



Brandeis

THE HELLER SCHOOL
FOR SOCIAL POLICY
AND MANAGEMENT

Building Relationships for High Performance: A Relational Coordination Workshop

Physician Executive Leadership Program

May 31, 2024

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Questions from your readings?

[“Impact of Relational Coordination on Staff and Patient Outcomes in Outpatient Surgical Clinics,”](#) *Health Care Management Review*, 2020 (by J.H. Gittell, C.K. Logan, J. Cronenwett, T.C. Foster, R. Freeman, M. Godfrey, D.C. Vidal)

Transforming Relationships for High Performance. Palo Alto, CA: Stanford University Press, 2016 (by J.H. Gittell)

- [Chapter 11, Relational Interventions](#)
- [Chapter 12, Work Process Interventions](#)
- [Chapter 13, Structural Interventions](#)

Challenges we face

- ◆ Healthcare is a team sport
- ◆ New care delivery and payment models require greater coordination between professionals, and with patients
- ◆ Social determinants of health expand the network of players
- ◆ Provider burnout continues to rise

Today

- What is relational coordination?
- How does it drive performance and worker well-being?
- How does it work in your organization - relational mapping exercise
- BREAK
- How well do our organizations support it?
- Getting from here to there - six stages of change
- What do relational leaders do?

"If you want to understand how one organization can change the competitive rules of the game for an entire industry, read this book."

—James L. Heskett, Baker Foundation Professor, Harvard Business School and Coauthor of *The Value-Proposition Chain*

The Southwest Airlines WAY

Using the Power of
Relationships to Achieve
High Performance

JODY HOFFER GITTELL

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"A blueprint for improving healthcare quality while reducing costs—just what the doctor ordered."

—Thomas A. Kochan, Professor, MIT Sloan School of Management

HIGH PERFORMANCE HEALTHCARE

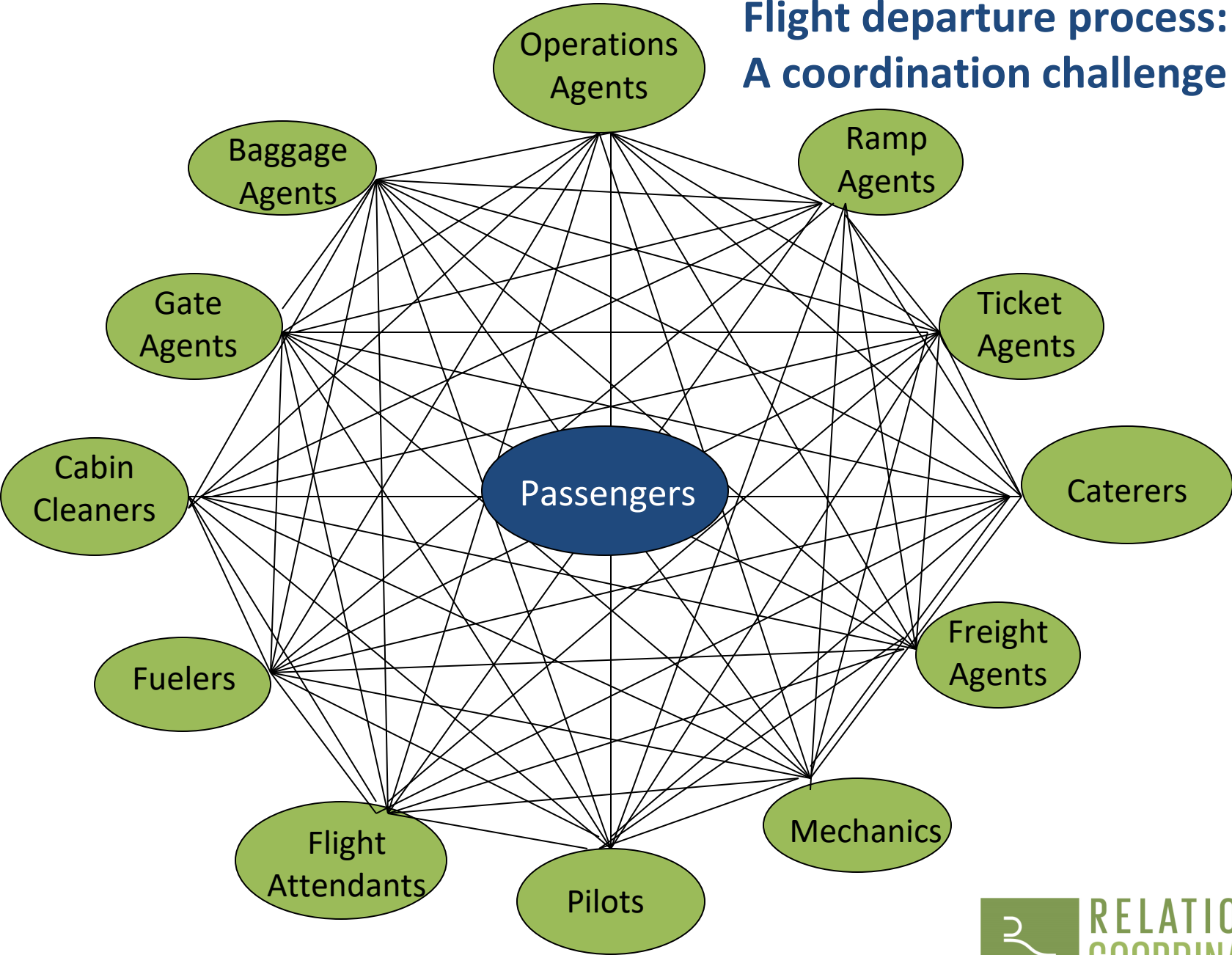
Using the Power
of Relationships
to Achieve Quality,
Efficiency and Resilience

JODY HOFFER GITTELL

Award-winning author of *The Southwest Airlines Way*

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Flight departure process: A coordination challenge



Relationships shape the
communication through which
coordination occurs ...

For better...

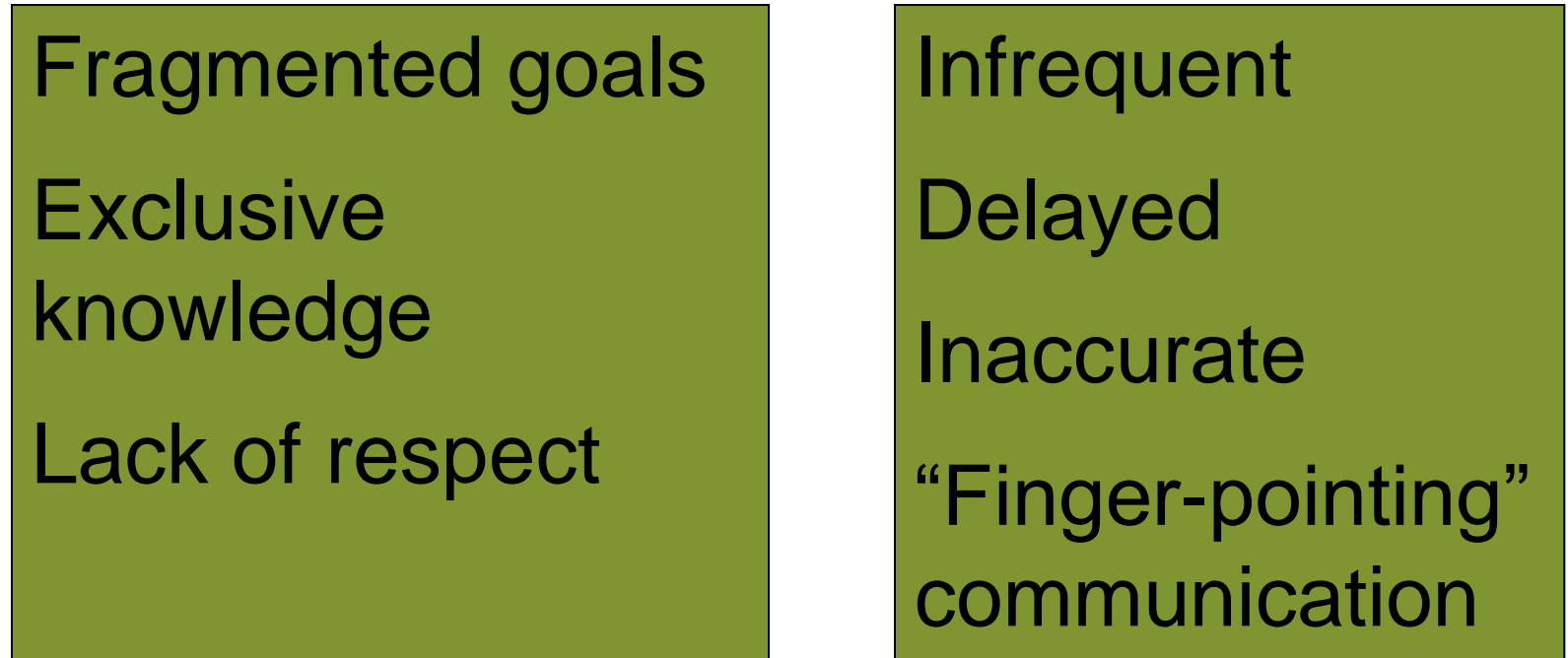


Shared goals
Shared knowledge
Mutual respect

Frequent
Timely
Accurate
Problem-solving
communication



... or worse



This process is called

relational coordination

“Communicating and relating
for the purpose of task integration”

Investigated performance effects of relational coordination

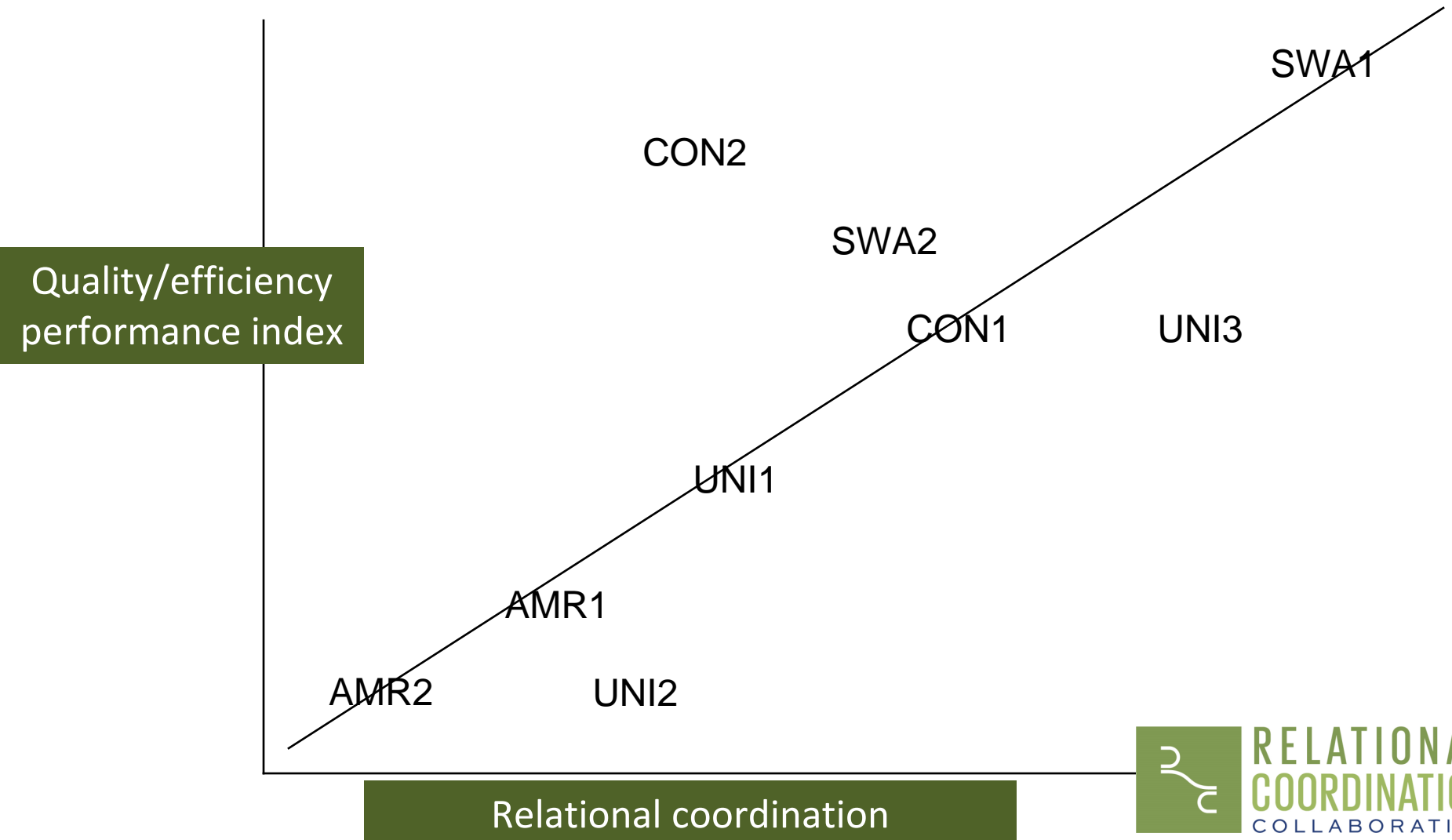
- Nine site study of flight departures over 12 months of operation at Southwest, American, Continental and United
- Measured quality and efficiency performance, adjusting for product differences
- Measured relational coordination among pilots, flight attendants, gate agents, ticket agents, baggage agents,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

Relational coordination drives flight departure performance

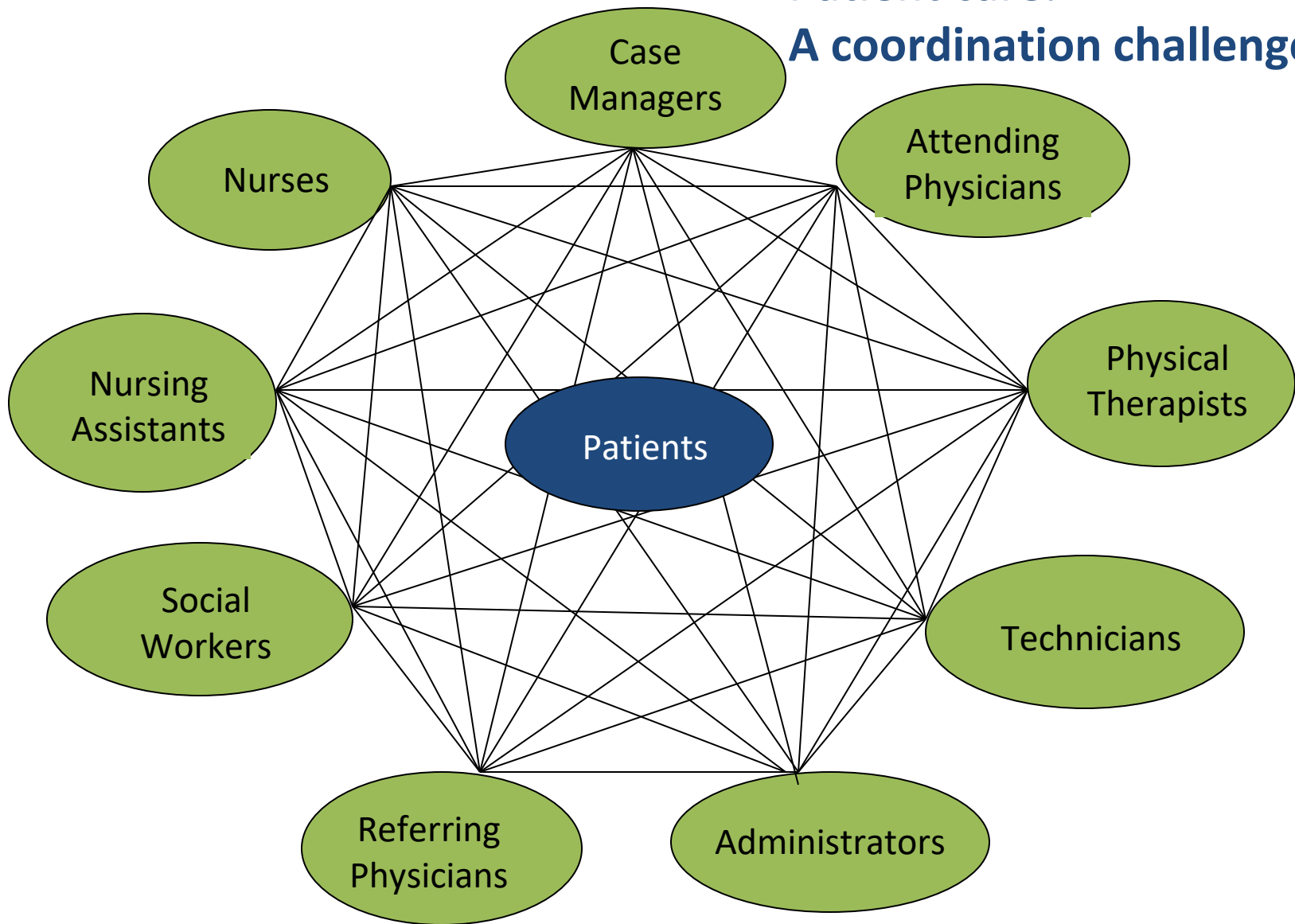
	Efficiency		Quality		
	Gate time/ flight	Staff time/ passenger	Customer complaints	Lost bags	Late arrivals
Relational coordination	-.21***	-.42***	-.64***	-.31*	-.50**
Flights/day	-.19***	-.37***	-.30***	.13	-.22+
Flight length, passengers, cargo	.79***	.45***	.13	.12	-.54**
Passenger connections	.12**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

Observations are months (n=12) in airport locations (n=9). Standardized coefficients are shown.

Relational coordination drives flight departure performance



Patient care: A coordination challenge



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)

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.”

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.”

Same study conducted in hospital setting

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

Measuring RC

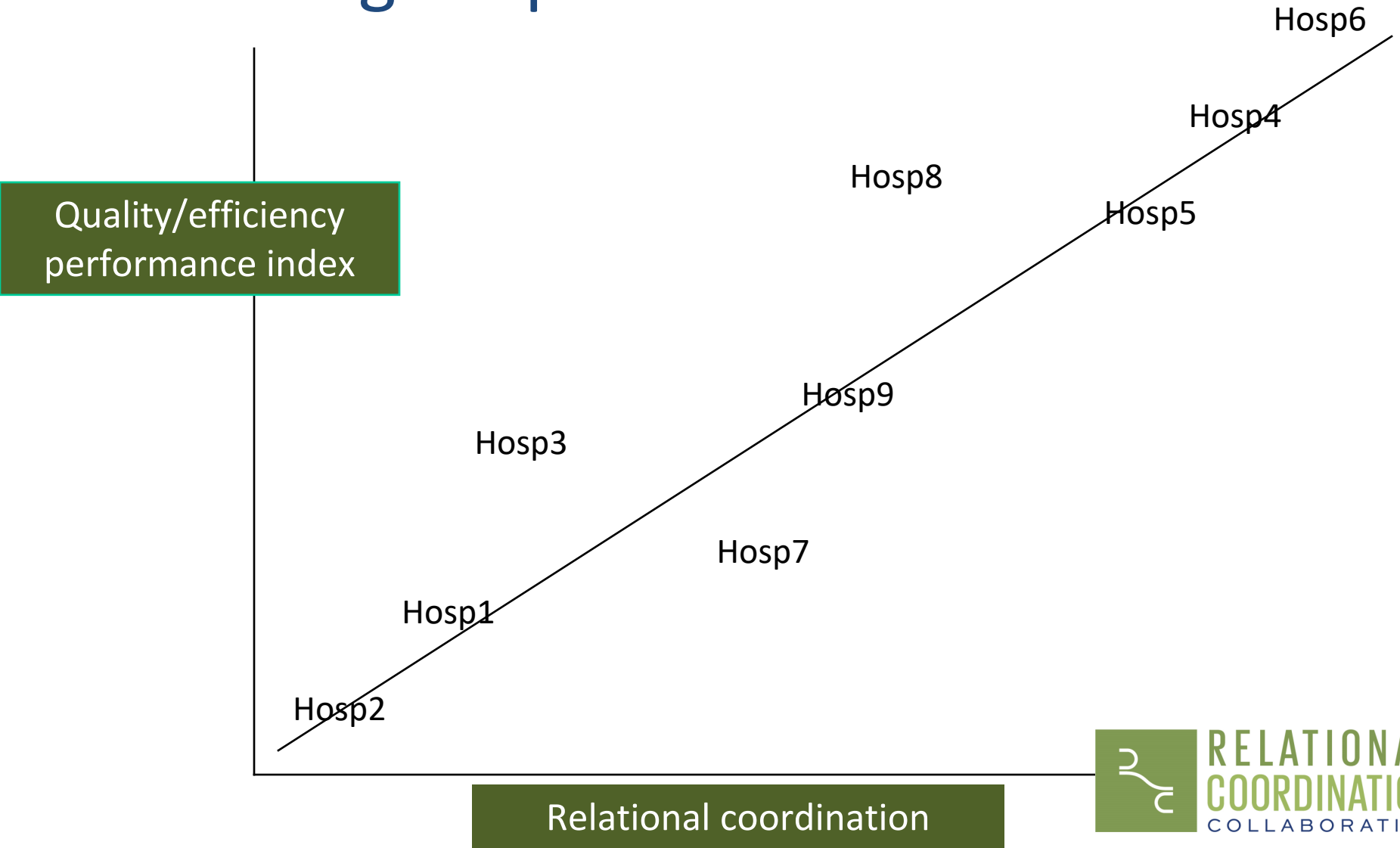
1. Frequent Communication	How frequently do people in each of these groups communicate with you about post-operative care procedures for our surgical patients?
2. Timely Communication	Do they communicate with you in a timely way about post-operative care procedures for our surgical patients?
3. Accurate Communication	Do they communicate with you accurately about post-operative care procedures for our surgical patients?
4. Problem-Solving Communication	When there is a problem with post-operative care procedures for our surgical patients? , do people in each of these groups blame others or work with you to solve the problem?
5. Shared Goals	Do people in each of these groups share your goals for post-operative care procedures for our surgical patients?
6. Shared Knowledge	Do people in each of these groups know about the work you do with post-operative care procedures for our surgical patients?
7. Mutual Respect	Do people in each of these groups respect the work you do with post-operative care procedures for our surgical patients?

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



Research has continued...

Across multiple sectors....

Commercial Sector

- Accounting
- Airlines
- Asset management
- Auditing
- Banking
- Consulting
- Construction
- Electronics
- Engineering
- Finance
- Fishing
- Information technology
- Machine suppliers
- Manufacturing
- Multinationals
- Pharmacy
- Pharmaceuticals
- Private equity
- Renewable energy
- Road infrastructure
- Software
- Telecommunications
- Venture investing

Healthcare Sector

- Cardiology
- Care continuum
- Chronic care
- Community based care
- Diagnostics
- Elder care
- Emergency care
- Gynecological care
- Hepatology
- Health systems
- Home care
- Intensive care
- Long term care
- Medical care
- Mental health care
- Neonatal intensive care
- Obstetric care
- Oncology
- Palliative care
- Perioperative care
- Primary care
- Psychiatric care
- Public health
- Rehabilitation care
- Specialty care
- Surgical care
- Telehealth
- Transplant care
- Trauma care
- Veterinary care

Education Sector

- Early child education
- E-learning
- Elementary education
- Higher education
- Medical school
- Nursing school
- Primary education
- Secondary education
- Translational research

Human Services Sector

- Autism care
- Child services
- Community collaboration
- Criminal justice
- Disability care
- Early child intervention
- Intellectual disability care
- Social movements
- Sports
- Substance use treatment
- Youth services

Bolton, Logan, & Gittell (2021). Revisiting relational coordination: A systematic review. *The Journal of Applied Behavioral Science*, 57(3), 290-322.

... and multiple countries around the world

North America

- Canada
- United States

South America

- Argentina
- Ecuador

Europe

- Austria
- Belgium
- Denmark
- England
- France
- Germany
- Iceland

Europe (continued)

- Ireland
- Italy
- Netherlands
- Norway
- Portugal
- Scotland
- Spain
- Sweden
- Switzerland

Africa

- Egypt
- Nigeria
- South Africa

Middle East

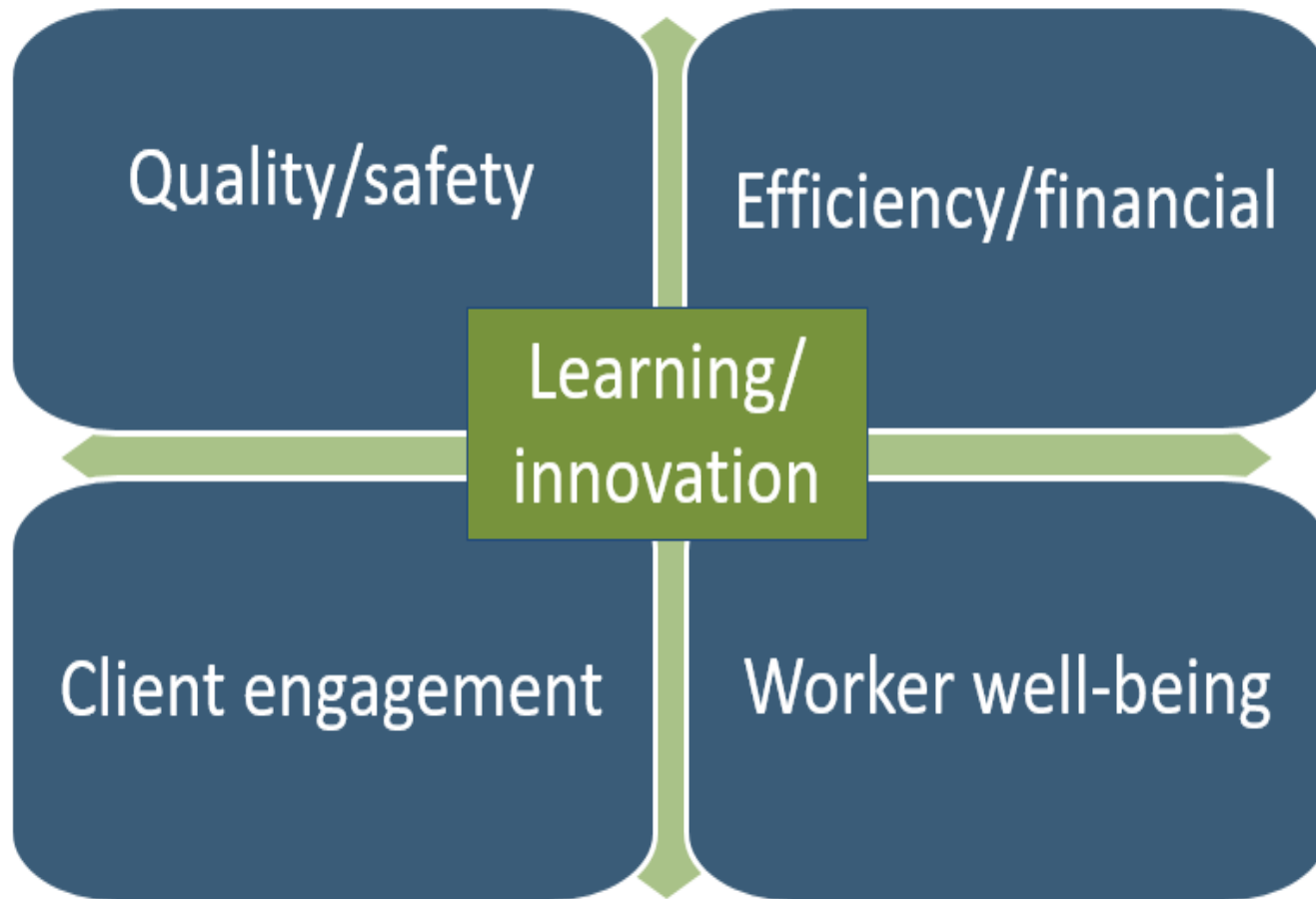
- Israel
- Lebanon
- Saudi Arabia

Asia

- China
- India
- Japan
- Malaysia
- Pakistan
- Singapore
- South Korea
- Australia
- New Zealand

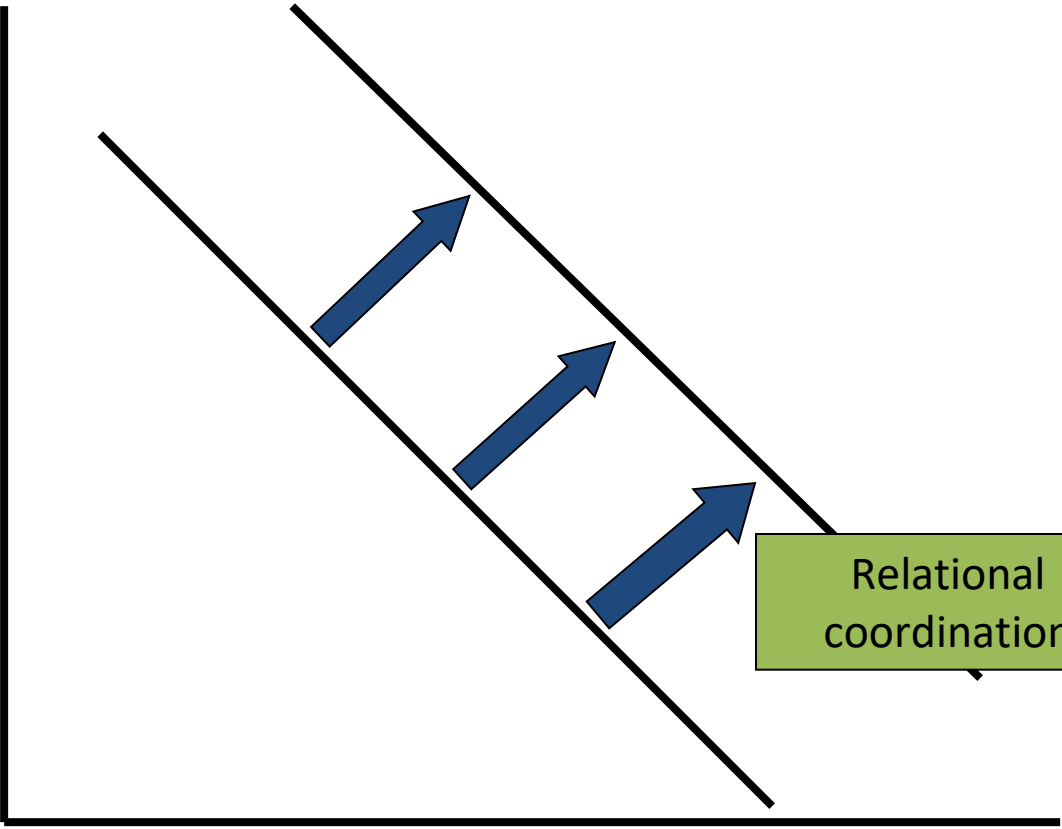
Bolton, Logan, & Gittell (2021). Revisiting relational coordination: A systematic review. *The Journal of Applied Behavioral Science*, 57(3), 290-322.

Performance outcomes of RC



Shifting the quality/efficiency frontier to create value

Quality &
Safety
Outcomes



Relational
coordination

Efficiency & Financial Outcomes

Process improvement is a useful way to drive performance...

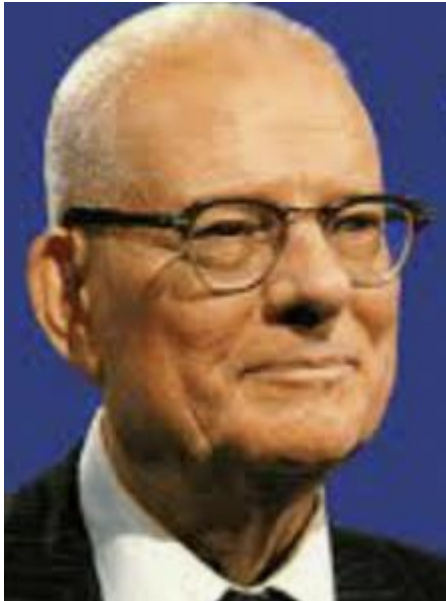
- ◆ Reengineering
- ◆ TQM
- ◆ PDSA
- ◆ Quality improvement
- ◆ Lean/ six sigma

...but it's 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.”

- Bob Hender, Tenet Healthcare Systems

How does RC drive learning and innovation?



Relationships of shared goals, shared knowledge and mutual respect create a culture that supports process improvement

Deming (1986). *Out of the Crisis*. MIT Press.

How does RC drive learning and innovation?

Positive relationships evoke positive emotions – activating more advanced part of our brain - *thus supporting learning and innovation*

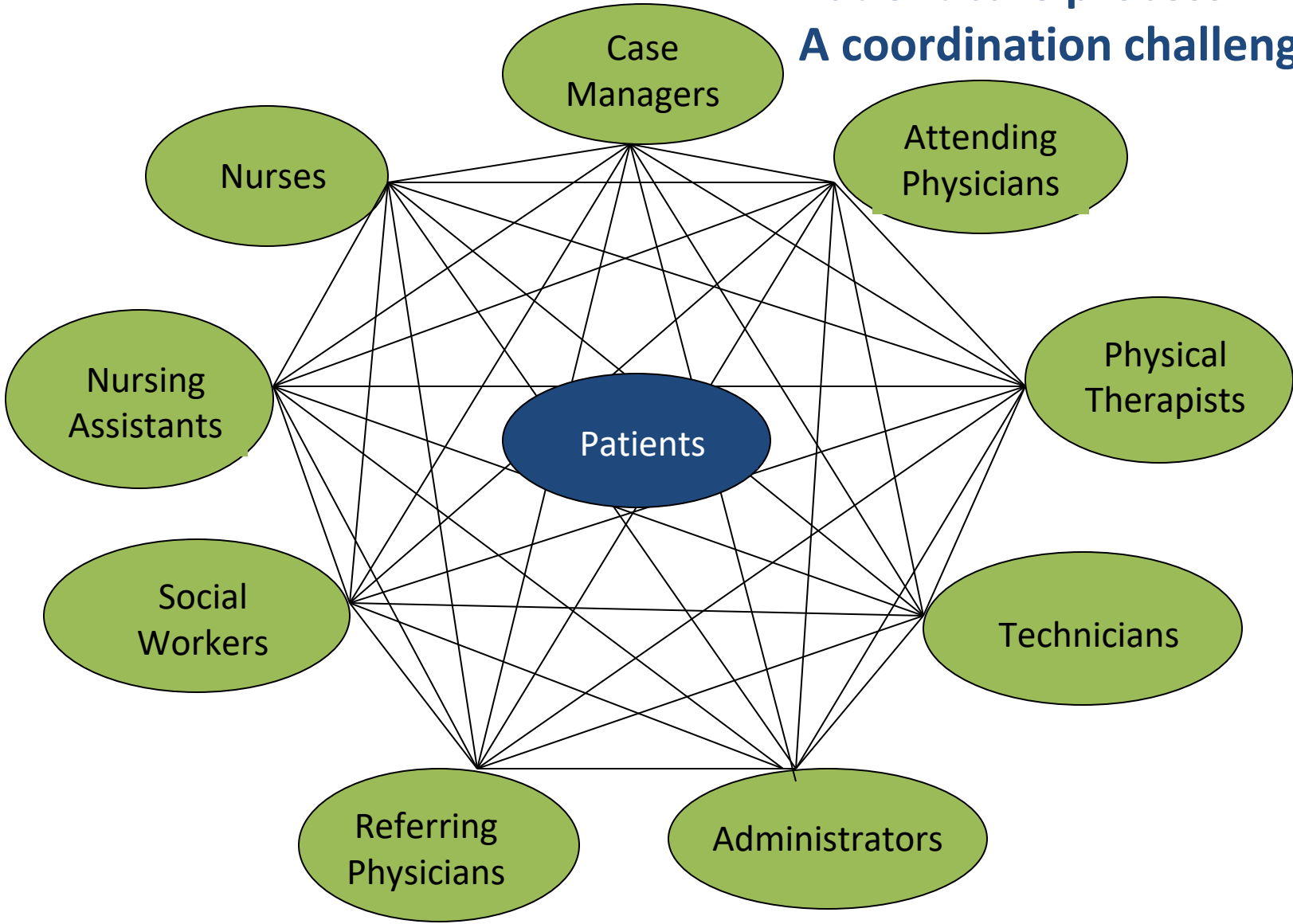


Fredericksen (2004) The broaden-and-build theory of positive emotions. *Philosophical Transactions of the Royal Society of Biological Sciences*.

More broadly....

Relationships of shared goals,
shared knowledge and mutual respect
help people to see the whole, to connect
around the work they need to do together

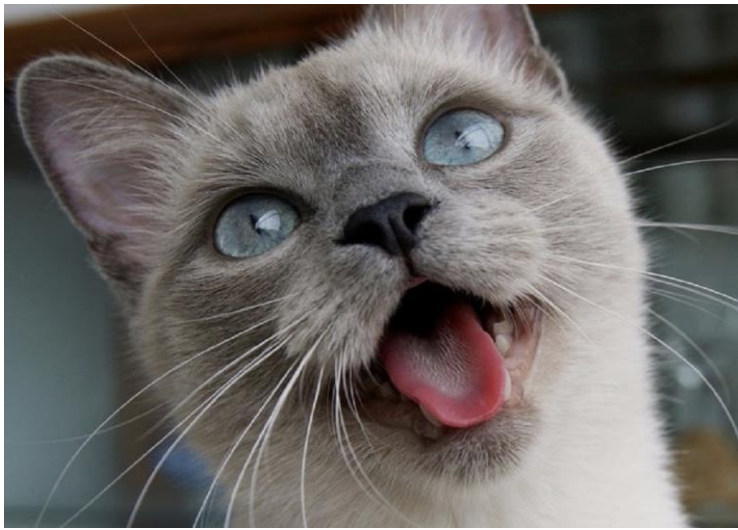
Patient care process: A coordination challenge



How does RC drive worker well-being?

Relational coordination enables providers to achieve better quality outcomes for their patients with

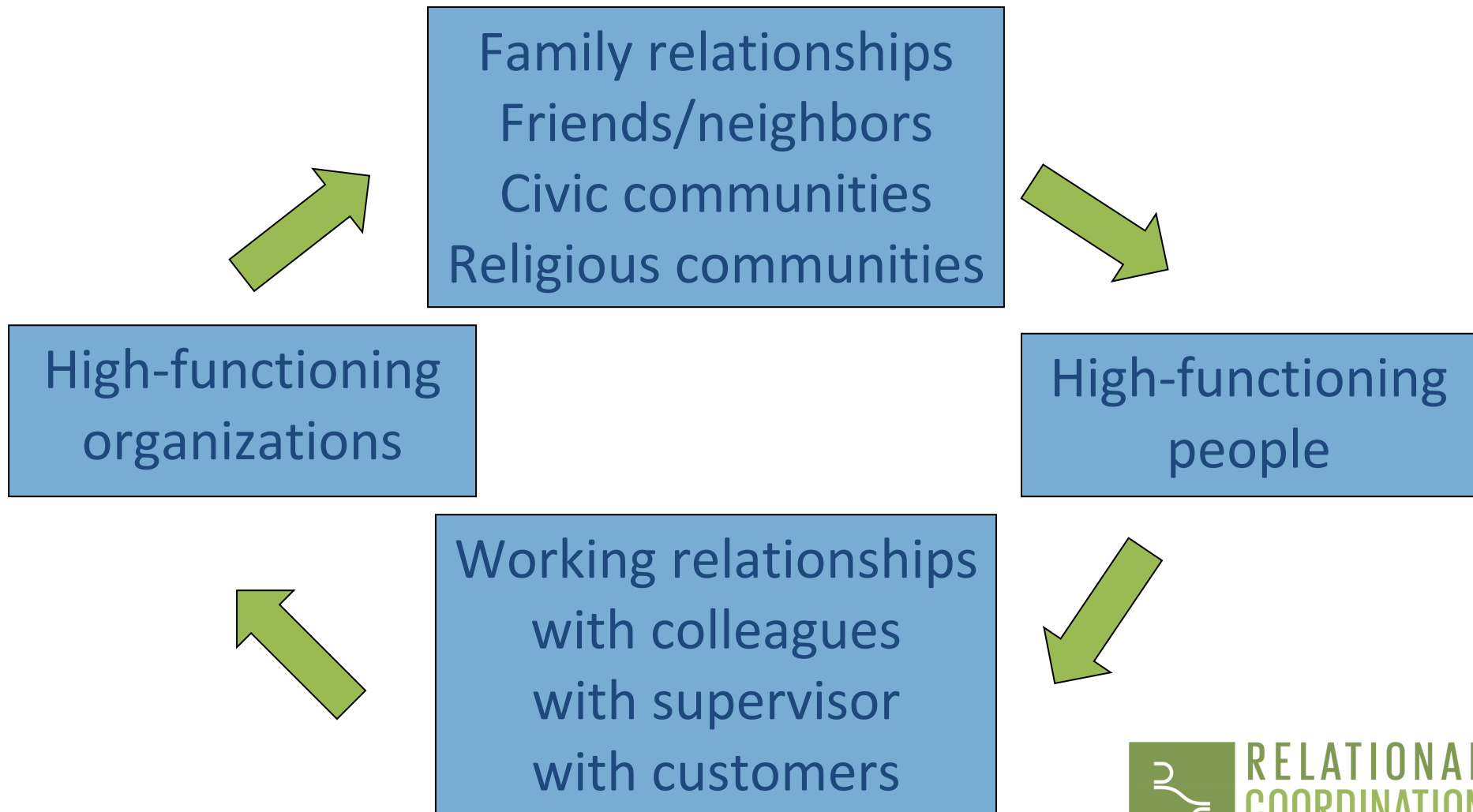
- less wasted effort
- less stress
- therefore less burnout



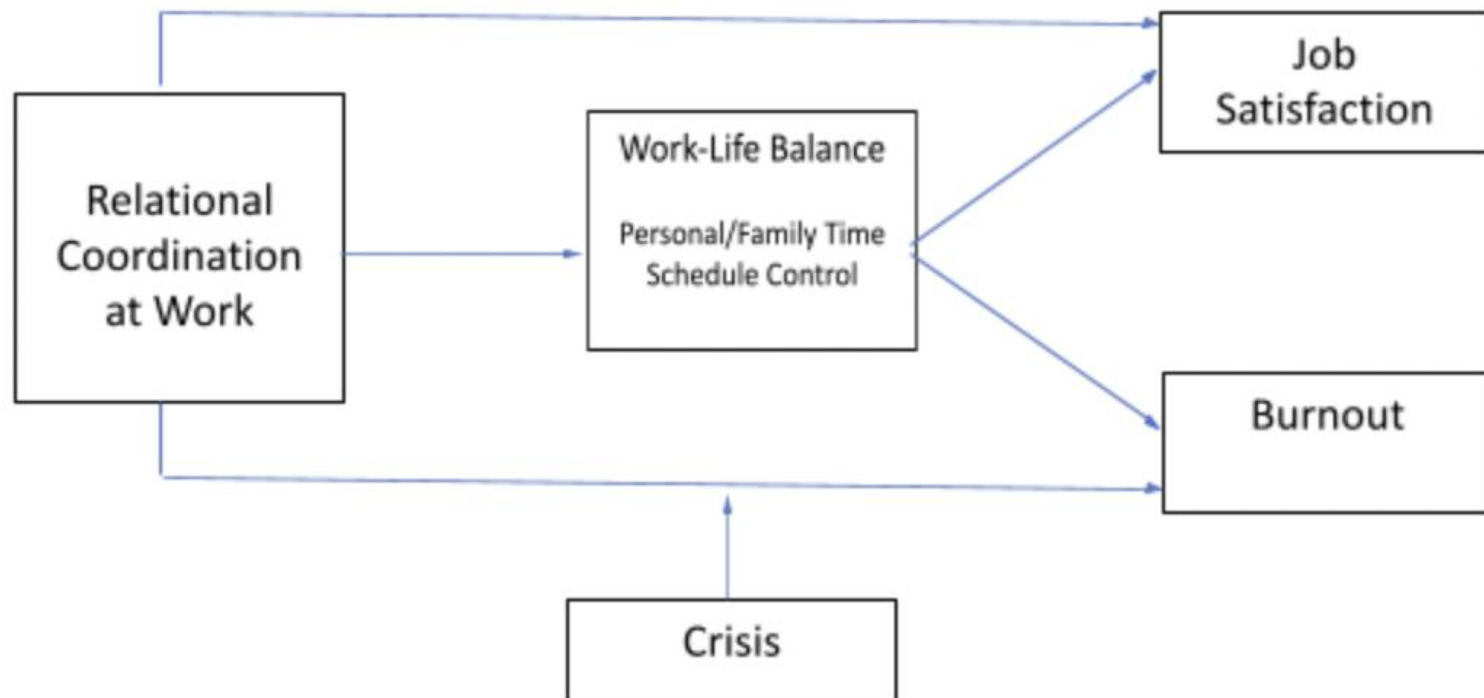
What is the role of work-life balance?



Work-life as positive cycle



Clinician resilience: The impact of relational coordination and work-life balance during COVID-19



Ali, Gittell, Deng, Stults, Martinez, Pertsch, Weger & Dillon (2021). Clinician resilience in times of crisis.

RC matters most under conditions of complexity

- ◆ Task interdependence
- ◆ Uncertainty
- ◆ Time sensitivity

Are these conditions
present in your work?

- ◆ Task interdependence
- ◆ Uncertainty
- ◆ Time sensitivity

How well does relational
coordination currently
work in your organization?

Like this?

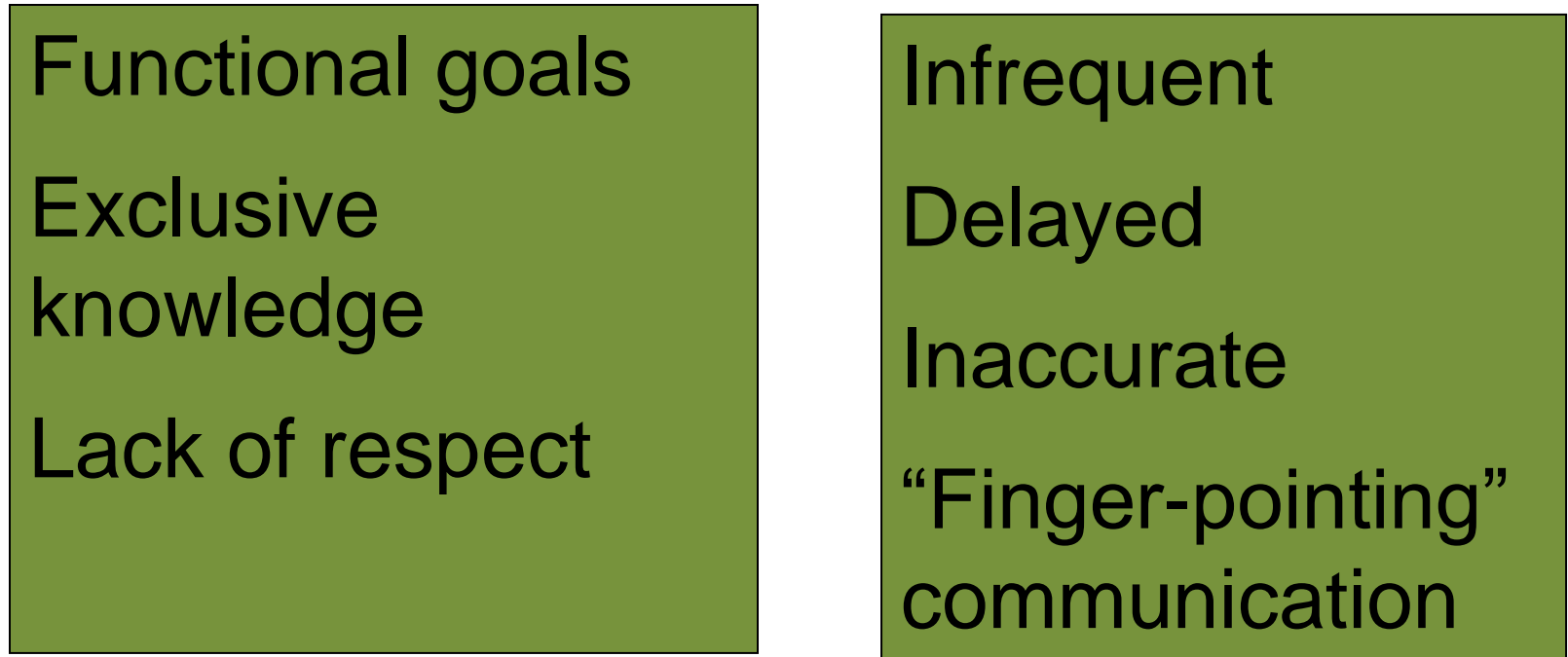


Shared goals
Shared knowledge
Mutual respect

Frequent
Timely
Accurate
Problem-solving
communication



... or this?



Relational mapping

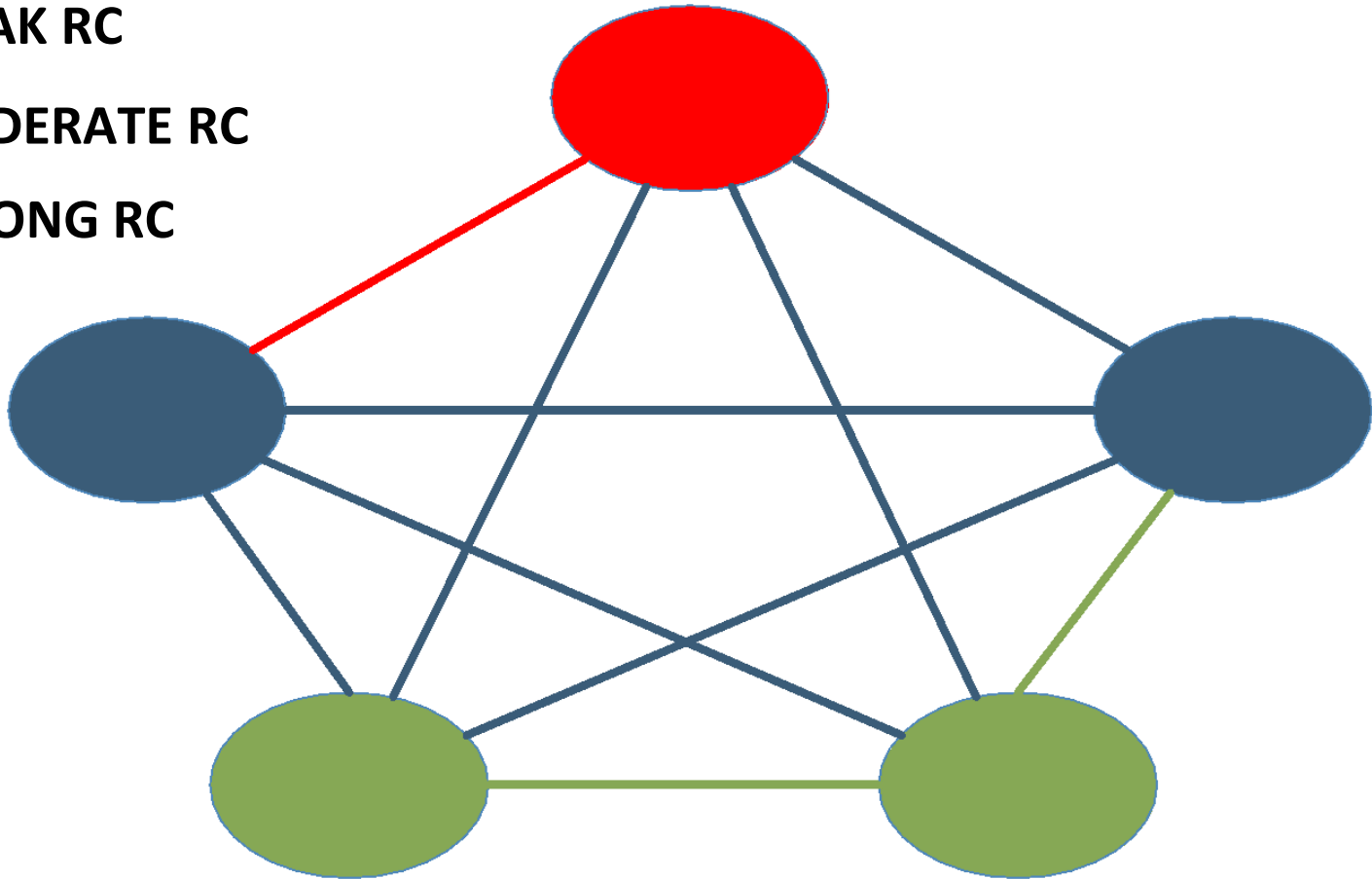
- ◆ Identify a work process that is of strategic importance for your organization and that needs better coordination
- ◆ Which roles are involved? Consider including patients...
- ◆ Draw a circle for each role and lines connecting between them (color of circle = within group RC, color of line = between group RC)
 - WEAK RC = RED
 - MODERATE RC = BLUE
 - STRONG RC = GREEN

Relational mapping

 WEAK RC

 MODERATE RC

 STRONG RC



Relational mapping



Relational mapping



Use worksheet on your table

Workgroup 1

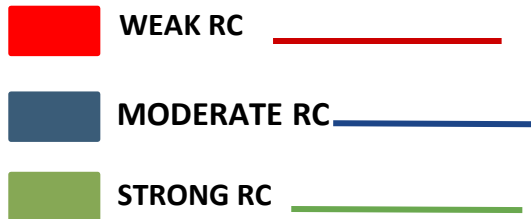
Workgroup 6

Workgroup 2

Workgroup 5

Workgroup 3

Workgroup 4



Report back (5 min/group)

- Where does relational coordination currently work well? Where does it work poorly?
- What are the underlying causes?
- How does this impact performance?
- Where are your biggest opportunities for change?

BREAK

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

Organizational structures that *support* RC

Structural Interventions

- Select for Teamwork
- Train for Teamwork
- Relational Job Design
- Shared Accountability
- Share Rewards
- Shared Conflict Resolution
- Boundary Spanner Roles
- 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
- Patient Engagement
- Worker Well-Being
- Learning & Innovation

Bolton, R., Logan, C., & Gittel, J. H. (2021). [Revisiting relational coordination: A systematic review](#). *The Journal of Applied Behavioral Science*, 57(3), 290-322.

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 organization?

Structural Interventions

- Select for Teamwork
- Train for Teamwork
- Relational Job Design
- Shared Accountability
- Share Rewards
- Shared Conflict Resolution
- Boundary Spanner Roles
- 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
- Patient Engagement
- Worker Well-Being
- Learning & Innovation

Bolton, R., Logan, C., & Gittell, J. H. (2021). [Revisiting relational coordination: A systematic review](#). *The Journal of Applied Behavioral Science*, 57(3), 290-322.

Assessing your organizational structures

- Which structures are *most supportive* of relational coordination in your workplace?
- Which structures are *least supportive* of relational coordination?
- Where are your biggest opportunities for improvement?

Organizational structures assessment tool (OSAT)

- ◆ Use your relational map from this morning
- ◆ Place the roles from your map across the top of the OSAT on next page
- ◆ For each structure, ask “How well does this structure support each group to coordinate with others?” For example, do nurses get 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

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

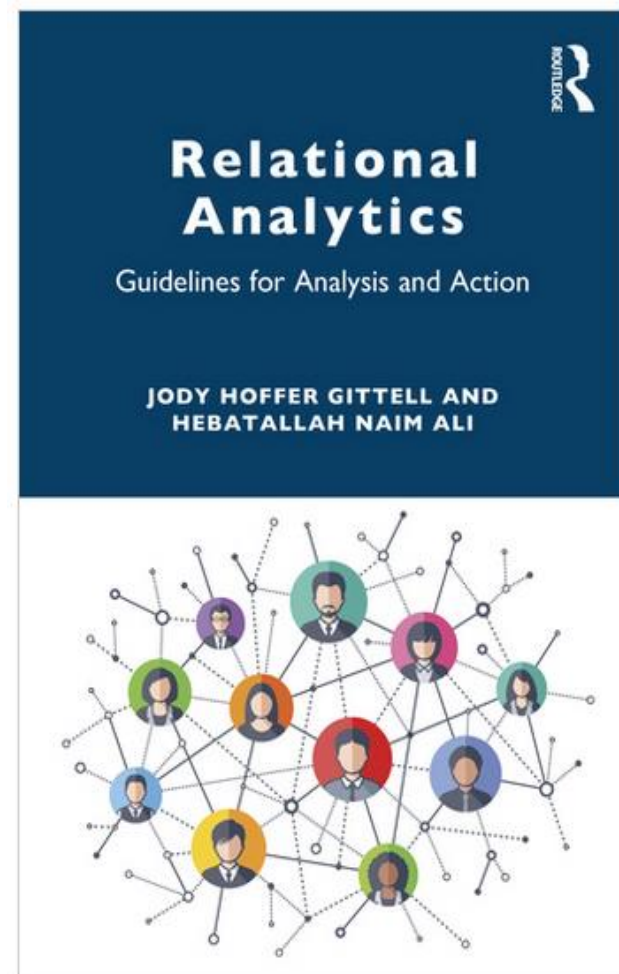
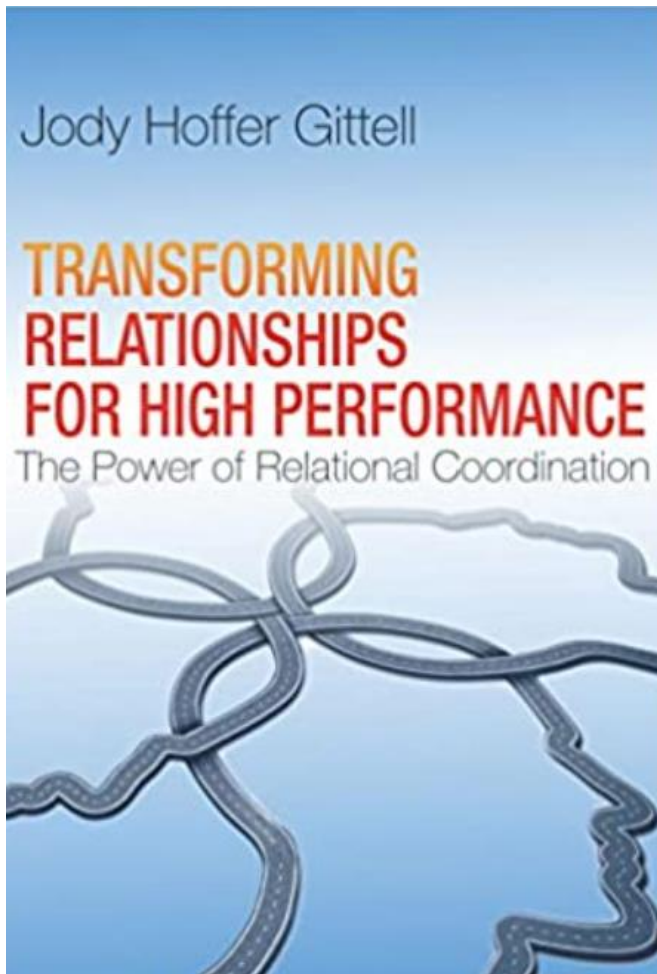


STRONG SUPPORT

Report out (5 min/group)

- Which structures are currently *most supportive* of relational coordination?
- Which structures are currently *least supportive* of relational coordination?
- Where are the biggest opportunities for improving your structures?
- What obstacles might you face?

Getting from
here to there



Six stages of change

- Stage 1: Explore the context
- Stage 2: Create change team
- Stage 3: Assess current state
- Stage 4: Reflect on findings
- Stage 5: Develop interventions
- Stage 6: Implement and assess

A cycle of continuous improvement



Developed by Dr. Tony Suchman, Relationship Centered Health Care

Stage 1: Explore the context

- Start with the context
- Identify the performance outcomes we are trying to change
- Who are the key stakeholders?
- What are the frameworks that might be helpful to address our challenges?
- RC might be helpful if there are challenges of coordination, interdependence, systemness

Stage 2: Create a change team

- Who should lead the change process?
- Create a change team that represents key stakeholders – individuals ready to *be the change*
- Motivate stakeholders from distinct perspectives/power to contribute effort to change process
- Facilitate sensitive discussions with a "safe space" to disagree respectfully
- Engage in relational mapping to visualize the work to be done

Stage 2: Create a change team



Stage 2: Create a change team



Stage 3: Measure RC and performance

- Change team measures the performance outcomes they are hoping to change
- Change team invites stakeholders to engage in RC survey to assess the current state of coordination accurately and inclusively
- Survey takes 10-20 minutes to complete and results remain anonymous
- Results will be shared as a basis for designing interventions in an inclusive process

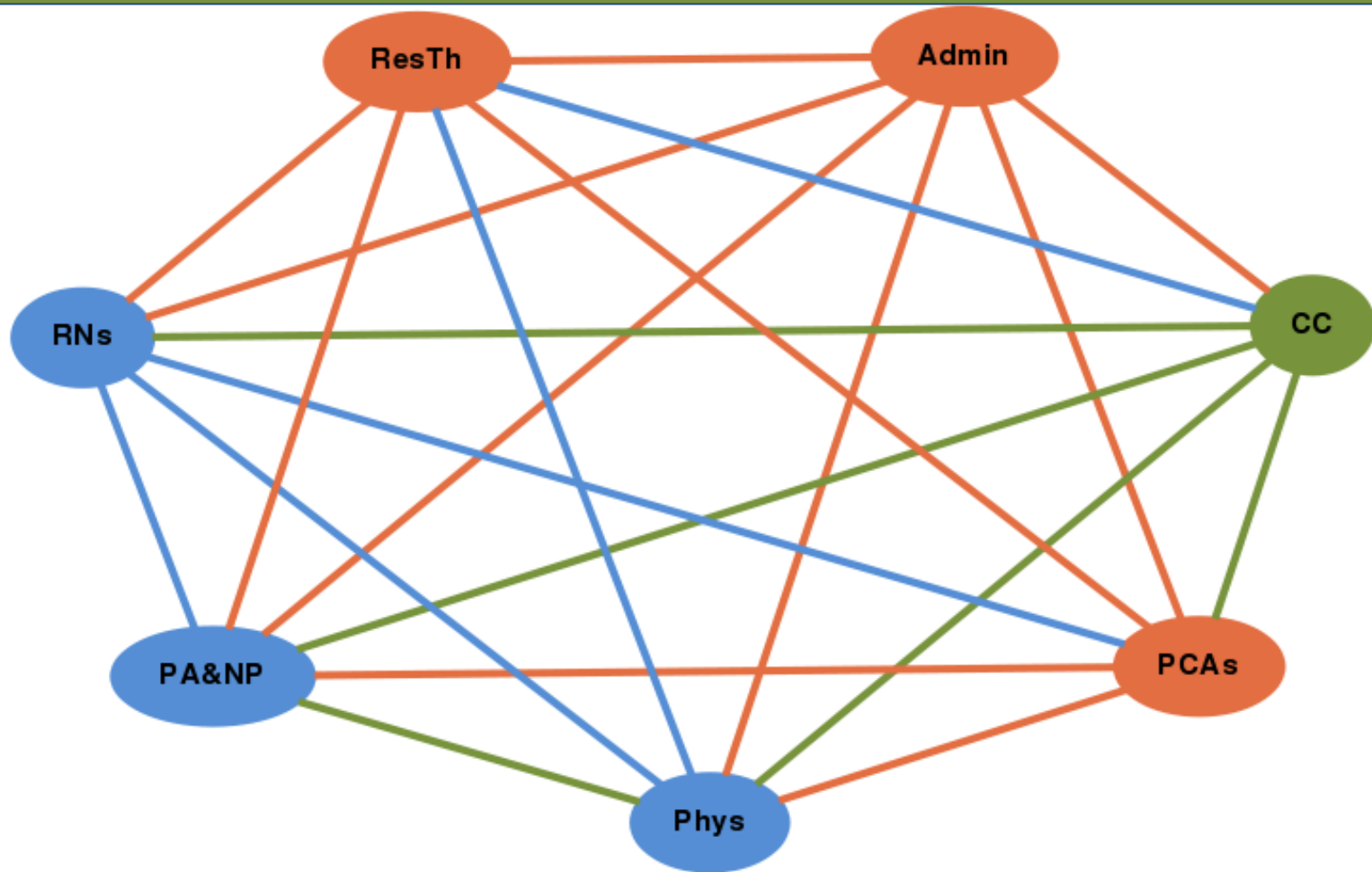
Stage 3: Measure RC and performance

Frequent Communication	How <i>frequently</i> do people in each of these groups communicate with you about ...?
Timely Communication	Do they communicate with you in a <i>timely</i> way about ...?
Accurate Communication	Do they communicate with you <i>accurately</i> about ...?
Problem Solving Communication	When there is a problem with ..., do people in each of these groups blame others or work with you to <i>solve the problem</i> ?
Shared Goals	Do people in each of these groups share your <i>goals</i> for ...?
Shared Knowledge	Do people in each of these groups <i>know</i> about the work you do with ...?
Mutual Respect	Do people in each of these groups <i>respect</i> the work you do with ... ?

Stage 4: Reflect on findings

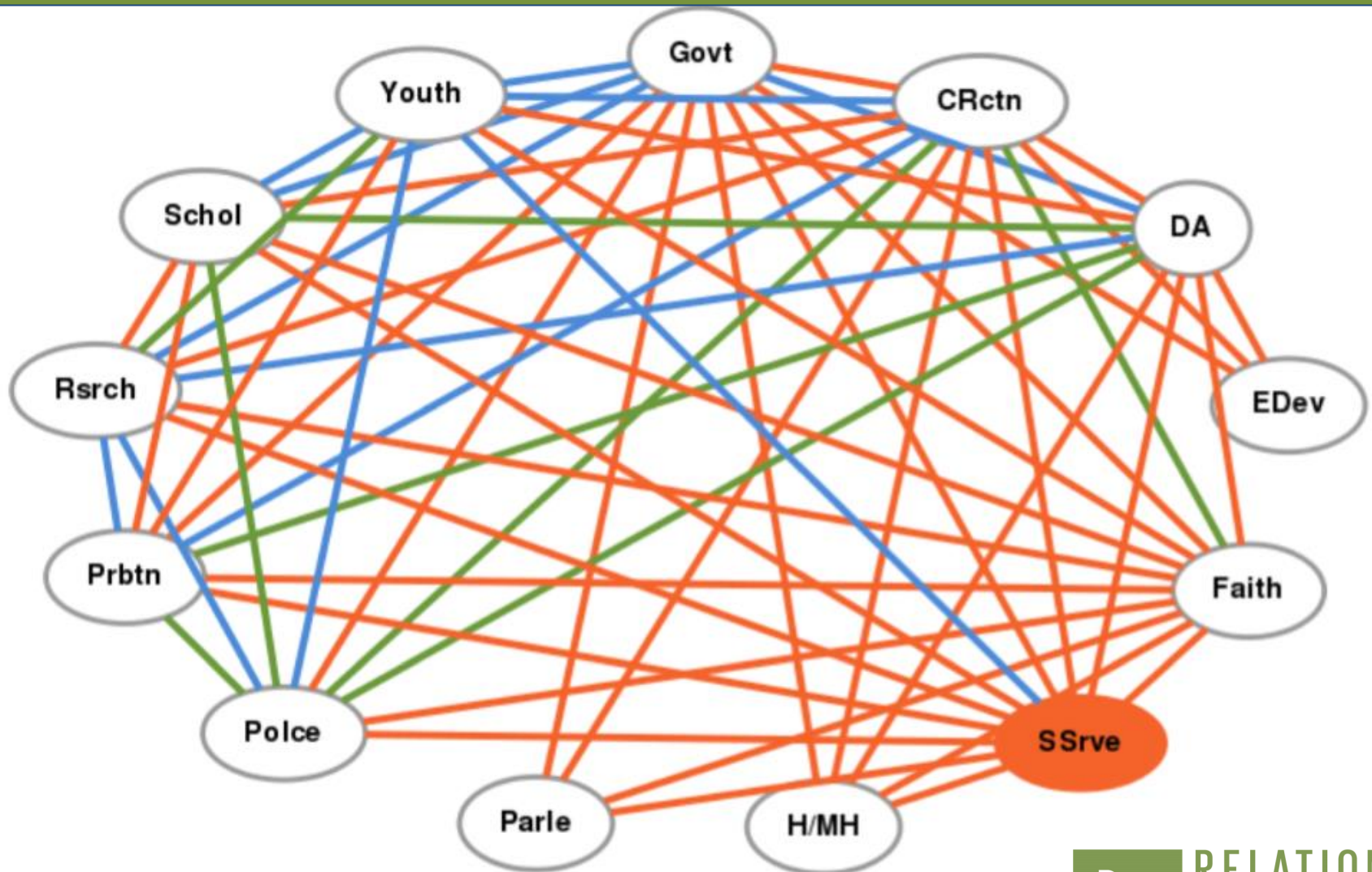
- Change Team shares baseline RC and performance measures with key stakeholders
- “Looking into the mirror”
- “Putting the elephant on the table”
- A starting point for new conversations
- A starting point for reflection and change

Stage 4: Reflect on findings



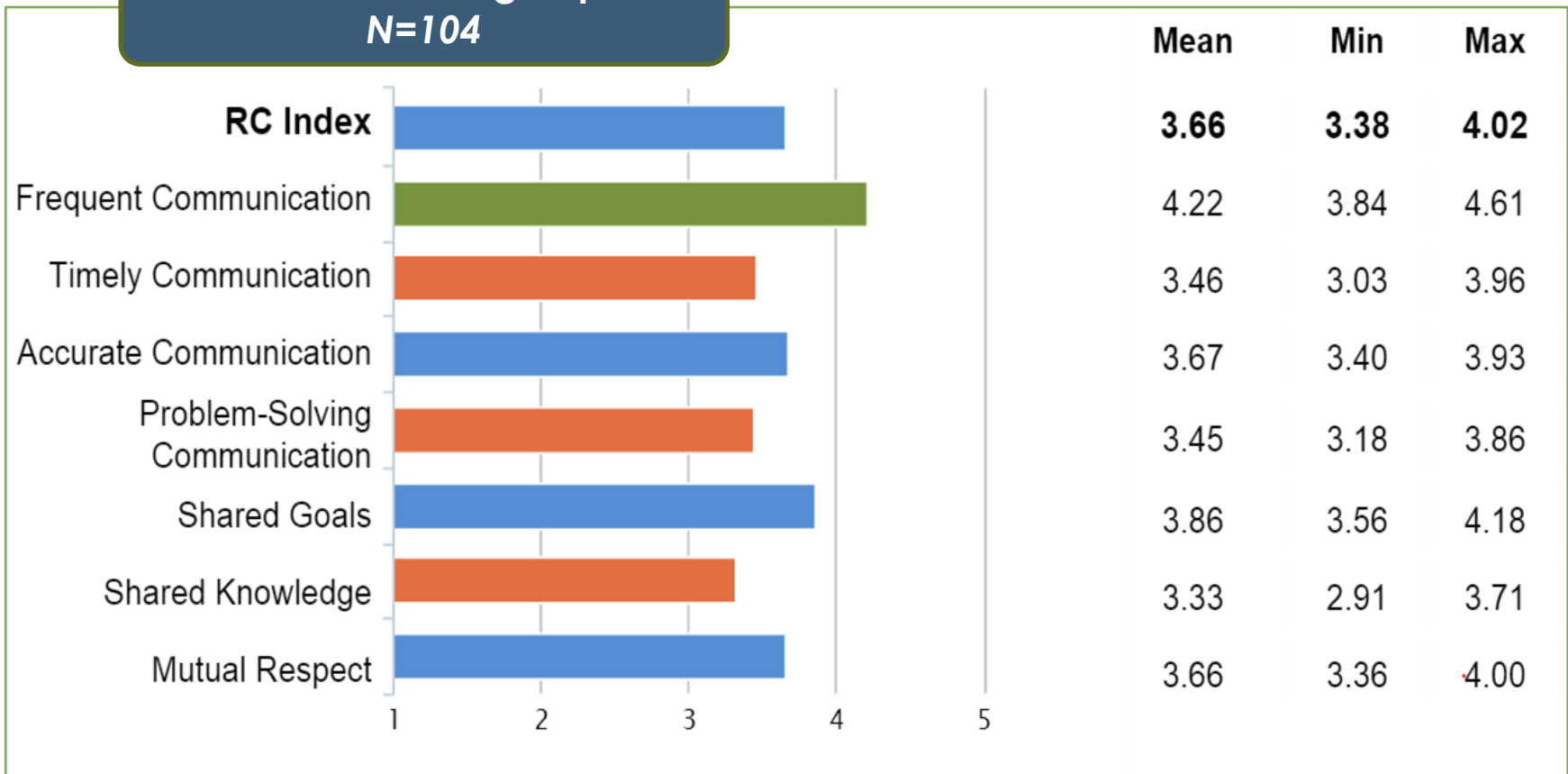
	Within Workgroups	Between Workgroups
Weak	<math>< 4.1</math>	<math>< 3.5</math>
Moderate	$4.1-4.6$	$3.5-4.0$
Strong	> 4.6	> 4.0

Stage 4: Reflect on findings



Stage 4: Reflect on findings

Between Workgroups
N=104



	Within Workgroups	Between Workgroups
Weak	<4.1	<3.5
Moderate	4.1-4.6	3.5-4.0
Strong	>4.6	>4.0

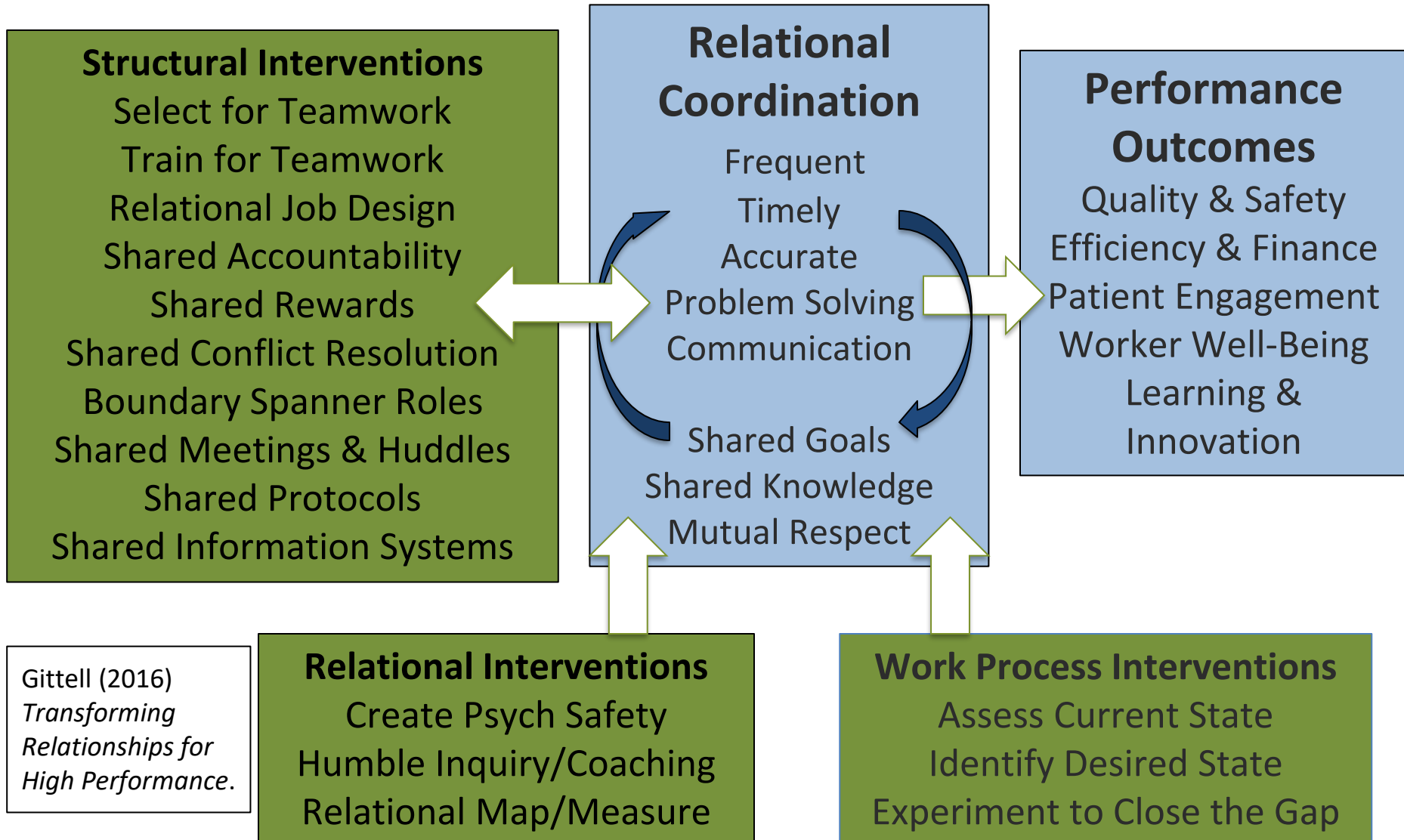
Stage 4: Reflect on findings

- What can you see there that you can't see in your map?
- What kind of discussions would you want to have around these results?
- Which of these data would you share with participants?
- What sensitivities would you expect?

Stage 5: Design interventions

- Change team creates a plan of action for improving relational coordination and performance outcomes
- Change team designs interventions based on RC Survey, in partnership with key stakeholders

Stage 5: Design interventions



Stage 6: Implement and assess

- Change Team implements the interventions they have designed in partnership with key stakeholders
- Change Team assesses progress with periodic assessments of RC and performance outcomes

Six stages of change

- Stage 1: Explore the context
- Stage 2: Create change team
- Stage 3: Assess current state
- Stage 4: Reflect on findings
- Stage 5: Develop interventions
- Stage 6: Implement and assess

A cycle of continuous improvement

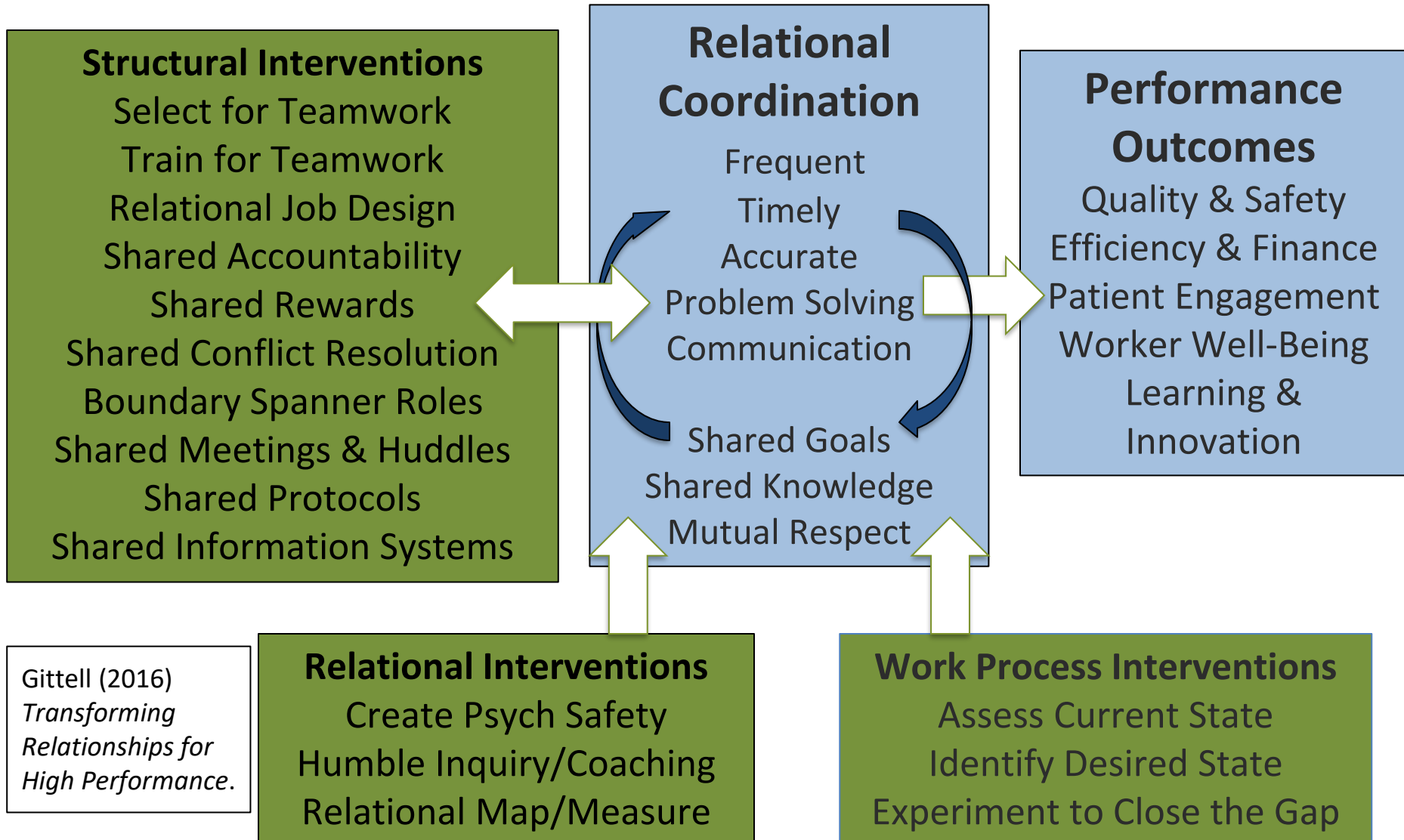


Developed by Dr. Tony Suchman, Relationship Centered Health Care

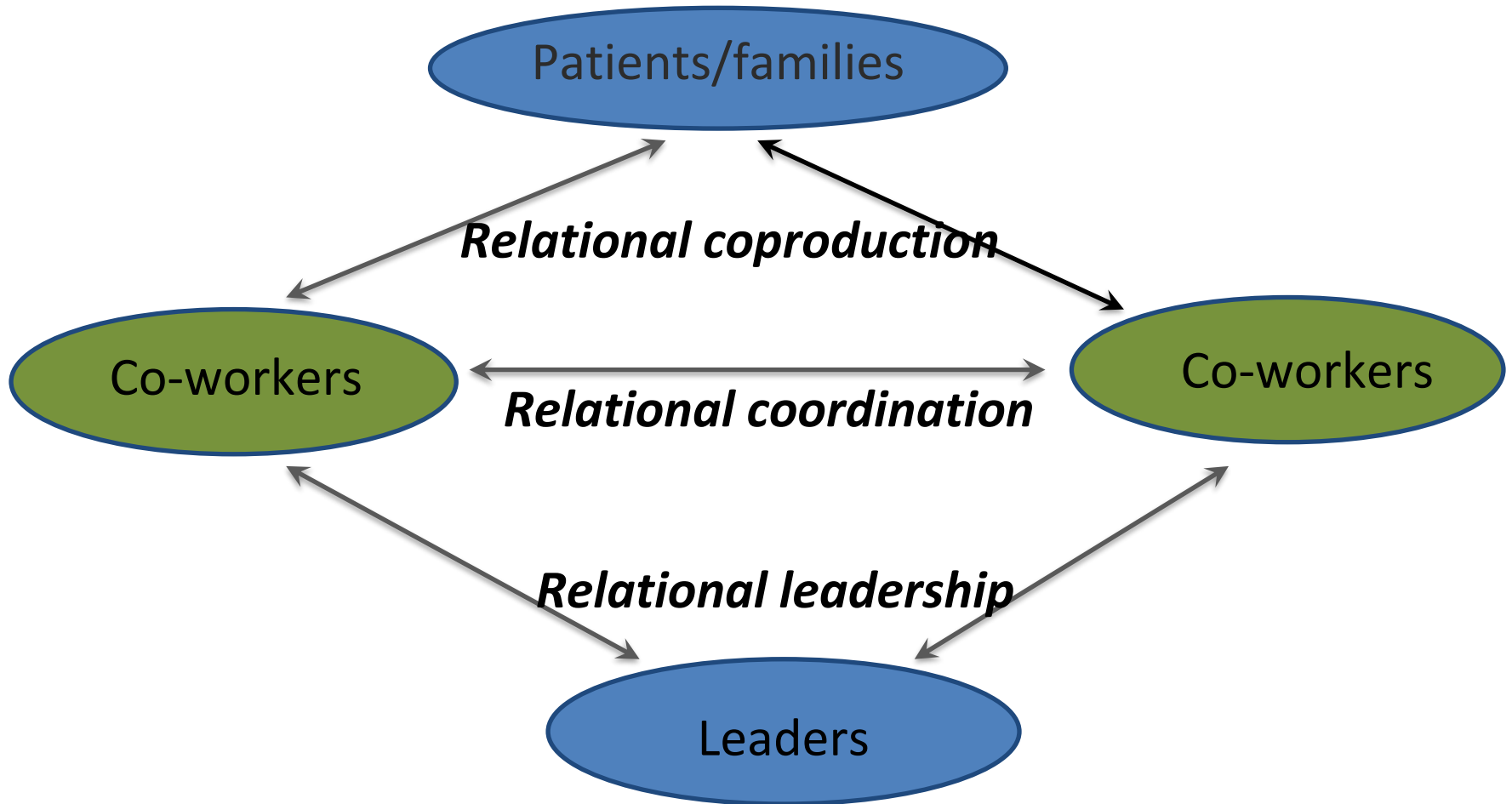
Design interventions

- Review your relational map and your biggest opportunities for change
- Who would you include on the change team? How would you get them to join?
- Which interventions might you propose?

Stage 5: Design interventions



What's the role of leadership?



Principles of relational leadership



- ⌘ Be the change (parallel process); you can't use the old culture to create the new one
- ⌘ Use RC data to open up conversations, not to close them down
- ⌘ Engage people in doing the work for themselves rather than doing it for them
- ⌘ Others?

- Tony Suchman



What do relational leaders do?

Questions?
Ideas for
implementation?