

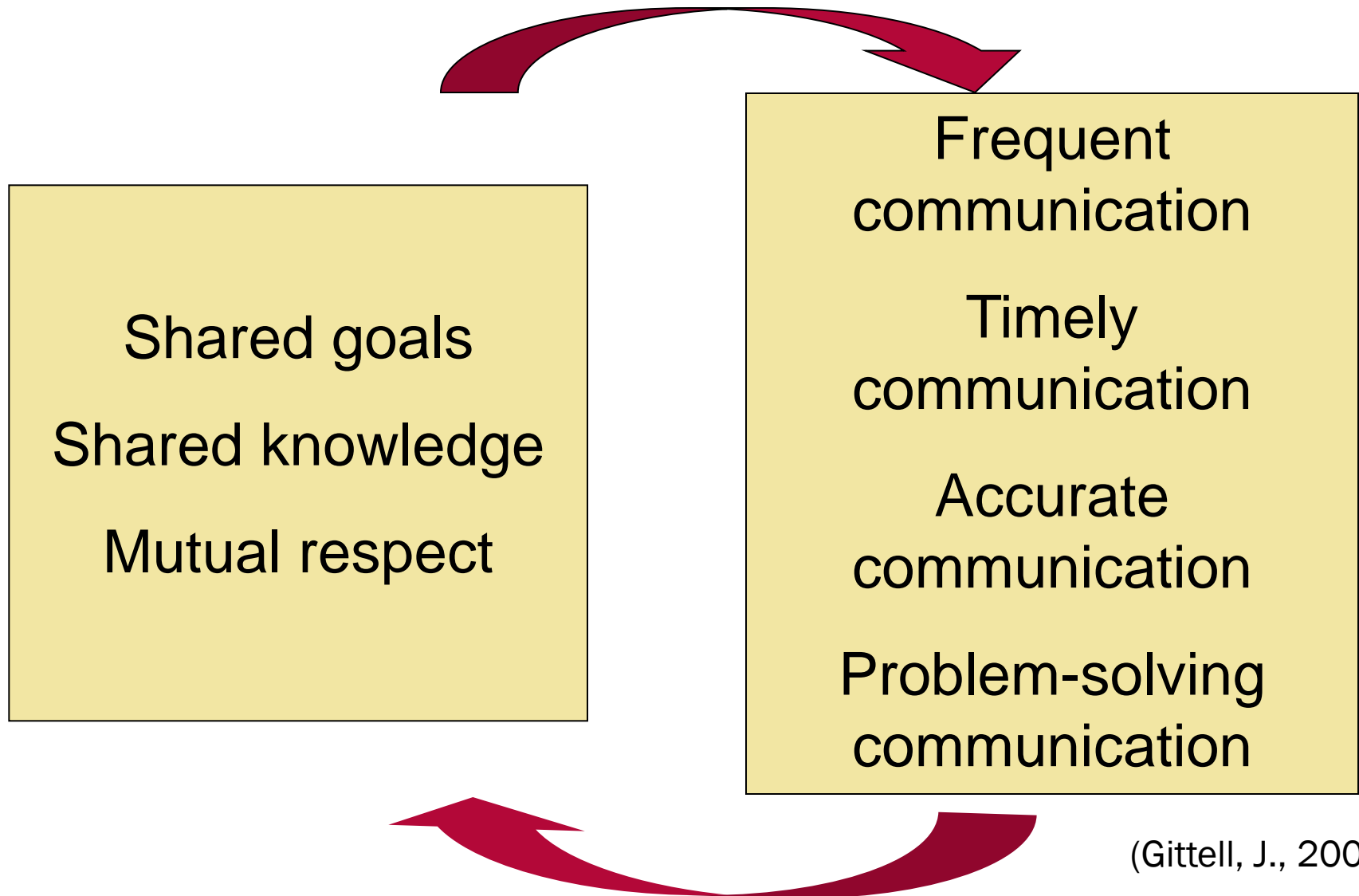


Indiana University Health

Relational Coordination: An Imperative Influencing our Capacity to Reach the Core

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Relationships *shape* the communication through which coordination occurs



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:

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)

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

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

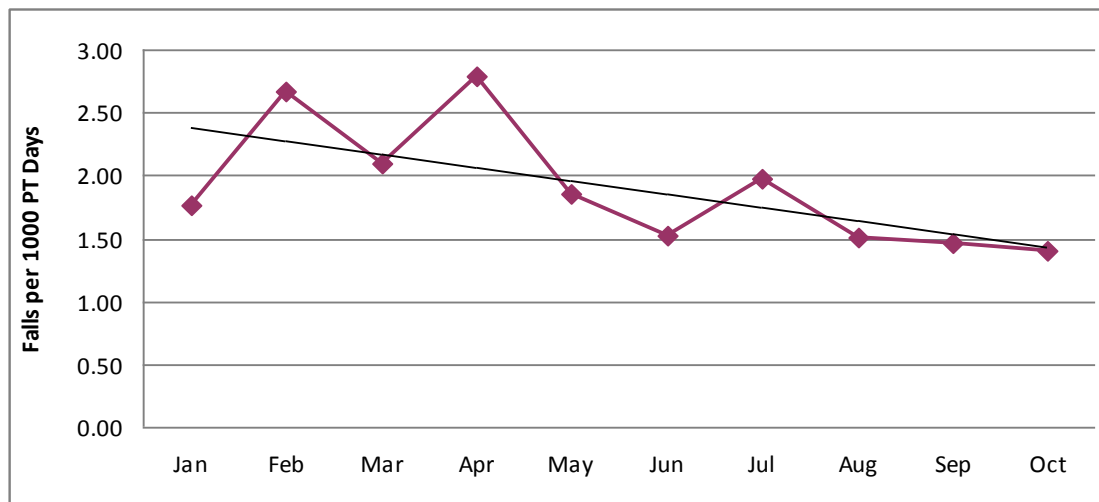
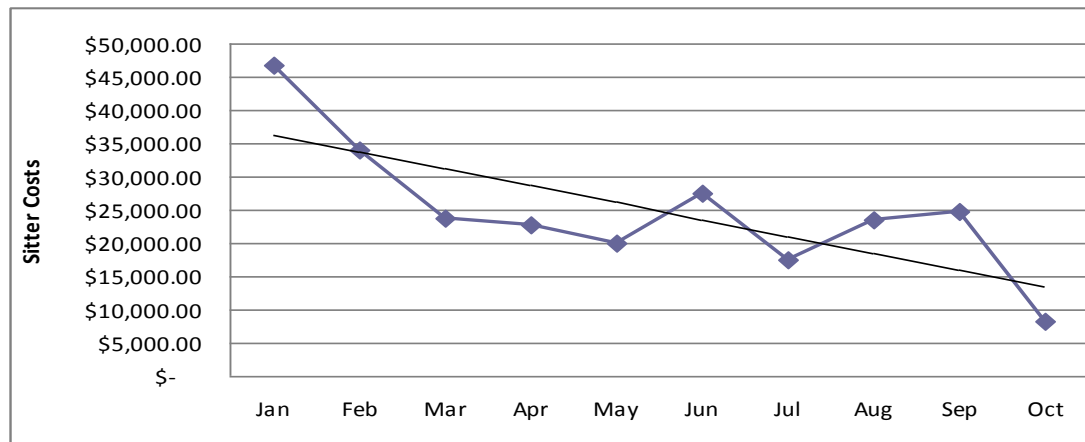
Boundary spanners

- 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)

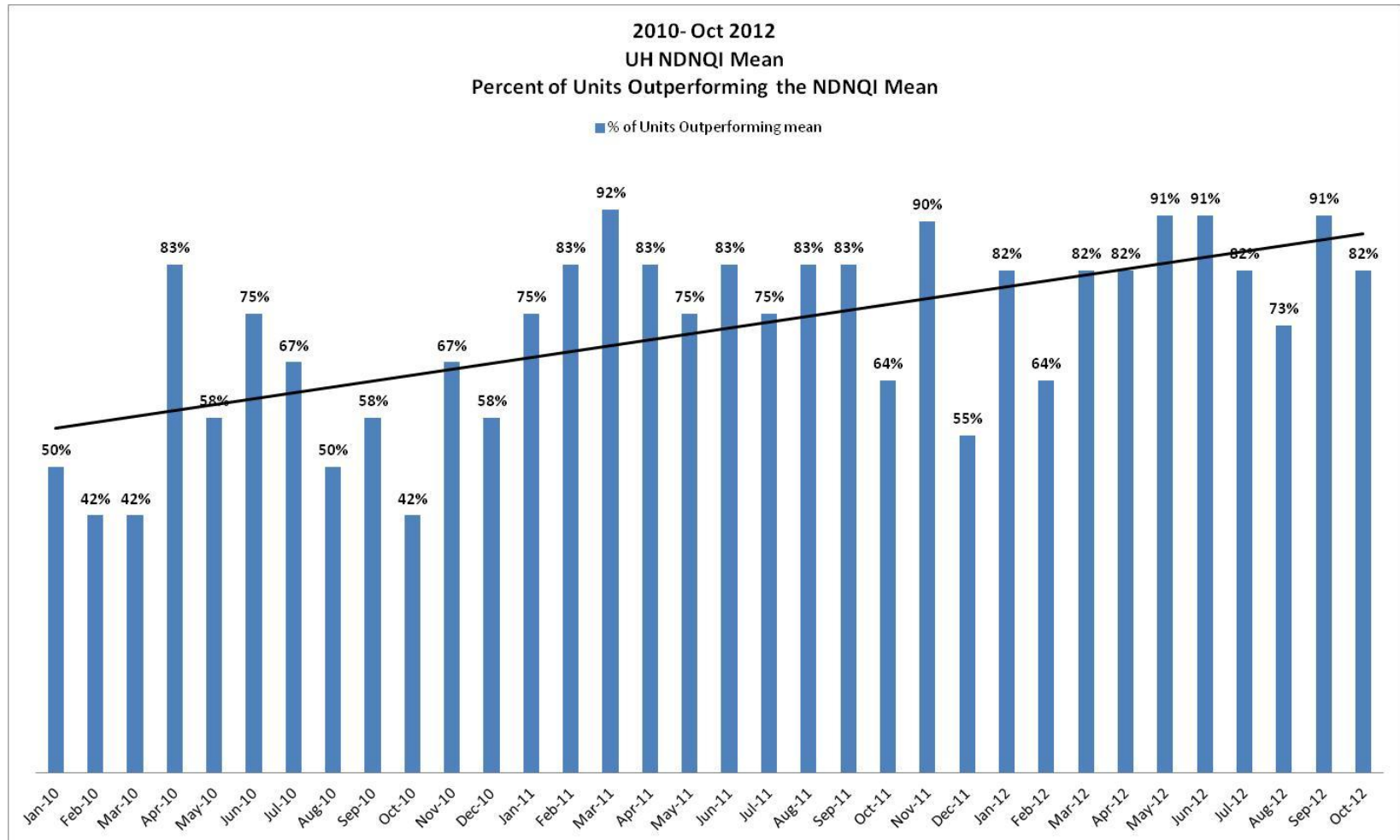
Broaden participation in patient rounds

- 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



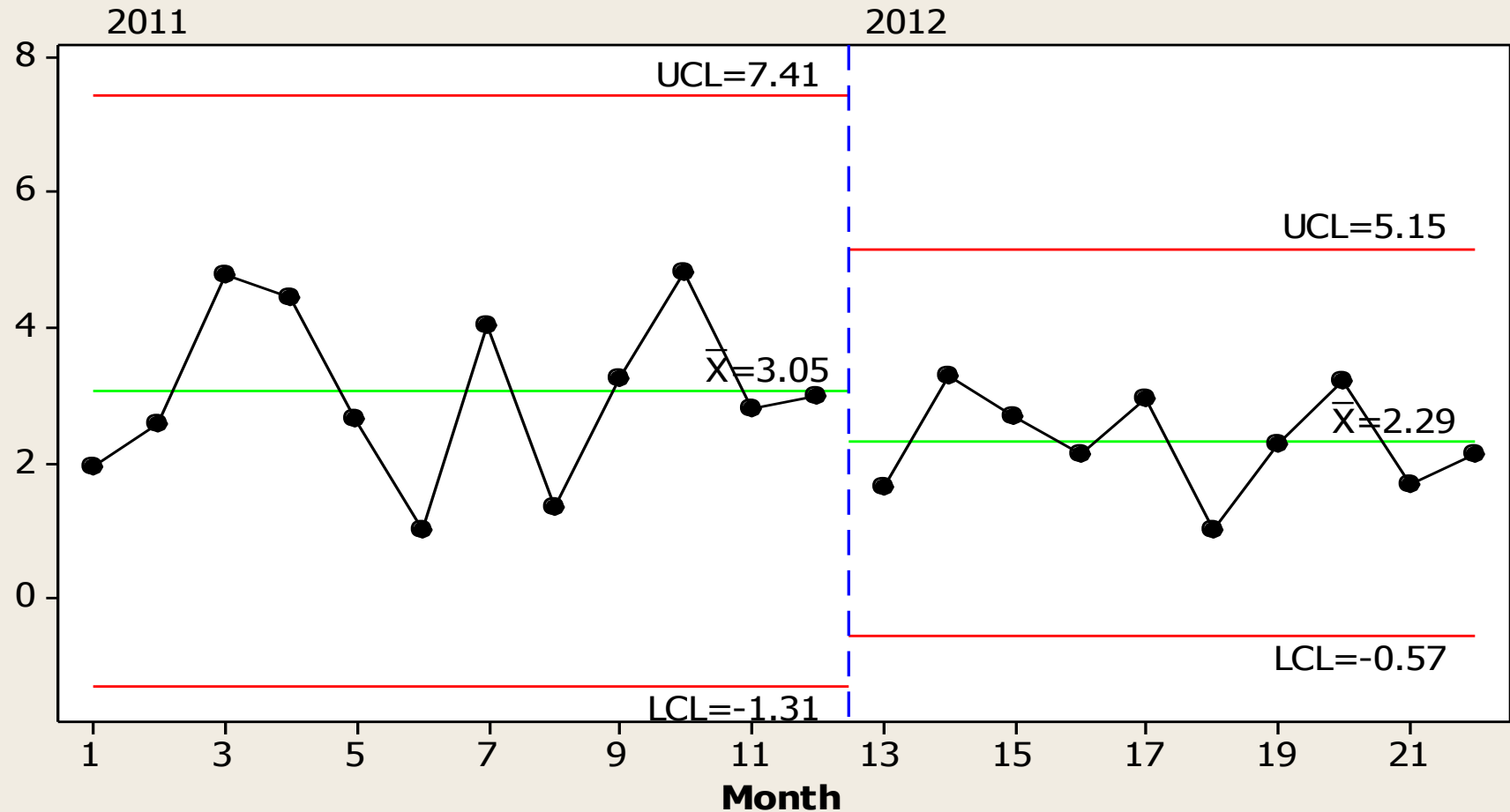
- Nurse Sensitive Indicators
 - Fall 2010: 2.99/1,000 days
 - Fall 2011: 2.54/1,000 days
 - Fall 2012 YTD: 2.08/1,000 days
 - HAPU 2010: 1.64
 - HAPU 2011: 0.98
 - HAPU 2012 YTD: 0.98
- Med-Surg LOS
 - 2010: 9.0 days
 - 2011: 5.3 days
 - 2012: 5.4 days

Exemplar: Medical-Surgical Nursing Performance with HAPU



% of Patients with a Hospital Acquired Pressure Ulcer

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

- Gittell, J.H. (2009). High Performance Healthcare: Using the Power of Relationships to Achieve Quality, Efficiency and Resilience. New York: McGraw-Hill.
- Havens, D.S., Vasey, J., Gittell, J.H., Lin, W. (2010). "Relational Coordination among Nurses and Other Providers: Impact on the Quality of Care," *Journal of Nursing Management*, 18: 926-937.
- Weinberg, D.B., Lusenhop, W., Gittell, J.H., Kautz, C. (2007). "Coordination between Formal Providers and Informal Caregivers," *Health Care Management Review*, 32(2): 140-150.