



KAISER PERMANENTE®

A publication for the  
employees and physicians  
in San Francisco

EMERGENCY PREPAREDNESS

# Are we ready?



The devastation of the 1906 San Francisco earthquake teaches us to prepare for future catastrophic events.

Since the September 11, 2001 World Trade Center tragedy and more recently Hurricane Katrina in New Orleans, thousands of communities across the United States are focused on how to cope with a widespread disaster. Kaiser Permanente as an organization, and KP San Francisco as a medical center in a large urban area, wanted to make people aware of some resources and tools for physicians and employees. “We want to highlight what employees can do for themselves in an emergency, both at work and home,” says **Leslie Waudby**, director, Accreditation, Regulation and Licensing.

2006 marks the centennial anniversary of the 1906 San Francisco earthquake and ensuing fire that nearly destroyed the city on April 18 of that year. The anniversary is being marked by events and exhibits around San Francisco, including a 100th Anniversary Earthquake Conference commemorating the event and exploring the possible effects of another such Bay Area disaster. “The earthquake of 1906 permanently altered how San Francisco residents feel about their city,” says Waudby, “and the anniversary gives us an opportunity to raise awareness and prepare for the future.”

In addition to participating in emergency preparedness drills at the medical center, there are

several ways that KP providers and staff can ready themselves and their families for a devastating event. One of the best ways is to visit the Web site created by the San Francisco Office of Emergency Services called 72hours.org ([www.72hours.org](http://www.72hours.org)). The site contains information about preparation for, response to, and recovery from different types of disasters. It even provides information regarding pet care during an emergency. While earthquakes are certainly a primary concern, the information also addresses storms, flooding, acts of terrorism, fire, tsunami, and power outages. The Web site points out that in a major disaster, it might be several days before vital services are restored. What will you do until help arrives and can you go it alone for three days?

Regional experts agree, since most physicians and staff work some 40 hours a week, everyone should not only have a plan, but also a cache of disaster supplies at work. In addition to the Emergency Preparedness Committee’s preparation activities, individual departments and staff are encouraged to consider their own needs. Several Kaiser Permanente facilities are now selling kits, colored in navy blue with the KP logo, that contain enough supplies for three days. They come in three sizes: small (\$33), medium (\$44), and large (\$115). Employees at KPSF will have an opportunity to purchase these kits in the near future.

## Tips to keep you safe in any disaster

In the event of an earthquake, the first 72 hours are critical. Most utilities, such as electricity, gas, water, and telephones, will most likely be out of service. Police and fire departments will be overwhelmed with crises and unable to meet the demand. Preparing to be self-sufficient for three days is the best plan. Follow these tips to ensure the safety and well-being of you and your family:

- **Food.** Enough for 72 hours, preferably one week.
- **Water.** Enough so each person has a gallon a day for 72 hours, preferably one week. Store in airtight containers and replace it every six months. Store disinfectants such as iodine tablets or chlorine bleach, eight drops per gallon, to purify water if necessary.
- **First-aid kit.** Make sure it’s well stocked, especially with bandages and disinfectants.
- **Fire extinguisher.** Your fire extinguisher should be suitable for all types of fires. Teach all family members how to use it.
- **Flashlights with extra batteries.** Keep flashlights beside your bed and in several other locations. DO NOT use matches or candles after an earthquake until you are certain there are no gas leaks.
- **Portable radio with extra batteries.** Most telephones will be out of order or limited to emergency use. The radio will be your best source of information.
- **Extra blankets, clothing, shoes, and money.**
- **Alternate cooking sources.** Store a barbecue or camping stove for outdoor camping. CAUTION: Ensure there are no gas leaks before you use any kind of fire as a cooking source and do not use charcoal indoors.
- **Special items.** Have at least a week’s supply of medications and food for infants and those with special needs. Don’t forget pet food.
- **Tools.** Have an adjustable or pipe wrench for turning off gas and water.



Source: OES Web site

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# Celebrating the life and times of Dr. Sidney Garfield

This month, people across Northern California and the world are stepping back into the annals of history to remember the famous San Francisco Earthquake, which bulldozed the city on April 18, 1906. However, a significant event the day before the quake would ultimately set into motion far-reaching ideas that would shake up the way health care was being delivered in the United States. That event, the birth of Kaiser Permanente founding physician

**Sidney R. Garfield, MD**, on April 17, 1906, is being celebrated at KP throughout 2006.

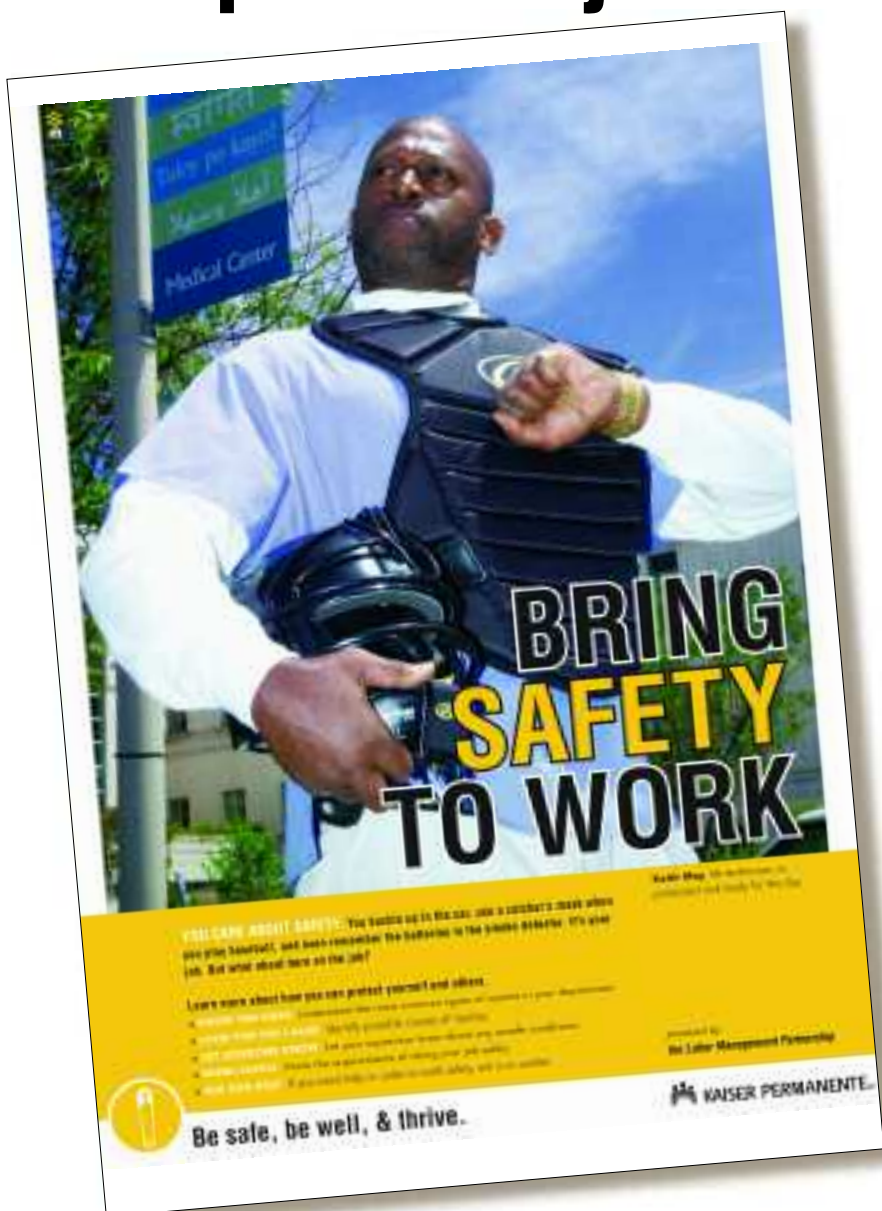
“Pairing the San Francisco Earthquake and Dr. Garfield as momentous events is not stretching things,” said **Tom Debley**, director of Heritage Resources in Program Offices. “When editors of the *San Francisco Chronicle* chose the most momentous events of the 20th

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**Employee of the Century: Dr. Sidney R. Garfield, KP’s founding physician, at a 1983 Kaiser Permanente celebration at Oakland’s Mosswood Park.**



## Workplace injuries down in 2005



Last year’s workplace safety tallies are in. With a 2005 goal of a 50 percent reduction of work-related injuries from the 2001 baseline, Northern California achieved a 29 percent drop. Although promising, the results for the region mean a redoubling of efforts this year.

KP departments across the region could take a few notes from the best practices of the KP Redwood City Chart Room. They had no injuries in 2001 and no injuries in 2005, while also achieving 55,964 productive hours last year. Chart rooms, overall, had the best performances, dropping 52 percent and having 109 fewer injuries than in 2001. The KP Regional Optical Lab was the only location to

**The nationwide “Bring Safety to Work” campaign brought the issue to the forefront for employees.**

exceed the goal by coming in with a 62 percent reduction in work-related injuries. In another instance, the Central Valley Area overall achieved a 49 percent drop in injuries.

“Although we did not hit the overall target for two years running, much effort is being made to find the balance between what is really doable and what moves us well toward an environment free of injuries,” said **Mike Green**, managing director, Workplace Safety.

According to Green, in order for the entire region to reach the 50 percent goal, there are some specific areas to focus on: injury reduction in high-risk departments, improving patient mobility issues, and improving ergonomics for every KP employee.

There were 1,040 fewer opened claims in 2005 compared to 2004, meaning that more than 1,000 employees did not have to suffer from an on-the-job injury.

Adds Green: “We should be proud of our accomplishment and work together toward further reduction of injuries in 2006.”

# Happy 60<sup>th</sup>, KP!

In our continuing celebration of KP's 60th anniversary, we're focusing on a different piece of history through this month, which marks the 100th anniversary of Dr. Sidney Garfield's birth. In our final installment, learn about our history of healthy living.



## Do You Remember Victory Gardens? We do.

On the home front during World War II, victory gardens brought fresh produce to Kaiser shipyard workers. Throughout the country, 40 percent of America's fresh fruits and vegetables were produced in victory gardens, as Americans took out their shovels to support the war effort.

Today, history repeats itself as Kaiser Permanente helps make healthy choices available to our communities. Joining with community partners, we offer farmers' markets at more than 20 KP facilities. This is just one of many programs that demonstrate KP's commitment to community health and healthy living.

## MPS scores hit all-time high



The Member Patient Survey (MPS) scores are in, and they are at an all-time high region-wide. Since 1984, MPS has been KP's internally administered KFHP survey of outpatient care and services. According to **Kristen Gregory, PhD**, manager, TPMG Access and Service Assessment, who is responsible for administering the survey and creating its reports, the good news this year is more than meets the eye.

"We have actually been on an improvement path that started a couple years ago," Gregory said of MPS. "But now people are starting to notice the scores, and to see that they are not just an aberration, but that we have consistent, sustained improvement across *all* satisfaction indicators." Pressed about whether there is any area where the region has dropped, Gregory responded, "They are all on the upswing."

Background on MPS: Gregory said that approximately 8 percent of visits are surveyed, with three to five surveys mailed out per provider each week to a random selection of patients until a specific quota is met annually. While approximately one million surveys go out each year, around 440,000 are returned. Different versions of the survey go out, depending upon the provider's department and the member's age, gender, and language.

For instance, a general survey for an adult member asks a total of 25 questions that span the gamut of a member's experience—frequency of contact with provider, convenient and easy access, personal and responsive service, whether the member would renew KP membership, and ease of selecting a personal physician, to name a few.

According to Gregory, "The survey is a thing that comes to life when **Dr. Robert Pearl** [executive director and CEO, TPMG] and **Mary Ann Thode** [president, Northern California Region, KFHP/H] use it in their evaluations during their site visits. It's not about the report—it's about the management of the report."

"At KP Santa Rosa, we follow the MPS scores closely," said **Bob Schultz, MD, PIC**, KP Santa Rosa. "They allow us to see the level of patient satisfaction for each department and each physician/provider. We use the information to recognize high performers with our 'Top Dog' awards. We also use it to identify departments and individuals who need to improve their ability to satisfy our patients. The MPS scores are an extremely useful tool in continually improving the health care experience for our members."

"We take MPS scores very, very seriously," Gregory added, citing score ties to incentives. "It's the one thing that everyone manages toward."

To learn more, visit <http://kpnet.kp.org/tpmgasa-mps/>.

## The ABCs of AHCDs

Last March it took the tragic events surrounding the death of Terri Schiavo, the woman who spent 15 years in a vegetative state, to bring to light the fact that 80 percent of Americans do not have an AHCD, or Advanced Health Care Directive.

To increase the use of AHCDs, KP's Regional Health Education Department has developed a new AHCD packet that is in a larger type font, making it easier to read and understand. It's available to anyone via [kp.org](http://kp.org) under "Your Plan, Forms and Publications."

"When Schiavo, a Pennsylvania resident, went into a coma, a ferocious battle raged between her husband and parents over whether to take her off of life support," said **Jasbir Hora**, senior health educator. "That fight captivated the public and even went to Congress. This incident underlines the need for anyone, at any age, to log on to [kp.org](http://kp.org), download the forms, fill them out, and share them with their physician."

Research shows approximately only 20 percent of American adults have completed an AHCD. But an AHCD can empower individuals to maintain control of their health care decisions, if they lose the ability to make those decisions. Specifically, the AHCD provides designated family members or close friends with an understanding of an individual's wishes and provides them direction in how to make difficult health decisions for their loved ones.

"This packet, which was developed in conjunction with our Southern California partners, gives individuals an option to communicate their 'Personal Health Care Choices' and clearly defines roles and responsibilities for the friend or family member designated to execute the AHCD," explained **Sandra Brown-Robinson**, project manager, Regional Health Education.

## Celebrating Black History Month



David Lofton flashes a smile in the midst of dishing up a feast at the Black History Celebration. On the menu of the Southern-style luncheon were a myriad of flavors, from barbequed chicken and black eyed peas to mac-n-cheese and German chocolate cake. The February 27 event, which took place in the lobby of 4131 Geary, was well attended by San Francisco Medical Center employees and physicians.



### Save the Date

#### Healthy Women, Healthy Lives

An evening dedicated to Women's Health

**Tuesday, May 16**

6:00 p.m. - 8:45 p.m.

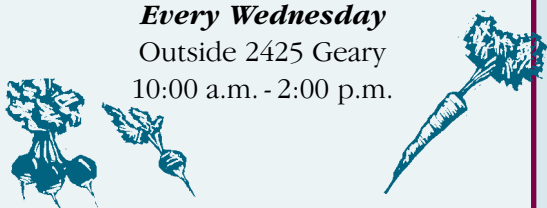
San Francisco Medical Center  
2238 Geary Blvd.

### Farmers' Market

**Every Wednesday**

Outside 2425 Geary

10:00 a.m. - 2:00 p.m.



## LMP SUCCESS

# A very safe place to work: **the ED**



Clockwise, starting from top left: Shelly Redmond, John Glorioso, Philip Crawford, Rafael Sugatan, Tracy Leet, Emy Montgomery, and Leonard Eng. Team members not pictured: Norma Ruiz, Diedre Golani, Carlton Clark, Alicia San Juan.

One of the primary goals of the Labor Management Partnership at KP San Francisco is to have all members of a department working collaboratively for the collective good of the member and the medical center. Several departments at KPSF have begun instituting projects that help to achieve this LMP goal, including the Emergency Department under the directorship of **Tracy Leet, RN, MS**, director, ED. "For the ED, the Workplace Safety (WPS) team is an example of the LMP at work in the department," says Leet. "We developed our WPS team approximately 16 months ago and at that time we had seven injuries. Initially, we developed a matrix that helped us identify problems within the department and we continue to work on issues. For the past nine months, we have had zero injuries."

The team includes representatives from all areas of the department, including nurses, receptionists, U/As and techs, and management. "It's important for the staff to know what each member does, so if they need something, they can start to rely on each other and not ask me," says Leet. The department offered several WPS training sessions, in addition to administrative support and guidance. After learning the basics of how to create a new system for safety within the department, Leet has encouraged her staff to find creative solutions to problems. "I tell

them they're my eyes and ears, and let them experiment with different options. At first it was a lot of work for me, but now people are beginning to understand that in order for us to run as a well-organized department, we all need to pay attention to issues as they arise."

The WPS team meets once a month to discuss past and future projects, and to address any unresolved issues. "I developed a WPS tree, where I send out information about what we're going to cover at the meetings, and then I make paper copies and put them in mailboxes. I want people to be prepared when they get to the meeting, so we can maximize our time together," says Leet. Meetings are generally well attended, but even if only a few staff members can make it, work gets done. "I'm very happy with the way we've progressed as a team," continues Leet, "At first we only discussed the problems. Now we talk about what we have accomplished."

Learning more about what each person does in the department and how each member can contribute towards WPS has engendered a spirit of mutual respect and shared responsibility. "I definitely find that the staff has become more responsible," says Leet. "We've done a lot of work in a pretty short amount of time, and we still have a long way to go, but I'm confident we'll get there as a group."

# CyberCafé Debuts in San Francisco

BY ELIZABETH JOHNSON



Enticing KP physicians and employees with coffee and kp.org registration, Joyce Stratford, Jackie Goeldner, and Diana Lopez stand guard at the French Campus CyberCafé event.

*SAN FRANCISCO - The furious hiss of the espresso machine. The faint tap of the keyboard. The Web site demonstration flickering on the wall.*

**T**hese new sights and sounds are a part of the CyberCafé, a KP HealthConnect venture which took place in February at KP San Francisco.

The café isn't permanent; rather, it springs up in a facility for a half-day.

The goal is to promote and register employees and members on kp.org. "The emphasis was on employees because when more employees are registered users, they will tell their colleagues and patients, and the momentum for joining will build," says **Joyce Stratford**, a KP HealthConnect project manager. As an enticement, everyone gets a free coffee, or some other hot beverage.

Stratford, who was greeting visitors before ushering them to the laptops and coffee bar, told them about the site's features, including sending secure messages to nurses and doctors they've seen in the past 13 months, checking lab results, filling prescriptions, and viewing

future appointments. Café patrons were also told about future capabilities, such as viewing immunizations and summaries of past visits.

"It's amazing how little people know about kp.org," Stratford says. "Once you start using it, you will see how great and easy it is."

The three CyberCafés drew a total of approximately 400 people, mostly physicians and staff. They were successful because they raised awareness and got members excited about the site, Stratford comments.

**Erica Evans**, a member who stumbled upon the café in the lobby of the French campus, didn't know that as a registered user she could make appointments and fill prescriptions. "When you call in for an appointment, it takes so long. But if you go online, you don't have to wait," she says. "It's direct."

Like others at the café, Evans is going to spread the news about kp.org to loved ones.

Employees at the French campus rushed to the café

once they heard about the free cups of joe.

Although the drinks were a draw, **Patricia Lincoln**, a scheduler for the Home Health Department, says she is interested in becoming a registered kp.org user because she takes several medications and often talks to her doctors. Lincoln hadn't signed up before because she didn't know about it. Her enthusiasm flagged for a moment when she expressed concerns over the site's security. Staff quickly reassured her that her information is safe.

**Karen Young**, a rehabilitation supervisor for the Home Health Department, is already a user, but didn't realize that she could tap into lab results and will be able to do the same with immunizations. "That will be convenient," she says, "because you don't have to get it printed out." Young savored the drink while she could, wishing the café could stay in the lobby.

## KPSF library: check it out



Owen Miller, RN, KPSF librarian

**F**ew people realize that the Kaiser Permanente San Francisco Medical Library, located at 2425 Geary Blvd. on the mezzanine level in room M150, is an invaluable resource available not only to KPSF physicians and staff, but also to members and their families. "We're part of the much larger KP library system," says **Owen Miller, RN**, KPSF librarian. Miller, who has a master's degree in library science, began working for KPSF in September 2005. "It's been wonderful so far. I've had the chance to work with a lot of the staff who've come into the library with reference questions, journal and book requests, and literature searches." Miller has just begun working on a few select projects, including the stroke center, the Wallenberg High School partnership, and the Magnet Designation initiative. With his assistant, **Tony Cesnik**, Miller presides over the library's permanent collection of medical journals, reference materials, and current texts. For more information, call Miller at the library (8-493-3835) or e-mail ([owen.miller@kp.org](mailto:owen.miller@kp.org)).

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# Meet Suzanne Graham



**P**atient Safety is every patient's right and everyone's responsibility. **Suzanne Graham, RN, PhD**, regional director of Patient Safety and member of the Quality and Safety Management departments, provides health care workers with tools, education, training, consultation, and other assistance to help them deliver care safely.

**Q.** Tell us about the 100,000 Lives Campaign.

**A.** The 100,000 Lives Campaign is a national effort by the Institute for Healthcare Improvement to generate changes in care that could save 100,000 lives annually. The research and the work done by the Institute is based on the premise that specific proven changes, such as Rapid Response Teams, can improve care and prevent avoidable deaths. Rapid Response Teams are medical emergency teams of clinicians who bring critical-care expertise to the bedside. They will be implemented at all our medical centers by the end of the year.

**Q.** Has Kaiser Permanente created a culture of reporting medical errors?

**A.** Creating and maintaining a culture in which errors and near misses—errors caught before reaching patients—are reported and openly discussed is ongoing in KP. Our leadership supports what we are calling a “just culture,” a culture in which staff and physicians are encouraged to report and learn from mistakes.

For the last several years, a series of programs have been implemented to increase reporting errors and near misses. We have ongoing assessments to measure if physicians and staff feel the environment supports reporting. The goal is to break through the barriers and show how reporting really improves the system. Changing a culture is always hard. Health care in the past focused on “blaming, shaming, and training” when errors took place. It takes time to change culture, but we are making inroads as demonstrated by the 48 percent increase from 2004 to 2005 in reporting near misses.

**Q.** What are common causes for errors that harm patients?

**A.** What we know from our own experience, the literature, and errors reviewed by the Joint Commission is that breakdowns in communication and teamwork are at the root of many errors that cause harm to patients. Our “Human Factors” program is aimed at improving communication and teamwork.

**Q.** When you were a practicing nurse, did you make errors?

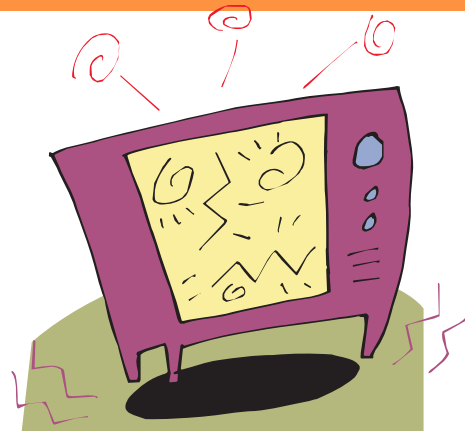
**A.** Yes, I did. Fortunately, none of the errors of which I was aware caused harm to patients. But they could have. One of the fallacies that we still believe is that we can totally eliminate error. What we need to do is design systems that compensate for human vulnerabilities and trap errors before they reach the patient.

**Q.** Has your job affected you as a patient?

**A.** I think so. One of the things that we are doing is encouraging patients to speak up if they think something is not right. I try to practice what I preach and if I think something is not right, I ask questions.

**Q.** You have quite the collection of rocks on your window sill.

**A.** Our family has a ranch in Stonyford, a tiny town east of the Mendocino Forest. This is a very volcanic area so there are many interesting rocks that I can't resist picking up. I had some of the fossils I found tested, and they are from the Jurassic Age.



## KP has some alternatives to TV

**K**aizer Permanente supports national TV Turn-off Week from April 24 to 30 for one good reason: Your health.

KP is not anti-TV, but advises moderation. Statistics from the TV Turn-off Network show that American children spend an average of 900 hours per year at school—and an average of 1,023 hours watching TV. American children ages 2 to 17 spend an average of 19 hours, 40 minutes watching TV each week. Forty percent of Americans always or often watch television while eating dinner.

Marry these numbers with those connecting Americans' inactivity to obesity and resulting health problems, and it seems clear that watching too much TV can be risky business. Weight-related health problems cost America more than \$125 billion in 2005 alone. Four out of five children

who are overweight as adolescents will become overweight adults.

“For just one week, we're encouraging employees and members to turn their TVs off,” said **Amanda Howell**, project manager. “In past years, people were often surprised that they got something out of the experience that they didn't anticipate.”

What can you do? Turn off the TV for that one week. If you need help, contact your local KP Health Education Department for alternatives to TV viewing, and encourage members, friends, and family to do the same. Regional Health Education also points toward KP's Farmers' Markets, now numbering seven in Northern California, as a great place to pick up fresh produce and some free materials on how to cut down on TV.

Check out <http://tvturnoff.org>.

## Get your W-2s ASAP

**A**pril brings to mind spring break from school, softer weather, and holidays such as Passover and Easter. But April 15 marks something a little less joyous—the deadline for filing taxes.

Just recently KP has made the chore just a bit easier by posting employee W-2 information online. As usual, employees receive W-2s no later than Jan. 31 each year. But now all non-physician employees can go to [www.kppay.org](http://www.kppay.org), which links to the Ceridian Web site where W-2 forms can be viewed and printed. In addition, the site hosts downloadable tax programs such as TurboTax. Ceridian is KP's vendor that prints and distributes W-2s and pay statements.

To access the Ceridian site, just register and establish an account by providing a “Company Access Code” (Kaiser), your name and Social Security Number, and either the zip code from your 2004 W-2 or the check number from one of your last three paychecks (if you log in from the pay section).

To learn more about the online form, go to [http://insidekp.kp.org/insidekp/communicate/Announcements/W-2\\_Info.htm](http://insidekp.kp.org/insidekp/communicate/Announcements/W-2_Info.htm). For help with the Ceridian Web site, contact the National Help Desk at 1-888-457-4872.



# Operation Smile

Every year KP physicians and health care professionals journey to the far reaches of the world to volunteer their services for people in need of health care. They perform routine operations working to heal such conditions as cataracts, defective gallbladders, burns, various forms of hearing loss, hernias, and more. However, many of the surgeries are to repair cleft lips and palates, a congenital birth defect that affects millions of impoverished children across the world. For the parents of these children, the gift of seeing their child smile is priceless.

Working with groups like Interplast, a nonprofit organization providing free reconstructive surgery to children, KP plastic surgeons and others donate their time and efforts to help children from countries including Brazil, Cambodia, and Vietnam to lead normal, productive lives. Children with

congenital deformities, such as cleft lips or palates, are often ostracized from their communities and denied an education because of their appearance and speech impediments.

KP physicians such as **Eric Lin, MD**, a physician in the Department of Plastic Surgery at the KP Santa Rosa Medical Center, says his opportunity to volunteer with an organization similar to Interplast has made him realize how fortunate we are in the United States compared to those with limited access to health care.

"I volunteered in Oaxaca, Mexico, where we provided plastic surgery care for local residents," said Dr. Lin. "It was challenging to work in a limited space with limited resources for many residents who lined up daily, many of whom walked for days to see us. I still remember vividly the huge smile on



Helping kids smile: Janice Richards, MD (right), has traveled to other countries to treat children in clinics such as this one in Vietnam.

a mother's face after she was able to breastfeed her child who just had her cleft lip repaired."

KP plastic surgeons are not alone on these trips. Often they are accompanied by pediatricians, nurses, and other health care staff.

"I've worked with Interplast plastic surgery teams in Honduras, Ecuador, Vietnam, and Peru," said **Janice Richards, MD**, a pediatrician at the KP Milpitas Medical Offices. "The parents are very appreciative. The families all help each other on the post-op wards. After repair of a cleft lip, when the parents first see their children, there are always wonderful smiles combined with tears. The palate and lip surgeries allow the children to be able to grow up and thrive in mainstream society in their countries."

To learn more about Interplast, visit <http://www.interplast.org/>.

## Celebrating the life and times of **Dr. Sidney Garfield** continued from page 1

Century, the earthquake was No. 1 and No. 2 was the industrial and social impact of the Home Front of World War II, including the founding of Kaiser Permanente."

It was in the heat of the Mojave Desert in 1933 and later at the height of the Great Depression that Dr. Garfield would use the principles of prepaid medicine and prevention to radically transform the landscape of health care.

Dr. Garfield was a young surgeon running his 12-bed Contractors General Hospital in the middle of the desert, having built it with borrowed money to care for the thousands of men who built the Colorado River Aqueduct. Soon he was going broke. Workers couldn't afford to pay out of pocket and insurance companies were taking the most serious injuries to Los Angeles for medical care, along with discounting payments for treatment Dr. Garfield did provide.

Contractors, faced with a moral obligation to have medical care nearby, asked insurance companies to solve the crisis, and a man named **Harold Hatch** from Industrial Indemnity Insurance Exchange came up with a solution.

"Mr. Hatch suggested using prepayment to stabilize finances," said Debley. "It worked and Garfield soon realized that prepayment could be linked with reducing injuries."

For only 5 cents per day from their employers, workers received this new form of health coverage for on-the-job injuries. For an additional voluntary 5 cents per day from the workers, they could also receive coverage for non-job-related medical problems.

Thousands of workers enrolled, and Dr. Garfield's hospital became a financial success, preparing him for his inevitable partnership with **Henry J. Kaiser** and the creation of Kaiser Permanente, the nation's largest nonprofit prepaid health care program.

"When he met Henry J. Kaiser in 1938," said Debley, "there was a melding of a great physician and an industrialist who took these ideas and created the health system we have today."

### **Sidney Garfield's Four Pillars of Achievement**

According to Debley, Dr. Garfield's significant contributions to Kaiser Permanente span four distinct periods. His first success, in the late 1930s and 1940s, was the establishment with co-founder Henry J. Kaiser of prepaid group medical practice with a focus on prevention and facilities under one roof.

"Prepayment, in our experience, is the only way people of moderate means can pay for the increased cost of medical care today," Dr. Garfield once said. "This is the old principle of the well paying for the sick; the houses that don't burn down paying for those that do."

His second significant achievement was the establishment of new, revolutionary hospital designs during the 1940s and 1950s. During this time Dr. Garfield was the master architect in concept for KP medical centers that were more efficient, better organized, and more pleasant places to be for members.

During the 1960s and 1970s, Dr. Garfield's prescient understanding

of the role technology would ultimately play in the delivery of medical care motivated him to challenge KP to use computer technology to acquire and store medical information that would improve health care delivery. Debley says it was this pioneering enthusiasm for technology that would ultimately bring us to today's KP HealthConnect.

**Morris Collen, MD**, a founding physician of The Permanente Medical Group, was a driving force in bringing the electronic medical record from dream to reality in Kaiser Permanente, and throughout American health care.

"He asked me to attend the first congress on medical informatics in New York and to come back and advise him," said Dr. Collen, now retired, of Sidney Garfield. "I remember getting all fired up about what was happening and the great potential for computers in medicine."

From 1980 until his death in 1984, Dr. Garfield championed the Total Health Care Project, a research initiative for which he was principal investigator that emphasized a team approach to caring for KP members. It included better organized teams of physicians, nurses, educators, counselors, and clinicians who would use technology to chart KP members' health and prescribe preventive approaches to their health care.

"Sidney Garfield was not only the architect of the design of our system," said Debley. "He was the founder of the concept of today that we call Thrive."

## Honoring the Centennial with Videos, Articles

In recognition of the centennial of Dr. Garfield's birth, a series of year-long commemorative materials is being developed for use across the Program by regions or facilities that would like to mark the anniversary.

A special tribute to the enduring legacy of Dr. Garfield is featured in the April edition of the *The Permanente Journal*, which includes a reprint of Dr. Garfield's most important paper, "The Delivery of Medical Care," from 1970. Regions will be able to download it in PDF format for their use.

Two short documentary videos on the life of Sidney R. Garfield are being produced and will be available for regions and facilities to acquire and use. Similarly, a portable display on the life and times of Dr. Garfield can be ordered by regions and medical centers.

Finally, an increasing number of biographical and other materials about Dr. Garfield will be available through Heritage Resources for regions and facilities that want to tailor activities, publications, or events to the centennial.

For information about acquiring resource material on Sidney R. Garfield, contact Tom Debley at (510) 267-7620.

## Tips for the Allergy Season

**P**eg Strub, MD, chief of Allergy, offers these tissue-saving tips for the impending allergy season:

**Start your medications at the first sign of symptoms**, particularly inhaled steroids. Use daily throughout the allergy season. If additional symptom relief is needed, pick up some over-the-counter 10-mg loratidine.

**Limit the time you spend outside** on days that are windy and/or when pollen counts are considered high.

**Prevent pollen from making its way indoors.** Be sure to keep doors, windows, and vents closed in your car and at home. Outdoor pets will track in pollen. Wipe them down when you let them indoors and bathe them frequently.

**If you know you are allergic to animals and/or dust**, it is important to control these factors as they will add to your allergy symptoms during the pollen season.

**Wash your face and/or take a shower** to rinse the pollen off after being outdoors (especially in parks). A nasal irrigation system is helpful in removing pollen from your nasal passages.

## Don't be left sneezing

**T**he pollen season is upon us. And for the Allergy Department at KPSF, this means gearing up for what may possibly be another banner year for allergies in San Francisco.

As a joint project between Pharmacy, Internal Medicine, Pediatrics, Public Affairs, and Allergy, the department is sending letters to patients who filled a prescription for a nasal corticosteroid last spring. Over 2,460 patients, including adults and children, will receive these letters, advising them to start their nasal steroids at the first sign of symptoms of nasal allergies. This preemptive move will hopefully stave off discomfort for many allergy sufferers.

To aid in caring for hay fever patients during this

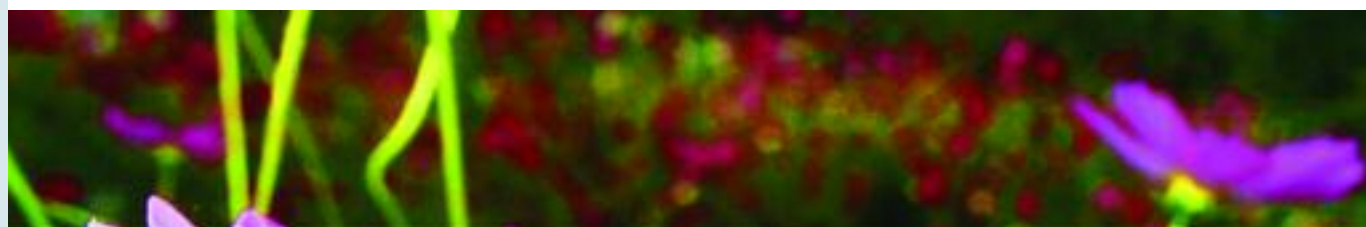


peak season, the Allergy Department is piloting a Hayfever Coordinator Intake Program wherein the staff will be key care coordinators for these patients. An environmental control session is also a part of this program, which focuses on educating patients about

avoidance of their allergic triggers.

Of the primary allergic triggers, Monterey Cypress and Juniper are the main tree pollens affecting Franciscans this time of year. However, other tree pollens also play a role as the season progresses, and as summertime rolls in, the grass pollen becomes the main culprit for allergy misery. Pollen counts are available online at:

[www.permanente.net/kaiser/pages/d4966-top.html](http://www.permanente.net/kaiser/pages/d4966-top.html)



### WORKPLACE SAFETY

## Outpatient Medical Records: a WPS success story

**W**orkplace Safety (WPS) has become an integral part of KP San Francisco operations and several departments at the medical center have achieved great success in this area. Outpatient Medical Records (OPMR) has shown itself to be one such department, collaboratively creating programs and instituting changes that have helped to reduce injuries. "Outpatient Medical Records is a senior level WPS team, with proactive management and labor members working together to create a culture of safety that is now a departmental norm and a staff expectation," says **Toong Gee**, workplace safety consultant, KPSF.

"Since we began implementing projects within OPMR, the staff has become more and more enthusiastic about the WPS work and reaching our safety goals," says **Dwayne Pulliam**, service representative clerk and co-chair of the department's WPS committee. OPMR recently completed a chart-reorganization initiative, where they created more space between the charts for

easier retrieval by adding more shelves. "We offered the staff overtime to work before and after their shifts, as well as coming in on weekends to complete the reorganization," says Pulliam. "The chart work and other WPS projects have really helped bring our department together as a coordinated team."

Fundamental to a successful launch and integration of WPS elements in a department is the ability to communicate to all employees. "I post notices about WPS on the end of chart room aisles and we talk about everything related to safety at all of our meetings," says **Daniel Estrada**, manager of OPMR and co-chair on the WPS committee. "We focus on the areas where the staff need to improve their awareness or where we as a department have to implement a change to create a less hazardous work environment."

The medical center, overall, has come together in pursuit of WPS goals. After an increase in workplace injuries during 2004, KPSF reduced

injuries by 12 percent from its 2001 baseline injury rate, with a year-end injury rate of 10.94 injuries per 100 productive hours worked. The campaign continues to be a high priority for Kaiser Permanente and KPSF in 2006.

According to **Mike Alexander**, KPSF SVP and area manager, "This year we must not only sustain the gains of 2005, but work to achieve the goal set for every Kaiser Permanente medical center in Northern California: a 50 percent reduction from our 2001 injury rate." The medical center began focusing on five key areas in 2005 and will continue to do so in

2006: Culture Change, Injury Reduction in High-Risk Departments, Patient Mobility, Integrated Safety Program, and Ergonomics. "Our goal for OPMR in 2006," says Estrada, "is to eliminate all the hazards that may cause an injury. I think as a department, we'll be able to do that together."



In acknowledgment of **Donate Life Month**, Kaiser Permanente encourages you to enhance the lives of those around you by registering as an organ and tissue donor at:

<http://www.donatelifecalifornia.org/>

- 5 World Health Day
- 12 Blessing of the Hands
- 19 KP HealthConnect Revenue Capture Implementation begins