bottles and cans have two holes in the top to distinguish them from containers for trash or paper. Any clean plastic container that has a recycling symbol on it, including water bottles used in the clinics and yogurt cups, can be put in these containers to save them from going to the area landfills.

“These new containers have really helped us increase our recycling program,” said Steven Gerigk, manager for Environmental Health and Safety. “I would really like to thank Environmental Services for collecting the recyclables and making this program successful.”

Paper is recycled when it is placed in the Iron Mountain shredded boxes—where it is first shredded and then recycled. This has the added benefit of ensuring that we are properly destroying all paper documents that contain Protected Health Information (PHI). And South Sacramento’s Green Team, which promotes recycling, waste reduction, and conservation of natural resources, is currently working on a program to recycle newspapers and magazines.

Enrollments to start soon for Wellness University

With the new Wellness University program that will begin soon, staff and physicians in South Sacramento and Elk Grove can earn credits by exercising at the gym, going for a walk, learning how to plan for retirement, or listening to a podcast on stress management.

Wellness University is the new results-based program offered by Health Education. And much like college, completing “courses” allows staff to earn credits until they graduate. With its great variety of activities, Wellness University will offer something for everyone.

“Wellness University will make it easier than ever for our physicians and staff to partake in the full spectrum of wellness programs to help them thrive at work and at home,” said Lisa Liu, MD, APIC for health promotion.

Wellness University will use existing programs, such as workplace safety, health education, nutrition, and employee wellness, with new programs. Each course contains a number of specified credits that can be earned. There will also be incentives and rewards for staff and physicians as they complete each level. Earn enough credits to complete all four levels—all at your own pace—and you graduate from Wellness University. “The lessons and habits learned will benefit them for a lifetime, and hopefully they will be energized to keep learning,” said Brock Thayer, manager, Health Education.

To participate in the program, staff and physicians will complete an enrollment form and pick up a course catalogue that will soon be available from Health Education in South Sacramento and Elk Grove, and at http://southerncalifornia.kaiserpermanente.com/WellnessUniversity. Look for announcements via Lotus Notes and on the South Sacramento internal Web site in the near future.

Once enrolled, employees will set a goal, identify courses that will help them reach their goal, track their progress, and fill out a self-evaluation after completing their identified courses. Employees can then select a new goal and courses. The course catalog includes “quick-start packages” that offer suggested classes for goals like weight loss, stress management, and mental health.

Greg Joseph, employee wellness coordinator, said that Wellness University fits perfectly with the philosophy of Sidney Garfield, MD, the founding physician for Kaiser Permanente, who said, “Remember, good health is a way to get more out of your life—more energy, more enjoyment, more potential, more purpose, more life.”

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‘GREEN DAY’ APRIL 24

It’s easy to be green at South Sacramento

“Recycling fits perfectly into Kaiser Permanente’s overall mission to improve the community we serve,” Gerigk said. “Not only does recycling help the environment, but it also helps Kaiser Permanente financially.”

To help promote recycling and a green environment, South Sacramento will hold a “Green Day” from 11 a.m. to 2 p.m. on Friday, April 24, near the Basement Bistro in South Sacramento. In celebration of Arbor Day and Earth Day on April 22, all participants will receive a container with a tree they can plant. Area businesses and agencies will also be on hand to talk about how you can recycle, and prizes will be given away, including a gas barbecue.

We are also recycling a number of other products used at our facility, including blue wrap used for bandages, batteries, formaldehyde, light bulbs, computers, and monitors. We recently began recycling carafes in the hospital; blue wrap in the Operation Room and Outpatient Surgery Services; and wash basins, bed pans, and other plastic containers in the Emergency Room.

If you have a suggestion for recycling program, please contact Ajay Tejpal, EHS8, at 8-527-2676.

EMPLOYEE WELLNESS

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New Condition H enhances patient safety

Patient safety has always been a high priority for Kaiser Permanente. At our South Sacramento Medical Center, a new program called “Condition H” takes patient safety to a new level.

Condition H— also known as Condition Help—is a relatively new program in health care nationwide. It allows the patient or loved one to initiate a rapid response call for a patient in the hospital, regardless of location, to involve family members more in the patient care, and to add another step in patient safety.

The patient or a loved one may initiate a Condition H by calling 73333 when there is a noticeable medical change in the patient and the health care team is not present or responding to the patient’s or visitor’s concerns, when there is a breakdown in how care is being managed, and when there is confusion about the care plan. The most common calls to Condition H are for pain management, clarification of orders, discharge planning, and medical management.

When a Condition H is called, the operator notifies the house supervisor and an assistant nurse manager from the ICU by pager. The operator also makes an overhead page. The house supervisor and assistant nurse manager respond, assess the situation, and call in other providers if needed.

“It’s another way that a patient, family member, or significant other can request the health care team to respond to their concerns,” said Alice Reddy, RN, fourth floor manager. Leigh Hatcher, RN, ICU manager, said that the program enhances patient safety by further involving family members who know the patient best and would notice subtle changes.

South Sacramento first piloted the program on 4 East in December. In January it was rolled out to the entire fourth floor and soon it will be available throughout the hospital. To promote the program to members, the care team explains it to the patient and family members when they arrive at the floor, and a brochure is placed in their admitting packet.

The idea for Condition H was first suggested by the mother of Josie King, an 18-month-old girl who died in 2001 at John Hopkins Medical Center in Baltimore, Maryland after a series of medical errors. Her mother later suggested at a conference that parents be able to initiate a rapid response call, which led to it being tested in 2005 at the University of Pittsburgh Medical Center Shadyside and Children’s Hospital.

While no Condition H’s were called in the first two months of operation at South Sacramento, Reddy said it provides a comfort to families. “It says that we really care about what is going on with their loved ones,” she said.

When Roy Mena talks about working as a volunteer at our South Sacramento Medical Center, a big smile crosses his face. He smiles when he thinks about helping people, and he smiles when he thinks of his fellow volunteers.

“This is the best thing in the world, to volunteer,” said Mena. “With its people, Kaiser Permanente is the best hospital in the world. Everybody is always helpful. I’m really impressed with the people here. They are just wonderful.”

A KP volunteer since 1972, Mena is one of 218 people who currently volunteer at South Sacramento and Elk Grove facilities. The youngest is 15—the minimum age for a volunteer—and four are in their 90s. “Our volunteers are a comfort to our members,” said Valerie Sanders, manager for Volunteer Services. “When they see that blue coat, they won’t hesitate to ask them anything.”

Eighteen volunteers, including Mena, carry the additional title of “ambassador” who roam the facility looking for ways to help members, whether it is providing directions, finding loved ones, pushing members in wheelchairs, or doing anything else that is needed. The ambassador program began when the expansion started to assist members during this transitional phase.

Mena, 52, began volunteering three years ago after recovering from a stroke he suffered in 2004. Before his stroke, Mena often worked 70 hours a week managing truck drivers and driving a bus at the airport. After the stroke, KP staff advised him that while he’s not in top form, he could help others. His wife also encouraged him to volunteer for Kaiser Permanente. Mena also serves as a youth referee and delivers gifts to children and seniors at Christmas as part of a county program.

Having been a patient here, Mena has a special appreciation for the members’ experience: “People are afraid to go to the hospital, so you want to help them out,” he said.

Our volunteers are here to help staff and physicians in any non-medical way they can, noted Sanders. That includes running errands, stocking cabinets in the Emergency Room, working in Health Education and the Gift Shop, and meeting and greeting patients in the Operating Room, to name just a few duties they perform. Volunteers commit to helping at least four hours a week for six months or more. This month they celebrate Volunteer Week April 19-25.

Mena said that other volunteers inspire him. “I never met a volunteer who did not appreciate life,” he said.
SAFE PLACE TO WORK  By Nora Isacks

New data shows region on track for workplace safety goals

Kaiser Permanente Northern California just got a little safer for employees. For the first performance quarter for 2009 (October/November/December 2008), the region reduced the rate of workplace injuries by 19 percent. The reduction is a steep improvement from the six percent reduction from 2008. “It’s pretty dramatic,” said Michael Fedor, managing director, Workplace Safety. Fedor attributes the improvement to hard work by management leadership and line staff. He added that increased involvement by leaders in investigating injuries and looking for root causes, support of front-line staff, and more walk-arounds had a direct result in reducing workplace injuries.

The 2009 goal for rate of injury reduction is 34 percent, or 3.3 injuries per FTE (full time equivalents).

Thus far, the region has seen 68 percent of locations already achieving a double-digit reduction and many sites exceeding 20 or 30 percent, including Fremont, Regional Appointment and Advice Call Centers, Regional Labs, Richmond, South Sacramento, and Stockton/Modesto/Manteca.

The quest to become the safest place in health care continues. Now that the region is well out of the single digits, it can focus on reaching its vision of 34 percent. Fedor is optimistic: “Given the first quarter’s results, it’s an incredible start toward that goal.”

On-the-Job Safety Tips:
From Rachel Kaufinger, Senior Workplace Safety Consultant

- Always engage the safety device on needles and be careful when disposing sharps of any kind.
- Make sure patient-lifting equipment is easily accessible so it is ready when you need it.
- Model safe behavior—and correct unsafe behavior in the moment when you see it.
- Always have the right personal protective equipment for the job you do, whether it’s a face shield, gloves, or headset.
- Be aware of your environment; are you keeping cabinets and file drawers closed? Are you mindful of wet surfaces when it’s raining to avoid slips?
- Remember to bend your knees when lifting.
- You shrink a quarter of an inch during the day (really!), so remember to adjust your chair and monitor throughout the day for proper ergonomics.

Patient involvement: The key to patient safety

initiated at our Roseville and South San Francisco medical centers where nurses provide the patients and their families with information on how to call a specific number from their room to receive immediate help at the patient’s bedside for medical emergencies,” Corbett said. “All of our NCAL medical centers now have a similar process in place.”

Welcome to Patient Safety University

Nearly two years ago, KP brought patient safety to even more physicians and employees with a creative outreach program. In May 2007, Patient Safety University (PSU) was launched to directly focus on involving patients. “PSU is an opportunity to bring the type of learning most valuable to keeping our members safe from harm to the front-line leaders most responsible for creating a culture of safety every day within our hospitals,” explained Graham.

The two-day program designed for leaders, directors, chiefs of service, and managers starts with an introduction to safety principles and concepts, and then builds upon them to help participants learn and apply specific practical applications that can be used to create and sustain a culture of patient safety at the department or unit level.

An overall emphasis of the program is the concept of a “just culture” in which people are treated fairly when an error occurs and which supports learning from mistakes and correcting systems.

While the nationwide program began by being offered just a couple times a year in each region, the Northern California Region showed such a strong interest that seven medical centers have sent leaders through the course, with more to come this spring. In addition, an off-shoot called Patient Safety University Two (PSU²) pilots this spring. The four-hour class is aimed at staff and physicians.

All of these efforts to hear the patient’s voice are year-round and ongoing for Graham and her colleagues. “It is important to recognize not only during patient safety week but every day of the year, that no matter where we are in this organization, we all play a key role in keeping our patients safe,” said Graham. “It makes no difference if we work in a medical center or an office setting. Our commitment to our patients and their families is still the same—to provide the safest care possible.”

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Meet the unit-based team implementation consultants

Standing in front of 60 people at the San Rafael Medical Center Managers and Stewards (MASSES) meeting, Lana Rice is enthusiastically demonstrating "the wave." Rice, who is a unit-based team implementation consultant (UBTIC), hasn't mistaken the long, narrow conference room for a packed sports stadium. But she is about to lead those at the MASSES meeting in the arm-waving cheer to congratulate two unit-based teams (UBT) who have made considerable progress.

Part cheerleader, consultant, educator, and implementer, Rice is one of nine—to soon be 19—UBTICs in Northern California whose job is to work with local facilities to launch high-performing unit-based teams and provide them with the tools to keep going and improving. UBTICs also coordinate and match local resources such as learning and development or finance to UBTs so they can work together when needed.

The UBTICs are in place to help UBTs produce results—to make progress on meaningful performance goals. “My sole responsibility is to get those UBTs up and running and to help employees understand that their work ultimately feeds into the bigger picture,” said Rice.

The establishment of unit-based teams is an ambitious goal for partnering employees and those who work with them. UBTs are teams where everyone has a say in their work. By including the skills and experience of front-line workers, the quality of patient care as well as KP’s service and performance will be enhanced. UBTs focus on multiple performance measures, like attendance, workplace safety, expense reduction, and service.

The 2005 National Agreement calls for unit-based teams to be the way Kaiser Permanente does business by 2010. With the help of the UBTICs, Northern California will have about 1,500 UBTs established by the deadline date.

“The UBTICs are the ones who wake up walking, talking, breathing UBTs,” said Karen Price, managing consultant, NCAL Office of the Labor Management Partnership.

“Working with labor and management, their charge is to help front-line leaders develop effective teams.”

Fully funded by the National LMP Trust, the first UBTICs were in place in the fall of 2008. A very enthusiastic group with a “roll-up-our-sleeves, let’s get it done” attitude, they meet monthly on conference calls and quarterly in person to share perplexing problems, the excitement of success, and unexpected surprises.

One surprise came almost immediately as the UBTICs started their work.

When they introduced themselves to the existing UBTs, they noticed some apprehension. The teams weren’t so sure about these new UBTICs.

“There were misconceptions about what a UBT and a UBTIC were,” said Heather Williams, UBTIC, San Jose Medical Center. “My job was to add direction and the right tools. When they understood that and when those things were in place, there were positive changes. Labor and management are working together more and have a deeper understanding of the partnership.”

As the UBTICs continue down the road to 2010, they see UBTs as much more than teams working on specific measures.

“All of the UBTICs are helping their teams understand that unit-based teams are a business strategy—that all of us have a chance to help KP make a difference in the health care market,” said Ron Ford, UBTIC, Santa Clara Medical Center. “We’re building a new structure. High-performing teams are the future of Kaiser Permanente.”

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Dr. Robert Pearl on the economy and what employees can do to help Kaiser Permanente succeed

KP definitely is being heard. The better our quality results and the more our reputation grows, the more likely our suggestions will be heard. If you look at President Obama’s economic stimulus plans, you see Kaiser Permanente’s imprint around proposals to reward better clinical outcomes, implement 21st century technology, and expand the number of Americans who have comprehensive coverage.

Q. What can employees and physicians do to help us achieve our strategic goals in 2009 and beyond?

The solution to many of the challenges we face in Kaiser Permanente today is to grow our market share. Simply put, we need people to choose Kaiser Permanente over the competition.

It’s been said before, but it bears repeating because it is a wonderfully simple formula for success. Treat every member the way you would want a friend or family member treated. We especially need to identify those individuals who statistically have the highest chance of leaving. Kaiser Permanente—the new members who have just joined us and those members who rarely or never require care and, as a consequence, don’t understand all that we offer.

If every time a patient comes for medical care we look at ways to provide better service, that increases our reputation. If at every point of contact, we ensure that each person has had all of the preventive services recommended, we maximize our quality outcomes. By continuing to oversee patient safety measures that decrease the incidence of pressure ulcers, ensure medication safety, and reduce medical errors, we can make our health care more effective and affordable.

We need to engage the innovative thinking and mission-driven spirit of all of our people right now. Tell your friends, family members, and neighbors about Kaiser Permanente and all we have to offer. Our physicians and employees always have—and always will be—the very best ambassadors for Kaiser Permanente. For six decades we have been an innovative leader in health care. Our members, our communities, and the entire nation are counting on us to lead the way. I am confident we will not fail them.

GREAT PLACE TO WORK

Is your career a work in progress?

If you’re looking for resources to help grow your career, make sure to view the new workforce development banners when you visit your facility. The six larger-than-life banners feature KP and LMP Partnership career resources, including LMP Northern California Workforce Development, SEIU Ed Fund, Ben Hudnall Trust Fund, Recruitment Services, KP School of Allied Health, and Career Planning. The banners will be at the San Jose, Richmond, Oakland, and South Sacramento medical centers through the end of April. Check the regional LMP Web site at http://kpnet.kp.org/ncal/lmp for future locations and dates.
Joint Commission could come at any time

we meet the stringent national standards for health care quality and safety. All departments that could be surveyed have readiness plans and are ready to implement them when surveyors arrive on campus; usually about 7:30 a.m.

When conducting a survey, Joint Commission surveyors will want to speak to and observe frontline staff. They will not be here to judge individual clinical skills. Their focus will be on how we communicate across disciplines, departments, and services.

To be prepared, follow our policies about hand washing, the use of two patient identifiers, fall precautions, and keeping our hospital clean.

How well a hospital performs will determine whether or not it receives accreditation by the Joint Commission. It is this accreditation that allows us to bill Medicare for our services, but even more importantly, it demonstrates to the public that we have a strong commitment to safe patient care, quality services, and a healing environment.

If you have any questions about the survey, please contact Jackie Rittenhouse at 8-527-2815.

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Signage policy keeps our facilities attractive

A class has moved to a different conference room and you need to notify members. Or, you want to communicate to members that a medical station is closed for lunch. How do you do this in a way that is effective, but does not create visual clutter in our hallways and medical stations?

Our signage policy will guide you to appropriate and branded signage to use to communicate information. Our branding strategy requires that our facilities and grounds have a consistent and attractive look to advance our business goals and image, and to contribute to member satisfaction and the health experience.

Temporary signs convey time-limited messages and are intended to provide information on service, clinical care, advertising, public events, internal communications, staff/physician recognition, department and regional mandates, policies and procedures, scheduling, and alerts.

Highlights of the policy are:

- Temporary signs shall not be taped to walls, windows, doors, elevators, and other painted and finished surfaces. Handwritten signs and signs taped to sign holders, windows, doors, walls, and other finished surfaces are prohibited and will be removed.
- Temporary signs shall be hung only in permanent sign holders, display cases, and bulletin boards. Signs shall include on the sign in small font:
  - date posted, removal date, and originating department.
  - a user log-in to access pre-designed sign templates, poster templates, and logos.

The department that creates or posts a temporary sign shall include on the sign in small font: date posted, removal date, and originating department. All signs will be removed within 30 days or less. Extensions may be granted by Public Affairs.

Public Affairs is available to assist in accessing the Brand Web site, sign creation, and advice in adhering to the signage policy. Please contact Public Affairs at 8-527-2294 if you need assistance. If you have an announcement that you wish your co-workers to see throughout the facility, please e-mail it to svc-epg-update@kp.org for possible inclusion in e-Newsline, a weekly, online newsletter, or Newsline, our bimonthly print newsletter for South Sacramento and Elk Grove Area.

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Dr. Karam to lead South Sacramento Trauma Center

is a great way to fulfill that “fix.” We are already building a great team and many processes are already in place. Shepherding this program from infancy to maturity is going to be a very satisfying accomplishment.

Based on what you’ve seen and learned so far, why do you think our medical center is in a good position to offer this vital service to the community?

First of all, when I interviewed for the position, I came away floored by the genuine enthusiasm about the project from everyone I met. This enthusiasm is being channeled into practical approaches to finding solutions for every aspect of trauma care. Additionally, the geographical location on the southern side of the city will now give the people of this area and its suburbs, including the Central Valley, faster access to organized trauma care. Certainly, this hospital is organized trauma care. Certainly, this hospital is

What’s the main thing you want our physicians and employees to know as we gear up for trauma services?

Trauma is a team sport, and everyone will have a role in our success, both here at South Sacramento as well as the whole Kaiser Permanente organization. This is a unique and exciting opportunity for all of us to showcase our abilities as a clinical leader as well as a complete team that works flawlessly together to accomplish our goal of being a first-rate trauma center.

Favorite things:

- Books: Murder-mystery and sci-fi novels
- Movies: "It can be done."—Ronald Reagan Hobbies: Travel. With a passport and portable multi-charger device, I’m good to go!

Mission

Kaiser Permanente’s mission is to provide affordable, high-quality health care services to improve the health and well-being of our members and the communities we serve.

Vision

To be the model for quality health care in the nation by being the best place to work and the best place to receive health care.

2009 Goals

Quality

Provide comprehensive quality care that distinguishes us as the health care leader.

People

Be the employer of choice and ensure the health and safety of our people by focusing on workplace injury reduction.

Growth

Continue to grow while maintaining a balanced membership base.

Service

Continue to differentiate KP as the service leader.

Financial

Manage our resources efficiently to sustain financial stability and generate the capital we need for investment in our facilities, equipment, and technology.

Reputation

Deliver, promote, and protect our reputation as a leader in health care and total health.