Relational Coordination and Improvement = Success!
“Improving How We Work Together”

Institute for Healthcare Improvement
16th Annual International Summit on Improving Patient Care
in the Office Practice and the Community
Grapevine, Texas
0930-1230
March 16, 2015

Your Faculty Today

• Tina C. Foster, MD, MPH, MS
  – Associate Professor, Obstetrics and Gynecology and Community and Family Medicine

• Richard B. Freeman, Jr. MD
  – Chair Department of Surgery

• Marjorie M. Godfrey, PhD, MS, BSN, FAAN
  – Co-Director, The Dartmouth Institute Microsystem Academy

• Teri Walsh, BSN, RN
  – Vascular Surgery Nurse Clinician
Objectives

1. Understand the link between health care improvement and relational coordination
2. Explore the case study of improvement and relational coordination in the Department of Surgery at Dartmouth-Hitchcock Medical Center
3. Identify key execution strategies to plan relational coordination and improvement

Welcome!

9:30 Welcome & Introductions
- How will we work together today?
- What you can expect to take home
- What pre-work did you complete?
9:35 Introduction to Tech/Humanistic Improvement
9:45 Process Change Challenges
Beyond mechanical flowcharts to communication and relationships
9:50 Exercise #1- Create a RC Map from the flowchart
10:05 Debrief
10:15 The Case Study begins
10:35 Break
Agenda

10:50  Exercise #2-Review the RC report
11:10  Report Outs & Discussion
11:20  Introduction to clinical Microsystems and coaching
11:30  Case Study continues: The coaching experience
11:50  Fast Forward one year: RC Re-survey
11:55  Exercise #3-Baseline & 1 year results
12:10  Report Outs and Discussion
12:20  Summary and Lessons Learned
12:30  Adjourn

Introductions

- Rapid fire!
  - Name, role and organization
  - Did you bring a flowchart of a challenging change process?
Pre-work Assignments

• “Flipped classroom” approach
• Didactic content and preparation ahead of session
• More time for discussion and application in session
• Facilitates “active learning” format

Readings
• Eddie Erlandson, Coaching the Alpha Male
• Relational Coordination
• Clinical Microsystems
• Team Coaching

Reflect & Create a Flowchart
• Identify a change in process challenge
• Create a flowchart to bring with you to Texas
Eddie Erlandson, MD

Eddie Erlandson provides coaching to help executives transform entrenched leadership habits, especially with those who need to make their leadership styles more inspiring and direct.

Clinical Microsystems

- We all have more experience living in, working in, and using them; than we have studying, changing, and coaching them
- Improvement efforts are more likely to be successful with deep understanding of the CONTEXT.
Relational Model of Organizational Change + Microsystem Academy
Gittell, Edmondson, Schein

Relational Coordination,
Coproduction & Leadership

Shared Goals
Shared Knowledge
Mutual Respect
Frequent
Timely
Accurate
Problem-Solving
Communication

Performance Outcomes
Quality
Efficiency
Citizen Engagement
Worker Well-Being

Structural Interventions
Select/Train for Teamwork
Shared Accountability
Shared Costs and Rewards
Conflict Resolution Practices
Meetings and Huddles
Cross-Boundary Job Design
Shared Protocols
Shared Info Systems

Improvement Methodologies
Lean/Six Sigma
Plan/Do/Study/Act
Positive Deviance

Relational Interventions
Psychological Safety
Feedback of RC Metrics
Coaching/Humble Inquiry

7 Dimensions of
Relational Coordination

<table>
<thead>
<tr>
<th>Seven RC Dimensions</th>
<th>Survey Questions</th>
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</thead>
<tbody>
<tr>
<td>1. Frequent communication</td>
<td>How <strong>frequently</strong> do people in each of these groups communicate with you about the work that we do together?</td>
</tr>
<tr>
<td>2. Timely communication</td>
<td>How <strong>timely</strong> is their communication with you about the work that we do together?</td>
</tr>
<tr>
<td>3. Accurate communication</td>
<td>How <strong>accurate</strong> is their communication with you about the work that we do together?</td>
</tr>
<tr>
<td>4. Problem solving</td>
<td>When there is a problem in the work that we do together, do people in these groups <strong>blame others</strong> or try to <strong>solve the problem</strong>?</td>
</tr>
<tr>
<td>5. Shared goals</td>
<td>Do people in these groups <strong>share your goals</strong> for the work that we do together?</td>
</tr>
<tr>
<td>6. Shared knowledge</td>
<td>Do people in these groups <strong>know about the work</strong> you do in the work that we do together?</td>
</tr>
<tr>
<td>7. Mutual respect</td>
<td>Do people in these groups <strong>respect the work</strong> you do in the work that we do together?</td>
</tr>
</tbody>
</table>

**Scoring: Between and Within Groups**

5 = Always, Completely; 4 = Often, A lot; 3 = Occasionally, Somewhat; 2 = Rarely, A little; 1 = Never, Not at all
Relational Coordination: Relationship Mapping

Team Coaching Model

Pre-Phase
Getting Ready
"Meet them where they are"

*Relationships
- Helping
- Keep on track

*Communication
- Virtual
- Face-to-Face
- Available & accessible
- Timely

*Encouragement
*Clarifying
- Improvement Knowledge
- Expectations

*Feedback
*Reframing
- Different perspectives
- Possibility
- Group dynamics-new skills

*Improvement Technical Skills
- Teaching

Action Phase
Art & Science of Coaching

Transition Phase
Reflection, Celebration & Renew

Reflection on improvement journey
- What to keep doing or not do again
- Review measured results and gains
- Assess team capability and coaching needs & create coaching transition plan

Celebration!
Renew and re-energize for next improvement focus
Evaluate coaching

*Context
- Review of past improvement efforts and lessons learned
- Tools used
- Preliminary system review
  - Micro/Meso/Macro
*Site Visit
- Resources
- Logistics
*Expectations
- Clarity of aim
- Leadership & Team discussions about roles and logistics

*Clarifying
- Improvement Knowledge
- Expectations

*Feedback
*Reframing
- Different perspectives
- Possibility
- Group dynamics-new skills

*Improvement Technical Skills
- Teaching

Godfrey, MM (2013)
The Imbalance of Art & Science

Socio-Cultural Personal Experiences “Humanistic”

Mechanistic/Technocratic Focus

Technical vs Humanistic

Technical/Mechanical Improvement
- Total Quality Management
- Lean
- Six Sigma
- The improvement model
- Process Mapping
- Work flow mapping
- Data & Measurement

“Humanistic” Considerations
- Individual and Group dynamics
- Communications
- Relationships
- Human dynamics
- Organizational Learning
- Ownership
- Leadership
- Patients and Families
Improvement strategies and execution can over emphasize the technical/mechanical/measurement aspects of improvement....

Our health care systems are not machinery with replaceable humanoid parts; they are *inseparably connected with the people who operate within the system.*

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“Humble inquiry is based on interest and curiosity and wanting to be caring.

*It is an attitude*”
Helping & Humble Inquiry

One of the giants in organizational psychology, organization development, organizational culture and career development.

"Telling makes people feel inferior and reduces communication and organizational effectiveness suffers."

“We live in a culture of Doing and Telling.”

Data

Wernicke’s Area
Language Comprehension

Broca’s Area
Language Processing
Time to Work!

- A brief reminder about microsystems
- A chance to use your flowchart (if you brought one - or create one)
- A chance to think about workgroups communication and relationships
**Microsystem**: patients and families, health care professionals, information and information technology working together for a common aim
- Clinical: Ob-gyn clinic, labor and delivery, OR, ED
- Supporting: Pharmacy, Laboratory, Radiology

**Mesosystem**: the glue that holds microsystems together across the patient journey
- Serve to align macro/organizational and microsystems (e.g., departments)
- 2 or more microsystems
Your Assignment...

- Identify an important (and possibly challenging) process – review your flowchart if you brought one or create one
- At your tables, select one of the flowcharts offered by the group.
- Spend a little time talking about the setting and its context.

Create a Relational Coordination Map...

- Consider your process/flowchart
  - What workgroups are involved?
  - What’s your sense of the relational coordination within and between these groups?
- Create a Relational Coordination Map on the flipchart
  - Green = strong ties, good RC
  - Blue = moderate ties, RC
  - Black = weak ties, RC
- Consider these dimensions:
  - Shared goals
  - Shared knowledge
  - Mutual respect
  - Communication
    - Frequent
    - Timely
    - Accurate
    - Problem-solving
RC Map Debrief

• What did you learn about “mapping” relationships and communication?
• Where are the strengths?
• Where are the improvement opportunities?

The Case Study Begins

Leadership Perspective:
The Dartmouth-Hitchcock Surgery Department
Relational Coordination Experience
“Improving How We Work Together”

Richard B Freeman, MD
Chair Department of Surgery
**Department of Surgery**

**Dyad Leadership Structure**

- Chair Department of Surgery
- Administrative Director DOS

- General Surgery
- Vascular
- Cardiothoracic
- Ophthalmology
- Urology
- Neurosurgery
- Pediatric Surgery
- Plastic Surgery
- Dermatology
- Otolaryngology

- Practice Manager

**Surgery Traditions**

- Training is as an apprenticeship
- Focus is on patients and doctor-patient relationship
- Captain of the ship
- High Stakes
  - Outcome directly related to physical action
- Trained to make decisions with incomplete data and little time
  - “Sometimes wrong, never in doubt”
Surgeons’ Reputation

- Arrogant
- “Doers”
  - “Surgeons do and never think, Physicians think and never do”
- Alpha males (Kate Ludeman and Eddie Erlandson)
  - Commander
  - Visionary
  - Strategist
  - Executor

Surgery is a Complex Workplace

- Clinics
  - Secretaries
  - Medial Assistants
  - Nurses (LNA, RN)
  - Advance practitioners (PA, MP)
  - Residents
  - Administrators
- OR
  - Anesthesia (CRNA)
  - Residents
  - RNs
  - Techs
  - PACU Pre Op
- Inpatient
  - Consultants
  - Nurses
  - Therapists PT, OT, Resp
  - Para professionals Pharm D, NP, PA
  - Care managers
- Home care
- Nursing homes
- Primary care
- Referring MDs
- Students
- Trainees from other specialties
- Administrators
- Laboratory and research
Other Complex Workplaces

clinicalmicrosystem.org
Process tools (Playbook)

- Lean/Six Sigma
- DMAIC
- Measurement

All require team work!

Measurement of Team Work

September 29, 2014
How do you change culture?

• Shared vision
• Aligned goals
• Great communication
• Right players
• Right playbook
• Right measurement
  – Motivational metrics
• Right leader (coach)

Leadership

HBR

• Goleman found that while the qualities traditionally associated with leadership—such as intelligence, toughness, determination, and vision—are required for success, they are insufficient. Truly effective leaders are also distinguished by a high degree of emotional intelligence, which includes self-awareness, self-regulation, motivation, empathy, and social skill.
EFFECTIVENESS

Occurs in crucial moments

Depends on vital behaviors

Requires awareness, skills & commitment

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Executive Coaching, 360 Assessments and Teambuilding

Eddie helped me and our senior team navigate the challenges of growth, innovation and competition by integrating his practical business sense with his in-depth knowledge of neuroscience and change management.

- Brian Sharples, CEO, Homekey

"Kate’s insight has played a crucial role in developing Dell executives."

- Michael Dell, Chairman & CEO, Dell

Work with the experts. Worth Ethic Corporation is a nationally recognized executive coaching firm founded by Harvard-acclaimed authors: Kate Ludeman, PhD, and Eddie Erlandson, MD.

Worth Ethic’s crisp and systematic approach takes the mystery out of executive development and leadership assessment.

Who has benefited from Worth Ethic executive coaching? Take a look at their client list. See their Harvard Business Review publication on leadership development. Read a summary of their much-publicized book, Alpha Male Syndrome. Take the Alpha Assessment. Then contact Worth Ethic for executive coaching and teambuilding programs that will change the way you do business.

Eddie Erlandson, MD

Kate Ludeman, PhD

Eddie Erlandson provides coaching to help executives transform entrenched leadership habits, especially with those who need to make their leadership styles more inspiring and direct.

Kate Ludeman, PhD, founded Worth Ethic in 1988. She is a widely recognized executive coach, speaker and author.

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clinicalmicrosystem.org
QUALITIES OF HIGHLY EFFECTIVE TEAMS

- Know & focus on team deliverables
- Healthy urgency & discipline
- Influencing skills & processes to achieve measurable results

QUALITIES OF EFFECTIVE LEADERS & TEAMS

- Emotional Intelligence 50
- Knowledge and Experience 25
### Five Components of Emotional Awareness

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<th>Component</th>
<th>Definition</th>
<th>Hallmarks</th>
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<tr>
<td>Self-Awareness</td>
<td>the ability to recognize and understand your moods, emotions, and drives, as well as their effect on others</td>
<td>self-confidence, realistic self-assessment, self-deprecating sense of humor</td>
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<td>Self-Regulation</td>
<td>the ability to control or redirect disruptive impulses and moods</td>
<td>trustworthiness and integrity, comfort with ambiguity, openness to change</td>
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<td>the propensity to suspend judgment—to think before acting</td>
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<tr>
<td>Motivation</td>
<td>a passion to work for reasons that go beyond money or status</td>
<td>strong drive to achieve optimist, even in the face of failure</td>
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<td>a propensity to pursue goals with energy and persistence</td>
<td>organizational commitment</td>
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<td>Empathy</td>
<td>the ability to understand the emotional makeup of other people</td>
<td>expertise in building and retaining talent</td>
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<td>skill in treating people according to their emotional reactions</td>
<td>cross-cultural sensitivity, service to clients and customers</td>
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<tr>
<td>Social Skill</td>
<td>proficiency in managing relationships and building networks</td>
<td>effectiveness in leading change</td>
</tr>
<tr>
<td></td>
<td>an ability to find common ground and build rapport</td>
<td>persuasiveness, expertise in building and leading teams</td>
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### Department of Surgery Plan

- **Promote self awareness with leaders**
  - Team building and 360 evaluation of Chair and Section Chiefs
  - Assess relational coordination among the sections
- **Develop interventions**
  - “e-Coach the Coach”
- **Commitment to the process**
  - “80 percent of life is just showing up”
    - Woody Allen
Measuring Team Work with RC

- Leaders have been primed with their emotional awareness and are now ready to embrace and absorb the RC data
- Workgroups’ awareness of team work (both opportunities and exemplars) primes them for the improvement work and coaching in the section.

Observations I

The original "Hawthorne effect" study suggested that the novelty of being research subjects and the increased attention from such could lead to temporary increases in workers' productivity.
Observations II

Resilience has been studied in the context of:

- Handoffs
- OR Checklists
- Patient safety
  - Fall prevention
  - Rescue (not failure to rescue)
  - Collaborative cross checking
Healthcare Success

- Effective Leaders
- Resilient Teams
- Technical excellence
  - Measurement

Relational Coordination

- Evaluates processes and teamwork, *not individuals*
- Scores are a starting point to inform improvement
- **The GOAL is to improve performance!**
  - Not just to improve teamwork (but they are correlated)
  - Not just short term project (marathon not sprint)
- Method:
  - Improve teamwork in the context of our regular work
  - Work together to improve an important process
  - Lead to sustainable improvement, with crossover to other projects and other team members
- Each person can make a big difference
D-H Surgery RC Timeline

- **1/2014**: RC Survey Conducted
- **2/2014**: Coaching Program
- **1/2015**: RC Resurvey

360° Survey Prep & Campaign → Changing Context to Change Behaviors → Improved Processes & RC

- **2/2014**: RC survey results shared through section meetings
- **2/2014 through present**: Team meetings and coaching Monthly Coaching & Dept Meetings
- **2/2015**: RC Results Shared

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**Break**

10:35-10:50
RC First Survey Results

Vascular Surgery Participation
Vascular Summary of RC Results by Dimension

STRENGTHS
• Between Groups
• Accurate Communication
• Frequent Communication

• Within Groups
• Accurate Communication
• Frequent Communication

OPPORTUNITIES
• Between Groups
• Shared Knowledge
• Shared Goals

• Within Groups
• Problem Solving
• Mutual Respect

RC Results

• How does relational coordination vary across our different workgroups?
  – Clinical nurses
  – Nurse practitioner
  – Residents - Fellows
  – Research nurses
  – Section chief
  – Secretaries
  – Surgeons
  – Vascular lab technologists
### Summary of RC Results by Work Group

#### STRENGTHS
- **Between Groups**
  - Nurse Practitioner
  - Vascular Lab Techs

- **Within Groups**
  - Research Nurses
  - Residents and Fellows

#### OPPORTUNITIES
- **Between Groups**
  - Research Nurses
  - Residents and Fellows

- **Within Groups**
  - Clinical Nurses
  - Surgeons

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### Job Satisfaction, Engagement, Burnout

- My level of job satisfaction is high.
- I am energetic and enthusiastic about my job.
- I feel burned out from my work.

  - Every day
  - Several times a week
  - Once a week
  - Several times a month
  - Once a month
  - Several times a year
  - Never
Job Satisfaction is High

I Feel Burned Out from My Work
I Am Energetic and Enthusiastic About My Job

Sections

Every Day 7.00
Once per Week 6.00
Once per Month 5.00
Never 4.00

Vascular Surgery Exercise!

1. How would you present these results to a section?
2. Review the results and discuss what you see
3. What would YOU do with these results?
4. Use your flipcharts to make notes

10:40-10:55
Report Outs and Discussion

11:10-11:20

Introduction to Clinical Microsystem 5Ps and Coaching

The Intervention

11:20-11:30 Margie
Despite an enormous variety of improvement programs implemented to improve health care, inconsistencies and gaps between desired and actual health care improvement exist.

*Small improvement teams are often faced with daily on-the-job crises and organizational inertia that impacts the team’s ability to follow through on well intended improvements and goals.*

Improvement knowledge and skills alone does not achieve sustainable change. *Local context can help or hinder (including leaders).*

Leaders Can Help by...

- *Helping cultivate improvement capability* by designing structures, processes and outcomes of their organizational systems to support health care improvement activities
- *Developing the improvement knowledge of every staff member* in the microsystem to know their operational processes and system to promote action learning in their daily work
- *Setting clear improvement expectations* of all staff
- *Providing TIME* to learn and practice improvement
- Supporting improvement actions and learning using a *Team Coaching Model*
Connecting Teams, Coaching and Leadership

Teams & Coaches

- Expectations
- SPY/Performance
- PDSA
- Sustain

Leadership

- Regular meetings, provide time & space
- Anticipate & assist with data
- Rapid Tests of change with measures
- Inspire, know & tell stories

The 5Ps

1. Purpose
2. Professionals
3. Processes
4. Patterns
5. Patients
Assessing Your Practice

Clinical Microsystem Improvement Workbooks

Patients...Assess, Diagnose & Treat
Microsystems...Assess, Diagnose & Treat
Tools for 5P Assessment

www.clinicalmicrosystem.org CLICK Resources

Improving Microsystems

It’s just like patient care

• To improve a patient’s health status ... a clinician assesses, diagnoses, treats, and follows-up based on biomedical science, patient preferences, and their outcomes.

• To improve a microsystem’s “health” status ... an interdisciplinary group assesses, diagnoses, treats, and follow-ups based on improvement science and performance feedback.
The ultimate aim of the coaching program is to improve the quality and value of healthcare by helping front line staff.

Central to improvement and coaching is gaining a deeper knowledge of each surgical section, collective assessment and selection of improvement focus and coaching of regular improvement meetings.

RC results + Coaching interprofessional improvement teams = improved section performance

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**Team Coaching Model**

**Pre-Phase:**
- Getting Ready
  - "Meet them where they are"
  - *Context*
    - Review of past improvement efforts and lessons learned
    - Tools used
  - *Site Visit*
    - Micro/Meso/Macro
  - *Resources*
  - *Logistics*
  - *Expectations*
    - Clarity of aim
    - Leadership & Team discussions about roles and logistics

**Action Phase:**
- *Relationships*
  - Helping
  - Keep on track
- *Communication*
  - Virtual
  - Face-to-Face
  - Available & accessible
  - Timely
- *Encouragement*
- *Clarifying*
  - Improvement Knowledge
  - Expectations
- *Feedback*
- *Reframing*
  - Different perspectives
  - Possibility
  - Group dynamics-new skills
- *Improvement Technical Skills*
  - Teaching

**Transition Phase:**
- Reflection, Celebration & Renew
  - Reflection on improvement journey
  - What to keep doing or not do again
  - Review measured results and gains
  - Assess team capability and coaching needs & create coaching transition plan
  - Celebration!
  - Renew and re-energize for next improvement focus
  - Evaluate coaching

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Godfrey, MM (2013)
Team Coaching Framework Over Time
Pre-Phase, Action Phase, Transition Phase

Godfrey, MM (2012)

Coaching Improvement without Leadership

is like “Sisyphus rolling a boulder up a hill.."
Coaching and Leadership

All Hands on Deck

The Case Study Continues
CHAMP Presentation for AVS
Teri Walsh, RN, BSN

Members:
Judy St.Hilaire, Carey Stillman, Evan Smith, Tammy Wilson, Eva Rzucidlo,
Gretchen Rutherford, Emily Spangler, Teri Walsh, Rick Powell

11:30-11:50
Coaching Vascular Surgery

- eCTC and coaching an improvement team
- A coaching example
  - Institutional Goal: Meaningful Use/After Visit Summary (AVS) driven by CMS
  - Our aim: To devise a system to have the AVS populated correctly, but also to have personalized instructions put in by providers.
  - Goal: 100% compliance with delivery or mail out and 90% with special instructions.

What We Did

- We did a process chart to identify who was responsible for what info.
- Quick text developed to make sure it was easy for providers. Also each provider had personalized "at elbow" orientation and support.
- Measured pre month of June through December. Two measurements:
  1. Number printed out and sent
  2. Provider compliance with specialized instructions.
If you compare the two that are required you notice that there is not much additional work.
CHAMP Committee Project

- The CHAMP committee has identified several projects with the specific aim of improving the patient experience and satisfaction in the Vascular Clinic.

- Our first project was to improve the content and completion of the After Visit Summary (AVS) with special instructions at the end.

- Our goal for the project is 100% completion, of the AVS and sending within 24 hours for Meaningful Use.

- We also plan to check Patient Satisfaction as we know this has been a high level of satisfaction across the institution.

- We know that everyone will support this important effort as good patient care is the overall goal and mission of everyone in this department.

Hints to Accomplish New Goals for the AVS

- **Nurses** should bring laptop into room and immediately document vitals, smoking history, allergies, and medications.

- This will limit distractions that sometimes occur while you are at your desk and delay input.

- This will mean that patients will need to be roomed several minutes earlier than their appointment time, to prevent delaying the flow of clinic.

- Patients will be reminded that they need to arrive at least 20 minutes prior to their scheduled visit time.
Hints to Accomplish New Goals for the AVS

• **MDs** Problem list will need to have the problem you are seeing the patient, as a new hospital wide requirement.

• Problem list should be related to the patients vascular problems and therefore this will limit the added work required (generally the visit diagnosis is the problem).

• Instructions can be either your assessment and plan or specific instructions for wound care, which will help with communication to patients, families, VNAs, and SNFs.

• We have saved some smart phrases for you to make the instructions easier and consistent.

Hints to Accomplish New Goals for the AVS

• YOU DO NOT HAVE TO COMPLETE YOUR NOTE TO COMPLETE AND/OR PRINT THE AVS.

• THE AVS NEEDS TO BE PRINTED WITHIN 24 HOURS OF THE PATIENT VISIT.

• THE GOAL SHOULD BE TO GIVE THE PATIENT THE AVS PRIOR TO LEAVING THE CLINIC
  – ESPECIALLY PATIENTS WITH WOUNDS THAT REQUIRE INSTRUCTIONS

• IF YOU CANNOT GIVE THE AVS TO THE PATIENT PRIOR TO THEM LEAVING THE HOSPITAL, IT WILL BE PRINTED AND MAILED TO THE PATIENT.
Project Summary

By using the DHMC Improvement Ramp we have systematically identified a new improvement project.

We have used the plan, do, study, analyze to collect data and demonstrate progress.

We plan to continue until we have standardized the process.

Looking forward to other projects!

What I Learned

1. Meeting rules and guidelines manner. More productive with agendas, time allocation and minutes.
2. Listen to others; we were a very diverse group, not everyone knew what the AVS was or how it was used.
3. Where you are, is where you need to be.
4. Participation and listening leads to productivity.
5. Practiced Ladder of Inference.
6. These fundamentals are important but do not replace leadership and management.
7. Fundamentals of 5 Ps and Ramp keep you focused and productive.
8. Coaching provides more help and structure to get more done.
Fast Forward One Year to January 2015!

Re-Survey Results

Survey Response Rates

Vascular Surgery: 92% Baseline, 98% Follow-Up
Urology: 52% Baseline, 52% Follow-Up
Transplant: 52% Baseline, 72% Follow-Up
Plastic Surgery: 83% Baseline, 92% Follow-Up
Pediatric Surgery: 100% Baseline, 100% Follow-Up
Otolaryngology: 100% Baseline, 100% Follow-Up
Ophthalmology: 48% Baseline, 48% Follow-Up
Neurosurgery: 92% Baseline, 92% Follow-Up
General Surgery: 75% Baseline, 92% Follow-Up
Dermatology: 90% Baseline, 95% Follow-Up
CT: 94% Baseline, 94% Follow-Up
Relational Coordination
Surgery Department

5 = Always, Completely; 4 = Often, A lot; 3 = Occasionally, Somewhat

> 4.5 = High Performance

> 4.0 = High Performance

<table>
<thead>
<tr>
<th></th>
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Relational Coordination by Section

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<th>2014</th>
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<tbody>
<tr>
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**Relational Coordination Index Score**

**Between Workgroups**

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<th>Follow-Up</th>
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**Relational Coordination Index Score**

**Within Workgroups**

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Relational Coordination 7 Dimensions

**Between Groups**

- Frequent
- Timely
- Accurate
- Problem-Solving
- Shared Goals
- Shared Knowledge
- Mutual Respect

**Within Groups**

- Frequent
- Timely
- Accurate
- Problem-Solving
- Shared Goals
- Shared Knowledge
- Mutual Respect

5 = Always, Completely; 4 = Often, A lot; 3 = Occasionally, Somewhat

---

Drill Down into Details

**Workgroup Effects**

<table>
<thead>
<tr>
<th>Clinical Nurses (RNs)</th>
<th>Secretaries (RA/Office Coordinator, Schedulers)</th>
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<tbody>
<tr>
<td><strong>Within Workgroups</strong></td>
<td><strong>Within Workgroups</strong></td>
</tr>
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<td>RC Index</td>
<td>RC Index</td>
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<tr>
<td>Frequent Communication</td>
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<td>Timely Communication</td>
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<tr>
<td>Accurate Communication</td>
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<td>Problem-Solving</td>
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<td>Shared Knowledge</td>
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<tr>
<td>Mutual Respect</td>
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</tbody>
</table>

- Baseline: Dartmouth-Hitchcock - Vascular Surgery
- Follow-Up: Dartmouth-Hitchcock - Vascular Surgery
Section Detailed Reports

Map for Overall RC Between Each Workgroup

Exercise!

- Review the baseline and one year later results
- How would you present to your group?
- What do you see?
- What assumptions can you and can you not make?
- What new questions do you have?
Report Outs/Discussion

12:05-12:15

Metasystem-Macrosystem-Mesosystem-Microsystem
Organization Levels and Impact

MICROSISTEM — FRONT LINES
STRESS, FRUSTRATION

MESOSYSTEM — SERVICE LINES & CARE PATHWAYS
(OR SCHEDULING, PHONE TREES, BOTTLE NECKS IN FLOW)

MACROSISTEM — ORGANIZATIONS
(MEANINGFUL USE, HIRING FREEZES, BENEFIT CHANGES, "DICTUMS", MORE RULES & BARRIERS)

METASYSTEM — NETWORKS & REGISTRIES
PERFORMANCE GOALS

\[\text{YOU Can only control the microsystem which is a small portion of the big system issues...}\]

Important Lessons

• Careful discussion and preparation for the RC survey
  – Have the workgroups define themselves
  – Campaign style survey roll out to increase response rate

• Reminders to take the survey

• Close collaboration with RCA colleagues who customize the surveys
  – “Every Number has a Story” (Godfrey, 2014)
    • Be Curious
Response Rate Difference

- Low response rates—will be interesting to talk with groups.
- Smaller group than last year.
- Some will NOT complete the survey—afraid it will not be anonymous.
- Some folks tired of being surveyed.
- How to get skeptics to complete the survey?

Themes

1. The larger organization impacts the meso and microsystems
   - Systems within systems
   - Hiring Freeze *(crisis breeds innovation/adaptation—Multi-tasking, Small group pulled together, Leadership lead by example—became secretary, social worker, etc)*
   - Eliminated Float Pool
   - OR block scheduling changes
2. **Hire the “A Team”**
   - Bad Apples *(1/3 staff turned over in one section)*
   - Effect of not having the A team impacted all groups. Those not performing well were counseled out of their jobs.
   - Not an easy process but help build a better team and the group felt they had a say in “what we are going to do” with limited resources
     
     *“Better to have nobody than a warm body”*

3. **Numbers help one see** how we can study what happened, teasing out who/what did

4. **Data helps identify areas to work on** BUT some issues like the OR scheduling need to be addressed
   - RC data a simulant for conversation
   - What variables can make or break a group?

5. **Context most important** in the processes

6. Sections can **learn from each other**

7. Link with organizational **Human resources**
Microsystem Level Improvements

• **Referral form** created to obtain more accurate information

• **Phone tree** implemented
  – Very *hard to get person* on the phone
  – Lots of *variation in secretary* processes
  – Dedicated line for *outside referring providers* will be answered by a person due to negative feedback

What is Changing?

• Doing *team building exercises*
  – RC and improvement educational components and sharing with everyone
  – Role playing based on real life scenarios
  – Improvement team meeting weekly
  – Daily huddles
  – Daily email huddles
  – RC has resulted in deep conversations
  – “This whole process helped create a different view of people when you see a different side of the person and what they can do.”
Every Number...

- Has a story
  - What is the story?
    Who are the patients and families behind the number?
  - Who are the staff?
- Stories can make a difference
- How do you change the circumstances to change behaviors?
  - Maybe Relational Coordination helps

Relational Coordination

- Relational Coordination has put a “spotlight” on issues and made everyone part of the change.

- One person needs to be sensitive about how everyone fits together, job descriptions and process changes.
  - The impact has been how everyone understands those around them and how they work together.
RC Dimensions For Building

• How to use the dimensions to move forward to build a new division?
  – Orient new staff
    • Shared goal, timely communication, focus on process
  – Set expectations
  – “Soft skills are really the hard skills”

Summary

• Leadership matters
• Consistent themes
  – Macro, meso, micro stressors
• Executive decision making directly impacts the abilities of the front line
  • Resilient teams can be developed with coaches and local leadership
    – Understand their local context and populations, processes of care
  • Relational Coordination
    – Puts the “spotlight” on communication and relationships
Thank you for your interest!

Adjourn 12:30