

Understanding the Role of Teamwork Across Organizations and Job Roles

Tamar Wolinsky¹, Kathleen McAuliff PhD¹, Damara Gutnick MD², Bruce Rapkin PhD¹
¹Albert Einstein College of Medicine, ²Montefiore Hudson Valley Collaborative



Abstract

Understanding how teams work best is critical to providing high quality patient care and supporting the movement towards value-based payment (VBP) models. The Montefiore Hudson Valley Collaborative (MHVC), administered a network-wide provider and staff capacity survey (n=46 organizations, n=1930 staff) which assessed burnout, joy in work, and measures of effective teamwork. Analysis demonstrated statistically significant (p<0.05) correlations between measures which indicate strong teams and efficient work environments, with decreased burnout and increased joy in work. Additionally, while some strategies for improving efficiency and teamwork were universally supported, others were preferentially endorsed by specific staff roles.

Background

Focusing on improving team-based care is an important avenue towards carrying out the goals of the Delivery System Reform Incentive Payment (DSRIP) program, which was created to help restructure healthcare systems. As we look for ways to improve both the quality and the efficiency of healthcare delivery, the advantages of a strong team-based workflow and culture becomes evident. Several studies have shown that a team based structure improves patient outcomes. A large scale review in the chronically ill population demonstrated that efficient team-based care can lead to better health care quality and outcomes¹. The team dynamic may itself impact, and is also greatly impacted by, the well-being of health care providers (i.e., burnout)². Burnout amongst providers has been shown to have a downstream impact on patient outcomes. A 2010 cross sectional study of 7,905 surgeons showed a statistically significant relationship between burnout and major medical errors³. While team-based care is recognized as an important strategy in improving our healthcare system in the US and meeting the goals outlined by the Patient Protection and Affordable Care Act, there is a lack of data proven methods to improve or implement team based care.

Aims

Our goal was to utilize the staff survey data to assess satisfaction with team dynamics and workflow across job roles and organizations, and identify results that could inform the development of strategies to improve teamwork, decrease staff burnout and improve staff well-being and “joy in work” within our partner organizations.

Methods

The MHVC Staff Survey was developed by a research team at the Albert Einstein College of Medicine, and utilized validated instruments and scales (**Table 1**) as well as internally developed questions to assess various domains of the staff's experience. MHVC coordinated with primary contacts at each of their partner organizations to disseminate a survey link through Qualtrics. It should be noted that each survey question was optional, so there are a varying number of responses per item. Statistical analysis was done using a combination of Pearson correlation tests, one way analyses of variance (ANOVA), and chi square tests.

Core Domain	Sub Categories	Validated Instruments and Scales
Cultural Competence	Cultural Competency & Health Literacy	American Speech-Language-Hearing Association. (2010). Cultural Competence Checklist: Personal reflection. Available from: www.asha.org/uploadedFiles/practice/multicultural/personalreflections/pdf
	Cultural Norms	
	Cultural Communication	
	Organizational Support	
SDH	Drivers of Patient Engagement	-Adapted from Bronx Community Health Survey
	SDH Challenges	-Adapted from Bronx Community Health Survey
	Staff Readiness to Address SDH	-Questions developed internally to assess staff comfort with SDH screening and linkage using a change management readiness lens (Awareness, Motivation, Knowledge, Ability, Organizational Support)
Joy in Work	Burnout	-Malasch Burnout Inventory 1 item -Tenure/Retention Scale
	Joy in Work	-Single Item Happiness (Joy) Scale -Adaptation of Gallup Poll Questions
	Teamwork	-Adapted from Christina Sinsky's work

Results

The survey yielded 1,930 responses from providers and staff working in diverse organizations (**Table 2**) in a wide variety of roles (**Table 3**). The importance of strong team dynamics was evident throughout the survey data. Respondents ranked stronger teamwork and team dynamics as the second most important measure needed (**circled**) in order to better serve patients (**Table 4**). Measures of teamwork showed statistically significant positive correlations with joy in work and negative correlations with burnout (**Table 5**).

Organization Type	N
Mental Health Agency	487
Substance Use Disorder Facility	128
Skilled Nursing Facility	76
Primary Care Provider	269
Care Management Agency	143
Federally Qualified Health Center (FQHC)	18
Hospital	632
Local Government Unit (LGU)	0
Other Community-Based Organization (CBO)	79
Did not specify	96

Job Role	N
Case Manager, Social Worker, Or Health Home Care Manager	426
Physician Assistant, Nurse Practitioner, Nurse, Nurse ED Navigator, Nurse Manager, or Nurse Care Manager	252
Physicians	105
Community Health Worker, Peer Navigator, Direct Support Professional (DSP), Health Educator, Medical Assistant, Patient Care Associate, Peer Support Specialist, Volunteer, Pharmacist, or ED Navigator (non-clinical)	244
Housekeeping, Security, Transportation, Food Services, Billing, Administrative (Including Front Desk, ED Clerk, and Pharmacy Technician)	292
Administrative Middle Management (e.g., Program Manager)	292
Administrative Senior Leadership (e.g., VP, Director)	151
Did not specify	166

Measures	ALLMHVC NETWORK	Mental Health Agencies	Substance Use Agencies	Skilled Nursing Facilities	Primary Care Providers	Care Management	Federally Qualified Health Ctrs.	Hospitals	Other CBOs	F Test	p <
More staff support	43.07%	41.36%	38.89%	50.75%	34.87%	33.03	28.57	52.50	18.18	6.741	0.0000
Stronger teamwork/team dynamics	38.26%	35.34%	25.93%	58.21%	33.85%	35.78	64.29	43.91	21.82	5.633	0.0000
More training	28.29%	37.43%	41.67%	13.43%	16.41%	29.36	35.71	25.55	21.82	7.279	0.0000
More time to spend per patient/client	27.60%	24.35%	39.81%	25.37%	26.15%	24.77	28.57	29.54	21.82	1.830	0.0778
More face-to-face time with patients/clients	22.58%	23.56%	28.70%	17.91%	24.10%	20.18	14.29	21.16	23.64	0.734	0.6434
Other	0.91%	1.05%	0.93%	1.49%	0.51%	3.67	0.00	0.40	0.00	1.717	0.1010
Number of Cases	1435	382	108	67	195	109	14	501	55		

Measure (N=1472-1629)	Pearson Correlation for Joy in Work (p<0.001)	Pearson Correlation for Burnout (p<0.001)
My strengths are recognized here and I put them into practice every day in my job	0.535	-0.333
I regularly receive meaningful recognition for doing my job well	0.529	-0.296
I am happy with the relationship between myself and my manager	0.453	-0.280
My manager supports me to get even better at the skills I'm valued for here	0.475	-0.299
My co-workers are accountable for doing quality work	0.353	-0.229
My professional values are well aligned with those of my department leaders	0.541	-0.350
I feel that patient/client care is well-integrated across the delivery system	0.414	-0.327
The degree to which our care team works effectively together	0.502	-0.342

References

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Measures	ALL MHVC NETWORK	Mental Health Agencies	Substance Use Agencies	Skilled Nursing Facilities	Primary Care Providers	Care Management	Federally Qualified Health Ctrs.	Hospitals	Other CBOs	F test	p <
Workflow mapping	31.9%	31.9%	48.7%	36.9%	30.3%	19.2%	37.5%	32.8%	21.2%	4.165	0.0001
Team meetings	29.8%	28.5%	40.7%	35.4%	27.5%	22.4%	25.0%	30.8%	28.8%	1.718	0.1006
Daily huddles	25.1%	23.7%	29.2%	32.3%	26.1%	24.0%	18.8%	25.7%	15.2%	1.049	0.3944
Face time	24.5%	23.9%	34.5%	40.0%	13.7%	21.6%	37.5%	26.6%	16.7%	4.837	0.0000
Planning ahead	19.1%	18.4%	23.9%	26.2%	19.4%	12.0%	31.3%	20.1%	9.1%	2.032	0.0480
Panel management	17.2%	17.9%	19.5%	18.5%	16.6%	12.0%	18.8%	18.7%	7.6%	1.164	0.3203
Extending responsibilities to non-clinical staff	16.8%	18.8%	23.9%	20.0%	15.2%	12.0%	18.8%	16.5%	3.0%	2.491	0.0152
Standing orders	16.2%	10.4%	21.2%	21.5%	22.3%	5.6%	37.5%	20.7%	0.0%	8.174	0.0000
Documentation and order entry assistance	13.9%	10.9%	12.4%	13.9%	19.4%	8.0%	25.0%	16.7%	6.1%	2.981	0.0041
Entrust RN or MA to filter labs, Rx refills, etc	12.1%	11.8%	14.2%	13.9%	21.8%	4.0%	37.5%	10.1%	0.0%	7.028	0.0000
Co-locate team members	11.4%	9.9%	16.8%	12.3%	9.9%	9.6%	37.5%	12.7%	1.5%	3.347	0.0015
Extend preventive care responsibilities	10.6%	7.7%	15.0%	6.1%	17.5%	4.8%	25.0%	11.9%	0.0%	5.061	0.0000
Medication automation for chronic conditions	9.8%	8.5%	10.6%	7.7%	15.6%	7.2%	56.3%	8.8%	1.5%	8.150	0.0000
Number of Cases	1516	414	113	65	211	125	16	503	66		

In considering future team-based strategies, there was a strong congruency across almost all organizations that workflow mapping, team meetings, daily huddles, and increased face-time with team members would be most helpful (**Table 6**). However, when these results were stratified by job role, there were statistically significant (p<0.05) differences in strategy endorsement, especially between physicians and other job roles (**Table 7**).

Measures	ALL MHVC NETWORK	Social Workers, Case Managers	Nurses, Physician Assistants	Physicians	Program managers, community health workers	Front desk, security, food services	Middle management, researchers	Senior leadership (VPs, executive directors)	ChiSq	p <
Workflow mapping	32.3%	30.8%	32.1%	40.4%	25.9%	29.2%	36.8%	38.7%	12.409*	0.053
Team Meetings	29.7%	30.3%	35.3%	28.7%	31.8%	26.9%	27.8%	24.2%	6.850*	0.335
Daily Huddles	25.1%	22.2%	26.6%	21.3%	23.9%	20.1%	30.3%	35.5%	16.289*	0.012
Face time	24.6%	22.7%	27.5%	14.9%	31.8%	21.5%	24.4%	26.6%	13.624*	0.034
Planning ahead	19.3%	18.6%	26.1%	23.4%	19.4%	16.9%	15.0%	18.5%	11.365*	0.078
Panel management	17.5%	17.0%	21.6%	25.5%	14.4%	15.1%	15.0%	19.4%	10.315*	0.112
Extending responsibilities to non-clinical staff	16.8%	17.6%	18.3%	24.5%	15.4%	11.0%	15.8%	21.0%	11.777*	0.067
Standing orders	16.4%	10.0%	33.0%	23.4%	14.9%	15.1%	13.2%	12.1%	62.232*	0.000
Documentation and order entry assistance	14.1%	10.8%	21.1%	34.0%	11.4%	11.9%	10.7%	11.3%	48.097*	0.000
Entrust RN or MA to filter labs, Rx refills, etc	12.3%	8.4%	18.3%	28.7%	9.0%	11.4%	9.4%	13.7%	40.385*	0.000
Co-locate team members	11.5%	9.7%	11.0%	14.9%	11.4%	8.2%	13.2%	17.7%	10.016*	0.124
Extend preventive care responsibilities	10.5%	7.3%	15.6%	22.3%	12.9%	9.6%	5.6%	8.9%	32.041*	0.000
Medication automation for chronic conditions	9.9%	8.1%	13.3%	19.1%	9.5%	9.6%	6.0%	11.3%	17.488*	0.008
Number of Cases	1254	321	194	85	163	187	197	107		

Discussion and Future Directions

This research has provided a better understanding of the perception, current utilization, and opportunities in the area of teamwork and team based care within the MHVC network. The desire to develop stronger team dynamics is present and the correlation of teamwork measures with burnout and joy in work (coupled with literature which demonstrates correlations of burnout with poor patient outcomes), suggests that stronger team dynamics could lead to positive downstream effects on the healthcare system by decreasing staff turnover and medical errors. The lack of alignment between physicians and other providers on future teamwork strategies reveals an opportunity for education and change management. Further exploration of organizations which endorsed strong team dynamics and those that struggle with teamwork will also be pursued.