



UMass Memorial Health





February 25, 2022

PRACTICING PARTNERSHIP

AN OVERVIEW FOR UMMH AND SHARE UBT CO-SPONSORS



UMass Memorial Health



THANK YOU KP!



We gratefully acknowledge assistance from the Kaiser Permanente Labor Management Partnership, upon whose materials much of this training's content is based.

LMP LABOR MANAGEMENT
PARTNERSHIP

COALITION OF
KAISER PERMANENTE
UNIONS

 KAISER
PERMANENTE®

 **ALLIANCE**
OF HEALTH CARE UNIONS

OUR GOALS FOR THIS TRAINING



After this training, you will have a strong understanding of:

- Our Labor Management Partnership
- Interest-Based Problem-Solving
- Our UBTs, and How to Be a Good Co-sponsor



HOW WE'LL SPEND OUR TIME



3:00

WELCOME, OVERVIEW & INTRODUCTIONS

3:15

LABOR MANAGEMENT PARTNERSHIP

3:40

INTEREST-BASED PROBLEM-SOLVING

4:00

UNIT BASED TEAMS & CO-SPONSORING DISCUSSION

4:30

ADJOURN

WHO ARE OUR CURRENT UBT CO-SPONSORS?



UMass Memorial Health

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Marcia Amaral

Michelle Carpentier
Michelle O'Rourke
Neil Gilchrist
Norm Soucie
Paul Lofrumento
Shavel Aldophe
Steph Costello



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Carol Hehir
Deb Anderson
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Jana Hollingsworth
Janet Wilder
Kim Latrobe
Kirk Davis
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LEVEL 1

Launching



WHO'S IN SHARE?



SHARE
is the largest
union at UMMH
3000+
members

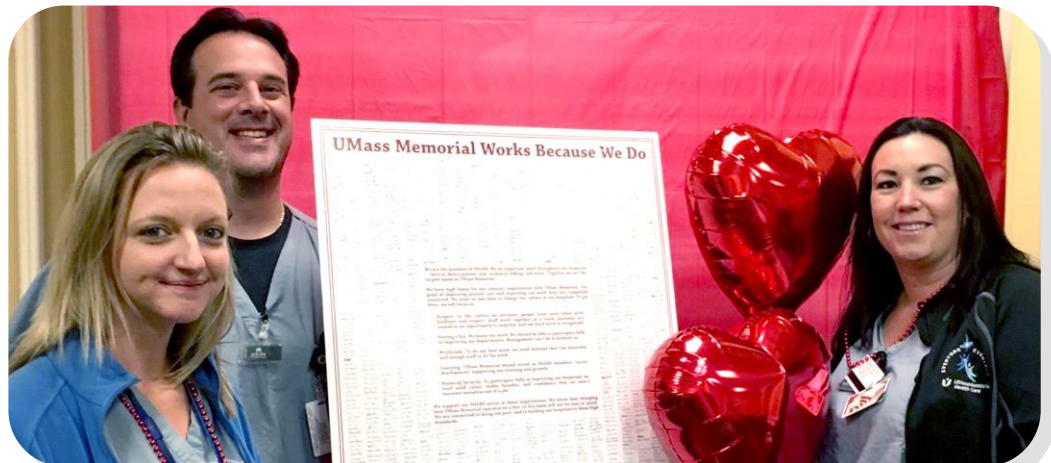
Worcester, Marlboro
(and UMMS)

Formed in 1997
Affiliated with AFSCME

100+ titles
Including PCAs,
ASRs, MHAs,
LPNs, MOAs, Rad
Techs, and Billers

**Organized around
the values of
solidarity & voice**

Taking care of each other
and participating in
decisions at work



HOW OUR PARTNERSHIP CAME TO BE



In 2015, close to its 20-year anniversary, SHARE had much to celebrate:

- Region-leading wages and benefits
- Expansive work security (“swaps”)
- Innovative alternative dispute-resolution process (“problem-solving”)
- Collaborative relationships at the top (“jointness”)

But had we changed the way it felt to be at work?



OUR SHARED SET OF CHALLENGES



SHARE and UMMH found ourselves facing:

- **A disengaged workforce** that resisted improvements they perceived as being done to them
- **Poor patient experience** in many areas
- **Strained labor relations**
- **Unreliable processes / inconsistent outcomes**
- Community and workforce had **lost confidence** in the system



OUR PARTNERSHIP



We formed our Labor Management Partnership in 2016 with goals to:



Bring “frontline SHARE employees into the job of improving the work as **respected partners**”



Create “a culture where all employees treat each other with **kindness and respect**”

IN LINE WITH OUR FOUNDING GOALS



“

Workers want more than good jobs, a decent standard of living, and work security.

They want their work lives to have meaning.

They want the work that they do to matter, both to the institution and to society.

They want to create workplaces where every individual is respected. On the other hand, workers and their union must understand the whole enterprise, and be as committed to its success as a business as they are committed to its mission to provide quality patient care.

From the SHARE/UMMHC Contract preamble, 1997

”

WE LOOKED TO KAISER'S PARTNERSHIP



Established in 1997 between Kaiser Permanente and many union partners (>100,000 workers covered)

Chosen by the parties over a national strike (“Plan A” vs “Plan P”)

A joint strategy to ...

- Lead organizational change
- Create an environment of continuous learning and improvement
- Involve the workforce in decision making



Over 3,500 Unit Based Teams (UBTs) running thousands of improvement projects

HIGHLIGHTS FROM OUR PARTNERSHIP AGREEMENT

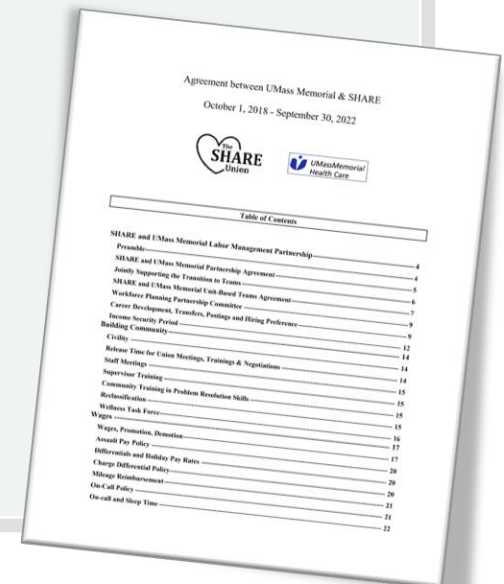


“SHARE and UMass Memorial Health commit to forming a Labor Management Partnership. We believe that **the only way to make UMass Memorial the best place to give care and the best place to get care is for union and management to work together.**”

“We understand that building a union-management Partnership is hard work, with different challenges than a traditional adversarial relationship. We must **learn some new habits and unlearn some old habits.**”

“We commit to **information sharing and consultation** at all levels, and to reciprocal accountability and responsibility.”

“We know that forming a Partnership does not mean that we always agree, but rather that we **handle our disagreements responsibly.**”



CHANGING ROLES FOR SUPERVISORS AND UNION REPS



“We embrace **a new model of interactions between SHARE members and managers/supervisors.** As we move toward a high-performance partnership organization, we envision team-based work systems, which require different roles for SHARE members and for supervisors.”

“**The Supervisor role is crucial and should evolve from directing the workforce to coaching, facilitating, and supporting the team,** representing management through interest-based problem solving, and ensuring a more engaged workforce.”

“**The Rep role should evolve into work unit leadership,** problem solving, participation and design of work processes and representing coworkers through interest-based problem solving.”

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THE PARTNERSHIP OFFICE



Jointly funded and accountable to both UMMH and SHARE

Supports UBT Program and other Partnership activities



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WHY UMMH CARES ABOUT THE PARTNERSHIP



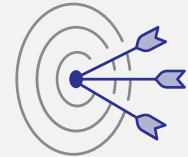
There is no business case for adversarial labor relations

- Traditional adversarial paradigm = recipe for institutionalized conflict



Union and management have distinct interests, but much overlap

- Partnership can act as force multiplier, help achieve goals



Moving from “command and control” to “servant leadership”

- Trying to stand dominant management paradigm on its head
- Committed to developing a new species of managers who understand the power of an engaged workforce



**Deeper
frontline
participation
=
better care**

Helps us know more

During COVID surges, we talked every day



WHY SHARE CARES ABOUT THE PARTNERSHIP



Outcomes: Best way to **improve our members' lives**

Outcomes: **Creates support** for a positive union

Develops different **kinds of SHARE leaders**

Strengthens the hospital, which matters for good jobs in the future

Collaboration gives SHARE and the hospital **greater power** on common issues



WHAT DO SHARE MEMBERS WANT FROM WORK?



- For their **work to have meaning**, for their effort to matter
- To **fulfill responsibilities** (to their families and patients)
- **Greater balance of power** in departments, more room for their voice
- For people around them to **value them**
- **To be supported** when things go wrong
- To **not feel incompetent**





LEVEL 1

Launching



INTEREST-BASED
PROBLEM SOLVING

AN INTRODUCTION
FOR UBT
CO-SPONSORS



**“Everything possible
begins in civility.”**

Robert Waller
Former CEO, Mayo Clinic



WHAT IS INTEREST-BASED PROBLEM-SOLVING



What it IS



- Meeting each party's needs in a way that maintains or even deepens their relationship
- A collaborative approach to solving problems
- The “how” of our Labor Management Partnership

What it is NOT



- Being nicey-nice
- Giving in and regretting it later
- Avoiding talking about hard things

POSITIONS VS INTERESTS



POSITIONS

**State what you want
but not why you want it**

- “I want to work from home”
- “I want a 5% raise”
- “I want you to work Saturdays”

INTERESTS

**Describe what is important
to you and why you care**

- “My commute is making it hard for me to spend time with my kids”
- “My rent went up by 10% this year and I may need to move”
- “We’re booking patients 8 weeks out, we need to improve access”

LISTENING FOR INTERESTS



STATEMENT BY A FRONT-LINE WORKER TO A UNIT SUPERVISOR:

“You were supposed to train me two months ago on how to use the computerized ordering system to order supplies and this still hasn’t happened.”



What are some potential underlying interests?

How would you know which interests are most important in this instance?



4 STEPS OF INTEREST-BASED PROBLEM-SOLVING



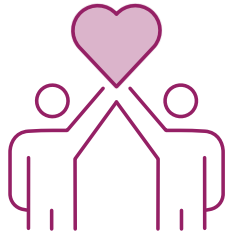
STEP **01**

DEFINE
ISSUE



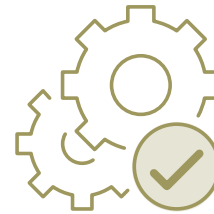
STEP **02**

DETERMINE
INTERESTS



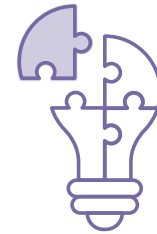
STEP **03**

DEVELOP
OPTIONS



STEP **04**

SELECT
SOLUTIONS



STEP 1 OF 4

DEFINE THE ISSUE



STEP 01



Describe the problem that needs to be addressed

WHY?

Facing a common problem (albeit from different angles) will help you find a common solution

Agree on a common set of data

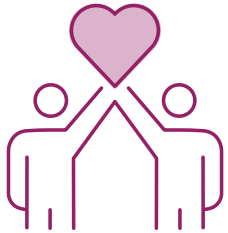
WHY?

So **that** you don't keep arguing about what's true, even after you're trying out a solution

STEP 2 OF 4 DETERMINE INTERESTS



STEP 02



Each side develops its own list of interests, then build a list of common interests

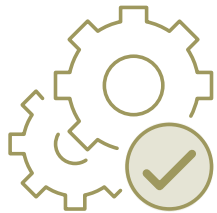
WHY?

Both sides can focus on core concerns (which usually overlap) and avoid extreme positions

STEP 3 OF 4 DEVELOP OPTIONS



STEP 03



Brainstorm (lots of) potential solutions

WHY?

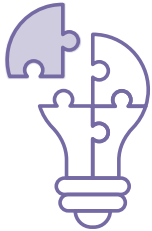
Allows for range of possible solutions to emerge

Best solutions often build from other ideas

STEP 4 OF 4 SELECT SOLUTIONS



STEP 04



Reach consensus on a solution or solutions

WHY?

Consensus ensures sustainability

But you're not done yet! You need to agree to:

Action plan (what, when, who)

Evaluation plan (if you are trialing a solution)

HOW CAN YOU SHOW RESPECT AT EACH STEP?



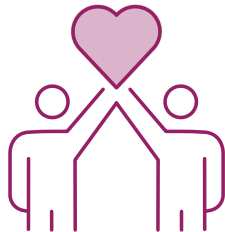
STEP **01**

DEFINE
ISSUE



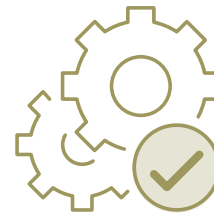
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DETERMINE
INTERESTS



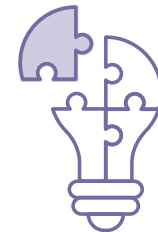
STEP **03**

DEVELOP
OPTIONS



STEP **04**

SELECT
SOLUTIONS



IN SUMMARY...



- Assume common and competing interests
- Process matters
- No one best way
- Appreciate creativity
- Assume good intentions
- Understand and advocate for your interests
- Show respect at every step
- Lead, don't react





LEVEL 1

Launching



UNIT BASED TEAMS (UBT)

CENTERPIECE OF
OUR PARTNERSHIP

WHERE UBTs CAME FROM



Pioneered in healthcare by the KP LMP to combat 3 problems:

1 Disengaged Staff

2 Disengaged Providers

3 Overburdened Managers

Our aim is to...

- Create an invigorating work culture
- Make partnership real at the frontline
- Organize a social movement for improvement from the ground up
- Improve work experience by improving work quality



WHAT IS A UBT?



The goal of a UBT is to improve how caregivers feel at work by engaging them at a deep level in measurably improving the work itself.

WHAT IS A UBT?



- Department-level improvement system
- Co-sponsored by AVP/Director and SHARE organizer
- Co-led by manager and frontline caregiver
- Solves 2-3 problems at a time using Lean methods
- Complements (but doesn't replace) Idea Boards
- Decides by consensus, using interest-based problem-solving methods

We test for consensus by asking 3 questions:

1. Has everyone been heard?
2. Can everyone live with this decision?
3. Will everyone actively support this decision outside this room?



WHICH AREAS HAVE UBTs NOW?



Oncology Clinic
Diabetes Clinic
Primary Care Clinic
Tri River Family Health Center
67 Belmont
Hand Clinic
Hahnemann Family Health Clinic
Pedi Clinic
Ortho Clinic

Neurodiagnostic Clinic
Antepartum Ultrasound
Vascular Office
Vascular Lab
Heart and Vascular Interventional Lab
Memorial Cat Scan
Memorial Radiology
University Radiology Scheduling

Nursing Operations
Comm Center (EMS/Lifelight Dispatch)
Respiratory Therapy
Memorial Emergency Department

Memorial Inpatient Pharmacy
University Prescription Center
Memorial Prescription Center

Single Billing Office

WHAT IS A UBT?



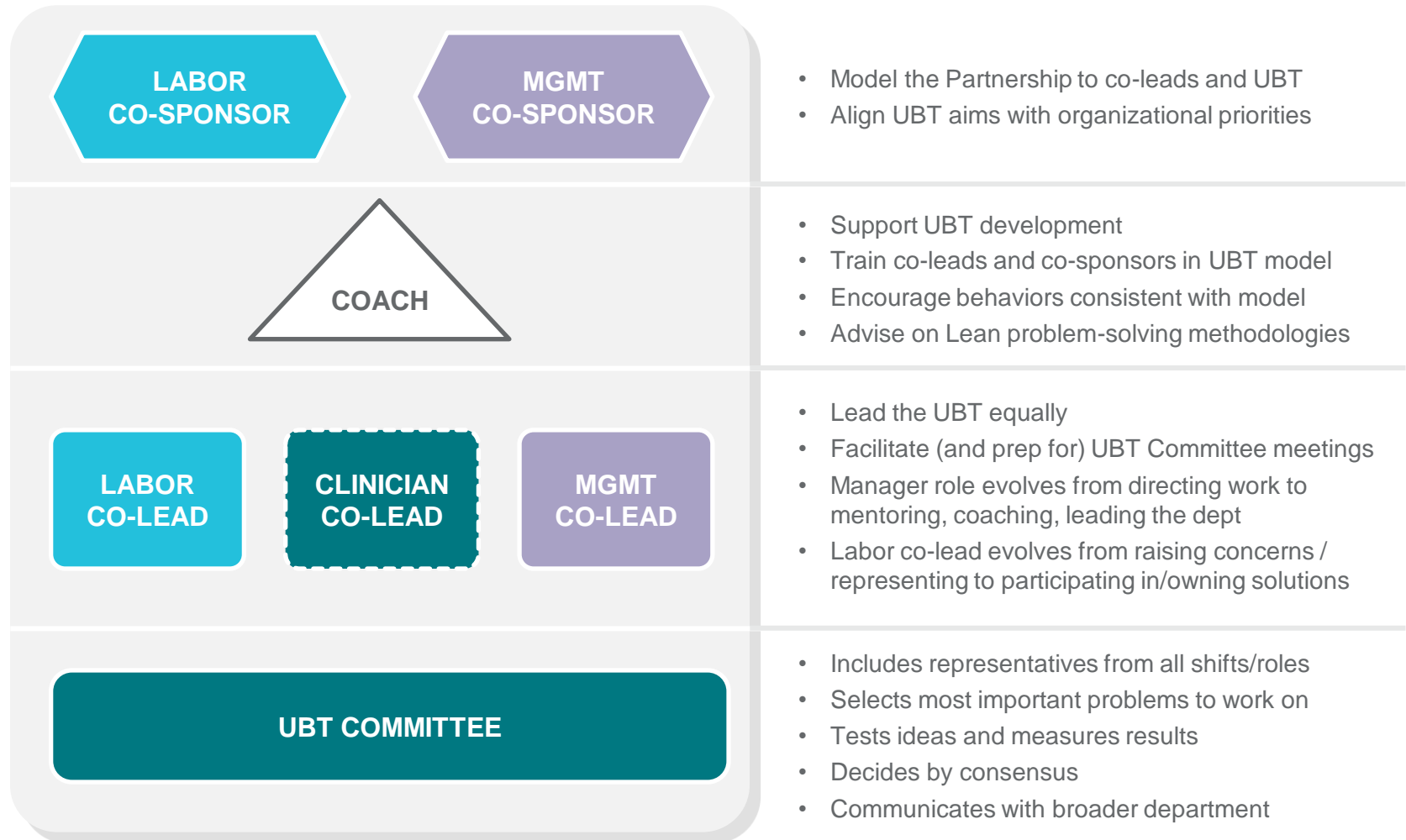


DISCUSSION

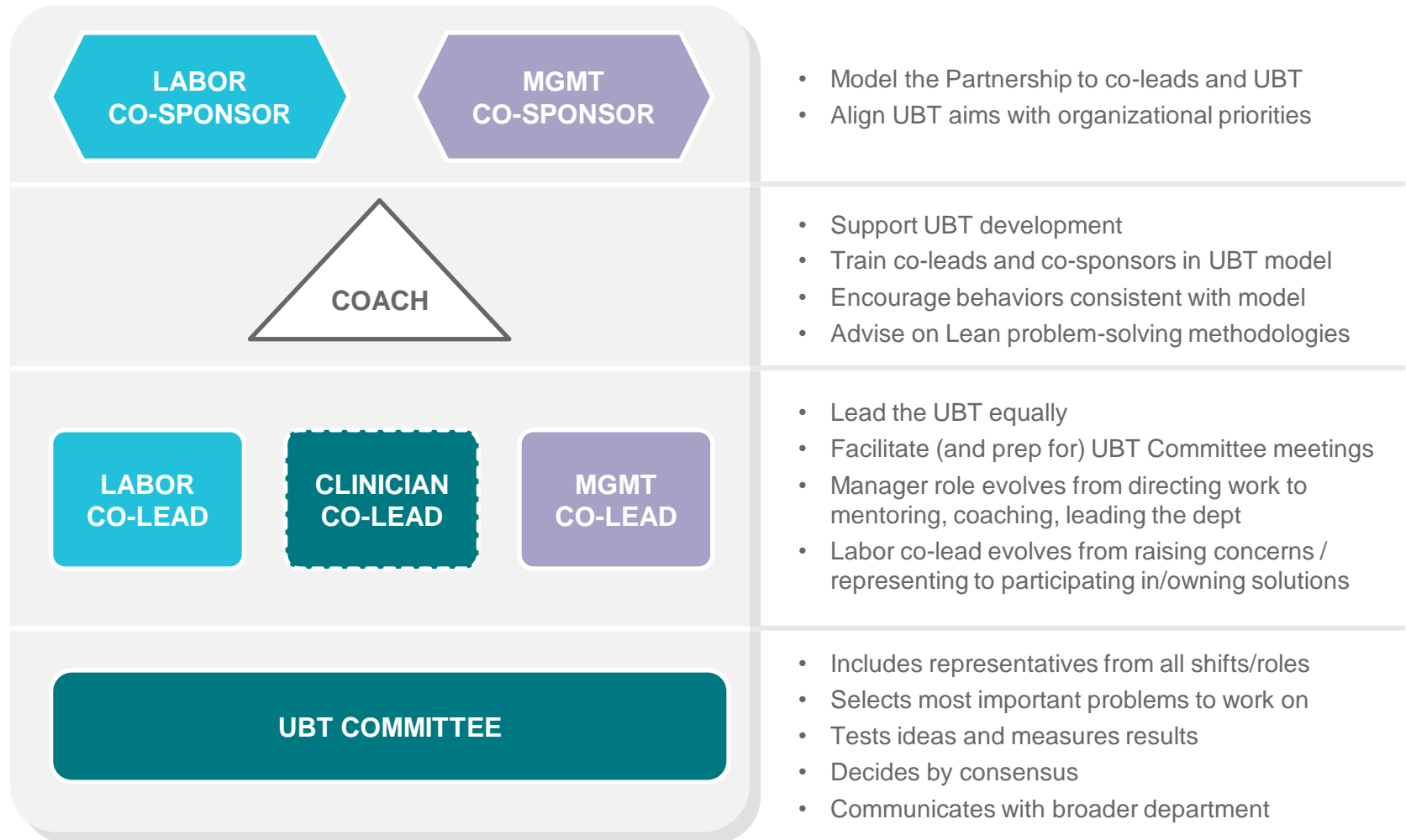
“What did you observe about the way this team worked together”



A UBT IS A VEHICLE FOR PROCESS IMPROVEMENT & LEADERSHIP DEVELOPMENT



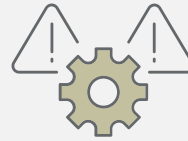
A UBT IS A VEHICLE FOR PROCESS IMPROVEMENT & LEADERSHIP DEVELOPMENT



A CLOSER LOOK HOW DOES A UBT WORK?



**Most UBT
Committees have
stable membership**



**Most UBTs currently
work two major issues
at a time**



**Most meet
30-60 mins every
other week**



**Co-leads jointly facilitate,
decisions are made
by consensus**



**Co-leads meet to
prep on the off week,
sometimes with
co-sponsors**



**Issues are chosen by
UBT Committee, with
input from co-sponsors
and broader department**

A CLOSER LOOK HOW DOES A UBT WORK?



UBTs rely on a Lean problem-solving approach, asking:

1. What is the problem are we trying to solve?
2. What process is causing the problem?
3. How could we measure our progress?
4. What change idea could we test?



WHAT'S THE DIFFERENCE BETWEEN AN IDEA SYSTEM AND A UBT?



Idea Systems and UBTs nest together and complement each other:

Idea Systems

Focus is on smaller, more easily implemented ideas

Can have many ideas in progress

While key dept metrics can be built into idea board to spur ideas, results of most ideas not followed or studied over multiple PDSA cycles

Utilize Idea Board on Innovation Station

Example: We've been running out of washcloths at night on the Unit, so let's update the par level on the linen cart

UBTs

Work 2-3 projects at a time

Projects are "meaningful, measurable and actionable"

Projects are larger, with uncertain root causes and multiple PDSA cycles

Co-led by manager and frontline leader

Co-sponsored by SHARE organizer and manager's manager

Utilize UBT Board on Innovation Station

Example: Increase % of our clinic's pts with Ha1C >9 who receive diabetes education

Department-level improvement system

Engage frontline in improving processes

Employ A3 problem-solving (identify problem, investigate root causes, test countermeasures)

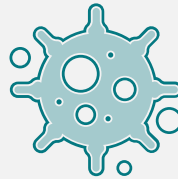
Meet regularly

Record progress

WHAT KINDS OF PROBLEMS DO UBTs WORK ON?



ONCOLOGY



SDOH screening new cancer patients improved from 58% to 89% from December 2020 to September 2021

MEMORIAL XRAY

Frequent wrong orders from Rheumatology dropped to almost 0 from July to September 2021



HFHC



Improved HC Proxies on file for 65+ from 37% to 51% from March to September 2021

PRIMARY CARE

Reduced incomplete / expired pain contracts from 495 to 449 from June to November 2021



WHAT HAVE OUR UBTs ACHIEVED?



The HVIL **reduced TAVR set up time** so patients and staff could come in later (and leave on time), and the Lab still saw 4 more cases/month

The Hand Clinic **improved its signaling process** with X-ray, shaving 1-2 minutes of waste from every visit (>100 times/day; 0.25-0.5 FTEs)

The Pedi Clinic UBT **tightened up their charge capture process**, resulting in 50 more charges per month for an anticipated \$96K/year

The Rx Center **overhauled its inventory process**, realizing close to \$1m in savings

WHAT DO YOUR UBT CO-LEADS RECEIVE TRAINING IN?



Most Have Some Exposure to Lean/Six Sigma Methods (A3s, PDSAs)

We Teach 6 Essential Skills for UBT Leadership:

SKILL 1 Effective Listening

SKILL 2 Effective Facilitating

SKILL 3 Interest-Based Problem Solving/Consensus Decision-Making

SKILL 4 Finding the Root Cause of Workplace Problems

SKILL 5 Designing and Measuring Experiments (PDSA)

SKILL 6 Communicating with Your Department

BUT ARE THE UBTs MAKING A DIFFERENCE?*



Primary Metric: Engagement	2020 n=	Engagement Index	Improvement from 2018	Leader Index	Improvement from 2018
UMMHC (non provider)	7,622	3.95	+ 0.07	82	+ 1
UBTs (All)	412	4.11	+ 0.14	86	+ 4

Where the UBT advantage shows up most strongly



“I am involved in decisions that affect my work.”

“This organization treats employees with respect.”

“Senior management provides a work climate that promotes patient safety.”

“This organization conducts business in an ethical manner.”

“This organization supports me in balancing my work life and personal life.”

“I get the tools and resources I need to provide the best care to our patients.”



* From 3/20 PG Caregiver Engagement Survey, UMMHC

SO HOW ARE UBTs DIFFERENT?



IT'S ABOUT POWER

Shared ownership: co-led, co-sponsored, Consensus-based

Structure **leverages** multiple leaders, networks

Model **makes it easier** to talk about hard things

Solves big problems, but in a way that:

Builds team
capacity for action,
reflection, leadership

Refreshes
manager and
union rep roles

Combats
pervasive
hierarchies

Strengthens
psychological
safety

OUR PLAN FOR FY22



GOAL: 50 UBTs up and running by September 2022

- Launch 25 new UBTs, mostly in Winter and Spring
- Transition to UBT Boards on Innovation Station (Work similarly to and complement Idea Boards)
- Build out UBT Toolkit
- Align UBT projects with organizational goals



HOW TO BE A GREAT UBT CO-SPONSOR



Model the Partnership with your labor/management co-sponsor

Visibly support UBT to department

**Help UBTC members select projects that are meaningful,
measurable, & actionable**

Escalate issues when UBT gets stuck

Support your co-leads, discuss UBT issues & successes with them






Review & ask about your team's UBT Board on Innovation Station

What are some ways you do these things?

How else can you be a good co-sponsor?



UBT PATH TO PERFORMANCE: ACTIVITIES, TRAINING & REQUIREMENTS FOR EACH LEVEL

DIMENSION	LEVEL 1 LAUNCHING 	LEVEL 2 STABILIZING 	LEVEL 3 IMPROVING 	LEVEL 4 HIGH-PERFORMING 	LEVEL 5 HARD-WIRED 
Sponsorship	Identify co-sponsors	Co-sponsors visibly support UBT to department (send announcement email, visit, attend UBT meetings, etc.)	Co-sponsors and co-leads participate in coco meetings Co-sponsors provide input and ongoing guidance on UBT projects	Co-sponsors check UBT Board monthly Co-sponsors regularly ask co-leads about UBT in 1:1s	Co-sponsors challenge UBT to work on larger-scale problems
Leadership	Identify co-leads	Co-leads use PIP tool at bimonthly coco meetings to advance UBT (ex. from L2-L3)	Co-leads viewed by department and co-sponsors as jointly leading UBT	Trust is developed such that UBT meetings can proceed without either co-lead	Trust is developed such that UBT meetings can proceed without both co-leads
Training	Co-sponsors and co-leads complete UBT Training Co-sponsors and co-leads trained on Innovation Station UBT board Department oriented to UBT model	UBTC members complete LWB (3 hrs) training UBTC members complete Interest-Based Problem-Solving (30 mins) training	Co-leads complete LYB training Co-leads able to orient new UBTC members to Interest-Based Problem-Solving	Majority of UBTC completes LYB, Standard Work for Respect, and Speed of Trust training Co-leads complete Leading at the Speed of Trust and Crucial Conversations training	Co-leads pursuing LGB training Majority of UBTC members complete some level of DEIB training
Engagement	Select UBTC members who represent a diverse range of caregivers, department roles and shifts	UBTC solicits input from department on potential UBT projects for improvement	Department staff receives regular updates on what UBT is working on and results	Department staff feel connected to UBT, receive regular updates on project progress, and are regularly consulted	UBT is primary coordinator of improvement work across department
Process	At first UBT meeting, UBTC members choose regular meeting time	UBT meets regularly Co-leads jointly prepare for UBT meetings	Co-leads jointly facilitate UBT meetings Co-leads seek input from and delegate tasks to UBTC members	Co-leads able to work through UBTC disagreements using Interest-Based Problem-Solving	In addition to improvement projects, UBT also working to resolve emerging department issues, including staffing/budget
Use of Tools	Complete UBT Charter and upload to Innovation Station	UBT uses UBT Board on Innovation Station to guide meetings, record activity, update co-sponsors, and record all ideas/projects	Co-leads work with coach to determine measurement plan for each project UBTC uses UBT Board to track projects and metrics, guide meetings, and update co-sponsors and department	UBTC members celebrate successes and one another regularly (ex. U Matter Central)	UBT can employ A3 methodology on UBT projects and department-level problems
Goals/ Performance	Orient UBTC members to department-level True North metrics and current performance	UBTC proposes at least 1 project for consideration for UMMH Seed Program UBTC selects 2-3 measurable projects related to department goals	UBT completes two PDSA improvement cycles on at least 2 projects UBT demonstrates at least 1 measurable improvement	UBT demonstrates at least 2 measurable and sustained improvements	UBT is impacting at least one department-level True North metric UBT has been nominated at least once for the UMMH Seed Program
Level Status	IN PROGRESS				