Transforming Communication and Relationships in Interdisciplinary Surgical Teams by Birgitte Torring (act2learn UCN Northern Denmark; Department of Clinical Medicine, Aalborg University, Denmark)

In surgical teams, in which the involved health professionals are highly interdependent it is vital that the interdisciplinary collaboration is well-functioning to secure high-quality treatment and patient safety. This necessity is shaped by the increasing fragmentation of health professionals that results from a very strong specialization tendency. Today, most surgical teams are established ad hoc, comprised by different team members from day to day. This fluid team structure challenges the team’s adaptive capacity and the interactive dynamics among team members. Highlighting the need to understand the interactions that occur between team members in fluid surgical teams more deeply. The application of relational coordination (RC) theory and methodology may be a key to understanding teamwork in surgical teams in search of successful collaboration, communication, and relationships. Few studies have explored how RC can be observed and improved at the micro level in this specialized context.

This study explored surgical teams in selected operating rooms (OR) with the purpose to create new knowledge about how communication and relationships are practiced in interdisciplinary surgical teams in Denmark, as well as to offer recommendations on how best to improve the quality of collaboration in such teams in the future.

The study is a mixed methods study with a multiphase design. PHASE I, included an ethnographic field study where data are collected through observations (39 teams), semi-structured interviews (15), and focus group interviews (2) over a 10-month period in 2014 in two orthopedic surgical wards in a university hospital. A directed content analysis based on the theory of RC was used to transform the data to show different communication and relationship patterns in interdisciplinary surgical teams. PHASE II, focused on initiating, planning, implementing, and evaluating organizational interventions, inspired by the Relational Model of Organizational Change. In PHASE III relational coordination and patient safety culture were measured before, during and after implementation of interventions using the Relational Coordination Survey and the Safety Attitudes Questionnaire. Finally, in PHASE IV the findings were integrated.

Interdisciplinary collaboration in surgical teams was found to be challenged by uncertainties, the high degree of interdependency among team members, and the strong focus on time and capacity utilization. Four different communication and relationship patterns were identified in surgical teams. The interdisciplinary collaboration was found to be appropriately in some surgical teams, while collaboration in other surgical teams was found to be inappropriately and in need of transformation. RC measures showed non-reciprocal collaboration ties between surgeons and nurses, and across clinical specialties in the OR. Based on these findings and the baseline measures of RC an intervention program was developed. RC theory and methodology were found to be useful as framework for organizational change processes aimed at improving interdisciplinary collaboration and safety culture in surgical teams, leading to
significant changes initially. In addition, correlation was found between relational coordination and safety climate.

Implementation of an intervention program based on measures of relational coordination may facilitate improvement of positive relationship in the surgical teams in the OR, thereby enhancing treatment quality and safety climate.

**Leveraging Relational Coordination to Support Collective Impact by Keri Randolph and Todd Steward (Harvard Graduate School of Education, USA)**

Collective impact or cross-sector commitment to solving social problems has become a key lever for change for communities as they work to improve outcomes for their citizens. Much of the collective impact work is currently focused on cradle to career education. It is increasingly understood that schools cannot provide all the resources and supports that children need to access the ladder of opportunity and break cycles of generational poverty. Communities across the nation are embracing collective action to varying degrees and with differing amounts of success. Much of the struggle is because it involves multiple, diverse stakeholders including municipal, business, community and faith-based organizations attempting to align and coordinate their work. Coordination, alignment, and communication around common goals among these diverse partners is challenging. Relational coordination provides a clear opportunity to assess, improve and elevate the work of collective impact in communities. The challenges RC has been shown to address intra-organizationally in various sectors are compounded when working across organizations and partners. By applying the frameworks and concepts of RC to collective impact initiatives, we hypothesize that increased coordination, communication, alignment to common goals and understanding of each other’s work will increase the impact, effectiveness and efficiency of collective impact initiatives. We propose a RC framework specifically designed for collective impact initiatives that can be used by any community to envision, align and measure coordination of diverse stakeholders engaged in collective impact. Included in the framework are tools, protocols and strategies for improving and sustaining RC in the community. Our expected findings include increased coherence and communication around the vision and goals of the community’s collective impact work, including deeper understanding among partners of the role each plays in improving outcomes across the community.

**Integrating Lean and Relational Coordination to Manage and Improve a Large Integrated Healthcare System by Jeremiah Todd (Fairview Health Services, USA), Diane Rawlins (InsideOut Consulting, USA) and Anthony Suchman (Relationship Centered Health Care, USA)**

Management has always been a sociotechnical endeavor but there is currently a strong imbalance towards the technical dimension in management practice and education. Frameworks and tools such as Management by Objective, Lean, 6-Sigma and Agile Implementation are in widespread use without the concomitant use of such frameworks such as Relational Coordination (a theory of task integration and collaboration) and Self-Determination Theory (a theory of intrinsic motivation and behavior change). The lack of rigorous attention to the social dimension of management leads to suboptimal performance. We describe a program currently underway to teach a balanced, sociotechnical management approach based primarily on Lean and Relational Coordination (RC) to the managers at every level of a large integrated healthcare system.

Fairview Health Services, based in the upper Midwest, is a fully integrated health system comprised of medical group practices, facilities (inpatient, outpatient and long-term care) and a health insurer. A key pathway to fulfilling Its vision of a healthier future for the population it serves is to improve the quality and efficiency of its operations by creating and implementing a consistent management approach known as the Fairview Operating System (FOS).
Based on two principles, respect for people and continuous improvement, FOS incorporates mindsets, conceptual frameworks and specific tools for observing and improving work processes and fostering alignment across the organization, all in service of providing customer-focused care. FOS weaves together elements from lean (e.g., analytic process mapping and measurement tools and structural interventions such as team huddles, visual indicators, regular visits to production sites, and tiered management huddles), RC (the relational and communication dimensions of team performance and interventions to improve them) and the psychology of change management (Adaptive Leadership and Bridges’ Transitions model). It guides managers in the use of technical approaches and at the same time reminds them to pay attention to the relational quality of the work processes they are managing, to use relational interventions as part of their process improvement work and to be attuned and responsive to what their reports and peers may be experiencing in the course of change work.

The FOS is being disseminated in a cascading fashion by means of the Leaders as Teacher program, a 5-session curriculum prepared by lean content experts, internal HR and OD consultants and external OD/RC consultants. The CEO has presented the curriculum to the senior leadership team; the senior leadership team members will then present it to their direct reports, and so on until it reaches the frontline managers. Specific details of how the curriculum integrates lean and RC will be presented.

A program evaluation is underway, gathering participants’ perceptions of the LAT sessions and assessing changes in their behavior and capacity. Also, FHS has engaged outside researchers to study changes in system performance as FOS is implemented.