# Indiana University Health
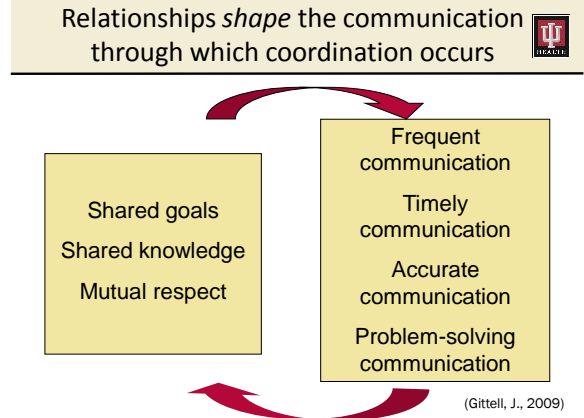
## Relational Coordination: An Imperative Influencing our Capacity to Reach the Core

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## Relationships *shape* the communication through which coordination occurs

Shared goals
Shared knowledge
Mutual respect

Frequent communication
Timely communication
Accurate communication
Problem-solving communication

(Gittell, J., 2009)

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## Can we measure the coordination?

| RC dimensions | Survey questions |
| --- | --- |
| 1. Frequent communication | How frequently do people in each of these groups communicate with you about [focal work process]? |
| 2. Timely communication | How timely is their communication with you about [focal work process]? |
| 3. Accurate communication | How accurate is their communication with you about [focal work process]? |
| 4. Problem solving communication | When there is a problem in [focal work process], do people in these groups blame others or work with you to try to solve the problem? |
| 5. Shared goals | How much do people in these groups share your goals for [focal work process]? |
| 6. Shared knowledge | How much do people in these groups know about the work you do with [focal work process]? |
| 7. Mutual respect | How much do people in these groups respect the work you do with [focal work process]? |

RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

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## Relational Coordination: 12 Key Practices

1. Select for teamwork
2. Measure team performance
3. Reward team performance
4. Resolve conflicts proactively
5. Invest in frontline leadership
6. Design jobs for focus
7. Make job boundaries flexible
8. Create boundary spanners
9. Connect through pathways
10. Broaden participation in patient rounds
11. Develop shared information systems
12. Partner with suppliers

(Gittell, J., 2009)

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## Relational Coordination Exemplar: Perioperative Team Key Practices

**Select for team**
– Peer interviewing to ensure engagement, expertise, patient centeredness
– Physician engagement and contribution to "team" through performance accountability i.e. on-time starts or lose your block

**Measure team performance**
– Frequent, timely communication specific to room, service, and department performance via stand up huddles daily, formal weekly and monthly staff meetings

**Design jobs for focus**
– Redesigned work flow

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## Relational Coordination Exemplar: Perioperative Team Key Practices

**Invest in frontline leadership**
– Positioned circulator to engage around autonomy, authority and accountability for practice and expected contribution to the patient and interdisciplinary team
– AORN certification 80% with tuition, course materials, study time provided

**Reward team performance**
– Trophy award and recognition for key metrics such as on time starts, room turnover, and most improved service

## IUH Nursing Exemplar: Perioperative Team Performance

- Decreased case cancellations to less than 2%
- Added IR to perioperative team; on-time starts improved from 3% to 58%
- First case (in room) on-time starts improved from 30% to 88%
- FTE utilization (OR staff) 7.13% under budget
- Room turnover 83% in less than 30 minutes
- Plastics with 100% turnover in less than 30 minutes

## IUH Nursing Exemplar: Perioperative Team Performance

- Case volumes stable even with the neurosurgical move to IU Health Methodist Hospital
- RN vacancy – 2 positions open
- Eliminated use of travelers and Resource Center nurses
- RN turnover 10%
- Improved RN satisfaction

## Exemplar: Fall Team Key Practices

**Select for team**
- Peer interviewing to ensure engagement, expertise, patient-centeredness

**Measure team performance**
- Days between falls on every unit

**Invest in frontline leadership**
- Direct care nurses reporting performance at facility-based and system practice councils, partnering with peers to identify best strategies for testing

## Exemplar: Fall Team Key Practices

**Boundary spanners**
- CNS ensures and facilitates unit-based daily huddles focused on hazard anticipation (who are we concerned about) and hazard containment (% of new nurses staffing this shift – watch one another's patients)
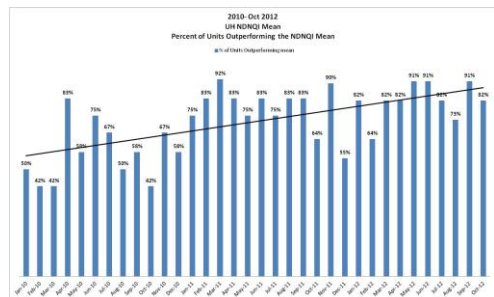
**Broaden participation in patient rounds**
- Shift-to-shift hand-off communication *including* the patient and calling out risk

## Exemplar: Eliminating Falls *and* Unnecessary Sitter Utilization



## Relational Coordination Exemplar: Fall Team Performance

## Exemplar: Medical-Surgical Nursing Key Practices

**Select for team**
– Medical-Surgical peer interviewing to ensure cultural fit featuring patient centeredness

**Measure team performance**
– Patient satisfaction, readiness for discharge and length of stay process and outcome indicators before the team daily

**Invest in frontline leadership**
– Arm the direct care nurse with autonomy, accountability and authority to own and coordinate and communicate patient care requirements between colleagues and shifts of patient care

## Exemplar: Medical-Surgical Nursing Key Practices

**Boundary spanners**
– Medical-surgical CNS provides oversight for patternable patients ensuring EBP guidelines executed
– Medical-surgical CNS serves as a consultant to nursing and the patient care team for patients that are typically patternable with one or two complex conditions
– Medical-surgical CNS coordinates care for the predictably unpredictable ensuring excellence in care coordination between disciplines and sites of care

**Broaden participation in patient rounds**
– Patients participate in rounds coordinated by the medical-surgical CNS. Rounds are intentionally patient-centric and focused on what's meaningful and of particular concern to the patient

## Exemplar: Medical-Surgical Nursing Performance

- Nurse Sensitive Indicators
  – Fall 2010: 2.99/1,000 days
  – Fall 2011: 2.54/1,000 days
  – Fall 2012 YTD: 2.08/1,000 days
  – HAPU 2010: 1.64
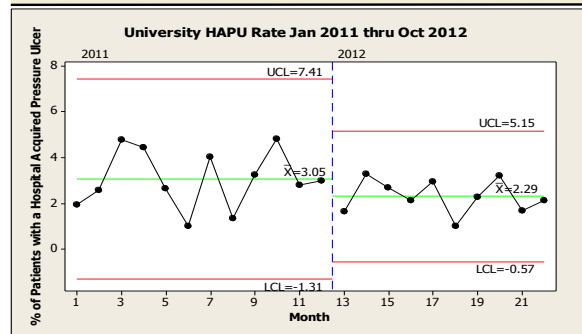  – HAPU 2011: 0.98
  – HAPU 2012 YTD: 0.98
- Med-Surg LOS
  – 2010:        9.0 days
  – 2011:        5.3 days
  – 2012:        5.4 days

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## Exemplar: Medical-Surgical Nursing Performance with HAPU



University HAPU Rate Jan 2011 thru Oct 2012

## Implications for Nursing Practice

- Explore inter-professional opportunities to adopt relational coordination as a key process indicator influencing team performance for patient care
- Describe the link between evidence-based key practices and relational coordination beyond acute care to long term and ambulatory care practice settings
- Intentional design and implementation of practice-academic partnerships enabling the nurse researchers from academic settings to mentor direct care nurses and clinical nurse specialists to translate evidence into practice

## Implications for Nursing Practice

- Intentional design integrating the voice of practice into education to transition traditional educational settings from methods primarily reflecting lecture, PowerPoint presentations, and case study to real world, experiential learning from partners at the bedside
- Mutual respect, shared goals and shared knowledge between academics and practice to advance nursing practice, policy and education

The true spirit of conversation consists more in bringing out the cleverness of others than in showing a great deal of it yourself.

*--Jean de la Bruyere*

Thank you for your attention.

How might we partner to achieve excellence in relational coordination and patient care?

## References

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