Zürcher Hochschule
für Angewandte Wissenschaften

zh aw Life Sciences und Facility Management

IFM Institut für Facility Management

Working Paper of the Institute for Facility Management

Model for a holistic, interdisciplinary and interprofessional recovery-focussed service provision in health organisations – Translation of the German original

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March 2021

Translation:
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Keywords: service provision in healthcare organisations, customer orientation, patient experience, line of visibility, line of interaction

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ISSN Number: 1662-985X
Online available on **https://www.zhaw.ch/de/lsfm/forschung/facility-management/working-papers/**

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Abstract

In this working paper, the «Model for a holistic, interdisciplinary and interprofessional recovery-focussed service provision in health organisations» is presented. It is based on principles such as patient/customer orientation, patient/customer experiences, various service contributions, visibility of the service provision vs. non-visibility, degree of interactions with patients/customers, and medical and non-medical contribution to recovery. The goal is the creation of a foundation for a new, common understanding of service provisions in healthcare organisations.

Keywords:
service provision in healthcare organisations, customer orientation, patient experience, line of visibility, line of interaction

1. Starting position

In classical management literature, often a differentiation is made between primary services/core processes, secondary services/support processes and management services/processes (Porter, 1985; Rüegg-Stürm, 2003). That making such distinctions is only partially adequate for healthcare was discussed within the service allocation model for non-medical services in hospitals – LemoS (Gerber & Kuchen, 2019) – and a correspondingly apt allocation to medical core services, strategic management services and medical, non-medical and management support services was suggested. A slightly different approach was chosen in the context of service management by Fliess (2009, p. 194). She differentiates between activities e.g. according to potential activities, secondary support activities, invisible "backstage" activities, visible "onstage" provider activities as well as customer activities, and separates them by implementation, pre-planning, internal interaction, lines of visibility and customer interaction. The idea to divide the services visible for customers and the non-visible services with a «line of visibility» is also applied in the context of blueprinting (Bornewasser, 2013; Braun von Reinersdorff, 2007; Schubert, 2013; von Felten, Coenen, & Schmid, 2012).

In projects aiming to systematically and holistically develop particularly the non-medical service provision in healthcare organisations, it has, however, been observed that the models mentioned above only partially fulfil the need of the complex practice. In particular, the increasing patient centricity and the merging of the different disciplines have hardly been described. A suggestion in relation to a common understanding of the different patient and customer roles for people who (have to) get treated in a healthcare organisation and the corresponding differentiating needs for service provision has been made (Gerber, 2020). Still missing, however, is a common, overall discipline and interprofessional understanding of service provision in relation to the «line of visibility» in the course of the patient journey.

2. Goal of the working paper

The author suggests that service provision in healthcare organisations should be aligned differently in the future. Digitalisation is already causing an increasing merger of disciplines in some areas. The trend to more cooperation should not only be pursued in regard to a goal-oriented treatment in favour of all people who (have to) go to healthcare organisations, but also premised on becoming more effective so that fewer resources (human, material, time and financial) are wasted.

With the presentation of a model for a holistic, interdisciplinary and interprofessional recovery-focussed service provision in health organisations, the goal of the working paper is that the foundation for a

discussion towards such an understanding of service provision is rooted for all participants in the recovery of people – be it directly or indirectly.

3. Model for a holistic, interdisciplinary and interprofessional recovery-focussed service provision in health organisations

Before the model for a holistic, interdisciplinary and interprofessional recovery-focussed service provision in health organisations is introduced, the underlying principles are presented.

3.1 Principles / Basic understanding

The following basic understanding and principles underlie the model for a holistic, interdisciplinary and interprofessional recovery-focussed service provision in health organisations:

Patient/customer orientation in healthcare services

Services in healthcare organisations are, more and more, being provided in a patient-/customer-oriented way, with active participation and focused on the overall experience, which is causing increasing customer orientation (Ernst, Brähler, & Weissflog, 2014; Fancott, 2011; Fischer, 2017; fmc, 2015; Gatterman, 2012; Gerber, 2020; Ghafur & Schneider, 2019; Immohealthcare, 2019; Health Quality Ontario, no date; Parzer-Epp, Cosandey, & Dümmler, 2019; Passoth, 2018; Pfister & Steiger, 2014; Schüpfer, 2015; Vahlensieck, 2018; Vetterli, 2017; Vogel, 2006). People who (have to) go to a healthcare organisation for recovery can, depending on the situation, occupy the role of patients and/or customers (cf. Figure 1).

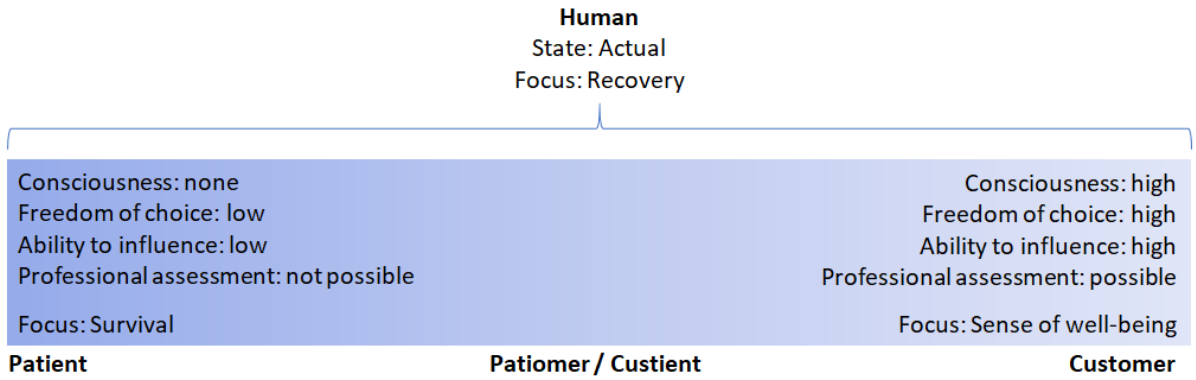

Figure 1: Manifestations of the role of people who (have to) receive treatment in a healthcare organisation (Source: Gerber, 2021, p. 3)

Different service contribution in healthcare organisations

In healthcare organisations, a multitude of different services are necessary to fulfil the purpose of recovery. In order to cope with this complexity, Gerber & Kuchen (2019) suggest an extension of the common

management theory, usually comprising core, management and support services, by segmenting the support services into Management support services, Non-medical support services and Medical support services (cf. Figure 2).

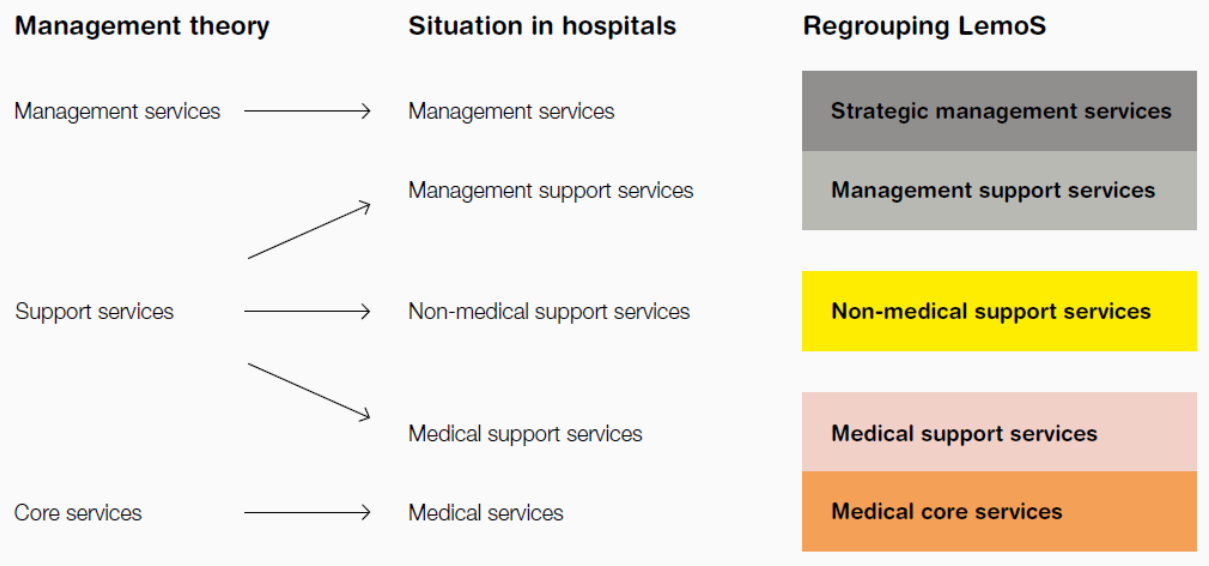

Figure 2: Illustration of the different service groupings (Source: Gerber & Kuchen, 2019, p. 9)

On this basis, the corresponding services in the service catalogue of non-medical Services (LekaS) were described in detail (Gerber & Kuchen, 2019) – Figure 3 summarises the content.

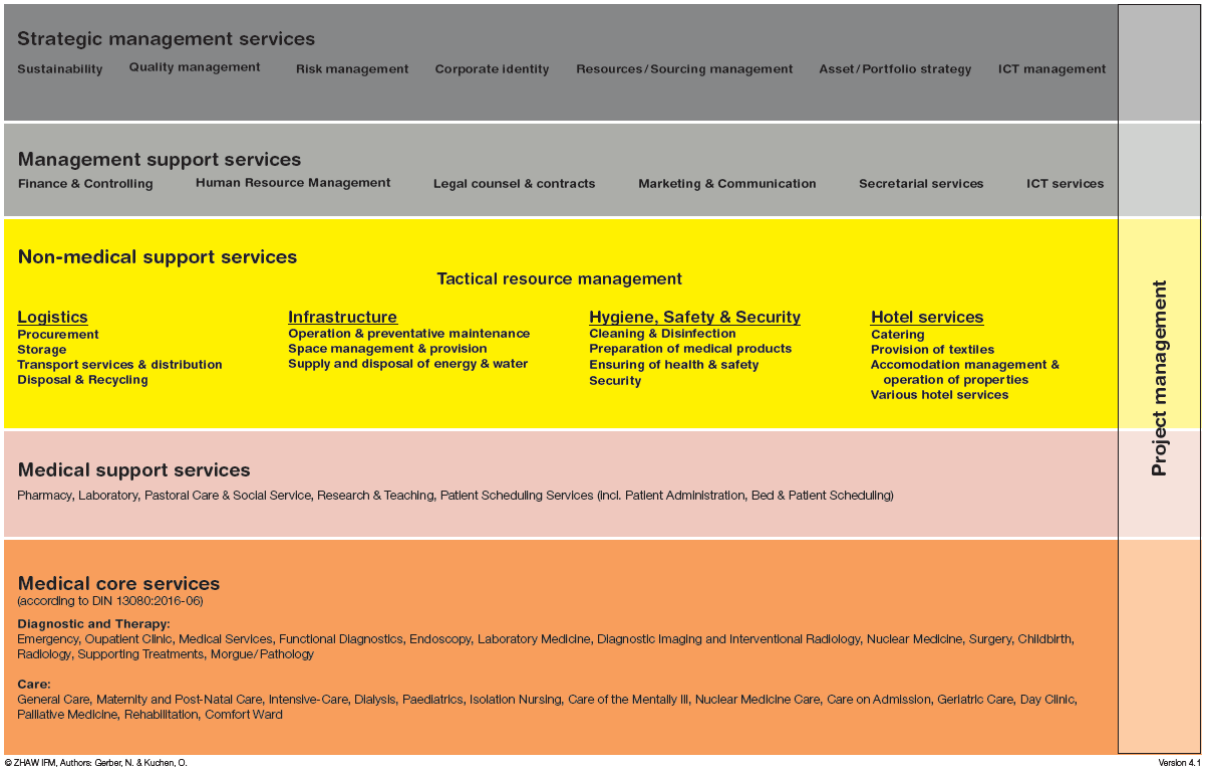

Figure 3: Service Allocation Model for Non-Medical Services in Hospitals (LemoS), Version 4.1 (Source: Gerber & Kuchen, 2019, p. 10)

Complex service provisions in general and particularly in healthcare organisations

The production of services is generally classified as being complex (Bullinger & Meiren, 2001; Corsten & Gössinger, 2007; Corsten & Stuhlmann, 2001; Fliess, 2009; Kleinaltenkamp, 2001; Maleri & Frietzsche, 2008; Sampson, 2012). This particularly applies for the provision of services in healthcare organisations (Corsten & Salewski, 2013; Darzentas & Petrie, 2019; Malmberg, et al., 2019; Palozzi, Falivena, & Chirico, 2019; Prendiville, 2019; Rise Fry, 2019; Romm & Vink, 2019; Rygh & Clatworthy, 2019; Vink, Prestes Joly, Wetter-Edman, Tronvoll, & Edvardsson, 2019). Here, the different contributions to the overall performance become indistinct in a number of ways:

- **Visibility of the service provision vs. non-visibility**

  In service engineering, the distinction is made between services which are visible for the customers or patients and those which are not. For this, the «line of visibility» is applied, which divides the two contexts (Fliess, 2009). In healthcare organisations, medical-care-therapeutic contributions can be visible (e.g. doctor's visits, therapy, wound care), but also non-medical ones (e.g. catering, cleaning or maintenance activities in patient rooms, logistics activities on the ward) or management-services (e.g. administration/correspondence, image building activities). In comparison, some contributions to the service provision for customers or patients are non-visible for the medical-therapeutic-care context (e.g. preparation of the surgery instruments or medications, alignment of the patient reports) as well as for the non-medical (e.g. preparation of specific meals, logistics of material) or the management context (e.g. resource and sustainability management).

- **Interaction with the patient / customer**

  Fliess (2009) also differentiates between contribution of service provision in relation to the interaction with the customer and uses the «line of interaction» for this: services can thus be generated together with the customer or also without a customer interaction. In healthcare organisations, interactions with the patient/customer are possible for the medical-therapeutic-care service provision as well as for the non-medical or management activities (e.g. choice of the menu, choice of hospitality services, explanations of billing). Also, service provisions without interaction of the customer/patient are possible in the medical-therapeutic-care context (e.g. interpretation of laboratory examinations, patient administration) as well as in the non-medical context (e.g. repair of defective devices, preparation of meals).

- **Medical and non-medical contribution to recovery**

  Not only medical-therapeutic-care services can contribute to the recovery, but also non-medical services (Andrede, Lima, Sloan Devlin, & Hernandez, 2016; Reymond & Manz, 2020; Riefenstahl, 2015; Vollmer & Koppen, 2015). While some medical services can clearly be classified as core processes in a classical sense as they contribute to the recovery according to medical principles, there are also non-medical services which can encourage recovery (e.g. colour of materials, room design,

nutrition, hygiene, hospitality or empathic communication of all staff). In contrast, there are services with support character in the medical (e.g. surgery material provision, medical literature administration) as well as the non-medical or management area (e.g. room management, procurement logistics, human resource management).

Overall, it has to be noted: The exact allocation of service provision activities in healthcare organisations is only possible to a limited extent. Very often, there are "grey areas": A service may or may not be visible for any given patient, depending on the timing of the provisioning act, or a patient may not actively perceive a particular service at all. In addition, in different healthcare organisations, different services are offered and, depending on the organisational form, are provided in a different manner, or the service provision is available in different ways. A model has to take into account these variables.

3.2 Model conception

With the above-mentioned aspects

- patient-/customer-orientation / patient-/customer-experience
- different service contributions
- visibility of the service provision vs. non-visibility
- interaction with patients/customers
- medical and non-medical contribution to recovery

as a basis, Figure 4 illustrates the correspondingly suggested model for a holistic, interdisciplinary and interprofessional recovery-focussed service provision in health organisations, independently of the present affiliation of professions and disciplines.

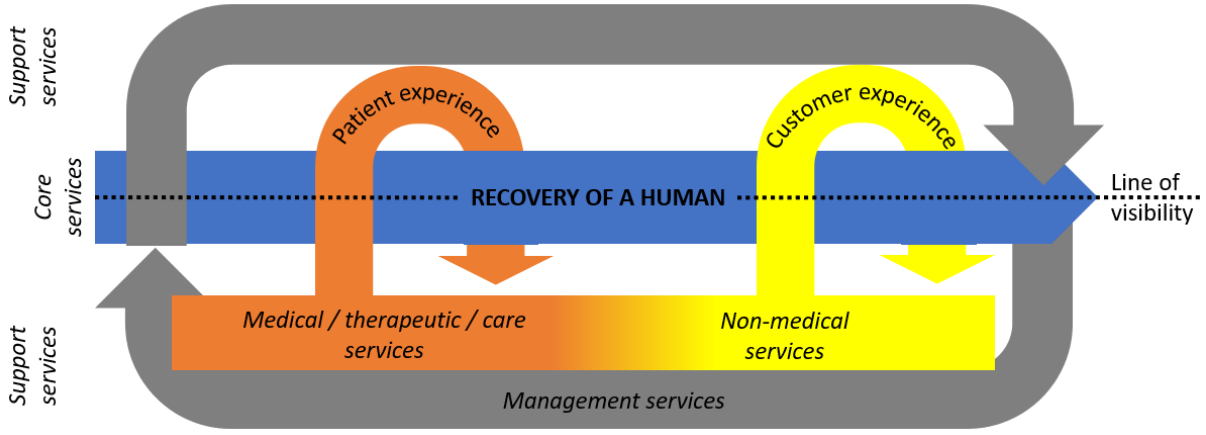

Figure 4: Model for a holistic, interdisciplinary and interprofessional recovery-focussed service provision in health organisations

Explanations of the mode content:

- The **recovery of people** is the **central focus** of all service providers – this fact was also taken into account in a visual perspective.
- Contributions to the service provision are **medical-therapeutic-care, non-medical and management services** - the colouring scheme follows the Service Allocation Model for Non-medical Support Services in Hospitals – LemoS 4.1 (Gerber & Kuchen, 2019).
- Services which are **visible** for the patients/customers are located above the «line of visibility». Visible services can be medical-therapeutic-care, non-medical or also management services.
- Service which are **not visible** for the patients/customers are below the «line of visibility». Not visible services can be medical-therapeutic-care, non-medical or also management services.
- The more directly a service contributes to the recovery of a person, the more this service can be classified as a **core service**.
- The less directly a service contributes to the recovery of a person, the more this service is classified as a **support service**. Support services can be provided in a medical-therapeutic-care, a non-medical or a management context.
- The more a service is assessable and choosable for a person who goes to a hospital in order to get treated, the more it should be provided with the view to the **customer experience**. Core as well as support services in relation to the customer experience can be provided in a medical-therapeutic-care, non-medical as well as management context.
- The less a service is assessable and choosable for people who (have to) go to a hospital in order to get treated, the more it should be provided with the view to the **patient experience**. Core as well as support services in relation to the patient experience can be provided in a medical-therapeutic-care, a non-medical as well as a management context.
- The single service provision contexts are not always clearly separable or distinguishable; the transitions are sometimes fluid as the service provision may overlap.

4. Outlook

With the model and the corresponding explanations, it should be made clear that the service provisions in healthcare organisations have to be newly aligned. The often strict separation between professions and disciplines of the past has to be reappraised with a common focus on service provision and associated processes have to be redesigned. Particularly with the current digital transformation within healthcare (as well as within society in general) and the corresponding changes in work procedures, understanding of roles and fields of activities, this should be used for a realignment and for a common dialogue. For that, an appropriate culture change of the whole organisation and of all stakeholders is necessary.

In the medium-term, a corresponding assessment of the satisfaction of patients and customers should be considered as a basis for a continuous verification and discussion of service provision.

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