Transforming Relationships for High Performance
The Power of Relational Coordination

Breakthroughs at the Boundaries
UCSF School of Medicine Leadership Retreat

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Director, Relational Coordination Research Collaborative
Challenges we face

- Pressure to achieve better outcomes
- Quality of care, satisfaction, safety
- Employee engagement
- And greater efficiency
- Is this even possible? How?
What is relational coordination?
How does it drive performance?
How does it work at UCSF Medical?
How do organizations support it – or not?
Where to start? Relational model of organizational change
Flight departure process: A coordination challenge

- Passengers
- Operations Agents
- Ramp Agents
- Ticket Agents
- Freight Agents
- Mechanics
- Caterers
- Gate Agents
- Baggage Agents
- Cabin Cleaners
- Flight Attendants
- Pilots
- Fuelers
American: Frequent and timely communication

“Here you don’t communicate. And sometimes you end up not knowing things...On the gates I can’t tell you the number of times you get the wrong information from operations...The hardest thing at the gate when flights are delayed is to get information.”
“Here there’s constant communication between customer service and the ramp. When planes have to be switched and bags must be moved, customer service will advise the ramp directly or through operations…Operations keeps everyone informed. It happens smoothly.”
“If you ask anyone here, what’s the last thing you think of when there’s a problem, I bet your bottom dollar it’s the customer. And these are guys who work hard everyday. But they’re thinking, how do I stay out of trouble?”
“We figure out the cause of the delay. We don’t necessarily chastise, though sometimes that comes into play. It’s a matter of working together. Figuring out what we can learn. Not finger-pointing.”
“Ninety percent of the ramp employees don’t care what happens, even if the walls fall down, as long as they get their check.”
Southwest: Shared goals

“I’ve never seen so many people work so hard to do one thing. You see people checking their watches to get the on-time departure. People work real hard. Then it’s over and you’re back on time.”
Employees revealed little awareness of the overall process. They typically explained their own set of tasks without reference to the overall process of flight departures.
Employees had relatively clear mental models of the overall process -- an understanding of the links between their own jobs and the jobs of their counterparts in other functions. Rather than just knowing what to do, they knew why, based on shared knowledge of how the process worked.
“There are employees working here who think they’re better than other employees. Gate and ticket agents think they’re better than the ramp. The ramp think they’re better than cabin cleaners -- think it’s a sissy, woman’s job. Then the cabin cleaners look down on the building cleaners. The mechanics think the ramp are a bunch of luggage handlers.”
“No one takes the job of another person for granted. The skycap is just as critical as the pilot. You can always count on the next guy standing there. No one department is any more important than another.”
Relationships shape the communication through which coordination occurs ...
For better...

Shared goals
Shared knowledge
Mutual respect

Frequent
Timely
Accurate
Problem-solving communication
... or worse

Functional goals
Specialized knowledge
Lack of respect

Infrequent
Delayed
Inaccurate
“Finger-pointing” communication
This process is called relational coordination.

“Communicating and relating for the purpose of task integration”
Does relational coordination matter for performance?
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

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Observations are months (n=12) in airport locations (n=9). Standardized coefficients are shown.
Relational coordination drives flight departure performance
Case Managers

Nurses

Attending Physicians

Physical Therapists

Nursing Assistants

Social Workers

Technicians

Referring Physicians

Administrators

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
Relational coordination drives surgical performance

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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

Quality/efficiency performance index

Relational coordination
Relational coordination and performance – the evidence
Across multiple sectors...

- Airlines
- Banking
- Retail sector
- Manufacturing
- Accounting
- Consulting
- Early child education
- Elementary education
- Higher education
- Youth services
- Surgical care
- Medical care
- Emergency care
- Intensive care
- Obstetric care
- Primary care
- Chronic care
- Home care
- Long term care
- Pharmacy sector
...and multiple countries

- United States
- Canada
- Denmark
- Norway
- Sweden
- Austria
- Switzerland
- Netherlands
- Belgium
- Scotland
- England
- Ireland
- Japan
- China
- Korea
- Pakistan
- Israel
- Australia
- New Zealand
- Ecuador
Efficiency & financial outcomes

- Reduced turnaround time
- Reduced product development costs
- Increased employee productivity
- Reduced length of hospital stay
- Reduced total cost of hospital care
- Reduced inpatient hospitalizations
- Reduced total costs of chronic care
- Increased profit growth
- Increased growth of deposits
- Improved operational excellence
Quality & safety outcomes

- Reduced customer complaints
- Increased on-time performance
- Increased product development quality
- Increased patient satisfaction with care
- Increased patient psychological well-being
- Increased patient intent to recommend
- Improved postoperative pain/ functioning
- Improved quality of chronic illness care
- Increased quality of life for elderly
- Reduced medication errors
- Reduced hospital acquired infections
- Reduced patient fall-related injuries
Client engagement

- Increased trust and confidence in care team
- Increased self-management
- Increased evaluation, enrollment and retention of drug-exposed infants
- Increased community linkages
- Increased family readiness for caregiving
- Increased family engagement with teachers
- Reduced parenting stress
- Increased ability to care for autistic child
- Increased ability to cope with needs of child
Worker engagement

- Increased job satisfaction
- Increased career satisfaction
- Increased professional efficacy
- Increase competence at work
- Reduced burnout
- Increased work engagement
- Increased involvement at work
- Increased proactive work behaviors
- Increased motivation at work
- Increased equity of contribution
- Increased dual allegiance
Learning & innovation

- Increased psychological safety
- Increased ability to learn from failures
- Increased reciprocal learning
- Increased collaborative knowledge creation
- Increased innovation
Relational coordination *pushes out* the quality/efficiency frontier to increase value creation.
Relational coordination strengthens both...
There are other useful responses to coordination challenges...

- Reengineering
- Total quality management
- PDSA
- Quality improvement
- Lean/ six sigma
Addressing technical issues is necessary - but 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 Hendler, Tenet Healthcare Systems
Why does RC improve performance?

Relationships of shared goals, shared knowledge and mutual respect provide an *organizational culture* that supports process improvement.
Why does RC improve performance?

Relationships of shared goals, shared knowledge and mutual respect help workers to connect *around* their work.
When does relational coordination matter most?

- Task interdependence
- Uncertainty
- Time constraints
Are these conditions present in your work?

- Task interdependence
- Uncertainty
- Time constraints
How well does relational coordination work in your organization today?
Like this?

Shared goals
Shared knowledge
Mutual respect

Frequent
Timely
Accurate
Problem-solving communication
... or this?

Functional goals
Specialized knowledge
Lack of respect

Infrequent
Delayed
Inaccurate
“Finger-pointing” communication
Identify a work process in need of coordination – e.g. “back surgery”

Which workgroups are involved? Consider including the customers...

Draw a circle for each workgroup and lines connecting between them

- LOW RC = RED
- MEDIUM RC = BLUE
- HIGH RC = GREEN
Relational map

RC = Shared Goals, Shared Knowledge, Mutual Respect, Supported by Frequent, Timely, Accurate, Problem-Solving Communication
Reporting back

• 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?
How do organizations support relational coordination – or not?
Organizational structures that support RC

**Structures**
- Select & Train for Teamwork
- Shared Accountability & Rewards
- Shared Conflict Resolution
- Leader & Supervisor Roles
- Boundary Spanner Roles
- Relational Job Design
- Team Meetings
- 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
- Worker Engagement
- Client Engagement
- Innovation & Learning
“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.”
Quality assurance used to be completely reactive here, with incident reports. There would be a review to determine injury or no injury. QA 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.”
“Here we have a Bone Team which 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.’”
"As a case manager here, 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.”
“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.”
“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. I mean, so there’s a big problem. Some of them are on the email system, and some of them aren’t.”
"Information systems are important for coordination, I think, but right now they are more a hope than a reality. [We are] building 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 specialists."
Structures can be designed to WEAKEN relational coordination or SUPPORT relational coordination

As leaders you have a role in designing and implementing these structures
But where would you start?

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Changing structures is not enough

- Change rarely occurs simply by changing organizational structures
- New structures often not used as intended
- Relationship patterns are deeply engrained in our organizational cultures and professional identities
- Need to change relational patterns *directly*
- And often need to change the work itself
On-going case studies in relational change

- Dartmouth-Hitchcock
- Kaiser-Permanente Northwest
- Stanford Medical
- Group Health
- Tufts CTSI
- Billings Clinic
- Varde Municipality
Let’s highlight the one with the most cross-organizational focus
Varde Municipality

- Danish municipalities are responsible for elder care, care for children and youth, home care, drug abuse, homelessness, handicapped, workforce development, cultural activities and infrastructure.

- Now also accountable for 20% of healthcare costs if citizen is hospitalized or visits a doctor.
Varde Municipality

Current efforts:

- Wellness visits to all citizens 78 and older
- Outreach and support for citizens with depression, joblessness, handicaps, drug abuse
- “It doesn’t work to say do it because I am the nurse and I said so. It has to connect to something the citizen cares about.”

— Margit Thomsen, Director of Health Promotion
“Say you had a stroke - we know it’s better to have exercise. That is part of this change - that you take responsibility for your own health. You cannot just go to the doctor and say, 'Cure me.' Instead it's 'take responsibility for your own life.'”

- Kirsten Myrup, Head of Health and Rehabilitation
Varde Municipality

“We also do rehabilitation for those who are out of work. If you lose your work, you lose your connections with work. Within six months it is very tough to get you back into work. It’s our job to get them healthy and get them back to work again. This takes a lot of collaboration between different people.”

- Erling Pedersen, CEO
“Now we have the challenge of working across sectors and we don’t know how to do it yet. These people have to get along and work together. Sometimes it works – especially at the beginning of the week [much laughter around the table]. They need to have a good relationship between each other and a good dialogue - they need to know what is going on in the other silos. Otherwise nothing works.”

- Erling Pedersen, CEO
“We also need to coordinate with the GPs and the hospitals. It is a real challenge for us. We each have our own budgets and our own goals – we are not clear about our shared goals and we don’t have enough knowledge of what each other does.”

- Kirsten Myrup, Head of Health Board
Relational coordination survey results

Low under 2.5
Medium 2.5 – 3.4
High 3.5 – 5

Consultant for Dementia

Physical Therapist

Visitation

Community Nurses

Assistant Nurse 1

Assistant Nurse 2

Hospital Nurses

GPs

Consultant for Dementia

Physical Therapist

Visitation

Community Nurses

Assistant Nurse 1

Assistant Nurse 2

Hospital Nurses

GPs
CEO’s perspective

"This map and the red ties we see here just reflect the way we told our employees to work. We tell them you have to go and work and do your job. We think we tell them to work together – but that’s not what they are hearing from us.”

Erling Pedersen, CEO
"We discussed the map with the frontline leaders and simply brainstormed possible initiatives that could handle this thing. Now we’re talking about two different things - role clarification, and building spaces for cross professional collaboration. Those are the two main things they identified to work on.”

- Carsten Hornstrup, Consultant
“We are better at getting in touch with each other across boundaries to discuss the complicated cases. Maybe especially nurses and visitation. We have become better at involving all parties – including citizens and relatives. And it improves the quality of what we do."
“I don’t get as many complex dementia cases referred to me as I used to. I see as a sign that we as a collective are better at handling these complicated cases effectively, earlier in the process.”

“It means that when things are getting difficult – there are more people who collaborate and help me deal with the difficulties.”

“I don’t think this is only the experience of the nurses. I think it’s happening for all of us who work with the citizens. We have moved closer together.”
Head of Home Care

“There is a general perception that the collaboration across the different professions has improved. It simply gets more attention. Especially the team leaders have given it more attention. The cross boundary coordination meeting gets much more attention. This gives better dialogue – not just around citizens with dementia, but also around other complex issues.”
Now top leaders are looking for ways to support these changes, for example combining budgets and developing new agreements with hospital and GPs
Three kinds of interventions needed

- **Relational interventions** to build the new relational dynamics
- **Work process interventions** to connect new relational dynamics to improvements in the work itself
- **Structural interventions** to support the new relational dynamics
Relational model of organizational change

**Structural Interventions**
- Select & Train for Teamwork
- Shared Accountability & Rewards
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**Relational Coordination**
- Frequent
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- Accurate
- Problem Solving
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- Shared Goals
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- Mutual Respect

**Performance Outcomes**
- Quality & Safety
- Efficiency & Finance
- Client Engagement
- Worker Engagement
- Learning & Innovation

**Relational Interventions**
- Create Safe Space
- Relational Assessment
- Humble Inquiry/Coaching

**Work Process Interventions**
- Assess Current State
- Identify Desired State
- Experiment to Close the Gap

**Note:**
- This diagram illustrates a model of organizational change emphasizing the importance of relational and structural interventions to achieve desired performance outcomes.
Relational model of organizational change

Middle & Top Leadership

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Frontline Leaders & Co-Workers

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What is a potential change path for UCSF Medical?
Role of measurement in change process?

- Possible to measure relational coordination
  - Within workgroups
  - Between workgroups
  - With other organizations
  - Across highly distributed networks
  - Can include clients and their families
  - Can measure at any level of leadership
  - Across levels of leadership
Seven dimensions of RC

Between Workgroups

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RC network
A tool for change

- You can share RC measures with participants to inform organizational change
- “Looking into the mirror”
- “Putting the elephant on the table”
- A starting point for new conversations
- A starting point for reflection and change
Relational model of organizational change

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