

Setting:

In a small hospital with a Senior Leadership team (CEO, CFO, VP patient Care Services, VP of Quality and Risk Management, VP of human resources, VP of Mayo Practice Associates, Inpatient Medical Director and an Outpatient Medical Director) who were new to each other.

The team was facing many challenges/pit falls including a budget short fall of \$4 million and the inability to function as an intact team/pull together in the same direction. They needed help. They turned to a communications building tool, Relational Coordination, and started working intensively with a convener (Laura Montville). By six months in, the team was working together as if they had always known each other and (...see end of story). However, part way through this year, a crisis arose in the hospital's Obstetrics department. This department had also been plagued by frequent turnover of physicians and leaders, and started showing signs of fracturing and stress points that impacted the entire hospital, all the way to the board of directors considering closing the department – which would have been a huge loss for the people living in that county, who then would have had to turn to a larger hospital farther away for delivery services.

The concept of Relational Coordination was introduced and a committee called the OB Council was formed to bring these ideas to ALL the hospital departments affected by the OB crisis. These ran the gamut from anesthesia to food services. Together, they identified barriers to effective communication and addressed them, checking and rechecking for improvement and newly identified barriers. They discovered that even though there were differences, as individual groups their goals were actually the same. As a group, they were able to move forward into a fresh world of improved hospital wide communication, with measurable benefits seen in patient satisfaction, patient safety, quality indicators, and employee satisfaction.