

# Fundamentals of Workflow Analysis and Process Redesign

## Unit 10.4b Acquiring Clinical Process Knowledge

Component 10/Unit 4b

Health IT Workforce Curriculum  
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Slide 1

Welcome to the Acquiring Clinical Process Knowledge Unit of the Fundamentals of Workflow Analysis and Process Redesign Component. In three lectures, this unit covers the concepts and methods for Acquiring Clinical Process Knowledge in the Health Care setting needed by the Health Care Workflow Analysis and Redesign Specialist.

# Acquiring Knowledge About the Practice

- Mission, Vision
- Stakeholders

Publicly available or easily provided.

Do your homework !

We now look at the health care organization.

Mission, Vision, Strategic Goals and Stakeholders differ from organization to organization in ways that can affect process analysis. For example, A clinic that also serves as a research site will have different information and workflow requirements. For Example, they may need a way to know which patients are participating in a research study, and a way to schedule and bill separately for study visits and procedures. A public health clinic performs responsibilities in addition to patient care that impact information and workflow requirements. Public health clinics also oversee directly observed therapy, and perform contact investigations for reportable communicable diseases.

This information is important because it impacts workflow. It is often publicly available, or documented such that a healthcare facility can provide it in document form prior to your initial visit. As a healthcare workflow process analyst and redesign specialist, your time with practice leadership and staff is limited. So, do your homework at home. Don't waste this time gathering this information via interviews or from multiple people. Use valuable time on-site only to clarify or fill in gaps otherwise not obtainable. Nothing will irritate busy practice staff like wasting their time.

# Stakeholders

- A stakeholder is an individual or group that participates in a process or organization or is impacted by it
- Examples of organizational stakeholders include:
  - Patients
  - Owners or shareholders
  - Suppliers
  - Payers
  - Employees
  - Regulators

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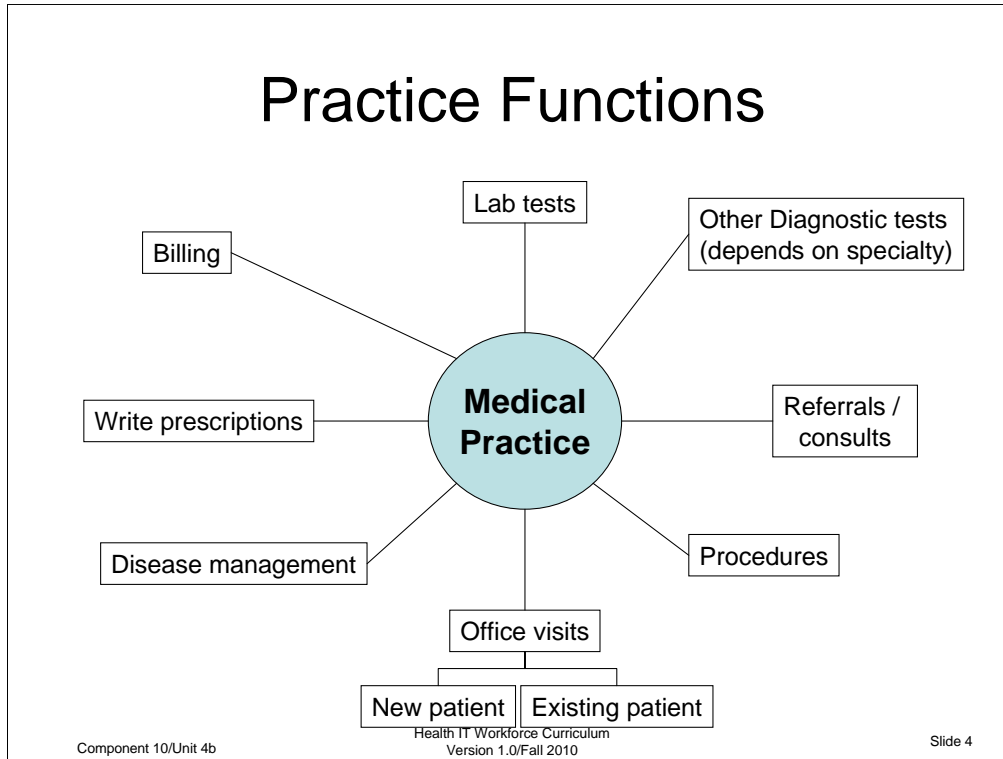
Suppliers

Payers

Employees

Regulators

It is important to keep in mind an organization's stakeholders.



Acquiring knowledge means learning how the practice performs each of its core functions. Some functions are performed by most practices, like billing, prescription writing, office visits, and referrals. Other functions vary according to the type of practice, for example, a small practice may draw blood but may not perform any lab tests, while large practices may have equipment to perform common blood and urine based lab tests. The lab tests, other diagnostic tests, and procedures vary by practice size and by specialty.

Remember, the goal is to obtain enough information about a process to create a process diagram or document the process in writing so that 1) you can check your understanding with others to make sure you have the information correct, and so that 2) you can analyze the process and leverage health IT where appropriate. Your first step in Knowledge Acquisition is to develop a list of the main processes at a clinic. We'll call it a process inventory.

# Process Inventory

- Identification of main clinic processes
- Analyst works with clinic leadership to identify high priority processes
- Select processes are analyzed
  - Some can't be improved
  - Some the gain is too small
  - Some can be improved, but by means other than use of health IT

A separate unit mentioned identification of major processes in use at a health care facility. After the process are listed, the analyst works with leadership at the healthcare facility to identify those that are of high priority for analysis and improvement. All of the processes can't be assessed. Some can't feasibly be improved with the available resources, for others the gain would be too small to make the effort worthwhile. Still others can be improved, but by means other than use of health IT.

After the processes for analysis have been identified, the analyst, working with people from the clinic creates diagrams of the processes. These graphical representations of the process are used in the process analysis and redesign. We start with a process inventory and diagrams because:

1. Sometimes they are all that is needed
2. They point to areas where different types of objective information may be needed

A separate unit covers creating process diagrams. This unit assumes that students are familiar with at least one method of creating a graphical representation of a process, for example, a flow chart.

# Process Value

- Some processes are very important and if the process is not doing what it is supposed to do, the organizational mission and certainly productivity may suffer
- Some are less significant in terms of the operations

Some processes are very important and if the process is not operating well, patient care or practice productivity may suffer. These are high priority processes. Other processes are less significant in terms of patient care and operations. You will likely have to concentrate on:

- high priority processes
- Those that can be improved
- Those that can be improved through health IT

# Common Clinic Processes

- Patient check-in
- Patient visit
- Prescriptions
- Assimilating received documentation
- Labs
- Other Diagnostic Tests
- Referral / consult
- Disease Management
- Billing

A process inventory is a list of the main processes used by a practice. You can always start from this list of common processes and add to them with others that are specific to the practice you are working with. If there are more than 20 or 30 processes on your inventory for a practice, you may be working at too detailed of a level. If the practice consists of multiple specialties, you will have a larger number of processes on the inventory, and the analysis will take longer.

# Identifying Practice Processes Example

By Phone Appointment Scheduling  
New Patient Intake and Registration –  
using paper chart  
Receiving and Communicating Lab  
Results – using a paper chart  
Routine Prescription Re-fill – no EMR

After these instructions, pause the slides. Read the scenarios listed on the slide. They should be included in your course materials. Pretend that these scenarios represent all of the services that a clinic performs. Make a list of the processes. After you have finished, restart the slides and on the next slide, we will go over the results. Pause the slides now.



## Identifying Practice Processes

### Example: Answers and Discussion

- Appointment Scheduling
- Patient check-in
- Patient visit
- Prescriptions
- Assimilating received documentation
- Labs

In a real clinic setting, you will have your list of common processes and can make a list or quick 1 page diagram of all of the functions the clinic performs. In this exercise, you did not have that opportunity, and had to go by what was explicitly stated in the scenario, and what other processes are implied. For example, Patient visit was implied because the patient came to the clinic. Similarly, billing was implied because there is usually a bill where a service is performed. Even in a real clinic setting, you will need to follow-up on implied processes to find out if they should be a part of your analysis.

## For each process

- Process variations used by the clinic
- For each of these
  - main activities
  - Roles
  - locations
  - flow
  - Information needs
  - likely exceptions

For each process, the main activities, roles, locations, flow, and information needs are identified, i.e., this is the knowledge that needs to be acquired. Further, knowledge acquisition and analysis (covered in a separate unit) are intertwined. To analyze a process with the goal of health IT implementation, you will need to identify which of several common process variations are in use at a clinic, and what the likely exceptions are. This information is elicited during knowledge acquisition. Exercised on doing this are in the process analysis unit.

A complete analysis of a process is one that takes into account each process participant's point of view, patients especially !

The act of acquiring the knowledge is just as important as the resulting diagrams.

The act of acquiring the knowledge is just as important as the resulting diagrams or other process documentation. An analyst goes through a period of learning when they seek the information to create process diagrams. Delineating the process steps, their sequence, how that sequence is decided, who or what performs process steps, where they are performed, and what the information needs are is a structured way for analysts and practice staff alike to view the process from a different perspective. The act of reducing a process down to these aspects prompts questions about why the process is done that way, or why a task is done at all. The act of acquiring knowledge is often where process problems or opportunities for improvement are identified.

A simple story illustrates this. I met a process analyst at a recent meeting. The analyst told a story about a visit that he made to a clinical practice for the purpose of process analysis. He observed different members of the practice as they performed their jobs. The analyst noticed that the receptionist made a copy of each patient's insurance card for their chart. For every one, about 50 per day, she went to the copier at the opposite end of the office. Upon observation, it was obvious that getting a small copier for the front desk would save a lot of time, time that could be used by the receptionist to return patient calls, or respond to calls for appointments faster. The analyst made this simple suggestion based on his observations, i.e., in the process of gathering information to create process diagrams.

The diagrams do not in themselves impart any magic. The magic happens when we use a structured way to think about processes, and there are many such ways. The diagrams are a good way to document and communicate the results of this process.

## Where to get the information

- Process participants
- Facility procedure manual
- Information used and produced in the process

For each process in your inventory, identify

- Process participants
- Facility procedure manual
- Information used and produced in the process

# Process Participants

- Clinic leadership and staff that take part in a process at a healthcare facility are a main source of knowledge about the clinic processes
- These are the individuals that you should observe or interview to acquire process knowledge.

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# Identifying Process Participants Example

## ***Scenario: By Phone Appointment Scheduling***

Patient Patty wakes up at 5:30 am for the third day in a row feeling awful, she has a roaring headache and a fever. She decides that it is time to see her primary care provider, Doctor Dan at Suburban Family Clinic. She thinks they open at 8:00 am, and sets her alarm clock for 8:00 am and goes back to sleep.

At 8:00, she awakes and finds the office phone number. Receptionist Ronald answers. Patient Patty asks Receptionist Ronald for the soonest appointment with Doctor Dan. Receptionist Ronald states that 9:30 is the earliest. Patient Patty says that 9:30 is fine. Receptionist Ronald adds her to the schedule for 9:30.

After these instructions, pause the slides. Read the scenario on the slide and make a list of the process participants. Indicate which individual or individuals you would interview or observe to gather information about the process. After you have finished, restart the slides and on the next slide, we will go over the results. Pause the slides now.

# References

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2. Passive Knowledge Versus Active Knowledge, March 4, 2010. Accessed on August 2, 2010, available from <http://www.beyonduni.com/2010/03/passive-knowledge-versus-active-knowledge/>
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