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 is 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, women newly diagnosed with breast cancer and men newly diagnosed with prostate cancer become eligible for a decision aid and decision support once they have a positive biopsy. Screening these patients based on pathology reporting has a high likelihood of correctly identifying eligible patients who can use the decision aid prior to the clinical encounter. (see Early Stage Breast Cancer Workflow Map, Prostate Cancer Workflow Map).
    - 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 referred for

decision aids once a diagnosis is made during a clinical encounter. (see Spine Care Workflow Maps).
    - Patients with hip and knee osteoarthritis are eligible for the decision support tools if they are surgical candidates; therefore the post-visit model works best for this population.

- 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.
    - I.e.: the decision about adjuvant therapy after breast cancer surgery. The content of the video decision aid is general, and the information upon which these decisions are based needs to be individualized for each woman by the medical oncologist. Some women prefer viewing the DA prior to the medical oncology visit so they have good understanding of the concepts. Some find the information confusing before the clinical encounter, and prefer access to the DA post-visit. Yet a third group finds it useful both before and after the visit. Use the needs assessment prior to the pilot and the evaluation (see Pt Eval Br Ca Adj DA and Clinician Eval Br Ca Adj DA) at the conclusion of the pilot to identify optimal timing.

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, Pt Eval Br Ca Adj DA and Clinician Eval Br Ca Adj DA).