



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE
TRANSFORMING RELATIONSHIPS FOR HIGH PERFORMANCE

Relational Coordination: Building Relationships for High Performance

Act2Learn Conference
October 21, 2013

Jody Hoffer Gittel, Ph.D.

Professor, Brandeis University

Executive Director, Relational Coordination Research Collaborative
Chief Scientific Officer, Relational Coordination Analytics, Inc.

Agenda

- What is relational coordination and how does it impact performance?
- How do organizations support relational coordination – or undermine it?
- Getting from here to there - Relational model of organizational change
- Mapping relational coordination for your organization



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE



RELATIONAL COORDINATION RESEARCH COLLABORATIVE

Transforming Relationships for High Performance

Brandeis University

The Heller School FOR SOCIAL POLICY AND MANAGEMENT

SEARCH

Google™ Custom Search

GO

[About RC](#)

[About Us](#)

[Partners & Clients](#)

[Learning Center](#)

[Events & Webinars](#)

[Survey](#)

[Training & Certification](#)



Shared KNOWLEDGE

RCRC Blog

Gain visibility into your RC networks
Engage patients and their families
Assess RC in leadership teams

RELATIONAL COORDINATION is a mutually reinforcing process of communicating and relating for the purpose of task integration. Relational coordination is particularly useful for improving quality and efficiency performance under conditions of reciprocal task

RCRC Fall Roundtable

To be hosted at UC Berkeley on
October 17-18th

Challenges we face

- ◆ Pressure in every industry to deliver better outcomes at lower cost
- ◆ First felt in manufacturing, then service sector – now health care
- ◆ Need to do more – but with less
- ◆ Is this even possible? How?



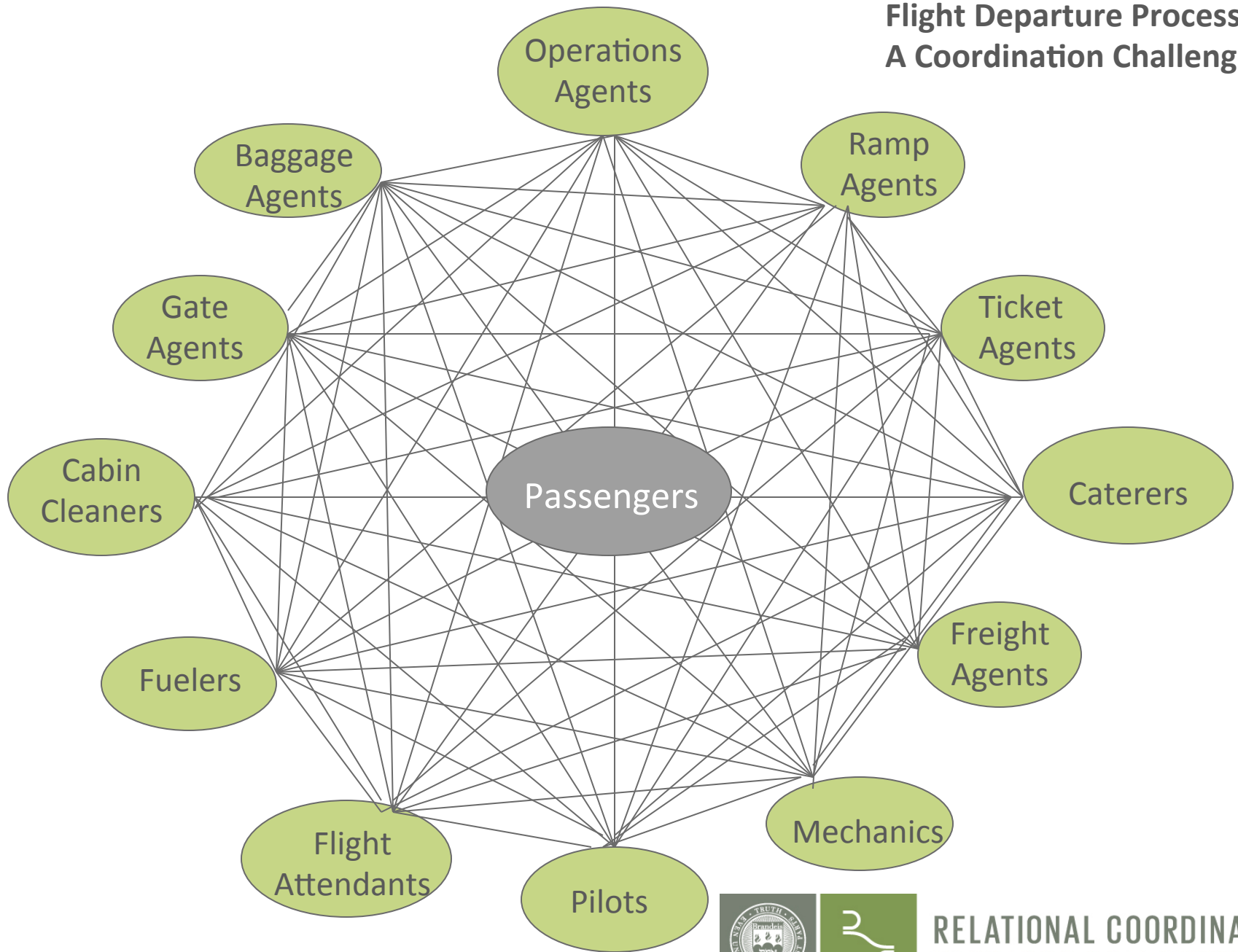
RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

What is relational coordination?



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Flight Departure Process: A Coordination Challenge



AMR: Frequent and timely communication

“Here you don’t communicate. And sometimes you end up not knowing things...On the gates I can’t tell you the number of times you get the wrong information from operations...The hardest thing at the gate when flights are delayed is to get information.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

SWA: Frequent and timely communication

“Here there’s constant communication between customer service and the ramp. When planes have to be switched and bags must be moved, customer service will advise the ramp directly or through operations... Operations keeps everyone informed. It happens smoothly.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

AMR: Problem solving

“If you ask anyone here, what’s the last thing you think of when there’s a problem, I bet your bottom dollar it’s the customer. And these are guys who work hard everyday. But they’re thinking, how do I stay out of trouble?”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

SWA: Problem solving

“We figure out the cause of the delay. We don’t necessarily chastise, though sometimes that comes into play. It’s a matter of working together. Figuring out what we can learn. Not finger-pointing.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

AMR: Shared goals

“Ninety percent of the ramp employees don’t care what happens. Even if the walls fall down, as long as they get their check.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

SWA: Shared goals

“I’ve never seen so many people work so hard to do one thing. You see people checking their watches to get the on-time departure. People work real hard. Then it’s over and you’re back on time.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

AMR: Shared knowledge

Employees revealed little awareness of the overall process. They typically explained their own set of tasks without reference to the overall process of flight departures.



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

SWA: Shared knowledge

Employees had relatively clear mental models of the overall process -- an understanding of the links between their own jobs and the jobs of their counterparts in other functions. Rather than just knowing what to do, they knew why, based on shared knowledge of how the process worked.



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

AMR: Mutual respect

“There are employees working here who think they’re better than other employees. Gate and ticket agents think they’re better than the ramp. The ramp think they’re better than cabin cleaners -- think it’s a sissy, woman’s job. Then the cabin cleaners look down on the building cleaners. The mechanics think the ramp are a bunch of luggage handlers.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

SWA: Mutual respect

“No one takes the job of another person for granted. The skycap is just as critical as the pilot. You can always count on the next guy standing there. No one department is any more important than another.”



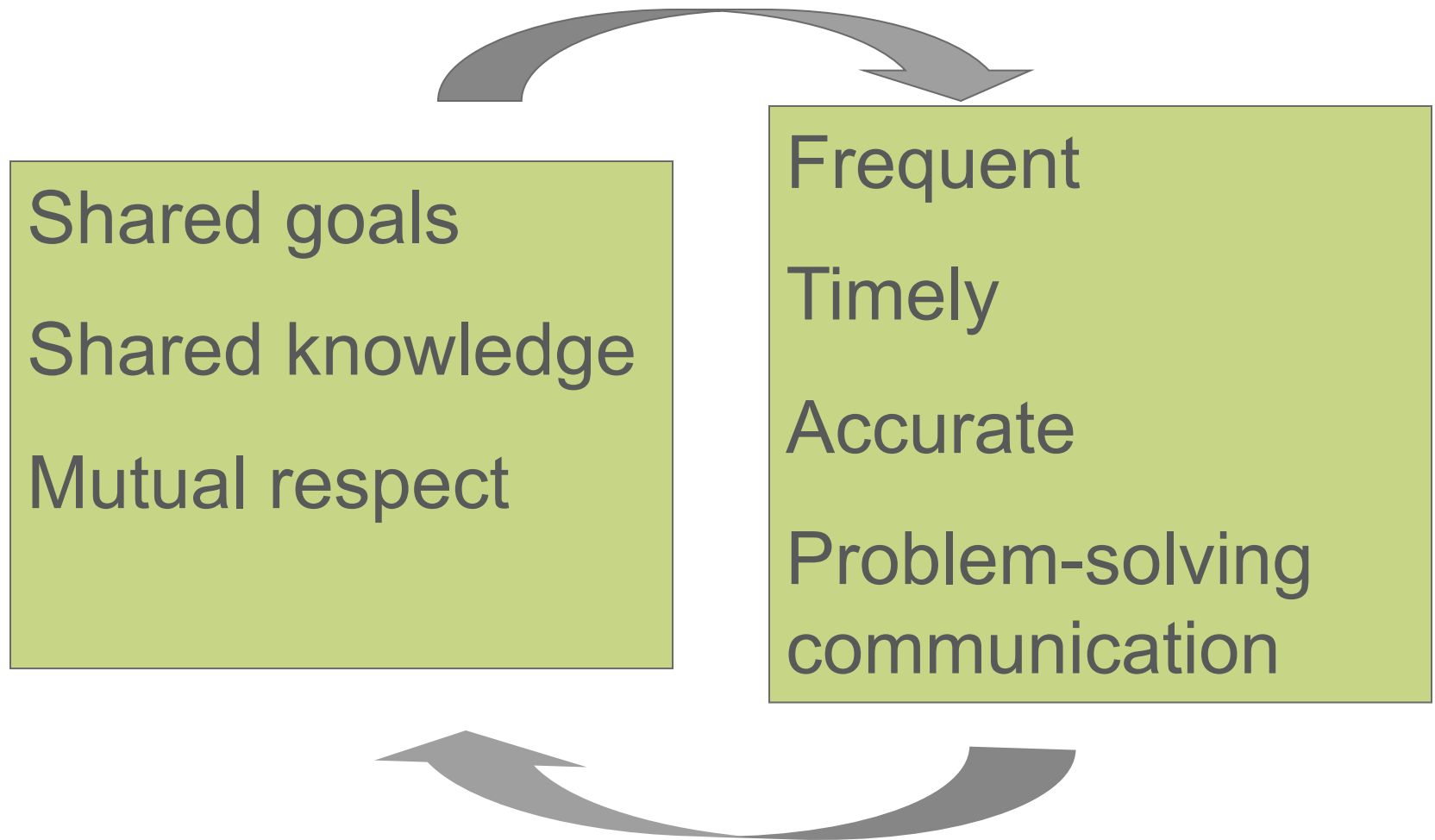
RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Relationships shape the
communication through which
coordination occurs ...



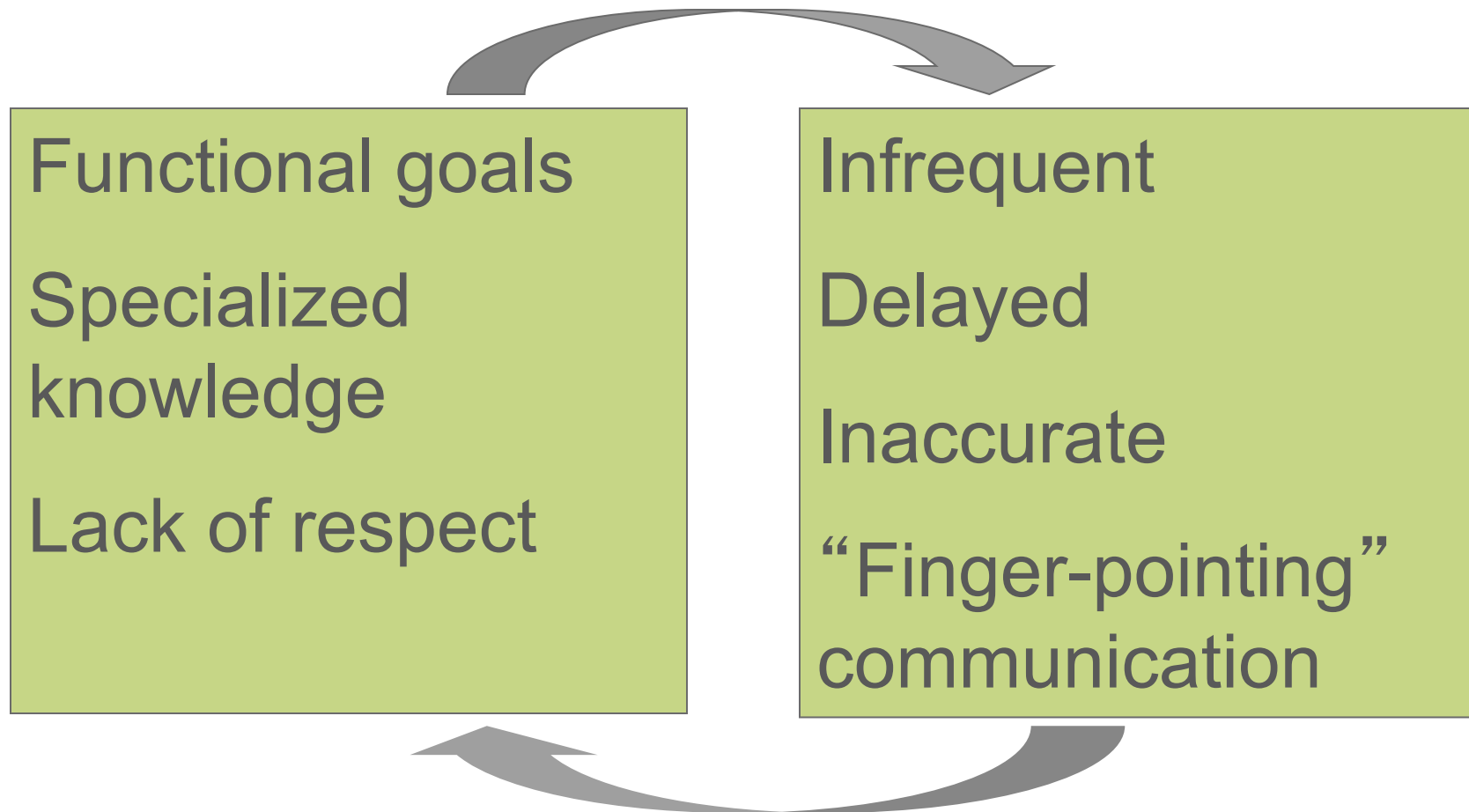
RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

For better...



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

... Or worse



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

This process is called

relational coordination

“Communicating and relating
for the purpose of task integration”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Investigated performance effects of relational coordination

- Nine site study of flight departures over 12 months of operation at Southwest, American, Continental and United
- Measured relational coordination among pilots, flight attendants, gate agents, ticket agents, baggage agents, ramp agents, freight agents, mechanics, cabin cleaners, fuelers, caterers and operations agents
- Measured quality and efficiency performance, adjusting for product differences



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Measuring relational coordination

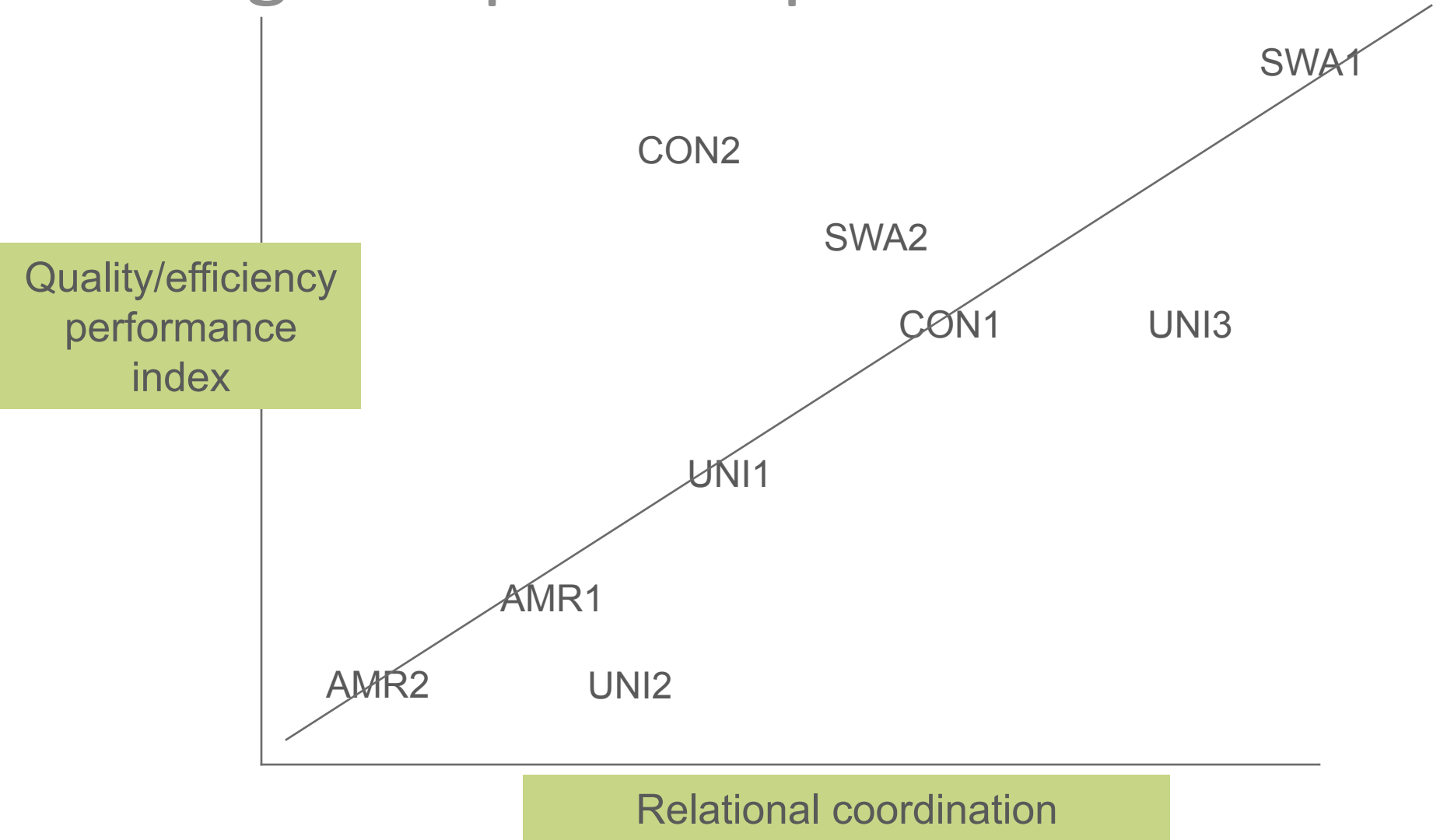
RC dimensions	Survey questions
1. Frequent communication	How <i>frequently</i> do people in each of these groups communicate with you about [focal work process]?
2. Timely communication	How <i>timely</i> is their communication with you about [focal work process]?
3. Accurate communication	How <i>accurate</i> is their communication with you about [focal work process]?
4. Problem solving communication	When there is a problem in [focal work process], do people in these groups blame others or try to <i>solve the problem</i> ?
5. Shared goals	Do people in these groups <i>share your goals</i> for [focal work process]?
6. Shared knowledge	Do people in these groups <i>know</i> about the work you do with [focal work process]?
7. Mutual respect	Do people in these groups <i>respect</i> the work you do with [focal work process]?

Relational coordination drives flight departure performance

	Efficiency		Quality		
	Gate time/ flight	Staff time/ passenger	Customer complaints	Lost bags	Late arrivals
Relational coordination	-.21***	-.42***	-.64***	-.31*	-.50**
Flights/day	-.19****	-.37***	-.30***	.13	-.22+
Flight length, passengers, cargo	.79***	.45***	.13	.12	-.54**
Passenger connections	.12**	.19**	.09	.13	.00
R squared	.94	.81	.69	.19	.20



Relational coordination drives flight departure performance

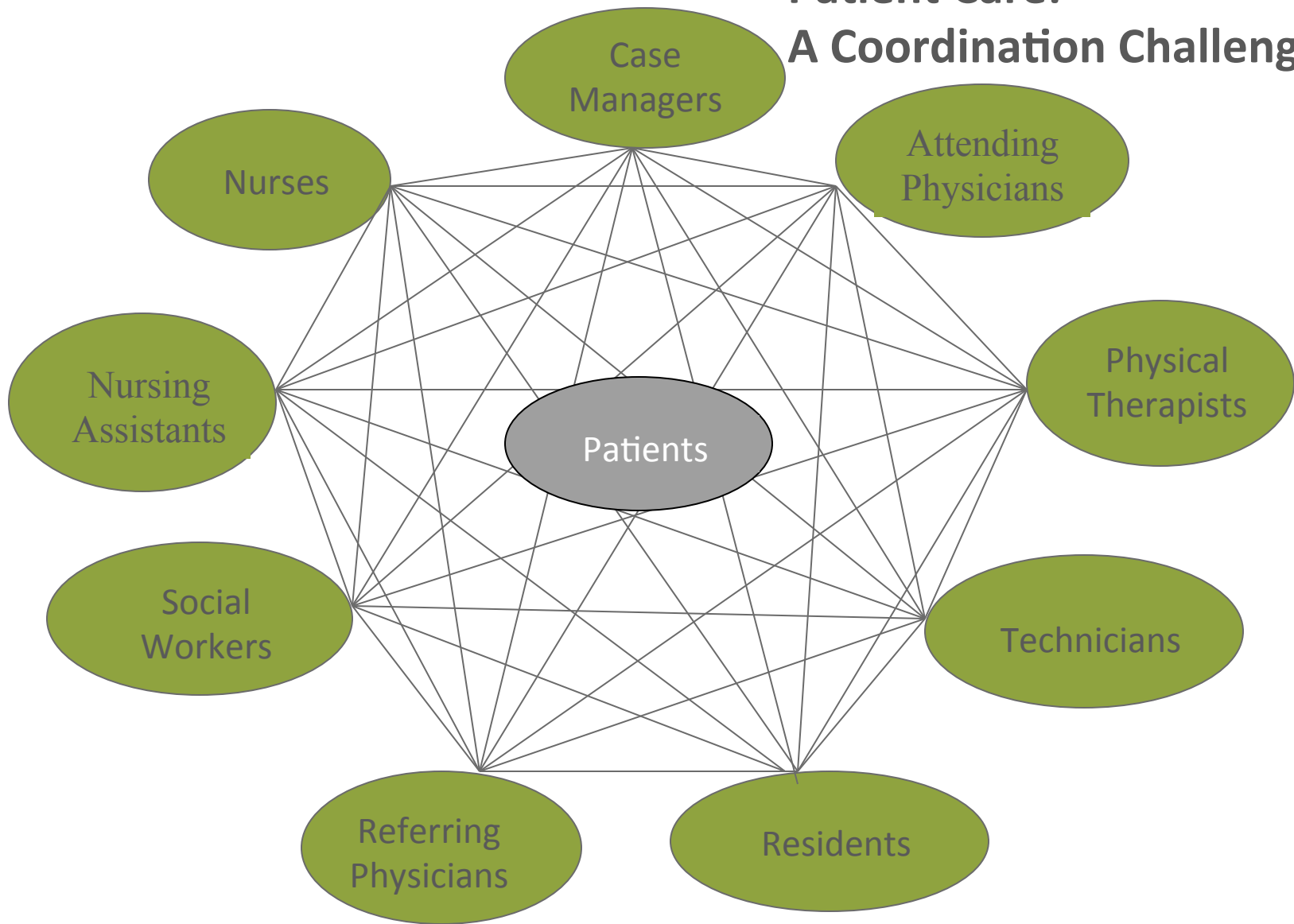


Does relational
coordination matter in
other industries?



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Patient Care: A Coordination Challenge



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Institute of Medicine report

“The current system shows too little cooperation and teamwork. Instead, each discipline and type of organization tends to defend its authority at the expense of the total system’s function.” (2003)



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Physicians recognize the problem

“The communication line just wasn’t there. We thought it was, but it wasn’t. We talk to nurses every day but we aren’t really communicating.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Nurses observe the same problem

“Miscommunication between the physician and the nurse is common because so many things are happening so quickly. But because patients are in and out so quickly, it’s even more important to communicate well.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Same study conducted in surgical setting

- Nine hospital study of 893 surgical patients
- Measured relational coordination among doctors, nurses, physical therapists, social workers and case managers
- Measured quality and efficiency performance, adjusting for patient differences



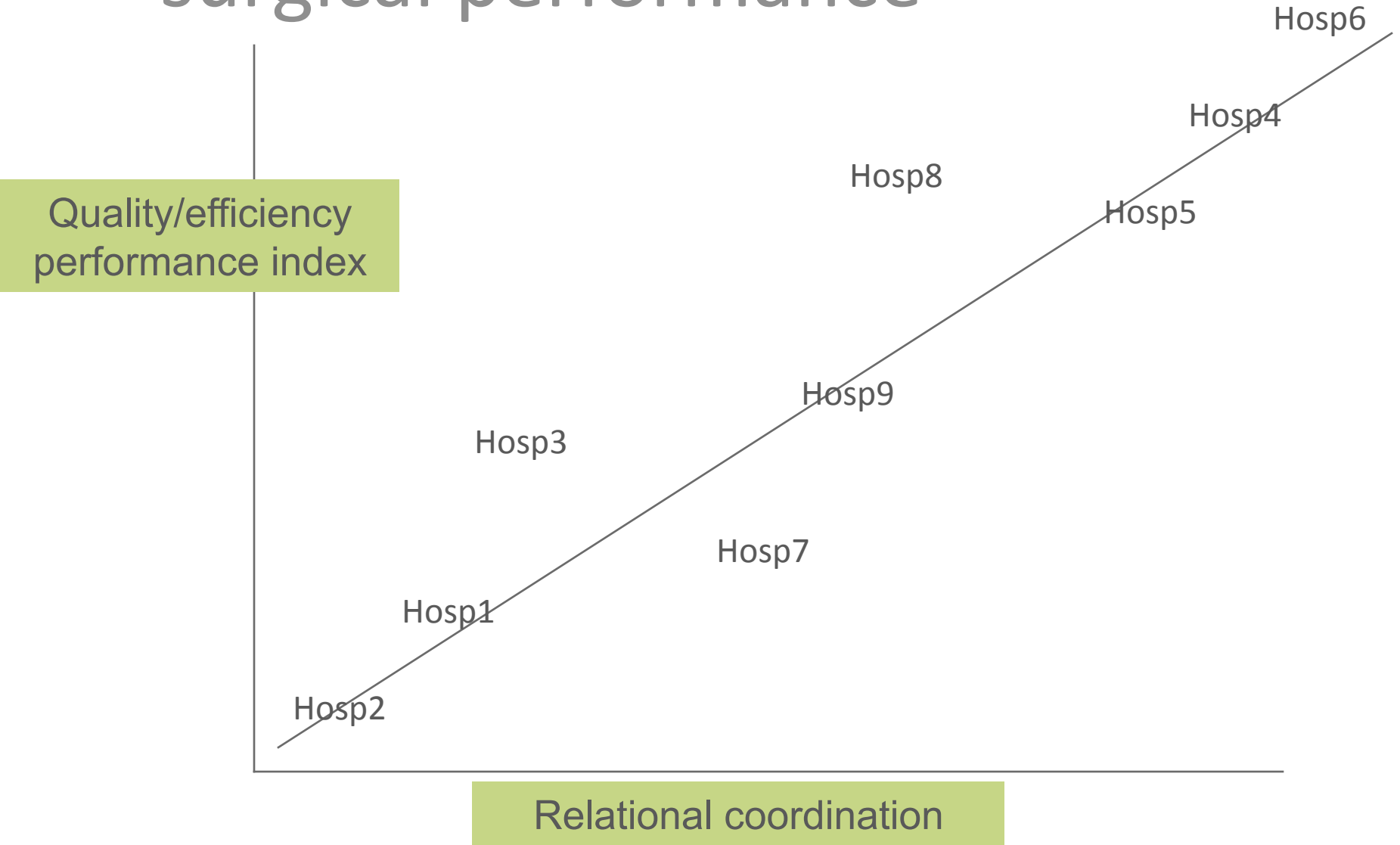
RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Relational coordination drives surgical performance

	Length of stay	Patient satisfaction	Freedom from pain	Mobility
Relational coordination	-.33***	.26***	.08*	.06+
Patient age	.02	.00	.01	.04
Comorbidities	.09*	.07	.01	.04
Pre-op status	.03	.01	.20***	.28***
Surgical volume	.11**	.10*	.06+	.03
R Squared	.82	.63	.50	.22

Observations are patients (n=878) in hospitals (n=9). Model also included gender, marital status, psychological well-being and race. Standardized coefficients are shown.

Relational coordination drives surgical performance



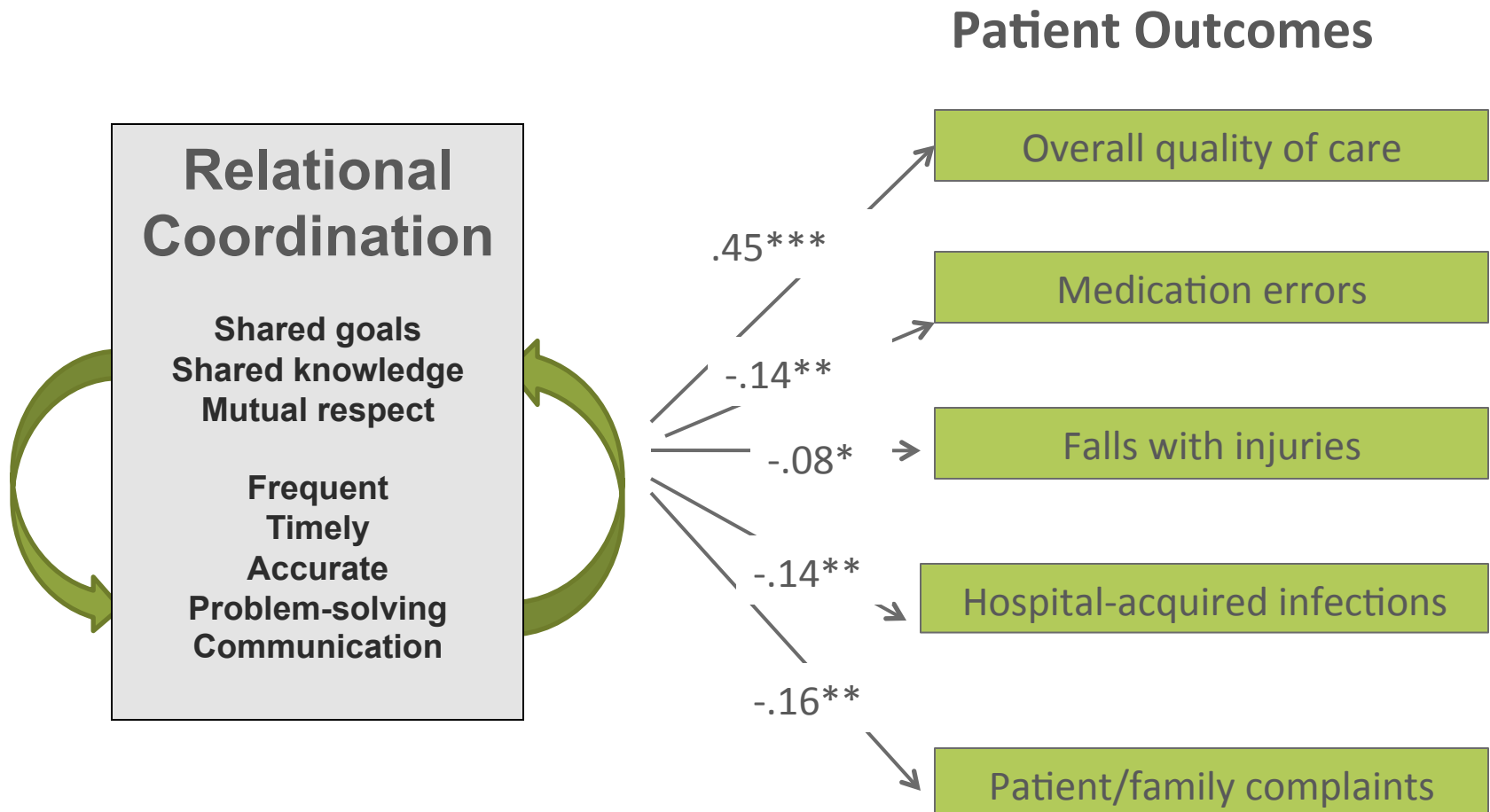
Beyond surgery

- Five hospital study of nurses in six distinct unit types – med/surg, surgical, ED, ICU, perioperative, maternity,
- Measured relational coordination among nurses within and between units, and with physicians, therapists and support staff
- Measured quality and safety outcomes and worker well-being, from nurses' perspective

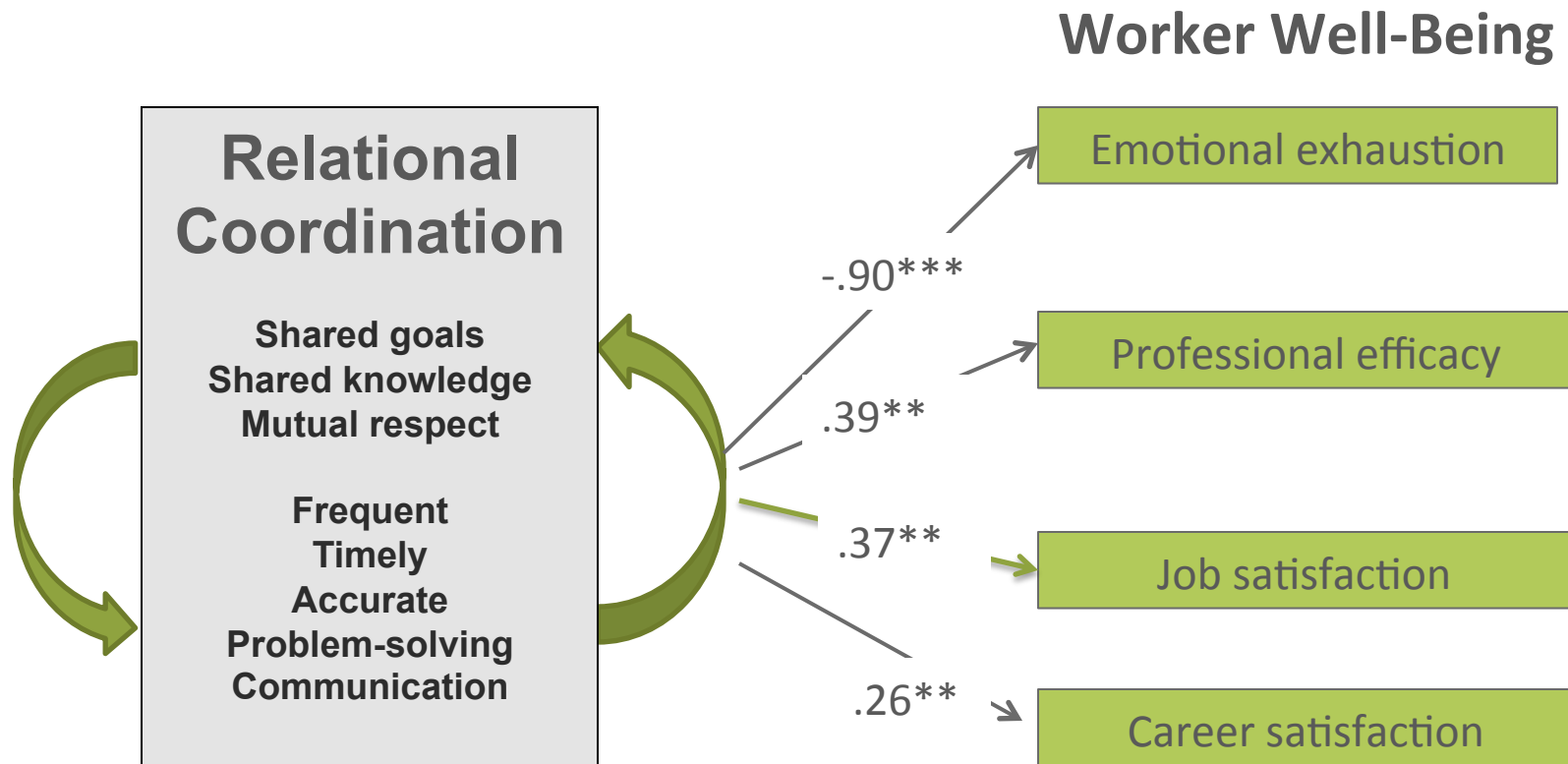


RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Relational coordination drives patient quality and safety outcomes across units



Relational coordination drives worker well-being across units



Some differences between workgroups in the strength of RC

- RC among nurses on same unit (4.19)
- RC between nurses and support staff (3.76)
- RC between nurses and physicians (3.74)
- **RC between nurses on different units (3.00)**
- RC between nurses and therapists (2.98)



RC between units is very weak

- RC between *peri-op* and other units (3.26)
- RC between *med/surg* and other units (3.16)
- RC between *surgical* and other units (3.02)
- RC between *ED's* and other units (2.91)
- RC between *maternity* and other units (2.58)



RC has been studied in many contexts

- Airlines
- Software
- Banking
- Pharmaceuticals
- Early intervention
- Early childhood education
- Long term care
- Surgery
- Med/surg
- EDs
- ICUs
- Maternity
- Peri-operative
- Primary care
- Chronic care



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Efficiency outcomes

- Reduced turnaround time
- Increased employee productivity
- Reduced length of hospital stay
- Reduced total cost of hospital care
- Reduced inpatient hospitalizations
- Reduced inpatient and outpatient costs of chronic care
- Reduced product development costs

Quality outcomes

- Reduced customer complaints
- Increased on-time performance
- Reduced baggage handling errors
- Increased patient satisfaction with care
- Increased patient psychological well-being
- Increased patient intent to recommend
- Improved postoperative pain/ functioning
- Increased quality of life for long-term care residents
- Reduced family complaints
- Reduced medication errors
- Reduced hospital acquired infections
- Reduced patient fall-related injuries
- Improved quality of chronic illness care

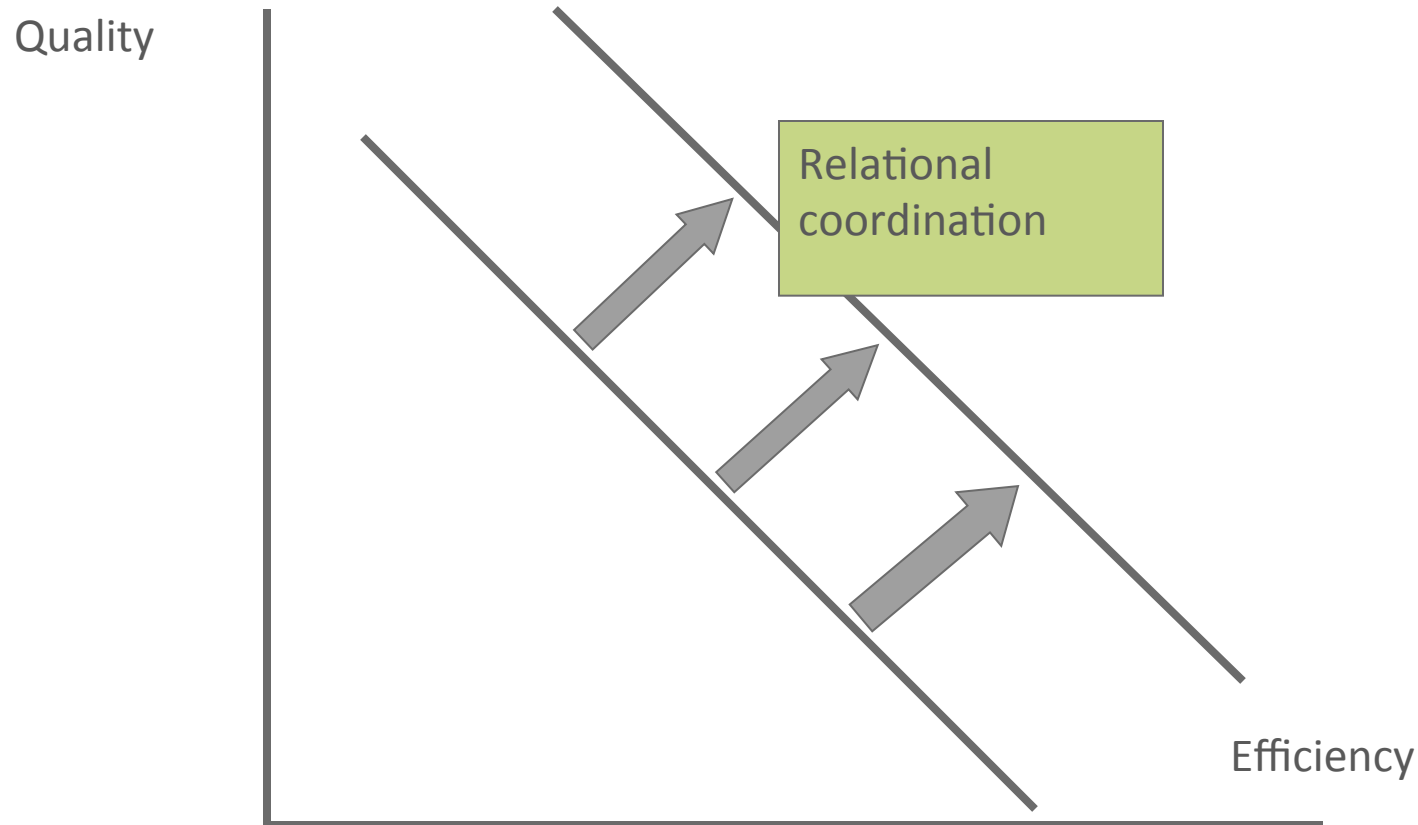
Worker outcomes

- Increased job satisfaction
- Increased career satisfaction
- Increased professional efficacy
- Reduced burnout/emotional exhaustion
- Increased work engagement
- Increased proactive work behaviors
- Increased psychological safety
- Increased learning from failures
- Increased reciprocal learning
- Increased equity of team member contribution
- Increased collaborative knowledge creation

Client/family/community engagement

- Increased trust and confidence in the care provider team
- Increased family preparation for caregiving
- Increased evaluation, enrollment, retention of drug exposed infants
- Increased self-management support
- Increased decision support
- Increased community links

Relational coordination *shifts out* the quality/efficiency frontier, creating greater value



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

There are *other* useful responses to coordination challenges...

- ◆ Reengineering
- ◆ Total quality management
- ◆ PDSA
- ◆ Redesigning work flows
- ◆ “Lean” / six sigma



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Addressing technical issues is necessary but not sufficient

“We’ve been doing process improvement for several years, and we think we’re on the right track. But we’ve tried a number of tools for process improvement, and they just don’t address the relationship issues that are holding us back.”

-- CMO, Tenet Healthcare Systems



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Why do relationships matter?

Relationships of shared goals, shared knowledge and mutual respect provide the *cultural underpinnings* for process improvement or “lean” strategies



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Why do relationships matter?

Relationships of shared goals,
shared knowledge and mutual respect
enable participants to connect across
functional and organizational boundaries

So they can coordinate “on the fly”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

When does relational coordination matter most?

- ◆ Task interdependence
- ◆ Uncertainty
- ◆ Time constraints



Is relational coordination
important for the work you do?

- ◆ Task interdependence
- ◆ Uncertainty
- ◆ Time constraints



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

*How do we measure RC to
assess current patterns and
provide feedback for learning?*



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Validated measurement tool

- Validated tool to measure relational coordination
 - Within workgroups
 - Across workgroups
 - Across highly distributed networks
 - Can include patient, family, community
 - Can be measured at any level of leadership and across levels of leadership



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Dimensions of relational coordination

RC dimensions	Survey questions
1. Frequent communication	How <i>frequently</i> do people in each of these groups communicate with you about [focal work process]?
2. Timely communication	How <i>timely</i> is their communication with you about [focal work process]?
3. Accurate communication	How <i>accurate</i> is their communication with you about [focal work process]?
4. Problem solving communication	When there is a problem in [focal work process], do people in these groups blame others or try to <i>solve the problem</i> ?
5. Shared goals	Do people in these groups <i>share your goals</i> for [focal work process]?
6. Shared knowledge	Do people in these groups <i>know</i> about the work you do with [focal work process]?
7. Mutual respect	Do people in these groups <i>respect</i> the work you do with [focal work process]?

Frequent communication

How *frequently* do people in each of these groups communicate with you about pediatric care?

	Not nearly enough	Not enough	Just right	Too much	Way too much
Pediatricians	1	2	3	4	5
Pediatric nurses, other staff	1	2	3	4	5
Care coordinators	1	2	3	4	5
PCPs	1	2	3	4	5
Primary care nurses, other staff	1	2	3	4	5

Timely communication

How *timely* is their communication with you about pediatric care?

	Not at all		Somewhat		Completely
Pediatricians	1	2	3	4	5
Pediatric nurses, other staff	1	2	3	4	5
Care coordinators	1	2	3	4	5
PCPs	1	2	3	4	5
Primary care nurses, other staff	1	2	3	4	5

Accurate communication

How *accurate* is their communication with you about pediatric care?

	Not at all		Somewhat		Completely
Pediatricians	1	2	3	4	5
Pediatric nurses, other staff	1	2	3	4	5
Care coordinators	1	2	3	4	5
PCPs	1	2	3	4	5
Primary care nurses, other staff	1	2	3	4	5

Problem solving communication

When there is a problem with pediatric care, do people in these groups blame others or try to *solve the problem*?

	Blame others		Neither blame nor solve		Solve the problem
Pediatricians	1	2	3	4	5
Pediatric nurses, other staff	1	2	3	4	5
Care coordinators	1	2	3	4	5
PCPs	1	2	3	4	5
Primary care nurses, other staff	1	2	3	4	5

Shared goals

Do people in these groups *share your goals* for pediatric care?

	Not at all		Somewhat		Completely
Pediatricians	1	2	3	4	5
Pediatric nurses, other staff	1	2	3	4	5
Care coordinators	1	2	3	4	5
PCPs	1	2	3	4	5
Primary care nurses, other staff	1	2	3	4	5

Shared knowledge

Do people in these groups *know* about the work you do with pediatric care?

	Not at all		Somewhat		Completely
Pediatricians	1	2	3	4	5
Pediatric nurses, other staff	1	2	3	4	5
Care coordinators	1	2	3	4	5
PCPs	1	2	3	4	5
Primary care nurses, other staff	1	2	3	4	5

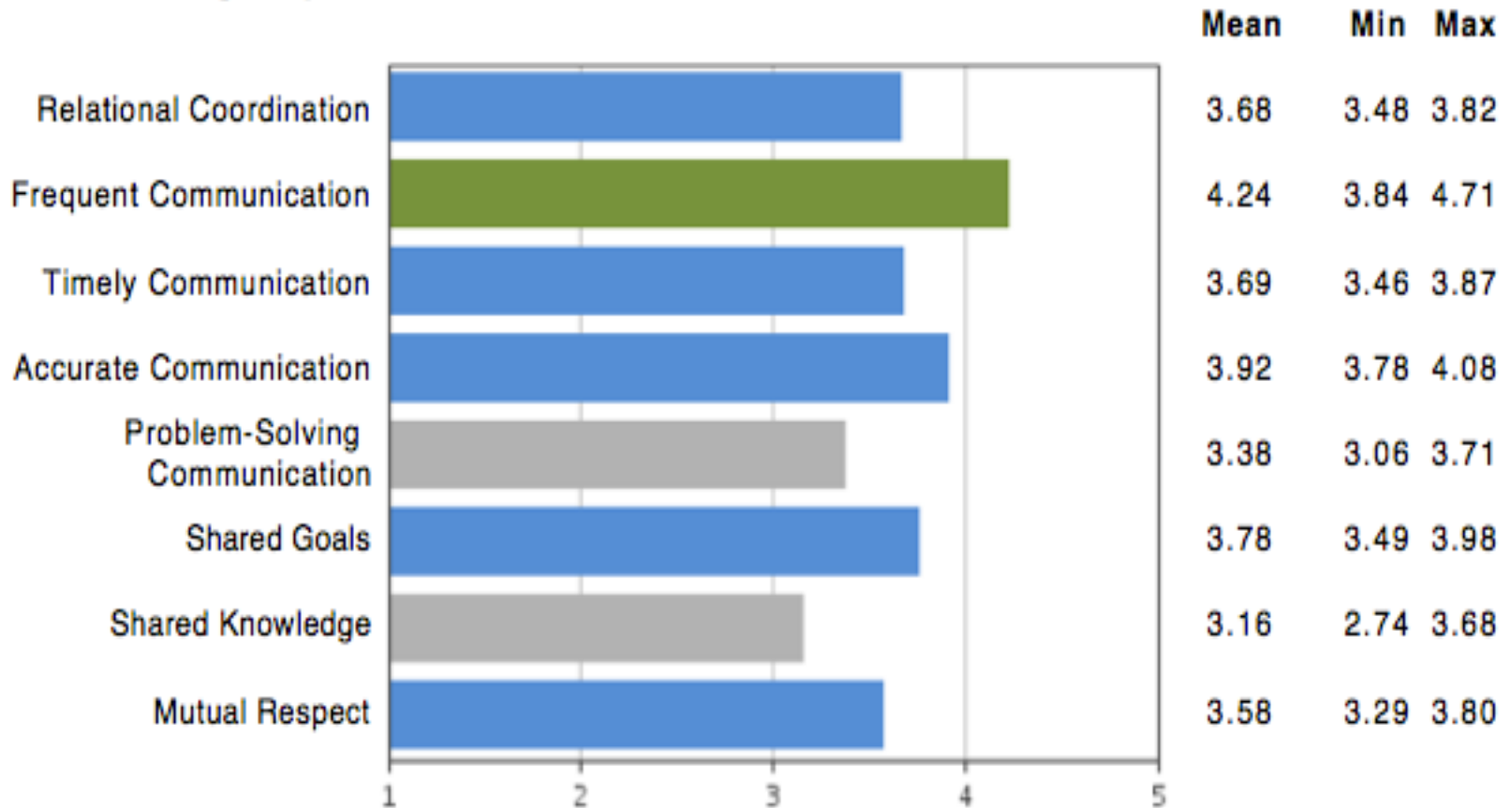
Mutual respect

Do people in these groups *respect* the work you do with pediatric care?

	Not at all		Somewhat		Completely
Pediatricians	1	2	3	4	5
Pediatric nurses, other staff	1	2	3	4	5
Care coordinators	1	2	3	4	5
PCPs	1	2	3	4	5
Primary care nurses, other staff	1	2	3	4	5

Seven dimensions of RC

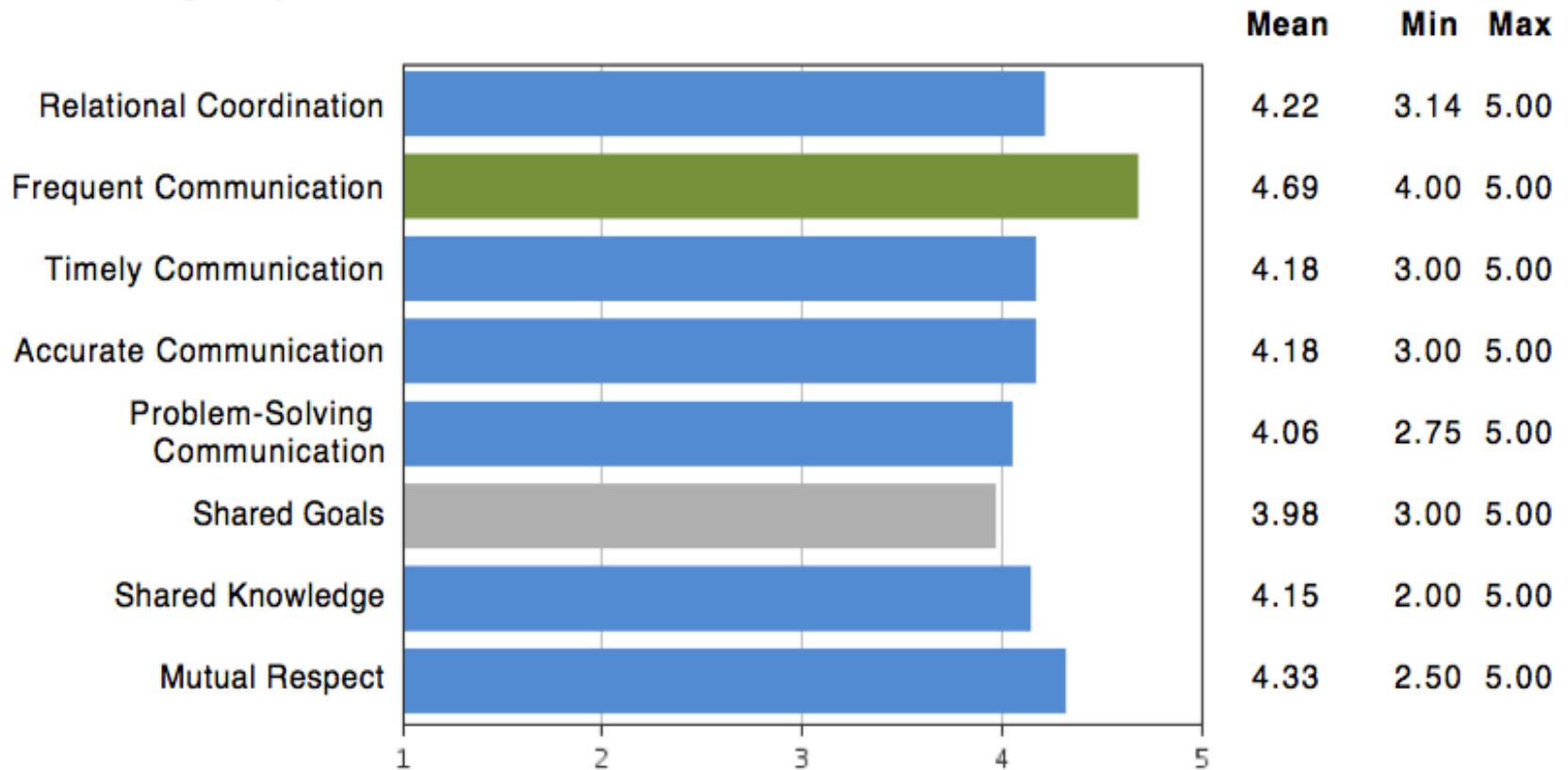
Between Workgroups



Green areas denote characteristic of high performing teams, so areas that are not green are target areas for improvement.

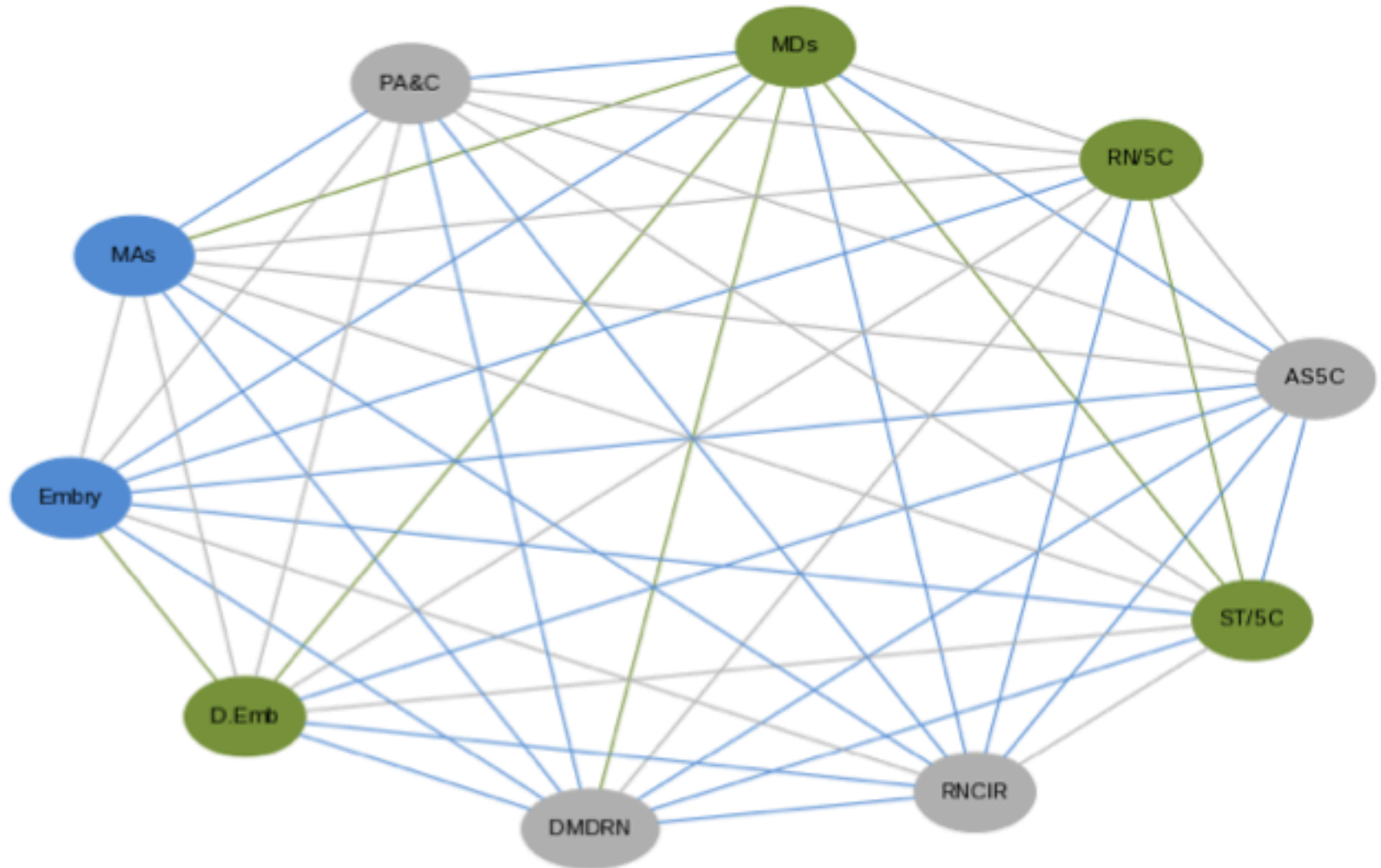
Seven dimensions of RC

Within Workgroups



Green areas denote characteristic of high performing teams, so areas that are not green are target areas for improvement.

Relational coordination map



Green areas denote characteristic of high performing teams, so areas that are not green are target areas for improvement.

Relational coordination matrix

Ratings of											
R a t i n g s		M D s	R N / 5 C	A S 5 C	S T / 5 C	R N C I R	D M D R N	D . E m b	E m b r y	M A s	P A & C
	Physicians	4.60	4.09	4.00	4.26	4.05	4.43	4.36	4.38	4.18	3.90
	Registered Nurses--5C	2.89	4.54	3.14	4.25	3.11	3.00	3.04	3.86	3.54	3.36
	Administrative Support--5C (Administrative Assistant & Unit Coordinators)	3.71	3.57	3.86	3.86	4.29	4.29	3.86	3.86	4.00	3.14
	Surgical Technicians--5C	4.14	5.00	3.29	4.71	3.14	4.00	3.71	4.00	1.86	1.86
	Registered Nurses--CIRS	3.39	4.00	3.59	3.77	3.86	3.66	3.73	3.55	3.79	3.79
	Directors, Medical and Nursing	3.86	3.29	2.93	3.36	3.79	3.14	3.64	3.64	3.93	3.36
	Directors, Embryology (Assistant Director & Director)	4.43	3.43	3.29	3.14	3.57	3.86	5.00	5.00	3.43	3.43
	Embryologists	3.36	3.90	3.90	3.76	3.29	3.52	3.86	4.29	3.12	3.02
	Medical Assistants	3.96	2.96	2.64	2.79	3.50	3.50	2.96	3.04	4.43	3.14
	Practice Assistants and Coordinators	3.86	3.11	3.25	3.04	3.50	3.86	3.21	3.14	3.86	3.82

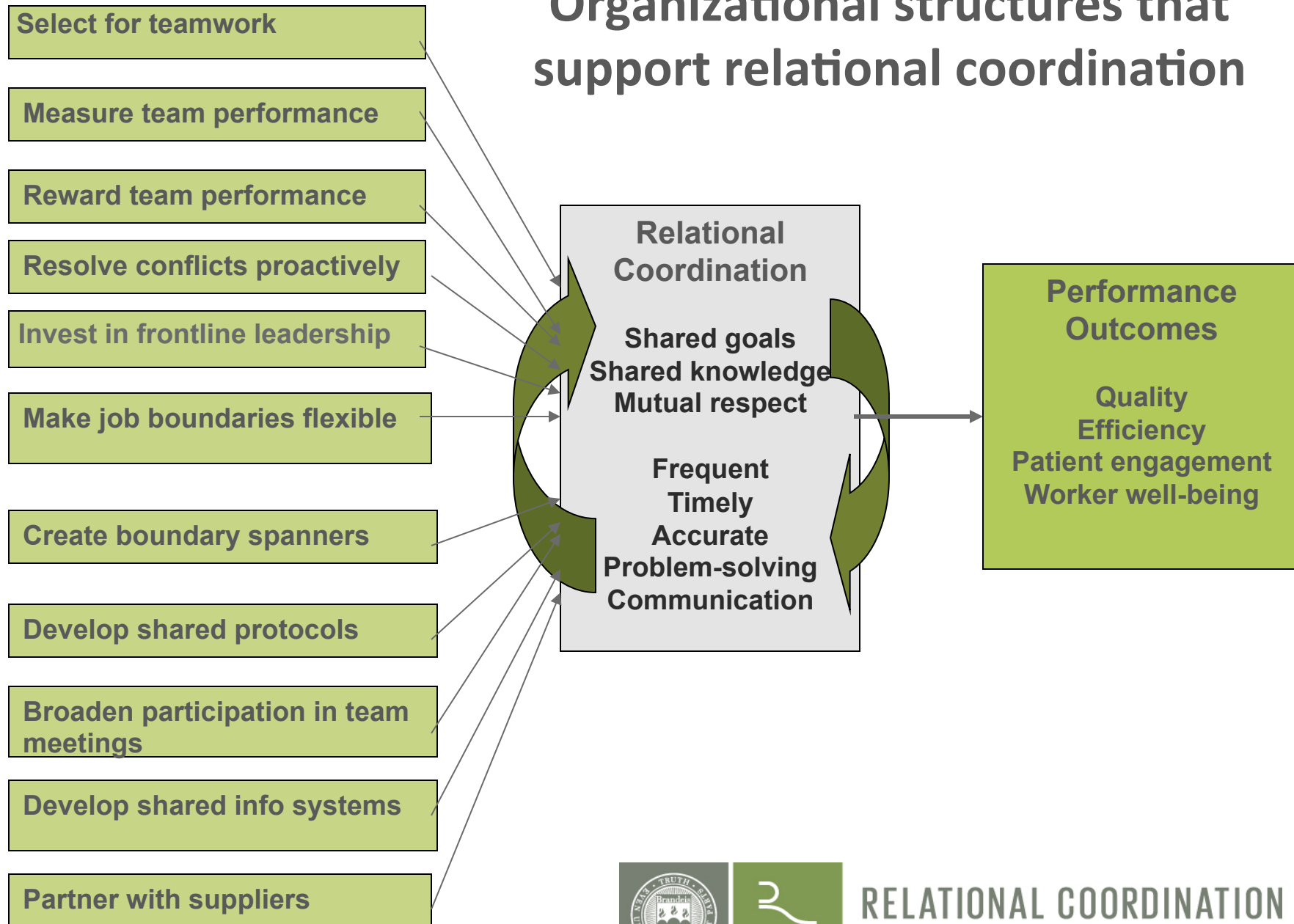
Green areas denote characteristic of high performing teams, so areas that are not green are target areas for improvement.

How do organizations
support relational
coordination?



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Organizational structures that support relational coordination



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Select for teamwork

“Here technical expertise exceeds teamwork ability as a criterion; doctors expect teamwork of others simply by virtue of the fact that they are doctors, after all.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Select for teamwork

“You’ve got to be a nice person to work here...We pick it up through their references. The doctors here are also sure to know someone who knows that doctor... . Nurses like it here because physicians respect their input.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Select for teamwork

“Teamwork with nurses is always important—we’re always dealing with them. So is teamwork with physicians. We need to know if the physical therapist has an attitude toward physicians because it is so important to communicate with the doctors.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Select for teamwork

“You can be the best social worker in the world, but if you can’t work with the other disciplines, then you can’t work here. Some are very good diagnostically. But it’s the communication skills [we are looking for].”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Measure team performance

“The quality assurance (QA) committee is strictly departmental and it’s strictly reactive. Everybody is giving reports to QA but nobody is listening or learning. The QA committee satisfies hospital-wide reporting requirements. But it’s not effective. We have board members on that committee, but we still can’t get it to work. People have a bad attitude when they go. It’s a lengthy, cumbersome meeting.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Measure team performance

“Quality assurance used to be completely reactive here, with incident reports. There would be a review to determine injury or no injury. QA is more real-time now, not so reactive.”

“But we don’t have a full system in place. It’s evolving... It’s not cross-functional yet. Usually I take the nurses and the chief of the service takes the physicians. There is finger-pointing.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Measure team performance

“We have a history of punitive measures. Now it’s ‘what makes competent people fail? What in the system failed? What piece of information was missing?’ We are looking at a learning perspective now. It’s still a QA function. But now it’s more like quality improvement.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Measure team performance

“We have a Bone Team which includes the service line director, the case management supervisor, the head of rehab, the VP for nursing, the nurse manager, the clinical specialist, three social workers and three case managers. We generally look at system problems.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Resolve conflicts proactively

“I would say that for any non-physician to challenge a physician has the whole episode laced with pitfalls. For a nurse, a therapist, a pharmacist, a social worker, a nutritionist, an occupational therapist to challenge a physician is up there with losing a job or getting a divorce—very stressful. And I can say personally as a nurse that in my more formative years that was something that you would try to avoid at all costs.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Resolve conflicts proactively

“The kinds of conflicts we often have are disagreements about the patient’s treatment plan: what it should be. It can go across all of the groups. The other big thing is getting a physician to come up to the unit, to be available. . . . We have a formal grievance process if you’re fired, but not for conflicts among clinicians. . . . There are no particular processes. We just hope people use common sense and talk to each other.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Resolve conflicts proactively

“We have a physician relations committee, which deals with conflicts between the hospital personnel and the doctors and sometimes deals with doctor-doctor conflicts. There is a surgical relations committee that deals with specific incidents that occur in the OR (like, for instance, when a doc is abusive to a nurse or another doc in the OR).”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Resolve conflicts proactively

“We have a staff council that’s largely responsible for information sharing among the departments. The staff council deals with medical policy and conflict resolution. . . . It’s an informal body to air differences. It’s more for problem solving. We have monthly meetings that are attended by all medical staff, including physicians, nursing, and social work.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Resolve conflicts proactively

“We implemented training classes for all employees that teach employees how to deal with conflict resolution, including adopting appropriate behaviors. There is a Pledge to My Peers, which is a structured format for resolving conflicts in a peer-to-peer fashion. Aggrieved employees are encouraged to approach the coworker or supervisor or whoever and say, ‘I would like to speak with you regarding the pledge.’ ”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Make job boundaries flexible

“There are certain cultural tendencies that inhibit others from doing their work. Therapists train nurses in mobility, but still nurses are often reluctant to deal with moving the patient, getting the patient out of bed, etc. It’s partly because they feel they aren’t qualified, and partly because that’s just considered a PT thing.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Make job boundaries flexible

“There are customs – like the fact that a physical therapist will never deal with bedpans and such – that go above and beyond licensing. These customs have a negative effect, like when a physical therapist will go get a nurse just to deal with the bedpan, making things difficult.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Make job boundaries flexible

“[Here] physical therapists definitely do the bedpans. You see, length of stay is so compressed and time is so valuable. You’ll only delay yourself if you try to hunt down the nurse’s aide.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Make job boundaries flexible

“It’s a question of what you’d rather defend. That you did nothing, or that you tried to help, even if you may have gone beyond your licensing. I tell my nurses I’d rather defend them doing too much than not enough.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Create boundary spanners

“I have about 30 patients – with that number I pretty much just go down the list and see who is ready for discharge.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Create boundary spanners

”Case managers have to be very very very good communicators and negotiators and very assertive but also have a good sense of timing Willing to be a patient advocate but also be able to balance the financial parameters and think ‘out of the box’ and have a system perspective.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Create boundary spanners

“The case manager does the discharge planning, utilization review and social work all rolled into one. The case manager discusses the patient with physical therapy and nursing and with the physician. He or she keeps everyone on track. The case manager has a key pivotal role – he or she coordinates the whole case.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Broaden participation in meetings and huddles

“It’s often the person who is closest to the patient who knows where the patient and the family are at. In our huddles doctors are learning to listen and not feel like they have to know everything. Everybody has a different piece of the puzzle to contribute.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Develop shared information systems

“I can spend half of my day tracking down patients. I will hear somebody mention somewhere in the hallway about a patient with this condition, and they’re not on my printout, so I’ve got to walk on every floor and say, ‘Do you have this patient?’ And they go: ‘Oh that patient’s on the vascular service, but yeah, I think Dr. So and So already operated on him.’ It’s ridiculous.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Develop shared information systems

“You can’t track down all of the physicians here because some of the physicians have their own system. That’s a problem – they don’t talk. Independent physicians have their own independent systems, and they only talk to themselves. I mean, so there’s a big problem. Some of them are on the email system, and some of them aren’t.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Develop shared information systems

”Information systems are important for coordination, I think, but right now they are more a hope than a reality. Our chief information officer is building a clinical and administration information system allowing patients to receive care anywhere across the continuum...For automation to work, it’s important to get a format that’s understood across specialists.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Develop shared information systems

“In some cases, it’s added time for order entry, but the additional time has been outweighed by far less aggravation in trying to locate a record....People recognize the power of having a system like provider order entry because you can do incredible medical management just by providing information at the point of care.”



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

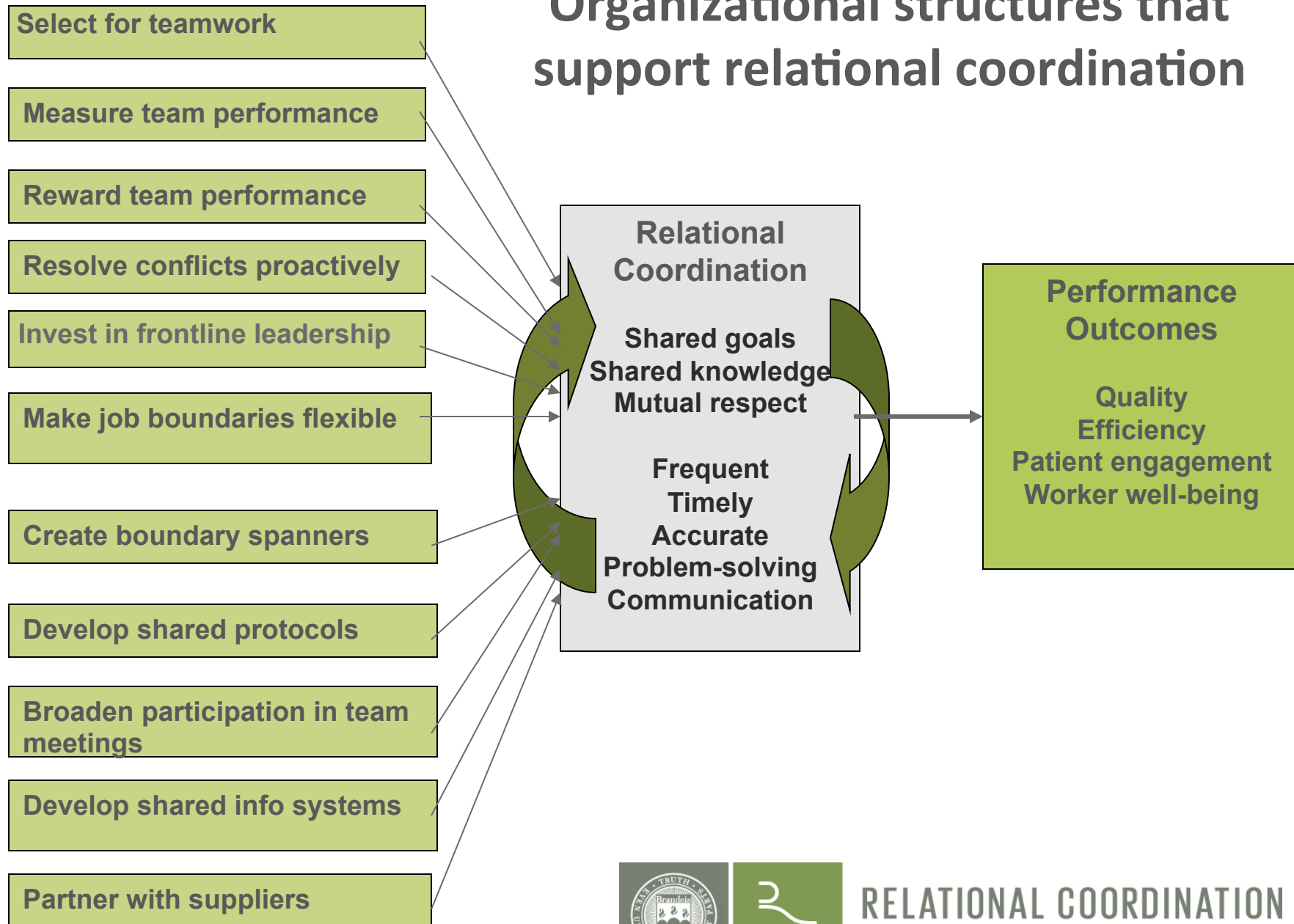
Develop shared information systems

“We’ve been so successful with order entry that we can’t keep up the demand from our providers. There are probably about 55 things that people currently want to change to our current application. We put together an order entry advisory committee, a group of physicians and nurses that come together on a monthly basis, and they prioritize what’s the most important thing on the list now that we need to do.”

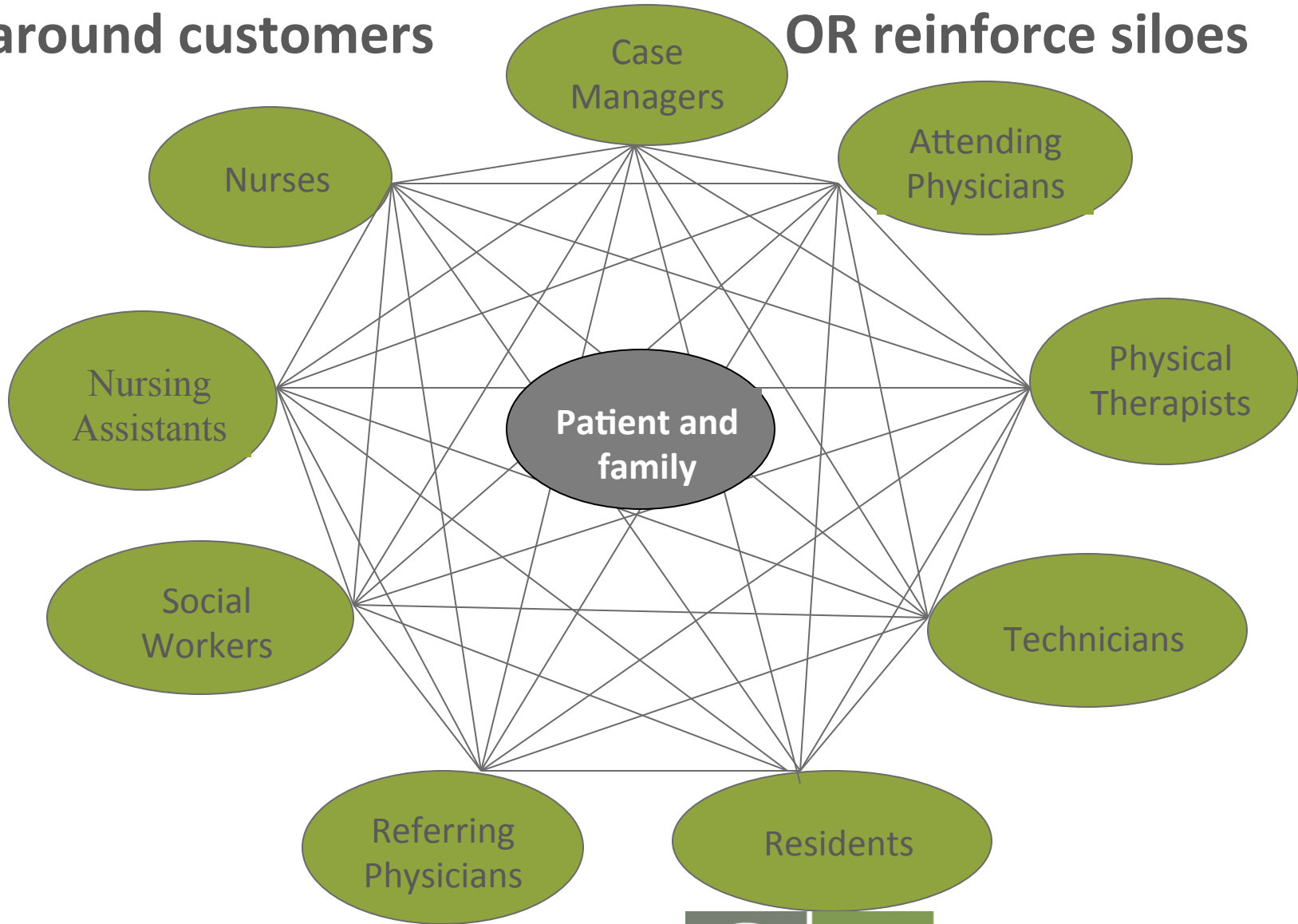


RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Organizational structures that support relational coordination



Organizational structures can connect participants around customers OR reinforce siloes



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

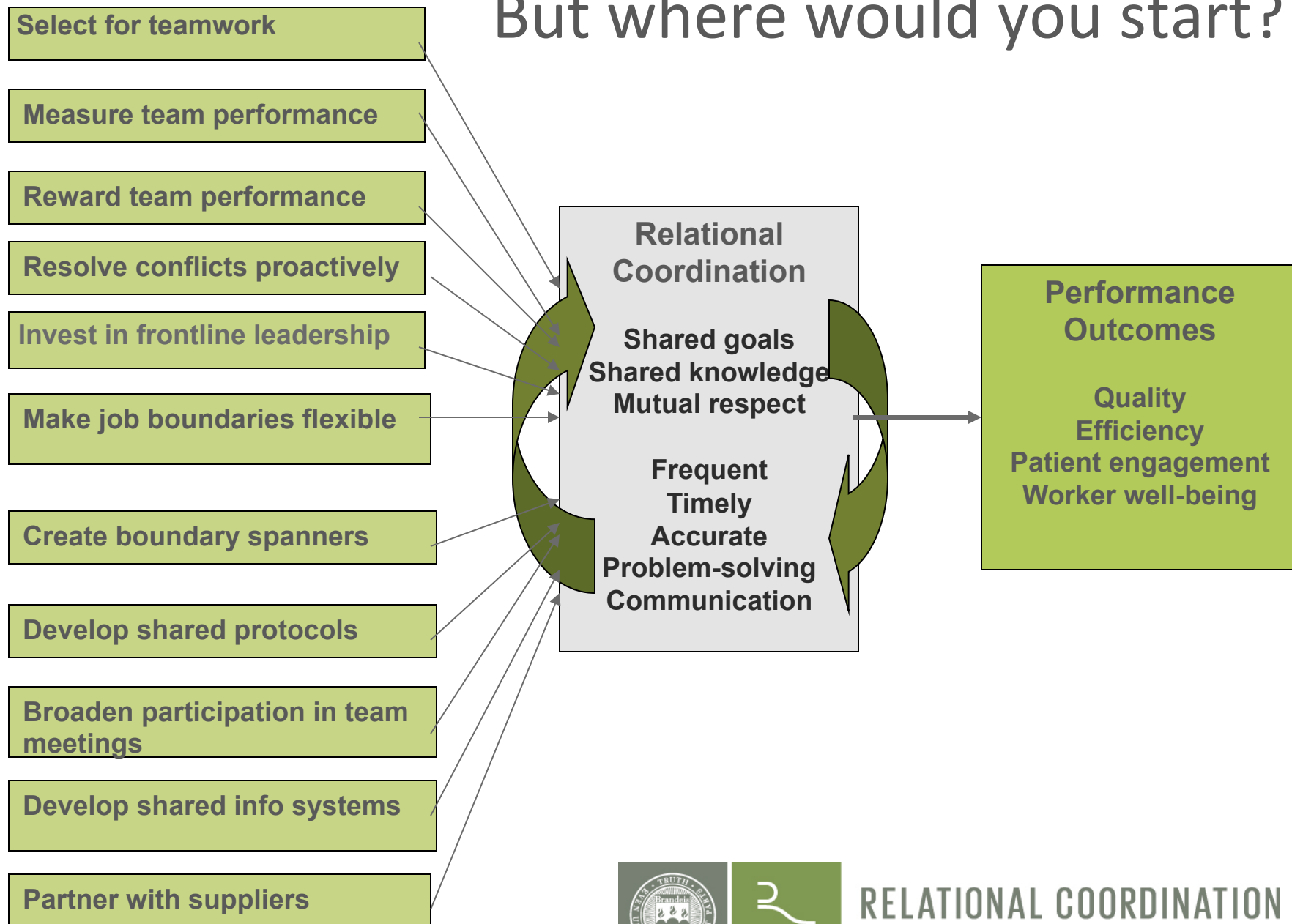
Bottom line

Leaders have a role in designing and implementing ALL of these structures



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

But where would you start?



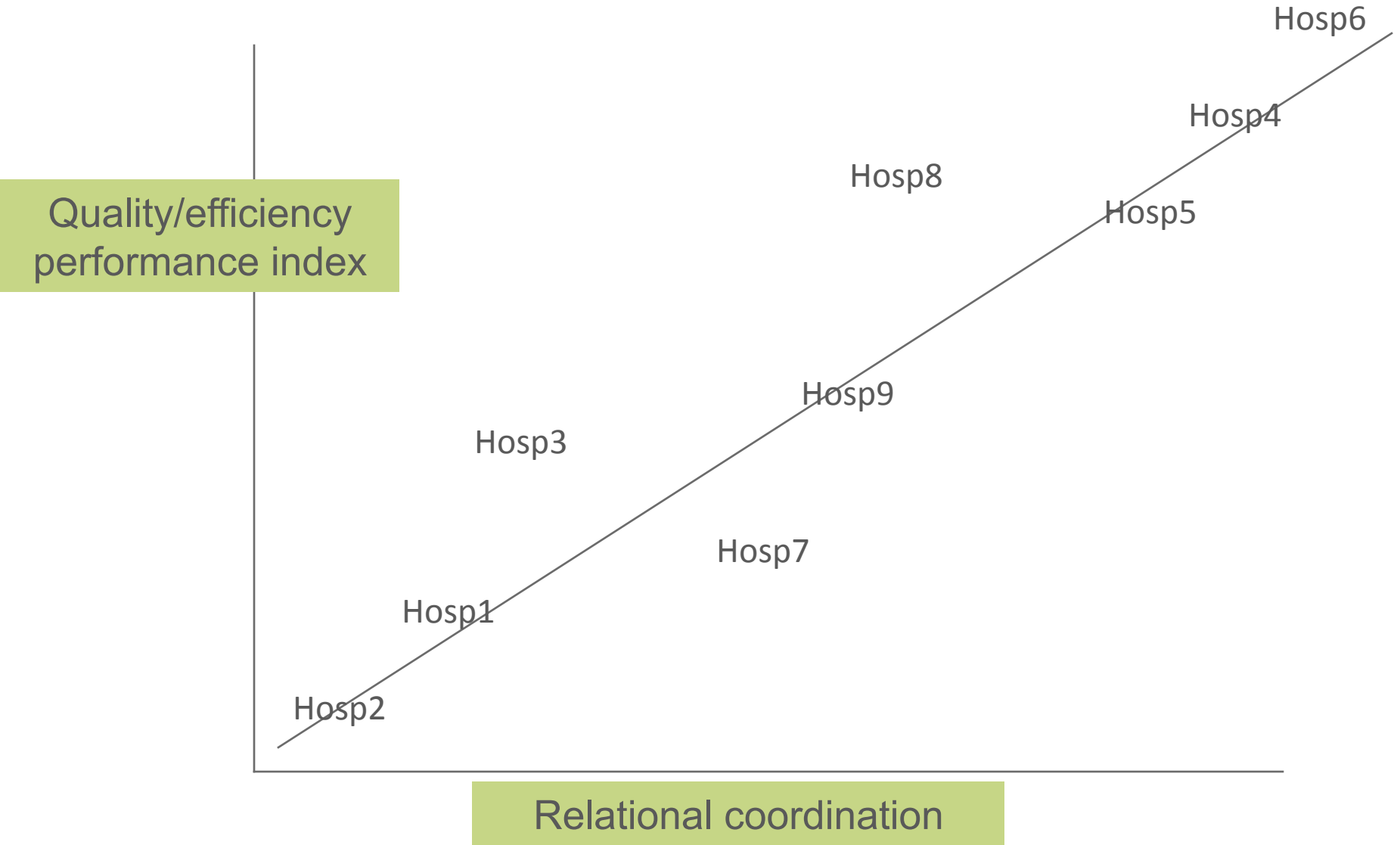
RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Learning to coordinate



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

What is the path for moving from low to moderate to high RC?



How do organizations learn new ways to coordinate?

- Many organizations are still traditional bureaucracies with workers in their silos
- Relationship patterns are deeply engrained in our organizational cultures and professional identities
- Our structure/process/outcomes model doesn't tell us where to begin



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

How to create change?

Cannot just change structures and expect relationship patterns to change.

What is the sequence for change? What kind of unfreezing is needed to successfully adopt new structures?



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Four case studies in change

- Texas primary care
- Maine health and human services
- Canadian obstetrics
- Mid-Atlantic intensive care unit



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Texas primary care

- Team from UT Health Science Center in San Antonio worked with 40 rural primary care clinics to improve chronic care for their patients
- Team helped clinics to measure
 - their performance outcomes
 - their structures for chronic care delivery
 - their relational coordination



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Texas primary care

- Coaching visits every 2-3 weeks for one year to
 - facilitate meetings
 - support work process improvements
 - support relational improvements
- “We share the data with them and let them decide what they wanted to do about it. We give advice, like meeting with each other, doing regular huddles to coordinate care – but we are there to help them do what they want to do”

Dr. Raquel Romero, Intervention Team Leader



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Texas primary care

- “These clinics are very hierarchical. People don’t feel safe speaking up in meetings when there is no relational coordination.”

Dr. Raquel Romero

- Huddles helped clinics learn relational coordination, which led to better chronic care delivery



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Maine Dept. of HHS

- Leaders in Maine's Office of Lean Management have been implementing lean principles in government for 6 years
- They respond to requests for training and process improvement



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Maine Dept. of HHS

- “It is a blame/shame environment. During the training we started to see the goal alignment, the shared knowledge and the respect they were developing for each other. We saw it but didn’t know what it was.”
- “We realized that when the lean training works, it’s because they are changing their relationships in really important ways.”

Walter Lowell, Director



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Maine Dept. of HHS

- “We designed a coaching intervention to foster relational coordination, and we call it the soft side of lean”
- “But people can get really discouraged when they go back to work – some say it was great training but within a couple of months they are back in their old boxes. Nothing has changed to support their new ways of working together.”

Kelly Grenier, consultant



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Group Health Cooperative

- Group Health has used lean successfully in their 16 clinics in Washington State
- Lean methods were used to standardize work when creating their patient-centered medical home
- Both quality and efficiency outcomes improved – but some limitations were observed



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Group Health Cooperative

- “People got better at performing their own tasks, but when they had to go beyond and connect with each other in response to an unexpected event or patient need, it didn’t work as well.”
- “To address that, we will introduce relational coordination on top of lean.”

-Rob Reid, Medical Director, Primary Care



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Group Health Cooperative

- Medical Home 1.0 – Lean
- Medical Home 2.0 – Relational Coordination
- Change process to be guided by two change agents – a lean expert and a relational coordination expert
- This lean/RC team is developing an integrated model with integrated language and tools



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Canadian obstetrics

- Canadian obstetrician and obstetrics nurse discovered through their own work experience that relational approaches between providers and with patients seemed to result in fewer errors, better quality outcomes, less waste, fewer liability claims.
- With support from a Canadian insurance association, they formed a consulting practice to teach their methods to obstetrics units throughout the country.



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Canadian obstetrics

- Intervention works with frontline providers to improve work processes and relational dynamics, **then** seeks leadership support for new structures to support the new relational dynamics
- “We didn’t know what to call what we were doing, but after reading organizational theory in the late 1990s, I realized we were doing relational coordination”

Ken Milne, CEO, Salus Global Consulting



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Canadian obstetrics

- Have worked with over 100 Canadian hospitals and about 30 U.S. hospitals
- Achieving fewer errors, better quality, less waste, fewer liability claims
- Now implementing the model in other hospital units (surgery, ER, ICU)



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

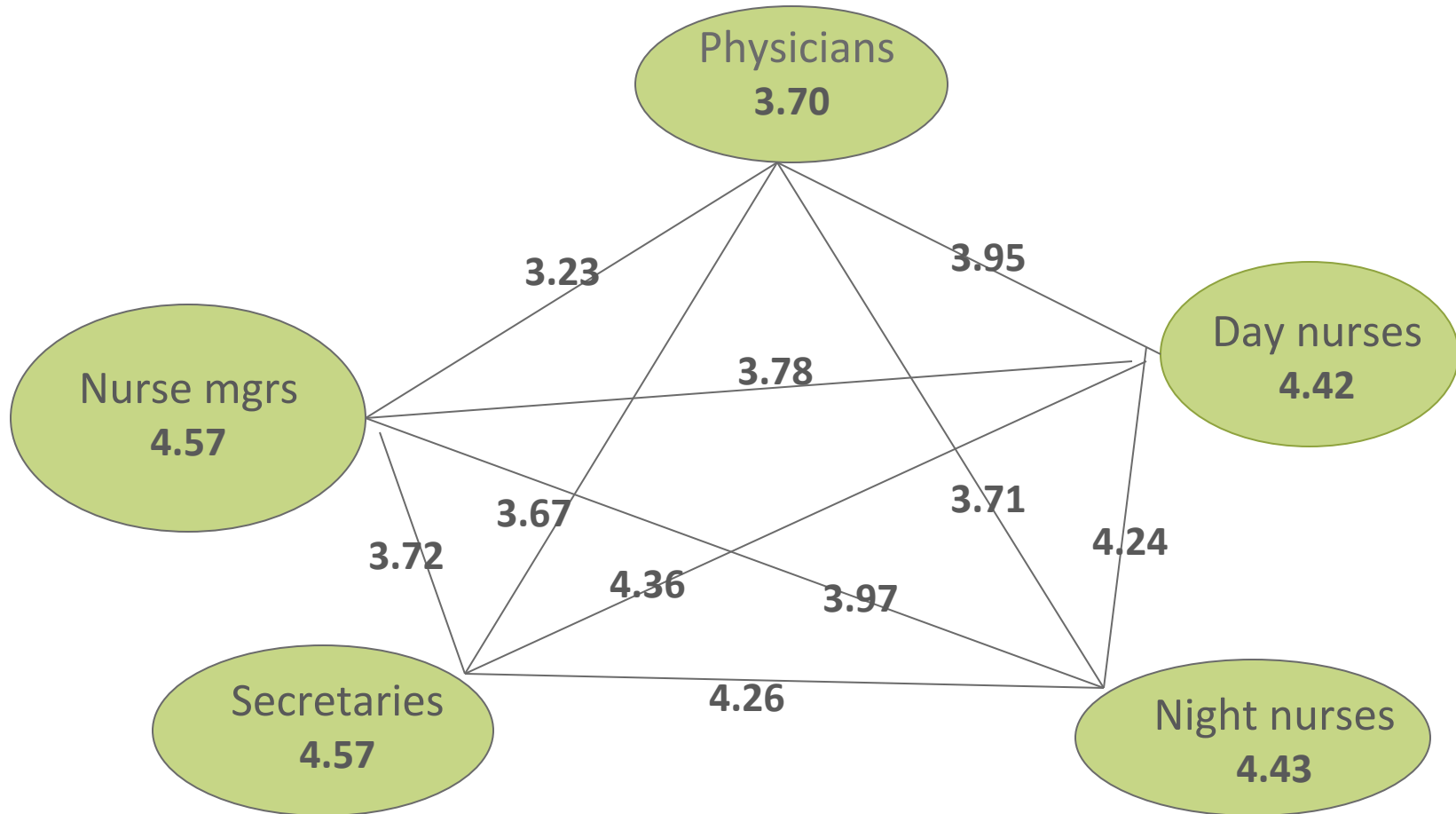
Mid-Atlantic intensive care unit

- Physicians considered to be a “problem”
- Uncivil behaviors among themselves and with other work groups
- Consultant was called in to help
- Started with physician interviews, retreat, and baseline mapping of relational coordination



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Mapped relational coordination before intervention



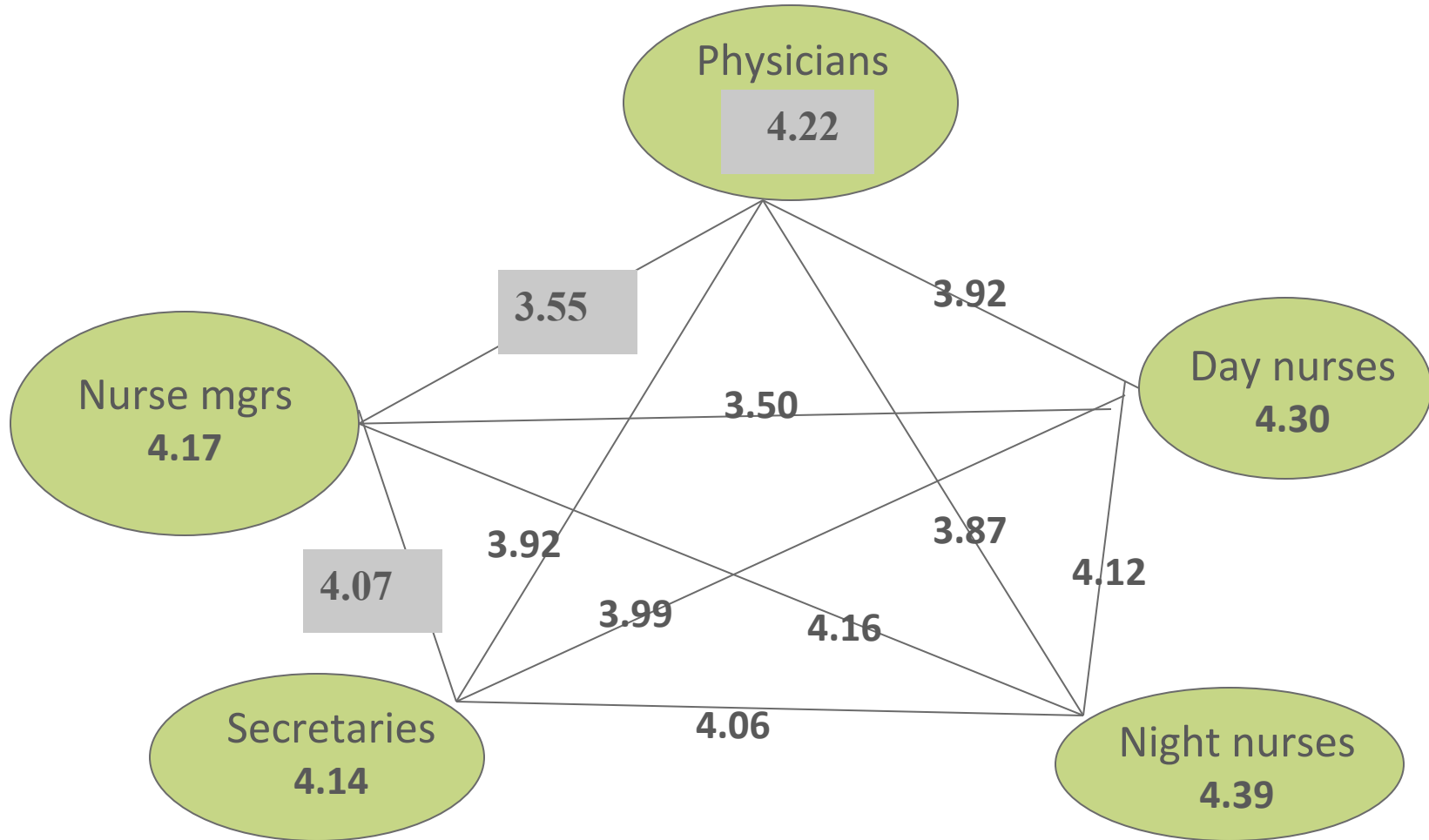
Mid-Atlantic intensive care unit

- Intervention focused on physicians and included
 - Appreciative inquiry
 - New physician group leader
 - Coaching and goal-setting
 - Accountability for relational behaviors
 - Weekly meetings to check in, make group decisions



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Mapped relational coordination after six-month intervention



Shaded numbers indicate significant
positive change



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Partial success

- Relational coordination improved
 - Among physicians
 - Between nurse managers and physicians
 - Between nurse managers and night nurses
 - Between nurse managers and secretaries
- But RC stayed the same or got worse
 - Between other groups
- “Shared knowledge” did not improve for anyone, even physicians
- Lessons learned?



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Lessons learned

■ Relational intervention

- Build relational coordination more broadly, not just among physicians but with other workgroups as well

■ Work process intervention

- Improve relational coordination in the context of the work by doing process improvement

■ Structural intervention

- Set up new structures -- forms of accountability, roles, meetings, conflict resolution -- not just for physicians but for other workgroups as well

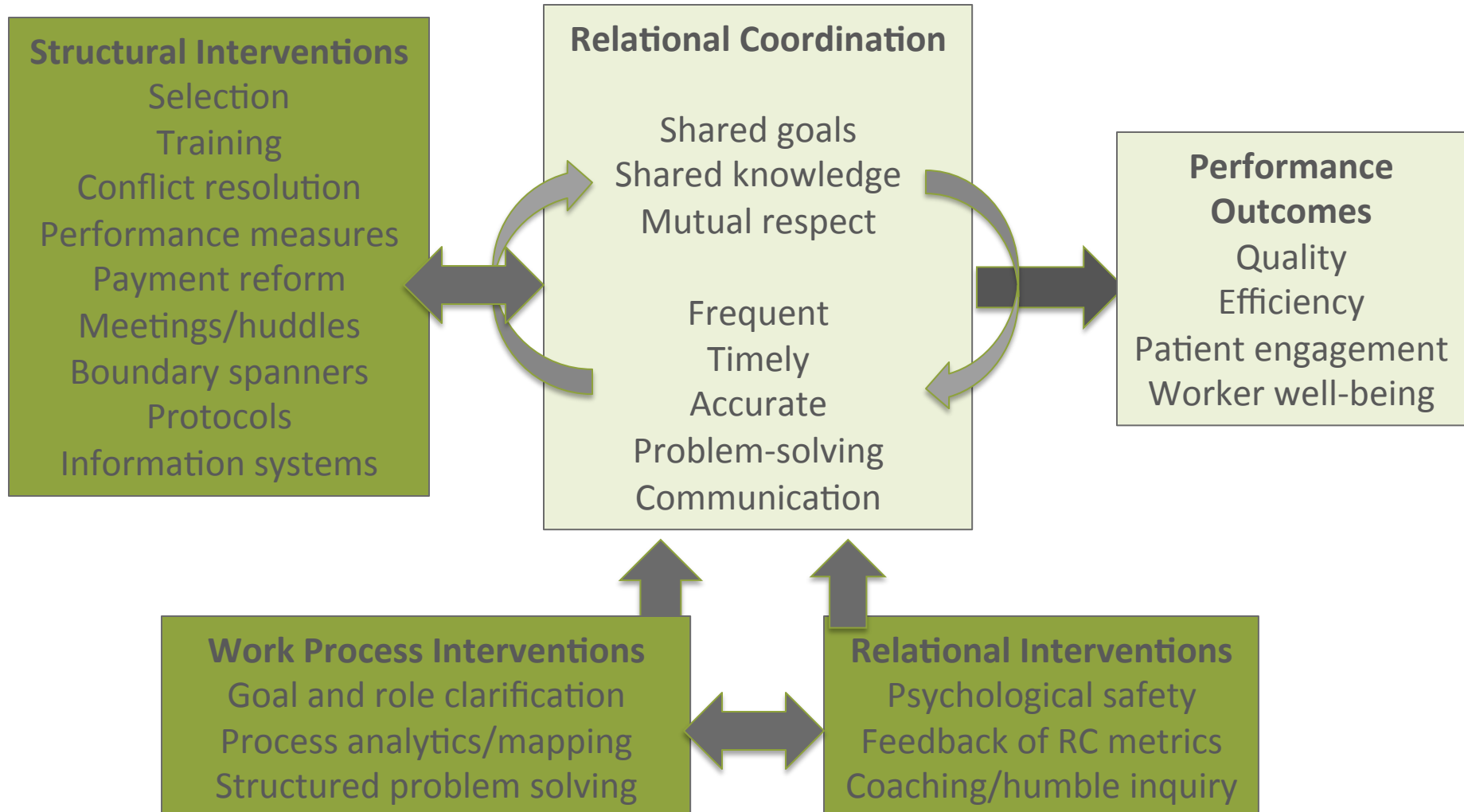


RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

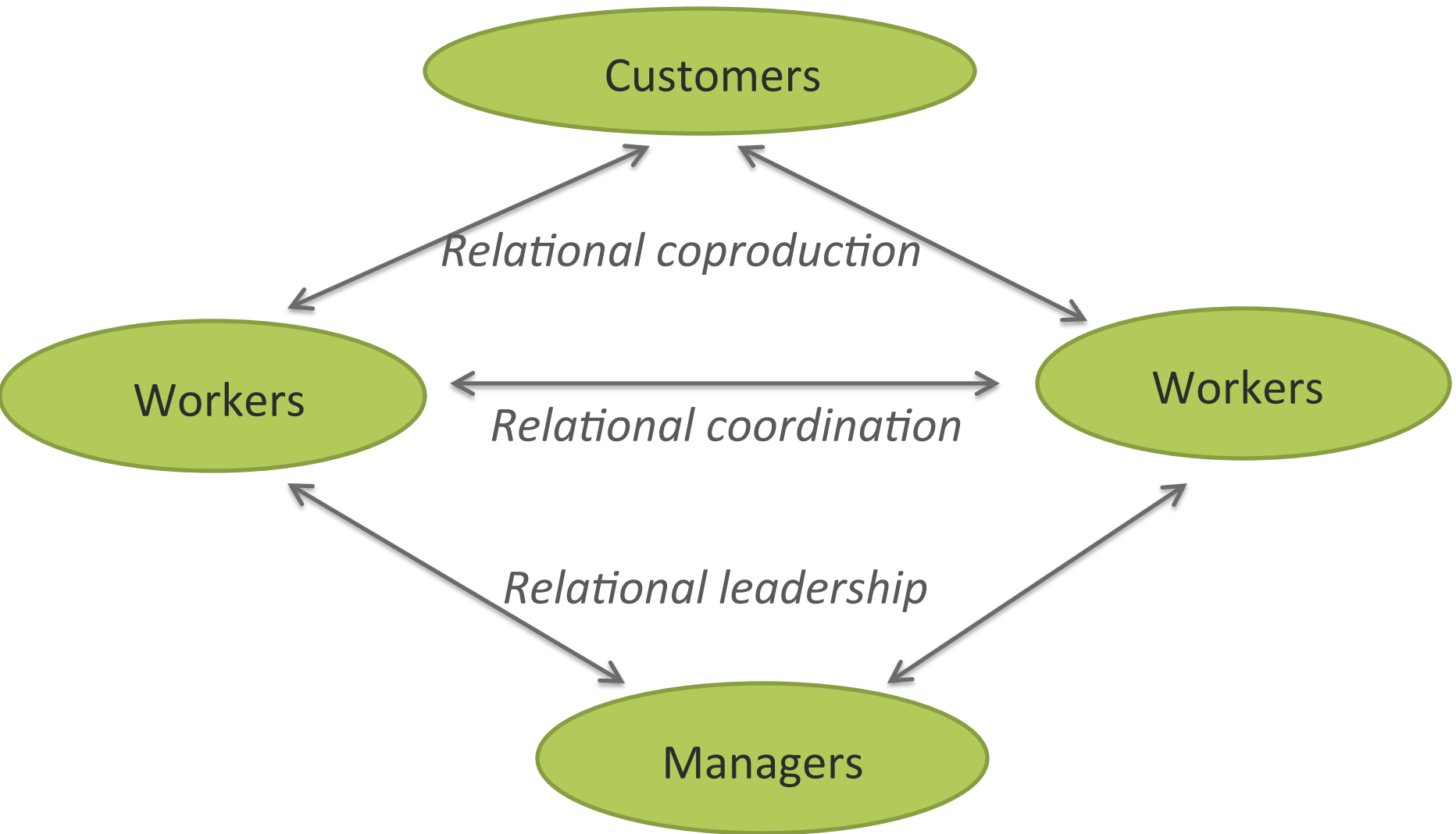


Relational Model of Organizational Change

Gittel, Edmondson, Schein



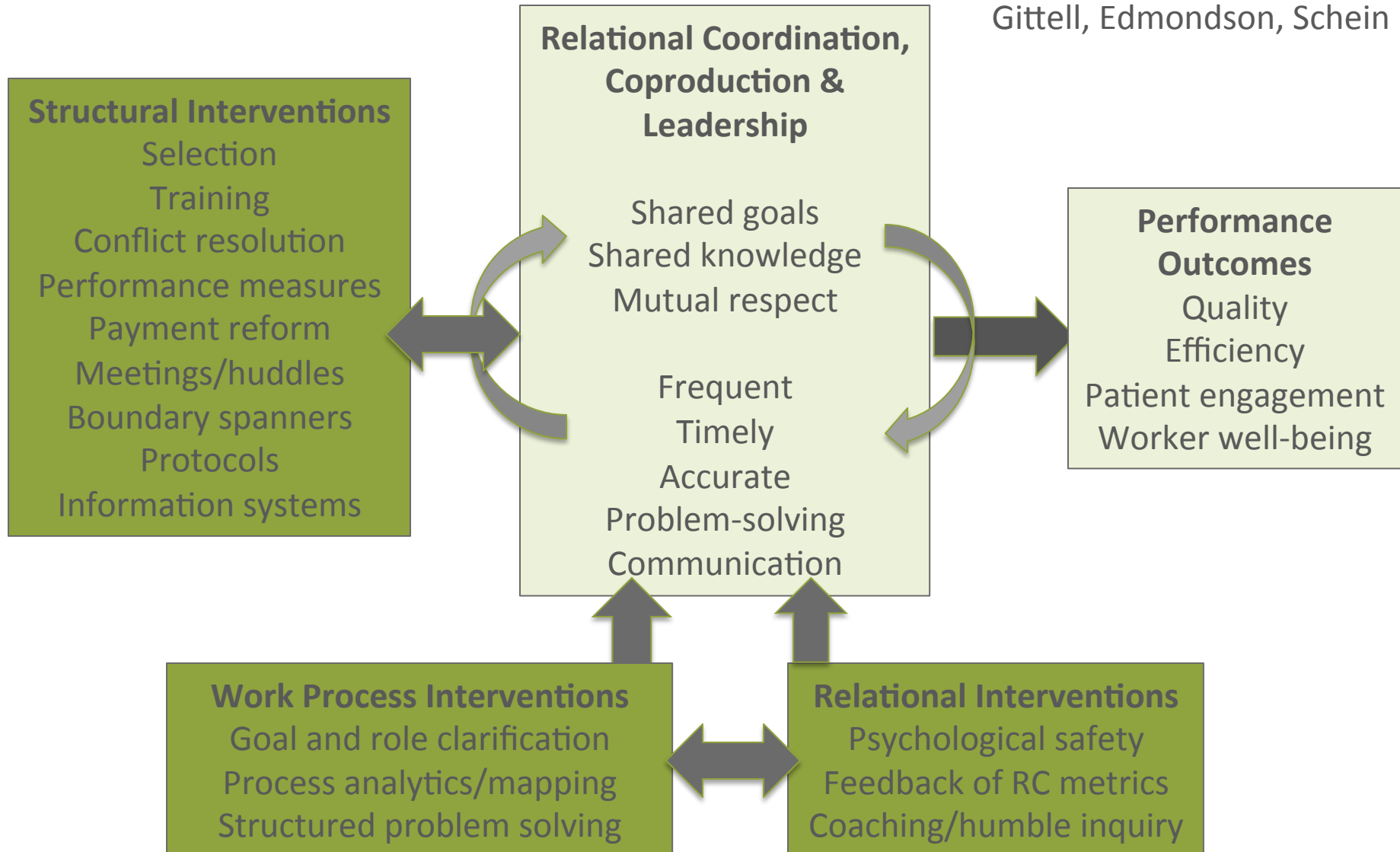
Beyond relational coordination





Relational Model of Organizational Change

Gittel, Edmondson, Schein



What we are doing now



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Extend RC to encompass a broader network

We started by considering a core group of workers. But there is the potential to go far beyond, encompassing all who need to coordinate across multiple organizational boundaries.

And we can extend that network to include the customer – patients and their families.



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

A multi-level challenge

- Building relational coordination at multiple levels
 - Provider-provider
 - Provider-patient
 - Provider-leader
 - Leader-leader
 - Patient-centered medical homes
 - Accountable care organizations



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Relational coordination across sectors

		Acute			Rehab				Home		System Integrator	
		<u>Surgeon</u>	<u>Case manager</u>	<u>Physical therapist</u>	<u>Physiatrist</u>	<u>Nurse</u>	<u>Case mgr</u>	<u>Physical therapist</u>	<u>Nurse</u>	<u>Physical therapist</u>	<u>Primary care physician</u>	<u>Informal care giver</u>
Acute	<u>Case manager</u>	3.5	1.3	4.3	1.1	2.2	2.6	2.3	2.5	2.2	2.5	3.6
	<u>Physical therapist</u>	3.4	3.8	4.1	1.1	1.2	1.1	1.4	1.1	1.3	1.1	1.9
Rehab	<u>Case manager</u>	2.1	2.2	1.9	3.6	4.3	4.5	4.4	2.2	1.9	1.8	3.3
	<u>Physical therapist</u>	2.3	1.7	2.1	3.8	4.2	4.2	4.6	1.5	1.8	1.4	3.0
Home	<u>Nurse</u>	2.7	1.5	1.3	1.2	1.2	1.2	1.3	4.5	4.0	2.1	3.4
	<u>Physical therapist</u>	3.5	1.8	1.9	1.6	1.6	1.5	1.9	3.8	4.3	2.0	3.3
System Integrator	<u>Primary care physician</u>	2.2	1.5	1.3	1.4	1.7	1.8	1.7	1.5	1.4	1.2	1.9
	<u>Informal care giver</u>	3.3	1.8	2.4	2.1	3.0	2.1	2.8	3.3	3.6	1.9	---

Families as integrators of a highly fragmented “system”

Supporting RC across sectors

- How do our structures look when extended across sectors?
- Selecting for teamwork?
- Shared performance measures and rewards?
- Boundary spanners?
- Information systems?
- How to extend these structures to support coordination with the patient, family and community?



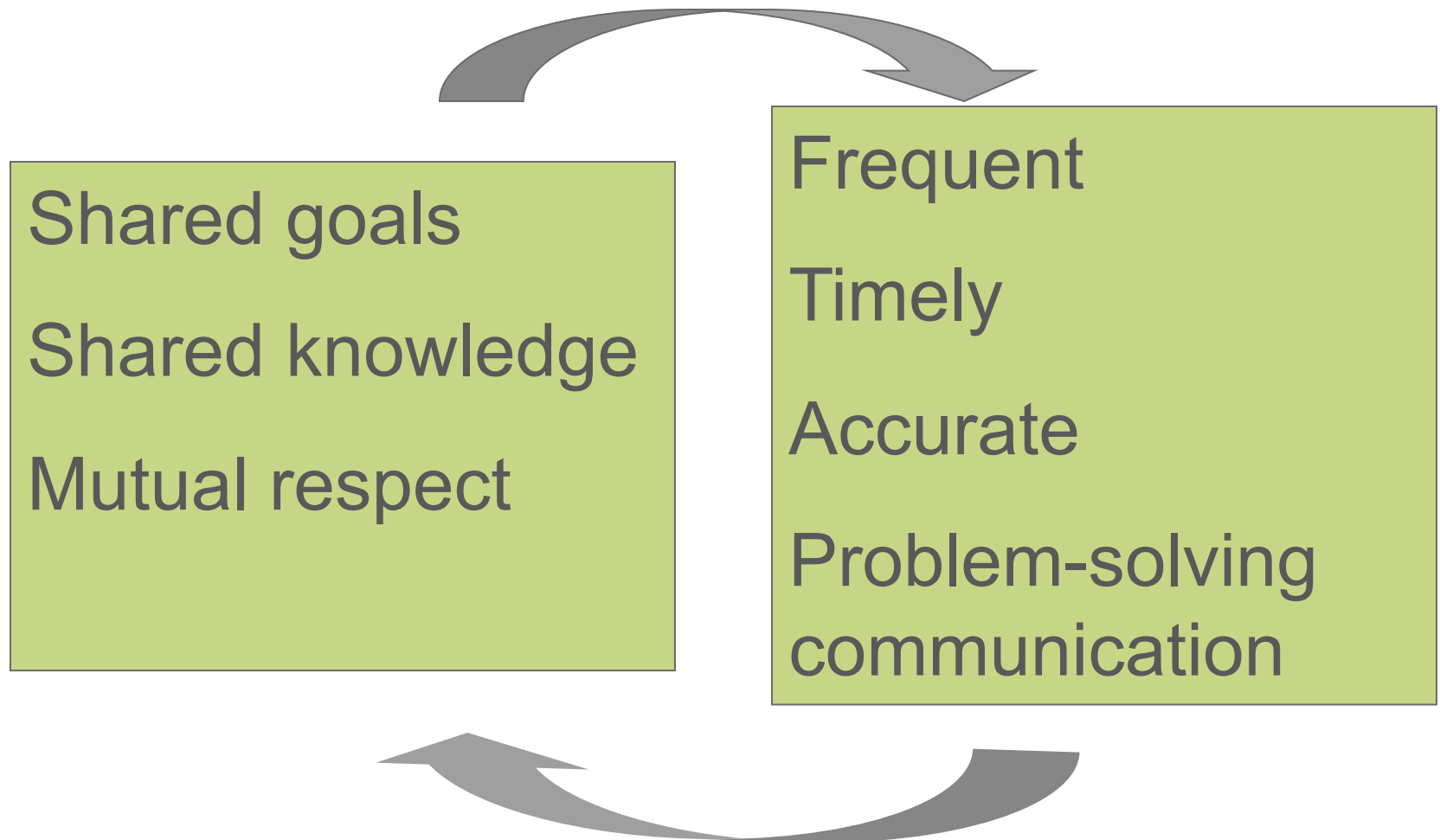
RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Mapping and measuring relational coordination



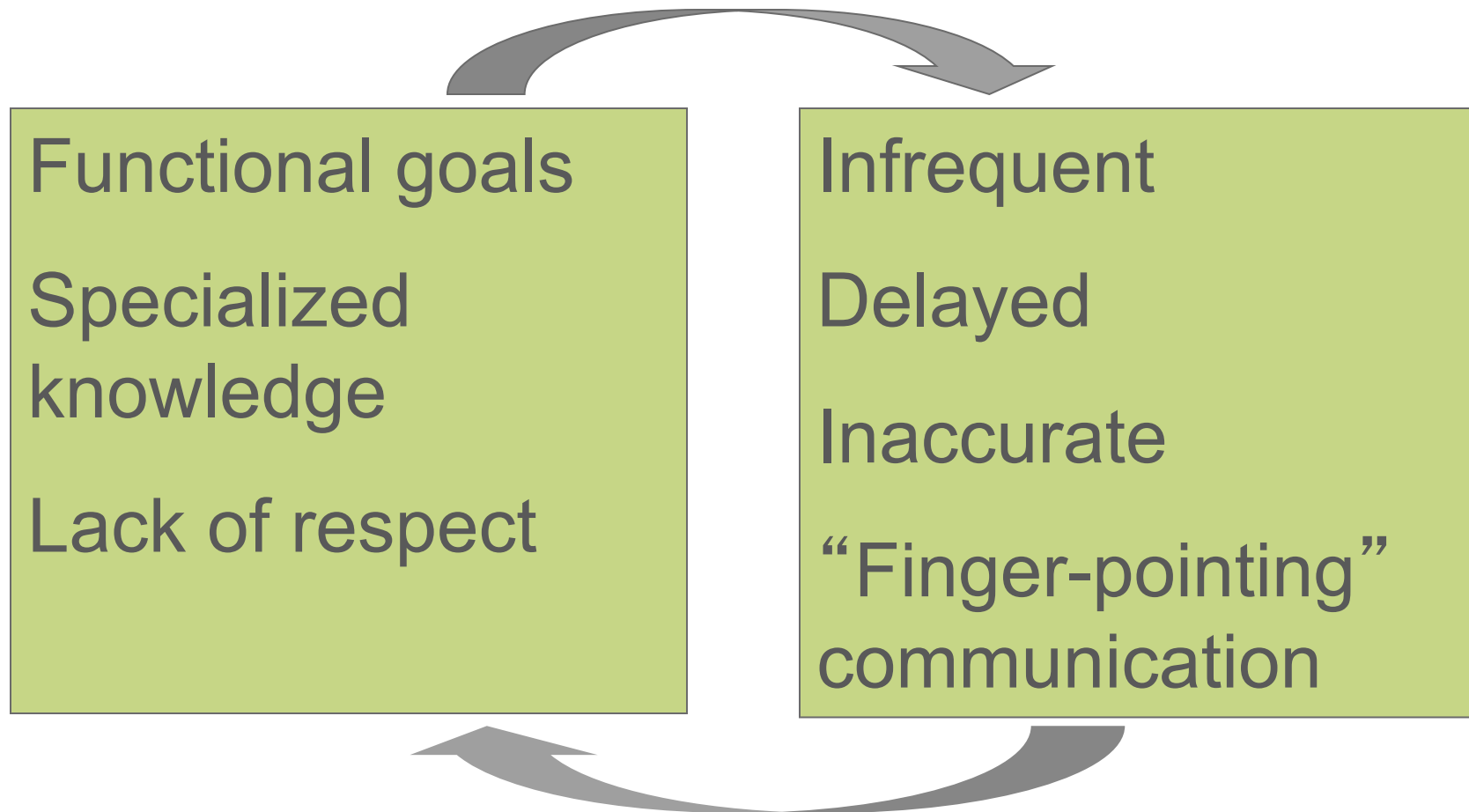
RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Is this your current state?



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

... Or this?



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

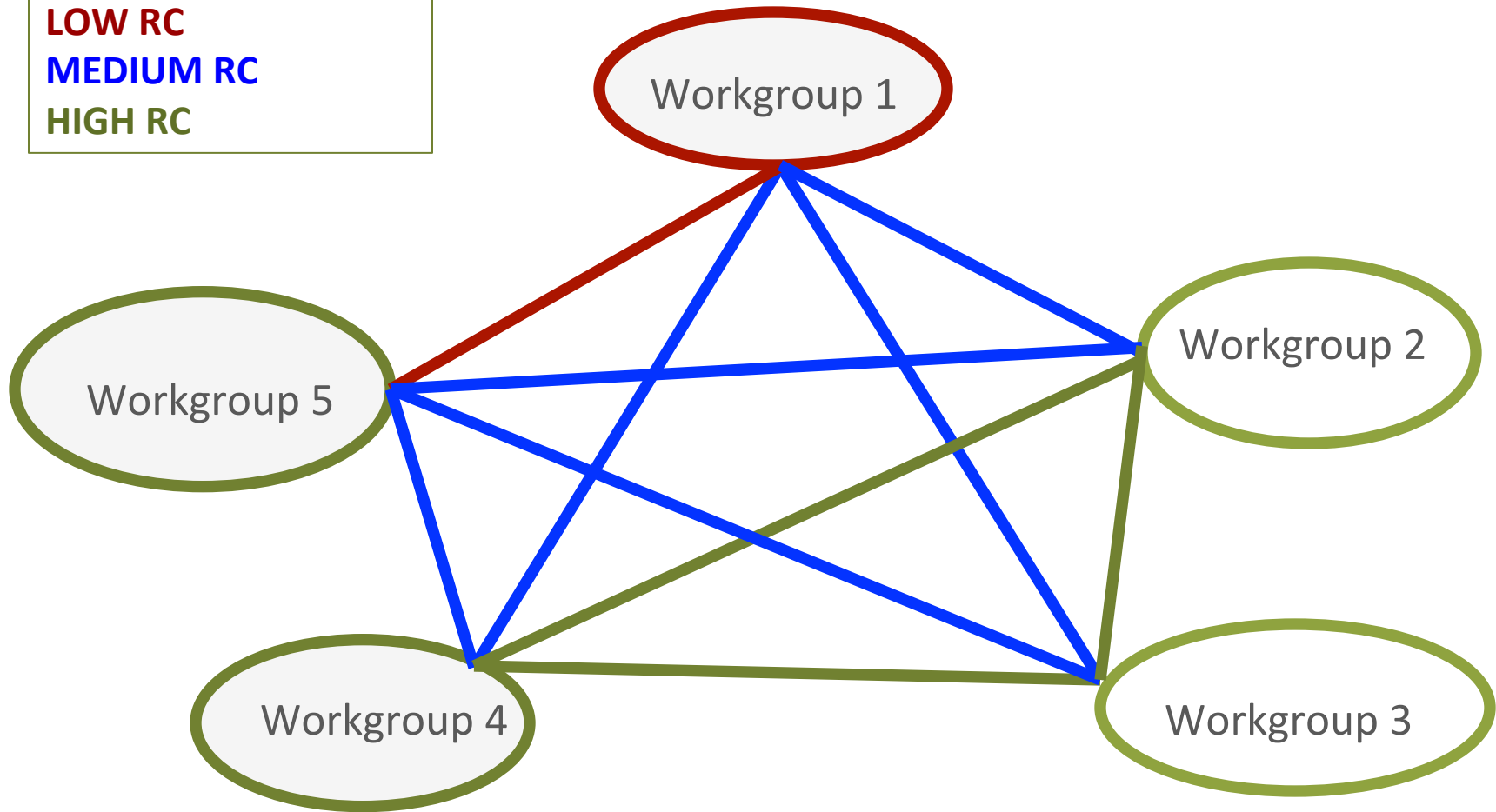
Relational mapping

- ◆ Identify a work process in need of better coordination – e.g. “pediatric care.” This is your focal work process.
- ◆ Which workgroups are involved?
- ◆ Draw a circle for each workgroup and lines connecting between them
 - LOW RC = RED
 - MEDIUM RC = BLUE
 - HIGH RC = GREEN



Mapping relational coordination

LOW RC
MEDIUM RC
HIGH RC



RC = Shared goals, shared knowledge, mutual respect, supported by frequent, timely, accurate, problem-solving communication

Reporting back

- ◆ Where does relational coordination currently work well? Where does it work poorly?
- ◆ How does it impact your desired performance outcomes?
- ◆ What are the root causes?
- ◆ What are some potential solutions?
- ◆ Where are your biggest opportunities for change?



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE