Understanding Relational Coordination Within and Across Service Lines in a Vertically Integrated VA Medical Practice Group

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VA HSR&D Cyberseminar 4/17/23

Dr. Edwards - HSR&D CDA 16-152
Relational Coordination in the VA – SDR 20-388 - Heather Gilmartin
VA Portland Health Care System

- High complexity Medical Center
  - ~250 acute hospital bed hospital
  - ED, ICU, Cardiac Catheterization, Transplant Surgery
  - Rehabilitation / Nursing Home
  - 10 community based outpatient clinics across Oregon and Southwest Washington
  - Large research program
    - Basic, clinical, health services
  - Academic Affiliate – Oregon Health and Science University
    - Physician, Nurse, Pharmacy, Social Work trainees

- Growing Veteran Population
  - 91,912 unique users
  - 58,168 primary care patients
VA Portland Challenges

- Staff Burnout
  - Staffing Challenges, Turnover
- COVID-19
  - Fear and Uncertainty, Trauma, Exhaustion
- New Initiatives
  - High Reliability Organization
- Persistent structural challenges
  - HR, IT, Contracting
- Impending new EHR implementation
  - Cerner coming to VA, keeps getting pushed back
- Leaders concerned that organization was excessively siloed
  - Interested in improving relationships and communication
What is Relational Coordination?

Communicating and relating for the purpose of task integration

Relationships shape the communication through which coordination occurs.
The dimensions of Relational Coordination that advance our work...
... or make our work together even more challenging.
# Measuring Relational Coordination (RC)...

<table>
<thead>
<tr>
<th>RC DIMENSION</th>
<th>SURVEY QUESTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Frequent Communication</td>
<td>How <strong>frequently</strong> do people in each of these groups communicate with you about [focal work process]?</td>
</tr>
<tr>
<td>2. Timely Communication</td>
<td>How <strong>timely</strong> is their communication with you about [focal work process]?</td>
</tr>
<tr>
<td>3. Accurate Communication</td>
<td>How <strong>accurate</strong> is their communication with you about [focal work process]?</td>
</tr>
<tr>
<td>4. Problem Solving Communication</td>
<td>When there is a problem in [focal work process], do people in these groups <strong>blame others or try to solve</strong> the problem?</td>
</tr>
<tr>
<td>5. Shared Goals</td>
<td>How much do people in these groups <strong>share your goals</strong> for [focal work process]?</td>
</tr>
<tr>
<td>6. Shared Knowledge</td>
<td>How much do people in these groups <strong>know about the work</strong> you do with [focal work process]?</td>
</tr>
</tbody>
</table>
| 7. Mutual Respect                 | How much do people in these groups **respect the work** you do with [focal work process]?
Patient care: a coordination challenge!
### Relational Coordination and Surgical Outcomes Are Strongly Correlated

<table>
<thead>
<tr>
<th></th>
<th>LOS</th>
<th>Pt satisfaction</th>
<th>Freedom from pain</th>
<th>Mobility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relational Coordination</td>
<td>-.33*</td>
<td>.26*</td>
<td>.08*</td>
<td>.06+</td>
</tr>
<tr>
<td>Patient age</td>
<td>.02</td>
<td>.00</td>
<td>.01</td>
<td>.04</td>
</tr>
<tr>
<td>Comorbidities</td>
<td>.09*</td>
<td>.07</td>
<td>.01</td>
<td>.04</td>
</tr>
<tr>
<td>Pre-op fxI status</td>
<td>.03</td>
<td>.01</td>
<td>.20*</td>
<td>.28*</td>
</tr>
<tr>
<td>Surgical volume</td>
<td>.11*</td>
<td>.10*</td>
<td>.06+</td>
<td>.03</td>
</tr>
<tr>
<td>R Squared</td>
<td>.82</td>
<td>.63</td>
<td>.50</td>
<td>.22</td>
</tr>
</tbody>
</table>

Model includes adjustments for gender, marital status, psychological well-being and race.

Relational Coordination on Surgical Teams are Associated with Improved Performance

VA Portland: Relational Coordination

Executive Leadership Team (Tetrad)

- Primary Care
- Operative Care
- Emergency
- Rehab & Long Term Care
- Imaging
- Mental Health
- Hospital and Specialty Medicine
- Direct Reports
Objective

- Measure Relational Coordination within and across major clinical service lines at VA Portland
- Hold an in person retreat with survey participants to discuss and process results, consider next steps.
Project Timeline

- October 2022 – Facilitators Brian Park and Jennie Fleishman introduce RC construct and project on existing teams call with clinical leaders (20 minutes)
- November 2022 - RC Survey Fielded – Email link, 2 reminders (with individual follow up)
- December 2022 - Brief data overview on Medical Practice Group Call (20 minutes)
  - Solicited feedback on relevant areas for focus during retreat
- January 2023 - In person 4 hour retreat to examine RC reports in detail
  - Action plans for Divisions, determine next steps
Executive Leadership Team (Tetrad)

Primary Care
Operative Care
Hospital and Specialty Medicine
Mental Health
Imaging
Rehab & Long-Term Care
Emergency

Administered to Clinical, Nursing and Administrative Leaders
Assessed RC across service lines
Results

- 100% response rate (n = 22)
- Years in current role:
  - Less than 2 years: 36%
  - 2-5 years: 41%
  - 6-10 years: 14%
  - More than 10 years: 9%
- I am energetic and enthusiastic about my job:
  - Never: 5%
  - Several times a year: 0%
  - Once a month: 9%
  - Several times a month: 18%
  - Once a week: 18%
  - Several times a week: 27%
  - Every day: 23%

- I feel burned out from my work:
Overall Relational Coordination

<table>
<thead>
<tr>
<th>RC INDEX</th>
<th>Response Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent Communication</td>
<td></td>
</tr>
<tr>
<td>Timely Communication</td>
<td></td>
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<tr>
<td>Accurate Communication</td>
<td></td>
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<tr>
<td>Problem-Solving Communication</td>
<td></td>
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<tr>
<td>Shared Goals</td>
<td></td>
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<tr>
<td>Shared Knowledge</td>
<td></td>
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<tr>
<td>Mutual Respect</td>
<td></td>
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</tbody>
</table>

**n = 22**

Summary data shared on teams meeting, participants identified two domains to focus on during retreat:
- Timely communication
- Shared knowledge

Upper: >4.0
Middle: 3.5-4.0
Lower: <3.5
RC Between Divisions

<table>
<thead>
<tr>
<th>RC INDEX</th>
<th>DHWM</th>
<th>OCCD</th>
<th>PCOD</th>
<th>ED</th>
<th>MH</th>
<th>RTC</th>
<th>Imagen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent Communication</td>
<td></td>
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<tr>
<td>Timely Communication</td>
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<td></td>
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<tr>
<td>Accurate Communication</td>
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<td></td>
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<tr>
<td>Problem-Solving Communication</td>
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<td></td>
<td></td>
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<tr>
<td>Shared Goals</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared Knowledge</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mutual Respect</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Upper: >4.0
Middle: 3.5-4.0
Lower: <3.5
Average and Non-Reciprocal Ties

<table>
<thead>
<tr>
<th>Lower</th>
<th>Middle</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;3.5</td>
<td>3.5-4.0</td>
<td>&gt;4.0</td>
</tr>
</tbody>
</table>

**Average**

**Non-reciprocal**
## Executive Leadership Team (Tetrad)

<table>
<thead>
<tr>
<th>Dimension</th>
<th>DHSM</th>
<th>OCD</th>
<th>PCD</th>
<th>ED</th>
<th>MH</th>
<th>RLTC</th>
<th>Imaging</th>
<th>Average</th>
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</thead>
<tbody>
<tr>
<td>Frequent Communication</td>
<td>3.67</td>
<td>5.00</td>
<td>4.33</td>
<td>5.00</td>
<td>3.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.43</td>
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<tr>
<td>Timely Communication</td>
<td>4.00</td>
<td>4.50</td>
<td>4.33</td>
<td>3.50</td>
<td>3.67</td>
<td>3.67</td>
<td>4.00</td>
<td>3.95</td>
</tr>
<tr>
<td>Accurate Communication</td>
<td>4.33</td>
<td>4.50</td>
<td>5.00</td>
<td>4.00</td>
<td>3.67</td>
<td>3.67</td>
<td>4.50</td>
<td>4.24</td>
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<tr>
<td>Problem-Solving Communication</td>
<td>3.67</td>
<td>4.50</td>
<td>4.67</td>
<td>3.50</td>
<td>3.67</td>
<td>3.67</td>
<td>4.50</td>
<td>4.03</td>
</tr>
<tr>
<td>Shared Goals</td>
<td>3.33</td>
<td>4.50</td>
<td>4.00</td>
<td>3.50</td>
<td>4.00</td>
<td>3.33</td>
<td>4.50</td>
<td>3.88</td>
</tr>
<tr>
<td>Shared Knowledge</td>
<td>4.00</td>
<td>4.25</td>
<td>3.67</td>
<td>3.00</td>
<td>3.67</td>
<td>3.67</td>
<td>3.50</td>
<td>3.68</td>
</tr>
<tr>
<td>Mutual Respect</td>
<td>3.67</td>
<td>4.75</td>
<td>4.00</td>
<td>4.00</td>
<td>4.00</td>
<td>3.67</td>
<td>4.00</td>
<td>4.01</td>
</tr>
<tr>
<td>Relational Coordination</td>
<td><strong>3.81</strong></td>
<td><strong>4.57</strong></td>
<td><strong>4.29</strong></td>
<td><strong>3.79</strong></td>
<td><strong>3.67</strong></td>
<td><strong>3.81</strong></td>
<td><strong>4.29</strong></td>
<td><strong>4.03</strong></td>
</tr>
</tbody>
</table>

**Upper >4.0**

**Middle 3.5-4.0**

**Lower <3.5**
Introduction and how to interpret the data

Conversations of Interdependence
Participants spoke with other leaders in their division about how they can be more aligned in the work they do.

Top Priorities
Participants identified the top 3 priorities of their division. Facilitators then grouped these priorities into 5 main categories:

Synthesizing the data
Participants across all divisions and the ELT collaborated to describe:

- Current systems that support shared knowledge/timely communication, and
- The future state of shared knowledge/timely communication

Action Plans
Participants worked within their division to create action plans for improving their RC.

Evaluation
Conversations of Interdependence

- 1. When you are optimally staffed, what are your top priorities for your service?
- 2. What do you find most meaningful about your work?
- 3. What is it about how I do my work that helps you do yours?
- 4. What could I do differently that would help you even more?
- 5. When does our work seem to be well-aligned? (Shared Goals)

- One team member interviews another, third person takes notes, offers reflections afterwards. Then switch roles.
Activity: Priority Areas

• Each division identified their top 3 priority areas and wrote them on a sticky note
• Each division had a different color sticky note
• Facilitators grouped the priority areas by theme
• See next slide for results
Priority Areas: Grouped by Theme

Patient Access
- Access
- Patient Flow
- Team building

Staff engagement/wellbeing/retention
- Staff feedback
- Team building

Improve use of resources (old/new)
- Equipment

Quality of Care
- Communication
- Team building
Activity: Synthesizing the Data

Participants split into four groups, which were comprised of leadership from each division and the ELT. The groups then discussed four prompts while facilitators took notes.

**Prompt 1**
What does Timely Communication look like to you?

**Prompt 2**
What does Shared Knowledge mean to you?

**Prompt 3**
What are examples of current systems that support Shared Knowledge/Timely Communication?

**Prompt 4**
What does the future state of shared knowledge/timely communication look like?
**Prompt 1: What does timely communication look like to you?**

<table>
<thead>
<tr>
<th>Leveraging a <strong>variety of communication modalities</strong></th>
<th>“Continue HRO calls”</th>
<th>“Service-/person-specific mode”</th>
<th>“Stop the line, Email, teams”</th>
<th>“Unit/leader/ELT huddles”</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Providing each other <strong>enough time to respond</strong></th>
<th>“Responding before due”</th>
<th>“Getting info when I need”</th>
<th>“Having enough time to react”</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Communicating a clear timeline</strong> for response (that matches the urgency of the need)</th>
<th>“Timeframe matches urgency”</th>
<th>“Define what is urgent”</th>
<th>“Knows timeline for response”</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sharing information <strong>succinctly</strong> when possible</th>
<th>“Sharing key knowledge”</th>
<th>“Bottom line up front”</th>
<th>“Brief. My ask is ___”</th>
</tr>
</thead>
</table>

| Knowing **who** the right person is to communicate to, and what their **priorities** are | “Checking assumptions/shared knowledge” | “Can misidentify front door contact → triaging” | “ Relevant to you” |
Prompt 2: What does shared knowledge mean to you?

**Reciprocal learning** of roles and priorities

- “Reciprocal sharing of top priorities”
- “Not just shared data, but shared processes”
- “Understand each other’s workload”
- “What is my part and what is yours?”
- “Creates understanding and empathy”
- “Transparency of roles”

Knowing when to use a **specific communication strategy**

- “Action plans should be timely/tangible”
- “Some communication can be spontaneous”
- “CC others on email”

Establishing ground rules or **basic knowledge** and resources

- “Info. that multiple people will use”
- “Mutual respect”
- “Curiosity – ask questions”
- “Where to find the right resources”

Allowing for and **embracing flexibility**

- “Each member engages with info. differently”
- “May need to know too much and refine over time”
- “May need to repeat info.”
- “Person/service-dependent”
Prompt 3: What are examples of current systems that support shared knowledge/timely communication?

**Technology**
- “Teams chat and channels”
- “Email”
- “Knowledge repositories (e.g. sharepoint)”
- “Calls”

**Meetings**
- “Tiered huddles”
- “Recurring check-ins”
- “Stop the line”
- “Rounding”
- “Town halls”
- “Inter-/intra-divisional meetings”

**Mass communication channels**
- “eNews”
- “Reports/briefings”
- “National list servs”
- “Notices in common spaces”

**General**
- “SOPs”
- “Open door policy”
- “Leaders embedded into workspace”
- “Build relationships”
Prompt 4: What does the future state of shared knowledge/timely communication look like?

<table>
<thead>
<tr>
<th>More succinct communication</th>
<th>“Bottom line up front”</th>
<th>“Minimize redundancy, though some needed”</th>
<th>“Better prioritization”</th>
</tr>
</thead>
<tbody>
<tr>
<td>More clear, accurate communication</td>
<td>“What is the ask?”</td>
<td>“Clear expectations and chains of command”</td>
<td>“Appropriate communication of urgency”</td>
</tr>
<tr>
<td>Continue using a lot of our existing structures</td>
<td>“Email, teams, face-to-face”</td>
<td>“Tiered huddles”</td>
<td>“Regular check-ins as a ‘catch all’”</td>
</tr>
<tr>
<td>More flexibility and feedback</td>
<td>“Knowing each other’s preferences”</td>
<td>“More feedback”</td>
<td>“Efficiency may require flexibility and feedback processes”</td>
</tr>
<tr>
<td>Communicating the right amount with the right people</td>
<td>“Everyone has input”</td>
<td>“What is the right amount of communication?”</td>
<td>“Include appropriate stakeholders”</td>
</tr>
</tbody>
</table>
Evaluation

• 100% reported feeling engaged throughout retreat
• Confidence that they could apply what was learned – 8.4/10
• Commitment to applying what was learned – 8.5/10
Lessons Learned

- **Timing was right**
  - Post COVID, none of these people had interacted together in same room for 2 years, if ever.
  - For new teams, chance to build relationships in person

- **Psychological safety in group**
  - Honest sharing, discussions of challenges, strong insights

- **Interdisciplinary Tables facilitated non hierarchical interactions**

- **Executive Leadership Team Engagement**

- **Maps reveal more about structures than people**

- **RC Reports are complex, difficult to understand**
  - Present “right” amount of information to participants, without filtering or interpreting data for them -> it’s their data!
  - Turnover – “who filled this out?”

- **Hard to break report card mentality**

- **Why isn’t “X” here?**
  - Couldn’t include everyone, but participants identifying gaps was important learning.

- **Some participants didn’t engage**
  - So focused on immediate structural challenges
Next Steps

- ELT requested and completed internal RC survey
  - Plan to debrief with facilitators
- Outreach to seven divisions by facilitators to discuss next steps, check in on action plans.
- Two divisions requested more detailed RC survey
  - Mental Health
  - Social Work (not initially included)
- Plan to repeat all division RC survey
- Goal to empower service lines to use these tools moving forward
Thank You

- Email: Samuel.Edwards@va.gov
- Brian Park, Jennie Fleischmann, Anthony Suchman
- ELT: Sahana Misra, Clare O’Geary, David Holt
- Relational Coordination in VA Program
  - https://www.seattledenvercoin.research.va.gov/education/rc/
  - Heather.Gilmartin@va.gov, Brigid.Connelly@va.gov
- Relational Coordination Collaborative
  - https://heller.brandeis.edu/relational-coordination/
- HSR&D (CDA 16-152, SDR 20-388)
- Portland VA Research Foundation