Transforming Relationships for High Performance
The Power of Relational Coordination

Breakthroughs at the Boundaries
UCSF School of Medicine Leadership Retreat

Jody Hoffer Gittell

Professor, Brandeis University
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?

RELATIONAL COORDINATION
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Today

- 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

"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-Profit Chain*

The Southwest Airlines WAY

Using the Power of Relationships to Achieve High Performance
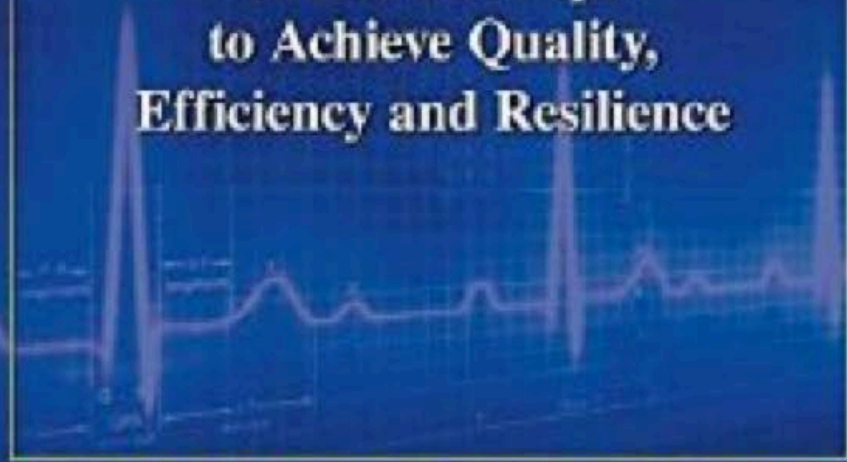
JODY HOFFER GITTELL

"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

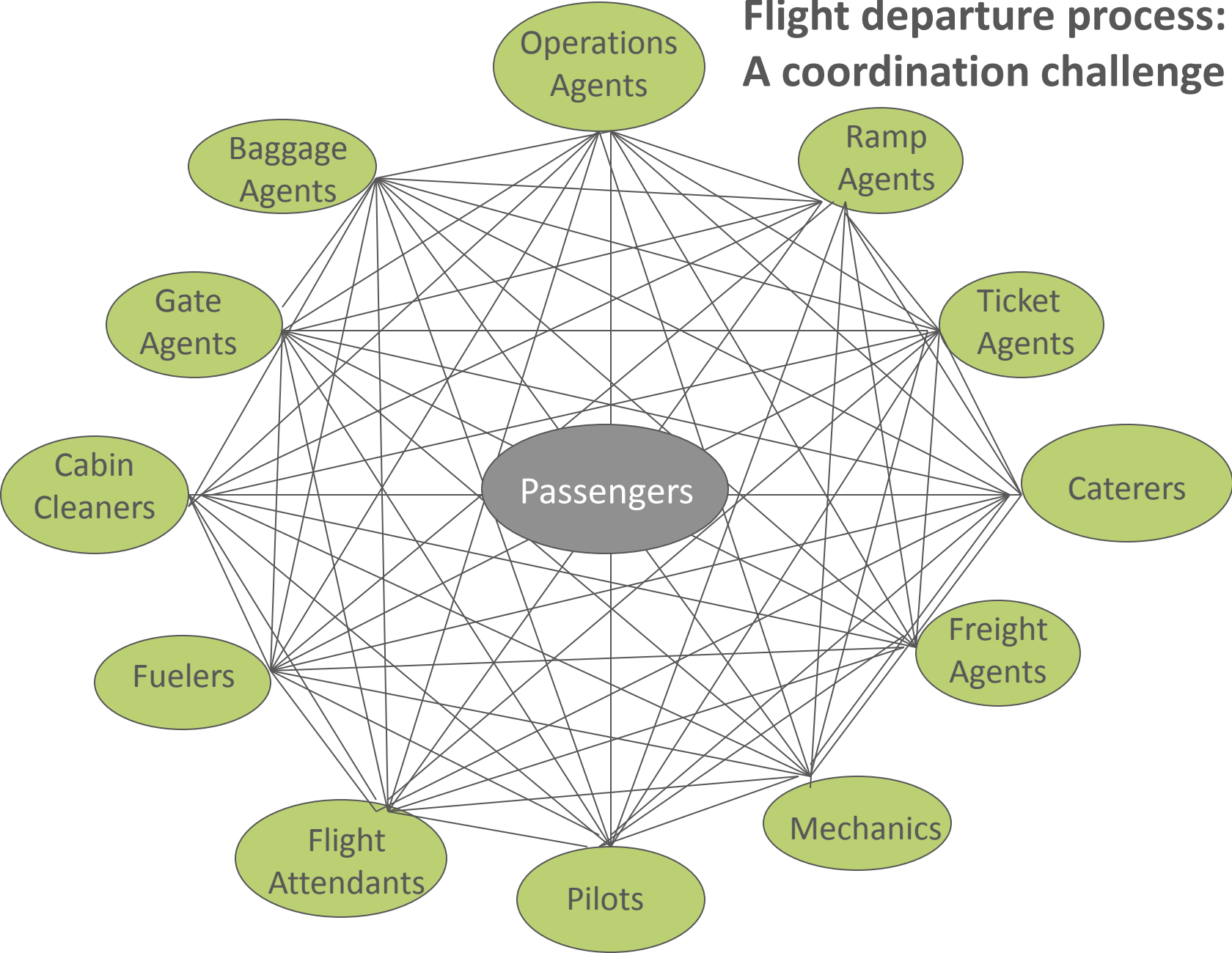## Using the Power of Relationships to Achieve Quality, Efficiency and Resilience

JODY HOFFER GITTELL

Award-winning author of *The Southwest Airlines Way*

Flight departure process:
A coordination challenge

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."

Southwest: Frequent and timely communication

"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."

American: Problem solving communication

"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?"

Southwest: Problem solving communication

"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."

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American: Shared goals

"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."

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American: Shared knowledge

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.

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Southwest: Shared knowledge

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.

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American: Mutual respect

"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."

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Southwest: Mutual respect

"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 <u>shape</u> 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 |
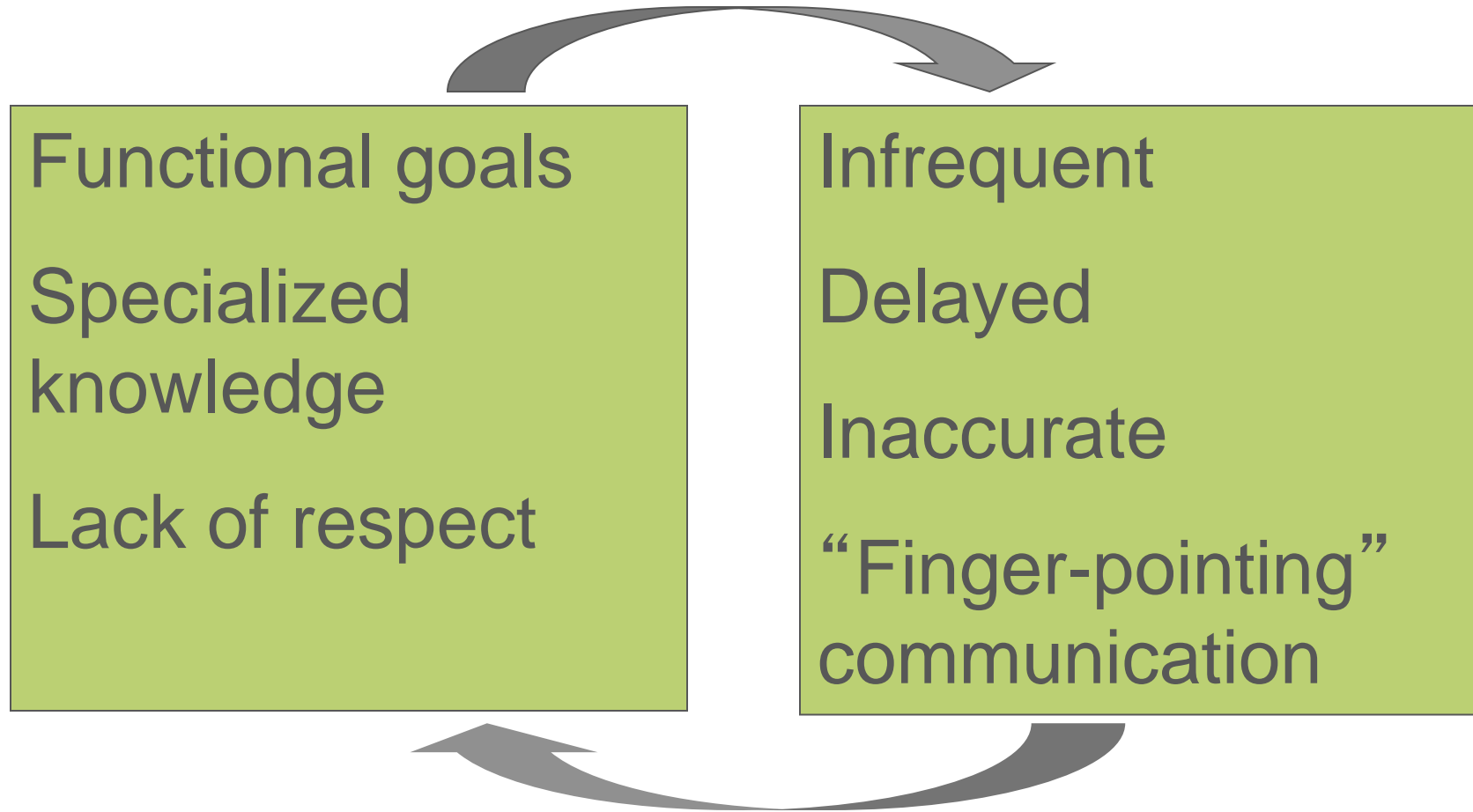
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This process is called

relational coordination

"Communicating and relating
for the purpose of task integration"

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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

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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.

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Relational coordination drives flight departure performance

Quality/efficiency performance index

SWA1

CON2

SWA2

CON1　　　UNI3

UNI1

AMR1

AMR2　　　UNI2
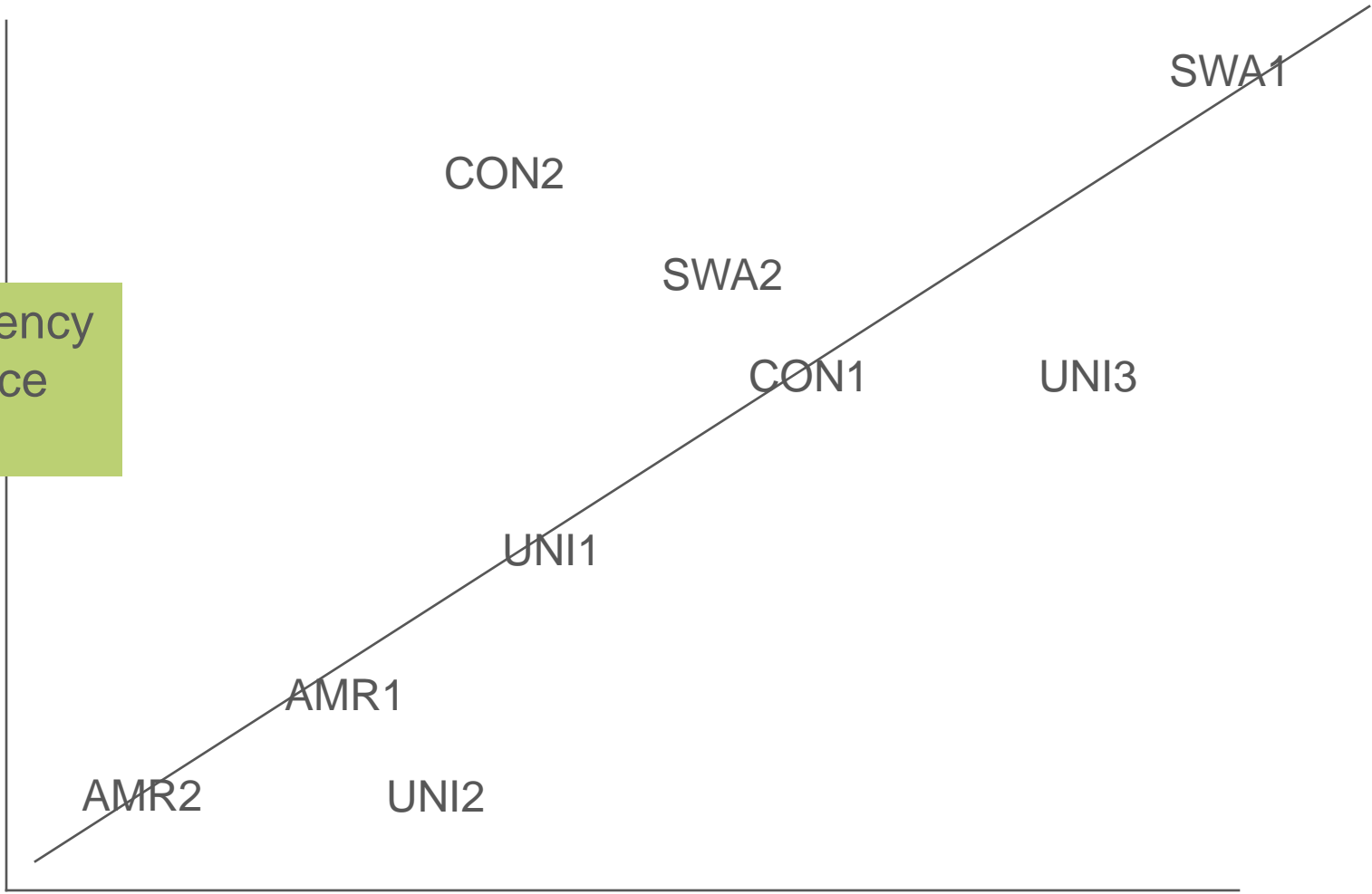
Relational coordination

Patient care:
A coordination challenge
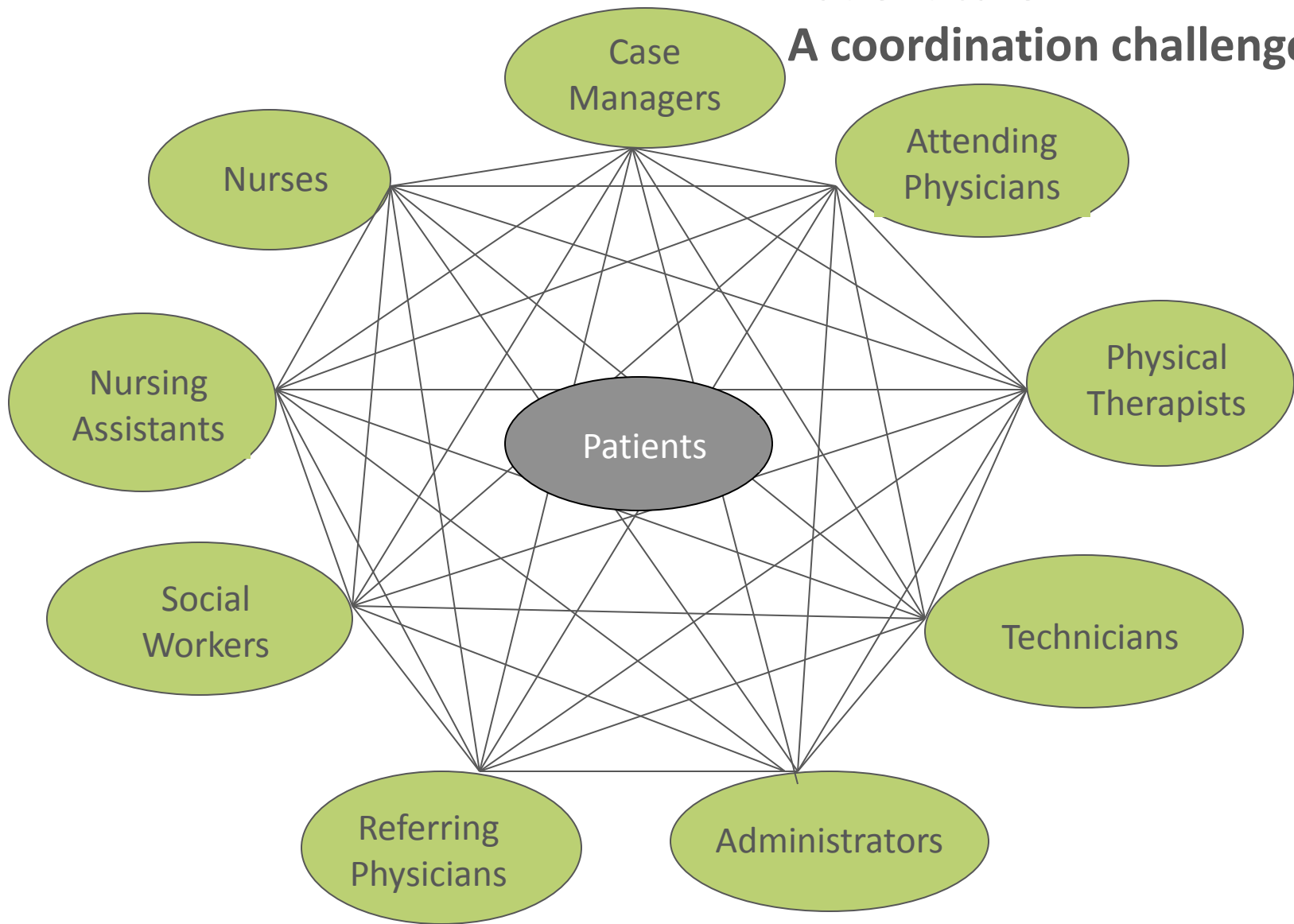
Institute of Medicine report

"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."

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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

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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.

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Relational coordination drives surgical performance
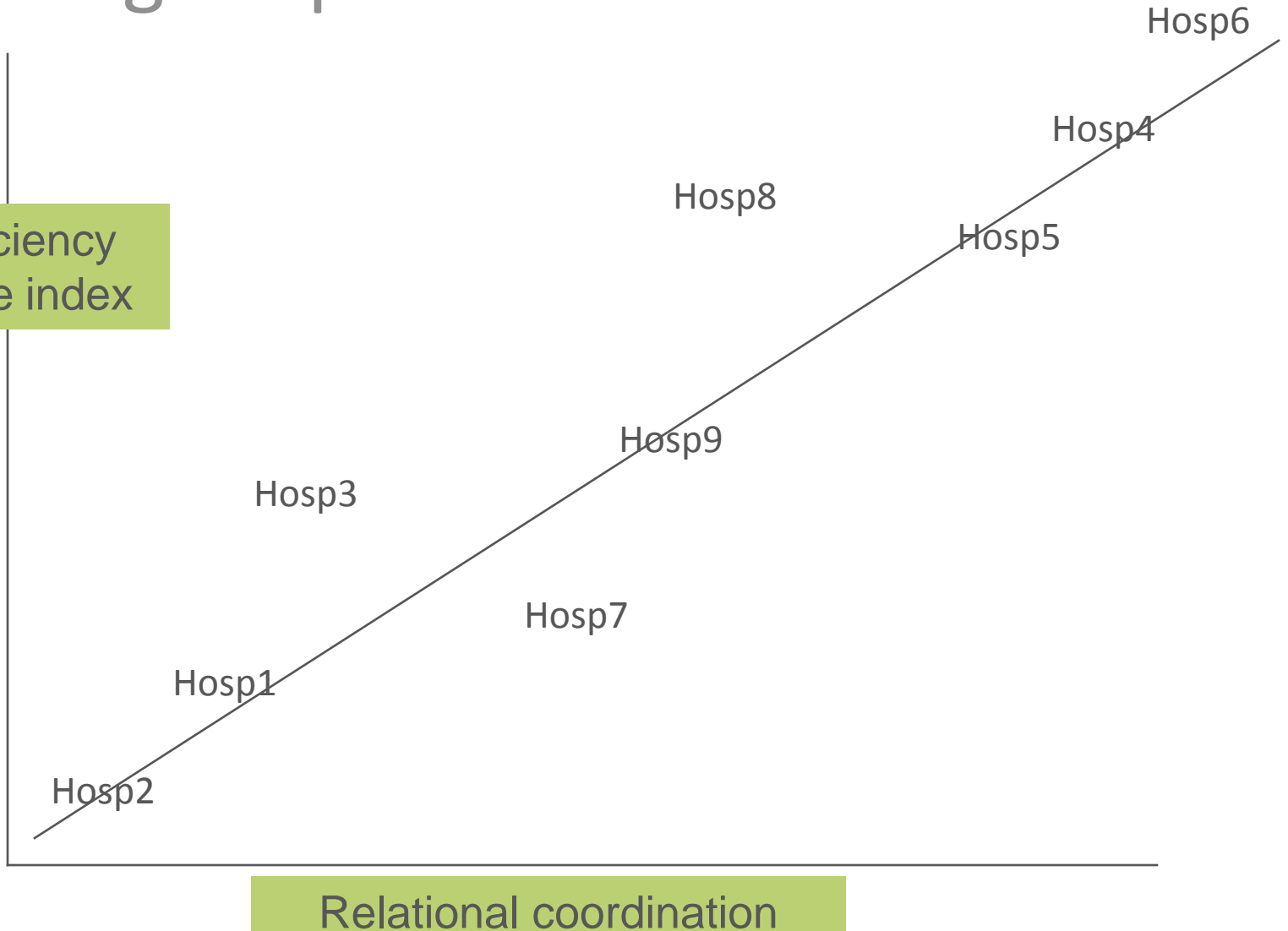
Relational coordination and performance – the evidence

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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

Quality & Safety Outcomes

Relational coordination

Efficiency & Financial Outcomes

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RESEARCH COLLABORATIVE
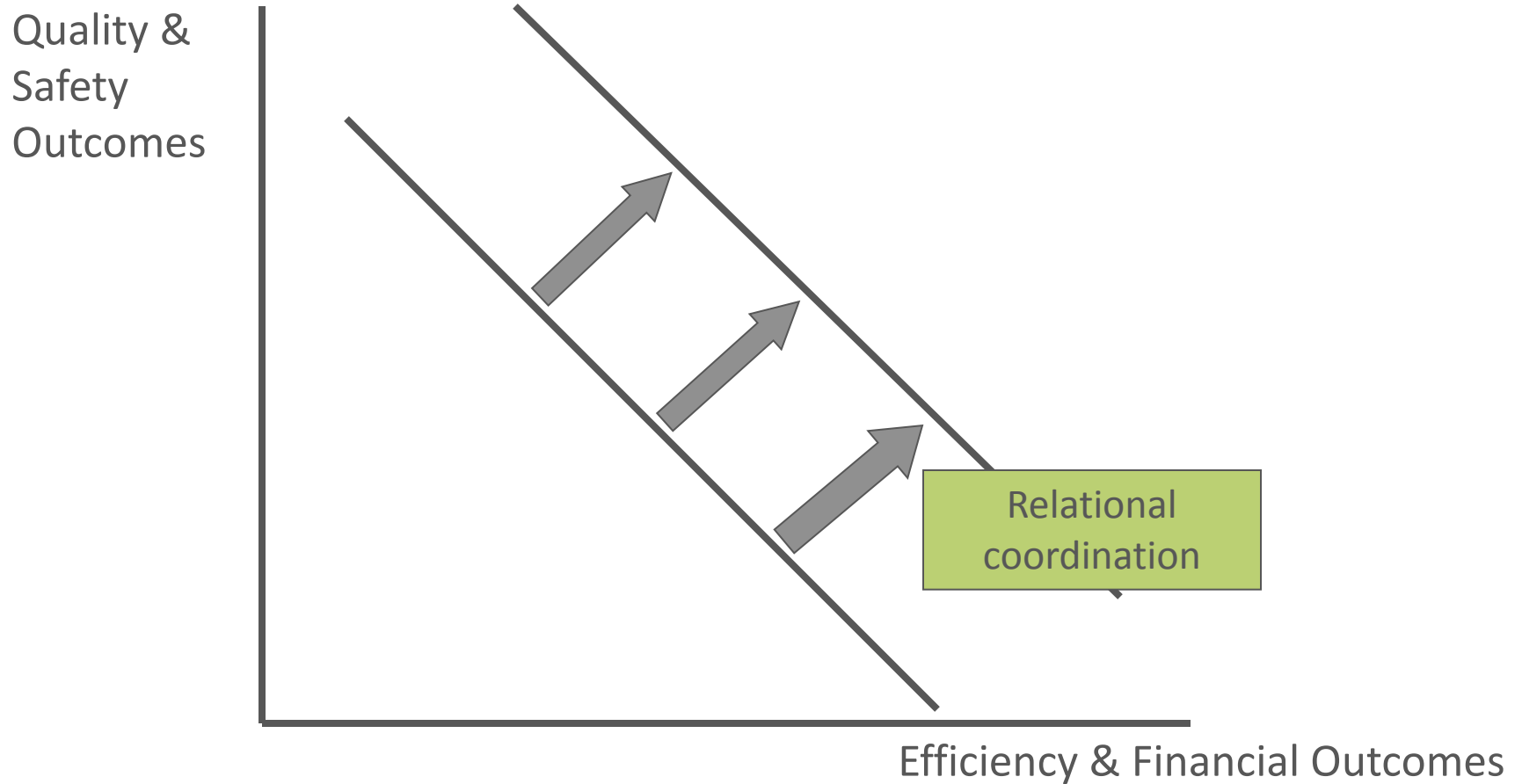
Relational coordination strengthens both…

operational capacity

adaptive capacity

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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 respec*t* 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

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Are these conditions present in your work?

◆ **Task interdependence**
◆ **Uncertainty**
◆ Time constraints

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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

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Relational mapping

◆ 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

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RESEARCH COLLABORATIVE
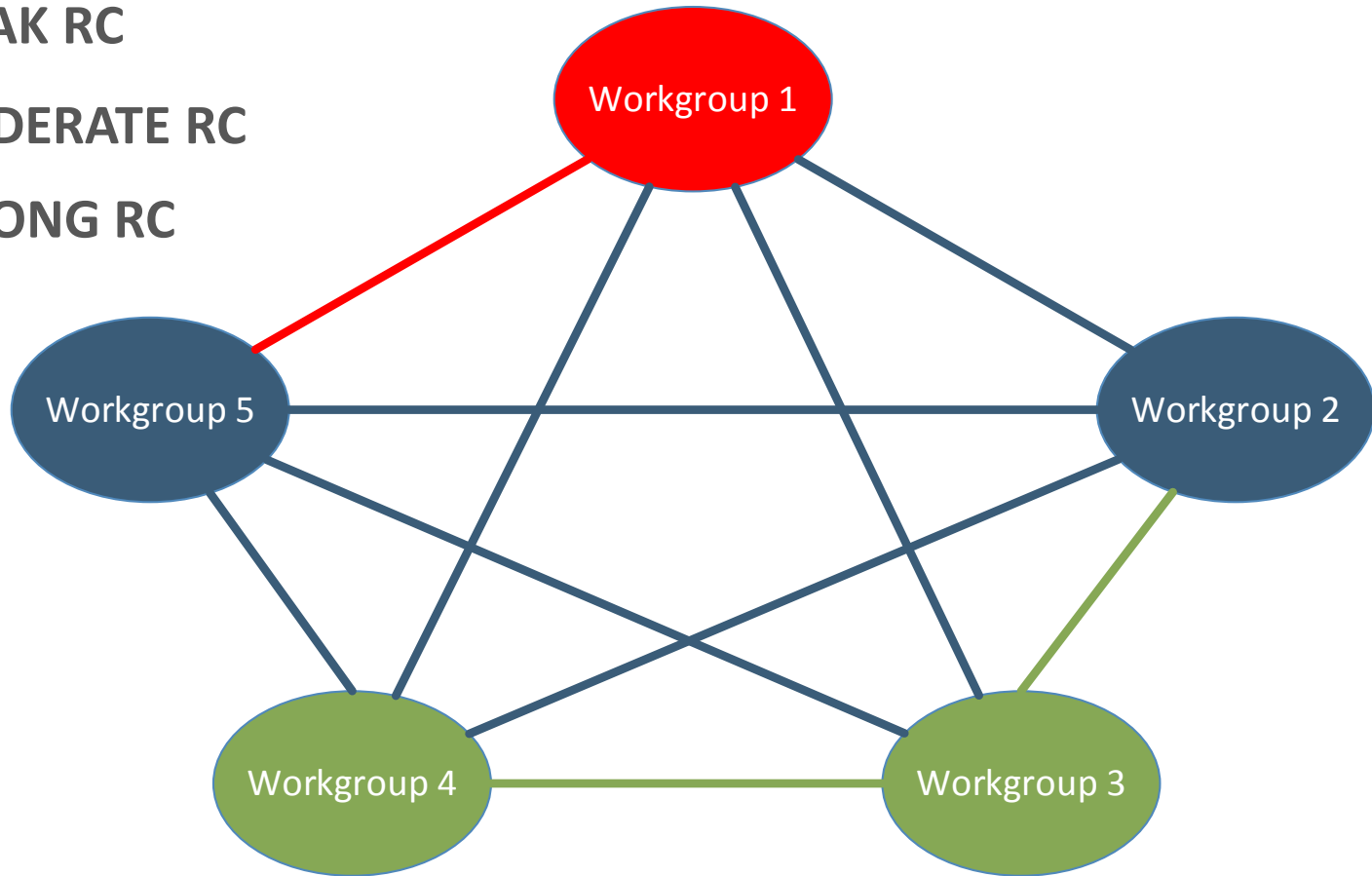
Relational map

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

Example

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?

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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

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Select 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."

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Select 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."

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Shared accountability

"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."

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Shared accountability

"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."

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.' "

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Boundary spanner roles

"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."

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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."

Team meetings

"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."

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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. I mean, so there's a big problem. Some of them are on the email system, and some of them aren't."

Shared information systems

"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."

Bottom line

Structures can be designed to WEAKEN relational coordination or SUPPORT relational coordination

As leaders you have a role in designing and implementing these structures

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But where would you start?

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

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

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On-going case studies in relational change

- Dartmouth-Hitchcock
- Kaiser-Permanente Northwest
- Stanford Medical
- Group Health
- Tufts CTSI
- Billings Clinic
- Varde Municipality

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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

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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

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Varde Municipality

"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

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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

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Varde Municipality

"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

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Varde Municipality

"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

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

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Frontline leader initiatives

"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

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Family Consultant for Dementia

"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. "

Nurse Team Leaders

"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."

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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."

Top leader initiatives

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

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Relational model of organizational change

Structural Interventions
Select & Train for Teamwork
Shared Accountability & Rewards
Shared Conflict Resolution
Leader & Supervisor Roles
Boundary Spanner Roles
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
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

Relational model of organizational change

Middle & Top Leadership

Structural Interventions
Select & Train for Teamwork
Shared Accountability &
Rewards
Shared Conflict Resolution
Leader & Supervisor Roles
Boundary Spanner Roles
Team Meetings
Shared Protocols
Shared Information Systems

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Learning &
Innovation

Frontline
Leaders &
Co-Workers

Relational Interventions
Create Safe Space
Relational Assessment
Humble Inquiry/Coaching

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

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
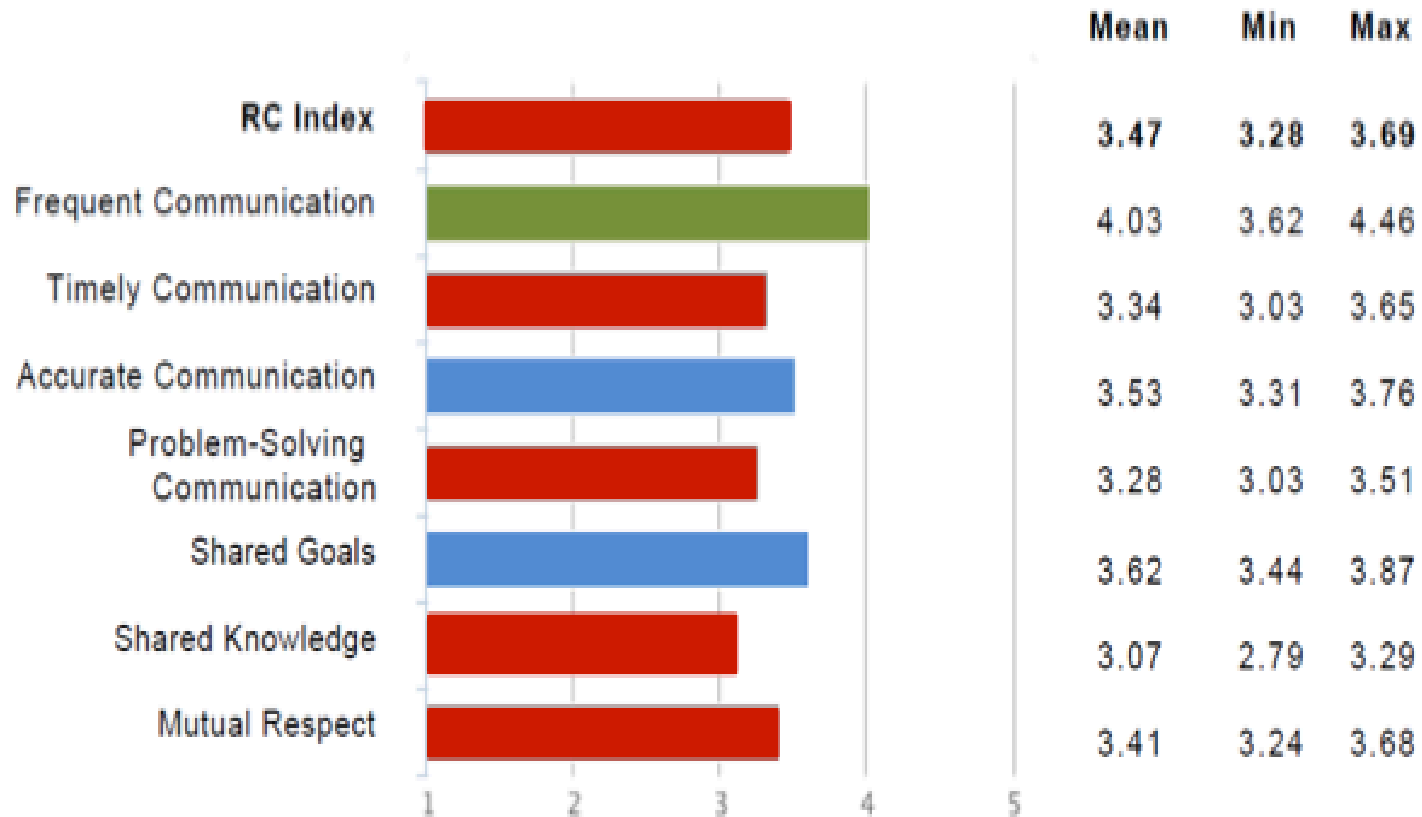 - Can include clients and their families
  - Can measure at any level of leadership
  - Across levels of leadership

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Seven dimensions of RC

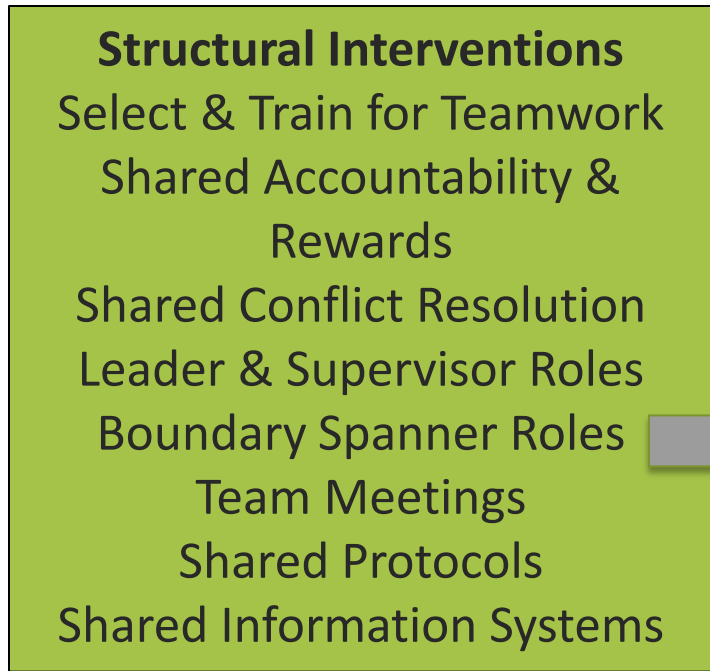|		Mean	Min	Max
Between Workgroups				
RC Index		3.47	3.28	3.69
Frequent Communication		4.03	3.62	4.46
Timely Communication		3.34	3.03	3.65
Accurate Communication		3.53	3.31	3.76
Problem-Solving Communication		3.28	3.03	3.51
Shared Goals		3.62	3.44	3.87
Shared Knowledge		3.07	2.79	3.29
Mutual Respect		3.41	3.24	3.68

RC network
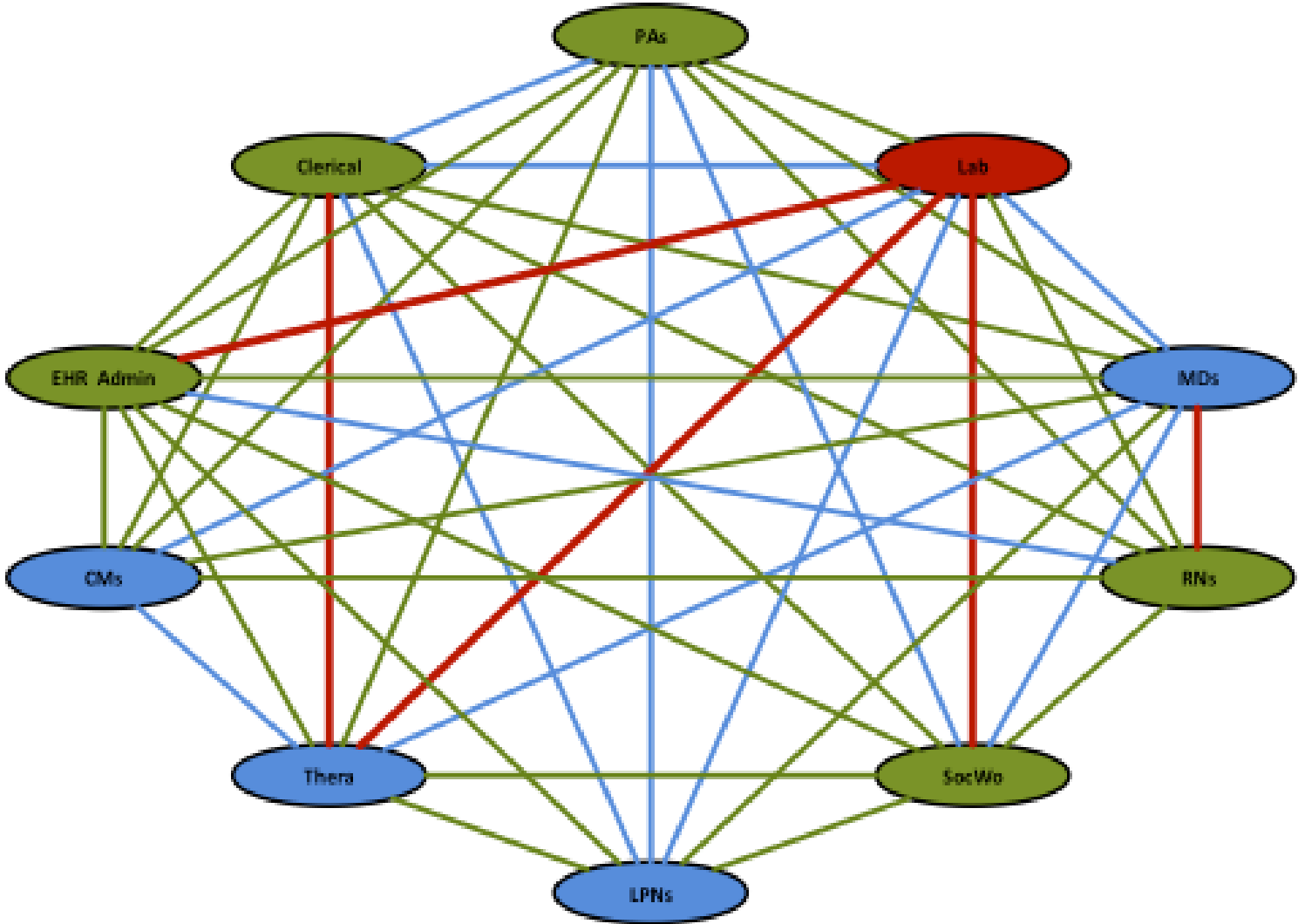
A tool for change

- 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

Middle & Top Leadership

Structural Interventions
Select & Train for Teamwork
Shared Accountability &
Rewards
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Performance Outcomes
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Innovation

Frontline Leaders & Co-Workers

Relational Interventions
Create Safe Space
Relational Assessment
Humble Inquiry/Coaching

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