Transition Watch

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On the Front Lines with Service Lines

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Implementing Service Lines is both a major change *and* a major challenge. Wanting to provide some mid-course feedback, we reviewed the interview data from our 1997 and 1998 site visits. We interviewed people in all 22 VISNs and asked them to describe service lines' positive and negative effects. Interviewees quoted here are facility-based managers from directors through service chiefs. We did not interview line staff or patients.

In reviewing the interviews, a common thread emerges – many respondents had difficulty separating effects of service line structure from the change process. The change process itself contributes to perceptions about service lines, or any transformation effort for that matter. Since service lines are only one of several changes occurring in VA, it is difficult to distinguish among the numerous changes and effects.

We organized the responses into three groups: positive responses, negative responses and comments on the change process. To honor our commitment to interviewees, we have kept the sources of the quotations anonymous.

Most often, positive impacts of service lines related to improved clinical outcomes:

"Pooling of some of the resources made positive effects on the quality of care. We increased the number of SSN uniques and have increased the accessibility of our care."

"I think we have made much better decisions; we have tailored our programs to patient needs across the VISN."

"Treatment plans can be followed through more easily. Everyone is on the same page."

"Our quality of care is second to none. So what keeps them [patients] coming back here? It is courtesy, compassion, waiting time, access. These have improved with implementation of our service line."

"The expected impact of service lines is that the patient will see the same physician and groups of physicians. Continuity is our goal."

"It has made us more accountable, has driven down costs and increased accessibility and market penetration. [The staff] does successful community screening efforts and many new primary care applications. They have become more consumer oriented; are trying to deliver more outpatient services locally to save [referrals]."

Many responses referred to better communication between inpatient and outpatient services and some referred more broadly to improved coordination within the facility. Positive impacts on staff included improvements in morale, empowerment, and development of teamwork.

"I think there's more cooperation among and between disciplines than ever before. We're all being impacted at the same time - we need to make it work ... as opposed to one service being impacted by itself."

"There is improved coordination of inpatient-outpatient care. We have always had good coordination but it is even better in terms of the flow of patients. There are no barriers to collaboration. We are working out areas where there has been no collaboration in the past."

"VA refers to nursing homes as the step-child of the system … Our nursing home came under a lot of attack — too expensive, no productivity standards. We have become valued by the community and the facility. We are cost competitive. Extended care staff are happy and it has grown. Under the service line, we have a tighter focus. …Goal setting can be responded to quickly, everyone associated with the goals is under one umbrella. The separate agendas of each service chief used to impede goals that were focused on the extended care patients."

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"With the umbrella of support from HQ and the VISN, lots of employees feel a lot better about coming to work because of the changes that are happening. They see that it is okay to make a positive suggestion. They are being asked to be part of the change."

"Some real positives I didn't really expect are that I feel much more part of a team - really working together instead of just along side of each other. It has helped break down some boundaries between services. I feel much more part of the process. My relationship with [people who previously were service chiefs] is much closer and more integrated."

"Communication between 8 service line managers is better than among 30 service chiefs. This is a better organization. There are better employee morale and patient satisfaction."

"With fewer layers of authority, there is more efficiency and quicker response in decision making."

As we have reported previously, facility-level service lines have been implemented in many facilities for many years, while VISN-level service lines are relatively new. Most respondents commented on facility-level impacts but some described improved network relationships. They noted positive interactions among facilities within their VISN: reduced competition among facilities, sharing of best practice models, and standardization of care.

"Prior to the VISN, we were clearly competitors. It was hard even to transfer patients. That is much improved since the VISN, and even more so since setting up [service] lines. Due to relationships with [service line managers] at other facilities, we see each other as "sister" facilities."

"There is a better flow of ideas, patients, and resources among the facilities."

"Administratively, service lines are better than the old approach. There is a better cooperative spirit. It breaks down facility silos and attachments and mind-sets."

"Prior to service lines, we had fiefdoms. Facilities were not talking to one another; financially they were the wrong sizes and were not geographically spread. All of these issues are gone."

Interviewees also frequently identified cost reduction and cost control effects.

"We have a 15% increase in mental health patients, for less money."

"We are getting much more bang for taxpayer dollars. I would not want to go back [to the old structure], absolutely."

"We've reduced staff by 10%, increased workload by 10%, and opened two clinics. There is no fall-off in quality at all, and no increase in dollars."

"There have been enormous shifts in positions and duties while FTEs have barely increased. We doubled outpatient visits."

Candid and critical assessment of the service line structure and process is essential to effective management. When respondents identified negative aspects of service lines and implementation, competition and professional development concerns often emerged.

"There is new competition around budgetary issues since [service lines] are competing for a piece of the pie. And there's discussion about moving funds from one facility to another . . .that's a threat."

"The [service lines] have become silos unto themselves—they compete for resources and for status. They are not coordinating their use of resources and offsetting positive and negative staffing variances."

"I'm concerned about the service lines becoming new bureaucracies."

"The service line reorganization cut off career paths in nursing. Mid-level nurses and social workers lose the title associated with opportunities to transfer to other facilities."

"On direct patient care, [service lines provide] a more accountable system. But discipline-specific accountability has suffered. In the long run this affects patient care."

Several sites identified the service lines' composition as a problem, focusing on the grouping of primary care and specialty care. For example, a chief of medicine noted:

"At least at this facility, the service lines seem to be a lumping together of services under an umbrella. It wasn't anything that looked natural or functional. It didn't work very well. We just recently dismantled one. I don't know where those groupings came from; it was just announced by the director one day and people scratched their heads. There was a service line for primary care, and the rest of the medicine service was lumped with lab, surgery, radiology, and social work. So it didn't make any sense, because general medicine was split between two service lines."

Other comments about the organizational transition included:

"The unintended impacts of service line implementation included a lack of clarity about where the expertise had gone. It took about 1 1/2 years before the smoke cleared."

"Despite complaints from psychiatrists, we increased workload and decreased consultant costs, with improved continuity of care."

"I can't say anything negatively about this whole process. It was done quickly, we involved a lot of people - not just managers, even the lower echelon people."

"Primary care is a major accomplishment. Patients love it and staff resisted it initially, but now like it. There's still a long way to go but is better than before."

"Some specialties haven't fit in well - social workers, dieticians, etc. The problems are because of function and personalities. They will not provide coverage for each other. It's been a mess, very difficult - it's a carryover from the change process."

"In the short-term, it's been painful. Empowerment sounds great, but people don't want to be empowered. We're not sure what it means, and how to go about it. There is a certain amount of lip service."

In considering these comments, keep in mind the wide variation among respondents. At many sites people perceive and report very positive experiences with service lines and their organizational transformation. At other sites, the process caused great stress and respondents do not see any benefits. It is common for different individuals – even in the same organization – to have different views of organizational structure and process and their effects on outcomes. It is also common that these views change with time.

We have seen tremendous variation among VISNs and facilities in the designs of their service lines, their approaches to managing change, their histories, local circumstances and organizational strategies. We cannot productively discuss the concept of service lines as a unitary concept, without taking these variations into account.

These variations also provide an opportunity to learn what works best in different situations. As we continue analysis of the qualitative and quantitative service line evaluation data, we will try to identify best practices and communicate them to you through Transition Watch, the VA web page, and other means. We have information on many different approaches used around the country. The listserv described in this issue promotes just this kind of informal, rapid communication. We encourage you to sign on and begin sharing your questions and experiences with each other. ■

Transition Watch is a quarterly publication of the Office of Research and Development's Health Service Research and Development Service that highlights important information and learnings from the organizational change processes underway within the Veterans Health Administration. Special focus will be given particularly to findings from three organizational studies: the Service Line Implementation Study, the Facility Integration Study and the National Quality Improvement Study. The goal of *Transition Watch* is to provide timely and supportive feedback to VHA management throughout the change processes being studied as well as to draw on the change literature to assist managers in their decision making. For more information or to provide us with your questions or suggestions, please contact:

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Transition Watch is available on the web at www.va.gov/resdev/prt and on our Fax service by calling (617) 278-4492 and following voice prompts.

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News You Can Use – Information Resources on Patient Satisfaction

By Elaine Alligood, MLS

For this issue, we pulled together a potpourri of information resources on patient satisfaction. This brief list includes recent citations to the literature, and a selection of web sites. We hope these resources inform your work in patient satisfaction. As always, your feedback is welcome. elaine.alligood@med.va.gov

The **VISN 2 web page** has a brief satisfaction questionnaire for patients to provide feedback. The goal of the VISN2 Quickcard is to listen carefully to the perceptions and expectations of Veterans and Guests and then build into the system of care and services what they want.

http://www.visn2.med.va.gov/cslines/servicelines/serviceline.html Also, while you are there, take a peek at the VISN 2 **Service Line** Newsletter. http://www.va.gov/visns/visn02/cslines/service/servicenews.html

Use of a New Outcome Scale to Determine Best Practices. VA investigator, William R. Holcomb, Ph.D., M.P.A., describes a rating scale developed to incorporate outcomes data to improve patient satisfaction. *A Reprint of an article originally published in* Psychiatric Services 1998; 49(5):583-585. http://bhcinfo.com/research.html

Customer Satisfaction and Self-Reported Treatment Outcomes Among Psychiatric Inpatients, is another article by William R. Holcomb, Ph.D., et al, on this topic. Psychiatric Services 1998; 49(7): 929-934. http://psychservices.psychiatryonline.org/cgi/content/abstract/49/7/929

Taking a look at patient satisfaction through the eyes of the patient—**The Picker Institute**, a non-profit affiliate of The CareGroup, has a mission to improve quality of care via the patient's point of view. The Picker Institute conducts assessments of patients' healthcare experiences with more than 200,000 patients and healthcare consumers at more than 500 healthcare institutions. Take a look at how the Picker Institute approaches patient satisfaction at: http://www.picker.org/

The **American College of Physicians** created a patient satisfaction survey service. Take a look at the ACP *Assessing Patients' Perceptions* web page. http://www.acponline.org/catalog/environment/satis.htm ■

"Let's Talk Service Lines!"

Have you ever had a question or comment about your work with service lines but had no place to address it? Well now there is a great resource available. Service Line Roundtable is a "listserv"— an email-based online forum for discussing VHA service-line related topics. If you're involved in the planning, implementation or management of service lines at the facility or VISN level, "Service Line Roundtable" provides you with a place to share your experiences with others and learn from theirs — exchange information, share best practices, raise concerns, discuss problems

Service Line Roundtable is intended for VISN and facility top management, clinical and administrative service chiefs, service line managers, quality improvement managers, and HQ managers. Service Line Roundtable is a closed list — list members will receive email messages only from other members. Participants are free to answer, question, or simply observe the discussion and sharing of different service line management experiences and lessons learned.

To join the list, simply send an e-mail message to majordomo@world.std.com Leave the subject line of the message blank and in the body of the message type the single line: subscribe SLRoundtable. The list is sponsored by HSR&D's Management Decision and Research Center (MDRC). If you have questions about the list, contact Maria Fonseca via email at maria.fonseca@med.va.gov or call FTS 700-839-4044 or 617-232-9500 ext 4044. ■