

Creating a Culture of Caring

What I/We believe to be true...

Laurie Francis

Montana Primary Care Association

Outline

MISSION VISION HISTORY
ALIGNMENT, ALIGNMENT, ALIGNMENT
philosophy measures goals hiring leaders



Community Health Partners, Inc.

Mission Statement

To enhance community
health and well-being

through

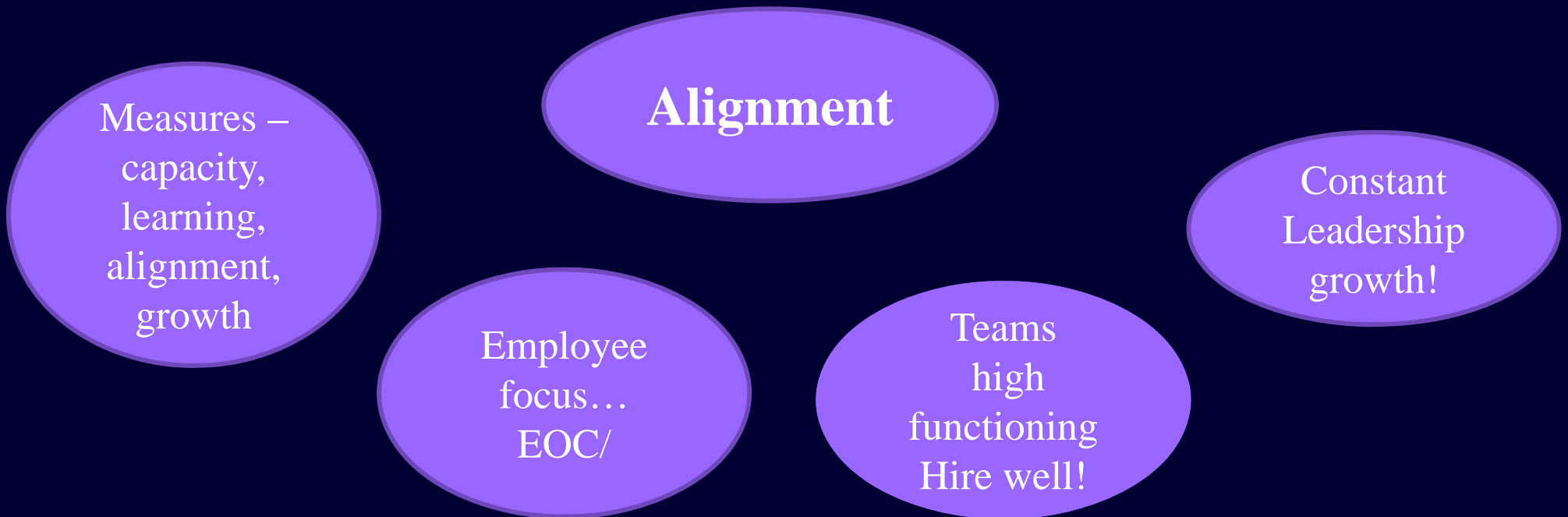
- Innovative programming
 - Strong partnerships
 - Improved outcomes

VISION 100% ACCESS, 0% Disparity

Questions

- So...how do you do that?

“Enhance Community Health and Wellbeing”



History

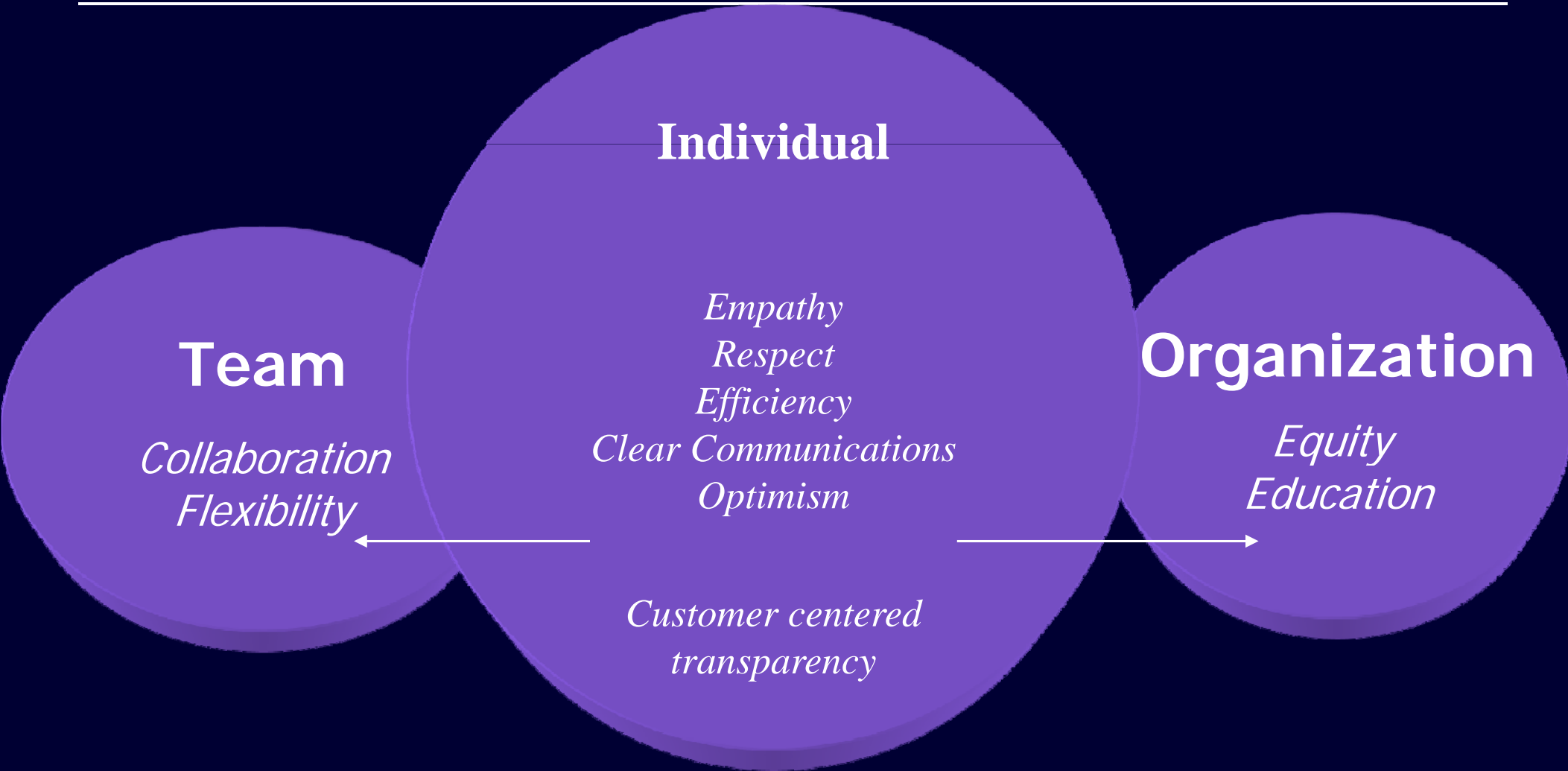
- ❑ Community health center formed in 1998
- ❑ Began health disparities thinking in year 1
- ❑ Over next 13 years, grew from a few staff members to 120
- ❑ Added three medical sites, added two dental sites
- ❑ Imbedded integrative behavioral health from year 3 on
- ❑ Worked with many great experts and participated in “important” research...searching for the questions and the answers.....which kept moving.

Every Staff Member, Every Patient, Every Time



PHILOSOPHY

What we Value – The Philosophy in Print ... **Walk the Words**



Creating Excellence through Full Alignment

VISION
100% Access, 0% Disparity

MISSION
Enhance Community Health and Well-being

BALANCED SCORECARD
PILLARS of Excellence

Root Causes

Measures

Access

Engagement

Resources

Partners

TEAM GOALS/ACTIVITIES
Constant Process Improvement

The WHY...?

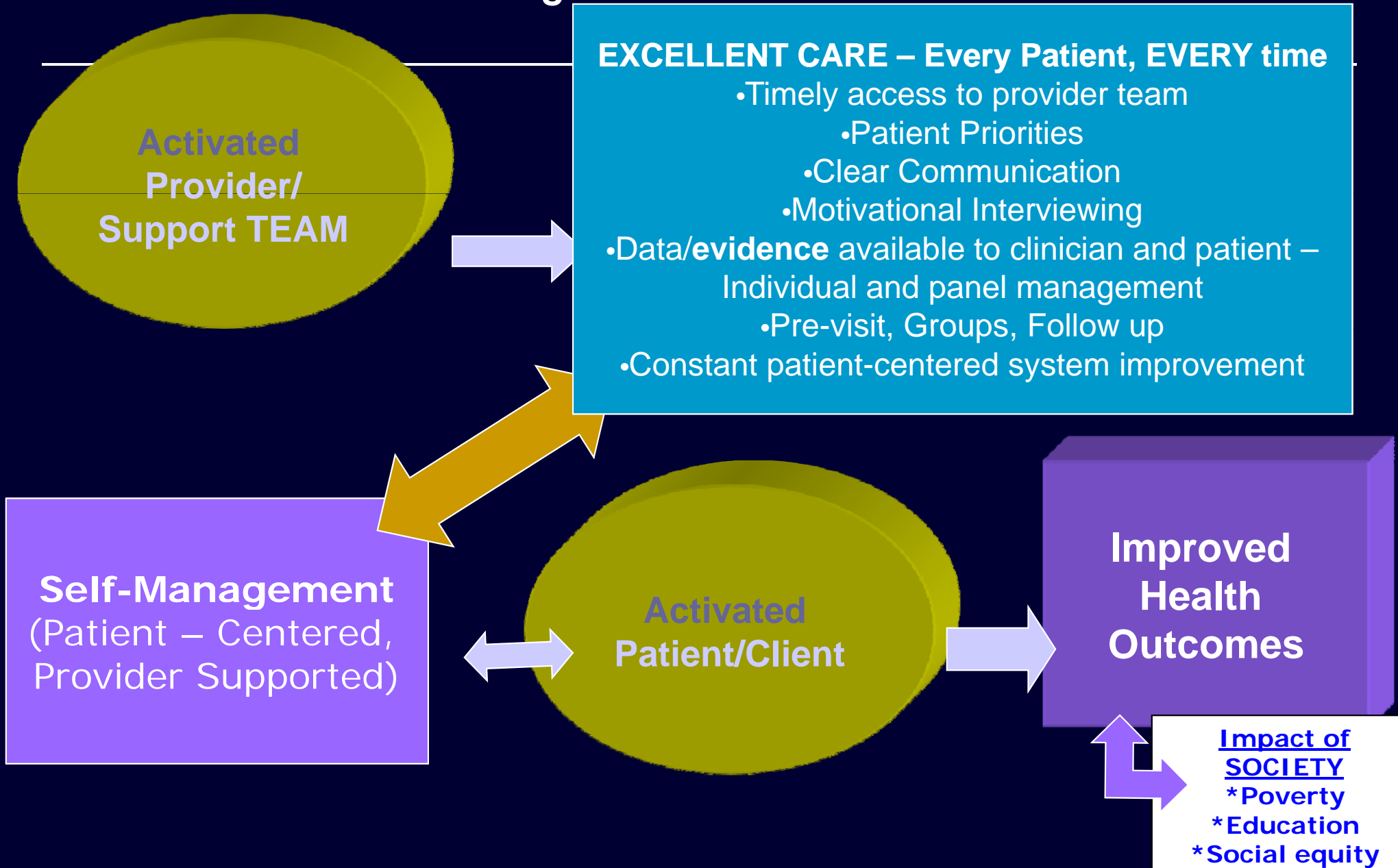


- Because it works
- It is the right thing to do
- And, life is short – let's make it good for as many humans as possible



Framework for Improved outcomes – just substitute

Provider for Manager and Patient for Staff Member





The HOW - Unlearning and Learning

- Who is the EXPERT??? We, the people, we, the individual...
- What we “know” to work – constantly learning, PDSA
- What we want for all humans.....
- How we change our approach
 - Mission
 - Hire well
 - New Employee Orientation
 - SM/MI training and use
 - DATA, DATA, DATA – Baldrige, Engagement, measure what matters...
MINI Measurement SUMMITs
 - Time to meet to improve, connect – creating STRONG, flexible teams – self efficacy – team evaluation
 - Leadership growth – Study group, 360s, goals...PDSAs

PRACTICE, PRACTICE, PRACTICE

IS the New approach working?

- ❑ Feeling at the end of the day
- ❑ Measure WHAT matters and share WELL!
 - Process and Outcome
- ❑ Patient feedback
- ❑ Staff feedback
- ❑ YOU...
did you get
your needs met?



Strategic Plan - 2010—12 GOALS & OBJECTIVES

MISSION

To ENHANCE COMMUNITY HEALTH AND WELLBEING THROUGH:

- INNOVATIVE PROGRAMMING
- STRONG PARTNERSHIPS
- IMPROVED OUTCOMES



VISION

100% ACCESS. 0% DISPARITY

GOAL AREA

Goal: Assure access to medical, dental and educational services.

Objectives:

- 1.0 Improve UDS percentile in medical and maintain in dental.
- 2.0 Enhance educational connections in all service areas.
- 3.0 Expand behavioral health, pharmacy and dental access.
- 4.0 Explore expansion possibilities beyond current service area.

GOAL AREA

Goal: Measure outcomes in line with mission.

Objectives:

- 1.0 Create measurement/change system that attends to all strategic priorities
- 2.0 Focus on system redesign
- 3.0 Achieve UDS measures at 75th percentile
- 4.0 Capitalize on Next Gen possibilities

GOAL AREA

Goal: Engage staff, board, and clients in pursuit of mission

Objectives:

- 1.0 Ensure clients get "what they needed" every time.
- 2.0 Retain focus on staff engagement and programming
- 3.0 Foster board proficiency in understanding CHP quality and services.

GOAL AREA

Goal: Ensure adequate financial resources to offer programs

Objectives:

- 1.0 Maintain focus on payer sources that support programming.
- 2.0 Grow responsibly, ensuring resources to sustain programs.
- 3.0 Market CHP programs to maintain/increase funds and services.

GOAL AREA

Goal: Address root causes of poor health

Objectives:

- 1.0 Ensure the connection of clients and services that attend to education, income, housing, and self-efficacy.
- 2.0 Foster school success/educational advancement.
- 3.0 Spread thinking about root causes at all presentation opportunities and in marketing materials

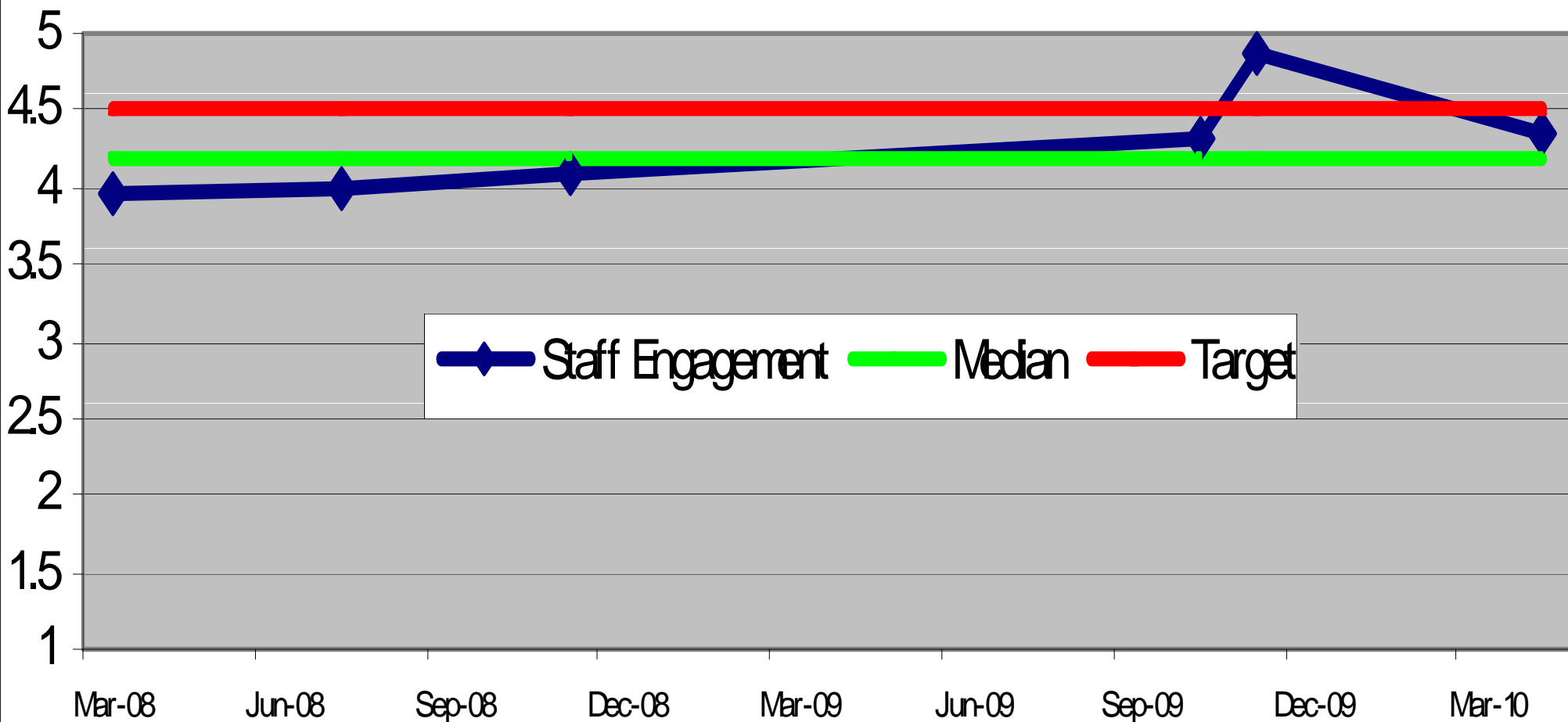
GOAL AREA

Goal: Reduce disparities through strong partnerships

Objectives:

- 1.0 Create referral partnerships that ensure access to medical, dental and educational services.
- 2.0 Spread CHP's vision through new and current partnerships.
- 3.0 Participate in local and regional collaborations that enhance health and wellbeing

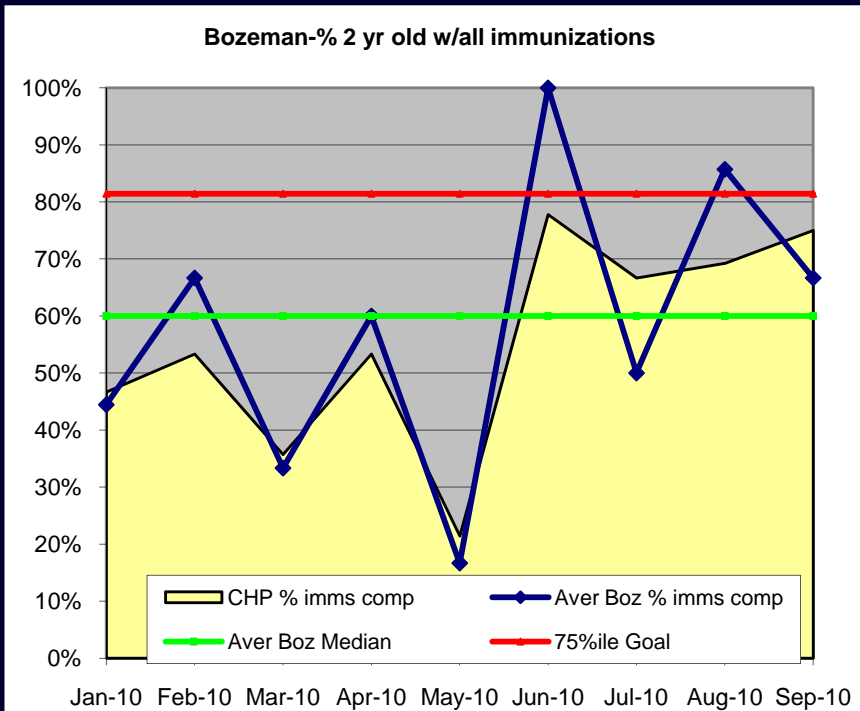
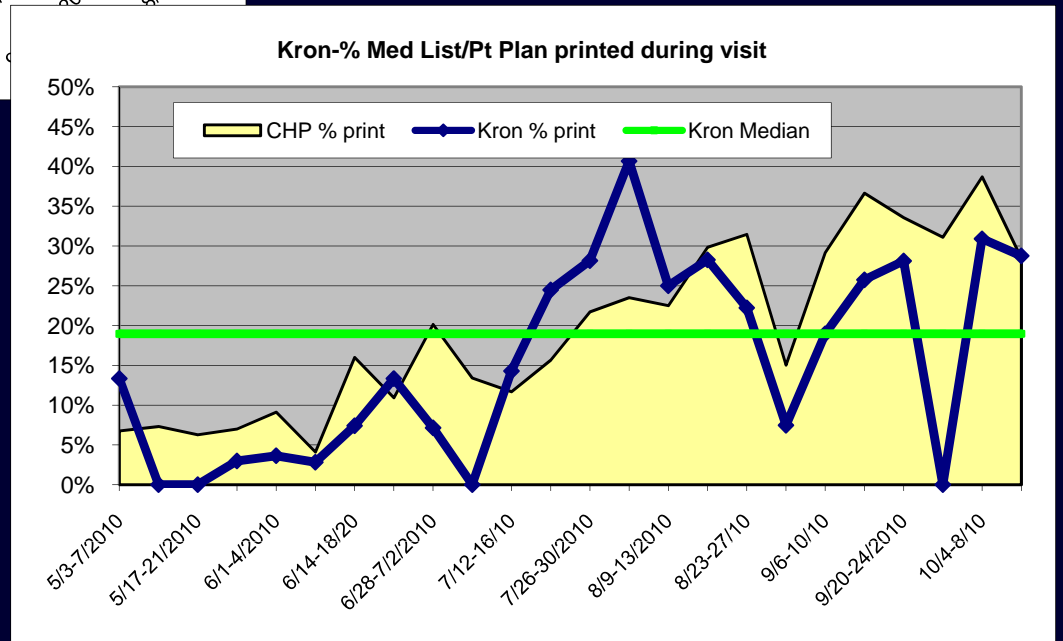
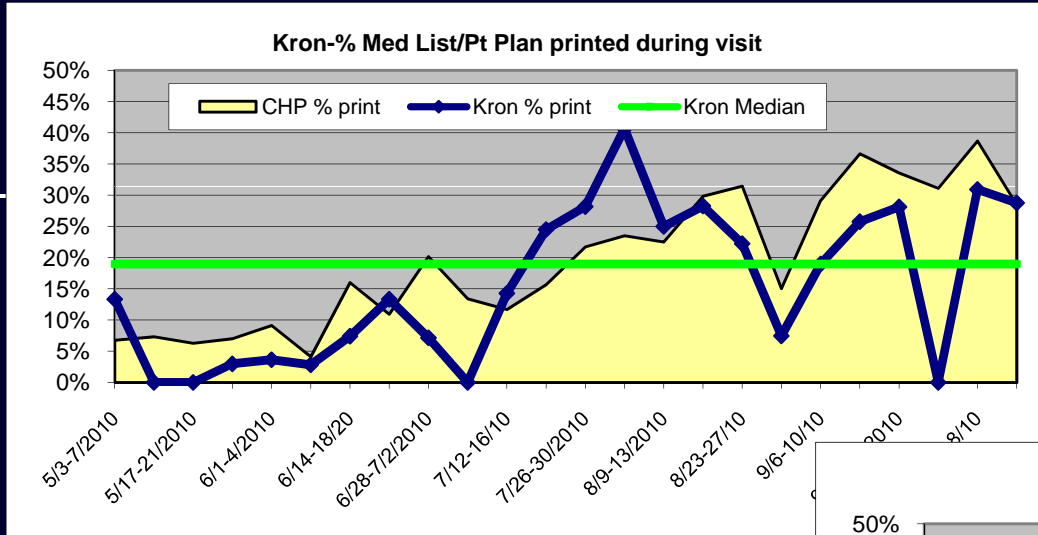
% of staff engaged in their work at CHP



Guiding “Staff Engagement” work

Baldrige "Are We Making Progress Survey"	2009 CHP Score	2009 Baldrige benchmark	2009 Difference	
Leaders ask employees for ideas to plan for future	86%	52%	34%	
Leaders ask employees what they think	86%	60%	26%	
Leadership uses values to guide organization	92%	68%	24%	
Organization has good processes	75%	51%	24%	
Leaders create environment for staff to do job	88%	67%	21%	
Areas for Improvement			Diff.	New Goal
Employees know how the organizational plans affect them	57%	68%	-11%	63%
Employees know if they are making progress on their part of plan	50%	70%	-20%	55%
Employees know how well CHP is doing financially	38%	77%	-39%	42%

RUN CHARTS
everywhere...shared
constantly, rarely with
comments except
“WOW”



Summary

- Alignment, alignment, alignment
- Building all care around improving health and wellbeing – for all - staff and patients
- Staff engagement – hire well, treat well
- Measure often and WELL
- Try it again...and keep on going

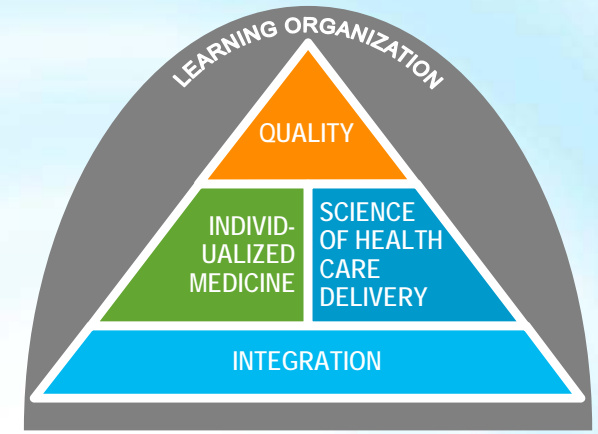
Contact info: lfrancis@mtpca.org

Creating a Culture that Supports Patient-Centered Care

William J. Maples, M.D.

Mission Health System

Senior VP and Chief Quality Officer



VALUE

$$= \text{OUTCOMES} + \text{SAFETY} + \text{SERVICE} / \text{COST}$$

Leadership Engagement

- Organizational directive to focus on service excellence comes from executive level leadership
- Leadership is engaged at the onset of all major service improvement initiatives
- Leadership demonstrates knowledge of and attentiveness to service data
 - Discussions at Patient Safety Senior Leadership rounds

Patient Safety Senior Leadership Rounds



IMPROVEMENT

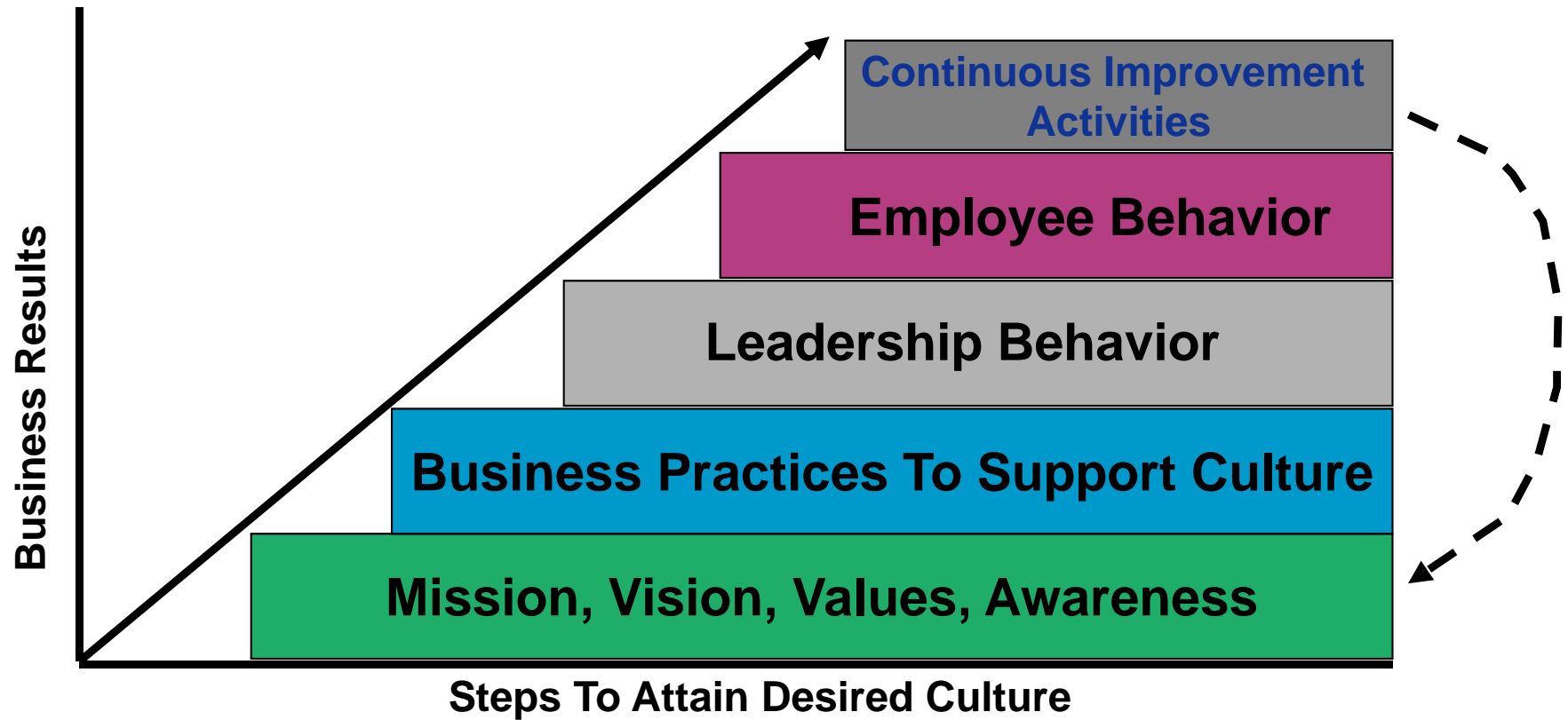
Technical
Capabilities

Cultural
Capabilities

$$I = TC \times CC$$

George Eckes

Cultural Capabilities: Mayo Clinic Florida's Journey



2003

2005

Department/Div

2006

2007

2008

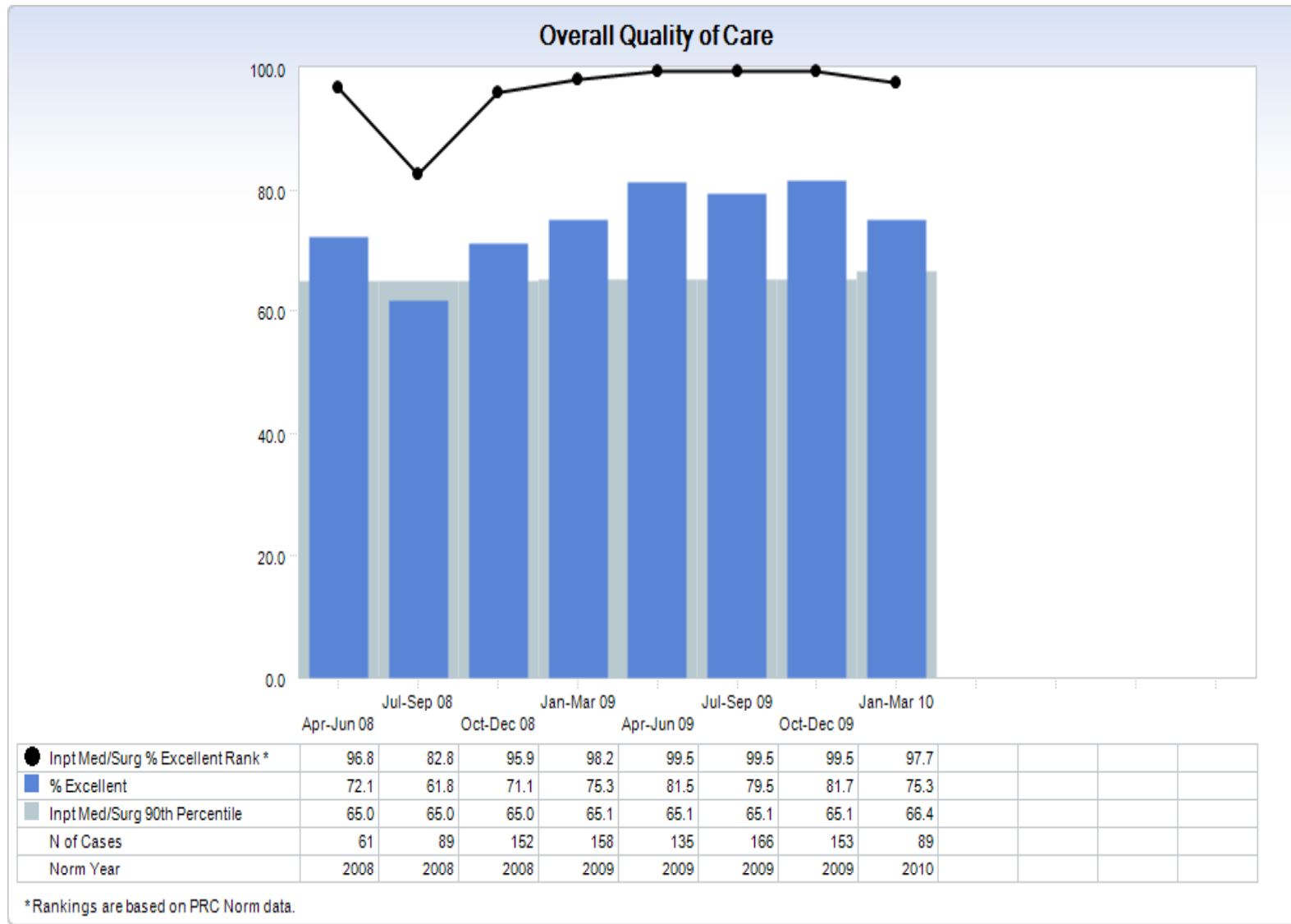
Physician Data

2009

Objective #1: Satisfy our Patients

- Target 90th Percentile Ranking for Overall Quality of Care
 - Monitor / Disseminate Patient Satisfaction Data
 - Push data out to area leaders quarterly
 - Department/division; hospital units
 - Publish key metrics transparently
 - Service leaders meet with area leaders annually
 - Annual recognition for achieving goal
 - Monitor / Disseminate Physician Specific Patient Satisfaction Data
 - Monitor and respond to HCAHPS

Discharge Unit Overall Quality of Care 5 South-Ortho/Neuro/Neurosurgery



Objective #2: Improve Staff Satisfaction

- Reinforce Service Initiatives
 - Service Values
 - 6 Behavior standards included in annual appraisal
 - Posters; cards; pins



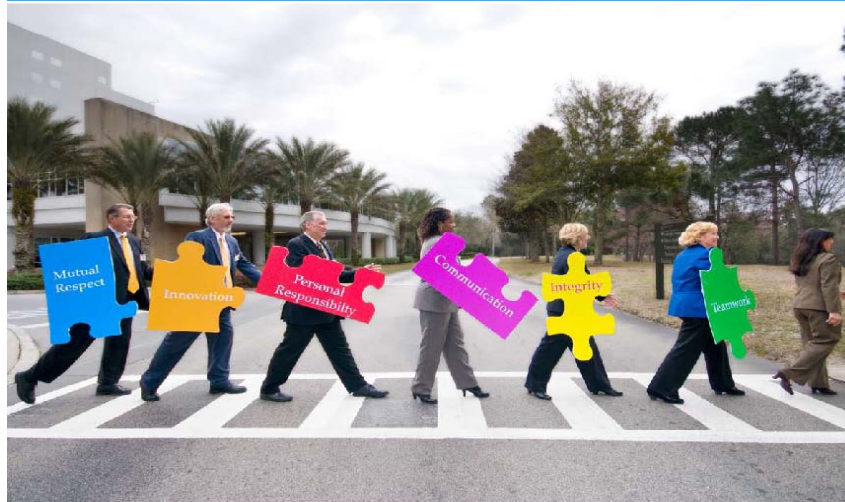
Service Values Card

Mutual Respect	Communication	Teamwork	Personal Responsibility	Innovation	Integrity
I listen to diverse opinions.	I always wear my name tag.	I recognize someone in need and assist.	I maintain a professional appearance.	I empower others to make decisions.	My coworkers can count on me.
I make everyone feel comfortable and valued.	I make eye contact and smile.	I maintain positive and productive relationships with others.	I am an ambassador of Mayo at work and in the community.	I view challenges as opportunities to serve.	I keep the promises that I make.
I treat patients and coworkers with compassion and respect.	I always introduce myself to patients by name and purpose.	I recognize that at Mayo, service excellence is everyone's responsibility.	I follow through on commitments to patients and coworkers.	I learn, innovate and pursue excellence in everything that I do.	I do the right thing even when no one is looking.
I am always polite - saying please, thank you and excuse me.	I handle differences openly, candidly and constructively, with the organization's best interests in mind.	I share resources and work collaboratively with others to achieve the best results.	I do what I say I am going to do. I demonstrate with words and actions that the needs of the patient come	I contribute to an environment where ideas and information are easily exchanged.	I maintain confidentiality of patient information.

Service Values Campaign



Take them with you!

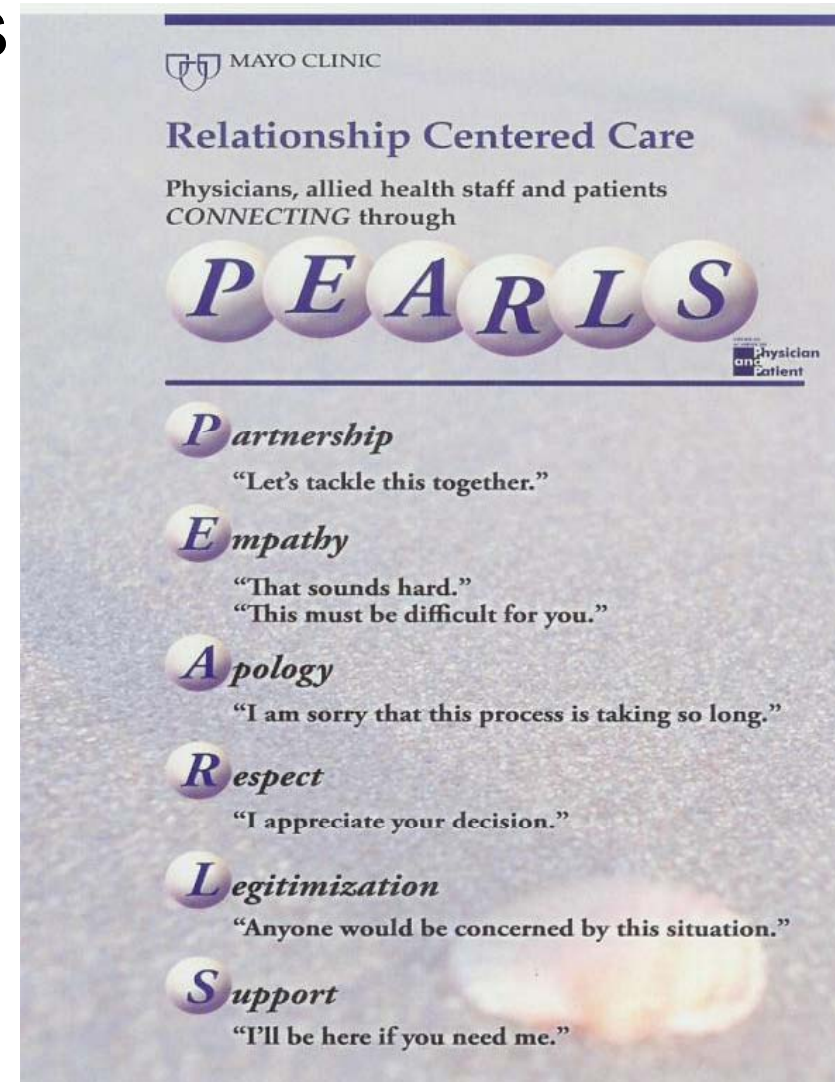


Remember Our Service Values
Everyday. Everywhere.

Learn more at: <http://mcjweb.mayo.edu/Quality/sv.cfm>

Objective #2: Improve Staff Satisfaction

- Reinforce Service Initiatives
 - PEARLS/Listening
 - Newsletter articles
 - E-mail to staff



The graphic features the Mayo Clinic logo at the top left. Below it, the text reads "Relationship Centered Care" and "Physicians, allied health staff and patients CONNECTING through". The word "PEARLS" is written in large, stylized letters, each letter inside a sphere. To the right of "PEARLS" is a small logo for "Physician and Patient". Below this, the word "PEARLS" is broken down into its components, each with a corresponding quote:

- P**artnership
"Let's tackle this together."
- E**mpathy
"That sounds hard."
"This must be difficult for you."
- A**pology
"I am sorry that this process is taking so long."
- R**espect
"I appreciate your decision."
- L**egitimization
"Anyone would be concerned by this situation."
- S**upport
"I'll be here if you need me."

Objective #3: Foster service excellence and scholarship

- Support Communication in Healthcare Program
 - Module 1 - PEARLS
 - Module 2 - Cultural Diversity
 - Module 3 - Teamwork
- Implement Module 4
 - Coaching Toward a Caring Environment
- Continue to present/publish service efforts/results
- Implement Coaching for Individual MDs
- Support operating margin
 - Explore funding opportunities
 - AVDF grant
 - Enhance Willingness to Recommend
- Participate Community Service Collaborative

Objective #4: Enhance Transparency

- Utilize internal and external websites
- Display Service Scorecard on quality boards for patients and staff
- Explore making physician specific data transparent
- Display Overall Quality of Care data posters for staff quarterly

Search This Site

 go

Home

Arizona

Outpatient Clinic

Inpatient

Emergency Department

Jacksonville

Outpatient Clinic

Inpatient

Emergency Department

Rochester

Outpatient Clinic

Inpatient

Inpatient Rehabilitation

Emergency Department

Related Groups

Arizona Service Essentials

Jacksonville Service Values

Mayo Health System Service Essentials

Rochester Service Excellence

Library Service Resources

Arizona Quality Management Services

Jacksonville Quality Care

Patient Satisfaction

Home

Mayo Clinic Patient Satisfaction

How we measure patient satisfaction

Mayo Clinic randomly surveys patients on an ongoing basis to understand their experiences and identify opportunities to improve.

The Marketing Division of the Department of Public Affairs manages patient satisfaction surveys at Mayo Clinic. We randomly sample patients to represent a wide variety of practice settings, including inpatients, outpatients, and emergency department patients. The surveys are conducted by telephone by Professional Research Consultants (PRC), a market research company specializing in patient satisfaction. PRC calls our patients nearly every day of the year and makes five attempts to reach each patient selected in order to give us a high response rate. For more information about PRC, please go to www.prconline.com.

Standard reports are available on a quarterly basis, which are provided below, on this website. Our survey results are also available online at www.prceasyview.com; an external secure website which is updated regularly to capture responses to the surveys as they are completed. This external website can be accessed with a user name and password. If you would like to have access, please contact [Marie Perhay](mailto:Marie.Perhay) (77)4-0245.

To Access our Real-Time Patient Satisfaction Results on PRC Easyview, [Click Here](#)

Quarter 1, 2010 Standard PRC Reports

PRC Award Winners!

[2010 Mayo Clinic](#)[2009 Mayo Clinic](#)[2008 Mayo Clinic](#)[2007 Mayo Clinic](#)

Survey Instruments

[Emergency Department](#)[Express Care](#)[Generose](#)[Inpatient](#)[Inpatient Rehabilitation](#)[Inpatient Stroke Center](#)[Outpatient Clinic](#)[H-CAHPS](#)

Tools

[PRC Terminology](#)

Transparency: Outpatient



Accountability:
Monthly/Quarterly data displayed publically for patients and staff to see

- Measurement:**
- Procedure Safety
 - Hand washing
 - Medication Safety
 - Staff perception of teamwork
 - Patient Satisfaction

Transparency: Outpatient Quality Boards

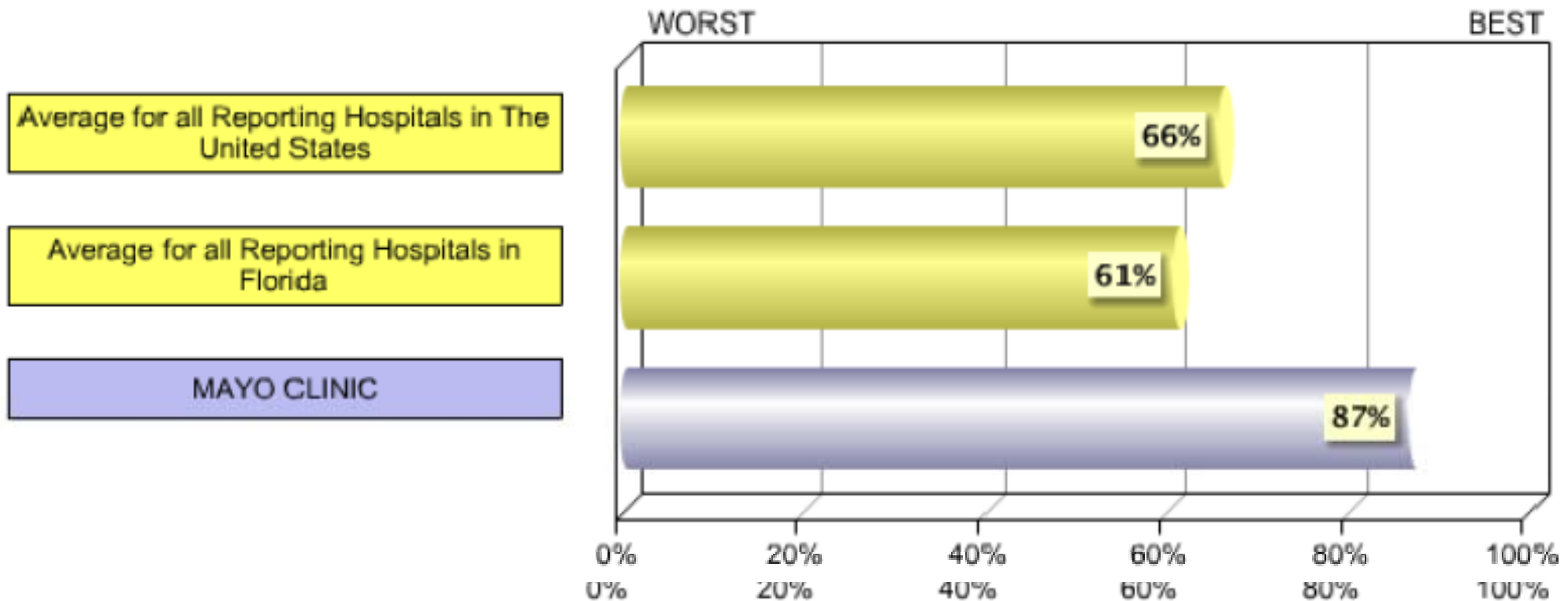


Quality Scores	
Date: February 2009	
Quality Scores for Pulmonary Medicine	
	% compliance
Procedure Safety	
Verification completed	N/A
Site marked	N/A
Site marked by team member	N/A
Team paused for time out	N/A
Time out documented	N/A
Team members documented	N/A
Hand Washing	
Hand hygiene done before contact	100%
Hand hygiene done after contact	100%
Medication Safety	
Home medication list populated	90%
Medication list provided at end of visit	80%
	% Strongly Agree and Agree
Staff Perception of Teamwork	
"We work well together to provide the best care for our patients"	100%
"When there is a lot of work we work together as a team"	100%
"If there is something wrong, I am empowered to speak as an equal"	84%
Patient Perception	
	Excellent Percentile Ranking Compared to National Data
Overall Quality of Care	100%
Overall Quality of Doctors/Providers	99%
Overall Quality of Nursing	100%
Teamwork	100%

Results

HCAHPS (% 9 or 10)

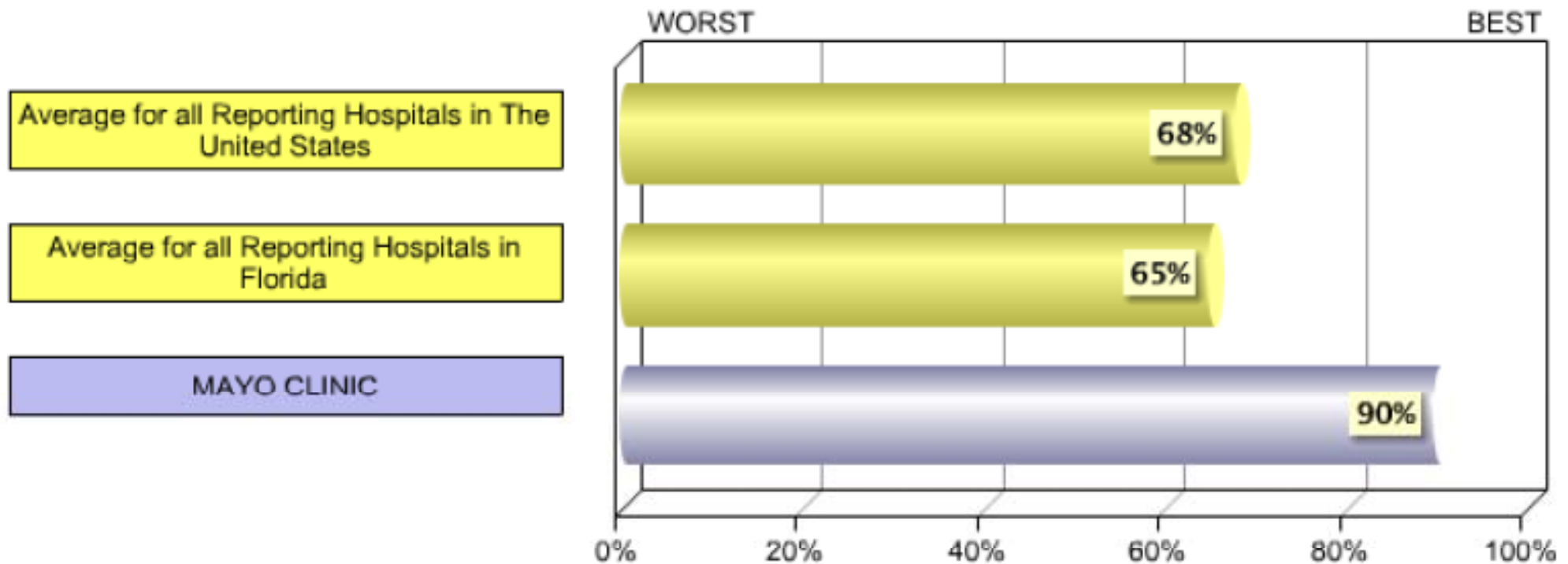
How do patients rate the hospital overall?



Results are from patients who had overnight hospital stays from October 2008 through September 2009

HCAHPS (% yes)

Would patients recommend the hospital to friends and family?

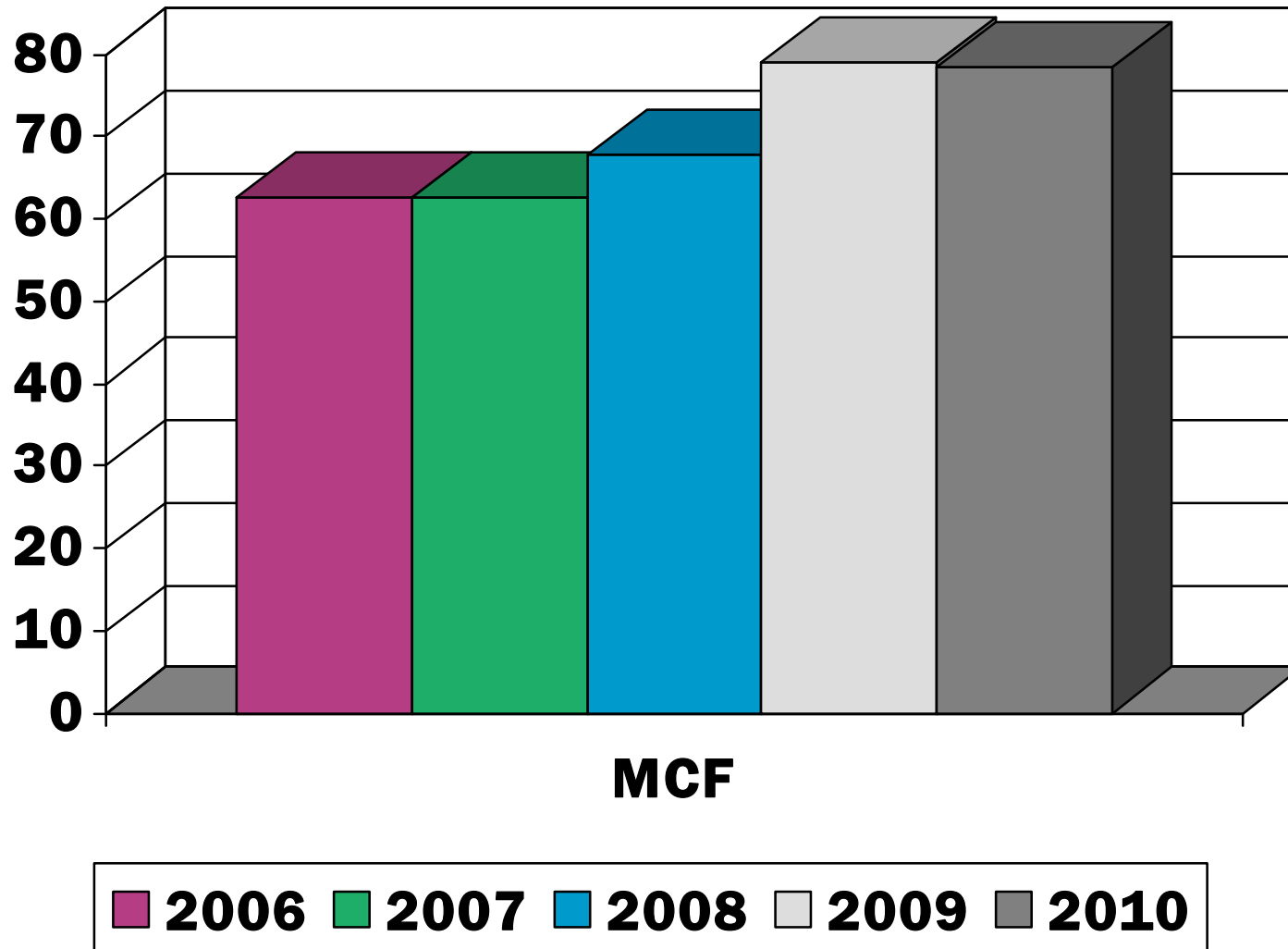


Results are from patients who had overnight hospital stays from October 2008 through September 2009

Patient Experience Results

Inpatient Overall Quality of Care

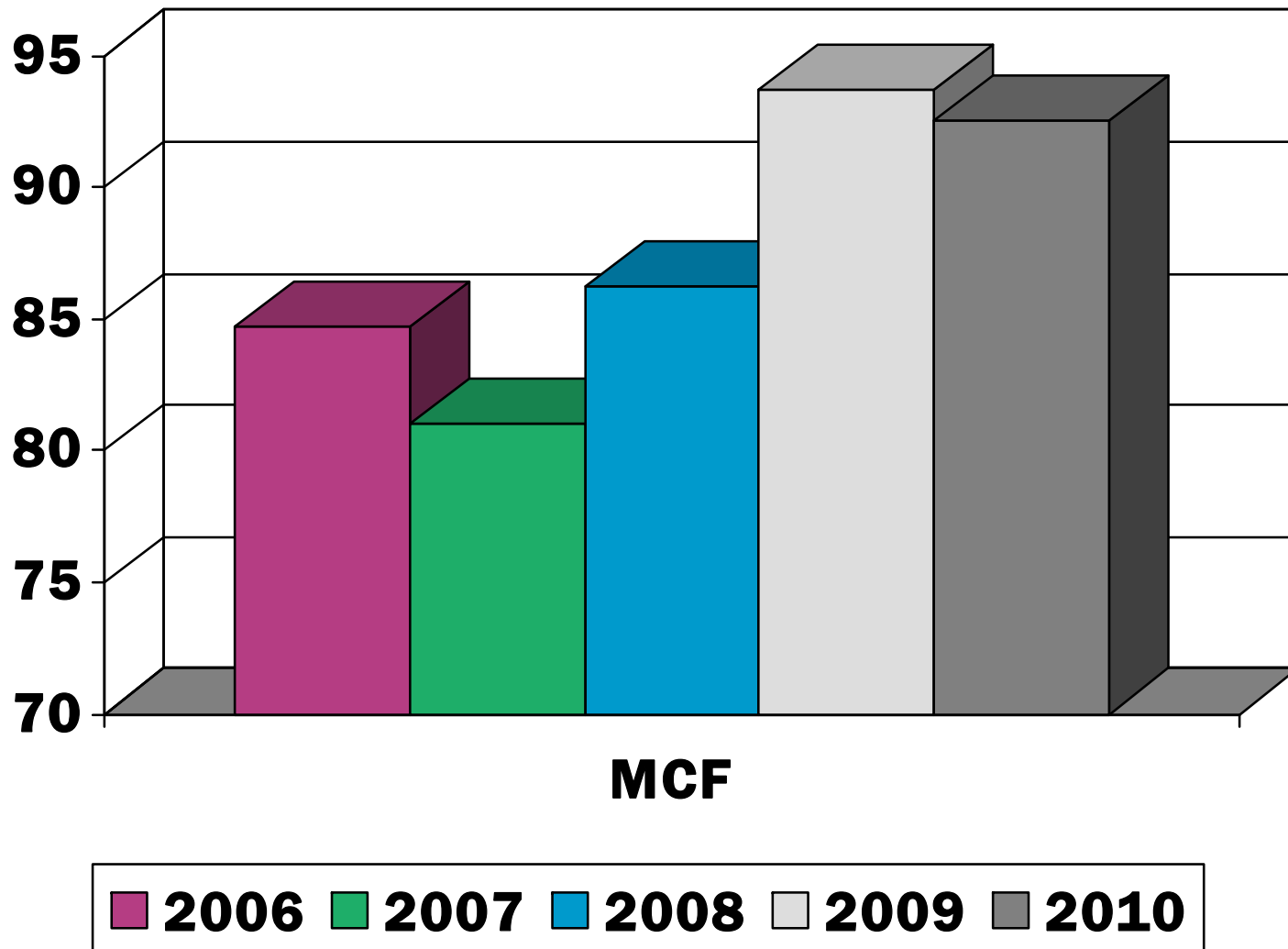
% Excellent



Patient Experience Results

Inpatient Willingness to Recommend

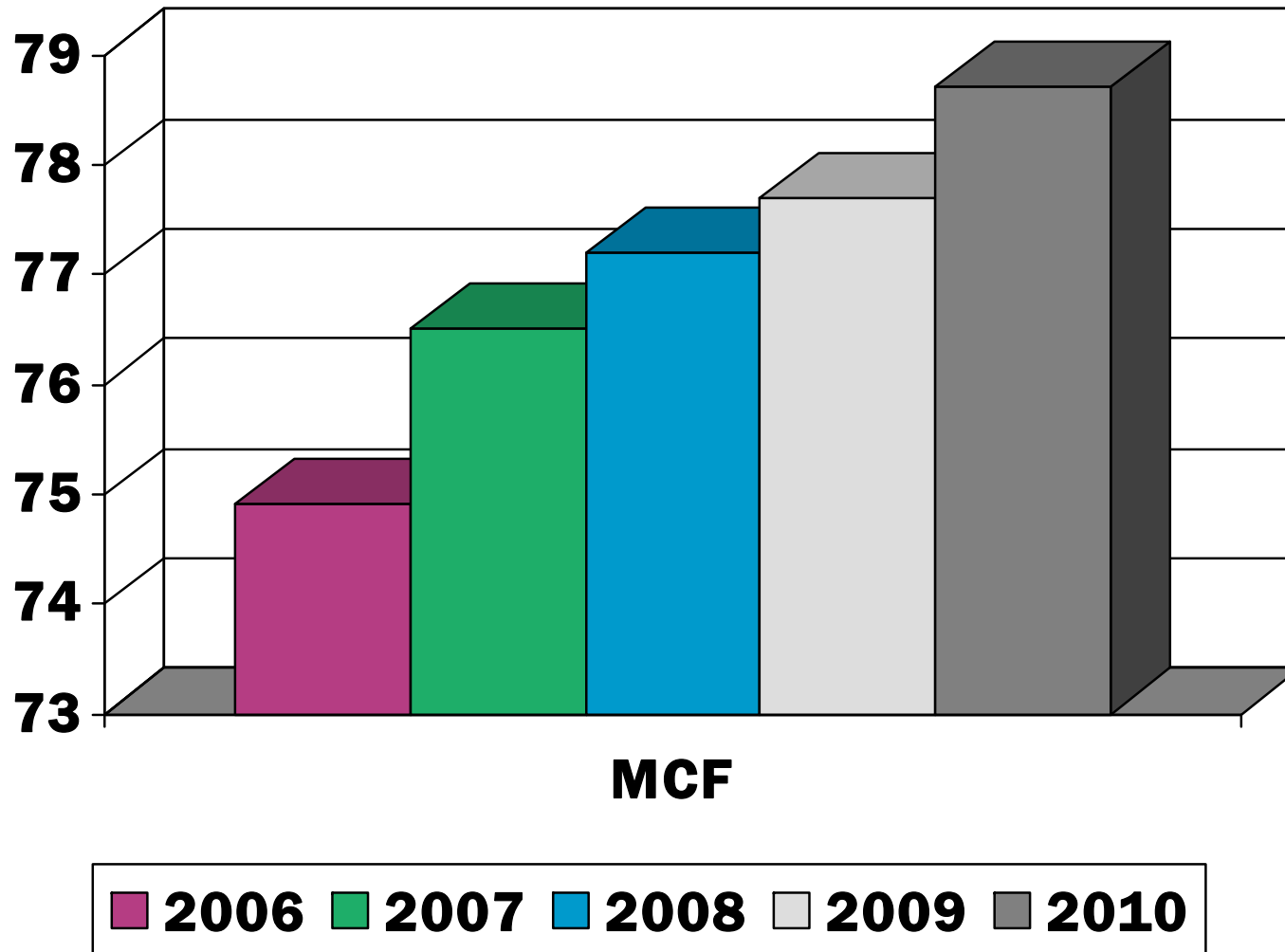
% Definitely Would



Patient Experience Results

Outpatient Overall Quality of Care

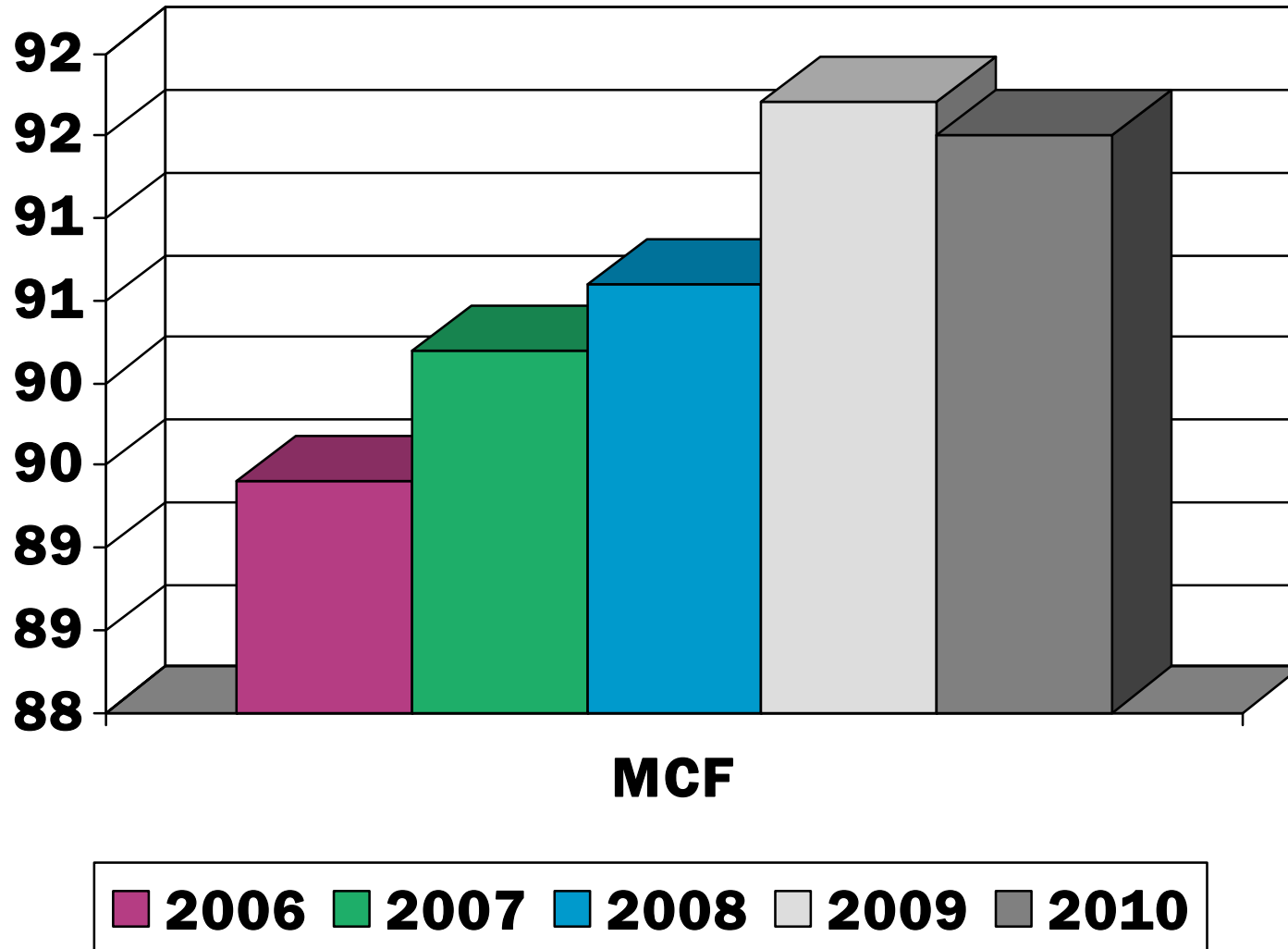
%Excellent



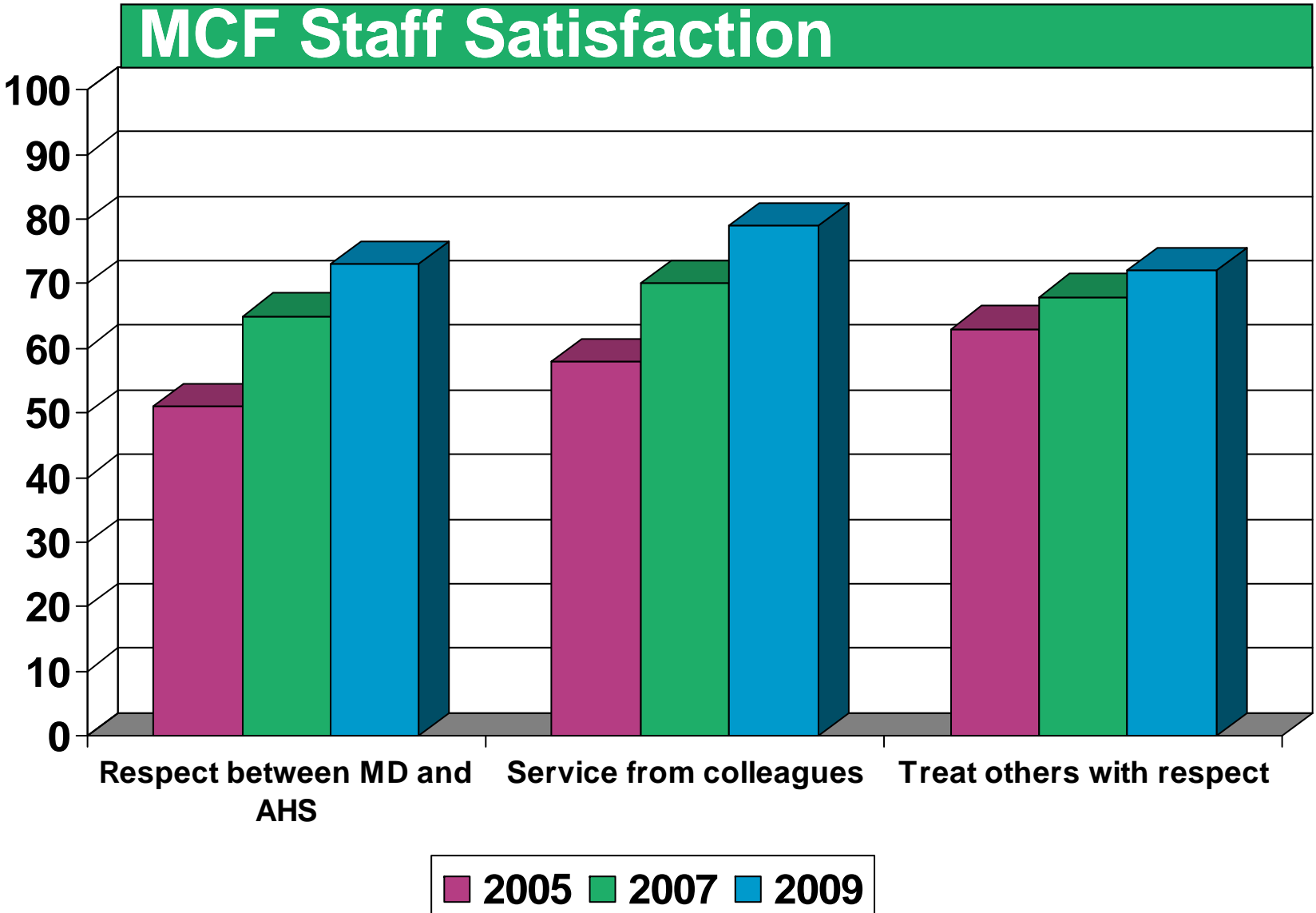
Patient Experience Results

Outpatient Willingness to Recommend

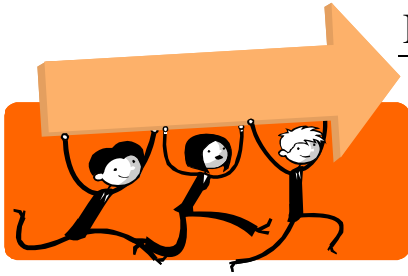
% Definitely Would



Staff Experience Results



TEAM WORK



Building a Winning Team

- Goal Clarification
- Selection of Additional Members
- Make Time to meet
- Define rules of engagement
- Celebrate your Successes
- Have FUN!

General Meeting Rules

Consider these as you set your ground rules:

- Use and stick to agendas.
- Start and end on time.
- Have a facilitator (team leader's role) to keep things on track.
- Take minutes.
- Draft next agenda at the end of meeting.
- Evaluate the meeting —obtain feedback at the meeting, were objectives met. Did the meeting move you closer to your aims? Did you plan or study a test cycle? Did you utilize the EPIC model?
- **Adhere to the 100-MILE RULE**—no one should be called from the meeting unless the interruption is so important that it would still occur if the meetings were 100 miles away.

Effective Discussion Skills for Team Members

- Ask for clarification—keep it simple and clear.
- Act as gatekeepers—no one dominates the discussion, expect equal participation among members.
- Listen—actively explore other's ideas rather than debating or defending each idea.
- Summarize—compile what has been said, restate it to the group with a question to check for agreement.
- Contain digression—disallow over long examples or irrelevant discussions.
- Manage time—stay on time with the agenda, if items go over recognize that others will be cut short.
- End the discussion—learn to tell when nothing further can be gained and end it.
- Test for consensus—state decisions made and check that team agrees.
- Constantly evaluate the meeting process—ask yourselves:
 1. Are we getting what we want from the discussion? If not, what can we do differently in the remaining time?
 2. Are we on track?
 3. Are we being effective?

Project Notebook

This is **not** a requirement of the Collaborative, but it will assist you if you plan to present this as a clinical improvement project for an accreditation body.

Set up a notebook with these tabs:

- **Team meetings:** agenda for each meeting concurrently dated and signed minutes for each meeting.
- **Project Aim**
- **Situation Analysis:** demographics about the impact of specific chronic disease in your patient population.
- **Data Collection & Analysis:** File a copy of your monthly reports behind this tab. Include narrative, registry summary reports, and graphs.
- **Project Plans and Action plans:** For each action period you will be expected to develop plans for that action period and will revise it over the course of the action period file these here.

Note: All information must be integrated into your QI Program if you are seeking accreditation.

17 Essential Qualities of an Effective TEAM Player

Adaptable
Collaborative
Prepared
Competent
Selfless
Enlarging

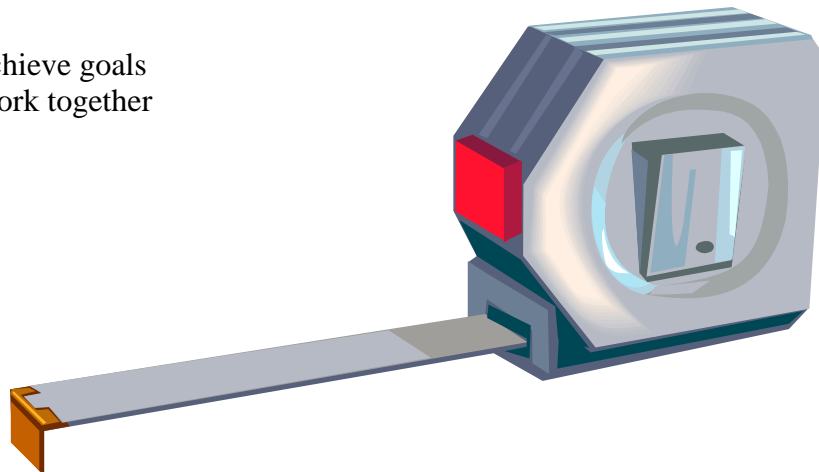
Enthusiastic
Mission Conscious
Communicative
Self-improving
Disciplined
Tenacious

Intentional
Committed
Relational
Dependable
Solution Oriented

TEAM Effectiveness

Measures:

- Ability to achieve goals
- Ability to work together



TYPICAL TEAM ISSUES

- Lack of management support
- No off-line meeting time
- Lack of necessary resources
- Limited appreciation of hard work
- Penalties for productivity loss
- Don't make time to meet
- Don't participate in conference calls
- Don't involve stakeholders in decision-making
- Don't keep senior leaders informed
- Unhelpful behaviors
 - Lack of respect, dominate conversations, know it all personality, sarcastic, confrontational, refuse to volunteer.

WHAT can the ORGANIZATION Do

1. Visible Management Support
2. Decision-making capability
3. Allow room for errors – PDSA are just that – constant learning
4. Mandated Meeting time
5. Careful selection of members

Effective Teams Worksheet

Please use this worksheet when starting up a new team or meeting with three or more members meeting to accomplish a task.

Team _____

Who is your "leader"? _____

Do you now have a designated "facilitator" role? YES NO

If so, who is it or how will you handle this role? _____

What is the decision-making process will your group use?

What are the explicit group norms?

What is your group's goal (s)?

Team to Evaluate: GCC Pod 1

Team Evaluation Criteria

Instructions: Place a "X" on the scale to indicate your rating of the team on each evaluation criteria.

1. Team Goals and Objectives

There is consensus among participants regarding the team goals and objectives.

There is significant disagreement among participants regarding the team goals and objectives.

 1 2 3 4 5 6 7

2 Leadership

A leader or leaders has been clearly defined and the team understands the role and function of leadership.

There is significant confusion regarding leadership and the role and function of leadership.

 1 2 3 4 5 6 7

3. Group Norms and Procedures

Norms and procedures are defined by the leader or through consensus of participant and are evaluated and modified as the group works together.

There are no working norms and procedures that have been defined by leadership or developed by the team.

 1 2 3 4 5 6 7

4. Decision Making/Problem Solving

The leader defines the decision-making and problem solving process and/or the group agrees on how decisions are made and problems solved in the group.

Members of the team are unclear on how decisions are made in the group and how problems are solved.

 1 2 3 4 5 6 7

5. Communications

Communications among participants is frequent, open and very effective.

Communications among participants is minimal, guarded and ineffective.

 1 2 3 4 5 6 7

Evaluation Criteria Cont.

6. Utilization of Resources

The team identifies and uses the resources available within and outside the group.

The team does not identify and use the various resources available within and outside the group.

1 _____ **2** _____ **3** _____ **4** _____ **5** _____ **6** _____ **7**

7. Intra-team Trust

Participants have a very high level of trust of one another and can rely on promises and agreements

The participants have minimal or no trust of one another and can not rely on their promises or agreements

1 _____ **2** _____ **3** _____ **4** _____ **5** _____ **6** _____ **7**

8. Conflict Management

Conflict is acknowledged when present and is managed so it does not interfere with the team's ability to do its work.

Conflict is present in the team and goes unacknowledged and/or is not managed effectively.

1 _____ **2** _____ **3** _____ **4** _____ **5** _____ **6** _____ **7**

9. Facilitation

Facilitation is present, highly appropriate and very effective

Facilitation is absent, inappropriate and/or ineffective

1 _____ **2** _____ **3** _____ **4** _____ **5** _____ **6** _____ **7**

10. Evaluation

Team meeting, process and task evaluation data is always collected analyzed and shared.

Team meeting, process and task evaluation data is never collected analyzed or shared.

1 _____ **2** _____ **3** _____ **4** _____ **5** _____ **6** _____ **7**

Adapted from "The Team Effectiveness Critique" developed by Mark Alexander, The 1985 Annual: Developing Human Resources, University Associates.

Creating Effective Teams

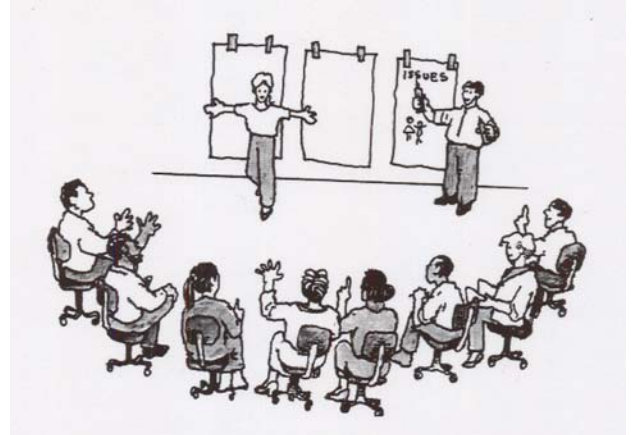
“Everything a group needs to know about the group is available in the group”.

All existing and new teams (that will be ongoing) at CHP/GCC/LP are encouraged to consider the following information.

“Creating Effective Teams Model”

Team development and maintenance is a very deliberate process designed to:

- ♦ Develop and maintain a high level of individual and team commitment to mission and goals.
- ♦ Assist the leader and team in understanding those processes that improve communications and enhance cooperative team work.
- ♦ Provide an on going structure within which a leader can maintain a team at its highest level of effectiveness and efficiency.



These concepts are especially important for teams that meet on an ongoing basis.

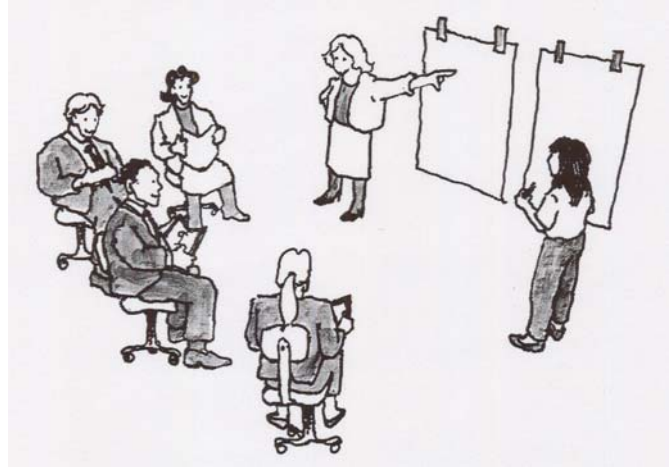
There are five essential components to team functioning:

1. *Managing decision making*-team needs to decide on decision making methodology.
 - Authoritarian/Directive – One person making a decision for the rest of the team.
 - Participative/collaborative – One person soliciting ideas from team, but ultimately making the decision.
 - Democratic – the members vote on decisions and majority “wins”
 - Consensus – all members must agree on decision
 - Laissez-faire – no defined approach, hap-hazard
2. *Setting goals and objectives*-what are goals of the team, what do members/leaders hope to accomplish?
3. *Establishing authority and responsibility*-leadership roles are shared by members. Roles of members to be defined.
4. *Communication and interpersonal relationships* – Effective interpersonal communications are apparent when team members listen to one another and attempt to build on one another’s contributions. Recording ideas/concerns on a flip chart is a great way to acknowledge contributions.
5. *Evaluation*-ongoing evaluation of how the team is performing.

Team Effectiveness Criteria

The following criteria are helpful in evaluating the team's functioning:

- ♦ **Goals and objectives**-All members need to be involved with defining the goals of the team and also be committed to these goals. Members should understand the role of their team in the total organization, its responsibilities and the things the team wants to accomplish.
- ♦ **Shared Leadership**-Development and cohesion of a team occurs only when there is a feeling of shared leadership among all team members and when team roles are defined.
- ♦ **Group norms and procedures**-Members need to establish procedures (norms) that can be used to guide or regulate its activities.
- ♦ **Decision Making/problem solving**-Members need to adopt agreed upon method(s) for making decisions and solving problems.
- ♦ **Communications**-Effective interpersonal communications are achieved through self-regulation by team members, so that everyone in the group has an equal opportunity to participate in discussions. A designated facilitator is also helpful in this role. But, it is appropriate to remind all team members of this shared responsibility. A leader isn't responsible for successful meetings. All members share this role!
- ♦ **Utilization of resources**-Team effectiveness is enhanced when every member has the opportunity to contribute and when all opinions are heard and considered. It is the team's responsibility to create an atmosphere in which individuals can state their opinions without fear of ridicule or reprisal. It is each individual's responsibility to contribute information and ideas and to be prepared to support them with rational arguments.
- ♦ **Intra-team Trust and Conflict Management**-The ability to openly recognize conflict and seek to resolve it through discussion is critical to the team's success. The creation of a feeling of mutual trust, respect, and understanding and the ability of the team to deal with the inevitable conflicts that occur in any group situation are key factors in team development.
- ♦ **Facilitation of Group Process**-Choose member to facilitate meetings or at least be explicit – “no facilitator- all members share”. The main role of the facilitator is to insure process clarity, team member involvement and progression towards the goal. The facilitator keeps the group focused and on track, and also helps members hear what others have to say. He/she takes the time to get everyone on board and reach an agreement.
- ♦ **Evaluation**-Effective self-evaluation of team is probably one of the most critical factors leading to team development. Chp will ask you to do this formally each year but each meeting should include some evaluation component.



The following lists some common agreements of CHP/GCC/LP teams:

- Start on time
- End on time
- Have an agenda
- Review minutes from previous meeting
 - Prioritize items
 - Limit the number of items
- Send agenda to members in advance of meeting
 - Limit interruptions
 - Respectful behavior
 - Active listening
- Use team responsibility guide-delegate effectively
 - Do plus delta at the end of meeting



Other effective recipes for great teams:

Joiner

- ◆ Clarity in team goals
- ◆ An improvement plan (work plan)
- ◆ Clearly defined roles
- ◆ Clear communications
- ◆ Beneficial team behaviors
- ◆ Well-defined decision procedures
- ◆ Balanced participation
- ◆ Established ground rules
- ◆ Awareness of group process
- ◆ Use of the scientific approach

Schein's Mature Group

- ◆ Excellent feedback mechanisms
- ◆ Functional decision making methods
- ◆ High group loyalty/cohesion
- ◆ Flexible operating procedures
- ◆ Excellent use of member resources
- ◆ Clear communications
- ◆ Accepted goals
- ◆ Interdependent authority relations
- ◆ High participation in leadership
- ◆ High acceptance of minority views