

Unit Objectives

Upon successful completion of this unit the student is able to:

- Complete a process analysis that includes recommendations for achieving and sustaining optimization in workflow processes
- Prepare a presentation for health care institution decision makers that communicates findings of a workflow process analysis and proposes a facilitation plan that would assist those decision makers in moving toward optimization of workflow processes
- Critique optimization meeting scenarios for their effectiveness and comprehensiveness

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Upon successful completion of this unit you should be able to:

- Plan and conduct or facilitate a decision making meeting,
- Present a walk through of a decision making meeting,
- Prepare a presentation to communicate findings of a workflow process analysis to healthcare facility decision makers, and
- Document those decisions that are made and actions identified in a decision making meeting.

By describing the results of the process analysis and redesign conducted in the clinical setting, and explaining how the health process analysis and redesign and “Meaningful Use” are related to the workflow process analysis, the workflow process analyst and redesign specialist should be able to lead the meeting participants through a discussion to:

- Identify which of the clinical workflow component changes the clinic staff wants to implement,
- Prioritize these changes,
- Identify participant roles in the change process, and
- Describe how the new workflow processes might differ from the current processes.

Topics

- Coordinating a decision making meeting
- Appropriate group methods to discuss and make decisions on inefficiencies
- Opportunities for streamlining
- Transition from analysis and redesign to implementation planning
- Examples of plan content

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The topics covered in Unit 7 include:

- Coordinating a decision making meeting,
- Using appropriate group methods to discuss and make decisions on inefficiencies,
- Identifying opportunities for streamlining manual and computer-aided processes, and the
- Transition from analysis and redesign to implementation planning, and we will also give examples of the plan content.

In the analogy from Tom DeMarco, an early pioneer and thought leader in process analysis, whose 1979 book, *Structured Analysis and System Specification*, was introduced in Unit 1 of this Component: If “procedure, like dance, resists description”; and individuals in process analysis and re-design jobs are experts at both “describing the dance”, and, “choreographing a better one”; then the work of the Implementation Decision Making meeting is to not only “choreograph a better one”; but to streamline, refine, and optimize the “best workflow process design” for guiding the Quality Improvement.

**A single effective meeting will
substantially
change the capacity of a group
to
achieve desired outcomes ¹**



Many professional facilitators will agree with this quote:

“A single effective meeting will substantially
change the capacity of a group to
achieve desired outcomes.”¹

To facilitate such a meeting requires good leadership, a well planned Strategy, the appropriately selected group processes, and a good understanding of the culture of meeting participants, and finally, the coordination of these four layers. When all of these come together, the meeting enables the group to:

- Face the reality of the current process,
- Identify unused potential to improve, and
- Commit to action, or “Buy-in to the” Implementation Plan.

Meeting Goals

- “To make as good or as effective as possible”:
 - Using the experience and skills of Healthcare personnel
 - Expanding the range of solutions
 - Achieving overall optimum efficiency
- All within the contextual framework of “Meaningful Use of IT”

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The goal of the implementations decision making meeting is to make the healthcare process workflow as good or as effective as possible by reviewing and streamlining the workflow diagrams generated in the redesign effort and using the experience and skills of healthcare personnel involved in the processes to be streamlined.

We should recognize that the process changing is actually an ongoing effort. This is because the requirements of the process are also changing. It would be accurate to say that we are “shooting at a moving target.” The process requirements change because:

- The requirements of the customer (patient) change (increase)
- Technology changes (improves)
- The health care setting changes (treatment guidelines, new devices and drugs)
- The payment mechanisms change (Medicaid/Medicare, and 3rd party payers).

This is all in the framework of “Meaningful Use” of IT in healthcare.

Focus

- Analyzed the “As is” Process
- Redesigned the “As is” Process to create a Plan
- Have the “To be” Process
- Now
 - Streamline the process
 - Chart the course for moving into implementation

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At this point in the process analysis and redesign we have analyzed the “As is” process and redesigned the “As is” process to create a plan. We now have the “To be” process.

In this unit we will discuss methods for working with the decision makers in the healthcare setting and leading them through discussions to determine which of the changes in the workflow process are important to implement, the priority of the implementation, and the specifics of the quality improvement process changes by identifying areas for eliminating redundancy, streamlining patient and information flow, and identifying any wasted efforts that can be addressed.

One tool for this is the Patient Flow Diagram.

Remember: The goal is to select the “best solution” to improve the processes.

Meeting Purpose

- Streamline the Redesigned Workflow Diagrams
- Establish rapid, efficient information sharing
- Preserve established workflow when appropriate
- Build Consensus as necessary on the final redesign plans
- Build “Buy In” of the participants to the changes proposed
- Provide the decisions for the “Implementation” report

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The Implementation Decision Making meeting has multiple purposes. The primary purpose is to streamline the redesigned workflow diagrams.

In this way, the decisions made should establish rapid, efficient information sharing; preserve established workflow when appropriate; build consensus as necessary on the final redesign plans, build “Buy In” of the participants to the changes proposed, AND finally, provide those decisions for the “Implementation” report.

Meeting Facilitator Role

- Facilitation
 - Process of designing/running a successful meeting
- HC Workflow Analysis and Redesign Specialist Role
 - Establish group norms
 - Manage time
 - Describe your role in the meeting
 - Describe participants roles in the meeting
 - Walk through the redesigned Process Workflow Diagrams
 - Establish ground rules for the meeting
 - Listen to and document feedback
 - Incorporate changes in the Process Diagrams

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Facilitation concerns itself with all the tasks needed to run a productive and impartial meeting. Facilitation serves the needs of any group meeting with a common purpose, whether it is making a decision, solving a problem, or simply exchanging ideas and information. The Facilitator does not lead the group, nor try to distract or to entertain.

As the decision-making / consensus building facilitator, the role of the Workflow Analysis and Redesign Specialist is to:

- Establish group norms,
- Manage time,
- Describe your role in the meeting,
- Describe participants role in the meeting,
- Walk through the redesigned Process Workflow Diagrams,
- Establish ground rules for the meeting; i.e. How do you suggest changes? How do you make decisions? and
- Listen to and document Feedback. Active listening is critical because without listening too many errors will be made in the documentation and insufficient details will be provided in the implementation plan to address the needs of the process redesign.

Finally, the facilitator's role is to incorporate changes in the Process

Meeting Participants Role

- Work within the established ground rules
- Suggest changes to the redesigned Process Workflow Diagrams
- Provide “reality checks”
- Identify:
 - Correction of any errors identified in the “To be” process design
 - Reformatting (revision) needs of Workflow Diagrams
 - Training needs of new processes
- Participate actively in the meeting

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The meeting participants are to:

Work within the established ground rules to:

- Suggest changes to the redesigned Workflow Process Diagrams,
- Provide “reality checks”, and
- Identify:
 - Correction of any errors identified in the “To be” process design,
 - Reformatting (revision) needs of Workflow Diagrams, and
 - Training needs of new processes.

It is expected that all participants will participate actively in the meeting.

Key Elements of Success

- Involvement of key personnel
 - Have thought through potential solutions
 - Results in ownership of ideas
 - Solutions
 - Develops commitment for implementation
- Immediate focus on changes which will make the greatest possible contribution to “Meaningful Use”
- Initial implementation planning is begun in a debriefing wrap-up session at the conclusion of the decision-making meeting

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There are so many methods of developing group consensus through meeting management that there is actually an internet site for selecting the best fit for the meeting needs.

For our purposes, it is sufficient to note the following key elements of success:

- Involvement of key personnel who have thought through potential solutions,
- Involvement of key personnel results in ownership of ideas (solutions) and develops commitment for implementation,
- Immediate focus on changes which will make the greatest possible contribution to “Meaningful Use”, and
- Initial implementation planning is begun in a debriefing wrap-up session at the conclusion of the decision-making meeting.

Facilitation Methods

- Focused Conversation Method
 - Surface new ideas and solutions
 - Stimulate candid feedback
- Consensus Workshop Method
 - Tap rational and intuitive thought processes
 - Integrate diverse ideas
 - Generate practical and creative solutions
 - Develop group consensus
- Action Planning Method
 - Visualize a successful result
 - Analyze the current reality
 - Create a practical plan
 - Maximize group involvement

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We will only look at three methods of meeting facilitation here. They are The Focused Conversation, Consensus Workshop, and the Action Planning Methods.

The Focused Conversation Method is a common-sense approach which leads naturally to a meaningful exchange of ideas. This is more useful in surfacing new ideas and solutions and stimulating candid feedback.

The Consensus Workshop Method will be helpful in this meeting. This structured process is so engaging that people are energized getting to consensus. It will:

- Tap rational and intuitive thought processes,
- Integrate diverse ideas,
- Generate practical and creative solutions, and
- Develop group consensus.

The Action Planning Method may also be helpful. These practical steps help groups plan, organize resources and build commitment.

- Visualize a successful result,
- Analyze the current reality,
- Create a practical plan, and
- Maximize group involvement.

Aspects of Facilitation³

- Making arrangements for the meeting
- Setting the agenda
- Understanding group norms
- Understanding group dynamics

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Here, we address four aspects of facilitation.

The first is making arrangements for the [meeting](#). The practical arrangements will be arranged or managed by the facilitator. It is important to consider in detail the location and layout of the room, and to understand why the meeting is being held and to ensure that all [stakeholders](#) are invited and able to attend.

The second is setting the [agenda](#). The facilitator needs to understand in detail how each item on the agenda is to be tackled and how long it should take. In addition, the facilitator should use techniques that will allow participants to understand all of the issues at stake and all of the alternative courses of action.

Understanding group [norms](#) will prevent the facilitator from making assumptions about the way people interact and will enable the facilitator to adapt to the ways of different cultures and different organizations.

Understanding [group dynamics](#) will ensure that the facilitator remains aware of undercurrents, both verbal and non-verbal, which may indicate problems the group is having. As the facilitator, it is important that you try to assist the group in becoming aware of these.

Suggested Approaches

- Discuss reformatting (revision) of Workflow Diagrams
- Walk through the redesigned Process Workflow Diagrams
- Incorporate changes in the Process Diagrams
- Provide feedback on the Workflow Process Redesign
- Discuss training needs of new processes

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There are multiple approaches you can use to lead this discussion. The following approaches should be considered when planning the meeting.

The first is to discuss the reformatting (revision) of Workflow Diagrams. One way to do this is to walk through the redesigned Process Workflow Diagrams, and incorporate changes in the Process Diagrams. It is helpful to provide feedback on the Workflow Process Redesign and discuss the training needs of new processes.

Meeting Preparation

- Step 1: Select participants for the Meeting
- Step 2: Prepare detailed Agenda
- Step 3: Prepare Review of the redesign reports
- Step 4: Design group processes to attain final streamlined implementation plan where each member's input is documented
- Step 5: Appropriate Setting and Materials:
 - Flipcharts, Post It Notes, Markers, Wall Space

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As discussed earlier, the staff in these healthcare facilities are very busy people and the decision-making team may be coming in during their off time to participate in the meeting or they may be rescheduling patient care to work on this effort. It is important to prepare carefully with great detail for this meeting in order to best use their very valuable time. Thus,

Step 1: Select participants for the meeting.

Step 2: Prepare a detailed agenda which should include:

- a description of the “to be” process and the gaps in the process, as well as
- a description of the proposed redesign (including goals),
- how group processes will be used to develop implementation plan, and the Test for consensus on decisions made.

Step 3: Prepare review of the redesign reports.

Step 4: Develop exercises where each member of the team independently writes down issues identified in the walkthrough of the process diagrams.

Step 5: Assure that appropriate settings and materials are available: i.e. flipcharts,

Identify Processes Ripe for Improvement

- Those that can increase satisfaction, compliance, and meaningful use in health IT
- Appeal to patients, clinicians and administrators
- Some health care providers can show how much a change can improve services in specific areas
- Review “Best Practices” in other healthcare facilities for items to discuss. Best practice far exceeds healthcare service.

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In this meeting, it is important to identify processes ripe for improvement such as:

- Those that can increase satisfaction, compliance, and meaningful use in health IT,
- Appeal to patients, clinicians and administrators, and
- Some health care providers can show how much a change can improve services in specific areas.

It is also useful to review “Best Practices” in other healthcare facilities for items to discuss. Best practice far exceeds health care service.

Select Topic Exercise

- Identify topics ripe for improvement in your organization
 - Or use your current topic
- Once you have selected a topic
 - List specific ways in which each topic meets the selection criteria
 - Define the gap
 - Include outcome measure
 - Identify the good examples
 - Identify business implications

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This is an exercise to help the student recognize and identify processes that should be further analyzed as good candidates for process improvement.

In this exercise, identify topics ripe for improvement in your organization (or use your current topic). Once you have selected a topic, list specific ways in which each topic meets the selection criteria by defining the gaps (include outcome measure), identifying the good examples, and identifying business implications in your selected setting.

Pause the slides now and complete this exercise.

Examples of Process “Ripe for Improvement”

Topic	The care team	Patient intake/activation	Clinical IT System	Leadership
“GAP”				
Example				
Business Impact				

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Kabacene, Langley and Hupke in an IHI Innovation Series white paper, titled *Innovations in Planned Care* (<http://www.ihl.org/resources/Pages/IHIWhitePapers/InnovationsinPlannedCareWhitePaper.aspx>) identified four key elements of the service delivery system as:

- The care team
- Patient activation
- Clinical information systems, and
- Leadership

They stated that “only when all four aspects of the system are changed simultaneously can organizations produce better outcomes without increased costs.”⁴

Consider categorizing your identified processes into these four areas as noted above.

Group Decision-Making Process

- Process resulting in the selection of a course of action
- Results in a “choice”
- Systems
 - Consensus
 - Voting-based methods
 - Majority required
 - Plurality
 - Dictatorship

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Group decision making is a process which results in the selection of a course of action. Decision making always results in a “choice”. There are multiple systems of group decision making. These include:

Consensus decision-making requires that a majority of the group approve a given course of action. If the minority opposes the course of action, consensus systems require that the proposed actions be modified to remove or modify those features where there is lack of agreement until the entire group agrees on the plan.

Voting-based methods appropriate for this course include:

- 1) Majority voting which requires that more than 50% of the group members agree. This implies that some members of the team will not agree with the course of action; and
- 2) Plurality, where the largest block of the group decides even if it is less than the majority, is not recommended for making the streamlining decisions and gaining “buy-in” of the team.

A Dictatorship is, of course, the state where one individual determines the course of action.

Decision-Making in the Health Care Setting

- Analyze
- Discuss with clinic to determine this
- Incorporate when planning the meeting

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It is important for the facilitator to analyze the culture and the decision-making style currently in the health care setting. Discuss decision-making with clinic to determine current and/or preferred decision making styles and incorporate this information into the meeting plans for decision making.

Health Care Decision-Making

In the health care field, the steps of making a decision may be remembered with the mnemonic BRAND, which includes

- **B**enefits of the action
- **R**isks of the action
- **A**lternatives of the prospective action
- **N**othing: That is, doing nothing at all
- **D**ecisions

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In the health care field, the steps of making a decision may be remembered with the mnemonic BRAND, which includes

- Benefits of the action,
- Risks of the action,
- Alternatives of the prospective action,
- Nothing: that is, doing nothing at all, and
- Decisions.

Conducting the Meeting

- Identify
 - Intent or purpose
 - Working assumptions
- How much time will be needed
- Be aware that some people in group will not be willing to move at the pace of the slowest member
- Address / review
 - Who performs the process
 - What the steps of the process are
 - When the process starts
 - Where the steps take place
 - How each step of the process is performed and in what order
- Monitor the agenda / time
- Encourage participation from all attendees
- Help participants reach consensus
 - Foster solutions

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When conducting the meeting, be sure to identify the intent or purpose of this meeting and the working assumptions of the meeting. The working assumptions create an atmosphere of respect in the room without being moralistic with rules.

Some examples of working assumptions are:

1. Everyone has knowledge that is valuable in this exercise
2. We need everyone's input to create the best design
3. There are no wrong answers or suggestions. The corollary, of course, is that there are no right answers or suggestions, only the best we can come up with given our limitations.
4. The whole is greater than the sum of its parts.
5. Everyone will listen to others and everyone will be heard.

It is also important to establish up front how much time will be needed and how the meeting will run. Be aware that some people in group will not be willing to move at the pace of the slowest member. Remember that in Unit 6, the important processes changes and redesign were identified. Walkthrough this information, question each step, make sure the meeting participants and decision makers, understand the who, what, when, where and how, and even why all decisions were made! In a walkthrough, you can identify the process gaps and inefficiencies, identify changes that are important and possible, and prioritize the changes in order of importance to

Exercise

A Patient Intake and Clinic Visit is described and represented in a process diagram in the following three slides. Read through the slides, pause the slides, and

1. Create a meeting agenda to review this process, make decisions about what needs to be changed, and prioritize those decisions
2. Design a form for capturing decisions agreed upon by the group
3. After you do this, restart the slides and we will talk through the results

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This is an exercise to help you start building a toolbox of useful documents and aids for facilitating decision-making meetings in the health care setting. Using the Patient Intake and Clinic Visit process in the following slide:

1. Create a meeting agenda to review this process, make decisions about what needs to be changed, and prioritize those decisions.
2. Design a form for capturing decisions agreed upon by the group.
3. After you do this, restart the slides and we will talk through the results.

Patient Intake and Clinic Visit

1. Patient arrives at the clinic and signs-in and checks-in with the front desk.
2. Receptionist enters the patient into the visit system as present and confirms the contact and insurance information with the patient.
3. The Nurse pulls the chart from the filing stacks and calls the patient to the exam area and escorts the patient to the exam room.
4. The Nurse interviews the patient regarding symptoms and/or complaints and records into the Nurses/Progress notes.
5. Nurse takes and records vital signs in progress notes and alerts the Physician that the patient is ready to be seen.
6. The Physician examines the patient and records findings in the progress notes.
7. The Physician determines if a prescription, procedure, lab work or a referral is required and completes the necessary paperwork, if applicable.
8. The Physician provides any additional instructions to the patient and concludes the visit.
9. The Physician provides the patient chart to the office staff for refiling.
10. The office staff refiles the patient chart.
11. The patient pays co-pay and concludes the office visit.

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Your steps in the patient intake and clinic visit should include:

1. Patient arrives at the clinic and signs-in and checks-in with the front desk.
2. Receptionist enters the patient into the visit system as present and confirms the contact and insurance information with the patient.
3. The Nurse pulls the chart from the filing stacks and calls the patient to the exam area and escorts the patient to the exam room.
4. The Nurse interviews the patient regarding symptoms and/or complaints and records into the Nurses/Progress notes.
5. Nurse takes and records vital signs in progress notes and alerts the Physician that the patient is ready to be seen.
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10. The office staff refiles the patient chart.
11. The patient pays co-pay and concludes the office visit.

Example Topics for Agenda

- Introductions
- Review of documentation of process analysis and redesign
- Meeting Products
- Closing of meeting

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At the global level, you will want to include at least the following items in the agenda:

- Introductions,
- Review of documentation of process analysis and redesign,
- Expected meeting products, and
- Closing or close out of your meeting.

Example Topics for Agenda

- Introductions
 - Meeting
 - Participants in meeting
 - And their role
 - Scope of Work
- Review of documentation of redesign process
 - Mapping Methodology selection
 - Facilities Map
 - List of functions performed
 - Process Map
 - Key/ identified processes
 - Personnel interviewed
 - All regulations associated with the redesign
 - Redesigned Workflow Diagram
 - Any known process issues
 - Other supporting documents

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Depending on the size of the group and the complexity of the process redesign, it is likely that a more detailed agenda will be required. It is important to introduce the meeting, the participants in the meeting and their role, and the scope of work for this meeting.

Also, the review of the redesigned process should include:

- Mapping Methodology selection,
- Facilities Map,
- List of functions performed,
- Process Map of [key/ identified processes],
- Personnel interviewed,
- All regulations associated with the redesign,
- Redesigned Workflow Diagram,
- Any process issues that are already know that will facilitate the discussion, and
- Other supporting documents.

Example Topics for Agenda

Meeting Products

- Immediately identifiable redundancies or inefficient processes
- Quick win/critical issues
- Communication plan for identified or critical issues
- Process gap analysis
- EHR improvements analysis
- Recommendations

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When planning for the implementation decision-making, focus the group on specific products expected from this meeting such as:

- Immediately identifiable redundancies or inefficient processes,
- Quick wins or critical issues,
- Communication plan for identified or critical issues, and
- Think about a Process Gap Analysis or an EHR Improvements Analysis; and the recommendations.

Example Topics for Agenda

Closing of meeting

- Meeting deliverables
- Report
- Report delivery date
- Final Health Care Setting Implementation Plan
- Report dissemination
- Implementation strategy selection
- EHR Plan and Recommendations

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Finally, the meeting close should clearly identify meeting accomplishments and next steps. Examples include:

- Meeting Deliverables,
- Report,
- Report delivery date,
- Final Health Care Setting Implementation Plan,
- The Report Dissemination Plan - when will it be ready and who will get copies,
- Implementation Strategy Selection, and
- EHR Plan and Recommendations.

Example forms for capturing decisions
agreed upon by the group.

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The following two slides include example forms for capturing decisions agreed upon in the meeting. How do these compare with the ones you developed? Are there items you would like to add?

Change Matrix Template

"As Is" Process	"To Be" Process	Action Req. for Change	Responsible Person(s)
Patient arrives Patient checks in Patient pays co-pay			
Nurse asks reason for visit Nurse takes vitals Nurse locates electronic chart Nurse confirms medications			
Doctor examines patient Doctor makes working diagnosis			

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This is one example of a table that can be used for capturing meeting results. This focuses on the "As is" process, the "To be" process, and the Responsible person for each of these actions.

“BRAND” Change Matrix Template

PROCESS	Benefits of the action	Risks of the action	Alternatives of the prospective action	Nothing: doing nothing at all	Decision
Patient arrives Patient checks in Patient pays					
Nurse asks reason for visit Nurse takes vitals Nurse locates electronic chart Nurse confirms medications					
Doctor examines patient Doctor makes diagnosis					

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This is a second example that focuses on the “BRAND”: benefits, risks, alternatives, doing nothing, and decisions levels of reporting.

Debriefing Wrap-up

- A wrap-up debriefing at the close of the meeting presents
 - Preliminary results
 - Conclusions
- The purposes of the debriefing are:
 - To present preliminary results and get a “sanity check”
 - To secure management “buy-in”
 - To prioritize and plan for implementation

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Like “closing a sale”, the wrap-up section of the meeting presents preliminary results and conclusions, secures “buy-in”, and provides a prioritized plan for implementation.

Implementation Decision Meeting Report

- Provides
 - Complete documentation of all results
 - Concise Executive Summary of:
 - Objectives
 - Goals
 - Critical process issues
 - Results or Plans of the meeting

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Finally, the meeting report provides complete documentation of all results. It should also provide a concise Executive Summary of objectives, goals, critical process issues, and results or plans of the meeting.

Packaging the Report

- Sufficient to accomplish the change goals
- Address only the redesign changes
- Organize by Process Workflow Redesign
- Be as specific as possible
- Make recommendations actionable
- Minimize redundancy (overlap)
- Transparency is necessary
- Validate decisions with the team
- Identify general process improvement opportunities

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The final report should be long enough to address all details and decisions, provide sufficient information to justify the decisions, and lead the way forward. It should be sufficient to accomplish the change goals and address only the redesign changes. It may be a good idea to organize it by the Process Workflow Redesign. Be as specific as possible, make recommendations actionable, minimize redundancy and overlap, and be transparent.

Be sure to validate decisions with the team, and identify general process improvement opportunities.

Summary

In summary, this unit has

- Provided strategies, tools, and aids for planning and conducting a decision making meeting
- Presented examples of agenda and tables for conducting a walk through of a process
- Provided tools for documenting decisions made and actions identified in a decision making meeting

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In summary, this unit has

- Provided strategies, tools, and aids for planning and conducting a decision making meeting,
- Presented examples of agenda and tables for conducting a walk through of a process, and
- Provided tools for documenting decisions made and actions identified in a decision making meeting.

Additional strategies, tools, and aids for facilitating the implementation are presented in Unit 9.