A relationship-based culture is one in which a critical mass of people provide care and service with relational competence. In these cultures, the skills that foster relational competence are actively developed, nurtured, practiced, reinforced, and evaluated. While countless thought leaders have championed the importance of improving relationships, *Advancing Relationship-Based Cultures* provides a practical how-to for the creation and nurturance of healthy relationships in health care.

**TAKE-AWAYS**

- Data confirms that improved relationships lead to improved quality, safety, satisfaction, and financial outcomes.
- Relational competence is learnable, and it can become normative in health care organizations.
- Relational competence promotes healing cultures in which patients and families are central to all individual actions and organizational strategies.
- Relational competence can (and must!) be embedded into organizations through Human Resources departments.
- Teamwork and interprofessional practice are made or broken by the quality of interpersonal and interprofessional relationships throughout the organization.
- Relational competence gives organizations a distinct advantage when pursuing national recognitions and awards.

**The Formula for Healthy Relationships**

The purpose of giving definition to the individual practices that comprise compassionate care is to take the mystery out of what constitutes effective relationships. Through the study of four therapeutic practices—attuning, wondering, following, and holding—authentic connection can be learned, reflected upon, practiced, and mastered. Relationship-Based Care™ organizations make healthy relationships a clearly articulated expectation, a shared purpose, a goal, and a standard.
The 2012 book, *See Me as a Person: Creating Therapeutic Relationships with Patients and their Families*, written by Mary Koloroutis and Michael Trout, provides a practical “how to” for the creation and nurturance of healthy relationships. The four relational practices identified in that book provide the foundation of *Advancing Relationship-Based Cultures*.

Applying the Formula for Healthy Relationships Throughout Your Organization

**Healing Cultures: Patients and Families in the Center of Care**

Healing cultures hold patients, families, and all who work in health care with respect and dignity. One of the keys to a healing culture is to hold patients and families at the center of all we do. Our obligation to provide the best possible care within a continuously improving health care culture means that we must provide inspiring and supportive leadership and actively cultivate high-performing teams, exquisite care delivery design, and healthy relationships.

**Key Take-Aways about Healing Cultures: Patients and Families in the Center of Care**

- It's impossible to wonder and judge at the same time.
- Being sick or injured puts a person into a non-ordinary state characterized by anxiety, fear, powerlessness, grief, loss, pain, and difficulty coping. Understanding that the patient is a person in a non-ordinary state is the first step toward responding with empathy.
- When there is a therapeutic alliance between patient and caregiver, patient confidence in the caregiver rises, anxiety declines, adherence to medical guidance increases, and the patient feels seen, heard, and known.
- Research has confirmed that the presence and participation of family members and friends as partners in care provides cost savings, enhances the patient and family experience of care, improves management of chronic and acute illnesses, enhances continuity of care, and prevents hospital readmissions.
Leaders set the tone for an entire organization. When the entire organization is focused on improving relationships, leaders have a heightened opportunity to be more overtly relational. In relationship-based cultures, vulnerability, humility, authenticity, and transparency are not seen as weaknesses; instead they contribute to a deep sense that we are, indeed, all in this together.

Key Take-Aways about Leadership

- It is an act of loving leadership to see value in those you serve and to let people know you see it. There is no downside to developing the next generation. If their accomplishments eventually surpass your own, that is cause for celebration.
- Loving leaders have the humility to learn from their mistakes, be vulnerable, and take risks. Humility helps leaders to be more resilient and to model the importance of continuous learning and improvement.
- Leaders must follow through with the expectation that all employees will interact with a basic level of relational competence; leaders must also model the practices, help create systems and processes that support them, and develop or terminate staff who are resistant.

Teamwork and Interprofessional Practice

A discussion of teamwork and interprofessional practice in health care is inseparable from a discussion of the overall culture of an organization. In a world in which the borders between teams are becoming more and more flexible, people must be able to collaborate with people they don’t know and who may do very different work. When people cannot rely on the advantage of knowing their team members well, relational skills are more valuable than ever.

Key Take-Aways about Teamwork and Interprofessional Practice

- Quality and safety in care depend on healthy team relationships. Lack of relational, not technical, proficiency is at the center of most medical errors and injuries.
- Attunement is essential to healthy teams. Compassionately attuning to team members is what enables people to have meaningful interactions.
- Wondering about team members can mean looking behind any unusual behaviors that may not serve the team and asking the right questions.
- Following is the practice of listening to and focusing on what team members are teaching us about what matters most to them. We are all more likely to thrive with the support of someone who listens and brings out the best in the team.
- Holding is the practice of intentionally creating psychological safety within the team by demonstrating respect and caring, and by supporting conversational turn taking.

Patient Care Delivery and System Design

This book addresses care delivery system design in all settings. Here you will learn three simple, repeatable rules that will help your care delivery system reach the North Star of advancing the best possible experience for patients, families, and all who work in health care.

Key Take-Aways about Care Delivery and System Design

- It is essential for designers of care to understand the lived experiences of those receiving care.
- Complex adaptive systems, such as care delivery systems, can be viewed as emerging from a handful of simple rules applied over and over. The three care delivery design rules are:
  1. Hold the patient and family.
  2. Make the best way the easiest way.
  3. Support all relationships.
Rule 1—Hold the patient and family—We cannot presume to know what is best, without actively seeking the patient’s and family’s perspective. This means involving patients and families along the entire design process, including evaluating the current system, prioritizing improvements, designing changes, evaluating success, and planning further refinements.

Rule 2—Make the best way the easiest way—Design systems that minimize reliance on human memory to free up the cognition of clinicians for judgment and critical thinking. This rule also compels us to improve care coordination and support continuity of clinicians.

Rule 3—Support all relationships—is actualized through processes and structures that promote continuity of clinician-patient relationships and interprofessional collaboration. This sets the stage for knowing the patient as a person.

Care delivery design is most successful when the people closest to the work are involved in creating and revising their own systems. If people are engaged in innovating the design, they will feel more ownership and want to participate in subsequent improvements.

Evidence
Evidence supporting the effectiveness of relationship-based cultures, which is established through the implementation of the Relationship-Based Care™ (RBC) model, is found in studies of effective leadership, communication, teamwork, quality and safety, emotional and social intelligence, compassion and love, positive organizational development, employee engagement, and the patient experience. This section outlines the evidence base on which RBC sits, as well as the ways in which RBC organizations have a distinct advantage when pursuing national recognitions, such as Magnet® designation.

Key Take-Aways about Evidence
- Research confirms that hospitals should prioritize teamwork across units and strive to improve meaningful communication across the organization or system in efforts to improve quality and safety during patient transitions.
- Cultures that support expressions of kindness and compassion experience a reduction in emotional exhaustion and a positive influence on the satisfaction of employees.
- Magnet® designation brings significant returns on the organization’s investment; however, the financial benefits pale in comparison to the gifts that a successful Magnet Journey® offers an organization’s culture and individuals.

KEY ACTIONS YOU CAN TAKE TODAY
- Contact Creative Health Care Management—800.728.7766. We’ve been transforming health care and improving outcomes for over 40 years.
- Attend a See Me as a Person workshop to better understand the formula for creating healthy relationships and gain the tools to advance your practice. Register at CHCM.com/events.
- Read Advancing Relationship-Based Cultures CHCM.com/advancing-cultures.

ABOUT THE EDITORS
Mary Koloroutis, MSN, RN, is CEO of Creative Health Care Management. She is an internationally known speaker and facilitator of Relationship-Based Care, Transformational Leadership, Therapeutic Relationships, and Ethics in Health Care. Mary’s mission is to illuminate the complex and sacred nature of the work of human caring and to help create healing cultures in which all people are treated with compassion, respect, and dignity.

David Abelson, MD, has had a long and varied career in medicine, system design, and executive leadership. He was CEO of Park Nicollet Health/Health Partners in Minneapolis, from 2010 to 2014. Since retiring in 2015, he is president of the Institute for Clinical Systems Improvement, an organization committed to identifying the newest innovations and best practices to help organizations prepare for what’s ahead. In 2016, David was honored as one of the Luminaries of Twin Cities Medicine.