

A Systems Approach to Service Delivery

Tina Radichel, M.S., CCC-SLP

Luther Hospital and Thinking Publications

Originally published in *Communication Connections*, newsletter of the Wisconsin Speech-Language-Hearing Assn.

“The future is like heaven; everyone exults it, but no one wants to go there now.”

—James Baldwin

Everywhere you turn lately, we seem to be on the brink of something. We teeter endlessly on the brink of the next phase, the next generation, the next millennium. The intent appears to be to motivate, to inspire, and to occasionally scare us into action, new thinking, or new responsibilities. While different time periods do exist in history, they connect much more fluidly than a simplistic view of separate “pieces” of time attached end to end. Observing relationships between trends, elements, and phases—historical or otherwise—creates a different approach to thinking: systems thinking. When individual elements are allowed to exist and function separately, they are completely out of context. In systems thinking, however, everything is connected. Everything.

In essence, a system is a “seamless linkage of all the elements that define it” (Porter-O’Grady, Hawkins, and Parker, 1997, p. 106). For example, the way that a patient experiences a health care system is based on how certain elements relate to each other, such as patient registration, transport services, nursing, physicians, ancillary staff, and discharge planning services. If the elements are viewed as independent from each other, the system functions in one way. If, however, the elements of the system are viewed as parts of the whole patient experience, the system functions differently. Our professions urgently need to think in this context to survive and thrive in the next century.

Top 10 Principles of Systems Theory

“The real voyage of discovery is not in seeking new lands, but in having new eyes.”

—Marcel Proust

Tim Porter-O’Grady, (Porter O’Grady et al., 1997), nurse, health care consultant, entrepreneur, and systems thinker, summarizes the basic tenants of the whole-systems theory as such:

1. The whole always defines the parts.
2. Each of the components of a system supports the whole system.
3. A problem in any one part of the system affects the whole system.
4. A system always “lives” where it provides its services or produces its products.
5. All roles either serve the customer or serve someone who does.

6. The design of a system must configure structure around its point of service or product, which always lies at its center.
7. Form must always follow function.
8. All members of a system are stakeholders. The structure of the system must facilitate the effectiveness of every stakeholder.
9. In a system, managers are facilitators, integrators, and coordinators of the processes that support the work and workers of the system.
10. Outcomes always define the value of process. Function is subordinate to its purpose. (p. 38)

Systems theory revolves around relationships; that is, the connections between individual pieces, rather than the pieces themselves. An example of a simple system is the way one person does the laundry or cleans the house. A larger, more complex system is the federal tax system. In each example, the individual pieces are important but the way they work together makes the difference as to whether or not the system succeeds. Systems can also exist within each other, like a department within an organization.

The key to a successful system is the process that defines not only the relationships between elements but also the way in which the customer or product flows through the system. Well-designed processes based on desired outcomes and purposes create efficient, flexible, and integrated systems.

Systems Applications

Using systems principles in speech-language pathology and audiology initially requires the identification of the many systems in which we work: individual language systems; the system of dyadic communication; groups; intra- and inter-departmental systems; organizational systems (hospital, school district, etc.); and state or federal systems, such as licensing bodies and Medicare. Whatever the specific system, the above 10 principles hold true. Try applying these 10 principles to an individual language system right now, child or adult; it creates an interesting but very clear theoretical framework for intervention, doesn't it? Now continue applying these principles to the other systems in which we work, observing how the principles apply to each particular system.

An example of systems in our professional lives includes how we work together to accomplish and maintain standards. First, student preparation in such a diverse field demands internal and external university departmental systems that provide similar breadth and depth of current thinking. Second, changing service delivery models to manage an ever-increasing caseload by a clinician in Milwaukee public schools will eventually impact clinicians from Bayfield to Green Bay to Prairie du Chien. Finally, if one rehabilitation company begins to require clinicians to work in a particular way, patients and other companies are affected and the system begins to shift. Trends move quickly or slowly, depending on many factors, but the bottom line remains: If the system changes in even one place, the entire system is affected. We must be sensitive to this principle in many areas of our profession.

Research continues to drive our clinical knowledge and opinions. From a systems perspective, helpful research leans more toward ethnographic, qualitative methods: the observation, study, and rich description of complex events, such as a conversation. Using these methods, good observation skills and accurate documentation produce detailed ideas, while also allowing us to step back and gain perspective of order, themes, and patterns (Wheatley, 1992). For example, research studies from this perspective may involve observing patterns within an individual system, or themes of clinical process on a more global level. Wheatley's (1992) comment, "You can never tell where a system is headed until you observe it over time" captures the systems approach to research (p. 136–137).

William Bygrave (in Wheatley, 1992) cautions social scientists who may be afraid to lose credibility without highly complex math and physics, and points out that physical science is already heading away from decontextualized details and toward identifying relationships. It seems that our fields also get caught in this extreme need to "control for" everything. Clearly, there is a place for quantifiable, solid data, but the goal of narrowly focused and immaculate data appears short-sighted in the gray areas of language and communication.

Many professionals traditionally serve one client at a time (or even one small group or one class at a time) three times a week, for 20–60 minutes, for up to 50 sessions (if that!). We try to do good work within current models, but outdated systems hold us back from truly helping clients and making breakthroughs in clinical care. Any model that we use or create should keep the client at the center. The processes within the model should be viewed from the client's perspective, and each piece in the process revolves around and integrates with the others to maximize efficiency.

Not Sold in Stores

"The greatest barrier to innovation is conventional wisdom."

—Tim Porter-O'Grady

If new, innovative service delivery models were easily available, we would run down to the corner store, pick up one or two for \$19.95, copy them at Kinko's, and Fed-Ex them all over the state and country. Instead, creativity, or the lack thereof, dictates the models that exist today. To create alternative models, we must question the assumptions about how things are and ought to be. Surprising bias surfaces when we honestly ask, "Why do we think that?" and "Is that an accurate assumption?" The actual creative process, however, reaches somewhat deeper.

Developing a Creative System

Czikszentmihalyi (1996) discusses the systems model of creativity, a three-component model that represents how changes occur in culture and thinking. One component involves the domain—the rules, principles, and relevant knowledge of a particular discipline (communication and its disorders). A second component is the field—the individuals who act as gatekeepers to the domain. The field decides which ideas are accepted into the domain (researchers, writers, and

academicians). The final component is the individual—the one who sees a new idea or pattern that is accepted by the field as novel. The idea or theory then becomes part of the domain.

We know the domain, communication disorders, better than any other group. The field that determines “novel, new, and good” should be our systems thinking peers and colleagues, who understand relationships, integration, and processes. Then, we should also decide which service delivery models fit the domain best and let others in the larger system know how to move forward. Issues separated for simplicity and order appear clear when standing alone under a microscope, but in reality are constantly changing when considered in context. Creating flexible systems is messy, complex, and often confusing—an unchanging principle of change.

Developing a Creative Person

Knowing the domain means keeping current with reading, talking, and continuing education opportunities. To create new service delivery models that will change how our field is perceived and accepted, and how our clients succeed with and without our help, demands creativity and innovation from us as professionals and individuals. Csikszentmihalyi (1996) hypothesizes three things that make an original, creative thinker: (1) a tremendous database of information, (2) a personal investment in growth and change, and (3) an ability to siphon out the bad ideas from the good ones. Just imagine if we chose to stop using Medicare dollars for reimbursement. How would that affect the overall system, and most importantly, our clients? As health care moves to a consumer-driven, “report card” system based on outcome, price, and satisfaction (Warren, 1996), do we have creative models to support the services our patients want? As always, new models of service delivery should be designed first for our clients, and then within a viable support system.

New ideas come from intimate knowledge of the domain. Speech-language pathologists and audiologists do not create new laws of physics. We do create new service delivery models knowing the current laws and constraints, as well as the depth and intricacy of language development, disorders, and learning. Ideas are most novel and creative when adapted from success stories in other domains to match our needed outcomes. Csikszentmihalyi (1996) states, “When a field becomes too self-referential and cut off from reality, it runs the risk of becoming irrelevant” (p. 89). We must integrate our professions with others, in both talk and action.

Coming of Age in Systems

“The real change in systems is changing who we are and how we think...most restructuring occurs between people’s ears.”

—Tim Porter-O’Grady

Speech-language pathology and audiology are not the last fields to begin looking at systems thinking as a new way of being, but we are certainly not leading the global shift. Every field, every domain is struggling; some are just moving faster. Shifting from Industrial Age views to a systems approach may simulate other mental roller coasters in life: learning that parents make mistakes, experiencing the paradox of college-age “freedom and independence,” getting married,

having children, becoming in touch with one's own humanity, and so on. These are all important and necessary shifts that reinforce the saying "Change is the only constant."

As with systems, people also change and grow. Porter-O'Grady and his colleagues (1997) used the concept "noisy systems" to describe people feeling uncomfortable and upset with constant and seemingly volatile change (p. 158). Until we can feel comfortable in unpredictable order, perceived chaos is an essential part of organization (Wheatley, 1992).

Human capital is our field's greatest asset. To that end, a systems-focused dialogue is needed to create and implement viable, widespread solutions to the challenges we face. We must use our creativity, our knowledge of the domain of communication disorders, the people whom we look to in our field for vision and direction, and our brains to develop and implement new service delivery models that account for the systems and connections in life. Pick up the phone; walk into a colleague's office down the hall; read a book or a journal. There are no easy answers, but a myriad of opportunities awaits us.

References

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