Effective Electronic Patient Record Implementations

Workflow Design and Content

March 2021
Effective EPR Implementations: Overview of the Series, Purpose, and Schedule

The Effective EPR Implementations webinar series is a set of seven one-hour virtual sessions with Healthcare providers. This series is focused on EPR implementations and driving your success through a holistic implementation approach.

**Purpose**

- Focus on effective partnerships necessary to succeed in EPR implementations
- Highlight common pitfalls faced by clients and areas needing support
- Share key strategies necessary for healthcare practice transformation through EPR implementations

**Schedule**

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Speaking With You Today

Fran Cousins
Partner, UK

Marc Perlman
Global Digital CARE Leader, US

Denise Mancuso, RN
Specialist Leader, US

Mark Snyder, MD
Specialist Executive, US

Cindy Stuhmeier, RN
Specialist Master, US
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   Mark Snyder, MD

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6. Close
   Frances Cousins & Marc Perlman
Workflows - Overview
Workflow Definition

Workflows are the foundation of an EPR implementation. They provide the “Blueprint” or “Recipe” for the overall design.

A Workflow is the repeatable pattern of the activities sequence or steps that take place to complete a specific task on a regular basis. The flow being described includes tasks, documents or information that are passed to a proper workflow participant for action in a sequence determined by actions or pre-defined business rules, frequently called workflow rules.

Banana Nut Bread Recipe

- One half cup of butter
- One and one half cup of sugar
- 1 teaspoon vanilla
- 3 eggs
- 3 big bananas
- One fourth cup milk
- 2 cups flour
- 1 half teaspoon salt
- 1 half teaspoon baking soda
- 1 1/2 cup of walnuts.

350°
60 min
What Are Workflows?

Workflows are a set of interrelated or interacting steps that are taken by caregivers to carry out tasks applicable to their role.

- Workflows need to be ROLE-BASED and include OPERATIONAL, TECHNICAL AND relevant THIRD PARTIES.
- Workflows need to be designed for all areas of the care delivery cycle – Access/Registration, Clinic Visit, Inpatient/OR/Ancillary Care Areas, Billing.

Software vendors will come with workflows for their systems. This discussion is about designing workflows to support your organisation in delivering care using an EPR.
Workflows are not just important to Clinical Care Areas – they are for all areas. Workflows are not just for the EPR – they also touch all integrated 3rd parties. A standalone workflow is also part of a larger ecosystem.

**Ambulatory/Outpatient**
- Clinic Check In
- TeleHealth Visits
- In Office Procedures
- Letters
- Results Routing and Follow Up
- Social Service Visits

**Inpatient**
- Providers
- A&E
- Surgical
- Lab
- Pharmacy
- Radiology
- Cardiology
- Nursing

**Revenue Cycle**
- Scheduling
- Registration
- Benefits Verifications
- Payment Collections
- End of Day Processing
- Claims Processing
- Error Correction

**Integrated 3rd Parties (Examples)**
- Food Service (CBORD)
- Lab / Pathology (TDL)
- Pharmacy Support (Swisslog, Pyxis)
- Vocera
- CardioLab

- eSignature Pads
- Device Integration
- Technical Interfaces
- Mobile Devices
- Airstrip
- Dragon

- POCT
- Printers/Scanners
- Credit Card Readers
- NurseCall System
- BloodTrack/Haemonetics
- DocMan
Anatomy of a Workflow

The Visio Workflow Design serves as the Foundation for creating the overall experience and end to end design

- Standardised Template with a standard layout, standard naming, and standardised roles
- Role Based Swim lanes
- Standardised icons to identify actions, decision points
- Highlight connection points to other workflows and hand-offs between caregivers
- Highlight key organisational decisions
- Highlight points of change or training points
- Define and understand all key hand offs (system hand offs and non-system hand offs)

Example
Project Timeline & Workflows

Phase 0: Readiness/Visioning:
• Finalising project scope, vision, TCO and hiring and onboarding of the implementation team to support the programme.

Phase 1: Scope of Design:
• Solution scoping and workflow review sessions to provide input into how new processes should be developed to optimise care, maximise efficiency, and minimise waste. Start organisational development work and workforce planning.

Phase 2: System & Content Build:
• Validating the technical design, operational workflows and content in the EPR. Aligning 3rd Parties.

Phase 3: Testing:
• Completion of the configuration and testing of the whole EPR service and the new clinical and operational processes.

Phase 4: Training & Go-Live:
• Training end users and supporting the go-live with at-the-elbow support 24/7 to help the transition to new working practices and IT systems.

Phase 5: Post-live and Optimisation:
• Stabilisation of the new clinical and operational processes, the EPR system workflows and optimisation of their ongoing use within the acute setting. Benefits realisation tracking will begin against baseline data measured prior to the implementation.

Workflow Design is an iterative process that starts the kickoff of your Design & Build Phase. Ideally, your workflows should be in a “complete” form prior to Testing – but you will continue to update/revise as issues are identified during testing.
Workflow & Content
Workflow supports content development. Focus is on “convergence” of system build, workflow and practice.

The Degree to Which Content Is Embedded in Workflow Varies by Content Type and there Is a Reciprocal Variation in Design Choices

**Revenue Cycle**
Revenue Cycle content is mostly core content, embedded in the workflow, and is defined by organizational factors external to the EHR. *e.g.*, Charge Master, Payor/Plan

**Interdisciplinary**
Interdisciplinary content is largely, not completely workflow based. There are choices among defined alternatives. *e.g.*, Pain Scales, Care Plan Tools

**Specialty Modules**
Specialty Modules have a mixture of workflow based and provider designed content. *e.g.*, Kaleidoscope

**Provider Orders & Documentation**
Provider content is the least tethered to workflow and has the most design choices which can be made at enterprise, specialty or individual levels *e.g.*, Discharge Summary
Types of Workflows

All workflows are not created equal, but each is important, and they need to “link” together like pieces of a puzzle.

1. Broad Workflows
   - Patient Care Transition Workflows
   - Medication Administration
   - Allergy Entry

2. Department Focused Workflows
   - OR Example – Pre-operative Antibiotics
   - A&E Specific Workflows - Chest Pain Patient Evaluation

3. Specific Workflows
   - Desensitisation to Penicillin
Ambulatory Patient Visit Workflow Narrative - Example

Individual workflows come together to create the overall experience for Clinicians and Patients

Ambulatory Patient Visit is comprised of numerous workflows in multiple locations

1. PATIENT
   - Patient is concerned about recent symptoms

2. SCHEDULING
   - Scheduler locates first available appointment and schedules appointment

3. CHECK IN
   - Front office staff checks patient in

4. ROOMING
   - Medical Assistant rooms patient and records reason for visit and patient’s vital signs

5. EXAMINATION
   - Physician reviews patient’s medical history, discusses examination, records diagnoses, and enters progress notes

6. PLACE ORDER
   - Physician enters Lab, Imaging, and Pharmacy orders

7. LAB TESTING
   - Patient receives Lab tests and X-Ray. Results are then automatically routed to physician’s in-basket. Physician notifies patient of results
   - Patient picks up prescription at the Pharmacy and information is posted on their medication history screen

8. BILLING
   - Biller manually enters any remaining charges
   - Bill or claim is generated
The Ripple Effect – Workflows Impact Every Area of Your Project

- System Build
- Testing
- Operational Readiness
- Policy and Procedure development
- Change Management
- Training Curriculum

Comprehensive Workflow design is essential to the success of your project - not optional
Workflow Design
Design with Intent

The design of workflows is one of the key vehicles that organisations can use to transform how they deliver care and help to ensure a standardised care experience across the organisation.

Guided by strategy

- Transformation, not just implementation
- Targeted metrics and benefits

Establish Governance

- Framing key questions and considerations
- Design Guidelines
- Engagement of physicians, SMEs, and patients

Bring the right people to the table

- Healthcare is a team sport
- Clinician-driven

Standardisation and Systemness

- Standardised workflows and processes focused on patient and caregiver experience
- Change management emphasis throughout
- Role standardisation
- Workflow sources and tools
Guided by Strategy - Organisational Priorities
Implementing an EPR is one of the largest projects you will take on as an organisation

- As an organisation, you need to decide what you want to achieve – metrics/benefits, how you deliver care, the Clinician experience, and the Patient/Family Experience
- In designing and articulating your strategy, there will be decisions to made on what can and cannot be done. As an organisation you will need to define your budget, timeline, and prioritise what you want to achieve in the short term and long term

### Organisational Priorities Inform Workflow Design

- **Increased Patient Safety**
  - EPR is intuitive and provides alerts, interaction testing, and best practice reminders at the point of care delivery

- **Enhanced Patient Journey**
  - EPR is integrated, intuitive, and enables the patient to participate in their care

- **Improved Data Collection**
  - EPR enables the capture of clinical data as part of the process of care
  - Granular accurate data can then be used for many different purposes, quality improvement, measuring outcomes, audit, research and the commissioning of care

- **Optimised Efficiency**
  - EPR workflows and functionality focus on maximising a clinician’s scope of practice

- **Streamlined Content**
  - EPR maximises discrete data capture and promotes adherence to regulatory standards
  - EPR ensures the most applicable information is available to the clinician at the “right” time
Guided by Strategy- Establishing Design Parameters

Ensuring your workflow design programme has parameters will help your teams keep a holistic bigger picture in mind regardless of what the design principles your organisation ultimately adopts.

**Grow Your Digital Vision**
Design for today, but keep in mind the bigger picture. What are the clinical and technology initiatives you hope to implement in 3, 5, 10 years.

**Stay on the Journey**
Once a vision is established, guide project teams and subject matter experts to stay within established parameters and adhere to budget and regulatory requirements.

**Understand the Customer**
Spend time learning about the “customer” and identify pain-points in workflows early and design with a solution in mind.

**Identify Metrics and Benefits**
Determine priority safety, quality and financial metrics and design workflows to support these objectives.

**Consider Leading Practice**
Apply a “maturity-model” to understand the gap between where you are today and where you want to be with the new EPR.

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**Effective workflow design parameters promote....**

- **Standardisation**
  Consistent experience for the clinician and the patient.

- **Cohesiveness**
  Design supports seamless cross-functional area workflows.

- **Adoption**
  When workflows address pain points, clinicians (and patients) will use the system’s design as it is intended.
Establish Governance

Setting a strong foundation from the beginning enhances overall outcomes and Programme success.

**Governance**
A well-structured governance model helps ensure decisions are made at the right level, by the right stakeholders, at the right time.

**Guiding Principles**
Establishing appropriate Guiding Principles sets the ground rules for system design and implementation, guides decisions, and keeps teams focused on overall goals, objectives, and the desired end state.

**Effective Decision Making**
Decisions that could potentially impact the programme timeline, cost, quality, safety and/or future-state operating model should be escalated to programme and clinical governance.

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**Establish Leadership Support**
Leadership support and buy-in is cultivated from the very beginning of the Programme.

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**Operational & Technical Teams (Revenue Cycle, Finance, Clinical Operations, IT)**

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**Advisory Groups**
Integrated workflow decisions points are reviewed and approved in Advisory Groups.
Key metrics are identified.

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**Project Leadership Team**
Most workflow decisions happen within the technical teams and clinical and business operations.

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**Executive Steering Team**
Workflow scoping decisions are often made here.

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**Importance of Governance, Guiding Principles and Effective Decision Making**

1. Commitment from key stakeholders
2. Align direction
3. Better decisions
Bring the “Right” People to the Table
Workflow Design is a Team Sport; this is one of the first steps in socialising your vision and getting people engaged in the EPR.

When everyone with a “stake in the game” participates in design, workflows support the right clinical and business priorities.

- **Project Team**
  Analysts, trainers and other project team members bring a wide range of experiences to the table; more importantly, all project teams are dependent on workflow design.

- **Operations**
  Clinicians and operations bring the subject matter expertise and understand the unique needs of the organisation.

- **Vendor**
  The vendor brings technical expertise and the voice and experience of other similar customers.

*When everyone with a “stake in the game” participates in design, workflows support the right clinical and business priorities.*
## Standardisation and “Systemness”

“Systemness” is about moving the entire organisation to a standard operating model. The EPR is a tool to help you get to a standard system, but your workflow and content design are the key enablers to achieving this goal. The functionality and usefulness of an integrated EPR is centred around **standardisation**

### KEY “SYSTEMNESS” DRIVERS

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<th>Improved accuracy and consistency in reporting</th>
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<td>Standardised Process</td>
<td>Better clinician and customer experience</td>
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<tr>
<td>Standardised Content</td>
<td>System is built for ongoing upgrades</td>
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<td>Standardised Documentation Tools</td>
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<td>Standardised Measurements</td>
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Workflow Design Tools and Accelerators

Deloitte has robust tool sets to support each area of workflow design. These tool sets can be utilised to help organisations “jump start” and guide your organisation through establishing budget/scope/timeline, establishing a Governance Process and designing to your strategic vision.

Key Decisions

Set transformation goals and guiding principles

Evaluate your maturity

Bring the team to design

Validate, iterate and track

Deloitte Workflow Accelerators (Illustrative)

- CapabilityEdge™ Process Maturity
- IndustryPrint™ Process Models
- Workflow Inventory & Tracker
Lessons Learned
Preparing to Transform

Define

• Governance – Define the governance bodies, membership, and decision rights

Document

• Digital Strategy
  – What do you hope to accomplish?
  – What should care look like?
  – What is the experience for clinicians, staff and patients?

• Project Guiding Principles
  – If the integrated EPR you are implementing has the capability, do not bring in a 3rd party
  – Share information with patients
  – Improve preventive care

Communicate

• Decisions – Design and maintain a robust decision tracker
Guiding Principles inform the workgroups of opportunities to modify workflows to achieve organisational goals.
Adoption

Challenges

• Bridging from current state to future state
• Defining the degree of variability that will be acceptable
• Ensuring smooth integration of roles

Change Impact Analysis

• Identify changes in roles, policy, etc., needed for successful adoption of new workflows

Change Communication:

• Currently we do “X”, in the future we will do “Y”
• Demonstrations
• Short videos
Adoption

Challenges

• Bridging from current state to future state
• Defining the degree of variability that will be acceptable
• Ensuring smooth integration of roles

Permissible variation

• End product must be consistent, e.g., Allergies recorded on all patients
• Variation in clinics may drive role variation:
  ◦ Immunology Clinic vs. Surgery Clinic
Adoption

Challenges

• Bridging from current state to future state

• Defining the degree of variability that will be acceptable

• Ensuring smooth integration of roles

Integration of roles

• Practise

• Practise

• Practise
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Thursday 29 April 2021
4:00 – 5:00 pm BST