

PENILAIAN PROSES RKE

Deskripsi:

Although the purpose of the process assessment may vary with the timing of its performance, the steps in performing process assessment are very similar at whatever time they occur. Table 7.3 summarizes the steps, discussed in more depth shortly, typically performed in process mapping, noting variations depending on timing and purpose.

Processes to Be Mapped

The first step is to identify processes to be mapped. Although all processes in an organization could benefit from process assessment, if the focus is on implementing an EHR, then the processes to be mapped at this time will relate to those impacted by an EHR. For hospitals, the processes to be assessed should follow its EHR migration path, because not every process needs to be assessed for any given component implemented. However, if the

Table 7.3. Steps in process assessment for EHR

1. Identify processes to be assessed; that is, those that will be impacted by the EHR being acquired.
2. Create process assessment teams of individuals who perform the process today and those who will be impacted in the future.
3. Select process assessment tools suitable to the process assessment purpose, and learn how to use the tools.
4. Map the process as actually performed. Avoid identifying opportunities for improvement now, or critical controls built into current processes may be overlooked.
5. Validate maps to ensure they reflect current processes, all variations, and the information payload.
6. Collect all forms and reports that are part of the process to be automated.
7. Obtain baseline data to define expectations for change and for use in benchmarking for benefits realization studies.
8. Identify potential problems and determine their root cause (not just symptoms).
9. Identify changes that would address root cause of problems: Some may be addressed now; others will require EHR.
10. Identify other desired improvements from use of an EHR.
11. Document proposed changes by creating a proposed map.
12. Use new processes to create use case scenarios to identify EHR functional specifications, and later to build out the EHR application to achieve improvements. (This may require a second "improved" with EHR map.)
13. Test new workflows and processes.
14. Train all on new workflows and processes.
15. Incorporate changes in workflows and processes into policy and procedure.
16. Conduct benefits realization and celebrate successful change/correct course as necessary.

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hospital plans a comprehensive EHR rollout, then a comprehensive set of processes should be mapped. Table 7.4 identifies potential processes for hospitals and clinics that would be mapped during an EHR project. This may be modified for any specific organization and its migration path.

Process Mapping Teams

Although a single management team, consultant, or vendor can provide leadership, education, direction, and assistance, teams made up of the people who will actually implement the redesigned processes and use the EHR are much more successful. Teams should be responsible for the actual workflow and process mapping, analysis, redesign, and feasibility testing. For EHR process assessment teams to be effective, their membership should be interdepartmental and interdisciplinary. The EHR will cut across all departments and have multiple potential users. Teams should solicit the input of all users in their respective areas and keep them abreast of progress made. Including individuals at the lowest feasible levels of the organization heightens the staff's sense of ownership of and responsibility for the assessment. Finally, teams should be rewarded for most accurately mapping workflows and processes as they are actually performed—not how a policy or procedure says they should be performed. If actual processes are not mapped accordingly, workarounds, delays, and other factors that contribute to today's issues will not be identified to be overcome. In addition, any control points that have been added that must carry forward to the EHR may not be identified. Mapping current processes should find all the "warts." As a result, this is not the time to lay blame for problems that have arisen in the current processes.

A special case must be considered for mapping workflows and processes conducted primarily by physicians. Bierstock coined the term *thoughtflow*, defining it as the process

Table 7.4. Processes to be assessed for an EHR project

Hospitals	Clinics
<ul style="list-style-type: none"> • Admission/discharge/transfer • Patient assessment • Medications reconciliation • H&P/differential diagnosis • Care planning • Provider order entry • Procedures • Medication administration • Patient monitoring • Patient care charting • Care coordination • Charge capture/coding • Reporting 	<ul style="list-style-type: none"> • Scheduling and registration/check-in and check-out • Patient intake • Results review • H&P/encounter notes • Care plan/guidelines • Medication management: medication list maintenance/prescribing/refills/compliance • Order entry • E/M coding • Charge capture • Patient instructions

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by which physicians obtain, assess, prioritize, and act on information (Ball and Bierstock 2007). They observe that “vendors long have developed systems based on presumptions about the way clinicians work, but without a clear understanding of how clinicians think. Developers must understand how physicians think and then work.” Interestingly, Bierstock, himself a physician and developer of information systems, further notes that “such knowledge can come only from physicians who have been in the trenches.” Therein lies the dilemma (Poggio 2010)—getting physicians to map their workflows and processes, or even their thoughtflows, is a seemingly impossible task.

Many articles have been written about the need to engage physicians in key elements of important programs (Cornue 2010) and in how to engage them (Reinertsen 2008; Butz 2010). However, it is also found that it is feasible to engage physicians in process mapping when performed in a way that delivers direct value to them (Amatayakul 2007). This will still not be the actual construction of a map—someone will have to document a best guess—but asking a physician to review the map prior to implementing a change will likely provide valuable feedback. Another industry insider suggests focusing on the clinical aspects, not the automation aspects, of the change (Essin 2011). Despite that, physicians are not technophobic and may enjoy trying out new technology. For example, asking them to try something like a digital pen and supply feedback that links to the workflow and process they want to perform (McGee 2011) can provide insights into their documentation preferences.

Another important factor in engaging not only physicians but all clinicians that many have not followed in the past is to be firm about the forthcoming change (Van Dijk and Van Dick 2009). Many hospitals have feared mandating use of EHR technology by physicians, yet Cohn et al. (2009) admonishes hospitals to “make change stick by nurturing a new culture.” A final critical factor is to ensure that clinicians maintain their self-esteem (Fillingham 2008) as part of the process assessment. Though this is true for all health professionals, physicians are particularly sensitive to the suggestion that they may be doing something wrong, even though workflow and process mapping is about making something better, not necessarily correcting something wrong. By asking for *input* rather than ways to *improve* a process map, individuals will tend not to personalize the activity.

Process Mapping Training

Many people within the organization are selected to participate on process mapping teams because they are intimately familiar with current processes. However, the organization cannot assume they have the skills to do process mapping, fully understand the features and functions of an EHR, or even know how to function as a team. Thus, orientation and training in these areas are essential.

Orientation to an EHR system must be comprehensive, with a fair amount of coaching. A single product demonstration will not suffice. It is best when preliminary reading materials followed by seminars and distribution of actual demonstrations or websites with demonstrations are provided. As processes are analyzed and redesign work begins, at least one expert in EHR systems should be available to answer questions, coach, and work with the teams to help them understand what is feasible.

Process Mapping Validation

Once a current process has been mapped, it is important to validate that it is complete and accurate. It must also reflect **information flow**—bearing in mind that the EHR does not automate either the chart or people but rather the collection and processing of data into useful information. This is often challenging because it is easy to see where the chart and people are at all times, but it can be difficult to understand what data are being processed mentally. For this reason, the persons actually performing the processes should map their own processes.

It can be helpful for an unbiased observer (who may be a consultant or simply someone in the organization not engaged in performing the process) to ask key questions about the maps. This will help ensure the process has been thoroughly described. Table 7.5 provides a set of questions that may be helpful in validating the completeness and accuracy of current process maps.

Process Changes

Once it is time to begin analyzing the current workflows and processes, it is necessary to focus on what changes are appropriate and when they can be implemented. Following are some of key elements for evaluating processes for improvement:

- *Free team members to make appropriate changes.* Too often, management is taught to control processes rather than change them. Changes proposed by nonmanagement staff are often looked on as situations out of control. The process mapping teams must understand that they are free to make appropriate changes. The result may still not be a change in the process, but a modification of the technology,

Table 7.5. Key questions to validate current process maps

- Is the scope of the process appropriate for EHR mapping?
- Are these all the tasks performed in this process?
- Does the map focus on information flow or only the chart or the person? Are all sources of input and uses of information identified?
- Are clinical decision-making tasks performed mentally included?
- Are some tasks performed only occasionally? Are they included? What triggers their performance?
- Are there tasks performed differently by different people or for different people? If so, are the variations included or more than one map made?
- Are some tasks performed outside of this process but impact its boundary?
- Are there some tasks identified that really are not a part of this process and could be dropped or placed at the boundary?
- What tasks are critical? That is, if not performed, the process is meaningless; or must be included in any new HIT adopted? Highlight these.
- Are there tasks not performed today that would improve efficiency, patient safety, and outcomes?
- Were all associated forms, reports, job descriptions, policies, and procedures collected?
- Did you collect baseline data if desired? Do you have benchmark data for comparison? Do you have plans to acquire such?

and the decision will have been made within the appropriate context. For example, when evaluating the process of nursing documentation, the technology may accommodate point-of-care charting. This is a significant change from charting at the nursing station. Neither is right or wrong, and nursing personnel should be open to understanding the ramifications of each. They may initially think point-of-care charting is too intrusive for their patients and decide to keep charting at the nursing station. However, this possibly will not alter the process sufficiently to improve documentation or productivity. An alternative then may be identified, such as charting at kiosks placed strategically throughout the nursing unit.

- *Solve problems rather than symptoms.* The hardest part of any problem-solving situation is defining the exact problem. Symptoms are often obvious, but it is imperative to dig deep to find the **root cause** of (or underlying reason for) the problem. This is analogous to pulling a weed out of a garden. If the root is left in the soil, the weed grows back. Similarly, if only the symptoms of a problem are solved, the problem will most likely recur. A healthcare example that is currently a major issue relates to patient safety and medication errors. Many assume that CPOE is the solution. However, a study of the flow of the entire process and quantifying where errors are occurring at each step in a given organization may reveal that errors are occurring in different locations, such as around formulary access, pharmacy processes, or medication administration. Each environment may be different.
- *Stay focused on the ultimate goal.* Speeding up or compounding ineffectiveness is another common result of automation. The goal of the EHR project should not just be to “go paperless” but to improve the organization’s use of health information to achieve its strategic initiatives. Although achieving a paperless environment is ultimately appropriate, focusing exclusively on going paperless can put blinders on process redesign efforts. Teams should also understand that islands of information systems have long characterized healthcare computing. This is due in part to the nature of systems development over time, how organizations have functioned, the often insular nature of various medical specialties, and sometimes backlogs in information technology (IT) departments that have led to acquisition of departmental systems. For whatever reason, each of these information systems has had its own database. An EHR environment ideally must be able to tap into all of these databases and have them communicate with each other. Current technology has approached this problem by creating a central repository of information to which each user (person and system) has specified access. Even newer technology achieves the ability to share data across disparate databases through application of browser-based technology. Because departments typically are reluctant to give up the perceived power associated with having their own database, the benefits of sharing data must be made clear. Departments should be advised that sharing data enhances everyone’s access and that data translated into information is the achievement of real power for the organization as a whole.
- *Focus on the primary customer.* The first step in an EHR project may be to determine who the EHR’s customers are. There are actually several. Ultimately, the most important customer may be the patient or the individual about whom the EHR

provides information. In fact, limiting the term EHR to a focus on “record” may be a misnomer because of the much broader scope of the information that can be processed in an EHR system. Many view the clinician users as primary customers, and indeed, they probably are the users most affected by the process changes brought about by EHR implementation.

- *Study existing systems only enough to understand them without limiting breakthrough thinking.* Sometimes processes can be studied at such a level of detail that the overall impact on the organization becomes unclear. Just as an initial reaction to an event or intuition about something is often the best guide, so, too, should teams rely on their experience and expertise to know when a process is right or when a redesign makes sense.
- *Look at the big picture.* The scope of the EHR project is to improve results throughout the organization. Process changes will necessarily affect many, from the physician (who learns the value of clinical decision support as part of the medication-ordering process) to the coder in the HIM department (whose job may change to reviewing coding quality), the materials manager (who achieves an automated inventory), and even the CEO (who has the ability to produce executive reports at the desktop). Process teams must solicit all these areas for input and ensure that all affected areas are covered in any assessment. The goal of EHR process mapping should not be simply to change processes for the sake of change but to improve outcomes.