Reducing Cost and Improving Patient Satisfaction through Collaborative Care: Developing and Measuring Team-Based Care for Surgical Patients

THE BEST APPROACHES IN TEAM-BASED HEALTH CARE
Sunday, July 20th 4:15-5:30 pm

Linda Duncan, MBA
Administrator, Center for Enterprise Innovation
Penn State Hershey Medical Center

Peter Dillon, MD, MSc
Professor of Surgery and Chairman
Department of Surgery, Penn State Hershey College of Medicine

Jan Phillips, MSN, RN,CENP
Director, Surgical/Emergency Nursing & Care Coordination
Penn State Hershey Medical Center

Please note that the views expressed by the conference speakers do not necessarily reflect the views of Health Forum and the American Hospital Association.
Welcome to PSH’s story on team-based care

Window-washing crew makes a Monday ‘super’ for Penn State Hershey Children’s Hospital patients

Penn State Medicine July 23, 2013
Scenario Planning – Summer of 2012

Potential Threats:

a) System Consolidation impact on Referrals
b) Physician Employment across the Market
c) Federal & State Deficits
d) Medical Education Payments (IME and GME)
e) Move towards Medicare Payment levels
f) Bundled Payments, ACOs, move from FFS

Goal of Scenario Planning:
To develop and implement solutions that enable Penn State Hershey to remain highly successful in the years ahead.
Note: The “Overall Recommend Care” measure is a weighted average of all of the process-of-care, or “core” measures, reported on CMS Hospital Compare – the measures include heart attack, heart failure, pneumonia, and surgical care. Sources: Whynotthebest.org; Hospitalbenchmarks.com; Navigant Analysis, 2012.
2013 Reality Check

- Good geographic location; great payer mix; looks good to the other strong health systems seeking growth
- To compete, we must grow and we must pay attention to cost and quality.

UPMC | Geisinger | CHS | PSH | Johns Hopkins
## Strategic Theme

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>A.</td>
<td>Achieve Differential Patient Value</td>
</tr>
<tr>
<td>B.</td>
<td>Pursue Growth and Achieve Greater Scale</td>
</tr>
<tr>
<td>C.</td>
<td>Position for Population Management</td>
</tr>
<tr>
<td>D.</td>
<td>Synchronize Strategies across Missions</td>
</tr>
<tr>
<td>E.</td>
<td>Prepare PSH for the Future</td>
</tr>
</tbody>
</table>
1. Achieve the highest level of Quality, Safety and Value
2. Educate and Invest in our People for Personal and Professional Success
3. Create an Extraordinary Patient Experience
4. Create Innovation through Research
5. Develop and Differentiate our Regional Integrated Academic Healthcare System
“To keep a machine working, we want to check the serviceability of its parts and their interactions. Throw out the bad parts, grease the interactions, build barriers around sensitive sub-systems to shield them from danger.

To keep a living system working, that is not enough, if applicable at all. Instead, we must adopt a functional, rather than structural point of view. Resilience is the system’s ability to effectively adjust to hazardous influences, rather than resist or deflect them.”

The Healthcare System is Challenged

THE COST IMPERATIVE IS DRIVING CHANGES IN VALUE-BASED INCENTIVE STRUCTURES

THE DEMOGRAPHIC TSUNAMI IS DRIVING THE FOCUS ON POPULATION HEALTH
Opportunity for transformation

Volume → Value

EPISODES OF CARE

PATIENT-CENTERED CARE

The Value Agenda
The strategic agenda for moving to a high-value healthcare delivery system has six components. They are interdependent and mutually reinforcing. Progress will be greatest if multiple components are advanced together.

1. Organize into integrated practice units (IPUs)
2. Measure outcomes and costs for every patient
3. Move to bundled payments for care cycles
4. Integrate care delivery across separate facilities
5. Expand excellent services across geography
6. Build an enabling information technology platform

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Milton S. Hershey Medical Center
Transformation across the care continuum

- Subgroups of patients with similar needs
- Team-based services
- Measure subgroup outcomes and true costs
- Bundle reimbursement by subgroup
- Reward value improvement
- Integrate teams with relevant specialty providers
PSHMC Value Improvement System

Principles

- Achieve highest level of quality, safety, and value
- Patient focused culture
- Appropriate action leading to safest, patient-centered care
- Create value through elimination of waste
- System must have ability to evolve & improve over time
- System must benefit the entire enterprise
- Leadership/management engagement with a focus to remove barriers
Lean initiatives

The Key Principles of Lean Six Sigma

Lean Six Sigma is a powerful, proven method of improving business processes. In a nutshell, here are the key principles of Lean Six Sigma to bear in mind:
- Focus on the customer.
- Identify and understand how the work gets done (the value stream mapping).
- Manage, improve, and smooth the process flow.
- Remove Non-Value-Added steps and waste.
- Manage by fact and reduce variation.
- Involve and equip the people in the process.

Tackling Waste with Lean Six Sigma

You can improve process flow in a number of ways using Lean Six Sigma, including by reducing waste. The seven categories of waste are sometimes identified by the acronym Tim Wood:
- Transportation: Moving materials and output unnecessarily.
- Inventory: Overproduction resulting in too much stock.
- Motion: Inappropriate sitting of teams or equipment.
- Waiting: Equipment failure, for example, which causes delays.
- Over-Processing: Performing unnecessary processing steps.
- Over-Production: Producing more stock or producing it earlier than needed.
- Defects: Dealing with rework.

Using DMAIC in Lean Six Sigma

To undertake improvement activity in your business using Lean Six Sigma, you need to employ the useful framework of DMAIC:
- Define: Projects start with a problem that needs to be defined. Define the role, why you’re doing the project and what you need to achieve.
- Measure: The work you’ve done in the Define stage will help you measure during the Measure stage you need to clarify the problem well.
- Analyze: Now you know what’s happening, you need to find a way to address the root cause of the problem.
- Improve: Okay, you know about the process and you need to find a way to address the root cause of the problem.
- Control: You need to ensure you achieve the desired results, your plan in place is vital to ensure that the process is carried out consistently.

Leadership, Creativity, Innovation

Kaizen
- Quick Strike
- 1-2 Days
- Process Mapping
- Cause & Effect
- Basic “Blocking & Tackling” Tools

Lean
- One Piece Flow
- Cells
- Visual Controls
- Pull Systems
- Kanban
- Setup Production
- TPM

Six Sigma
- DMAIC Process
- Statistical Tools
- Value Stream Mapping
- FMEA
- Cp and Cpk
- Gage R&R
- ANOVA, Hypothesis Tests, DOE, Optimization

Teaming and Employee Involvement
Collaboration and teamwork is key

- 2012 IOM report:
  - *Culture of teamwork*
  - Learning organization
  - *Positive quality of care correlation*
  - *Change existing care delivery system*
    - open collaboration
    - team-based care
    - manage populations
    - resources based on severity of need
Lean is Synergistic with Collaborative Care

Organizational Framework for Learning

- Capacities in Individuals
- Capacities in Teams
- Process Redesign, Innovation, and Transformation

Patient and Family-Centered Relationally Coordinated Collaborative Care

Value, Patient, Organizational, Community, and Workforce Outcomes

Lean process improvement

The value chain for value and quality care
Opportunity to address value of care

Collaborative Care and Cost Reduction
Using team-based metrics within leadership development to create healthcare value

- Building Organizational Framework for Capacities and Learning
  - Care Leadership Team
  - Case Adjusted Efficiencies Drill Down
  - S Targeted Team-based Interventions

- Value, Patient, Organizational, Community, and Workforce Outcomes
  - Patient and Family-Centered Compassionate and Coordinated Collaborative Care
  - Fostering Capacities in Individuals
  - Fostering Capacities in Teams
  - Process Redesign, Lean, Innovation, and Transformation

Between Workgroups

<table>
<thead>
<tr>
<th>Metric</th>
<th>Mean</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relational Coordination</td>
<td>3.50</td>
<td>3.06</td>
<td>3.89</td>
</tr>
<tr>
<td>Frequent Communication</td>
<td>4.15</td>
<td>3.71</td>
<td>4.48</td>
</tr>
<tr>
<td>Timely Communication</td>
<td>3.27</td>
<td>2.96</td>
<td>3.72</td>
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<tr>
<td>Accurate Communication</td>
<td>3.49</td>
<td>2.99</td>
<td>3.85</td>
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<tr>
<td>Problem-Solving Communication</td>
<td>3.49</td>
<td>3.24</td>
<td>3.90</td>
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<tr>
<td>Shared Goals</td>
<td>3.59</td>
<td>3.03</td>
<td>4.00</td>
</tr>
<tr>
<td>Shared Knowledge</td>
<td>3.21</td>
<td>2.56</td>
<td>3.72</td>
</tr>
<tr>
<td>Mutual Respect</td>
<td>3.35</td>
<td>2.94</td>
<td>3.74</td>
</tr>
</tbody>
</table>

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Milton S. Hershey Medical Center
Team-based Collaborative Care

- Reframing the delivery of Surgical Care
  - Relational Coordination
  - Teaming
**Inpatient Surgical Setting**

- Complex environment
  - Multiple healthcare providers must work interdependently
- Increasing level of interdependency
  - Patient acuity, severity of disease
- Ambiguity
  - Rapidly changing conditions
- Time constraints
Traditional Academic Surgical Care

Attending

↓
Senior Resident

↓
Junior Resident

↓
Intern

Nurse

Health Care Providers
Complex Adaptive Systems

- Diverse group of workers
  - widely varying backgrounds
  - interdependent and interconnected
- Focus on coordination of teamwork
- Relationships trump individual skills
  - optimum outcomes
- Key characteristic – ability to evolve as new knowledge is uncovered
Basics of Relational Coordination

- **Shared Goals**
  - Collective focus on the best outcome
  - Requires teamwork and communication
  - Create a problem solving environment

- **Shared Knowledge**
  - High quality and timely communication
  - Understanding of roles and contributions

- **Mutual Respect**
  - Underlies professionalism and inter professional collaboration
  - Overcomes status barriers and hierarchy
  - Create an environment that values teaming, quality communication, problem solving
Relational Coordination

- Relational coordination is a mutually reinforcing process of communicating and relating for the purpose of task integration.
- Relational coordination provides the basis for coordinated collective action under conditions of task interdependence, uncertainty, and time constraints.
- Defines the human interactions involved in the coordination of complex work
- Interpersonal dynamics among participants working on a particular task
- 7 dimensions: communication, shared goals, shared knowledge, mutual respect
Characteristics of Communication

- **Frequent**
  - Keep all providers updated on patient’s condition

- **Timely**
  - Critical delays may compromise treatments

- **Accurate**

- **Problem Solving**
  - Unexpected outcomes
  - Psychological safety
Concept of Teamwork in Surgery

**Team**
- static fixed group
- focused on a common goal

**Teaming**
- dynamic process
- people work together in a complex and uncertain environment
- information collected, assessed, and communicated quickly
Teaming

➤ Active process – connects people for the purpose of:

✓ listening to other points of view
✓ coordinating actions
✓ making shared decisions based on the integration of information from different perspectives
Teaming Paradigm

- Coordinating all caregivers responsible for patient care in an organized fashion
- Cross collaboration
  - Caregivers work and learn together regardless of professional rank or hierarchy
  - Combining expertise to accomplish complex tasks and solve problems
Shifting paradigm to team-based care

Interprofessional collaborative practice: When multiple health workers from different professional backgrounds work together with patients, families, caregivers and communities to deliver the highest quality of care.

(After WHO, 2010)

Interprofessional teamwork: The levels of cooperation, coordination and collaboration characterizing the relationships between professions in delivering patient-centered care.

(AAMC, 2011)
Physician Centric Care Paradigm

- Attending
- Senior Resident
- Junior Resident
- Intern

Nurse
Health Care Providers
Patient Centric Collaborative Care Paradigm
# What are the measures of collaboration?

<table>
<thead>
<tr>
<th>Bounded and Validated</th>
<th>Unbounded and Validated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Team Survey (Millward and Jeffries)</td>
<td>1. <strong>Relational Coordination</strong> (Gittell)</td>
</tr>
<tr>
<td>2. Team Effectiveness (Pearce and Sims)</td>
<td>2. Nursing Teamwork Survey (Kalisch et al)</td>
</tr>
<tr>
<td>4. Teamwork Quality Survey (Hoegl and Gemenden)</td>
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<tr>
<td>5. Team Emergency Assessment Measure (TEAM) (Cooper et al)</td>
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<table>
<thead>
<tr>
<th>Bounded and Not Yet Validated</th>
<th>Unbounded and Not Yet Validated</th>
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<tbody>
<tr>
<td>1. Team Process Scale (Brannick et al)</td>
<td>1. ICU Nurse-Physician Collaboration (Shortell et al)</td>
</tr>
<tr>
<td>2. Team Member Exchange (TMX) Quality Scale (Seers)</td>
<td>2. Collaboration and Satisfaction about Care Decisions (Baggs)</td>
</tr>
<tr>
<td>4. Team Climate Inventory (Anderson and West)</td>
<td>4. Hospital Survey on Patient Safety (Sorra and Nieva)</td>
</tr>
<tr>
<td>5. Team Process Quality (Hauptman and Hirji)</td>
<td>5. Perceptions about Interdisciplinary Collaboration Scale (Copnell et al)</td>
</tr>
<tr>
<td>6. Team Functioning (Strasser et al)</td>
<td>6. Teamwork Scale (Hutchinson et al)</td>
</tr>
<tr>
<td>7. Teamwork Scale (Friesen et al)</td>
<td>7. Safety Attitudes Questionnaire (Sexton et al)</td>
</tr>
<tr>
<td>8. Team Organization (La Duckers et al)</td>
<td>8. Leiden Operating Theater and Intensive Care Safety (LOTICS) (Van Beuzekom et al)</td>
</tr>
<tr>
<td>9. Primary Care Patient Safety Climate Measure (PC-SafeQuest)</td>
<td>9. Collaboration Scale (Masse et al)</td>
</tr>
<tr>
<td>10. Team Functioning Survey (Strasser et al)</td>
<td>10. Nurse-Physician Collaboration (Ushiro)</td>
</tr>
<tr>
<td>11. Collaborative Practice Assessment Tool (CPAT) Schroder et al)</td>
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</table>

Relational coordination is a mutually reinforcing process of communicating and relating for the purpose of task integration.

Relational coordination provides the basis for coordinated collective action under conditions of task interdependence, uncertainty, and time constraints.

 Defines the human interactions involved in the coordination of complex work

 Interpersonal dynamics among participants working on a particular task

 7 dimensions: communication, shared goals, shared knowledge, mutual respect
<table>
<thead>
<tr>
<th>1. Frequent Communication</th>
<th>How frequently do people in each of these groups communicate with you about [insert focal work process/client population]?</th>
<th>Not Nearly Enough=1</th>
<th>Not Enough =3</th>
<th>Just the Right Amount=5</th>
<th>Too Often=4</th>
<th>Much Too Often=2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Timely Communication</td>
<td>Do they communicate with you in a timely way about [insert focal work process/client population]?</td>
<td>Never=1</td>
<td>Rarely=2</td>
<td>Occasionally=3</td>
<td>Often=4</td>
<td>Always=5</td>
</tr>
<tr>
<td>3. Accurate Communication</td>
<td>Do they communicate with you accurately about [insert focal work process/client population]?</td>
<td>Never=1</td>
<td>Rarely=2</td>
<td>Occasionally=3</td>
<td>Often=4</td>
<td>Always=5</td>
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<tr>
<td>4. Problem Solving Communication</td>
<td>When there is a problem with [insert focal work process/client population], do people in each of these groups blame others or work with you to solve the problem?</td>
<td>Always Blame=1</td>
<td>Mostly Blame=2</td>
<td>Neither Blame Nor Solve=3</td>
<td>Mostly Solve=4</td>
<td>Always Solve=5</td>
</tr>
<tr>
<td>5. Shared Goals</td>
<td>Do people in each of these groups share your goals for [insert focal work process/client population]?</td>
<td>Not at All=1</td>
<td>A Little=2</td>
<td>Somewhat=3</td>
<td>A Lot=4</td>
<td>Completely=5</td>
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<tr>
<td>6. Shared Knowledge</td>
<td>Do people in each of these groups know about the work you do with [insert focal work process/client population]?</td>
<td>Nothing=1</td>
<td>A Little=2</td>
<td>Some=3</td>
<td>A Lot=4</td>
<td>Everything=5</td>
</tr>
<tr>
<td>7. Mutual Respect</td>
<td>Do people in each of these groups respect the work you do with [insert focal work process/client population]?</td>
<td>Not at All=1</td>
<td>A Little=2</td>
<td>Somewhat=3</td>
<td>A Lot=4</td>
<td>Completely=5</td>
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<td>Quality Outcomes</td>
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<td>--------------------------------------------------------------------------------</td>
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<tr>
<td>Increased patient satisfaction with care</td>
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<tr>
<td>Increased patient intent to recommend</td>
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<tr>
<td>Increased postoperative pain/functioning</td>
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<tr>
<td>Improved quality of life for long-term care residents</td>
<td></td>
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<td>Improved patient psychological well-being</td>
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<tr>
<td>Reduced family complaints</td>
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<tr>
<td>Reduced medication errors</td>
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<tr>
<td>Reduced hospital acquired infections</td>
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<td>Reduced patient fall-related injuries</td>
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<tr>
<td>Improved quality of care for asthma patients</td>
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<tr>
<td>Improved quality outcomes for heart failure patients</td>
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<tr>
<td>Improved quality of chronic illness care</td>
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<tr>
<td>Increased integrated care delivery</td>
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<tr>
<th>Efficiency Outcomes</th>
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<tbody>
<tr>
<td>Reduced turnaround time</td>
</tr>
<tr>
<td>Increased employee productivity</td>
</tr>
<tr>
<td>Reduced length of hospital stay</td>
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<tr>
<td>Reduced total cost of hospital care</td>
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<tr>
<td>Reduced costs of chronic care</td>
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<thead>
<tr>
<th>Patient/Family Engagement</th>
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<tbody>
<tr>
<td>Improved family preparation for caregiving</td>
</tr>
<tr>
<td>Improved family engagement in evaluation, enrollment, retention</td>
</tr>
<tr>
<td>Increased patient trust and confidence in the care provider team</td>
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<thead>
<tr>
<th>Worker Outcomes</th>
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<tbody>
<tr>
<td>Increased job satisfaction</td>
</tr>
<tr>
<td>Increased career satisfaction</td>
</tr>
<tr>
<td>Increased professional efficacy</td>
</tr>
<tr>
<td>Reduced burnout/emotional exhaustion</td>
</tr>
<tr>
<td>Increased work engagement</td>
</tr>
<tr>
<td>Increased proactive work behaviors</td>
</tr>
<tr>
<td>Increased psychological safety</td>
</tr>
<tr>
<td>Increased learning from failure</td>
</tr>
<tr>
<td>Increased reciprocal learning</td>
</tr>
</tbody>
</table>

Link with Quality and Safety

Link with Lean

Link with Patient Activation

Link with Employee Engagement

Source: © 2013 Jody Hoffer Gittell and Anthony L. Suchman
The higher the RC Score the better the outcome

<table>
<thead>
<tr>
<th>Clinical areas demonstrating high relational coordination survey scores</th>
<th>Demonstrated outcomes with levels of significance</th>
</tr>
</thead>
</table>
| Hospital Care                                                          | Increased satisfaction of hospital patients (p<0.01)  
Reduced family complaints for hospital patients (p<0.01)  
Reduced medication errors for hospital patients (p<0.01)  
Reduced hospital acquired infections for hospital patients (p<0.01)  
Reduced fall-related injuries for hospital patients (p<0.05)  
Increased integrated care delivery to hospital patients (p<0.05)  
Reduced total cost of hospital care (p<0.005)  
Increased job satisfaction in hospitals (p<0.01)  
Increased career satisfaction in hospitals (p<0.01)  
Increased patient trust and confidence in hospital care providers (p<0.01)  
Increased satisfaction of surgical patients (p<0.001)  
Increased intent to recommend by surgical patients (p<0.001)  
Reduced postoperative pain of surgical patients (p<0.05)  
Increased postoperative functioning of surgical patients (p<0.10)  
Reduced postoperative pain for surgical patients (p=0.05)  
Increased postoperative functioning for surgical patients (p<0.05)  
Increased psychological well-being for surgical patients (p<0.005)  
Reduced lengths of stay for surgical patients (p<0.001) |

Surgical Care
Relational Coordination Survey

Note: Patients can be included in Survey
# Relational Coordination Survey Response Rate

<table>
<thead>
<tr>
<th>Workgroup Name</th>
<th>Abbreviation</th>
<th>Percent of Respondents</th>
<th>% Comp</th>
<th>Invnt</th>
</tr>
</thead>
<tbody>
<tr>
<td>House Managers</td>
<td>HM</td>
<td>73%</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Transfer Liaisons</td>
<td>TL</td>
<td>27%</td>
<td>4</td>
<td>1.5</td>
</tr>
<tr>
<td>Leadership Team</td>
<td>Ldrsh</td>
<td>60%</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Personal Care Assistants(PC...)</td>
<td>PCA</td>
<td>20%</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Pharm</td>
<td>0%</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>CC</td>
<td>60%</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Bed Management</td>
<td>B.Mng</td>
<td>22%</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Administrative Support</td>
<td>Admin</td>
<td>75%</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Physicians</td>
<td>Docs</td>
<td>85%</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Physicians' Assistants and ...</td>
<td>PA&amp;NP</td>
<td>63%</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>RNs</td>
<td>32%</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>45%</strong></td>
<td><strong>70</strong></td>
<td></td>
</tr>
</tbody>
</table>

Large sample of members of an unbounded team.
Relational Coordination
Seven Dimensions

Between Workgroups

<table>
<thead>
<tr>
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<tr>
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<tr>
<td>Mutual Respect</td>
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Within Workgroups

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Weak
Moderate
Strong

Within Workgroups

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Between Workgroups

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Relational Coordination

Problem-Solving Communication

**Problem-Solving Communication Between Workgroups**

- All Workgroups
- House Managers
- Transfer Liaisons
- Leadership Team
- Personal Care Assistants (PCAs)
- Pharmacy
- Care Coordination
- Bed Management
- Administrative Support
- Physicians
- Physicians' Assistants and... Registered Nurses

**Weak problem-solving between workgroups**

**Within Workgroups**

- All Workgroups
- House Managers
- Transfer Liaisons
- Leadership Team
- Personal Care Assistants (PCAs)
- Pharmacy
- Care Coordination
- Bed Management
- Administrative Support
- Physicians
- Physicians' Assistants and...

**Weak**

- < 4.0
- 4.0 - 4.5
- > 4.5

**Moderate**

- 4.0 - 4.5
- 3.5 - 4.0
- > 4.0

**Strong**

- 4.0 - 4.5
- 3.5 - 4.0
- > 4.0
**Relational Coordination**

**Shared Goals**

**Between Workgroups**
- All Workgroups
- House Managers
- Transfer Liaisons
- Leadership Team
- Personal Care Assistants (PC...)
- Pharmacy
- Care Coordination
- Bed Management
- Administrative Support
- Physicians
- Physicians' Assistants and...
- Registered Nurses

**Within Workgroups**

*Weak to moderate sharing of goals between workgroups*

**Within Workgroups**

- **Weak**<br>  - <4.0
- **Moderate**<br>  - 4.0-4.5
- **Strong**<br>  - >4.5

**Between Workgroups**

- **Weak**<br>  - <3.5
- **Moderate**<br>  - 3.5-4.0
- **Strong**<br>  - >4.0
Relational Coordination

Shared Knowledge

Weak sharing of knowledge between workgroups

Within Workgroups

<table>
<thead>
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<th>Moderate</th>
<th>Strong</th>
</tr>
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Between Workgroups

<table>
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<tr>
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<td>Physicians’ Assistants and …</td>
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<tr>
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Relational Coordination
Mutual Respect

**Mutual Respect**
Between Workgroups

- All Workgroups
- House Managers
- Transfer Liaisons
- Leadership Team
- Personal Care Assistants
- Pharmacy
- Care Coordination
- Bed Management
- Administrative Support
- Physicians
- Physicians' Assistants and...
- Registered Nurses

**Weak mutual respect between workgroups**

**Within Workgroups**

- All Workgroups
- House Managers
- Transfer Liaisons
- Leadership Team
- Personal Care Assistants
- Pharmacy
- Care Coordination
- Bed Management
- Administrative Support
- Physicians
- Physicians' Assistants and...
- Registered Nurses

**Weak**
- ≤4.0

**Moderate**
- 4.0-4.5

**Strong**
- >4.5
Relational Coordination

Workgroups

Strong coordination within the care coordinators and PAs and NPs

Between Workgroups

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<thead>
<tr>
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<th>Score 1</th>
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Within Workgroups

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Relational Coordination
Team Network Map

Strong coordination within and between the care coordinators and PA & NP

Collaborative care outcomes are dependent on only two workgroups!

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<thead>
<tr>
<th></th>
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<td>Weak</td>
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Relational coordination dimensions

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# Summing Up

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<th>Between Workgroups</th>
<th>Strengths</th>
<th>Opportunities</th>
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<td>Highest rated dimensions</td>
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<td>Lowest rated dimensions</td>
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<td>Lowest rated workgroup(s)</td>
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<th>Lowest rated dimensions</th>
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<td>Timely Communication (Weak)</td>
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### Highest rated workgroup(s)
- Care Coordination (Strong)
- Bed Management (Strong)

### Lowest rated workgroup(s)
- Administrative Support (Weak)
- Leadership Team (Weak)
Links with our new message: *Inspire - together*

**inspire**

Penn State Hershey

---

PENNSTATE HERSHEY

Milton S. Hershey Medical Center
Structural interventions

- Collaborative Care Rounds
- Pre-op ostomy classes
- Partnered with dietary
  - Changed to canned vegetables
- Hotel Project
- White Boards
- Unit-based weekly Collaborative Forum

Begin measuring our team-based care

“It all impacts the patient outcomes, LOS, re-admissions, and patient satisfaction”
Initial encouraging results

Colorectal Surgical Service

- Direct Cost Index
- LOS Index
- Mortality Index
- Readmit Index
- HCAPS rolling 12 index

June-13
Dec-13
Collaborative care 5th Floor

Colon Rectal Readmissions

Collaborative care initiative begins

FY 2012

Median

FY 2013
Collaborative care 5th Floor

Gastroenterology Readmissions

Number

FY 2012

Median

Collaborative care initiative begins

FY 2013
Collaborative care 5th Floor

LOS on Colon Rectal Service

Collaborative care initiative begins

FY 2013

FY 2012

Median
Collaborative care 5th Floor

Patient Experience on Colon Rectal Acute Care

HCAHPS - Overall Hospital Rating 9-10
HCAHPS - MD Communications - Doctor Listen Carefully
HCAHPS - Nursing Communications - Nurse Listen Carefully
HCAHPS - Likelihood to Recommend

Percent

HCAHPS

FY 2012
FY 2013
Collaborative care 5th Floor

Direct costs per surgical discharge (Colon Rectal Surgery service line)

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<td>FY 2012</td>
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DRG Revenue/per Pt. day (Colon Rectal Surgery service line)

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FY 2012 FY 2013

PennState Hershey Medical Center
Collaborative care 5th Floor

Patient Experience on 5th Floor

HCAHPS - Overall Hospital Rating 9-10
HCAHPS - MD Communications - Doctor Listen Carefully
HCAHPS - Nursing Communications - Nurse Listen Carefully
HCAHPS - Likelihood to Recommend

FY 2012
FY 2013
Deployment is a 5-step process

1. Assessment and Understanding the Organizational Context (Summer 2013)
2. Collaborative Care Workshops and Pilot Demonstration Projects with RC Surveys (Fall 2013)
3. Link with Measures, Organizational Learning Structures, and Quality Improvement/Lean Programs (Winter 2014)
4. Workshops/Sessions on Learning Interventions (Spring 2014)
5. Train the Trainer and Foster Wise Leaders (Summer 2014)

Increase Internal Capacity

Organizational Diffusion
Collaborative Care Workshops and Pilot Demonstration Projects with Surveys

Fostering Collaborative Team-based Care: An Interventional Learning Workshop

Transforming collaborative care through leadership development, team relationships, and organizational learning

Session Agenda
- Redesigning care exercises
- Interventional learning: Leading patient-centered care
  - Managing collaboration across the continuum of care: Learning and leading patient-centered care
  - Collaborative care and interprofessional teamwork: Applying the transformational science of positive relationships

Applications and skills building
- Small Group Work: What’s working and what to build?
- Large Group Work: Conversation with leadership

Workshop Leaders
- Gene Boyle, MD, MS
  - Visiting Scholar, Heller School for Policy and Management, Brandeis University
  - Chief Medical Information Officer, Relational Coordination Analytics, Inc.
- Jon Phillips, MSN, RN, CENP
  - Director of Nursing, Emergency & Surgical Services, Care Coordinators, Penn State Hershey Medical Center

September 13, 2013
Noon to 5 PM
University Fitness Center

Inspire
Penn State Hershey

Collaborative Care and Interprofessional Teamwork

Applying the transformational sciences to improve patient outcomes, interprofessional education, and healthcare value

Peter W. Dilley, MD, MSc
John A. and Marian T. Wyckoff Professor of Surgery
Chair, Department of Surgery

Jon Phillips, MSN, RN, CENP
Director, Medical/Emergency Nursing and Care Coordination

Surgery
Collaborative Care and Interprofessional Teamwork

Applying the transformational sciences to improve patient outcomes, interprofessional education, and healthcare value

Peter W. Dillon, MD, MSc
John A. and Marian T. Waldbausen Professor of Surgery
Chair, Department of Surgery

Jan Phillips, MSN, RN, CENP
Director, Surgical/Emergency Nursing and Care Coordination

Surgery

December 2013
# Learning Interventions

<table>
<thead>
<tr>
<th>PSH Levels of Action</th>
<th>Targeted Learning Levels</th>
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<tr>
<td><strong>Sample Interventions</strong></td>
<td><strong>Individual</strong></td>
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<tr>
<td>Structural</td>
<td><em>I work in a self-organizing unit</em></td>
</tr>
<tr>
<td>Individual</td>
<td><em>I share my personal meaning</em></td>
</tr>
<tr>
<td>Relational</td>
<td><em>I share my role as a team member</em></td>
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<tr>
<td>Work Process</td>
<td><em>I can list positive things that happened</em></td>
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</table>
Liberating Structures

Tools & Methods to build teams

www.liberatingstructures.com
“What I Need From You” (WINFY) to do my job better?

Sequence of Steps

- Individually, silently make a list of your top 2 needs for each of the others on the team.
- Each person states two needs to each team member.
  - No answers or responses are given yet
- Write down response to each request:
  - yes, no, I will try, or I can’t answer now
- Each team member then shares his/her answer
- Debrief (ladder of inference may be helpful here)
Generative Relationships – STAR: Reveal Our Relationships

Understanding how a team works together. All members diagnose current relationship patterns and follow-up actions steps.

**Sequence of Steps**

Individually assess *team* in regard to each element:

**Separateness** - How diverse is the team? Do we draw on our diverse perspectives? Do we share knowledge?

**Tuning** - How well are we in tune? Do we actively listen and reflect?

**Action** - How much do we act together and share goals?

**Reason** - How important is it we work together? Do we respect each other? Do we feel respected?

Place a dot along each compass point; talk about placements. Discuss what type of results are generated by the pattern and brainstorm solutions.

www.liberatingstructures.com
Generative relationships

S T A R Worksheet

**Separateness** - How diverse are we as a team? Do we draw out our diverse perspectives among members? Do we share the knowledge of our team members?

**Reason** - How important is it that we work together? Do we respect each team member? Do we feel respected?

**Action** - How much do we act together and share goals of what we are trying to do?

**Tuning** - How well are we in tune with one another? Do we actively listen and reflect? Do we talk together and solve problems?
Collaborative care deployment is a team sport

Ask the good question, the creative process in answering must be supported, nurtured and embraced wholeheartedly to generate good results:

- Do not judge an idea
- Do not comment as to its merit
- Do not edit, but you can ask for clarification
- Do not execute, that is another step
- Do not worry, your ideas matter
- Do not look backward, history may not be accurate now
- Do not lose focus
- Do not lose energy
- Do not compare
- Do not make fun at others expense

After joshlinkner.com

- **Brainstorm #1** - engaging key workgroups
- **Brainstorm #2** - deployment of interventions
- **Brainstorm #3** - structural interventions
- **Brainstorm #4** - current and future measures
- **Brainstorm #5** - key accountable leaders
- **Affinity** – into an action plan

Small group work ~20 minutes each topic
Ideas onto Post-it Notes® with one flipchart per group
## Affinity Diagram: ideas into a plan

<table>
<thead>
<tr>
<th>Engaging key workgroups</th>
<th>Deploying learning interventions</th>
<th>Deploying structural interventions</th>
<th>Measuring our success</th>
<th>Leading collaborative care</th>
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![Diagram showing ideas and their categorization into different sections.](https://via.placeholder.com/150)
## Disseminating collaborative care

### Improving Collaborative Care in Surgery: Deliverables and Action Plan

<table>
<thead>
<tr>
<th>Strategies!</th>
<th>Tactics!</th>
<th>Target!</th>
<th>Team!</th>
<th>Measure. of.Success</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Invest with protected time for departmental or institutional champions with expected accountability and deliverables; one center/department that is overseeing, assisting, pushing through improvement initiatives</td>
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<td>2. Utilize relational coordination as component of combined leadership training with administrators, nursing, physicians, and other groups</td>
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<td>3. Convert existing unit-based meeting into interdisciplinary meetings; make all committee meetings interdisciplinary</td>
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Team!Results!@May14,2014!
Building dissemination and training resources

- Interprofessional teams working together in deployment tactics
- Link with project improvement groups in SAICU and Trauma acute care unit
- Simulation center for team-based training
- Just-in-time leadership training
- Repeat RC Survey in Fall 2014
Session objectives

- Gain understanding of design and measurement principles of team-based collaborative care
- Learn implementation strategies scalable to any organization
- Review measures of success demonstrating change over time

A special thank you to Relational Coordination Analytics (rcanalytic.com) and Liberating Structures (www.liberatingstructures.com)
Leading Care Redesign:
• Shared Goals
• Shared Knowledge
• Mutual Respect

What’s Next?

Changing culture one conversation at a time.