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# Improving Service Delivery Through Provider Training: A Process Evaluation of the Veterans Affairs Palo Alto Health Care System “Commitment to SERVE” Workshop

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**Improving Service Delivery Through Provider Training:**

**A Process Evaluation of the Veterans Affairs Palo Alto Health Care System**

**“Commitment to SERVE” Workshop**

by

Ismael Barrera

A Thesis Quality Research Paper  
Submitted in Partial Fulfillment of the  
Requirements for the  
Master’s Degree  
in  
PUBLIC ADMINISTRATION

Prof. Frances Edwards. Ph.D.

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## **ACKNOWLEDGEMENTS**

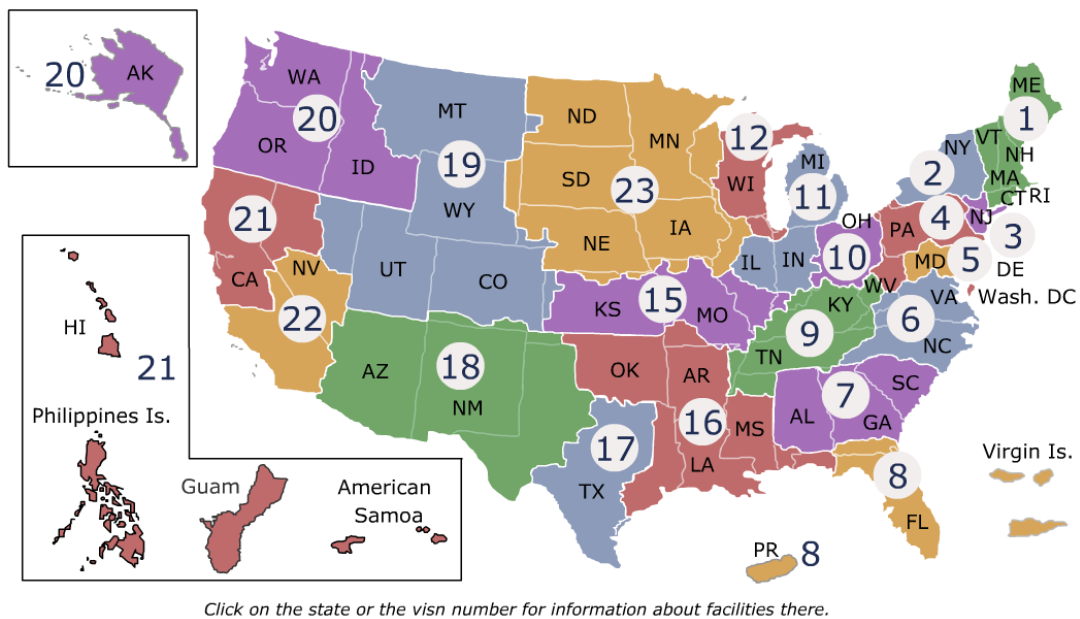
This project would not have been possible without the mentorship and support of the following individuals. First, to my advisor Dr. Frances Edwards, who provided the constant mentorship and guidance to complete this project. To my parents and in-laws, who have always provided me with unlimited support and have made sacrifices to help achieve my academic goals. To my wife, who offered me the encouragement I needed to fulfill this endeavor. Lastly, to my children, Isabelle and Noah: may this achievement be an example to you that giving up is not an option!

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## INTRODUCTION

The Veterans Health Administration (VHA) operates one of the largest publicly financed integrated health care systems in the United States (U.S.). The VHA has medical facilities throughout the U.S. and in American Samoa, Guam, Philippines, Puerto Rico, and the Virgin Islands to provide health care to eligible veterans who served in the U.S. military. The map displayed in Figure 1 illustrates the various locations of medical facilities along with its geographically designated Veterans Integrated Service Network (VISN).



### Veterans Integrated Service Networks:

VISN 1: VA New England Healthcare System	VISN 11: Veterans In Partnership
VISN 2: VA Healthcare Network Upstate New York	VISN 12: VA Great Lakes Health Care System
VISN 3: VA NY/NJ Veterans Healthcare Network	VISN 15: VA Heartland Network
VISN 4: VA Stars & Stripes Healthcare Network	VISN 16: South Central VA Health Care Network
VISN 5: VA Capitol Health Care Network	VISN 17: VA Heart of Texas Health Care Network
VISN 6: VA Mid-Atlantic Health Care Network	VISN 18: VA Southwest Health Care Network
VISN 7: The Southeast Network	VISN 19: Rocky Mountain Network
VISN 8: VA Sunshine Healthcare Network	VISN 20: Northwest Network
VISN 9: VA Mid South Healthcare Network	VISN 21: Sierra Pacific Network
VISN 10: VA Healthcare System of Ohio	VISN 22: Desert Pacific Healthcare Network
	VISN 23: VA Midwest Health Care Network

Figure 1: VHA Facilities per VISN

Source: (United States Department of Veterans Affairs, 2015)

In December 2013, the Phoenix Veterans Affairs Health Care System (PVAHCS) was exposed by the media as engaging in dishonest patient management practices that included keeping secret appointments lists, and delaying care for patients in order to achieve higher performance measures to obtain the related financial rewards associated with exceeding performance measures (“Timeline: The road to VA,” 2015). In reality, the patient care resources were overloaded, resulting in patients waiting for long periods for routine consultations and testing. Delays are believed to have led to several deaths among the patients (Price, 2014). Former Secretary of the Veterans Affairs Robert (Bob) McDonald responded to the failures of the Veterans Affairs (VA) Health Care System by determining “to drive VA culture and practices to understand and respond to the expectations of veteran customers” (Price, 2014, p. 1000). Former Secretary McDonald’s paradigm shift in managing the VA more like a business entails treating patients as customers who seek publicly funded health care.

As the customer-focused management strategies gradually advances into all of the VISNs, the Veterans Health Administration in Palo Alto, California implemented a customer service training program for employees to meet the diverse and complex needs of its customers. This research will analyze whether participants in this training, known as Commitment to *SERVE*, believe that it is achieving its goal. In other words, does the Veterans Affairs Palo Alto Health Care System (VAPAHCS) staff perceive the Commitment to *SERVE* workshop as a beneficial customer service training program?

## **BACKGROUND**

### **History**

The sole mission of the Department of Veterans Affairs is to fulfill former President Abraham Lincoln's promise: "To care for him who shall have born the battle, and for his widow and orphan" (Oliver, 2007). In order to accomplish its entrusted mission, the Department of Veterans Affairs was initially established by former President Herbert Hoover during the early 1930s as the Veterans Administration. The Veterans Administration was responsible for providing war veterans with disability compensation, retirement pensions, life insurance, vocational training, and health care benefits.

Approximately 10 years later, the Serviceman's Readjustment Act of 1944, commonly known as the G.I. Bill, was passed by Congress to assist returning veterans of World War II with financial assistance to pay for a college education, start a business or purchase a home (Mettler, 2005). The injuries among veterans of World War II generated support by the American people to expand medical services offered by the Veterans Administration to honorably discharged veterans, establishing the Department of Medicine and Surgery.

In 1988, the Veterans Administration became the 14<sup>th</sup> government department with Cabinet-level status under President Ronald Reagan, and was converted to what is officially currently known as the Department of Veterans Affairs (Oliver, 2007). As part of the executive branch of the federal government, the VA secretary reports to and can be removed by the President of the United States.

Behind the Department of Defense (DOD), the Department of Veterans Affairs (VA) is the second largest Cabinet in the Executive Branch of the federal government. The VA has an

integrated health care system composed of three operating organizations: the National Cemetery Administration (NCA), the Veterans Benefits Administration (VBA), and the Veterans Health Administration (VHA).

The NCA manages the national cemeteries in 40 states, including Puerto Rico to provide veterans with a resting place and memorials that commemorate their sacrifice to the United States (U.S.). By 2005, the NCA managed over 120 cemeteries in the U.S. The VBA administers a variety of benefits to eligible veterans. With over 55 regional offices in 50 states, as well as in the Philippines and in Puerto Rico, the VBA provides home loans, educational benefits, vocational, and employment rehabilitation assistance and life insurance. Lastly, the division of interest of this analysis, is exclusively accountable for delivering first-class, public sector, health care benefits to eligible veterans in the U.S. (United States Department of Veterans Affairs, 2009).

### **Organizational Structure**

The Veterans Health Administration (VHA) has four mandates: medical education, research, emergency support, and medical care. However, the primary responsibility of the VHA is to provide veterans with exceptional health care services to remedy their afflictions, injuries, and disabilities related to their military service. The Government Accountability Office (GAO) reported that the VHA provides care to over 5.5 million veterans annually (Williamson, 2011).

To accomplish this challenging mission, the VHA has grown from 54 medical facilities in 1930 to over 1,400 health care facilities as of 2008, including 150 medical facilities, 919 community based outpatient clinics (CBOCS), 135 senior nursing homes, 230 veteran centers, and 47 domiciliary treatment programs (Vandenberg, Bergofsky, & Burris, 2010). To meet the



multifaceted needs of veterans from different war periods such as World War II, Korean War, Vietnam War, Gulf War, Iraq and Afghanistan War, the VHA has more than 247,000 employees, 127,000 volunteers, and 5,500 work without compensation (WOC) staff positions (Vandenberg, Bergofsky, & Burris, 2010).

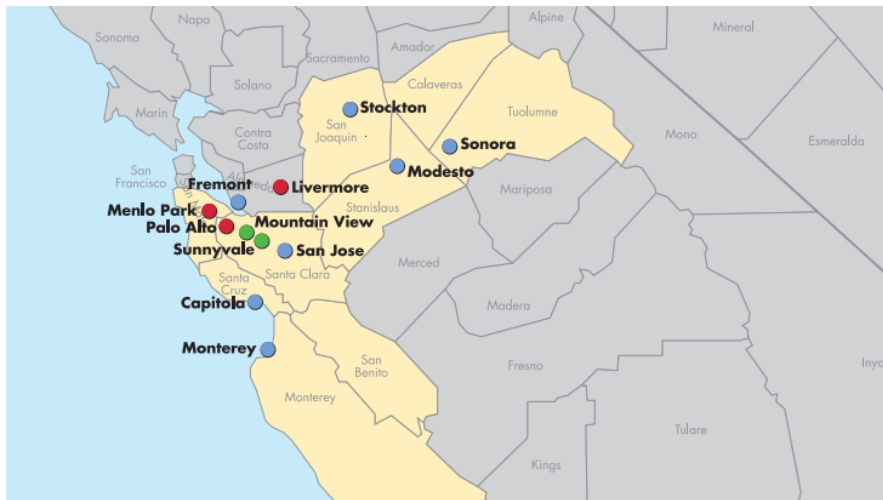
Due to the changing demographics of veterans and the developing health care environment of the public sector during the mid-1990s, the senior leadership of the VHA had a vision to better manage the needs of the local veteran population (Wright, Craig, Campbell, Schaefer, & Humble, 2006). To reorganize the health care system into a high performing organization, VA leadership created “four regions, thirty-three networks, and 159 independent medical centers with twenty-two (now twenty-one) [Veterans Integrated Service Networks]” (view Figure 1 on page 4) to improve safety, efficiency, access, responsiveness, quality, and satisfaction of care provided to patients and their loved ones (Oliver, 2007, p. 16).

A single VISN can consist of numerous medical centers, rehabilitation facilities, Veteran Service Organizations (VSO), and ambulatory care facilities. Given that each VISN receives annual funds to manage its medical operations, each VISN is accountable for delivering health care services to enrolled veterans in its specific geographic location. California, for example, is composed of VISN 21 and VISN 22 to provide services to the veterans in the Sierra (Northern) and Desert (Southern) Networks. For instance, depending on the administered medical procedure, a veteran who resides in Cupertino, California should expect to receive medical care from the Veterans Affairs Palo Alto Health Care System (VAPAHCS) or the San Jose Community Based Outpatient Center (CBOC).

According to the Department of Veterans Affairs, California has VISN 21 and VISN 22 to serve the 1,795,455 veterans in the Sierra (Northern) and Desert (Southern) Pacific Networks (United States Department of Veteran Affairs, 2014). VISN 21 is the home of one of the top VA hospitals in the United States: the Veterans Affairs Palo Alto Health Care System (VAPAHCS). The VA in Palo Alto processed over 8,500 inpatient admissions alone during fiscal year 2013, whereas the Veterans Affairs San Diego Health Care System processed about 8,073 inpatient admissions. As illustrated in Figure 3, VAPAHCS is comprised of three inpatient sites located in Palo Alto, California; Menlo Park, California; and Livermore, California; and seven Community Based Outpatient Centers in San Jose, California; Fremont, California; Capitola, California; Monterey, California; Stockton, California; Modesto, California; and Sonora, California.

### SERVICE AREA OVERVIEW

- Community Based Outpatient Center (CBOC)
- Inpatient Division
- Administrative and Research Center



Data is for the South Coast Market, which includes 9 counties shown in highlighted map above. Data does not include Alameda County, which is shared with the North Coast Market.

	ACTUAL			PROJECTED		
	2010	2011	2012	2013	2014	2015
<b>Veteran Population</b>	218,621	205,453	197,760	190,272	183,192	176,502
<b>Enrollees</b>	74,463	75,791	85,844	77,257	77,391	77,226
<b>Market Penetration (Enrollees/Vet Pop)</b>	34.06%	36.89%	43.41%	40.60%	42.25%	43.75%

Figure 2: VA Palo Alto Division  
Source: (United States Department of Veterans Affairs, 2015)

The leading objective of senior leaders in transforming the structure of the VHA during the mid-1990s was to increase performance through a decentralized controlled health care system. Oliver (2007) affirms in his article that the performance improvement of the VHA is widely attributed to the restructuring made in 1995. In retrospect, despite the fact that the VA treated about 6.6 million patients in 2014, compared to 4.5 million patients in 2001, the VA is still struggling to recuperate from the loss of trust caused by the cover-up of appointment delays by the Phoenix VA Health Care System. In consequence, former VA Secretary Eric K. Shinseki resigned in May 2014, as the wait-time scandal exposed additional appointment delays and systemic problems nationwide (Price, 2014; Van Mart, 2015).

## **Response**

In July 2014, President Obama nominated former Chief Executive Officer (CEO) of Procter and Gamble, Robert McDonald, to serve as the Secretary of the Department of Veterans Affairs (Colleen & Kesling, 2014). Although Robert McDonald did not have a broad military background akin to his predecessor, he is a West Point Academy alumnus and has extensive experience managing global organizations. According to Price (2014), former Secretary McDonald had every intention of operating the VA with a business model where the “focus [is] on the customer, every single customer” (Price, 2014, p. 987).

While the fiasco of patient wait-times in Phoenix did not adversely affect the Veterans Affairs Palo Alto Health Care System (VAPAHCS), a new contemporary strategic plan aligned with VHA’s mission, vision, and values was established. Figure 4 demonstrates the foundation of the strategic plan of VAPAHCS, which consists of six priorities: people, access, quality,

safety, innovation, and stewardship. This analysis will focus on the priorities of people, quality, and innovation.

At VAPAHCS nevertheless, the priority of people is one of the most essential priorities in the health care system. Without people, or in this case, VA employees, students, trainees, contractors, and volunteers, VAPAHCS would not be able to collectively devise innovative ways to improve patient care and the quality of customer service.

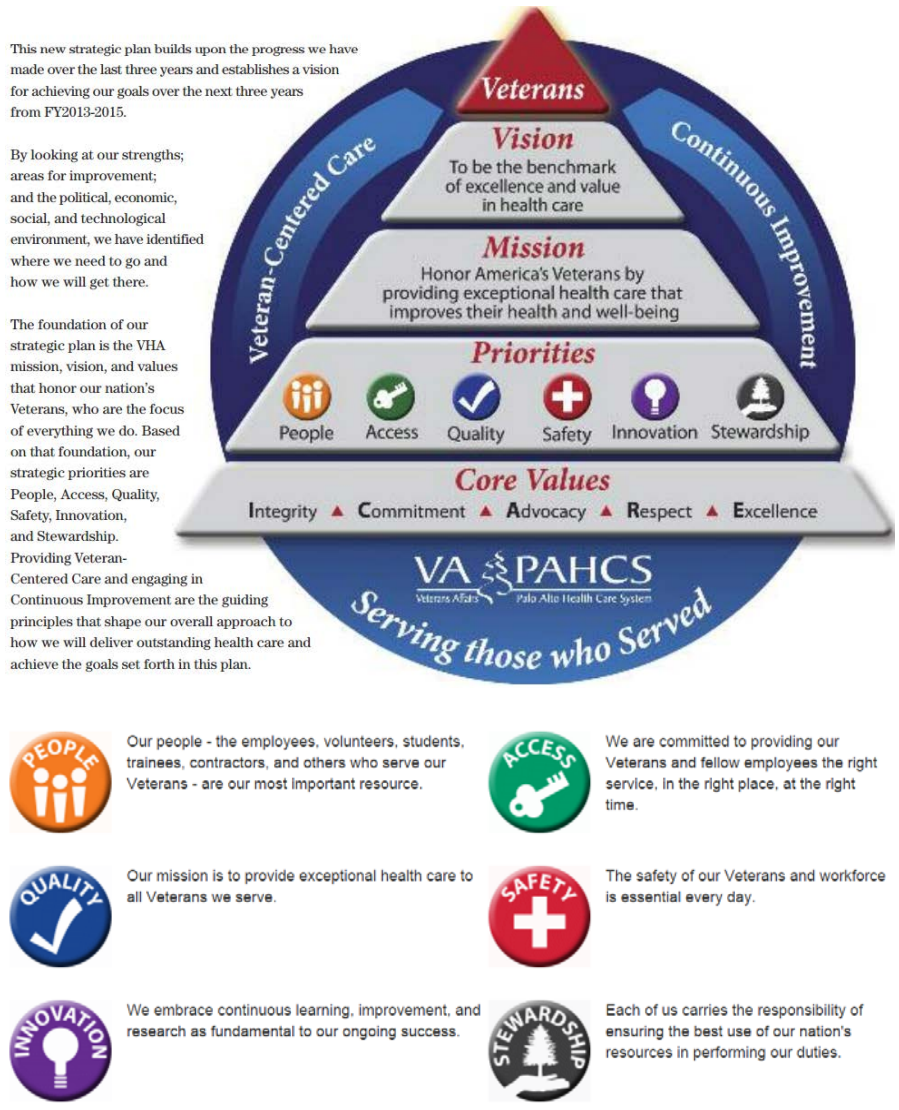


Figure 3: The Veterans Affairs Palo Alto Health Care System Strategic Pyramid  
Source: (United States Department of Veterans Affairs, 2015)

In 2013, senior leadership in VAPAHCS identified improving workforce engagement and augmenting patient satisfaction as the two strategic priorities of the health care system. In addition to Secretary McDonald's vision for change, Lisa Freeman, the former Director of VAPAHCS, also acknowledged that in order to improve patient and employee satisfaction, building and maintaining a customer service oriented organization is the cornerstone to every high performing organization (United States Department of Veterans Affairs, 2015).

As a result, in June 2013 the Office of Education at VAPAHCS contracted with Advanced Consulting Inc. to assist with the development of a comprehensive training program designed to provide staff with the skills, tools, and processes to not only better understand the needs of the customer, but to also deliver services in a standardized method that will create an enhanced experience deemed exceptional by all customers that interact with VAPAHCS (Advanced Consulting Inc., 2014).

After conducting an organizational assessment of existing service oriented training programs, the customer service excellence program is to build upon the current interpersonal skills of the workforce to create an environment that supports VAPAHCS' strategic mission, vision, and the six priorities as demonstrated on the strategic pyramid in Figure 3. The primary objective was to create an integrated customer service program that would be disseminated throughout all organizational levels in VAPAHCS. This led to the design and development of the classroom based, eight-hour customer service curriculum called the Commitment to *SERVE* workshop; the focus of this analysis.

## METHODOLOGY

This evaluation of the Commitment to *SERVE* workshop at the Veterans Affairs Palo Alto Health Care System (VAPAHCS) is based on Sylvia and Sylvia's (2012) process evaluation method as illustrated in Figure 4. The process evaluation method follows a four phase approach by defining the problem that is being addressed, a description of the solution, implementing the solution, and then, using feedback from participants in the workshop through the collection of data on the delivery, analyze the success of the process.

### Process Intervention and Evaluation

Phase 1: Problem Identification	Phase 2: Solution Development	Phase 3: Implementation at VAPAHCS	Phase 4: Feedback Evaluation
<p>Service delivery failure of the Veterans Administration Health Care System</p> <p>Resulting customer loss of confidence in the Veterans Administration Health Care System</p>	<p>Regain customer trust</p> <p>Train employees on customer service best practices</p> <p>Develop the Commitment to <i>SERVE</i> workshop for employees</p>	<p>Deliver the Commitment to <i>SERVE</i> workshop at VAPAHCS</p> <p>Collect employee participant evaluation forms from each group</p>	<p>Evaluate data from participant evaluation forms</p> <p>Create analysis of feedback leading to:</p> <p>1) measures of the benefits of the program; and,</p> <p>2) data-driven changes that would improve the program.</p>

Figure 4: The Four Phases of Process Evaluation  
Source: (Sylvia, R. and Sylvia, K., 2012)

## LITERATURE REVIEW

While private health care organizations in the United States have evolved to a more customer-focused approach to service delivery (O'Hagan & Persaud, 2008), the VHA preserved older models centered on the traditional approach of cost minimization and efficiency (Rosenbloom, Kravchuk, & Clerkin, 2009).

Professionals in the field of public administration acknowledge that private sector business strategies and perspectives can benefit public sector organizations. Process improvement techniques, according to Mazur, McCeery and Rothenberg (2012), are adopted by organizations to help them solve operational deficiencies, reduce costs, and improve quality metrics. These techniques are more commonly referred to, and known in the private sector as "lean". "The core idea is to maximize customer value while minimizing waste. Simply, lean means creating more value for customers with fewer resources" (Lean Enterprise Institute, 2015). The lean strategies are fundamental methodological tools that assist with "the detection and correction of error", where error is anything that inhibits health care professionals from taking effective action on the job" (Mazur, McCeery, & Rothenberg, 2012).

Towne (2010) however reported high failure rates in attempts to incorporate lean into private sector health care. Mazur et al. (2012) discovered that the failure derives from employees resorting to previous behaviors without fully transitioning to and maintaining the lean culture and mindset. To fully incorporate lean initiatives in a health care organization, it is vital for leadership to promote the value of lean as a bottom-up approach to associate employees with the lean management commitment. Single-loop learning in health care reinforces confined solving techniques, preventing the disclosure of root causes of the

problems on repetitive issues (Mazur, McCeery, & Rothenberg, 2012). Due to the complex nature of health care, staff members resort to quick fixes, or what Mazur, McCeery and Rothenberg (2012) termed “workarounds”, which can lead organizations to experience “further problems and system-level pressures” (p. 12). Therefore, the successful implementation of lean essentially requires all leadership and staff to learn to be resilient problem solvers to decrease the propensity for errors; thus, improving operational performances in cost, quality, and customer service.

Ongoing programs in the public sector are infrequently evaluated to determine if the initial operational activities and the delivery of the intervention has resulted in positive or negative perceptions by the targeted population of customers. In the case of VAPAHCS, the target population of customers are the employees who take the Commitment to *SERVE* workshop. Legislators, tax payers, and stakeholders alike presently expect public officials and their staff to have the intellectual competencies to evaluate ongoing programs to assess for the following criteria: the need for the program, its efficiency, and the adequacy of the program’s service delivery and implementation design (Rossi, Lipsey, & Freeman, 2004).

While outcome evaluations are often the preferred strategies for measuring program impacts and outputs for ongoing programs in the public sector, process evaluations enable administrators to research, identify, and understand the reasons why a new ongoing program is or is not achieving its intended (formative) operational goals. Simply put, “we are not interested in whether the impact of X on Y is statistically significant. What we really want to know is if Y is not happening, what is wrong with X” (Silvia & Silvia, 2012, p. 93). Therefore, this research will not focus on whether the consumers of the intervention think there has been an improvement



in their services, but rather on the evaluations (feedback) from participants who completed the training to determine whether the workshop was useful and whether participants learned anything that would change their practice model or service delivery.

Saunders, Evans, and Joshi (2006) assert that in recent years there has been a strong emphasis on measuring the implementation of programs due to the “great variability in program implementation and policy adaptation” (p. 134). Saunders et al. (2006) further clarified that process evaluations can ensure administrators that a program’s service, intervention or training has been implemented adequately before acquiring additional resources to conduct an impact assessment. Therefore, by utilizing the Sylvia and Silvia (2012) four phases of process intervention and evaluation methodologies, this study will evaluate the implementation, operational effectiveness, and staff perceptions of the ongoing customer service training program at VAPAHCS called Commitment to *SERVE*.

### **Problem Statement**

Reforming the Veterans Health Administration (VHA) to a decentralized institution during the mid-1990s was an attempt by senior leaders to change both the performance and the public’s perception of the VHA. When Kenneth W. Kizer was appointed in 1994 as the Undersecretary for Health for the Veterans Health Administration, Oliver (2007) states that in 1995 “Kizer outlined his reform proposals in a blueprint for the VHA entitled *Visions for change*” (p. 15). Rather than focusing on the performance of the VHA, Dr. Kizer primarily advocated for changing the public’s perception of the VHA by conducting public relations activities.

At the macro level, the VHA is currently fighting an uphill battle to recuperate from the effects of a recent scandal that took place at the Phoenix Veterans Affairs Health Care System

(PVAHCS). The scandal revealed that VA officials in Phoenix and in other medical facilities covered-up medical deficiencies, falsified medical appointment records (secret waiting lists), and pressured staff to keep and maintain false records, which may have caused the deaths of 40 veterans (Bernard, 2015; Greco & Collins, 2014).

At the micro-level, the Veterans Affairs Palo Alto Health Care System caught the residual effects of the scandals prompting mistrust and uncertainty among veterans, family members, and the community about the health care system. Kadvany, a reporter from the *Palo Alto Weekly*, reported on June 4<sup>th</sup>, 2014 that the “Palo Alto VA is making efforts to encourage open dialogue about its stance on the issue, including a meeting...with local elected officials”. The VA Palo Alto Deputy Public Affairs Officer, Michael Hill-Jackson, was quoted in the news article as saying, “A lot of vets are concerned, of course, but not all VA's are the same,” he reassured the public “If you're in Palo Alto, you're OK” (Kadvany, 2014, para. 3).

Based on a survey conducted by the American Customer Satisfaction Index (ACSI) in 2014, the VA has one of the lowest citizen satisfaction ratings in the federal government (Ellis, 2015). Between October 2014 and November 2014, the study randomly interviewed 1,772 service users by telephone to evaluate their recent experiences with federal government agencies. ACSI's “cause-and-effect econometric model estimates citizen satisfaction using survey-measured expectations, as well as respondents' perceptions about the quality of government services” (Ellis, 2015, p. 35). The lowest score an agency can obtain is 45 and the highest score an agency can get is 85.

The data revealed that most respondents did not like to interact directly with the federal government due to the perceived unprofessional and rude behavior by staff. Compared

to the previous study conducted in 2013, the ACSI scores were 5 percent lower in the analysis conducted in 2014. The agency that received the highest score was the Department of Defense (ACSI of 73) and the agency that received the lowest score was the Department of the Treasury (ACSI of 57). The Department of Veterans Affairs (VA) received an ACSI rating of 59, which places the VA slightly above the Department of the Treasury. "For the public sector", Ellis states, "the likely equivalent to loyalty is trust" (p. 37). If customer service declines, trust in the organization will also deteriorate. While the scores may not reflect the satisfaction rates of the entire VA, the data indicates that citizens still value consistent customer service. It would be interesting and noteworthy to further understand how veterans perceive the Department of Veterans Affairs.

Damron-Rodriguez, White-Kazemipour, Washington, Villa, Dhanani, and Harada (2004) conducted a qualitative study to further identify the perceptions of veterans, in this case the customers, regarding the use of VA services and whether the services are perceived as being satisfactory and accessible. One hundred seventy-eight veterans were placed in 16 different focus groups according to war cohort and ethnic backgrounds.

A trained non-VA employee conducted a one and a half to two hour dialogue with each cohort that included eight open-ended questions regarding their experiences and opinions about the quality of services, and their relationships with the VA. The sessions were recorded, transcribed, and classified into 19 categories. Using a data software called QSR N\*UDIST, Damron-Rodriguez et al. (2004) coded discussion transcripts by three coders.

The assessment revealed the following results related to customer service. First, the self-image of being a veteran is very significant to the cohorts and respect as a veteran is also

very important. Second, the perceptions of the quality of the VA health care are mixed from a scale from 1 to 10. World War II veterans felt that the quality of health care provided by the VA was satisfactory while the Vietnam veterans felt otherwise. Third, veterans are concerned about the welfare stigma associated with using the VA as a health care provider. Lastly, all cohorts expect respect as a veteran, which translates into exemplary customer service and recognition for their service in the Armed Forces of the United States. As one Hispanic-American Vietnam Veteran expressed, "I would say that [VA employees are] supposed to cater to us [veterans]. So, if you went to another hospital, I don't think they're going to look at you that way. But, I'm saying, that's the purpose of the VA" (Damron-Rodriguez et al., 2004, p. 248).

The study demonstrated that veterans believe that health care providers in the private sector do not understand the sacrifices of veterans. Comments from the participants in the study specify how it is frustrating for veterans to receive "disrespectful treatment from civilian employees at the VA – a place where staff know that patients are veterans and that their job is to serve veterans" (p. 248). The research supports that assessing and understanding the customer's perspective can assist the VA to not only provide specialized coordinated health care, but how to ensure that veterans, its customers, feel welcomed and appreciated for their sacrifices.

To remain competitive in the fast-changing environment as in health care, leaders and providers must know what value they bring as far as patient satisfaction, service quality, and trust is concerned. What separates one health care system from another? Hong, Yang, and Dobrzykowski (2014) state that in a competitive market, organizations need to develop a strategic customer service orientation (SCSO) and lean manufacturing practices that result in

operational performance outcomes (OPO). According to the socio-technical system (STS) theory, “every organization is made up of people (the social system) using tools, techniques and knowledge (the technical system) to produce goods or services valued by customers (part of the organization’s external environment)” (Hong et al., 2014, p. 701). The STS theory supports the concept that when the technical and social systems work in tandem, it will lead to improved operational performance.

Adopting SCSO involves more than understanding the needs of the customer. It involves an organizational-wide commitment to provide customers with not just a simple product, but also with the intangible services that customers value. This means that if organizations expect employees to deliver great customer service, leaders need to consider how the organization is going to create a culture of process improvement (lean) to empower and sustain employees to drive customer satisfaction. “One important reason for the high failure rate in lean implementation is that most organizations revert to old habits without successfully making the transformation to lean thinking and behaviors” (Mazur, McCreery, & Rothenburg, 2012). In their empirical study, Hong et al. (2014) underscores that both strategic orientation and lean manufacturing principles (both the human and technical elements) will “help to translate customer orientation into operational outcomes” (p. 715).

Literature reinforces that customer service is not the job of just one department or a few people. The entire organization takes on the initiative to find out what the customer needs to drive the actions of all staff in the firm. Customer service therefore can be understood as the attitude, the culture of an organization. With so much emphasis on just external customers, research is extremely limited on how hospital staff perceive customer service. However, Fottler,

Dickson, Ford, Bradley, and Johnson (2006), conducted an analysis using survey and focus group data that compared hospital staff and patient perceptions of customer service. The study demonstrated that the key drivers of patient satisfaction are responsiveness to problems, educational materials, friendliness, empathy, and having a concierge to have questions addressed.

The perception of customer service among staff was very positive. The hospital staff reported that customer service contributed to their “team spirit, desire to serve others, the concierge position and the value of pre-op information” (Fottler et al., 2006, p. 61). Even though the researchers suggest that more research is needed, the study demonstrated that there may be a correlation between staff and patient satisfaction or vice versa. The researchers also suggest that health care organizations should find ways to measure satisfaction rates of staff and patients in order to discover sources of information that undermine patient care and the culture of the organization.

Former Secretary McDonald stated in a press release that the transformation to make the VA more Veteran-centric and customer focused “is a long-term process and we are just beginning to plan how this will all unfold”, but despite all of the challenges, he vowed “we will deliver” (Price, 2014, p. 1000). It is evident that VAPAHCS wants to remain competitive in the public-sector health-care industry by improving the methods how services are delivered.

The Commitment to *SERVE* workshop was developed to create a standard how employees behave and interact with internal and external customers. The Veterans Affairs Palo Alto Health Care System is leading the journey to train its federal workforce that customer service is not just a task. “Customer service is at the heart of the user experience and is a critical

component in developing a culture of service, excellence, and the ability to effectively attend to [the] patrons' needs" (Ippoliti, 2014, p. 189). Overall, exceptional customer service is crucial because "for the public sector, the likely equivalent to loyalty is trust" (Ellis, 2015, p. 37).

## **Solution**

Following the resignations of Secretary Shinseki, and Robert Petzel, the former Undersecretary for Health of the VA, new leadership was subsequently appointed with the goal of implementing major reforms that would transform the VHA into the high performing, veteran-centric organization that citizens can once again trust.

Communication, problem solving, responsiveness, and consistent service delivery according to Wagenheim and Reurink (1991), are vital elements in the customer service management strategy. On November 10, 2014, the Office of Public and Intergovernmental Affairs released a press message on behalf of Secretary McDonald to all VA employees and the media unveiling four major reforms designed to empower employees at all levels in the organization to "drive VA culture and practices to understand and respond to the expectations of our Veterans customers" (Department of Veteran Affairs, 2014, para. 4). The four main objectives in the press release are:

- Establish a new **VA-wide customer service organization** to ensure we provide top-level customer service to Veterans. A Chief Customer Service Officer who reports to the Secretary will lead this effort. The mission of the new office will be to drive VA culture and practices to understand and respond to the expectations of our Veteran customers.
- Establishing a **single regional framework** that will simplify internal coordination, facilitate partnering and enhance customer service. This will allow Veterans to more easily navigate VA without having to understand our inner structure.
- Working with our partners to establish a national network of **Community Veteran Advisory Councils** to coordinate better service delivery with local, state

and community partners. Expanded public-private partnerships will help us coordinate Veteran-related issues with local, state and community partners, as well as VA employees.

- Identifying opportunities for VA to realign its internal business processes into a **shared services** model in which organizations across VA leverage the same support services, to improve efficiency, reduce costs and increase productivity across VA. Right now, we're looking at options used in the private sector to enhance our rapid delivery of services, and also at our own business processes that are suited for shared services (Department of Veterans Affairs, 2014, para. 4).

With a strong emphasis on “customers”, “customer service”, and “service delivery”, the hiring of a Chief Customer Service officer by top management of the VA indicates while it is important to deliver accessible care in a timely manner, how the services are delivered can be just as crucial to gain, rebuild, and sustain the trust of veterans, family members and the community.

### **Implementation**

Aligned with former Secretary McDonald's strategic objectives to incorporate private business practices into public sector health care, the Veterans Affairs in Palo Alto implemented two major strategies designed to help operate the hospital more efficiently and effectively.

First, the Service Improvement Model (SIM), commonly known as lean practices in the private sector, will help run operations better by incorporating a mindset of lean culture into the whole organization. The Service Improvement Model is a relatively new management structure for VAPAHCS leaders and staff which emphasizes “respecting people by working together in an optimal way to solve problems and continuously improve” (Veterans Affairs Health Care System, 2014). The essential core components of SIM are respect - respect for veterans and individual staff regardless of grade or position is paramount; and continuous



improvement - an organization that is driven by performance through operational improvement goals called Key Performance Indicators (KPI). Experts in the field of lean management emphasize that in organizations that endeavor to incorporate lean methods into their strategic orientation, leadership needs to first consider the “human elements” of the organization and how it plans to empower staff from the front-line to the board room to participate in continuous improvement initiatives (Hong, Yang, & Dobrzykowski, 2014, p. 703). As noted above, the SIM approach entails “working together in an optimal way to solve problems,” such as breaking down silos and barriers, and empowering employees to seek and implement ways to improve operational performance. SIM fundamentally strives to be tough on the problem and easy on the people (Veterans Affairs Health Care System, 2014).

O’Hagan and Persaud (2008) state that while health care organizations strive to improve the methods with which they operate to provide exemplary clinical care, “the customer-service perspective may not always receive the priority it deserves, and this sometimes leads to unsatisfied patients” (p. 27). The second major strategy of VAPAHCS attempts to address the gaps between the clinical and the non-medical aspects of care that are easily overlooked, such as the behavioral standards that employees are expected to follow while on duty. The Commitment to *SERVE* customer service training program, commonly referred to as “*SERVE*” by staff at VAPAHCS, teaches a standardized process that staff are required to consistently perform during every interaction. Furthermore, the workshop is designed to remind staff at all levels of the organization why they are vital components of the Customer Service Chain, and how the *SERVE* workshop will help evolve the whole workforce into a customer-centric organization. As a result, all staff (including leaders and volunteers) are required to complete

the workshop. In order to curtail the check-the-box mentality usually associated with ongoing training programs in the public sector, a firm date to have all staff trained was not established by top tier leaders at the VA in Palo Alto.

Customer service entails understanding the customer at a deeper level to meet the unapparent needs of the customer (Brady & Cronin, 2001). Wagenheim and Reurink (1991) define customer service as the “organizational perspective and process that focuses on meeting customer expectations by doing the right things right the first time” (p. 264). The framework of the *SERVE* workshop is aligned with the SIM journey to constantly improve customer service outcomes. The training is centered on empathy, dignity, and respect for internal (staff) and external (veterans, patients, family, and visitors) customers. The “everyone is your customer” ethos emboldens staff to think beyond the typical business-to-client interaction. The program conceptualizes customers as anyone that you come in contact with in order to meet their priorities, concerns, and needs – including coworkers.

By demonstrating that customers also exist within the organization, the workshop encourages staff to remember that coworkers similarly deserve respect and have a set of priorities, concerns, and needs akin to external customers. The *SERVE* workshop is inherently an intervention aimed to enhance the capacity of all staff to understand the different perspectives of internal and external customers, and not evaluate relationships only from their own perspectives. The *Commitment to SERVE Facilitator’s Guide* by Advanced Consulting Inc. (2014) emphasizes the following key points to introduce these concepts:

- Now, as a first step in the journey to improve our service, we need to be able to understand our customers in a different way. We need to be able to put

ourselves in our customer's shoes, to be able to imagine our interactions from the customer's point of view.

- We will ask you to not simply imagine this experience – as though you were outside looking in – but imagine it in a much deeper way. We will challenge you to actually step into your customers' shoes and begin to understand them in such a way that you can almost think and feel as though you **are** the customer (Advanced Consulting Inc., 2014, p. 23).

The objectives of the "Put Yourself in Your Customer's Shoes" orientation is to provide participants with the perspectives of both external and internal customers. It allows staff to gain an insightful understanding of how veterans, family, visitors, and staff view the operations and personnel of VAPAHCS.

While it is paramount to evolve from the impersonal customer service practices usually experienced in the public sector, seeing the world from the outside in, or in this case, from the customer's perspective, is only one step in improving the delivery of services. "When you are directly touching the customer, you must be able to rely on others to give you what you need so you are positioned to meet the customer's needs" (Advanced Consulting Inc., 2014, p. 33).

As shown in Figure 5, the concept of the Customer Service Chain elucidates that staff, whether in clinical or non-clinical positions, all perform a role in the service that is eventually delivered to the customer. When each link is dedicated to meeting the needs of their customer, it is reasonable to assert that everyone in the organization are health care providers. The concept attempts to curtail the dichotomy between blue collar and white collar workers in the health care system by reflecting on the notion that everyone in the organization is linked to an internal and/or external customer.



Figure 5: The Customer Service Chain  
 Source: (Advanced Consulting Facilitators Guide, 2014)

Exceptional customer service is therefore not produced and delivered by one person in the organization. It is collaboratively delivered by janitors, food service workers, educators, and physicians functioning as one team in the Customer Service Chain to provide customers with positive experiences that are considered exceptional and trustworthy. “The Customer Service Chain is only as strong as its weakest link, wherever you are on it, [and] is critical to creating exceptional experiences for our customers” (Advanced Consulting Inc., 2014, p. 33).

The core component of the Commitment to *SERVE* workshop is *Respect for People*.

VAPAHCS defines *Respect for People* as the following:

As VAPAHCS employees, we are committed to treating everyone with whom we interact with respect as we work toward ‘Serving Those Who Served’.

Demonstrating respect means that it is our responsibility to serve, Veterans, families, visitors and each other with courtesy, dignity, and professionalism, and to commit to learning together.

The *SERVE* practices provide specific expectations and guidelines we can use to demonstrate Respect for People in our everyday actions (Advanced Consulting Inc., 2014, p. 39).

*Respect for People* incorporates four practice guidelines established by VAPAHCS to help guide and standardize the behavior of all staff. The four practice guidelines are courtesy, dignity, professionalism, and learning together. As a part of the SIM goals at VAPAHCS, the practice guidelines will become part of the organization's Standard Work to hold each individual employee accountable to the behavioral standards set forth by the organization. For a complete description of the practice guidelines, view Appendix. The purpose for standardizing the *Respect for People* practice guidelines, according to the Office of Education, is to correspondingly manage the organization into providing consistent customer service. Ippoliti (2014) experienced similar needs regarding customer service at her establishment. "Our dilemma is not a unique one, but how we approached the solution speaks to a need for **consistency, scalability** and **innovation** in order to tackle these issues in a strategic manner" (p. 179).

The "*SERVE* practices", as cited on the third paragraph of the Respect for People definition, is the **consistency, scalability** and **innovation** in VAPAHCS. The *SERVE* model exhibits a five step process that can be employed by staff to deliver the practice guidelines in a consistent manner. *SERVE* is a step-by-step process which can be followed by anyone in any customer interaction to make the customer feel acknowledged, honored, and respected.

**Learning together**  
*how to* **SERVE** *exceptionally*

*As VAPAHCS employees, we are committed to treating everyone with whom we interact with respect as we work toward "Serving Those Who Served." Demonstrating respect means that it is our responsibility to serve patients, families, visitors and each other with courtesy, dignity and professionalism, and to commit ourselves to learning together. The following SERVE practices provide specific expectations and guidelines we can use to demonstrate Respect for People in our everyday actions.*

**Interacting with Respect: Steps to SERVE**

The **SERVE** steps should be followed in any kind of interaction we have with patients, family members, visitors and each other.

**Say Hello**

- Observe the situation and person(s) to determine what is going on.
- Anticipate the need based on your assessment of the situation.
- Greet the person(s) and introduce yourself if they do not know you.

**Engage**

- Acknowledge the situation as you have assessed it.
- Identify/confirm the need.

**Respond**

- Communicate the action you are going to take/propose to take, how long it will take, and the impact it will have.
- Ask if the proposed action is acceptable.
- Take the action/provide the service.

**Verify**

- Verify that they have what they need and ask if there anything else they need.

**Exit**

- End the interaction courteously and, if applicable, with an explanation of what will come next or when you will return.




Figure 6: The *SERVE* Model

Source: (Veterans Affairs Palo Alto Health Care System, 2014)

As shown above in Figure 6, each letter in the acronym stands for a step in the interaction process. For example, the first critical step in the model is “S” which is to “Say Hello”. However, program participants are instructed that this is not just a greeting. The first step involves assessing the situation, whether obvious or subtle, to understand what the customer might need. The second step is “E” which is to “Engage” the customer by identifying and confirming the need based on the initial assessments and dialogue with the customer. Once the need is identified using questioning and listening parameters taught during the *SERVE* workshop, the third step “R” is to “Respond” and communicate the action that may take place

to see if the approach is acceptable to the customer. When the action has taken place and the needs have been met, the fourth letter in the *SERVE* model is “V” which is to “Verify” and confirm if the need has been met and if there is anything else the customer may need. Lastly, “E” is to “Exit” and end the interaction with the customer in a respectful manner leaving the customer with a delighted impression of staff, hence the organization.

Interacting with the *SERVE* model may have a scripted quality to it, but it is fundamentally an awareness and negotiation tool that provides staff in numerous services with a standard to structure their encounters with customers depending on the situation. The *SERVE* model is an interactive tool designed to improve how VAPAHCS interacts with its internal and external customers. While exceptional customer service will be an ongoing goal for VAPAHCS, the Commitment to *SERVE* professional development curriculum is the first step towards the right direction in its journey in incorporating lean best practices in the health care system.

The message is clear: excellent customer service is the responsibility of all VAPAHCS staff in the Customer Service Chain. Additionally, all staff are a part of the SIM (lean) journey to respond to the expectations of its internal and veteran customers. In sum, “the attitude that the customer is the focal point and reason for the organization’s existence becomes part of the organization’s culture” (Wagenheim & Reurink, 1991, p. 264).

## **FINDINGS**

The focus of the findings is an evaluation that attempts to answer the research question whether participants in this training, called Commitment to *SERVE*, believe that it is achieving its goal as a beneficial customer service training program. Having defined the problem, developed a solution, and implemented the solution through training, VAPAHCS is ready to examine the effectiveness of its solution from the perspective of the customers of the training. The research collected employee participant feedback to establish a data-driven answer to whether *SERVE* is achieving its goal of preparing employees to deliver excellent customer service.

### **Feedback Evaluation**

The *SERVE* workshops are facilitated by VAPAHCS employees who have been trained, observed, rated, and certified by the Office of Education. The lesson plan involves a PowerPoint presentation for the didactic instruction, a participant handbook to guide activities, and three role playing scenarios to provide the cohort with the opportunity to apply the skills they have learned while employing the *SERVE* process. Each role playing scenario is designed to place participants in the role of the customer while other participants play the role of a staff member. The lesson plan is designed to accommodate up to 30 participants.

To assess the efficacy of the Commitment to *SERVE* program at the Veterans Affairs Palo Alto Health Care System, the final stage of the process evaluation examined over 1,300 non-identifiable class evaluations filled out by staff who have completed the program. The evaluations contain significant quantitative and qualitative data that provides vital feedback on whether the “change strategy worked” or evidence that the implementation of the program



resulted in theory failure (Rossi, Lipsey, & Freeman, 2014, P. 59). The end-of-session questionnaire provided immediate empirically derived data to ascertain whether or not staff perceived the Commitment to *SERVE* workshop to be a beneficial training program. The results of this feedback evaluation are analyzed and tabulated on Table 1.

From October 15, 2014 through October 28, 2015, 52 Commitment to *SERVE* workshops were coordinated and conducted at the VA in Palo Alto. At the end of each session, participants were asked to provide feedback by filling out evaluation forms. Figure 7 is an example of the evaluation form. The evaluation form contains nine closed-ended questions and one open ended question pertaining to the content, delivery, and administration of the workshop. Nine questions asked for numerical responses while one question asked for a qualitative remark.


		Commitment to <i>SERVE</i> Workshop Feedback Questionnaire				
		NOT AT ALL	SLIGHTLY	SOMEWHAT	FOR THE MOST PART	VERY MUCH SO
1.	How much did the course contribute to your learning new information or skills?	1	2	3	4	5
2.	How appropriate is the content for your level of professional/work experience?	1	2	3	4	5
3.	How applicable is the information presented in this training to your current and/or anticipated job?	1	2	3	4	5
4.	How effective were the exercises in this workshop?	1	2	3	4	5
5.	To what extent were you able to perform the skills presented <i>prior</i> to this training?	1	2	3	4	5
6.	To what extent will you be able to perform the skills presented <i>now</i> that you have completed this training?	1	2	3	4	5
7.	To what degree will the skills and techniques help you meet your work objectives?	1	2	3	4	5
		POOR	FAIR	AVERAGE	GOOD	EXCELLENT
8.	Overall, how would you rate the workshop?	1	2	3	4	5
9.	How would you rate the facilitator's overall effectiveness?	1	2	3	4	5
10.	Are you better off as a result of participating in this workshop?					

Figure 7: Commitment to *SERVE* Workshop Evaluation Form

A total of 1,347 non-identifiable evaluation forms were collected and compiled for the study. Responses to the quantitative questions are depicted in Table 1. The most prevalent answer in each chart is highlighted in yellow for visibility. It is noteworthy to mention that question number 10 had a high nonresponse rate. A positive remark was regarded as a “yes”, a negative remark was tallied as a “no”, and a missing remark was denoted as a “no answer”.

Evaluation Question	Q1. How much did the course contribute to your learning new information or skills?				
Date	NOT AT ALL	SLIGHTLY	SOMEWHAT	FOR THE MOST PART	VERY MUCH SO
Responses	15	65	167	431	669
Percentages	1.11%	4.83%	12.40%	32.00%	49.67%

Evaluation Question	Q2. How appropriate is the content for your level of professional/work experience?				
Date	NOT AT ALL	SLIGHTLY	SOMEWHAT	FOR THE MOST PART	VERY MUCH SO
Responses	8	28	50	276	985
Percentages	0.59%	2.08%	3.71%	20.49%	73.13%

Evaluation Question	Q3. How applicable is the information presented in this training to your current and/or anticipated job?				
Date	NOT AT ALL	SLIGHTLY	SOMEWHAT	FOR THE MOST PART	VERY MUCH SO
Responses	4	15	70	225	1033
Percentages	0.30%	1.11%	5.20%	16.70%	76.69%

Evaluation Question	Q4. How effective were the exercises in this workshop?				
Date	NOT AT ALL	SLIGHTLY	SOMEWHAT	FOR THE MOST PART	VERY MUCH SO
Responses	6	21	76	399	845
Percentages	0.45%	1.56%	5.64%	29.62%	62.73%

Evaluation Question	Q5. To what extent were you able to perform the skills presented prior to this training?				
Date	NOT AT ALL	SLIGHTLY	SOMEWHAT	FOR THE MOST PART	VERY MUCH SO
Responses	5	13	205	603	521
Percentages	0.37%	0.97%	15.22%	44.77%	38.68%

Evaluation Question	Q6. To what extent will you be able to perform the skills presented now that you have completed this training?				
Date	NOT AT ALL	SLIGHTLY	SOMEWHAT	FOR THE MOST PART	VERY MUCH SO
Responses	2	4	23	341	977
Percentages	0.15%	0.30%	1.71%	25.32%	72.53%

Evaluation Question	Q7. To what degree will the skills and techniques help you meet your work objectives?				
Date	NOT AT ALL	SLIGHTLY	SOMEWHAT	FOR THE MOST PART	VERY MUCH SO
Responses	5	8	64	312	958
Percentages	0.37%	0.59%	4.75%	23.16%	71.12%

Evaluation Question	Q8. Overall, how would you rate the workshop?				
Date	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
Responses	7	23	56	344	917
Percentages	0.52%	1.71%	4.16%	25.54%	68.08%

Evaluation Question	Q9. How would you rate the facilitator's overall effectiveness?				
Date	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
Responses	2	9	33	236	1067
Percentages	0.15%	0.67%	2.45%	17.52%	79.21%

Evaluation Question	Q10. Are you better off as a result of participating in this workshop?		
Date	YES	NO	No Answer
Responses	899	25	423
Percentages	66.74%	1.86%	31.40%

Table 1: Commitment to *SERVE* Workshop Tabulated Responses

Table 2 documents an executive summary of participants' remarks to the qualitative question: Are you better off as a result of participating in this workshop? For the analysis, the responses were aggregated and ranked from most to least common.

<b>Question 10: General Types of Responses</b>	<b>Number of Responses</b>
Yes, I further understand and more aware of the components of customer service to identify my customers' needs.	223
Yes, having left with tools to better serve veterans. Being able to have something to refer to when seeing someone in need and how to approach that situation. Having a sense of awareness, take a closer look at those around me I may be more attuned to someone in need.	178
It is a helpful reminder how to help and communicate with my customers at the VA. I am happy to know fellow coworkers received this training.	94
It is a great course that reemphasized my skills and prior knowledge in customer service, taking care of patients, etc.	83
The class reminded me that everyone is a customer and should be treated in a courteous and professional manner.	72
Enlightening! Learning that my fellow coworkers are my customers as well as the veterans will improve my interactions and patient care delivery.	64
Yes, I will be more proactive in using the <i>SERVE</i> model. For example, to engage and verify more with veterans and coworkers.	53

Of course! I have found areas that I need to work on and this course gave me tools to develop my skills. Mainly, I am able to think outside of myself and the value of empathy.	42
Better! I learned a lot. I will ask more open ended questions. I will respect my coworkers more, rather than just patients. I look forward to seeing this in action in VAPAHCS.	38
I will be able to handle a conflicted situation in a more professional manner.	21
Great tips and easily applicable to my work. I am able to see the bigger picture.	17
Great refresher – very good!	14
No, this day meeting can be done in ½ the time – very basic!	4
Did not help. I already knew this information.	6
Not at all! Patients are not my customer; they are patients seeking medical attention not a product.	7
No.	8
<b>Grand Total</b>	<b>924</b>

Table 2: Executive Summary of Question #10

## **ANALYSIS AND CONCLUSION**

For the final stage of the process evaluation, the data was analyzed to identify how staff perceived the program and whether the implementation and delivery of *SERVE* will influence their current practice model. The results of the analysis (analyzed and tabulated in Table 1), demonstrates the top five answers to the survey.

First and foremost, of 1,347 respondents, 79 percent reported on question nine that the overall effectiveness of the *SERVE* facilitator is “excellent”; second, 76 percent reported on question three that the information presented during the training is “very much so” applicable to their current position; third, 73 percent stated on question two that the content is “very much so” appropriate for their level of work experience; fourth, on question six, 72 percent of surveyed participants reported that they will “very much so” be able to perform the skills presented in the workshop; and lastly, 71 percent of respondents conveyed in question seven that the skills and techniques will “very much so” help meet the objectives of their work.

Question 10 asked participants to open-endedly express how they are better off as a result of participating in the workshop. The answers were tabulated and grouped by frequency in Table 2. It is imperative to underscore that the top five answers in Table 1, correlate with the top 3 responses to question 10. First, over 220 participants stated that because of the workshop, they are more aware of the “components” involved in customer service to detect the needs of the customer; second, 178 participants reported having left the workshop with the tools, an augmented sense of awareness, to serve veterans better; and thirdly, 94 participants commented that in addition to taking the class with fellow coworkers, it was a good reminder how to assist and communicate with their customers at the VA.

Despite that, 31 percent or 423 participants did not provide an answer to question 10, and a few reported the contrary about the training. The major reason why five percent or 82 respondents reported negatively is because the *SERVE* workshop did not, or only slightly, contributed to learning new information. On average, about two percent or 30 participants stated that the content was slightly or not at all appropriate for their level of work experience, the in-person exercises were slightly or not at all effective, and the overall rating of the workshop was below average.

The analysis revealed a remarkable relationship between the statistics above and the negative remarks provided by 25 participants (1.8%) on question number 10. Participants generally asserted that the course did not help them gain new information, or that the delivery of the course can be accomplished in half of the time, rather than one full day. Interestingly, perhaps one of the most imperative empirical suggestions came from seven participants who critiqued that veteran patients should not be perceived as customers since medical attention is being sought and not tangible products as commodities.

Literature suggests that the *customer's perspective* in health care currently is and will be an ongoing topic of discussion. Data in literature correspondingly revealed that satisfaction rates in the public sector are generally low in comparison to the private sector (Ellis, 2015; Damron-Rodriguez et al., 2004). These critical gaps and findings are applicable to health care leaders who believe that customer service is core to the patient experience. Although the principles presented in the Commitment to *SERVE* training can be regarded as elementary customer service concepts, when applied to the health care context, it educates and motivates

the organization to look beyond the clinical services it provides, which is, a vital component to evolve into a customer oriented culture.

In conclusion, firmly believing that customer service is the capstone to sustain a culture of service and quality throughout its health care system, the VA in Palo Alto designed and implemented a training program to amalgamate customer service into its daily operations. Over 90 percent of staff who completed the *SERVE* workshop at the VA in Palo Alto evaluated that the program helped them to learn new skills that they will be able to perform in their current positions. Prior to the training, 38 percent reported that they could “very much so” perform the skills presented, but after completing the training, the percentage doubled. While VAPAHCS is still at the beginning of its customer service journey, this research revealed that 97 percent of the staff who have completed the Commitment to *SERVE* training not only rated the program as above average, but also perceive it as a beneficial training program for the health care system.

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## **APPENDIX**

### **Respect for People: Practice Guidelines**

#### **Courtesy**

- Make eye contact and smile.
- Allow others to go first when getting in/out of elevators, doorways and in the hallways.
- Offer to help visitors get to their destinations, or provide directions.
- Offer a greeting when passing, such as, “Good morning”.
- Respect individual and cultural differences.
- Communication is successful when done in a way that promotes understanding; make sure your language supports this by communicating at the receiver’s level of comprehension. Avoid clinical or departmental jargon and speak a language they understand. Translation services are available.

#### **Dignity**

- Respect individual privacy.
- Maintain appropriate conversations, being respectful of patient and employee confidentiality.
- Do not make disparaging remarks about others (Veterans, family members, visitors, other departments or staff).
- Respect the perspectives, thoughts and opinions of others.

#### **Professionalism**

- Avoid boisterous behavior in areas within earshot of others.
- Speak in moderate tones; be aware of the level of your voice (speaking loudly or yelling) in the hallways or elevators.
- Limit cell phone or listening device use to break times and only in designated break areas when not being used in service to others.
- Adhere to organizational appearance standards by maintaining a professional appearance while on duty and wear name badge appropriately.
- Demonstrate pride in VAPAHCS by keeping areas clean and safe.
- Demonstrate an ongoing responsibility and commitment to others through active, engaged, and timely participation in all your activities and daily work.
- Keep comments about patients, co-workers, physicians or any part of VAPAHCS positive and appropriate.

- Show teamwork by recognizing that each person has an area of expertise and that his or her contribution, point-of-view and ideas are valuable.
- Strive to continuously improve in your daily activities.

### **Learning Together**

- Ask patients, family members and employees about their problems/issues with the intention of understanding their point of view.
- Listen with an open mind, without interrupting.
- Embrace problems as “treasures.”
- Make problems visible and seek to resolve them.
- Take problems to those who also need to understand them, with the intention of joint resolution (Advanced Consulting Facilitators Guide, 2014).