

## Seeking the Great Care Experience

# Creating Change At KP Through Cultural Transformation

### An Interview with **Mark Zuiderveen**

Mark Zuiderveen is currently Regional Manager, Member Care Experience for the Southern California Permanente Medical Group (SCPMG). He was recruited to this position to craft and implement a strategy of cultural transformation in order to dramatically enhance patient access and the member/patient care experience. Prior to coming to the Southern California Region, he spent 24 years in various administrative positions with Kaiser Permanente in the Colorado and the mid-Atlantic Regions. Zuiderveen holds an MHA from the University of Michigan and a BSN from the University of Colorado. Terry Bream, RN, MN, Manager, SCPMG, Nursing Administration, and Quintessence board member conducted the interview.

**TLB: Would you give a little background in terms of your Kaiser Permanente (KP) history, and then, specifically, what got you to Southern California?**

**MZ:** I've been with the organization 24 years, mostly in Colorado and mostly in operations positions. I started out as an assistant department administrator and then became a department administrator. I ran every medical center that we had in Colorado at one time or another, and then went to the mid-Atlantic states, worked there for two years after their acquisition of Humana, and helped them get back on their feet after that merger.

I was invited to come back to Colorado to do medical group finance. Don't get me wrong, I can do finance and it is important, but, it's not something that gets me out of bed early in the morning. My real passion was around creating a high-performance culture. So, I was asked to craft a strategy for our people and our service. That is what I spent the last few years doing in Colorado.

I firmly believe that getting the kind of results you want starts with working on leadership behaviors and creating a work environment where people are engaged. In Colorado, we tried to create an environment where people came to work passionate and left proud. We had to focus on the fundamentals—investing in the workforce, dealing

with access and creating great clinician/patient communication. We wanted a courteous and helpful staff. But we had to engage them in order to move into a high-performance culture. It is when you start creating that kind of culture that you start getting the results that you need. Dr. Weisz asked me to come out to Southern California and replicate some of the things that we did in Colorado.

**TLB: What are your hopes for Southern California? What have you been able to assess? Where do you see you and your partner, Dr. Mary Wilson, (see article titled "KP Considers New Approaches to Enhance Access and Service") going in 2006?**

**MZ:** Let me tell you what my hope is. If you have spent any time in this organization, you or someone you know has had a personal experience with our system

that didn't match up to expectations. My fervent hope is that those kinds of experiences will become vanishingly rare. When we hear about or see those experiences, it affects us, it affects how people look at us, and it affects our organizational self-esteem.

We need to put a stake in the ground, and recognize once and for all, that we are a service organization, first and foremost. Everyone here has customers or clients, either internally or externally, and we need to not just meet, but we need to exceed their expectations.

For example, how we in the regional office treat our clients out in the medical centers speaks volumes about how we want to be treated or how we want our family to be treated. We need to hold each other accountable for those kinds of expectations. What we're doing is a cultural transformation and that's the hard work.

**TLB: So, what do we need to do to accomplish this change in culture?**

**MZ:** Well, the research and literature is crystal clear about the drivers of satisfaction with a care experience. The first thing is clinician/patient communication. But, interestingly enough, the research also shows it is not just communication between the clinician and the patient. It goes deeper to the clinician, their team and the patient. The way the team treats the patient will greatly influence the clinician/patient communication scores. That aspect is the number one driver of satisfaction with the care experience. Influencing that driver is a huge part of our strategy.

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**“The past is but the beginning of the beginning.”** H.G. Wells

According to Mark Zuiderveen, Regional Manager, Member Care Experience, “we need to put a stake in the ground, and recognize once and for all, that we are a service organization, first and foremost. Everyone here has customers or clients, either internally or externally, and we need to not just meet, but we need to exceed their expectations.”

Service is the past that is the beginning of our beginning ... to undergo, as Zuiderveen says, a cultural transformation; to build on what we already know how to do well, learning new behaviors as we go, in order to provide truly positive care experiences for our members.

According to Judy White, Medical Group Administrator, Orange County, “We’re focusing on developing strategies to give patients great access and great service and are passionate about taking access and service to another level.”

This issue of [Quintessence](#) focuses on service. We asked you if you are involved with any quality-, service-, or clinical goals-related projects that are designed to improve the delivery of personalized care at your medical center. Many of you responded and we created an article around several very interesting programs. We interviewed Zuiderveen, and White both of whom are deeply involved with creating change in order to improve service and access. They were insightful, informative and candid in their responses.

We also included highlights from our 2005 annual report so you can see just how much we as Kaiser Permanente advanced practice providers do for the community. For example, did you know that in 2005, over 2677 practitioners participated in our educational programs and that 22% of them were from the outside community?

We hope you enjoy reading this issue of [Quintessence](#) and perhaps come away with a revitalized commitment to providing our members with great care experiences.

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## Evening PAP Clinic Promotes Access and Boosts Compliance Rate

When La Palma Clinic Medical Administrator Ruthanne Ferreira, MPH, wished to improve access to routine women’s health screenings for patients who had not had them in recent years, Ob/Gyn Nurse Practitioner (NP) Donna Beard offered to establish an evening PAP clinic. Beard has used her enthusiasm for the project, and her powers of persuasion, to coax a large number of formerly reluctant patients to use the service.

The clinic began in May 2004, and the results have been dramatic. For the first time, La Palma exceeded its Clinical Strategic Goal (CSG) PAP smear target of 87%. As of September 30, 2005, the compliance rate for PAP smears at the clinic is 88.5%. “Of our 5442 women members that require PAP smear screening, 4821 are in compliance,” says Ferreira. “Only 621 more to go!”

“I started the PAP clinic to help La Palma improve its CSG compliance rate,” says Beard. “But I also found that it’s incredibly rewarding to see women who, for whatever reason, have been reluctant to come for a well-woman visit.”

“Donna provides excellent customer service,” says Ferreira. “The clinic has played a big role in enabling us to meet our CSG targets and serve patients who had not had key tests for a while.”

### A Complete Well-Woman Exam

Beard sees six patients at each clinic, which lasts from 5 PM to 7 PM one evening per week. The clinic only schedules uncomplicated women (those who are not currently experiencing any problems) for the screenings. Beard takes a thorough medical history and then performs a complete well-woman visit that includes a PAP smear, a manual breast exam, and an evaluation of the uterus and ovaries. Each appointment takes about 20 minutes.

Because she has access to the patients’ computerized medical records, she can determine what other screenings are needed and can identify conditions that need additional attention. If Beard discovers such conditions, she refers the patient to the appropriate provider. If the patient is due for a mammogram, Beard offers to help schedule one for her. Although the focus is on PAP smear compliance, Beard also addresses blood pressure, diabetes and colo-rectal screenings.


“There are other facilities in the Region that run straight PAP clinics,” says Beard. “Since we are able to convince patients to come in, we take advantage of the situation to also do a complete well-woman exam and other basic screenings. We are able to provide a ‘one-stop shop’ so to speak.”

### Effective Contacts Key to Success

“At first it was difficult to persuade patients to come to the clinic, and there were empty slots,” says Beard. “But then, based on a brainstorming session with our CSG committee, we wrote a script for our schedulers. That solution dramatically improved our response. We also do follow-up calls to remind patients to keep their appointments. Attendance increased, and no-shows declined. Now our appointments are totally full.”

Beard makes the patient feel welcome at the appointment by greeting them with a statement congratulating them on coming in and then focusing on how important it is that they are taking care of themselves. “I try to connect with my patients and work to create a true personal care experience,” Beard says.

“In terms of efficiency, it makes sense to have someone with gynecological experience in this role,” says Beard. “The night clinic becomes an extension of well-woman care. I see patients who might not otherwise come in. I think the clinic serves our members well. It would be tough to do this during a regular clinic schedule. This way I can optimize my time with them.

“The clinic helps overcome barriers to care for many women,” Beard says. “Sometimes it is difficult to get them to come in for routine care because they are busy taking care of their families or doing other things.” Based on its statistics, the evening clinic Beard is running at La Palma is certainly helping busy women by creating an efficient, “one-stop shop”. 

## In the News

**Ilene Gelbaum, CNM**, Orange County, attended the 27th Triennial Congress of the International Confederation of Midwives in Brisbane, Australia. There, she was interviewed for an article that appeared in the “Japanese Journal For Midwives”, December 2005.

**Donna Beard, OBG NP**, Orange County, spoke at the Southwest Baptist Woman’s Conference in March on the topic of “Health Issues for Women: How to Stay Healthy at Any Age”.

**Terry Bream, RN, MN**, Regional Manager, Nursing, did a keynote presentation on nursing leadership to community clinic nursing directors in April. This lecture was part of Kaiser Permanente’s continued outreach to community clinic partners.

Please submit any “In The News” items to Donna Beard at [Donna.M.Beard@kp.org](mailto:Donna.M.Beard@kp.org) before July 18, 2006 for inclusion in the fall issue of [Quintessence](#).

# Excerpts from the Department of Professional Education's 2005 Year-End Performance Report

Kaiser Permanente (KP) is viewed as a leader in offering professional development opportunities for allied health care providers throughout the community as well as the organization. The Department of Professional Education provides continuing education symposia to nurse practitioners, physician assistants, nurse mid-wives, nurse anesthetists, radiology technologists, physical therapists, occupational therapists, clinical laboratory scientists, registered nurses, audiologists and speech pathologists.

Continuing education is critical to maintaining a qualified, committed workforce and meeting the current educational needs of the allied health care providers, as well as the Kaiser Permanente Clinical Strategic Goals, the Chiefs Goals and the KP Promise.

## Community Partnerships, Collaborations and Donations

Outlined below are some of the most significant community partnership/collaboration projects that occurred in 2005.

### American College of Nurse-Midwives (ACNM)

An unrestricted educational grant was given to the ACNM to cover speaker expenses for the Chapter VI-5 Symposium September 10th, 2005 at Good Samaritan Hospital. The featured speaker was world-renowned midwife Ina May Gaskin.

### California Association of Nurse Practitioners (CANP)

Professional Education supported CANP with a corporate membership.

### California State University, Fullerton

An unrestricted scholarship was given by Professional Education to the California State University Fullerton Philanthropic Foundation to be awarded to a student nurse-midwife in their graduate program.

### California Academy of Physician Assistants/KP Student Challenge Bowl

For the past six years, KP has co-sponsored the California Academy of Physician Assistants (CAPA)/Kaiser Permanente Student Challenge Bowl where students from California physician assistant schools participate in competition at the annual CAPA conference. KP awards the winning school with a small scholarship. In addition, Professional Education has developed new relationships with several physician assistant schools and has been able to increase partnering opportunities

by offering workshops and guest lecture presentations by KP physician assistants, nurse practitioners and physicians to help support identified curriculum needs.

### Occupational Therapy Training Program

Professional Education funded support for Latina Empowerment Group Health Education through the Occupational Therapy Training Program.

### UCLA School of Nursing

Professional Education supported a special research project for Dr. Wendie Robbins of the UCLA School of Nursing. She is working at a boron plant in China, researching the health effect of boron on the DNA structure of the male reproductive system.

### Radiology Technology Students

Radiology technology students from Cypress College, Chaffey Community College, Moorpark College, San Diego Mesa College, Los Angeles City College, and the University of Allied Health are currently in formalized clinical rotations within KP medical centers. These students receive small stipends. In addition, money is used to supply the books, materials and models that are used by the students. Professional Education also sponsored six students to attend the annual KP Radiology Technology Symposium.

### Annual Community Service Project

Each year during the Interregional Symposium, the planning committee selects a community service outreach project to support. In 2005, the symposium raised \$820 in cash, \$50 in gift cards, as well as school supplies, puzzles, coloring books and videos for the Rebekah Children's Services in Gilroy, California.

### Quintessence

On addition to in-house distribution, over 500 copies of *Quintessence* were distributed to advanced practice professional organizations and student programs throughout Southern California.

*The 2002 SCPMG Standardized Procedures and Protocols for NPs, PAs, and CNMs* brings together all current practice initiatives related to clinical quality, evidenced-based and consensus-based guidelines all focusing on high quality, cost-effective clinical care. The protocols serve to decrease practice variation while providing the clinician with a practical, valuable resource. More importantly, it is in alignment with regulatory guidelines required for practice and serves to reduce risk liability for KP.

KP has provided consultants to numerous outside organizations on issues related to

regulatory requirements for practice. The protocols book is a model often used once appropriate modifications are made to their particular practice settings. This book received a best practice citation in a 2003 Medical Quality Review.

*The SCPMG Standardized Procedures and Protocols for NPs, PAs, and CNMs* continues to be of interest to the advanced practice community outside of KP. In 2005, 80 books were donated to community clinics, and 64 were sold to other members of the community.

The protocol book is currently being revised and the files restructured so they can be shared internally on the KP Clinical Library website. Once the revisions are finished, a CD of the book will be write protected, duplicated and sold to the community instead of a hard copy book. □

## KP Continuing Education Programs Attract Many Outside Practitioners

Professional Education organizes numerous programs throughout the year for many different groups of providers. The classes attract an internal Kaiser Permanente (KP) audience as well as practitioners from the community. The continuing education programs focus on meeting the current educational needs of the allied health care workforce, as well as the Kaiser Permanente Clinical Strategic Goals, the Chiefs Goals and the KP Promise.

**Advanced Practice Providers:** Ten educational programs/symposia in areas of women's health, pediatrics, primary care, long term care and anesthesia.

**Total KP Participants: 1,575**

**Total Community Participants: 136**

**Radiology Technologists:** One educational symposium.

**Total KP Participants: 303**

**Total Community Participants: 179**

**Clinical Laboratory Scientists:** One educational symposium.

**Total KP Participants: 123**

**Total Community Participants: 231**

**Physical Therapists/Occupational Therapists:**

One educational symposium.

**Total KP Participants: 36**

**Total Community Participants: 15**

**Speech Pathology and Audiology:** One educational symposium.

**Total KP Participants: 45**

**Total Community Participants: 34**

**Total:**

**KP Participants: 2,082**

**Community Participants: 595**

**22% of attendees were community participants.**

# KP Considers New Approaches to Enhance

Kaiser Permanente (KP) constantly focuses on enhancing service and access for its members. According to Judy White, Medical Group Administrator, Orange County, knowing what areas to focus on requires an understanding of what patients want and need. Patient surveys, and data from her work on the national Care Experience Council help guide White, and her colleagues Mary Wilson, MD, Assistant Medical Group Administrator, Patient Care Experience, and Mark Zuiderveen, Regional Manager, Member Care Experience, as they work with Jeff Weisz, MD, Medical Director, to develop a service strategy for the region. White was one of the initial members of the national Care Experience Council, serving on that panel for five years. Working with Dr. Weisz, she also has done extensive work in the Region on access issues.

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“We’re focusing on developing strategies to give patients great access and great service,” says White. “Dr. Weisz, Dr. Wilson, Mark Zuiderveen and I are passionate about taking access and service to another level.”

The solutions they are considering are based on several essential facts about the patient experience. “Familiarity with your providers and ease in getting appointments with providers you know are two of the key drivers of patient satisfaction,” she says.

Wait time in both the exam and waiting rooms are also important convenience factors to patients. To enhance patient satisfaction, White and her colleagues are considering new and more effective ways for providers to interact with patients as well as expanded roles in specialty care for advanced practice providers.

## **Focusing on Panel Management in Primary Care**

Transforming primary care is one idea White and her colleagues are considering. “Part of this transformation would be to move toward true panel management to insure access to providers that patients know,” says White. “To achieve this, patients must feel comfortable with all the members of their team. This requires, among other things, consistent messaging by members of the team so the transitions and hand-off of patients from one provider to another is achieved smoothly.”

According to White, this consistent messaging does not mean providers must follow a script in communicating with the patients. “But each member of the team should introduce themselves to the patient and explain their role,” says White. “Providers should have some latitude in what they say, but there are some basics that everyone should follow. The goal is to convey a sense of professionalism.”

As part of the transition toward panel management, KP is trying to develop surveys for panels in order to determine how effective they are in promoting patient satisfaction. Currently, KP does Member Appraisal of Physician/Provider Services (MAPP) surveys, which only gather information about the professionals the patient saw. “Surveys would be sent to members of the panel whether or not they had visits—so members might answer based on a phone call they had with their provider, an email message, or an outreach call made to them about their preventive health status,” said White. “As HealthConnect is rolled out, more of our care will probably be delivered without face to face visits.”

## **Changes in Visit-Based Practice**

In addition to panel management issues, White and her colleagues are focusing on visit-based practice and ways that might change to better serve patients. “Our focus now at KP is on the office visit, which is the heart of what we do,” White says. “But, we’re seeing changes across the country in this area. There are some practices that are moving toward a very different way of caring for patients. For example, in Alaska, there is a physician whose practice does not consist of the typical patient coming to his office. 65% of his practice is non-visits. It’s email communication with the patient, and phone group encounters. Many of our members, especially younger members would love to just email their doctor. They don’t really want to come in for everything.”

According to White, there are some physicians in KP who are beginning to adopt email communication into their practice. She recognizes this transformation will be difficult. “Because, right now,” says White, “a provider’s productivity is based on visits and this output is only measured by the people they see in an office encounter. So the incentives for change are not properly aligned yet.”

White says there are a number of things KP can do to promote more non-visit patient care and better meet patients’ needs. “We can reduce the number of visits and offer patients a wider array of ways to communicate with physicians and other providers. These changes would be fairly easy to do. One result would be a reduced need for buildings and parking so resources could be directed to other areas to improve patient care. In considering all of these changes, we need to know where we want to be in terms of patient satisfaction and access and how we get there,” White said.

## **Drivers for Members and Patients**

The evidence-based approach of the national KP Care Experience Council, provides the foundation for all the work White and her colleagues are doing on service and access. “We know the key drivers of patient satisfaction,” White said. “We need to keep in mind the distinction between the key drivers for members, and the key drivers for patients. The drivers for these two groups are a little bit different.”

White says that members want to make sure they get good phone service, that they have a personal physician, and that they are able to see that doctor or a member of the panel.

Patients, on the other hand, are more interested with what happens during the actual visit. They are concerned about things like the wait time in the waiting and exam rooms, the courteousness and helpfulness of the staff, and whether the nurses seem interested and attentive.

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**“Our work with the Care Experience Council tells us that familiarity with the provider has an impact on patient satisfaction.”**

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# ance Access and Service

“These—the softer parts of service—come into play when you are in the office,” says White. “As a member, you are thinking about access first, and then about being able to have a doctor.”

## Familiarity and Patient Satisfaction

White and her colleagues also evaluate KP’s reputation for service in the community by looking at which barriers keep people from joining KP. According to White, “it’s about whether you have a doctor and whether you can get an appointment quickly.”

“Our work with the Care Experience Council tells us that familiarity with the provider has an impact on patient satisfaction,” White says. “The data shows that satisfaction varies considerably depending on a patient’s familiarity with the provider they are seeing. Patients want to see a familiar face repeatedly. For this reason, patient satisfaction can be adversely affected in areas that use many per-diem providers. The reliance on per diem


providers is something I want to see us change.”

White notes that the Care Experience Council has also done work on the maternity experience. “Many of the Regions are trying to take that input and redesign what KP offers to maternity patients,” says White. “One thing we have tried to do is provide more consistency in who the patient sees during the maternity experience. Six or seven different providers can see a patient over those pre-natal visits. As a result, a patient may not feel that anyone is caring for them.”

## An Enhanced Role for Advanced Practice Providers

According to White, in the future, it is likely that advanced practice providers will play a greater role in specialty care. “I think their practice will change just as I think it’s going to change for physicians. Ten to fifteen years from now, the practice for both groups will look very different.

“KP sees great value in advanced practice providers. I think we will be seeing more and more opportunities for them in some of the specialty and procedural areas. This change has been occurring over the last 10 years. Before that, advanced practice providers were concentrated in primary care and Ob/Gyn. Now there is a shift to surgical specialties and medical specialties.”

Advanced practice providers can enhance the care experience in other ways, too, “They can do it by the way they treat our members, by establishing a personal relationship, by being kind, caring and compassionate, and by being part of the healthcare team,” says White. 

**This article was developed based on an interview between Judy White, Medical Group Administrator, Orange County and Ilene Gelbaum, CNM, Orange County and Quintessence editorial board member.**

## Zuiderveen Interview continued from page 1

The next part is dealing with our fundamentals. Specifically, making sure that all of our patients have a personal care physician (PCP), and that, more importantly, they are able to see their PCP. Don’t ask me to teach somebody to say nicely, “I’m sorry, but you can’t be seen for three weeks.” That’s just not acceptable for patients.

Inasmuch as we are able to create linkages between patients and clinicians and their teams, and patients are able to see those teams, all of a sudden, we create an emotional connection between our members and our organization that can’t be replicated by our competitors. Historically, we have competed based on price. Price is one of those things that gets people in the door but it’s a revolving door. It is creating the emotional connection between the patients and the clinicians and their teams, that creates an emotional bond that our competitors can’t mimic. So, price gets them in the door, but it’s the care experience that keeps them here.

We have to focus on clinician/patient communication, making sure that patients have a clinician, they’re able to see the clinician, and that the staff are viewed as helpful and courteous. What is important here is that we create the culture of serving each other, as well as serving our members. We have to hold each other accountable to create these kinds of supporting endeavors.

### TLB: What would you say are the biggest challenges for 2006?

**MZ:** For a long time we have competed based on price but that is not going to be sustainable over the long haul. Price, as I said, gets people in the door but it is the emotional connection that we make with them that keeps them with us. As we get into a more competitive environment, we need to create the kind of bond with the patient that makes it so that they will not even consider leaving. That type of change requires a real cultural transformation for us.


Historically, our culture has rewarded the high performers with more work. We have not held each other accountable for having

less than positive interactions with patients or for seeing the patients that need to be seen. We need to create the kind of culture where everyone expects high performance and a real focus on creating a superb care experience.

**TLB: The Thrive campaign has positioned the organization and our reputation in a way for people to consider the possibility that we are different. That may get them in the door but we have got to live up to “We’re different.”**

**MZ:** That’s absolutely right but here’s the problem. Historically, we have relied on managers to manage performance. Yet, the managers have such a large scope that it is almost impossible to do that. We need to manage each other regarding our performance in how we create the care experience so that staff can say, “You know, I work here, too, and I know how busy we can be but when you treated the patient that way, I was embarrassed.” If we can do that for each other in the spirit of growing, support and compassion, then we will have arrived as a culture.

**TLB: What kinds of expectations should advanced practice providers have in terms of impacting the overall care experience?**

**MZ:** First of all, they need to provide a superb care experience themselves. They need to create the emotional connection with the patient and the patient will then connect with our organization. Second, they need to be a part of a team that takes a population of patients and ensures that their healthcare needs are met and that every time these patients need to be seen, they either see their PCP or a clinician with whom they are familiar. Third, they need to think globally, but act locally. That is, they need to make sure that they provide a great care experience, but, then, also look at their colleagues and their support staff, and provide feedback to help others create a great care experience. 

# KP Advance Practice Providers Find More Ways to Serve Patients

**It may involve offering a specialty in urgent care that hadn't been available in that department before, "reaching out" to senior citizens with chronic illness to make sure they receive proper care or making an extra effort to treat the 'whole person,' not just their physical ailments.**

**These are a few of the ways Kaiser Permanente (KP) advanced practice providers are extending themselves to enhance access and service for their patients.**

## NPs Offer Ob/Gyn Services After Hours in Urgent Care

**Pam Brodersen, NP  
Jettie Castillo, NP  
KP Imperial**

After-hours obstetric and gynecological (Ob/Gyn) service from an Ob/Gyn specialist is not something ordinarily found in urgent care, except for patients at KP Imperial.

Since June 2005, Ob/Gyn nurse practitioners (NPs) Pam Brodersen and Jettie Castillo have been offering Ob/Gyn services at Imperial's urgent care clinic, Monday through Friday, from 5:30 PM to 9:30 PM. They see a wide range of problems, from pregnant women who fear they may be miscarrying, to perimenopausal women, and women undergoing treatment for other conditions who develop gynecological issues.

Patients prefer to be seen by a specialist after hours and avoid a trip to the emergency room (ER). Brodersen's and Castillo's physician, and advanced practice colleagues in urgent care who are not specialists in Ob/Gyn are pleased to have these experts on board to see patients.

KP Imperial began to offer this service because during staff training on the new HealthConnect computer documentation system, the number of Ob/Gyn appointments available to patients was reduced while at the same time that many new patients needed to be seen.

Danny Jose, Assistant Department Administrator for urgent care, and Dr. Bryan Keller decided it would be valuable to have Ob/Gyn NPs at the clinic after hours to see patients who might have difficulty making a daytime appointment.

Initially, the department expected the after hours program to be short-term, to provide access only while the staff learned the computer program. But the response from patients has been so positive, the program has continued.

"Urgent care is a fast-paced environment," says Brodersen. "On a typical evening, Jettie or I might see eight to 14 patients after they are triaged. The length of time one of us spends with each patient depends, of course, on how sick they are.

"Sometimes women come in with bleeding during the first trimester of their pregnancy," says Brodersen. "They may have had a spontaneous abortion or miscarried. In the past, they would go to the ER, tests would be ordered, and they would be told to see their Ob/Gyn. Now they are immediately attached to the obstetrics department.

"We have had new patients come in who are perimenopausal with bleeding, or with fibroids," says Brodersen. "We immediately initiate appropriate treatment for them. Often we bring them back as an add-on in the clinic during the daytime for biopsies, and for a physician follow up, without having to wait for a referral to an Ob/Gyn to be processed."

They are constantly on the alert for other conditions. "If someone comes in with persistent vaginitis," says Castillo, "we do a screening to rule out diabetes, and facilitate a follow up with primary care. If the patient is hypertensive, we get them in with a primary care doctor."

Sometimes a patient comes in with a gynecological condition that is a result of another condition. "For example, a cancer patient had chemo on Monday, and came in on Wednesday with a severe bladder infection," says Castillo. "I talked to the oncologist and we were able to handle the case outside the emergency room setting. We saw that his orders for the patient were carried out."

Offering faster access to the full range of Ob/Gyn services is one of the most appreciated aspects of the program. "In January I saw a new KP member," says Brodersen. "Before joining KP she had been scheduled for a total hysterectomy by an outside physician. She had pelvic pain, bleeding, and was concerned it would be a long time before she would have surgery. I was able to get her in to see the appropriate physicians and ultimately have her surgery."

"There has been a huge increase in member satisfaction because an Ob/Gyn NP is seeing them," says Castillo. "The program provides patients with the care they need, and prevents needless trips to the ER. It

is all taken care of seamlessly, by an NP who knows the process."

## NP "Connects" with Elderly Patients

**Colleen Bogdanich, NP, MSN  
KP Santa Clarita**

One of the challenges in a large health care organization, like KP, is connecting with patients so they feel their providers care about them. This becomes even more difficult when the patient is a senior citizen with a chronic illness. These patients often feel isolated, and discouraged about the constant care their condition requires. Also, it may be difficult for them to come in for regular appointments.

KP Santa Clarita NP Colleen Bogdanich, who coordinates the diabetes program within the chronic illness management program at that facility, welcomes this challenge and makes a special effort to keep in contact with her older patients. The diabetes program, like other chronic illness programs at Santa Clarita, takes a multidisciplinary approach to treating patients. Run by an NP, it includes a physician mentor, a health educator and a dietitian.

"At Santa Clarita, we have many elderly patients who have diabetes, osteoporosis and other chronic conditions," says Bogdanich. "Getting them to come in for regular screenings, and to call us with questions, can be a challenge. We focus on making it easy for patients to see us and contact us."

Bogdanich uses the Permanente Online Interactive Network Tools (POINT) system, a computerized registry of people with chronic illness, to track patients and get them in. "We can use the POINT system and identify patients who need to be brought back into the loop. I do this monthly, including sending out letters to members," she says. "We have a direct number where patients can leave a message. Our clerical person who is an integral part of the team, troubleshoots messages and forwards all of them to an NP."

According to Bogdanich, the group is exploring other ways of communicating with patients. "They can email, fax or call us for the results of their blood sugar tests," she says. "We always encourage patients to be more active in illness- and self-care. The more aware they are, and more involved in managing their condi-

tion, the more likely they are to take proper care of themselves. The result is fewer complications.

“Patients newly diagnosed with diabetes or high blood pressure are referred directly to us instead of being sent to the Panorama City Medical Center,” says Bogdanich. “Usually the patient is seen within a day or two at our facility. We want to strike while the iron is hot, when they first have the diagnoses.”

There is an improvement in patients’ test results when they attend a group appointment and educational session. According to Bogdanich, 75% of the participants demonstrated improvement in their blood pressure readings while 65% of the participants who attended the hyperlipidemia program demonstrated improvement in their cholesterol results.

“We are also seeing good results from our diabetes management program,” says Bogdanich. According to the POINT system, as of 2/15/06, only 7% of Santa Clarita KP members had HgbA1C higher than 9.0% and only 13% of Santa Clarita KP members had HgbA1C higher than 8.0%. “These are some of the lowest numbers in Southern California,” she said.

## Treating the ‘Whole’ Patient

**Marcia Woodson, PA**  
**KP Fontana**

KP Fontana physician assistant (PA) Marsha Woodson knows that the psychological effects of illness can be as severe as the physical ones, especially for patients with cardiac conditions. That’s why she and other advanced practice providers at KP Fontana are participating in a region wide program in Depression Care Management for these patients.

Woodson is in KP Fontana’s Population Care Management department, working primarily in Depression Care Management.

Woodson says, “Our goal is to help our cardiovascular disease patients identify if they have signs of depression, and if they do, to be given resources to work through the problem.” To participate in the program the patient must have hypertension, diabetes or cardiovascular problems. The program is based on one begun over a year ago in San Diego.

“Depression can be a complicated condition,” says Woodson. “Some physical problems are based on stress or depression. This affects the patient’s mind and body. Conversely, if they become ill, especially with a heart attack, or diabetes, they may become depressed about having to live differently by being on various routines.”

Woodson devotes 45 minutes to an hour to each patient, either in her office, or by phone. Depending on the acuity, she sees

most patients every two weeks, but can see them or speak with them every week, if need be. When they improve, she may see them every three weeks, or once a month. At every visit, patients are assessed using the PHQ9 questionnaire. Woodson can tell them how they are doing and give them feedback that same day.

“According to the program,” says Woodson, “I am supposed to have 250 patients for the year, but I will exceed this number, because I already have over 190, and the panel consists of 1,500 patients.” There are six practitioners seeing patients. At a minimum, the patients are screened but they can be referred to behavior health/depression care classes. The group works as late as 7:30 or 8:00 at night, coming in at different times to make sure patients are seen.

“We are having very good results, in terms of the number of patients we see and the improvement rate,” says Woodson. “Patients are extremely appreciative of the program and are very happy to have someone to speak with.”

# Thanks!

Thanks to all of you who responded to our emails about your involvement with any quality, service, or clinical strategic goals projects or programs that are designed to improve the delivery of personalized care at your medical center.

Your responses were overwhelming and we had room for only a very few of them but they prove that we are very involved professionals. We will continue to contact you as in the past when we wish to feature members of our group. Please feel free to contact us at any time with ideas for articles and information about colleagues who are doing extraordinary work.

*The Quintessence Editorial Board*

# Viva Bien!

## CRNA’s Presentation Helps Colleagues Make Hispanic Patients Feel Welcome

Providing excellent care for Kaiser Permanente’s (KP) ethnically diverse patients requires an understanding of how different groups perceive medical care. Certified registered nurse anesthetist (CRNA) Paul Parr, KP Sunset, thought he could help fellow CRNAs understand the needs of Hispanic patients by doing an in-service presentation on this topic.

“I’d seen a wonderful video, ‘The Spanish Speaking Patient,’ that had been produced by Dr. Frank Meza, a family practice physician at KP in East Los Angeles,” says Parr. “The video, which lasts 45 minutes, covers a variety of topics I felt would be helpful to colleagues who treat Hispanic patients.”

Parr, along with two other CRNAs, (Margarita Cueva and Elsa Chavez, both Latino, Spanish-speaking retired KP employees) compiled a list of questions and answers to present as a handout in addition to the video. In the introduction, Parr writes, “As you all know, we live and work in a multi-cultural environment. What sets us, as health care providers, apart from the rest of society is that we come in contact with people at a most unpleasant time in their lives, when they are not feeling their best. As we go about our daily routine in the workplace, administering anesthetics for various surgical operations, we may at times forget the fact that many of our patients are of different cultural backgrounds and that these backgrounds carry along with them different beliefs and customs. We need to be aware of the different beliefs and customs of patients.”

continued on page 8

“I did the presentation for about 40 CRNAs,” says Parr. “Everyone enjoyed the video. It covers a variety of topics, including how to interview the patient, and what subjects to avoid. For example, a patient’s religious beliefs can affect how they respond to the medical professional and the situation. Even a shawl can induce fear in a patient.

“Since the presentation was directed to CRNAs, many of the questions in the handout relate to the pre-op center, where most of the communication with the patient takes place,” says Parr. The questions, in both English and Spanish, include topics about pre-op anesthesia evaluation, post-op, and epidural anesthesia for labor and delivery. In addition, there are diagrams of the body and its organs, with terms in English and Spanish. “It is very important to obtain an interpreter if the patient is having any trouble in understanding you and to try to not misread reactions to things you say or do,” says Parr.

“Paul wanted to make CRNAs aware of health care issues from the point of view of our Hispanic members,” said Rosanne Padovich, CRNA, Assistant Department Administrator, Anesthesia, KP Sunset. “His presentation did this very well.”

This video, “Clinical Video Conferencing Network: NLCP Language and Cultural Series—The Spanish Speaking Patient” is available through the Multimedia Library at the Oakland Regional Offices by phone 510-987-4991 (tie line 8-427-4991) or by using their KP intranet website:

[http://www.crewnoble.com/kpwellness/SM\\_orderform.html](http://www.crewnoble.com/kpwellness/SM_orderform.html)

To search for other programs in the MultiMedia Library, use:

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