

Measure #46. Relational Coordination Survey

CARE COORDINATION MEASURE MAPPING TABLE

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
CARE COORDINATION ACTIVITIES			
Establish accountability or negotiate responsibility		□	
Communicate		■	
<i>Interpersonal communication</i>			
<i>Information transfer</i>			
Facilitate transitions			
<i>Across settings</i>			
<i>As coordination needs change</i>			
Assess needs and goals		□	
Create a proactive plan of care			
Monitor, follow up, and respond to change			
Support self-management goals			
Link to community resources			
Align resources with patient and population needs			
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION			
Teamwork focused on coordination		□	
Health care home			
Care management			
Medication management			
Health IT-enabled coordination			

Legend:

- = ≥ 3 corresponding measure items
- = 1-2 corresponding measure items

Relational Coordination Survey

Purpose: To determine the impact of relational coordination on quality of care by measuring dimensions of communication and relationships among health care providers and testing their impact on performance.

Format/Data Source: 7-item survey consisting of 4 communication dimensions (frequent, timely, accurate, problem solving) and 3 relationship dimensions (shared goals, shared knowledge, mutual respect).

Date: Measure published in 2000.¹

Perspective: Health Care Professional(s)

Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 5, 6
- **Communicate:**
 - *Across health care teams or settings:* 1-3
- **Assess needs and goals:** 7
- **Teamwork focused on coordination:** 4, 7

Development and Testing: The Cronbach's alphas for the individual dimensions of relational coordination ranged from 0.717 to 0.840, and the overall index of relational coordination had a Cronbach's alpha of 0.849.¹

Link to Outcomes or Health System Characteristics: Higher levels of relational coordination among care providers was significantly associated with improved quality of care (measured by a quality-of-care index developed from 25 questionnaire items from the Service Quality Questionnaire pertaining to the patient's acute-care experience). Postoperative freedom from pain associated with the overall index of relational coordination. Frequency of communication, shared goals, shared knowledge, and mutual respect were significantly associated with patient freedom from pain.¹

Logic Model/Conceptual Framework: This instrument is based on the concept of relational coordination which is defined as, "coordination that is carried out by front-line workers with an awareness of their relationship to the overall work process and to other participants in that process."² Health care settings characterized by high levels of uncertainty, interdependence, and time constraints can utilize relational coordination to improve quality and efficiency of performance by improving the exchange of information relevant to the care of a given patient.

Country: United States

Past or Validated Applications*:

- **Patient Age:** Older Adults, Adults, Not Age Specific
- **Patient Condition:** Combined Chronic Conditions, General Chronic Conditions, Other – total joint arthroplasty, General Population/Not Condition Specific

- **Setting:** Inpatient Care Facility, Primary Care Facility, Long Term Care Facility

*Based on the sources listed below and input from the measure developers.

Notes:

- All instrument items are located online.³
- This instrument contains 7 items; all 7 were mapped.
- The Measure Item Mapping portion of the profile refers to the question items found in the Relational Coordination Survey for Patient Care. For those interested in either the Short Form Relational Coordination Survey for Nursing Homes or the Relational Coordination Survey for Patient Care, by Individual Patient, both can be found online.²
- The Relational Coordination Survey has also been tested in non-healthcare settings, including airlines, criminal justice and early childhood (J.H. Gittell, personal communication, April 14, 2011).

Sources:

1. Gittell JH, Fairfield KM, Bierbaum B, et al. Impact of relational coordination on quality of care, postoperative pain and functioning, and length of stay. *Med Care* 2000;38(8):807-19.
2. Gittell JH. Organizing work to support relational coordination. *Int J Hum Resour Man* 2000;11(3):517-39.
3. Relational Coordination Web site. Available at: <http://www.jodyhoffergittell.info/content/rc.html>. Accessed: 13 September 2010.
4. Gittell JH. Coordinating mechanisms in care provider groups: Relational coordination as a mediator and input uncertainty as a moderator of performance outcomes. *Mgt Science* 2002; 48(11): 1408-1426.
5. Weinberg, D, Lusenhop, W, Gittell, et al. Coordination between formal care providers and informal caregivers. *Health Care Manage R* 2007; 32(2): 140-150.
6. Gittell JH, Weinberg, DB, Bennett, et al. Is the doctor in? A relational approach to job design and the coordination of work. *Hum Resource Manage* 2006; 47(4): 729-755.
7. Gittell, JH, Weinberg, D, Pfefferle, S, Bishop, C. Impact of relational coordination on job satisfaction and quality of care: A study of nursing homes. *Hum Resource Manage* 2008; 18(2): 154-170.
8. Havens, DS, Vasey, J, Gittell, JH, Lin, W. Relational coordination among nurses and other providers: Impact on the quality of care. *J Nurs Manage* 2010; 18: 926-937.