Workflow Standardization Worksheet

Introduction

Standardizing the visit workflow, establishing standing orders, and providing these in writing to staff are crucial components in ensuring an effective and efficient team-based care model in your practice. When re-designing the visit workflow to ensure all staff are functioning at the highest level their licensure and skill allow, it is especially important to establish written standards for the team to follow. Once you have identified which team members should perform the activities listed, this worksheet can be used to plan and prioritize the next steps needed to ensure that appropriate supporting documentation and tools are available for successful implementation and maintenance of the workflows.

Instructions

Use this tool to understand what patient visit activities you have already standardized as part of your team workflows, which activities need immediate attention, and which activities will be considered for the future. Standard activities are provided. Blank rows are provided in each section for you to add other activities.

Activity	Currently standardized	Develop now	Consider for future
Rooming			
Ask for chief complaint			
Collaborate with patient to establish visit agenda			
Ensure appropriate clothing (e.g., gown, shoes off for foot check, etc.)			
Set up equipment and supplies			
Begin medication reconciliation process			
Ask about prescription renewals			
Ask about forms and complete appropriate sections			
Review self-management plan & home monitoring tools			
Ask About and/or Document History and Risk Factors			
Medical history			
Surgical history			
Family history			
Social history			
Recent hospitalization			
Recent Emergency Department (ED) or Urgent Care (UC) visit			
Recent specialist visit			
Allergies			
Immunization history			
Preventive care obtained			

Activity	Currently standardized	Develop now	Consider for future
Chronic care services obtained			
Tobacco use history			
ETOH or substance abuse history			
Depression screening (e.g., PHQ-2 or PHQ-9)			
Vital Signs and Other Measurements			
Blood pressure (BP)			
Orthostatic BPs			
Temperature, pulse, respirations			
Height (or length), weight, BMI			
Head circumference			
Vision and hearing screening			
Pain scale			
Last Menstrual Period(LMP)			
Oxygen saturation			
Peak flow			
Electrocardiogram (ECG)			
Spirometry			
Diabetic monofilament exam			
Lab Tests			
Point of Care (POC in-house) Lab Testing			
Urine pregnancy test			
Urine dipstick or microalbumin			
Random glucose			
HbA1C			
Rapid strep			
Hematocrit			
Rapid influenza			
INR			
Fecal Occult Blood Testing (FOBT)cards			

Activity	Currently standardized	Develop now	Consider for future
POS (vendor) Lab Testing			
Lead			
HbA1C			
Urine microalbumin			
LDL, HDL, cholesterol, triglycerides			
Basic Metabolic Panel (BMP)			
STD screening			
Hold for urine culture			
Throat culture			
Immunizations and Other Services			
Immunizations			
Influenza			
Pneumococcal			
HPV			
Hepatitis B			
Tetanus/pertussis			
Zoster			
Other Services			
PPD placement (Tuberculosis Testing)			
Fluoride varnish treatments in children			
After visit summary review			
Self-management goal setting			
Standardized educational materials			

Activity	Currently standardized	Develop now	Consider for future
Referral Initiation			
Preventive Care			
Mammography			
Colonoscopy			
Gyn			
Routine prenatal			
Optometry			
Dexascan (DXA, Osteoporosis)			
Chronic Care			
DM annual ophthalmology			
DM podiatry			
DM endocrinologist			
Established referral renewals			

Safety Net Medical Home Initiative

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The objective of the Safety Net Medical Home Initiative was to develop and demonstrate a replicable and sustainable implementation model to transform primary care safety net practices into patient-centered medical homes with benchmark performance in quality, efficiency, and patient experience. The Initiative was administered by Qualis Health and conducted in partnership with the MacColl Center for Health Care Innovation at the Group Health Research Institute. Five regions were selected for participation (Colorado, Idaho, Massachusetts, Oregon and Pittsburgh), representing 65 safety net practices across the U.S.

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