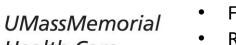
Improving Care and the Experience of Work through **Labor-Management Partnership and Unit Based Teams**

UMass Memorial Health Care (UMMHC) is a 1000+ bed Who are we? academic medical system in Central Massachusetts

- One of three safety net hospital systems in the state
- Largest employer in the region
- Committed to becoming the best place to give care and the best place to get care

Health Care







SHARE is the largest union at UMMHC

- Formed in 1997, affiliated with AFSCME
- Represents 3000+ nursing support, mental health, clerical and technical members
- Organized around the values of **solidarity and voice** taking care of each other and participating in decisions at work

We have a shared problem and a common interest in solving it:

- Disengaged workforce that resists improvements that are done to them
- Low patient experience in many areas
- Strained labor management relationships
- Unreliable processes/inconsistent outcomes

Why Partnership?

We formed a 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"

Unit Based Teams (UBTs) are the centerpiece of our Partnership:

- Pioneered in healthcare by the Kaiser Permanente **Labor Management Partnership**
- Aim is to create an invigorating work culture, make partnership real at the frontline, and organize a bottom up social movement for improvement

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





Co-leads Pete and Sue

Co-sponsors Deb and Roland

We test for **consensus** by asking 3 questions:

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

What is a Unit Based Team?

A UBT is a vehicle for **process improvement** and **leadership development**:

Mgmt co-Labor cosponsor sponsor

- model the Partnership to co-leads and UBT
- align UBT aims with organizational priorities
- Are drawn from union staff and director level

Coach

- support UBT development
- train co-leads & co-sponsors in UBT model
- encourage behaviors consistent with model
- advise on lean problem solving methodologies

Labor colead

Clinician co-lead

Mgmt co-lead

- governed equally by co-leads
- facilitate UBT Committee meetings
- manager role evolves from directing the work to coaching, mentoring and leading the team

UBT Committee

- includes representatives from all shifts/roles
- selects most important problems to work on
- tests ideas & measures results
- decisions made through consensus

UBT

includes all department staff

staff role grows to include improving the work and managing work processes with the team

But are they making a difference?

After getting trained, UBTs identified and addressed their biggest pain points, working up to a pace of taking on 2-3 issues at a time. They performing their own data collection, root cause analysis, experiments, standardization and sustainment. Some highlights:

Patient Experience

The Prescription Center UBT improved reliability in meeting promised pickup **time** from **30%** to **90%**

Level-Loading

The Vascular Lab UBT trained more techs to be able to do more of the 31 tests performed, making **scheduling** smoother

Quality

The Tri River UBT reduced unlabeled specimens sent to the lab by **67%**

Access

The Benedict Primary Care UBT built standard work around their biggest pain point: walk-in patients: from Jan-April, 43% were seen within 1 hour, another **36%** later that same day

What have we learned?

- launching UBTs while also doing Epic implementation is hard! Despite the difficulty 1st cohort appeared to facilitate staff resilience and engagement in adapting to new EHR
- co-leads and committee members demonstrated UBT potential as a leadership development tool
- managers grew considerably as leaders
- labor co-sponsors are trained in continuous one-to-one organizing; this framework fit that of continuous improvement
- interest-based problem solving skills proved critical early on in negotiating new relationships and ways of working
- UBTs often sought to improve difficult to measure issues
- biggest barrier was difficulty pulling frontline caregivers off the line to do measurement and improvement work

What's next for the UBTs?

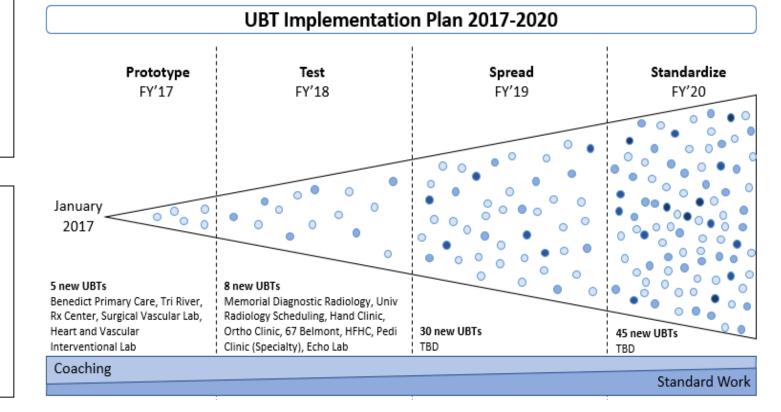
- Our vision is to bring UBTs to all SHARE departments, starting small to learn quickly, then spreading fast
- Each will mature into a high functioning team over 2-3 years
- Develop process for allowing hourly frontline staff to dedicate time to improvement work
- Build and deploy training for future UBT consultant/coaches

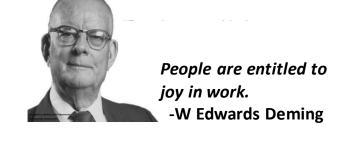
Engagement We each bring our own piece of the puzzle to our UBT. We know our own piece well, but through the UBT are learning to see the fuller picture and work better together as a team.

-Mary, LPN

Our UBT has given our frontline staff a voice and the opportunity to problem-solve and find solutions with each other.

-Denise, manager





Our UBT is helping us take better care of our patients... and each other. And we're making it fun! -Rita, ambulatory service rep



Acknowledgements: We are indebted to the Kaiser **Permanente Labor Management Partnership** for their inspiration, encouragement and materials. The model is theirs, which we fit to our own culture and context. Thanks also to our first cohort of UBTs and leaders.