

Organizational structures assessment tool (OSAT)

What is it?

OSAT is a tool to assess your current organizational structures, and to find where are the opportunities for improvement

What is it used for?

OSAT is used to find out how well each of your current organizational structures is supporting relational coordination - between each role on your relational map

How well does your
organization *support*
relational coordination –
or not?

Organizational structures that *support* RC

Structural Interventions

- Selection for Teamwork
- Training for Teamwork
- Relational Job Design
- Shared Accountability
- Shared Rewards
- Shared Conflict Resolution
- Boundary Spanner Role
- Shared Meetings/Huddles
- Shared Protocols
- Shared Information Systems

Relational Coordination

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

Performance Outcomes

- Quality & Safety
- Efficiency & Finance
- Client Engagement
- Worker Well-Being
- Learning & Innovation

Relational Interventions

- Create Psychological Safety
- Engage in Humble Inquiry
- Map and Measure Relationships

Work Process Interventions

- Assess Current State
- Identify Desired State
- Experiment to Close the Gap

Select & train 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.”

Select & train 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 job design

“Doctors here don’t see coordination as part of their job – and it’s really not in their job description.”

Relational job design

“[Here] coordination is definitely a part of what it means to be a doctor. That means working well with others and engaging them as partners in the care process.”

Shared meetings & 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.”

Shared accountability

“Our quality committee is strictly departmental and it’s strictly reactive. Everybody is giving reports but nobody is listening or learning. ... People have a bad attitude when they go. It’s a lengthy, cumbersome meeting.”

Shared accountability

“Quality assurance used to be completely reactive here, with incident reports. There would be a review to determine injury or no injury. Quality 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.”

Shared accountability

“We have a quality team that 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.”

Shared conflict resolution

“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.”

Shared conflict resolution

“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.’”

Shared conflict resolution

“Here supervisors are expected to take conflict seriously and treat it as an opportunity for learning. The nursing leader and physician leader will bring the parties together proactively and ask them to work it out. Maybe there was a misunderstanding. The expectation is that they will come out with a new appreciation of each other’s work.”

Boundary spanner roles

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

Boundary spanner roles

“Here 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.”

Boundary spanner roles

”Case managers here 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.”

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 is on the vascular service, but yeah, I think Dr. So and So already operated on him.’”

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... Some of them are on the email system, and some of them aren’t.”

Shared information systems

”Information systems are important for coordination. We’ve built 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 all specialists.”

How do these structures work in your context?

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Assessing your organizational structures

- Which **structures** are currently *most supportive* of relational coordination? Which are *least supportive* of relational coordination?
- Which **roles** are currently most supported by these structures? Which are least supported by those structures?
- Where are the biggest opportunities for improvement?

Organizational structures assessment tool (OSAT)

- ◆ Place the **roles** from your relational map across the top of the Org Structures Assessment Tool - **structures** are shown in left column
- ◆ Ask “How well is each role supported by each structure?” For example, are nurses selected for teamwork? Therapists? Physicians? Residents? Case managers?
 - ◆ **STRUCTURE PROVIDES WEAK SUPPORT FOR THIS ROLE = RED**
 - ◆ **STRUCTURE PROVIDES MODERATE SUPPORT FOR THIS ROLE = BLUE**
 - ◆ **STRUCTURE PROVIDES STRONG SUPPORT FOR THIS ROLE = GREEN**

Organizational structures assessment tool (OSAT)

Structures	Roles					
	Nurses	Therapists	Residents	Physicians	Case Mgrs	Social Workers
Selection for Teamwork	Strong Support	Strong Support	Weak Support	Weak Support	Moderate Support	Moderate Support
Training for Teamwork	Strong Support	Strong Support	Moderate Support	Moderate Support	Strong Support	Strong Support
Relational Job Design	Moderate Support	Moderate Support	Weak Support	Weak Support	Strong Support	Strong Support
Shared Accountability	Moderate Support	Weak Support	Moderate Support	Moderate Support	Moderate Support	Weak Support
Shared Rewards	Weak Support	Weak Support	Weak Support	Weak Support	Weak Support	Weak Support
Conflict Resolution Process	Strong Support	Strong Support	Moderate Support	Moderate Support	Strong Support	Strong Support
Boundary Spanner Role	Strong Support	Weak Support	Weak Support	Weak Support	Moderate Support	Weak Support
Shared Meetings & Huddles	Strong Support	Strong Support	Weak Support	Weak Support	Strong Support	Strong Support
Shared Protocols	Strong Support	Strong Support	Moderate Support	Moderate Support	Strong Support	Strong Support
Shared Info Systems	Strong Support	Strong Support	Strong Support	Strong Support	Strong Support	Strong Support

 **WEAK SUPPORT**  **MODERATE SUPPORT**  **STRONG SUPPORT**

Organizational structures assessment tool (OSAT)

Structures	Roles					
	Role 1	Role 2	Role 3	Role 4	Role 5	Role 6
Selection for Teamwork						
Training for Teamwork						
Relational Job Design						
Shared Accountability						
Shared Rewards						
Conflict Resolution Process						
Boundary Spanner Role						
Shared Meetings & Huddles						
Shared Protocols						
Shared Info Systems						

 WEAK SUPPORT  MODERATE SUPPORT  STRONG SUPPORT

Report out (5 min/group)

- Which **structures** are currently *most supportive* of relational coordination? Which are *least supportive* of relational coordination?
- Which **roles** are currently *most supported by* the structures? Which are *least supported by* those structures?
- Where are the biggest opportunities for improvement?
- What obstacles might you face?