

## Appendix C

### Site visit interview guide—1997/98 Summary version

VISN: \_\_\_\_\_

Date: \_\_\_\_\_

Person Interviewed: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Recorder: \_\_\_\_\_

#### Introduction

Introduce self and recorder. We are working on MDRC's three (3) year study of service line implementation in VA's VISNs. Dr. Kizer has requested that this study be conducted to provide feedback to Network directors and their staff on the successes and challenges of VHA's planned reorganization. During today's meeting, we will be collecting base-line data for the study. We will use the information gathered today to characterize your network and how it operates. If we want to quote you directly we will contact you beforehand. We will report back on themes discovered and not in a form where individuals can be identified.

#### “Who are you?”

##### Network Director's Background

1. Briefly tell us about your work history prior to taking this position.
2. What special skills and/or experience do you bring to this position?

#### Structure and Strategy – “What Changes, and How Do You Fit in?”

##### VISN Organization, Structure and Reporting

3. Have there been any significant changes to the strategy outlined in the VISN # Strategic Plan you submitted last year?
4. Please briefly describe how your network is organized?
5. How has the budget process changed as a result of the newly created VISN structure?
6. What key organizational changes have been made, and/or planning to be made, in your VISN?

#### Service Line Organization and Implementation

7. Different networks are doing a variety of things related to service lines. To start with, how do you define service lines?
8. Do you have, or are you planning to implement, service lines?  
\_\_\_ Yes →   
\_\_\_ No →
9. What service lines have become operational and/or are planned?  
How did you determine which service lines to implement?
10. How is the service line (planned to be) structured/organized?

## How does the service line (planned to be) work

### 11. What operational authority and control do service lines have?

Probes → – Who do the service line staff report to?

- Do service line nursing managers report to a senior nurse manager outside the service line, the service line manager, or both?
- What about staff from other disciplines or functions?
- Who is responsible for selecting, placing and evaluating service line personnel?

### 12. How do service lines conduct planning?

Probes → – Is there a business plan?

- Yes, May we have a copy?
- No

– How does the service line planning process fit into the VISN planning scheme?

### 13. Is there a (planned) budget for the service line?

### 14. With the development of service lines, how has the process of making major decisions changed from the traditional (old) model?

### 15. How is the service line measured and evaluated?

→→ [Go to Question #18](#)

### 16. Are there any functions, units, task forces or committees in your network that you refer to as

**Check all that apply**

- Centers of Excellence?
- Strategic business units?
- Core businesses?
- Product lines?
- Patient care lines?
- Special emphasis programs?
- Functions, units or persons in your network that have responsibility for:
  - care delivered to a specific type of patient (i.e., cancer/cardiac centers)?
  - Monitoring performance on various DRGs or patient conditions?
  - Marketing specialty areas of a facility or facilities within your network?
- Other. Please specify \_\_\_\_\_

**17. In your view, what are the differences between what you call X (term used to answer Question #16) and what you understand to be service lines ?**

→→

→→

- Probes →
- How has the VISN structure affected the design and delivery of health services?
  - How has it affected your ability to integrate and coordinate the management and delivery of clinical services within your network?
  - What challenges does this network face in meeting its performance objectives?

→→

## CHANGE – “WHAT IS THE CHANGE PROCESS?”

### Managing the Change Process

**18. What is the network’s overall strategy for facilitating change, both as part of becoming a network..... and —  
if answered “yes” to questions #8 or #16 —facilitating service lines?**

**19. Who are the major stakeholders that influence decision making in your network?**

\_\_\_ Check all that apply (*For interviewer only*)

\_\_\_ Headquarters?

Probe → How do each impact on the changes?

\_\_\_ Colleagues?

\_\_\_ Employees?

\_\_\_ Academic affiliations?

\_\_\_ Veterans Service Organizations?

\_\_\_ Federal and state legislators?

\_\_\_ Patients and/or their families?

\_\_\_ Other. Please, specify \_\_\_\_\_

**20. How do funding changes (i.e., as a result of VERA) affect the changes occurring or planned in your network?**

- Probes →
- Has there been or will there be a reduction in force (RIFs)?
  - Do staff associate RIFs with implementation of organizational change?

**21. Is there a primary driver or focal point (e.g., staff person, committee, etc.) leading, facilitating or coordinating the changes in your VISN?**

**22. a) In what ways have you been involved in formulating changes in your network?**

**b) To what extent, and in what ways have facility directors, department heads and employees been involved in formulating changes in your network?**

**23. What vehicles have been used to communicate your network’s organizational changes and processes for change to staff in your network office and network facilities?**

**24. What responses to the various changes have you received from:**

- Probes →
- managers (service chief and above)?
  - physicians?
  - other staff?

**25. What barriers/special challenges have arisen in the change process?**

**26. What are the key measures that you watch to monitor the implementation of change within your network?**

**General Impressions of Change and Change Process**

**27. What the accomplishments of the organizational change and change process thus far?**

**28. From your perspective, what positive impacts has the reorganization had on:**

- Probes →
- VA patients?
  - VA employees?
  - VA managers?
  - VA overall?
  - Others?

**29. From your perspective, what negative impacts has the reorganization had on:**

- Probes →
- VA patients?
  - VA employees?
  - VA managers?
  - VA overall?
  - Others?

**30. What lessons have you learned in this process that you would like to share with other networks?**

**31. Is there anything that we haven't talked about that you think we should know about the VISN or the changes that are occurring?**

# Appendix D

## Facility Director FAX Survey Section 1 – Identification of Service Lines

The Under Secretary for Health has directed the Management Decision and Research Center (MDRC) and the Houston Center for Quality of Care and Utilization Studies to evaluate VHA's major organizational changes. The research team is attempting to identify a wide range of interdisciplinary organizational arrangements (IOAs) that:

- link staff together to produce clinical outputs for a homogeneous set of patients and
- have an assigned manager or management team.

Examples range from narrowly focused efforts such as cardiac care or SCI to much more broadly defined areas such as Extended Care or Primary Care. This contrasts with traditional facility organizational forms in which staff is grouped into departments and services by discipline (e.g., nurses, social workers); where management is focused on the inputs to the care process that each service provides; and where no management structure is responsible for the integration of services, planning, resource allocation or utilization based upon the organization's outputs.

Please provide the information requested in this survey. You may complete the survey yourself or delegate its completion to another individual (Staff Assistant to the Director, AA/Chief of Staff, Health Systems Specialist, etc.) who has more detailed knowledge about this subject.

*(Please fill in the following table for your facility or health care system. Then proceed to the next page).*

<b>Clinical Area (e.g., Mental Health)</b>	<b>How do you refer to this IOA (e.g., care line, service line, clinical care center)?</b>

**Appendix D**  
**Facility Director FAX Survey**  
**Section 3 – Primary Care Service Lines**  
**(Selected Items)**

**Primary Care Interdisciplinary Organizational Arrangement (PCIOA)**

We define primary care as the provision of continuous, comprehensive and coordinated care to populations undifferentiated by gender, disease, or organ system. It is more than the provision of services in a physician's office. While many health care providers deliver services that are considered primary care, providing one or more specific primary care services does not necessarily constitute a primary care provider.

Textbook descriptions of primary care list four key features that enhance the effectiveness and efficiency of services and differentiate it from other levels of health care services. These are:

- **accessible first-contact care;**
- **continuity over time;**
- **comprehensiveness; and**
- **coordination.**

**Therefore, our definition of a primary care interdisciplinary organizational arrangement (PCIOA) is a management structure focused on producing primary care services. Under this type of management arrangement, all patients have a designated provider, or team of providers, who coordinate ongoing care, including decisions for hospitalization.**

12. Does your facility or health care system have any IOAs that include as a part, or are wholly focused on, primary care?

- YES       NO

*(If YES proceed to the next question. ▼ If NO, you have completed this survey. ☒ Thank you for your time and effort. Please fax the entire survey to Maria Fonseca, 617-232-6140.)*

**The following questions are designed to give us a sense of how primary care services are organized at your facility or health care system.**

14. Is there a manager responsible for the primary care interdisciplinary organizational arrangement (PCIOA)?

- YES       NO

**16b. What is the discipline/specialty of the manager?**

- primary care physician       social worker  
 specialty care physician       nurse  
 other (please specify) \_\_\_\_\_

17. Please indicate the date when the original PCIOA manager was appointed.

*Month* \_\_\_\_\_ *Year* \_\_\_\_\_

18a. Is a team (i.e., dyad, triad, or quadrad) or committee responsible for management of the PCIOA?

YES       NO

(If YES, please answer question 18b. ↓ If NO, please proceed to question 20. → )

18b. Please list all disciplines that are represented.

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19. Please indicate the date when the team or committee first convened.

*Month* \_\_\_\_\_ *Year* \_\_\_\_\_

**Performance evaluations have traditionally been done by discipline-based services. With the formation of IOAs, manager(s) with varying degrees of input from a facility-wide, discipline-based service chief, service “leader”, or professional oversight board sometimes do personnel evaluations. For our purposes, we call these discipline-based entities “Services.”**

20a. Please indicate which of the following best describes how performance evaluations are done for **physicians** in the PCIOA.

- Medical Service has **sole** responsibility for physicians’ performance evaluations.
- Evaluations are done by Medical Service with input from the PCIOA manager(s).
- Responsibility for evaluations is shared equally by Medical Service and the PCIOA manager(s).
- Evaluations are done by the PCIOA manager(s) with input from Medical Service.
- The PCIOA manager(s) have **sole** responsibility for physicians’ performance evaluations.

20b. Please indicate which of the following best describes how performance evaluations are done for **social workers** in the PCIOA.

- Social Work Service has **sole** responsibility for social workers’ performance evaluations.
- Evaluations are done by Social Work Service with input from the PCIOA manager(s).
- Responsibility for evaluations is shared equally by Social Work Service and the PCIOA manager(s).
- Evaluations are done by the PCIOA manager(s) with input from Social Work Service.
- The PCIOA manager(s) have **sole** responsibility for social workers’ performance evaluations.

20c. Please indicate which of the following best describes how performance evaluations are done for **the most senior nurse** in the PCIOA.

- The Nurse Executive has **sole** responsibility for the nurse's performance evaluations.
- Evaluations are done by the Nurse Executive with input from the PCIOA manager(s).
- Responsibility for evaluations is shared equally by the Nurse Executive and the PCIOA manager(s).
- Evaluations are done by the PCIOA manager(s) with input from the Nurse Executive.
- The PCIOA manager(s) have **sole** responsibility for the nurse's performance evaluations.

20d. Please indicate which of the following best describes how performance evaluations are done for **medical administration personnel** in the PCIOA.

- Medical Administration Service has **sole** responsibility for medical administration personnel performance evaluations.
- Evaluations are done by Medical Administration Service with input from the PCIOA manager(s).
- Responsibility for evaluations is shared equally by Medical Administration Service and the PCIOA manager(s).
- Evaluations are done by the PCIOA manager(s) with input from Medical Administration Service.
- The PCIOA manager(s) have **sole** responsibility for performance evaluations of medical administration personnel.

23. If there is a PCIOA personnel budget, who controls it?

*(Please check the most appropriate answer.)*

- The service chief retains control over the personnel budget.
- The service chief and the PCIOA manager share joint control over the personnel budget.
- The PCIOA manager controls the personnel budget.
- Facility senior management controls the personnel budget.