Relational Coordination  
Impact on Improvement – L6  

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Richard B. Freeman Jr, MD  
Marjorie M Godfrey, PhD, MS, BSN, FAAN  
Institute for Healthcare Improvement  
27th Annual National Meeting on Quality Improvement in Health Care  
Orlando, Florida  
New York/New Orleans Room  
1:00pm – 4:30pm  
December 6, 2015

Welcome!  
Margie, Tina & Rich
• **Health care improvement tends to focus on the mechanistic aspects** of improvement methods, tools, and processes.

• **New experiences are revealing the importance of a balance between mechanical improvement sciences and communication and relationships** within work units and across pathways of care.

Today we will blend communication and relationships, essential leadership skills, development of front-line staff improvement, and communication skills.

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### Objectives

1. Discuss the significance and benefits of mechanical and humanistic improvement strategies
2. Describe the seven dimensions of relational coordination
3. Develop an organizational strategy to pilot the relational coordination survey 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 Florida
1:00  Welcome & Introductions
      - How will we work together today?
      - What you can expect to take home
      - What pre-work did you complete?

1:15  Introduction to Tech/Humanistic Improvement

1:30  Process Change Challenges
      Beyond mechanical flowcharts to communication and relationships

1:45  Exercise #1- Create a RC Map from the flowchart (create a flowchart if you haven’t in advance of this program)

2:05  Debrief

2:15  The Case Study begins

2:35  Break

2:50  Exercise #2-Review the RC report

3:10  Report Outs & Discussion

3:20  Introduction to clinical microsystems and coaching

3:30  Case Study continues: The coaching experience

3:50  Fast Forward one year: RC Re-survey

3:55  Exercise #3-Baseline & 1 year results

4:10  Report Outs and Discussion

4:20  Summary and Lessons Learned

4:30  Adjourn
• **Rapid fire!**
  – Name, role and organization
  – Did you bring a flowchart of a challenging change process?
• 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.
### 7 Dimensions of Relational Coordination

<table>
<thead>
<tr>
<th>Seven RC Dimensions</th>
<th>Survey Questions</th>
</tr>
</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 communication</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

![Diagram showing relationships between various roles such as Nurses, Practice Manager, Surgeons, Coordinators, Technologists, Secretaries, Residents, Advanced Practitioners, Nursing Assistants, and Patients.]
**Team Coaching Model**

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

*Context*  
- Review of past improvement efforts and lessons learned  
- Preliminary system review

*Site Visit*  
- Resources  
- Logistics  
- Expectations

Clarity of aim  
Leadership & Team discussions about roles and logistics

*Action Phase*  
*Art & Science of Coaching*

*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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**The Imbalance of Art & Science**

Socio-Cultural Personal Experiences  
"Humanistic"

Mechanistic/Technocratically Focus

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*Godfrey, MM (2013)*
**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

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**Finding A Balance**

Our health care systems are not machinery with replaceable humanoid parts

Our health care systems are *inseparably connected with the people who operate within the system*
“Humble inquiry is based on interest and curiosity and wanting to be caring.

It is an attitude”

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

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

A health care clinical microsystem is the combination of a small group of people who work together in a defined setting on a regular basis—or as needed—to provide care and those who receive that care.

It has:
- Clinical and business aims
- Linked processes
- Shared information environment
- Produces measurable outcomes
Microsystems Are The Building Blocks or “energy cells”

The health system can be no better than the small systems ...

High Performing Clinical Microsystems

Leadership
- Leadership
- Organizational support

Staff
- Staff focus
- Education & Training
- Interdependence of care team

Performance
- Performance results
- Process improvement

Patients
- Patient Focus
- Community & Market Focus

A Special Blend
• **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 (eg department)
  – 2 or more microsystems-think pathways and service lines

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**Microsystem**

**Mesosystem**

**Macrosystem**

**Market / Geopolitical system**

**Self-care system**

**Individual care-giver & patient system**

**Systems of practice, intervention, measurement, policy**
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
• 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
**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
- Practice Manager
- Practice Manager
- Practice Manager
- Practice Manager
- Practice Manager
- 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
  - Medical 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

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)
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

**QUALITIES OF HIGHLY EFFECTIVE TEAMS**

- Know & focus on team deliverables
- Healthy urgency & discipline
- Influencing skills & processes to achieve measureable results
QUALITIES OF EFFECTIVE LEADERS & TEAMS

Five Components of Emotional Awareness

<table>
<thead>
<tr>
<th>Qualitative Component</th>
<th>Definition</th>
<th>Hallmarks</th>
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</thead>
<tbody>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<td>Motivation</td>
<td>a passion to work for reasons that go beyond money or status</td>
<td>strong drive to achieve optimism, even in the face of failure, organizational commitment</td>
</tr>
<tr>
<td>Empathy</td>
<td>the ability to understand the emotional makeup of other people and skill in treating people according to their emotional reactions</td>
<td>expertise in building and retaining talent, cross-cultural sensitivity, service to clients and customers</td>
</tr>
<tr>
<td>Social Skill</td>
<td>proficiency in managing relationships and building networks and an ability to find common ground and build rapport</td>
<td>effectiveness in leading change, persuasiveness, expertise in building and leading teams</td>
</tr>
</tbody>
</table>
• 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

• 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.
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.
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
• 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 cross over to other projects and other team members
• Each person can make a big difference

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D-H Surgery RC Timeline

1/2014 RC Survey Conducted
2/2014-6/2014 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
Break

2:35-2:50

RC First Survey Results

<table>
<thead>
<tr>
<th>Section Name</th>
<th>%</th>
<th>Comp</th>
<th>Invit</th>
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</thead>
<tbody>
<tr>
<td>Vascular</td>
<td>97%</td>
<td>37</td>
<td>38</td>
</tr>
<tr>
<td>Urology</td>
<td>92%</td>
<td>29</td>
<td>27</td>
</tr>
<tr>
<td>Transplantation</td>
<td>75%</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>93%</td>
<td>29</td>
<td>27</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>100%</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>100%</td>
<td>47</td>
<td>47</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>86%</td>
<td>43</td>
<td>37</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>92%</td>
<td>26</td>
<td>24</td>
</tr>
<tr>
<td>General Surgery</td>
<td>85%</td>
<td>73</td>
<td>62</td>
</tr>
<tr>
<td>Dermatology</td>
<td>90%</td>
<td>50</td>
<td>45</td>
</tr>
<tr>
<td>CT</td>
<td>94%</td>
<td>16</td>
<td>15</td>
</tr>
</tbody>
</table>

2:50-3:10 Rich
### 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
• 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
• 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
I Feel Burned Out from My Work

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Sections</th>
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</thead>
<tbody>
<tr>
<td>Every Day</td>
<td>1.00</td>
</tr>
<tr>
<td>Once per Week</td>
<td>2.00</td>
</tr>
<tr>
<td>Once per Month</td>
<td>4.00</td>
</tr>
<tr>
<td>Never</td>
<td>6.00</td>
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</tbody>
</table>

Lower is better

I Am Energetic and Enthusiastic About My Job

<table>
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<td>Never</td>
<td>6.00</td>
</tr>
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</table>

Higher is better
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

Report Outs and Discussion

3:10-3:20
Introduction to Clinical Microsystem 5Ps and Coaching

The Intervention

3:20-3:30 Margie

Behavior is very situational...

So change the situation
• 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).*

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**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
SPs/Performance
POSA
Sustain

Leadership
Regular meetings
Provide time & space
Anticipate & assist with data
Rapid Tests of change with measures
Inspire, Know & Tell Stories

BUILDING A TEAM TO MANAGE A PANEL OF PRIMARY CARE PATIENTS

Mission: The Dartmouth-Hitchcock Clinic exists to serve the health care needs of our patients.

The 5Ps

1. P - People with Healthcare Needs
2. A - Assign to PCP
3. C - Orient to Team
4. A - Assess & Plan Care
5. S - Sustain

People with Healthcare Needs

Healthy
P A C P E
P A C E

Processes

Purpose

Patients

Micro-System Approach 6/17/98
Revised: 1/27/00
Eugene C. Nelson, DSc, MPH
Paul B. Batalden, MD
Dartmouth-Hitchcock Clinic, June 1998

TEAM MEMBERS:

Sherman Baker, MD
Leslie Cook, MD
Joe Karpicz, MD
Deb Urquart, NP
Ron Carson, PA
Erica, RN
Laura, RN
Maggie, RN
Missy, RN
Diane, RN
Katie, RN
Bonnie, LPN
Carole, LPN
Nancy, LPN
Mary Beth, MA
Lynn, MA
Amy, Secretary
Buffy, Secretary
Mary Ellen, Secretary
Kristy, Secretary
Charlene, Secretary

Nashua Internal Medicine

1. Measuring Team Performance & Patient Outcomes and Costs

<table>
<thead>
<tr>
<th>Measure</th>
<th>Current</th>
<th>Target</th>
<th>Measure</th>
<th>Current</th>
<th>Target</th>
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</thead>
<tbody>
<tr>
<td>Panel Size Adj.</td>
<td></td>
<td></td>
<td>Staff Satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Patients who meet PACE criteria</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>% Patients who meet PACE criteria</td>
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</table>
Clinical Microsystem Improvement Workbooks

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

www.clinicalmicrosystem.org CLICK Resources

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.
Dartmouth Microsystem Improvement Curriculum

1. Global Aim
2. Specific Aim
3. Measures
4. Change Ideas
5. Process Mapping
6. Cause and Effect Diagram
7. Theme
8. 5P Assessment
9. PDSA
10. Improvement Ramp

5P Data Wall
The ultimate aim of the coaching program is to **improve the quality and value of health care 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**
- *Context*
  - Review of past improvement efforts and lessons learned
  - Tools used
- *Site Visit*
- *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

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

Coaching Improvement without Leadership
is like “Sisyphus rolling a boulder up a hill..”
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
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.
Required to complete encounter

If you compare the two that are required you notice that there is not much additional work

**The Dartmouth Microsystem Improvement Ramp**

After Visit Summary - AVS Champ Improvement Project

- Mapped out current process
- Identified what was different and what needed to change
- Reported back to our individual groups about the project
- Posted on CHAMP bulletin board the changes coming and how to do them
- Reached out to important support for the project
- Started on July 1st

- Measured compliance, one week in June, before starting
- Measured one week in July after starting
- Identified some minor changes
- Continue to measure

**Change Ideas**

- See clinic patients in Vascular Lab to increase clinic space and save time for patients
- AVS for Meaningful Use starting in July 2014

**Specific Aim**

- AVS: 100% of all Vascular Patients in Vascular Surgery nursing will have an AVS with special instructions within 24 hours.

**Global Aim**

- We aim to improve patient experience in clinic. The process begins with the referral and ends with the closure of the encounter. By working on the process, we expect to improve patient education and satisfaction. It is important to work because in this changing health care system we need to be the leaders in vascular care, patient education and patient advocacy.

**Assessment**

- SP Assessment: Effective Meeting Skills

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Used love and nuts to determine themes: Communication, Scheduling/Flow, Administration, Out of our control (see next slide)
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

• 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.
By using relational coordination, clinical microsystem thinking including the improvement ramp, team coaching and leadership engagement we systematically used data to inform a focus on improvement that resulted in:

- More efficient, effective and consistent AVS process
- Improved communication and relationship between interprofessional team
- Improved relational coordination (respect, shared knowledge, timely and accurate communication)
Lessons 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

<table>
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<tr>
<th>Specialty</th>
<th>Baseline</th>
<th>Follow-Up</th>
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<tr>
<td>Urology</td>
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<td>Transplant</td>
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<td>75%</td>
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<tr>
<td>Plastic Surgery</td>
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<td>80%</td>
</tr>
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<td>83%</td>
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<tr>
<td>Dermatology</td>
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<td>95%</td>
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<tr>
<td>CT</td>
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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>
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<td>4.5</td>
</tr>
<tr>
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Relational Coordination Index Score

Within Workgroups

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Relational Coordination 7 Dimensions

Between Groups

5= Always, Completely ; 4= Often, A lot; 3= Occasionally, Somewhat
Drill Down into Details
Workgroup Effects

Clinical Nurses (RNs)
Within Workgroups

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

Secretaries (RA/Office Coordinator, Schedulers)
Within Workgroups

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

Map for Overall RC Between Each Workgroup

Section Detailed Reports
Exercise!

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

Report Outs/Discussion

4:10-4:20
Cystic Fibrosis
Relational Coordination

• Scored strong in frequency of communication, but weak in timeliness and accuracy of communication, both within working groups and between working groups.
  – Many e-mails does not equal good communication.
  – We often talk in circles but do not move forward.
  – Lack of proximity and face-to-face conversations lead to poor communication.
  – No way for everyone to access transition information about patients in Epic.
  – Confusion about transition process.
• Improvements
  – **Weekly discussions:**
    • Transition meeting: upcoming “transition” patients in peds clinic; patients recently transferred to adult clinic
    • Peds division meeting: Updates to peds providers
  – **Improve referral process:** Peds providers put in referral to adult clinic so patient is contacted by schedulers and peds providers will get adult clinic note
  – **Epic: Transition notes** documented in specialty comments
  – **Huddles** with clinic staff in peds clinic
  – **Patient transition timeline**

• The Future
  – **RedCap database** with full transition information, to be available to all providers
  – **CF R.I.S.E.**– all providers will have access to patients’ progress
  – **Collaborate with Epic team** from UVa to enhance communication through Epic
  – **Using ICD-10 code** “Transition to adult care” in patients’ problem list– details of transition process can be linked to this
  – **Regular meetings** between adult and peds CF teams
• Scored moderate for problem-solving communication between workgroups, but weak within workgroups.
  – Some confusion about “in transit” patients, i.e., patients who have had their last peds clinic visit, but have not yet had their first adult clinic appointment
  – Discussions about transition with patients should begin early
  – Positive comments about team members being open to asking each other for advice or “fresh eyes” in difficult situations

• How we’ve addressed these issues:
  – Individualized transition: We discuss barriers keeping individual patients from transitioning at weekly transition meetings and with their pediatric providers
  – Utilizing each team member’s area of expertise to troubleshoot barriers to transition
  – Improvements in frequency, timeliness, and accuracy of communication regarding transition will all lead to improvements in problem solving communication
Metasystem-Macro system-Mesosystem-Microsystem

**Microsystem – Front Lines**

**Mesosystem – Service Lines & Care Pathways**

**Macrosystem – Organizations**

**Metasystem – Networks & Registries**

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**Organization Levels and Impact**

**Microsystem – Front Lines**

*Stress, Frustration*

**Mesosystem – Service Lines & Care Pathways**

*(OR Scheduling, Phone Trees, Bottle necks in Flow)*

**Macrosystem – Organizations**

*(Meaningful Use, Hiring Freezes, Benefit Changes, “Dictums”, More Rules & Barriers)*

**Metasystem – Networks & Registries**

*Performance Goals*

---

YOU Can only control the microsystem which is a small portion of the big system issues...

115
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?
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**

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**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 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.

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!