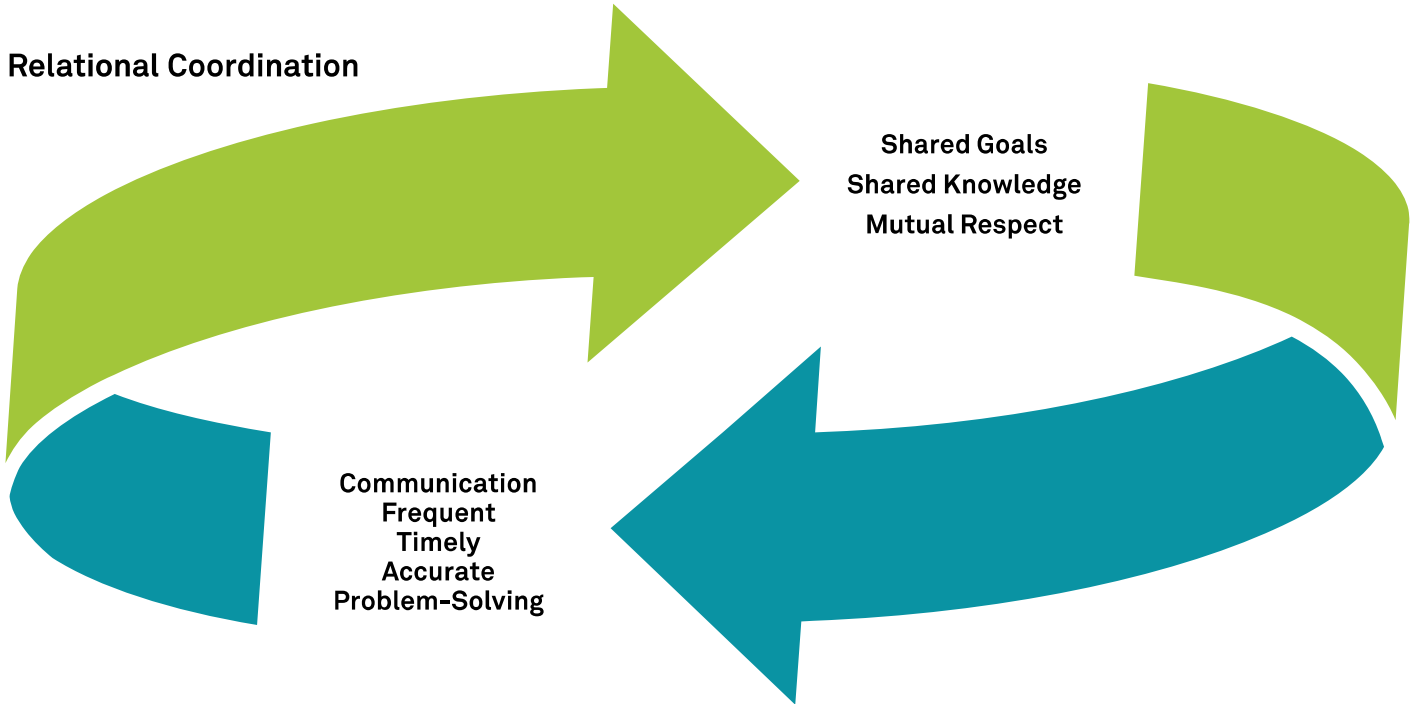




Figure 1

## The Seven Domains of Relational Coordination



# It's the Relationships, Dummy!

*Using Relational Coordination to assess  
work group communication*

**By Elizabeth L. Ciemins, PhD, MPH, MA; Cori Cohen Grant, PhD, MBA; Meghana Tallam; and John Cuddeback, MD, PhD**

**R**elational coordination (RC) is an implementation science technique that focuses on how work groups communicate in order to accomplish complex tasks like transitions of care.<sup>1-3</sup> The technique assesses the quality of this communication and the relationships upon which effective communication are founded, such as shared goals, knowledge of the work performed by other work groups, and mutual respect. Well-validated survey questions gauge whether communication is frequent, timely, accurate, and focused on problem solving rather than blaming.

Healthcare organizations have extensively used RC as a tool to assess current communication

and relationships within and among various work groups (e.g., primary care, pharmacy, care management), various groups of clinicians (e.g., physicians, nurses, advanced practice providers, pharmacists), or a combination of both. These work groups, not individuals, are the unit of analysis. Better relational coordination has been shown to be associated with greater job satisfaction and work engagement, lower burnout, higher patient satisfaction, and better clinical outcomes.<sup>4,5</sup>

RC was used in AMGA's study of care transitions for patients discharged from their hospital or emergency department (ED) with venous thromboembolism (VTE).<sup>6,7</sup> Care transitions

Table 1

# Relational Coordination Domains and Questions for VTE Care Transitions

Domain	Question
Communication Frequency	People in this group communicate with me with the right frequency about caring for patients with VTE.
Timely Communication	People in this group communicate with me in a timely way about caring for patients with VTE.
Accurate Communication	People in this group communicate with me in an accurate way about caring for patients with VTE.
Problem Solving	When there is a problem in caring for patients with VTE, people in this group try to solve the problem.
Goals Aligned	People in this group share my goals for caring for patients with VTE.
Respect My Work	People in this group respect the work I do in caring for patients with VTE.
Understand Their Role	I have a high degree of understanding of the roles of people in this group and the work they do in caring for patients with VTE.

cross organizational boundaries by definition, and they usually involve multiple clinical disciplines. Primary treatment of VTE continues for a minimum of three to six months, so therapy must be maintained across time, as well. Clearly, good communication is essential.

The first step in using RC is to identify the primary work groups who need to coordinate effectively, efficiently, and reliably in order to achieve the task. This prompts careful thought about the nature of the task, what “downstream” work groups need to know about the patient and the care plan, and when. This step often yields important insights, and it can help to prioritize which work groups are asked to participate in the relational coordination survey.

In the *VTE Care Transitions Study*, common departments or work groups selected were hospitalists, ED providers, clinical pharmacists in the hospital and the ED, an anticoagulation clinic, population health or case management, primary care providers to whom patients are discharged (or perhaps a rehab or skilled nursing facility), and home care.<sup>7</sup>

The RC survey contains seven questions (Table 1), each answered on a scale of 1 (totally disagree) to 5 (totally agree). Everyone in each work group answers the questions for each of the other work groups and for their own work group. The questions are organized into four questions about how communication is currently working (between each pair of work groups and

within each work group) and three questions about relationships (Figure 1).

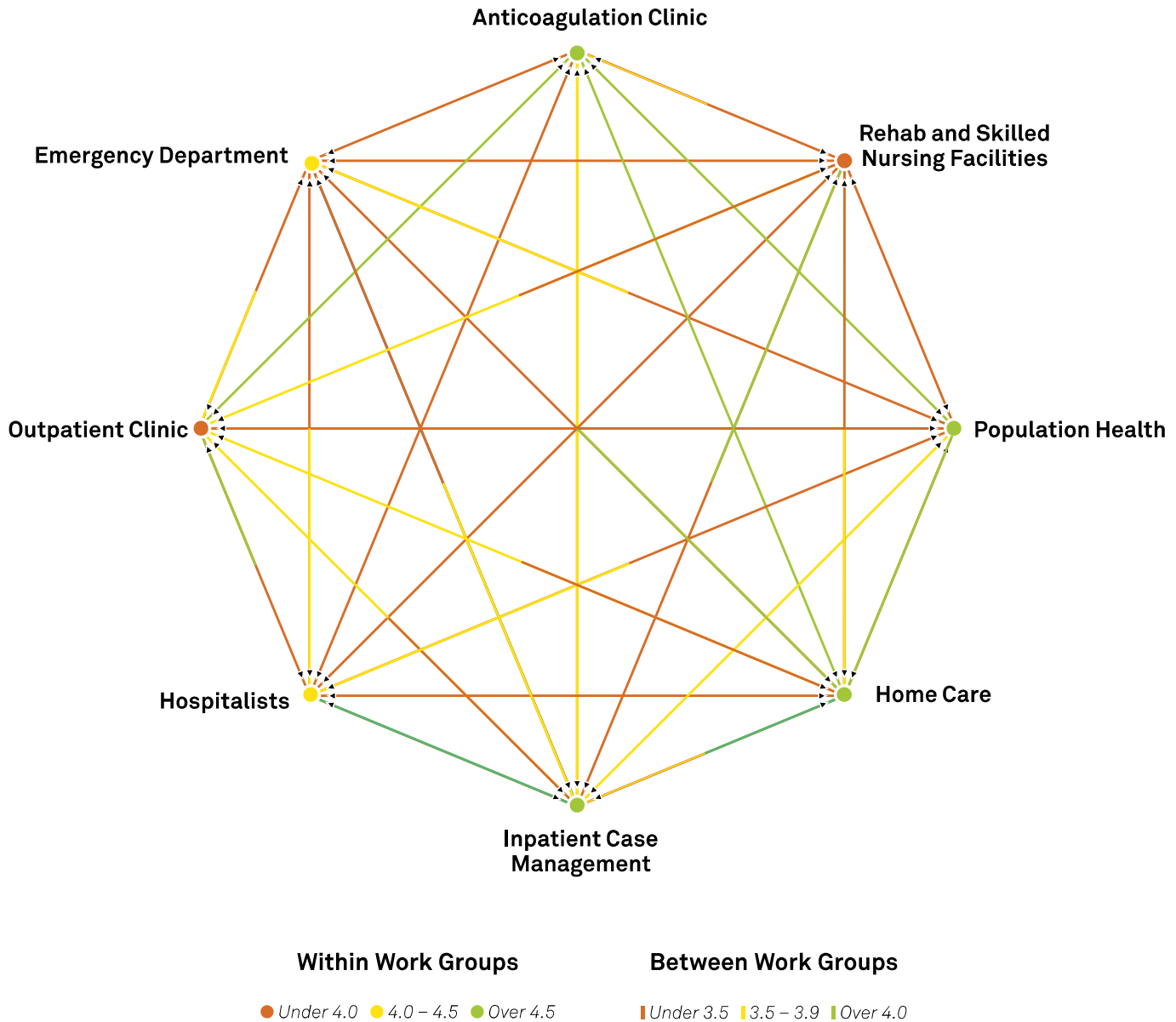
For AMGA’s *VTE Care Transitions Study*, North Mississippi Medical Center (NMMC) used the RC survey to gain insight into relationships within and among eight work groups involved in care transitions for patients with VTE. The survey results display overall ratings (across all questions) within and across work groups (Figure 2). In general, green indicates effective communication and strong relationships, yellow indicates intermediate performance, and red indicates the weakest communication and relationships. Even at this summary level, RC can help to identify where a complex care process is working well and where attention may be required.

Note that not every group needs to work equally closely nor equally often with every other group. In prioritizing interventions, it makes sense to look for lower ratings between groups that are crucial to care transitions for nearly every patient with VTE.

Another useful summary view shows the overall average ratings for each of the seven domains of RC. The baseline data for NMMC display a pattern that was apparent in most participants in the *VTE Care Transitions Study*: Lower ratings on the “mechanics” of communication than on the underlying relationships within and among work groups (Figure 3). This is a sign of strength for organizational culture; aligned goals and respect are something to build upon. In fact,

Figure 2

## Relational Coordination Network Chart Showing Overall Ratings Within and Across Work Groups



Overall ratings, across all seven RC survey questions, within and between work groups. Colors correspond to the numerical ranges shown in the legend. Circles indicate average ratings within each work group. Lines indicate average ratings of each work group by others. The line color closest to each group (with the arrow pointing toward the group) indicates the rating of that group by the group at the other end of the line. The color at the other end of the line (with the arrow pointing away) indicates how that group rated each other group. For example, the Anticoagulation Clinic's overall internal rating was over 4.5 (green circle). Four other work groups rated their communication and relationship with the Anticoagulation Clinic (ACC) over 4.0 (green line pointing to ACC); two other groups rated the ACC between 3.5 and 3.9 (yellow line); and one group rated the ACC under 3.5. The ACC rated three other work groups green and four others red. For reference, the overall average rating at NMMC was 3.96.

Figure 3

## Relational Coordination Drill-Down, Overall Between-Work Group Ratings by Domain, Baseline Survey



Table 2

## Questions to Ask to Facilitate Productive Conversation Around Communication

1	What do you think about the results? What are you curious about?
2	Did anything surprise you?
3	How do the results compare with your own experience?
4	What interaction opportunities are missing?
5	What could be improved in terms of communication timeliness?
6	Where is it working well?

the “culture” domain with the lowest rating was understanding the roles and the work of people within other groups. That’s just a knowledge deficit—not a lack of trust. Similarly, the strongest average rating among the communication domains acknowledges that when problems occur, people tend to focus on solving the problem rather than blaming.

RC is a powerful discovery tool, but it is not diagnostic. Its value is in providing guidance on where to focus in subsequent discussions. In addition to the summary results by work group and RC domain (Figures 2 and 3), the survey software provides a drill-down for each work group and domain. The best use of these data is to stimulate facilitated discussions, bringing selected work groups together for constructive conversations with suggested questions to kick off a discussion (Table 2).

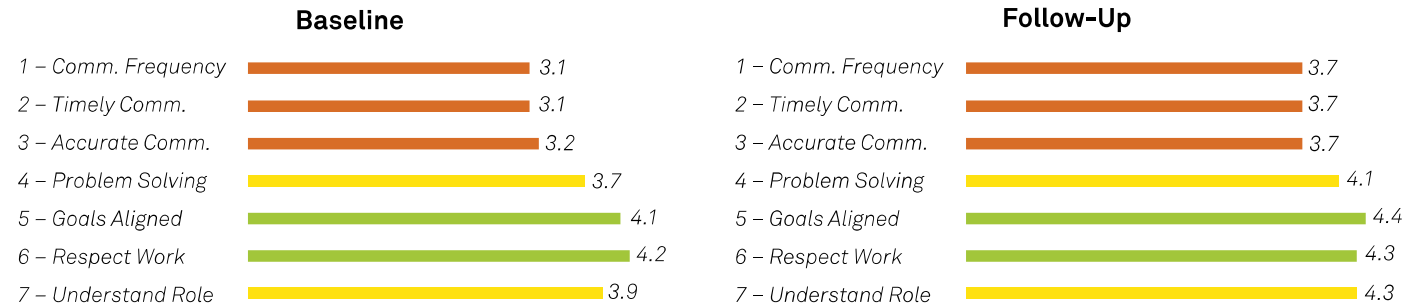
At NMMC, the clinical pharmacist who led the study met with some of the work groups with lower survey scores. The goal was to share the results, uncover potential causes of the identified challenges, and explore interventions to address them. In some cases, communication could be improved simply by having a contact name within another work group: “Whom do I call in the ED about a patient with VTE?”

The RC work group meetings led to the identification of several opportunities for improvement, which in turn led to the following outcomes:

- ▶ Access to medication for patients at discharge was improved by using the NMMC employee pharmacy plus free 30-day medication vouchers for discharged patients and by coordinating with local 24/7 retail pharmacies to stock “starter packs” for direct oral anticoagulants.

Figure 4

## Changes in the Seven Relational Coordination Domains, Baseline vs. Follow-Up



- ▶ The Population Health Department is now reaching out to the Anticoagulation Clinic when they identify patients who need assistance, and they are referring patients to the Anticoagulation Clinic for education as well as assistance in medication access.
- ▶ A communication line was opened between the Anticoagulation Clinic and case managers in the hospital and the ED, who now call the Anticoagulation Clinic when there is an issue.
- ▶ The Anticoagulation Clinic now provides discharging hospitalists and prescribers in the ED with guidance on prescribing options to avoid prescribing the wrong dose.

As a result of their efforts, NMMC improved scores in each domain on a follow-up RC survey from +0.1 (in domains where they were already succeeding) to +0.6 (Figure 4).

In this example from AMGA's *VTE Care Transitions Study*, the survey results helped identify areas where work groups required additional

support and served as a basis for identifying interventions that enhanced care coordination. In the same way, relational coordination can be used to assess the current relational environment in your organization, in general or around a specific task. It can be used to improve many aspects of care coordination in a specific area and has demonstrated association with better clinical outcomes. [GPJ](#)

**Several AMGA member organizations have already taken advantage of the opportunity to work with AMGA Research to improve relational coordination through an AMGA study or independently. If you are interested in learning more, please contact [research@amga.org](mailto:research@amga.org).**

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