The Workflow Analysis and Readiness Assessment

Unless a practice is already utilizing a fully functional EMR to meet the meaningful use requirements, a good HIT professional will recommend a readiness assessment and workflow analysis before implementing an alternate solution. You may wish to outsource this aspect of the practice consulting process.

Many independent practice managers are skilled in this area and are capable of reviewing workflow and making recommendations. If you are not a medical professional and would likely partner to provide this service for your firm, there are extremely efficient online workflow tools available as well. It is helpful to have a medical or clinical participant in this process. However, with a base level understanding of EMR dynamics and medical workflow (and with help from the EMRapproved team), a certified EMRapproved HIT specialist should be able to successfully market, execute and produce an excellent Analysis and Readiness document for the client practice.

The Workflow Proposal

When providing a practice with an IT assessment, it is important to address the recommendation of a workflow and readiness assessment. Explaining its’ usefulness and including a summary description of the detail and benefits will go a long way in encouraging the practice to take advantage of this helpful step. Outlining the components and elements of a good report helps the practice understand its’ potential value to the process.

Course Content

- Preparing for the workflow assessment
- The workflow proposal
- Aspects of a good workflow/readiness assessment
- Onsite review of current clinical workflow
- Sample workflow recommendations
- Elements of a good workflow report
- Review Quiz and Resource Directory
Aspects of the Workflow/Readiness Assessment include:

- Recording of current practice staff and status
- Evaluation of physician’s and staff’s technical knowledge
- Onsite review of current clinical workflow and the legacy environment at each clinic location
- Review of legacy medical record and correspondences
- High level review of patient registration, scheduling and charge capture processes
- E&M coding review
- Review of practice’s current ICD coding activities
- Evaluation of patient communication protocols and procedures
- Review of the following clinical workflows:
  - Physician messaging
  - Pharmacy refills
  - Referral requests
  - External Physician Calls
  - Correspondences
  - Nurse and physician call backs

Onsite review of current clinical workflow (best practices):

A full day per site location is recommended. If you are not familiar with any of the terms above, seek out an independent practice manager or tap into a partner resource to assist with the medical aspects of this review. Do not interrupt daily operations but remain in a passive observational role. Only address or request additional information from the provider when he/she has competed the exam and is in an interim status between patients. Utilize this template (available and modifiable in Word™ format in the resource directory) to record individual workflow steps.

SAMPLE INTRODUCTORY SUMMARY ASSESSMENT

Sample Family Practice is a two physician PCP office. They are currently using a legacy EMR and separate PM System. They will utilize their legacy system and pick up billing in new system the week of Go Live. Data conversion contracted for Demographic, Insurance and future appointment conversion week prior to Go Live. Some IT currently in place can be re-purposed for use. Some new equipment will be required.

PART A. Practice Workflow Analysis and Readiness Assessment

STAFFING ASSESSMENT

I. How many billable providers ______
II. How many nurses or non-billable provider ______
III. How many receptionists ______
IV. How many offsite staff (contracted or internal) ______
PROCEDURAL ASSESSMENT

Scheduling

I. Scheduling is typically done by whom (identify all staff responsible).
II. Emails collected for new patient registration forms (who/how).
III. Schedules are accomplished using what current method (outline current method).
IV. Receptionist calls patient to remind them of appointment (who/when/what steps involved).
V. Schedules are booked in ___ minute increments with overbooking allowed (yes/no).
VI. Labs are a scheduled resource (yes/no).
VII. Walk-ins are allowed (when/why/how).
VIII. No shows are tracked and charged (yes/no).

Communication

I. Phone calls are answered by whom (identify all staff responsible).
II. Clinical calls are forwarded to/returned by (who/how/when).
III. Currently telephone calls are documented (by whom/how/when).

Reception

✓ Copays are taken at time of service (yes/no or how).
✓ Receipts are given for credit card charges and if patient requests (handwritten).
✓ Payments on account are collected at the window.
✓ Scanning is done in reception area.
✓ Follow up appointments are scheduled with reception after appointment.

Current Patient Processing

✓ RECORD/REPORT PATIENT FLOW (example check-in).
✓ RECORD/REPORT PATIENT FLOW (after patient check-in).
✓ RECORD/REPORT PRE-EXAM STEPS.
✓ RECORD/REPORT PROVIDER EXAM FLOW AND CHARTING, ORDER, LAB, Rx STEPS.
✓ RECORD/REPORT POST EXAM STEPS.
✓ RECORD/REPORT MEDICAL RECORD FOLLOW-UP STEPS.
✓ RECORD/REPORT FOLLOW-UP STEPS.
✓ RECORD BILLING/PM STEPS.
SAMPLE WORKFLOW RECOMMENDATIONS

I. Currently there is a need for a less cumbersome medical records procedure. New System has the capability to batch print records making this easier. Template for Medical Records charge could also be created.

II. To qualify for the highest level of coding Review of Systems (ROS) should be done at each visit. The current form in place that the patient fills out to verify meds and reason for visit can be expanded to include standard ROS questions that would be entered by RN/MA when capturing vitals.

III. Currently vitals being captured are BP, temp, pulse, height and weight. Practice would like to capture: temp, pulse, respirations, BP, height, weight, BMI, pain, O2 sats and LMP. New System template can be edited to include these items as well as ROS questions on template RN/MA use with patient. EMR linked Spot Vitals unit would save 10-20 mins per patient visit.

IV. Telephone template will need to be trained on in New System. Practice agrees that charting on last progress note in system is not best way. Telephone template will be trained on in New System to ensure that all staff is using the same way.

V. Client currently faxes Rx info and would like to e-Prescribe. New System offers this feature and will be a part of training on new system.

VI. Options for paperless check in can be created, would require the use of PC’s in reception.

VII. Currently practice is printing out progress notes for use during the appointment. The previous progress note is not accessible in “Legacy” system without several clicks and this system. Training will need to occur in new system to see if this step can be eliminated.

VIII. Notification system is not being utilized in “Legacy” and could be utilized in New System to identify which room (exam or lab) patient is in. Could possibly eliminate bell.

IX. Client currently completed PQRI reports by hand. New System can automate this reporting process for the client to submit reports.

X. Standard reports for reminder calls and no show tracking will be created in new system for ease of use.

XI. Template can be created in New System to eliminate logging of labs on a separate sheet for billing. Billing can be submitted through coding pages.

XII. Added front desk ID scanner will reduce receptionist labor by 3-5 minutes per patient.
Best Practices for Onsite Review:

This step in the overall guidance of a practice to best implementation is critical. The move to Electronic Medical Record keeping is often a major shift for an ambulatory practice and understanding how best to apply the electronic steps to their existing tasks and processes can dramatically improve their overall experience of this change.

To fully understand the electronic EMR workflow process, you should participate in a live utilization of a basic EMR and walk through the primary workflow steps. Follow the steps below to access our LIVE EMR WORKFLOW practical use session and become familiar with a true basic EMR process:

Basic Electronic Workflow Exercise:

The Basic Electronic Workflow Exercise is comprised of 2 components:

- The Practice Workflow Overview
- The Practice Workflow Exercises

You will be assigned a unique Username and Login to login to the Terminal Server. In addition you will be assigned unique Workflow Tutorial Logins.

In this session, you will access a working EMR online and walk through each step of an electronic medical workflow; using an overview tutorial and a PDF booklet of practice exercises.

1) Download the Overview to your desktop
2) Print out the PDF to follow as you move through the EMR exercises

Within 7 days from notification you will receive your final score and certification!
The REVIEW QUIZ for each course will help you to prepare for the final exam. Use your participant login code to take each review quiz. You are welcome to take each quiz multiple times to help you prepare. It is recommended that you take each quiz once at the end of the lesson and all of them again just prior to taking the final exam. Click button below to take the quiz for this lesson.

The RESOURCE DIRECTORY for the HITU University Program includes links to HIT Samples, Templates and Contracts which may be reviewed and/or modified for your HIT business. It also includes a directory of helpful online links and resources to help with client counseling and additional self-education in the EMR/HIT market. Finally, a link to the HITU Marketing Toolkit is provided to assist with your medical community marketing and outreach efforts. If you have any questions regarding this selection of resources, you may contact our program team at (800) 671-1028 ext #33.