

## 8 Introduction to Processes & Workflows

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# Introduction & Learning Objectives

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Processes and workflows help to organize, define and standardize the work that takes place in a practice. Although they are frequently used interchangeably, they are two very different tools and activities. In this course, you will be introduced to processes and workflows and how to develop them both independently and in groups.

## Learning Objectives

Following the completion of this course, the learner should be able to:

- Accurately explain the similarities and differences between processes and workflows.
- Easily describe the key components of workflow development.

# Process v. Workflow

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It is very easy to think of process and workflow as interchangeable words that apply to the exact same definition. However, process and workflow are NOT the exact same thing.

According to Merriam-Webster, a process is:

*"a series of actions or operations conducting to an end"*

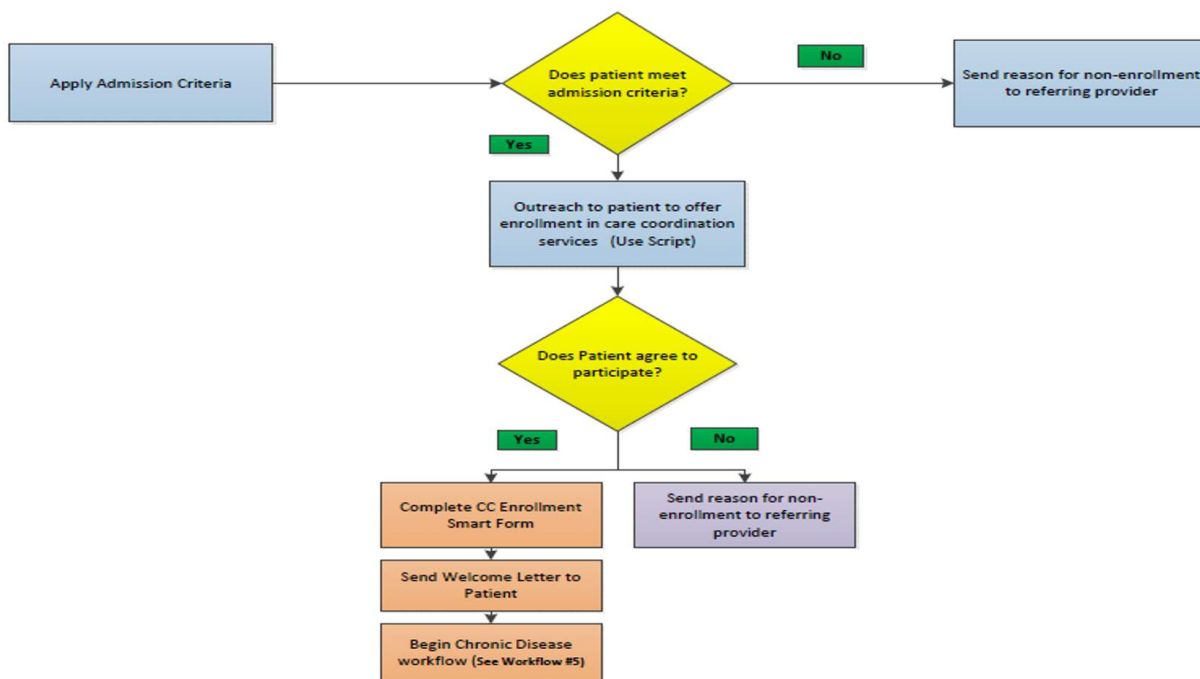
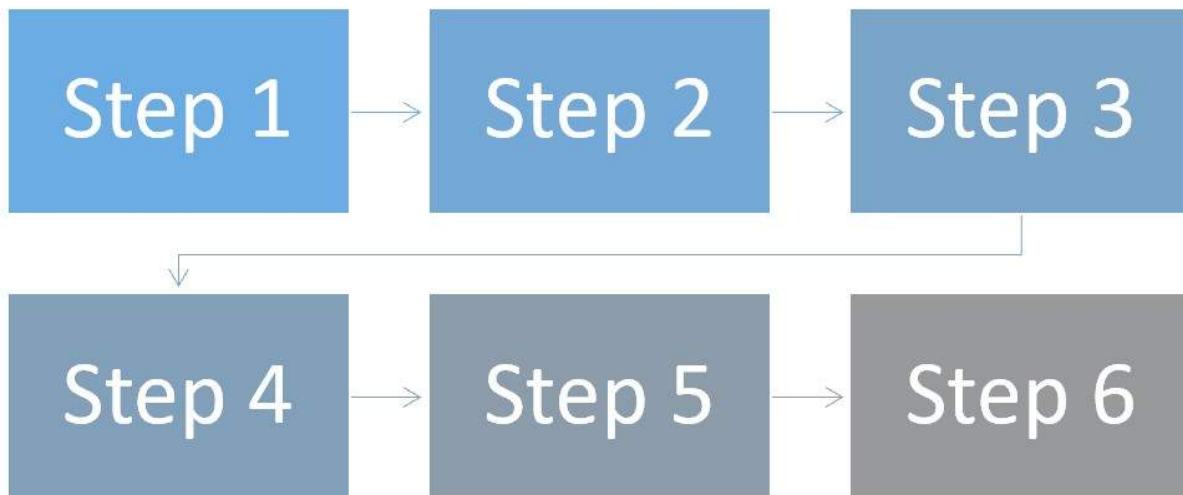
and workflow is:

*"the sequence of steps involved in moving from the beginning to the end of a working process"*

**Let's look at this another way.**

It's helpful to think of a "process" as the bigger picture of an activity that takes place in the practice. Workflows typically incorporate decision points (e.g., if yes, then \_\_\_\_\_, and if no, then \_\_\_\_\_.)

A process can be described as a high-level generalization of an activity...



...and the workflow is a series of orchestrated tasks leading toward a specified outcome. There may be several workflows developed within an individual process.

There may be more than one workflow within an individual process. Another way to look at it is: PROCESS is MACRO and WORKFLOW is MICRO.

Consider an umbrella...

The PROCESS for staying dry in the rain is to use an umbrella.

The WORKFLOW for the process of using an umbrella can be broken down into several workflows:

1

The component parts of the umbrella and the way the parts interact for the end goal of opening up to shield the user from the rain.

2

How to open and use the umbrella.

3

Workflow can further be defined to describe various ways to use the umbrella, depending on the type of rain.

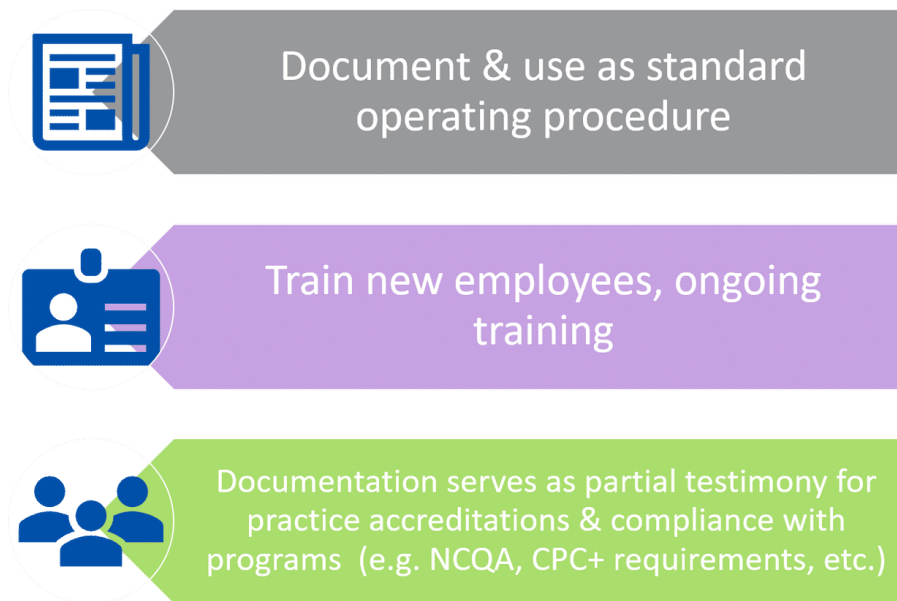
## How Practices Use Process and Workflows



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All practices have both processes and workflows for the different activities that take place on a regular basis. However, this work isn't always documented. Documentation of the work is valuable as it helps to organize, define, establish goals and parameters, as well as standardize the work that takes place in a practice.

Once processes and workflows are developed and written down, they can be incorporated into a "standard operating procedure" and used a part of onboarding new staff and even used as part of ongoing training of staff.



There are many different ways to document processes and workflows. Sometimes the work is simply documented in an outline format. Some practices put it into a PowerPoint or Visio graphic. A Visio graphic is useful for complex workflows and can be especially helpful for visual learners.

Practices also use their documented processes and workflows as evidence of their work when submitting for different types of accreditation or to show compliance for program requirements (e.g., NCQA recognition for PCMH or as a diabetes center of excellence; practices participation in CPC+ have requirements for the work and must show evidence of how they're accomplishing the work.)

Now let's take a look at HOW to develop workflows.

# What is a Process Map?

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“You don’t learn to process map; you process map to learn.”

- Dr. Myron Tribus

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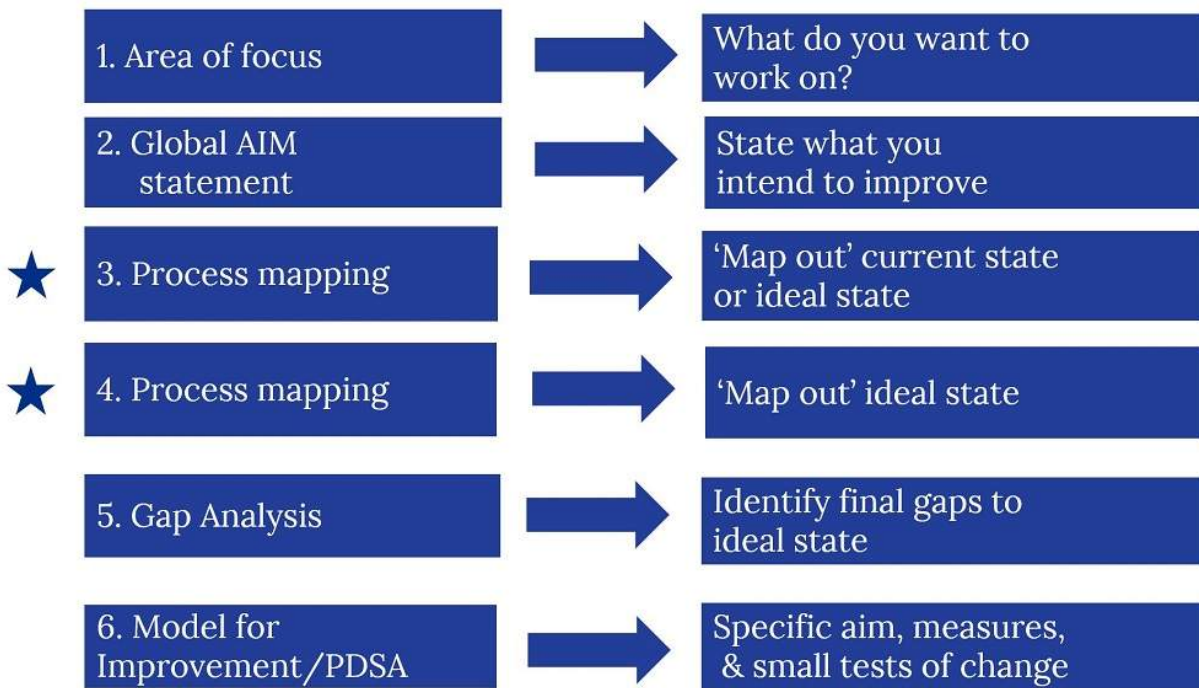
A process map is a diagram that visually displays a series of events, activities, or steps that occur within a given process. Basically, it is a visual display of a workflow. Process maps help improve efficiency by identifying bottlenecks and repetitive work. A process map can also help to build understanding across the care team of the work and steps that go into the various tasks that each care team member performs.

For example, it can be easy (and detrimental) to assume that another care team member "isn't doing anything" when conducting a visit with a patient, because we don't know the extent of the work behind the scenes that make the team successful and improves patient outcomes. Process maps help to close these gaps in knowledge.

Process maps can be helpful to a team at any time when there is a lack of communication, but it also is a crucial step in the quality improvement process because maps help to improve process and workflow. Some industries have adopted process maps as a method to improve their projects and workflows. In the image to the right, you see the steps that need to take place before the process mapping can be started and also after the process mapping has been completed.

These steps are:





- 1 Identify your area of focus, the task you'd like to work on.
- 2 Make a concise statement about what you would like to improve.
- 3 Map out the current state (process mapping)
- 4 Map out the ideal state (process mapping)
- 5 Based on the ideal state, look at where there might be gaps that need to be addressed.
- 6 Establish your model (next steps) for improvement. This can be done with Plan-Do-Study-Act (PDSA) to conduct small tests of change.

# Swim Lane Process Map

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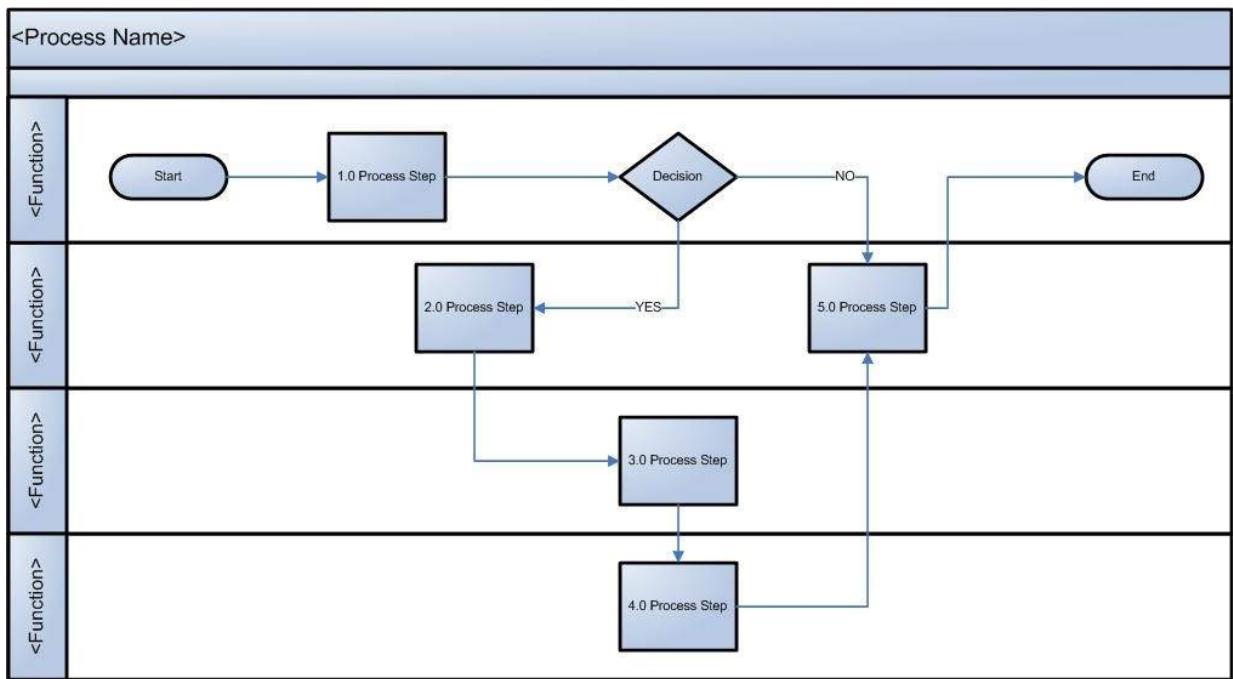
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There are several different methods of process mapping that can be used. The method that's selected is typically based on the experience level of the team, the complexity of the project, and the reason for documenting a particular process.

The initial focus of a process map is to create a visual display of a process in its current state. By starting here, the care team is engaged in validating and evaluating the current state (in this case meaning anyone who is directly involved or impacted by the process).

Once the current process is documented and validated, then the team can move on to developing/documenting the ideal state. This ideal state should factor in the common areas of waste (defects in the process, double work, waiting, non-utilized talent, extra-processing, and over-production) and work to eliminate any identified areas of waste.

One of the most common and helpful process mapping methods in primary care is the 'swim lane' process map.



Process Owner/Expert:  
 Process Description:  
 Process Control Points:  
 Key Control Metrics:

A swim lane map lists (either horizontally or vertically) the functions, departments, or positions (not individual's names) mapping the tasks and decisions within each column or row for which each is responsible. This type of process map is valuable because it clarifies specific tasks, responsibilities, and decisions of each role. It can also help to indicate dependencies in the sequence of events, and track accountability.

In looking at this example, notice the rows on the left: each row represents a role or function – MA, Care Manager, Physician, etc. In a swim lane process map, the roles with the most direct involvement should be listed at the top of the chart.

As discussed in the previous module, the benefit of assigning the steps in the process to specific roles or functions within the practice is that it helps to verify if each care team member is working to the top of license, and it also identifies areas of waste, double work, workarounds, etc. For large practices or a health system that has multiple practices, the swim lane process map can help to focus in on specific roles and identify where work needs to be standardized across these roles (or practices, if in a large system).

For example, one Care Manager may represent all Care Managers in the practice or system when the process map is created (for intents and purposes right now, we will call this person the "lead" Care Manager). This lead Care Manager will bring the tasks to every individual Care Manager and add anything they do, and additionally, comment on things they don't do or comment on what tasks they do during other points on the care continuum. This will quickly flush out where work is not standardized and where there are opportunities for improvement.

The benefit of this is to have standard processes for all, protocols can be developed, and it can even help to write updated job descriptions. It also allows for cross coverage of care team members, when the work is standardized.

# Process Mapping in Practice

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We recommend beginning by mapping out the process that the teams aim to improve (ideally, from the team's global aim statement). Consider:

- 1 What is the current state of the process?
- 2 Which roles in the practice have steps in the process?
- 3 What tasks are performed by each role? Do all the people involved perform? This will show factors such as gaps in the process, duplication of effort, and inefficiencies that are being missed.



By asking these questions, you will identify things like gaps in the process, duplication of effort, and inefficiencies that you didn't realize were there.

There are multiple ways to process map. No process is “right for every team.” Steps and things to consider that can be used for any method of process mapping are:

- Include everyone involved in the process that you are working to improve.
  - It is not helpful for other staff members to “step in” for different roles. No one can truly understand the day to day activities of different roles in the practice. Every role has to be present.
- Plan for 60 to 90 minutes
- Set up your space: flip chart, post-it notes, markers, whiteboard, Visio
- For every step in the process – write it on a post-it note.
  - Every step/activity gets its own sticky note.
- Solicit feedback from everyone on the team at each process step.
- Show Respect, Be Curious:
  - Don’t assume anything and don’t jump to conclusions
  - Ask Why

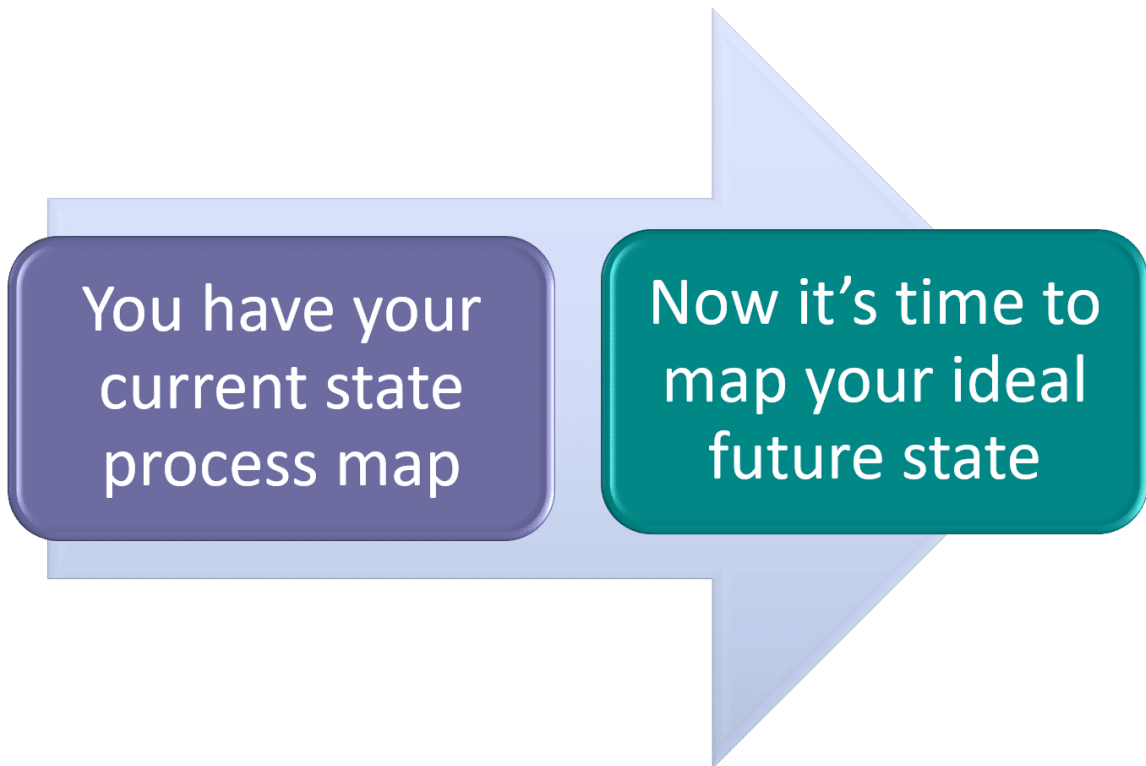
## Moving from Current State to Future State



### To complete your ideal state map:

Review the original current state process map and move around sticky notes as needed by role or between pre-visit, visit & post-visit activities. Look at the list of new activities in the dream section and assign those activities to roles within licensure and decide whether pre-visit, visit or post-visit.

Why process map ideal state instead of just making changes?



1

Ideal state mapping avoids disproportionate work across roles (i.e., Care Managers do it all)



If tasks shift from visit to pre-visit, then people need time to complete the work

3

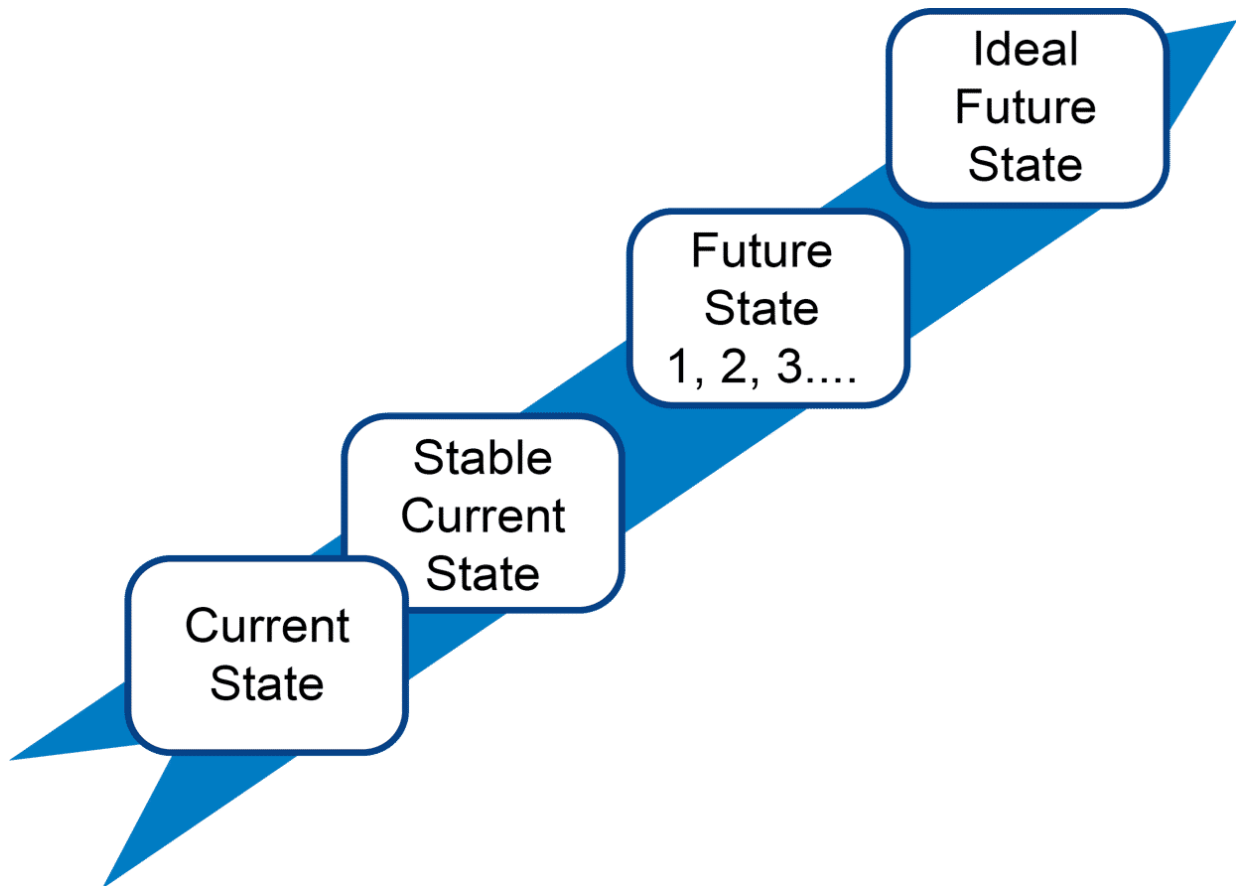
It allows everyone to work to the top of their licensure

4

If you hire care managers, coordinators, or other ancillary roles, ideal state mapping ensures that they do not become a dumping ground for work that is not being completed. This is not the best use of the Care Manager's time.

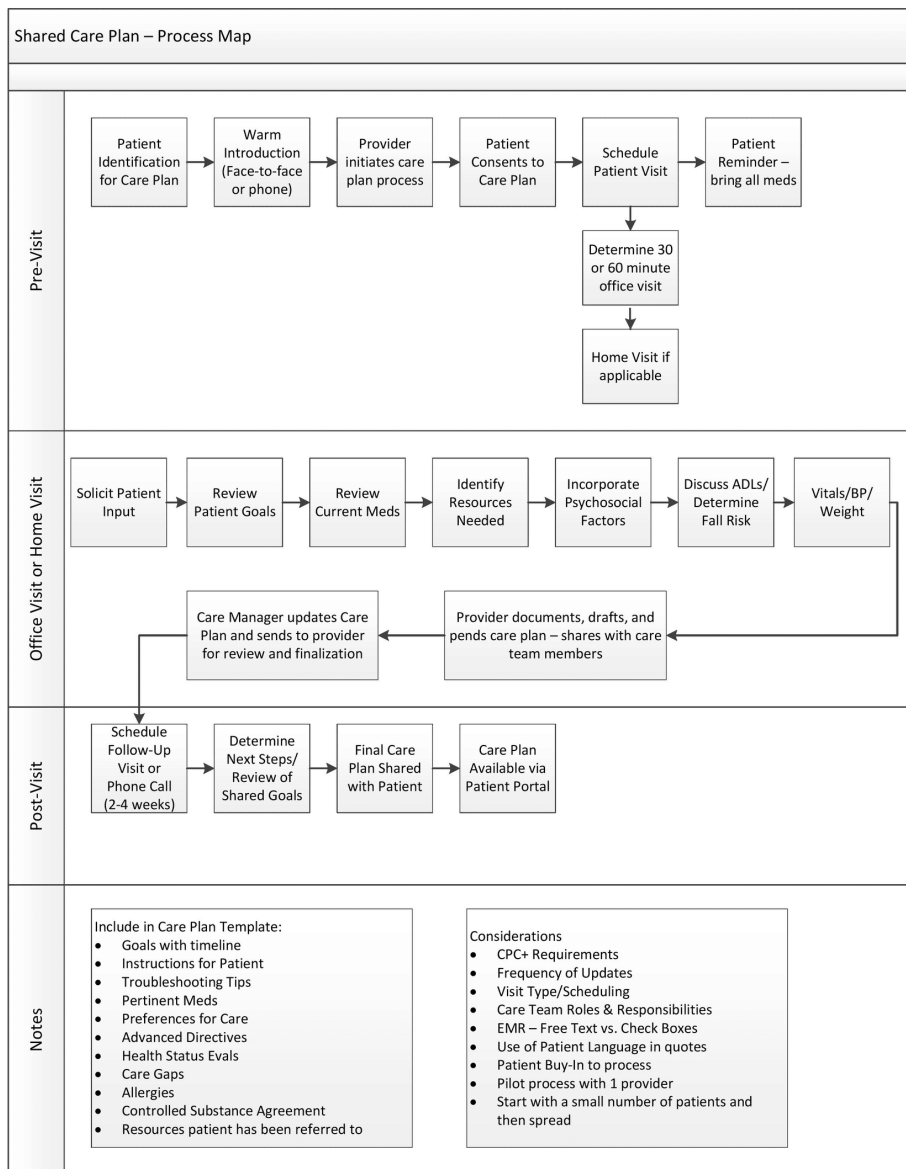
5

Mapping it out the future state allows for incremental changes and considers the practice or system culture



# Examples of Completed Process Maps

The examples in this module are not process maps for care managers, but they are examples to help you see what different process maps might look like.

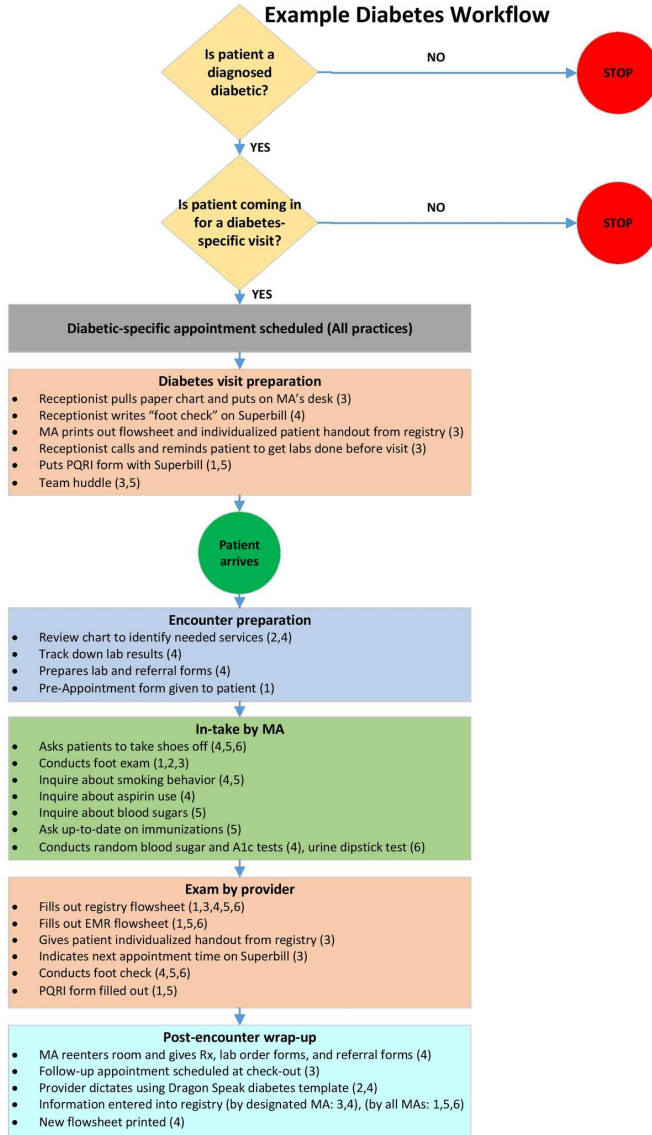






Colorectal Cancer Screening Workflow			
Role	Pre Visit	Visit	Post Visit
Front Desk	<ul style="list-style-type: none"> <li>Pre-visit summaries</li> </ul>	<ul style="list-style-type: none"> <li>Remind Provider of patient's need for screening</li> </ul>	<ul style="list-style-type: none"> <li>Schedule screening</li> <li>Follow up that patient made it to screening</li> <li>Follow up with patient if they were a no show</li> </ul>
MA	<ul style="list-style-type: none"> <li>Utilize registry tool to establish who may need colorectal screen</li> </ul>	<ul style="list-style-type: none"> <li>Inform/educate patient and provide literature</li> <li>Assist with referrals</li> <li>Educate patient – answer questions</li> <li>Educate patient about CDC guidelines</li> <li>Discuss/explain options – FIT (1yr) vs. colonoscopy (5-10 yr)</li> <li>Warm hand off/referrals</li> </ul>	<ul style="list-style-type: none"> <li>Follow through with patient – possibly develop a tickler system to ensure patient is being screened</li> </ul>
Provider	<ul style="list-style-type: none"> <li>Huddle report</li> <li>ID potential barriers</li> <li>Participate in huddle</li> </ul>	<ul style="list-style-type: none"> <li>Discuss if UTD, recommend screening</li> <li>If resistance or concerns with colonoscopy, discuss FIT and hand to patient (kit)</li> </ul>	<ul style="list-style-type: none"> <li>Review results</li> <li>Talk with MA/LPN to notify patients &amp; update in chart</li> <li>Referral for colonoscopy once note finished</li> </ul>
Care Coordinator	<ul style="list-style-type: none"> <li>Pull list of patients who are due for screening</li> <li>Prepare huddle report</li> <li>Pull patient education materials 3-4 weeks in advance of visit</li> </ul>	<ul style="list-style-type: none"> <li>Check on insurance coverage – copay or deductible</li> </ul>	<ul style="list-style-type: none"> <li>Check to see if patient is scheduled for colonoscopy</li> <li>Remind patient to return FIT/iFOOT</li> <li>Patient education as needed</li> <li>Check on colonoscopy</li> <li>Call patient with results and discuss follow up</li> <li>Follow up with patient and get FIT/Referral questions answered</li> <li>Colonoscopy prep</li> <li>Add results to diagnostic registry for tracking</li> </ul>
RN	<ul style="list-style-type: none"> <li>Is patient due for screening</li> <li>Pull patient records</li> <li>Update record</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Patient	<ul style="list-style-type: none"> <li>Make appointment for physical</li> </ul>	<ul style="list-style-type: none"> <li>Read educational materials provided</li> <li>Participate in discussion regarding type of test</li> <li>Ask questions</li> </ul>	<ul style="list-style-type: none"> <li>Review test results</li> </ul>

## Example Diabetes Workflow



## Test Your Knowledge

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Question

01/05

Processes rarely incorporate decision points, are non-branching and only include a single actor or role in their steps.

---

True

False

Question

02/05

Workflow is... (Choose all that apply.)

---

- The steps in a sequence that have a clear beginning and end
- A waste of practice time
- Always easy to create
- A way to identify who is responsible for what step in a sequence

Question

03/05

There can only be one workflow in a process.

---

True

False

Question

04/05

What are some things to consider when creating a process map? (Choose all that apply.)

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- Identify the roles that are included
- Document every step
- Consider only the ideal future state
- Solicit feedback

Question

05/05

Process mapping can only be done in one way.

---

True

False



## Activity Instructions

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Practical application of what you are learning helps with skill development and retention. We have created an activity that will guide you in that type of application.

- Visit <https://www.healthteamworks.org/resource/essentials-care-management-activities-and-resources>.
- Find and download the activity assigned for this course.
- Complete the activity. You are encouraged to work with your team to complete the activity.
- Email the completed activity to [caremanagement\\_nachc@healthteamworks.org](mailto:caremanagement_nachc@healthteamworks.org).
- Make sure to add the Course Activity Title you are submitting and your full name to the Subject Line of your email.
- You will receive feedback on your completed assignments.