

Workflow Analysis and Redesign

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Why Study Workflow?

- Workflow determines how things get done
- Each person / department does things a little bit differently
- Workflow affected by people, processes, and **paper triggers**
- In an EHR, information is embedded in fields
 - \$1.4 million in lost A/R

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Workflow Assessment Goals

- Capture "where you are now"
 - Establish a realistic starting point for EHR transition
- Create a healthy and secure infrastructure
- Identify areas that need attention now
 - Develop strategies to sustain clinical documentation and HIE in a secure environment
- Standardize clinical documentation
 - For super user and cross-training purposes.
- Establish baseline for implementation strategies
- **Fold MU data entry / capture into new routine**

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Workflow: Cause and Effect

Who/ Location	What happens?	Who needs the data?	What happens if it isn't there?
Receptionist, front desk	Verify name, address. Check eligibility card. Check photo ID, Collect Co-Pay	Clinical team Billing team	If patient is unknown, cannot verify patient's identity. Strong potential for denied charges if patient info is missing Audits reveal noncompliance, PT complaint Co-pay may not be collected
MA / Clinic	Room the patient, complete initial intake, Signals (shoes off)	Provider, Patient	Physician doesn't know who is in the room; doesn't have history; unprepared for PT, provider's time spent gathering details that may / may not be in EHR

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Workflow Processes Analysis

Operational

- New patient registration
- Scheduling
- Rooming the Patient
- Check-in / Scheduled Patient
- Check-in / Walk-in
- Urgent Care Check-in
- Recall Visit
- Patient Payment
- Central Billing
- Messaging: Incoming Calls

Clinical

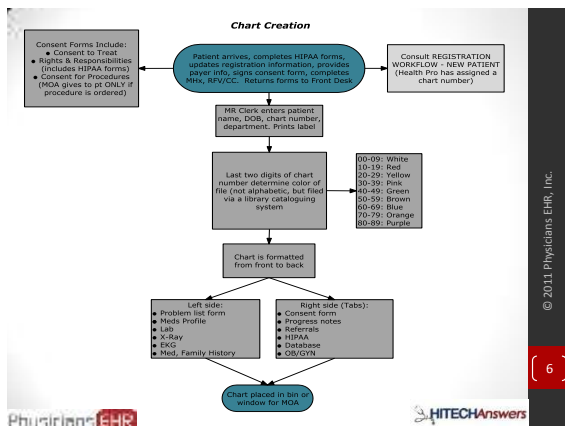
- MOA Intake
- Patient visit types
- Point-of-care documentation
 - Vitals
 - Problem list
 - Medications / allergies
 - Medical history
- Review of Systems
- Physical Exam
- Provider Orders

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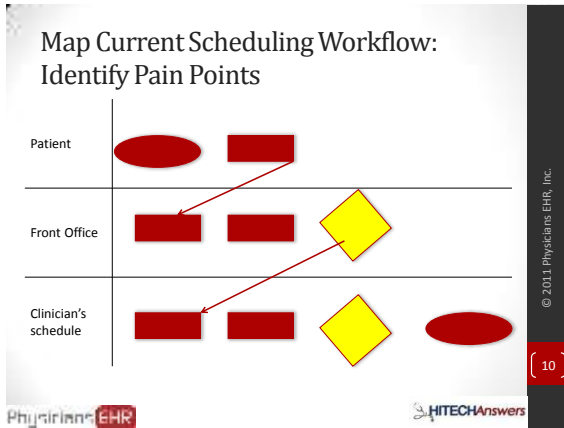
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Workflow Redesign Begins with Vision

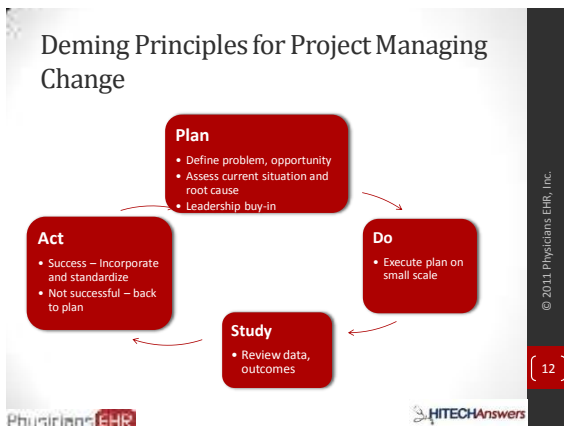
- What do you want the clinic to look like?
 - How to manage information when Paper Triggers are gone
 - Focus on inefficiencies
- "The EHR Vendor will make decisions for us."
 - Outcomes if you wait for the EHR to make the decision for you
 - On the spot workflow revisions
 - Everyone will do what they always did
 - Prolonged loss of productivity
 - Lost sense of direction
 - Data extraction nearly impossible
 - Computer does not replace common sense

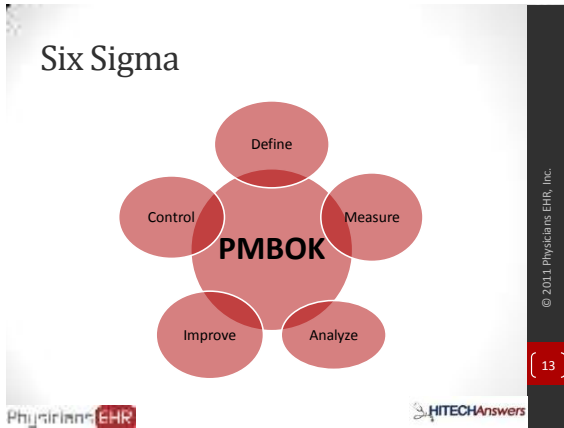
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Clinical Documentation SOPs

MA/LPN,RN	Providers
<ul style="list-style-type: none"> Reason for visit or chief complaint 	Library of forms/ templates
<ul style="list-style-type: none"> Vitals: H/W, BP, BMI, Growth charts for children 	Free text – when to use
<ul style="list-style-type: none"> Medication: Current, vitamins, OTC, herbal 	Clinical Decision Support, Disease specific protocols
<ul style="list-style-type: none"> Review and document allergies 	Orders: eRx, Lab, Standing, Referrals
<ul style="list-style-type: none"> Hx – Family, social, substance abuse 	Results posting
<ul style="list-style-type: none"> Smoking status 13+ 	Scanning & Indexing

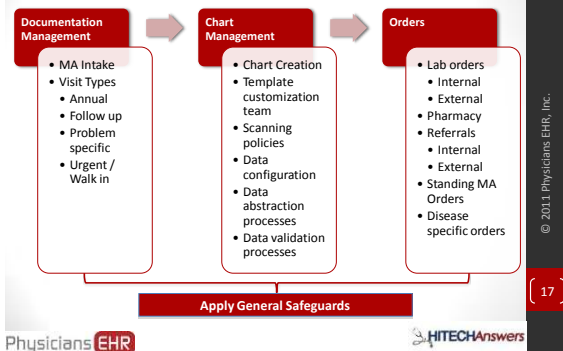
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Next Steps: Clinical SOPs



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Lessons Learned

- Everyone in the health care setting has a different idea of how work flows.
- Without workflow analysis, you really don't know what needs to be redesigned
- Workflow analysis and redesign involves time investment from all departments.
- Health care professionals know redesign is required; but they don't know what they don't know
- It's not the EHR vendor's job to redesign your workflow.
- Go through the EHR's online training, and ask "What has to be in place before we can implement this step?"
- Redesign is an ongoing process.

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Thank You!

For more information, please visit:

Physicians EHR

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