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**
- 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
- Client Engagement
- Worker Engagement
- Learning & Innovation

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

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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 the organizational structures? Which are least supported by those structures?
- Where are the biggest opportunities for improvement?
Organizational structures assessment

- Place the **roles** from your relational map across the top of the Org Structures Assessment Tool - **structures** are already shown in left column

- Ask “How well does each **structure** support each **role** to coordinate with others?” For example, are nurses (role) selected for teamwork (structure)? 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
- 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

### Roles
- Nurses
- Therapists
- Residents
- Physicians
- Case Mgrs
- Social Workers

### Support Levels
- **Weak Support**
- **Moderate Support**
- **Strong Support**

The table above illustrates the support levels for each role across different organizational structures.
## Organizational structures assessment tool (OSAT)

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- **Weak Support**: Red
- **Moderate Support**: Blue
- **Strong Support**: Green

**Note:** The table above is a conceptual representation of the Organizational structures assessment tool (OSAT), showing how different roles are assigned to various structural elements. The tool evaluates the level of support for each structural element across different roles.
Which **structures** are currently *most supportive* of relational coordination? Which are *least supportive* of relational coordination?

Which **roles** are currently most supported by the organizational structures? Which are least supported by those structures?

Where are the biggest opportunities for improvement?

What obstacles might you face?