Clinical Workflow Mapping Procedure: documenting and revising the current process of care.

Two guiding principles:

- Design the new process to make no extra work for clinicians and as little new work as possible for staff
- Take advantage of how the system already interfaces with patients.
    - Ex.: if patients currently receive appointments by mail one month prior to the scheduled date, there may be an opportunity to include a decision support tool or appointment or assessment in the mailing.

I. Create a baseline workflow map

- Detailed workflow mapping will demonstrate the current complexity of every step taken and person touched by the daily process of scheduling, reception, clinical encounter, discharge planning and follow-up care. Identifying each step, who does the work and how this affects the patient will reveal opportunities to modify the existing process to incorporate the needed changes with the least disruption to the current system.

- Design the new process to take advantage of systems and staff already in place. This frames the changes within the context of what exists, thus changing the least amount possible to gain the desired results. This also affords the opportunity to fully understand both the front end and the back end of the system, and to facilitate coordination between front end and back end staff. The more staff are engaged and consulted from the beginning, the more goodwill is built up and the more they "own" the changes. These are likely to be the people who can support and effect change, also the people who, if they do not wish to change, can disrupt to project.

II. Modify the baseline map to identify opportunities and processes for decision support integration

- How do patients enter the system, and at what point are they identified as being eligible for the tools you wish to offer them?

- Some decision points are amenable to decision support prior to the episode of care, and some are best addressed after the clinical encounter.
    - For example, screening decision aids (prostate and colon cancer screening) can be distributed based on eligiblity criteria and made available to patients scheduled for primary care visits.
    - On the other hand, patients with low back pain may be eligible for a chronic low back pain video, or they may be more appropriate for the herniated disc or spinal stenosis tools. These patients are usually prescribed decision aids once a diagnosis is made during a clinical encounter. Your process of care may be amenable to either a pre- or post-visit model for patients with congestive heart failure or type 2 diabetes, depending on your resources and care pathways.

- Some decisions may be amenable to the use of a decision aid at multiple time points. It is important to understand not only the eligibility criteria (target audience) for the decision aid, but also the content. For example, "Living with Diabetes: Making lifestyle changes to last a lifetime" may be appropriate for newly diagnosed patients

with Type 2 diabetes, as part of ongoing diabetes education, or as a refresher for patients whose HbA1c falls outside clinical targets.

III. Pilot, evaluate and revise

The end result should reflect what is feasible and acceptable to staff, clinicians and patients. Pilot the redesign for a period of time or number of patients, then ask patients, staff and clinicians to evaluate successes and challenges (see Clinician Survey Primary Care PSA DA 5-07, etc.).