Intermountain's Patient and Provider Publications (PPP) department creates and maintains care process models (CPM) in collaboration with interdisciplinary teams of healthcare professionals with both clinical and operations experience. These CPMs are used throughout the Intermountain system as foundational, dynamic models of “best practice” for evaluation, diagnosis, and management of a disease or condition, summarized from current evidence and local expert consensus. Our CPMs also serve as models for other healthcare organizations and represent an important, system-wide asset. This document describes best practices for the CPM development process.

**Why create a document about CPM DEVELOPMENT?**

To make the CPM development process as efficient as possible, this document clarifies the process, roles, responsibilities, and expectations of all involved. Elements of this process include:

**Functionality:** Documenting evidence-based clinical and organizational goals for patient care through:

- Algorithmic, measurable actions that can be embedded into clinical workflows through decision trees, standing orders, patient worksheets, appropriate use criteria, etc.
- Recommendations and reporting tools for measurable short- and long-term clinical, financial, and service outcomes that can be tied to process variations, when feasible
- A learning feedback loop by which process variations, outcomes results, and new research findings can be used for continuous improvement of the model
- Companion patient/family and provider education as well as shared decision making tools that reinforce best practice and support patient engagement
- Quicker and more effective implementation of new best practice research

**Resource Allocation:** CPM development is a time-consuming process involving diverse resources. This document includes a number of resources, including algorithms for content creation, document development and production processes, and best practices. **NOTE:** CPMs are NOT vehicles for conveying standard medical knowledge.

**Update Process:** As a living document, a CPM requires ongoing updates (typically every two years) to reflect changes in national guidelines and updated research. PPP has developed a scope of work questionnaire that should be completed for each update (see page 5).

**Planning for iCentra Integration:** Each CPM serves as a repository of Intermountain knowledge on the care process it documents. As such, many elements of the CPM will, in the future, be incorporated into iCentra. Working with data analysts and iCentra integration professionals throughout the CPM development process is critical to streamlining this process.
Do development decisions support creation of a CPM? (a)

PERFORM CPM needs assessment
- DEFINE the clinical process problem to be solved.
- ALIGN problem with system and program goals and priorities.*
- ALIGN problem with clinical program goals and care pathway (if defined).
- EVALUATE need for care process model versus clinical guideline (a)

Do development decisions support creation of a CPM? (a)

CONSIDER creating a clinical guideline.**

FORM core team (b), and DETERMINE scope of work

Team consensus on scope of work?

WORK with leadership to determine/remove road blocks

COMPLETE and SUBMIT request form for prioritization by leadership

CPM prioritized and assigned to PPP?

RE_EVALUATE and CONSIDER reframing scope and goals

SCHEDULE kick-off meeting with medical writer and informaticist (c)

BEGIN process-related content development (d) (see algorithm 2, page 7)

* For each CPM, work with the clinical team’s data analyst and team leadership to align goals and measurements with program goals and iCentra data strategies.

** For each CGL, complete and submit request form. PPP will contact you within 10 business days.

* For each CPM, work with the clinical team’s data analyst and team leadership to align goals and measurements with program goals and iCentra data strategies.

** For each CGL, complete and submit request form. PPP will contact you within 10 business days.
ALGORITHM NOTES

(a) Criteria for care process model vs. clinical guideline

<table>
<thead>
<tr>
<th>Process Champion — Manages team processes for content development, draft review/approval, and version control</th>
<th>Medical Writer — Manages CPM content development (e.g., writing, information design, reference tracking, and publication requirements)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generally runs team meetings, keeping them on time, taking meeting minutes, engaging team members if meeting participation or draft reviews are flagging, and recruiting additional team members as needed.</td>
<td>Helps plan and run the development kickoff meeting, presenting the planning tools available and walking the team through practices for making the development process as efficient as possible.</td>
</tr>
<tr>
<td>Ensures that agendas (with topics and time frames) are distributed along with documents for review (with adequate time for participant meeting prep).</td>
<td>Can work with medical librarian to do a literature search and provide abstracts for team to review for CPM source materials.</td>
</tr>
<tr>
<td>Ensures that meeting minutes are distributed in a timely fashion with action items and assignments for next meeting clearly identified.</td>
<td>Using content provided by team, drafts the CPM documents and related tools for review/approval by appropriate team/subteam and manages entire publication process.</td>
</tr>
<tr>
<td>Coordinates with medical writer between meetings to ensure process is on schedule and helps eliminate barriers to timely milestone completion.</td>
<td>Leads companion patient education audit, collaborating with team members assigned to review existing materials for gaps, redundancies, and needed updates.</td>
</tr>
<tr>
<td>Collaborates with iCentra integrator for iCentra integration.</td>
<td>Drafts additional patient education and shared decision making tools critical to CPM implementation.</td>
</tr>
</tbody>
</table>

(b) Recommended team leadership roles

<table>
<thead>
<tr>
<th>Clinical Champion — Leads the clinical decision making related to the CPM</th>
<th>Process Champion — Manages team processes for content development, draft review/approval, and version control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has expertise in the topic and related Intermountain processes.</td>
<td>Generally runs team meetings, keeping them on time, taking meeting minutes, engaging team members if meeting participation or draft reviews are flagging, and recruiting additional team members as needed.</td>
</tr>
<tr>
<td>Reviews the research and identifies key points and source documents.</td>
<td>Ensures that agendas (with topics and time frames) are distributed along with documents for review (with adequate time for participant meeting prep).</td>
</tr>
<tr>
<td>Shapes the goals of the CPM.</td>
<td>Ensures that meeting minutes are distributed in a timely fashion with action items and assignments for next meeting clearly identified.</td>
</tr>
<tr>
<td>Meets with the medical writer between development team meetings to guide CPM content as the document is drafted.</td>
<td>Coordinates with medical writer between meetings to ensure process is on schedule and helps eliminate barriers to timely milestone completion.</td>
</tr>
<tr>
<td>Acts as the gatekeeper as additional research or content is suggested by team members — reviewing suggested articles or content and guiding medical writer on how selected content should be used.</td>
<td>Collaborates with iCentra integrator for iCentra integration.</td>
</tr>
<tr>
<td>Evaluates team member feedback on drafts before passing the feedback to the medical writer to insert.</td>
<td>Using content provided by team, drafts the CPM documents and related tools for review/approval by appropriate team/subteam and manages entire publication process.</td>
</tr>
</tbody>
</table>

(c) CPM development kick-off meeting objectives

<table>
<thead>
<tr>
<th>Limit participation to medical writer/project manager, informaticist (see Intermountain iCentra Clinical Programs and Services Directory), data manager, and internal content coordinator(s).</th>
<th>Teams should reflect care providers, those in operational roles, and others involved in the continuum of care for patient cohorts affected by this CPM — those whose “buy-in” will be critical for achieving consensus and coordinated implementation system wide.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finalize scope of work including number and scope of algorithms and supportive content, key reference documents, iCentra integration goals.</td>
<td>Consider inviting representatives from other clinical programs, Imaging, SelectHealth, Pharmacy, ED, Care Management, MHI, Pain Management Services, iCentra, Nutrition, and Homecare and Hospice.</td>
</tr>
<tr>
<td>Identify overlap with and relationships to related CPMs and CGLs.</td>
<td>Teams should have subgroups (typically 3-5 people) who meet to work on specific components of the CPM such as medications, outpatient care (home health, physical/occupational therapy), imaging, etc.</td>
</tr>
<tr>
<td>Review CPM planning tools and how to use them as a team.</td>
<td>Best practices include having small work groups address specific CPM elements, presenting their decisions to the larger development team for approval and naming a single coordinator to gather content/ work with PPP.</td>
</tr>
<tr>
<td>Solidify team roles and accountabilities (e.g., clinical champion, operations lead, subgroup leads, research review, etc.).</td>
<td>Schedule development work including team meeting frequency and parameters, internal milestones, and external deadlines that drive the schedule (e.g., Joint Commission reviews, mandates, etc.).</td>
</tr>
<tr>
<td>Establish most effective way to conduct reviews/collect feedback (e.g., using TeamSpace, sending PDF files via email, identifying specific reviewers, ensuring timeliness of feedback, maintaining version control, etc.).</td>
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</tr>
</tbody>
</table>

(d) Multi-disciplinary team guidelines

- Teams should reflect care providers, those in operational roles, and others involved in the continuum of care for patient cohorts affected by this CPM — those whose “buy-in” will be critical for achieving consensus and coordinated implementation system wide.
- Consider inviting representatives from other clinical programs, Imaging, SelectHealth, Pharmacy, ED, Care Management, MHI, Pain Management Services, iCentra, Nutrition, and Homecare and Hospice.
- Teams should have subgroups (typically 3-5 people) who meet to work on specific components of the CPM such as medications, outpatient care (home health, physical/occupational therapy), imaging, etc.
- Best practices include having small work groups address specific CPM elements, presenting their decisions to the larger development team for approval and naming a single coordinator to gather content/ work with PPP.
DETERMINING NEW CPM SCOPE OF WORK

It is important that we use project management best practices to ensure the most efficient use possible of CPM development resources by clearly defining and committing to the scope of work up front before the work begins. Additionally, this focus on developing a detailed definition of the CPM scope of work will help us become more agile in our development work — which means that more information vital to ensuring better patient outcomes can be created and integrated system wide in less time.

A clearly defined scope of work ensures:

- Ability to strategically schedule resources for PPP and iCentra to effectively meet target milestones
- Reduced rework and cost overruns
- A complete picture of all stakeholder involvement required for content interface and buy-in across the system
- A more engaged development team
- Quicker implementation

Fill out page 2 of the request form (see page 5), and submit the completed form online to PPP. You can also download the form for team discussion and planning.

NOTE:
If during the development process, the scope of work for the CPM significantly changes from what was originally submitted prior to the kickoff, a new schedule will need to be reviewed and reprioritized by clinical program leadership and PPP.

UPDATING AN EXISTING CPM

All CPMs should be reviewed every two years and updated as necessary. This review process is the responsibility of the clinical program. Often, the data manager works with the clinical program leaders to ensure that the update process is facilitated through the appropriate development groups. Copyright information on the last page of any CPM now carries a revision date that reflects the team’s last review and approval of the content. Additionally, changes in evidence-based medicine (new guidelines, new research, new medications and devices reaching the market) often signal a CPM update at different times than the regularly scheduled updates. Development teams monitor the care process for these changes and request updates when needed.

Complete and submit page 3 of any request form (see page 5) to document needs and communicate with the PPP for scheduling. Typically, a kick-off meeting is only required for a major update project. .

NOTE:
If it is determined during the update process that a CPM will be split into multiple documents, the plan will need to be reviewed and reprioritized by clinical program leadership. It may not be possible for PPP to complete more than the original identified project per clinical program per year.
Section 2: New CPM Content Scope
(see section 3 for updated CPM scope questions)

- Required CPM elements or sections (check each type of CPM element your team will need; add pages if necessary; note that items marked with an “X” are included in all CPMs):
  - Why Focus on (name of condition)
  - Table of Contents
  - Goals and Measures
  - Algorithms and Notes — please list each algorithm you envision (e.g., diagnosis, treatment, etc.):
  -...
  -...
  -...

- Medication Tables (from pharmacy)
- Tables OTHER than Medication Tables
- Diagnostic Considerations
- Diagnostic/Screening tools
- Treatment Considerations
- Lifestyle Management Considerations
- Other Charts (please describe; estimate # of charts):
  -...

Section 3: Updated CPM Content Scope
(see section 2 for new CPM scope questions)

- Type of update:
  - Minor (mostly wording changes and minor updates to values — attach an annotated pull of the existing CPM with requested changes)
  - Substantive (complete the items below):
    - Number of pages or % of CPM requiring update:
    - NEW CPM elements or sections to be added:
      - [check] detail each type of CPM element your team will need; add pages if necessary:
        - Why focus on (name of condition)
        - Table of Contents
        - Goals and Measures
        - Algorithms and Notes — please list each algorithm you envision (e.g., diagnosis, treatment, etc.):
  -...

- Medication Tables (from pharmacy)
- Tables OTHER than Medication Tables
- Diagnostic Considerations
- Diagnostic/Screening tools
- Treatment Considerations
- Lifestyle Management Considerations
- Other Charts (please describe; estimate # of pages):
  -...

- Comorbid Conditions (prevention/management)
- Data/Reports
- Care Team Roles
- Teach-back Information
- Shared Decision Making (SDM) Tools
- Provider Resources
- Patient Education/Resources
- Reference List or Bibliography
- List of all development team members with appropriate credentials
- Other (please describe; estimate # of pages):
  -...

- Evidence base (include key evidence, such as guidelines and major studies; provide full reference list as an attachment):
  -...

- Suggested roles and responsibilities
  -...

- Narrative sections (e.g., diagnostic considerations, treatment considerations, comorbid conditions, etc.)

- Update process/timelines
  - This CPM update will require (select all that apply):
    - A development team subgroup to work on content changes: first meeting scheduled for:
    - A meeting with the medical writer to convey updates already agreed upon by the team
    - Existing content in Centra to be pulled until update completed
    - Integration into Centra by:
DEVELOPMENT OF CPMS AND ASSOCIATED PATIENT EDUCATION

KEY RECOMMENDATIONS

CPMs are NOT designed to be the vehicles for standard medical knowledge about the condition or comorbidities, just evidence-based information necessary to implement the CPM.

Best practices include:

• For algorithms, modify or repurpose algorithms from evidence-based major guidelines whenever possible.

• For the narrative sections, have the group agree on an outline before drafting any content. Agree on the major sections that must be created and the general level of detail needed. Then for each section, have the group agree on:
  – Major points the audience should take away
  – Common questions the audience will have
  – Information that would be interesting to the development team but probably out of scope (distracting, overwhelming, etc.) for the audience

• Consider letting the group begin with a rough draft generated by the medical writer guided by the Clinical Champion. This can be an efficient way to help build consensus and make progress.

• Avoid rehashing information that should be common knowledge. If possible, avoid overviews and stick to actionable information.

• Schedule and structure development team and subgroup meetings using best practices to ensure the most progress possible in the least time.

DEVELOPING PROCESS-RELATED CPM CONTENT

Care process model content development typically begins with drafting at least one (typically 2) algorithms, each with brief supporting notes, that visually present the system-wide processes associated with screening, diagnosis, treatment, or condition management — unless the situation calls for a different approach. Other process-related content could include:

• Additional narrative needed to cover unusual situations or comorbidities

• Discussion about and resolutions related to diagnostic and treatment controversies

• A clinic flow section (if needed) that discusses how the process will work in a typical clinic visit with the roles played and who does what to implement the process outlined by the CPM

• Medication table(s) (if needed) to resolve questions or common mistakes made by providers in prescribing for the condition

Keep everyone on the team focused on what processes are evidence based and can be used system wide rather than the medical knowledge needed to perform each step in the process. Linking process steps with key system tools, such as screening tools, forms, clinical guidelines, and protocols, not only helps the reader but facilitates integration into iCentra workflows. Team leadership in collaboration with the medical writer should work with an informaticist throughout the development process to plan for integration into iCentra and for outcomes measurement.

The Iterative Process

The process-related content development phase may result in several iterations, often depending on the structure of the team and the dynamic nature of when major national guidelines and new research studies are published. The most efficient team structure at this point is usually creating subgroups that explore individual elements of the content (perhaps having different small groups work on different algorithms). These subgroups can effectively use the expertise of key members with limited availability and have the larger group approve drafts or decide how to best address controversies.

Usually, more frequent subgroup meetings in the initial content development phases result in a more efficient overall process. Sometimes longer meetings or break out sessions within schedules can result in more progress more quickly. Of course, meeting management best practices also make the entire process more effective and time efficient — consider requiring:

• Advance agendas with attachments to review

• A facilitator to run meetings

• A designated person, who is NOT presenting, to take minutes complete with action items

• Accountability for agreed-upon assignments

THE INTERFACE BETWEEN CLINICAL TEAMS AND PPP

The process detailed on the next page explains the clinical team’s involvement in developing algorithm and related content as well as at what points the team will interface with PPP.

The algorithms on pages 8-9 serve as background information on PPP internal processes for creating drafts and producing the final CPM for print and digital use throughout the system.
ALGORITHM 2: PROCESS-RELATED CONTENT DEVELOPMENT

Development team begins content development

Team creates rough draft algorithms
• AGREE on the major decisions or tasks involved in diagnosis/treatment
• DETERMINE how major decisions/tasks align with clinical workflow
• DIAGRAM a rough-draft flow chart (algorithm) for each part of the process (e.g., diagnosis, treatment, etc.)
  – Can be a paper sketch, slide, Word doc, or photographed whiteboard diagram
  – This can be done as part of collaborative discussion with the medical writer (see below)
• DEFINE brief notes needed to support algorithm steps
• IDENTIFY existing and new tools or forms needed to support the process
  – Make a plan for whether new tools should be industry-standard tools or if we need to create them.
  – Have PPP copyright expert research usage requirements

Team develops additional section content as needed
• IDENTIFY key content for front page (e.g., goals, measurements, “Why Focus” information, etc.)
• OUTLINE additional sections needed with key points and research to be referenced for each
• COMPILE data for tables (e.g., protocols, medications, diagnostic criteria, etc.)
• DETERMINE content for new tools and forms, if needed

Team leader signs off on content (in writing) and sends to PPP writer assigned.

Assigned PPP medical writer involved at this point

Medical writer conducts initial review of approved content (see page 8)

Content ready to draft?

no

Team resolves questions and issues

yes

Medical writer drafts and formats CPM content provided, and presents drafts for review/approval (see page 8)

Final CPM approved?

no

Refer to medical writer to revise

yes

PPP produces final CPM files for print/digital use system wide (see page 9)

✔ KEY RECOMMENDATIONS: MEETING AND REVIEW MANAGEMENT

• Effectively manage meetings.
  – Meetings begin and end on time.
  – Participants receive agenda with time frames and assignments well in advance of meeting (typically 1 week minimum).
  – Meeting leader keeps group on task and within the time frame allocated in the agenda (use timekeeper if needed).
  – All necessary materials and pre-read assignments are brought to the meeting.
  – Minutes are kept and are distributed with action items within three business days following meeting.

• Define review process with clear accountabilities:
  – Limit the number of review drafts to two or three total.
  – Provide writers with a single set of approved changes for each review.
  – Ensure that reviewers selected have the time to review by the deadline.
  – Establish that review comments not received indicate “no change” to the draft (with the responsible party accountable for accuracy and completeness).
  – Transmittal emails/forms should include a deadline for comments, signature, and decision to either:
    – Approve as is
    – Approve with specific changes included
    – Revise scope and schedule for substantive revision

• Institutionalize project prioritization guidance.
  – Changes to scope and schedule may result in project being rescheduled to next available time slot.
  – Reserve exceptions when new guidelines or other initiatives drive priority scheduling to:
    – Prevent harm
    – Avoid regulatory noncompliance
    – Support key corporate opportunity prioritized by leadership
Once the clinical process content has been developed and agreed on, the medical writer drafts content and applies best practices for information design as indicated below.

### ALGORITHM 3: PPP DRAFT DEVELOPMENT

#### Clinical team provides CPM initial content

**CONDUCT initial review of content**

- IDENTIFY potential gaps in steps or information that might be problematic for some providers or instances
- RECONCILE redundancies
- DEVELOP questions for team, including how to best align patient education (a) and shared decision making (SDM) (b)
- ESTABLISH tracking system for references, and IDENTIFY any missing references or information for locating source

**DRAFT algorithms and notes for initial approval, and SUBMIT**

- Approved?*
  - no
    - REVISE per team direction, and RESUBMIT
  - yes

**DRAFT full document for initial review, and SUBMIT**

- Draft contextual information (discussion on what’s new, why focus on the topic, evidence base and rationale for algorithms, clinical workflow considerations, patient education, provider resources, etc.)
- Validate resources, if necessary
- Layout content to meet optimal information design and Intermountain branding best practices
- Cross-reference information for usability
- Format references per AMA style, and keep audit trail for evidence base
- Submit KRO header file for approval (c)

- Approved?*
  - no
    - REVISE per team direction and RESUBMIT
  - yes

**TRANSITION project to PPP production**

- Refer to algorithm 2 on page 7.

---

### ALGORITHM NOTES

#### (a) Aligning patient education efforts

As a team, use the following to determine how to best align patient education with appropriate steps in the CPM:

- Audit existing patient education (see pages 10–11) for meaningful use. Ask:
  - What gaps currently exist in patient education materials related to this process?
  - What will be the goal of the specific patient education piece(s) your team envisions (what will the patient need to know or do as a result)?
- Determine patient needs, goals, and barriers. Ask:
  - What are the 5–7 most important things patients need to know or do to actively engage in preventive care or treatment?
  - What are common barriers to patients becoming engaged in their care?
- Establish the patient education development process. Ask:
  - Can a smaller group work on the patient education? Who should be involved?
  - When will that group be established?
  - What will be the group’s review process?
  - Who has final sign-off authority?

#### (b) Aligning shared decision making activities

As a team, answer the following questions to best align shared decision making activities with appropriate steps in the CPM (see pages 10–11):

- What key decisions do patients need to make in partnership with the provider?
- What are the most prevalent misunderstandings patients have about these decisions?
- How will different options be presented in a balanced manner?
- What is the backup evidence for risk and benefits information?
- What would help patients clarify and express their values and preferences?

#### (b) KRO header

This Excel workbook is a tool for compiling all administrative information necessary for managing the CPM as a digital asset.
ALGORITHM 4: PPP CPM PRODUCTION

Once approved, PPP’s production team completes a number of steps required for final production and system-wide digital asset management. This can take a few weeks depending on PPP production bandwidth.

**Clinical Team approves CPM for production**

- MEET with iCentra staff to review content and integration issues

**CREATE project in PPP online project management system, and CONDUCT:**

<table>
<thead>
<tr>
<th>Design Review</th>
<th>Proofreading</th>
<th>Hyperlink/Reference Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Check font/format consistency</td>
<td>• Ensure algorithm/table numbering consistency</td>
<td>• Recheck all hyperlinks</td>
</tr>
<tr>
<td>• Refine images and layout</td>
<td>• Validate cross-referencing and hyperlinks</td>
<td>• Ensure AMA reference style correct</td>
</tr>
<tr>
<td>• Package files for different media</td>
<td>• Correct grammar, punctuation, spelling, usage issues</td>
<td>• Validate copyright integrity for materials used with permission from outside sources</td>
</tr>
<tr>
<td>• Detect inconsistencies, gaps, redundancies</td>
<td>• Align references with in-text citations</td>
<td>• Detect inconsistencies, gaps, redundancies</td>
</tr>
</tbody>
</table>

**UPLOAD CPM digital files**

- Complete meta-tagging and load to KRO, iPrintStore
- Add document to Intermountain.net and .org

**ADVISE clinical team that CPM has been loaded to KRO; SEND link**

**SUPPORT clinical team plans for implementation as needed (e.g., Med Staff News, onsite training, clinical learning days, etc.) and iCentra integration steps (see tips at right)**

ICENTRA INTEGRATION CONSIDERATIONS

1. **Focus on the most crucial process steps.** Determine what components to integrate based on what providers will actually use. Do not include steps that typically rely on experience and expertise.

2. **Know your cohort.** What patient population is included in this CPM? When considering inclusion/exclusion criteria, determine if this information is captured in a discrete way. Is there a data field that can be queried (besides ICD codes) to create your cohort. If not, perhaps you need to look at creating a form and education for nursing/MDS on key documentation.

3. **Think about the content of related Power Plans (order sets) in iCentra.** Does the content align with your CPM? This includes meds, patient care frequency of VS, nurse communications, labs, etc. Also consider regulatory requirements you need to meet. Do these order set help providers avoid missing a crucial step?

4. **Look at the goals of your CPM and think about the data points needed to measure those goals.** Are the data points currently captured in a discrete field so that they can be measured later. Do you need to create a way for these key point to get documented? Can you create this documentation to really work in a clinical workflow? Talk to the people who do the work, and ask where they might chart this data.

5. **Think about the workflows that are built for physicians who would use this CPM.** Can content, like easy forms, be added to a workflow? Can the content of those forms be added to a smart note to gain buy-in for using the forms?

6. **Avoid “alert fatigue.”** Ensure that those items that end up generating an alert are worth not overwhelming providers with alerts.
EVALUATING AND DEVELOPING COMPANION PATIENT EDUCATION

Intermountain strives to deliver the right education to the right patient at the right time. To do so, it is important that we examine what the patient needs to understand (and when) in order to share in the decision-making process about their health care choices. Aligning patient education with the CPM development process can involve several approaches including:

- Supporting effective shared decision making by identifying patient decision points in the care process (see sidebar at left)
- Conducting a patient education audit to understand what resources we currently have, how appropriate they are for patient and family needs, and clinical consistency
- Getting patient input on readability, actionability, and value
- Requesting new patient education

Supporting shared decision making

Shared decision making (SDM) has been characterized as “…an interpersonal, interdependent process in which the health care provider and the patient relate to and influence each other as they collaborate in making decisions about the patient’s health care.” A patient-specific endeavor, SDM relies on communicating the relevant medical evidence, the provider’s clinical expertise, and the unique values and preferences of the patient and family.1

There are a number of resources for shared-decision-making tools including tools developed by Intermountain and those created by third parties. Contact PPP for recommendations. During the CPM development process, it is helpful to identify patient decision points.

Create a patient-centered decision tree

Use this approach to identify gaps and shared-decision-making opportunities. Begin with what one might say to a family member upon hearing a diagnosis. Then, determine what the likely decisions would be and prioritize them. For each decision, consider what the patient needs to know and wants to know AT THAT POINT in time. The sample at right indicates the decision process for someone with an end-stage renal disease diagnosis.

**Conducting a patient education audit**

The first step for many clinical teams is to take a “deep-dive” look at existing patient education materials to determine relevance, health literacy, redundancy, and gaps. Typically, the medical writer will prepare a Patient Education Audit master for teams to use in managing this review effort. Many teams assign different people to review different materials typically by topic area.

The sample template and instructions below illustrate one process for gathering the information needed for the clinical team to analyze next steps in developing patient education materials. Patient and Provider Publications will set up the tool below and backup files on a team space and will send out instructions to your team on accessing and completing the audit. Once all input is received, PPP staff will compile comments for review.

<table>
<thead>
<tr>
<th>Task/Topic</th>
<th>IM Materials</th>
<th>External Materials</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic 1: Understand and participate in recovery at home, know when to call the surgeon</td>
<td>FS174: Hip Replacement Home Instructions</td>
<td>Not applicable</td>
<td>FS174 redundant and inaccurate – recommend update or incorporate in Joint Replacement booklet. Delete from stock.</td>
</tr>
<tr>
<td>Topic 2:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Topic 3:</td>
<td></td>
<td></td>
<td></td>
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<td>Topic 4:</td>
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<td>Topic 5:</td>
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<td>Topic 6:</td>
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<td>Topic 7:</td>
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</tbody>
</table>

Use this column to fill in steps in the patient’s experience (e.g., understand a diagnosis, make an informed decision about a procedure, etc.)

List the item number and title of each Intermountain-developed education piece that fits the topic at left. LINK the document to the KRO number or title (or both).

List title of any approved, third-party education piece here, and LINK to the document.

Insert answers relevant to each row for these questions:

- Is this material clinical consistent with CPMs, CGLs, and other system-wide materials?
- Is the content of the publication accurate and complete? If not, what is missing or needs revision?
- Would this publication support patient decision making about their care at the point in the healthcare pathway indicated in the topic column? If not, what content is missing that would support shared decision making?
- Is the content in this publication duplicated elsewhere in patient education materials? If so, where is the duplication? Which item better conveys the information to the patient?
OPPORTUNITIES TO SURVEY PATIENT PERCEPTIONS

A number of opportunities exist within Intermountain to gain patient feedback about the usability and readability of our educational materials. These include:

1. **Patient and Family Advisory Council (PFAC)** — This volunteer group of patients and family members or caregivers meet monthly to identify ways to enhance the patient and family experience in various care settings.

2. **Research and Analysis Group** — This Intermountain department conducts strategic planning and research focus groups made up of Intermountain patients and SelectHealth members.

3. **Informal practice and care-setting focus groups** — Within specific practice settings, opportunities arise for gathering patient feedback about specific education materials in terms of how helpful a specific piece is for understanding and engaging in one’s care. For example, patients in dialysis centers have provided feedback on patient education for those with kidney failure.

4. **Support groups** — Intermountain hosts support group meetings for a number of chronic conditions. These patients have valuable input as to what information they needed at different points in their care. For example, support groups at Utah Valley Hospital have provided important insight about the usefulness of information in a booklet for stroke patients. Survey patients at key points when developing new materials, evaluating existing materials, or repurposing content into different media.

MAINTAINING PATIENT EDUCATION RESOURCES

Teams can ensure that patient education stays current and best meets patient needs by:

- Evaluating existing materials every 3 years; PPP maintains a database of all materials and will alert teams when items are due for review.
- Determining gaps in information when changes are made to related CPMs
- Creating strategic plans for implementing patient education using diverse media within the clinic and hospital work flow.

**Requesting new patient education**

Access [complete instructions](https://m.intermountain.net/pel/pages/strategic-patient-education-team-contacts.aspx) for requesting new patient education from Intermountain’s Patient Education Library page. You will be asked to submit a request form (see sample below).

Once received, your request will be reviewed by the Intermountain’s Strategic Patient Education Team (SPET) or Pediatric SPET team and prioritized for action. SPET develops and delivers a system-wide approach to patient education. The team works to prioritize, streamline, and standardize patient education materials across the enterprise to ensure they are evidence-based, used consistently, and meet health literacy, copyright, and Intermountain branding standards. Team members include clinical program directors, language and communications professionals, quality management, and facility education consultants.

Access information and a full list of SPET team members at [https://m.intermountain.net/pel/pages/strategic-patient-education-team-contacts.aspx](https://m.intermountain.net/pel/pages/strategic-patient-education-team-contacts.aspx).

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**Patient Education Request Form**

Use to request system support, assistance, or approval to create, purchase, or distribute patient education.

**NOTE**: Projects are prioritized based on system-wide applicability, support for CPMs or shared accountability, clinical program support, alternatives available, and resource requirements. Your project may be reviewed by the Strategic Patient Education Team to determine whether to move forward.

<table>
<thead>
<tr>
<th>Request date:</th>
<th>Target completion date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requester names and contact info:</td>
<td></td>
</tr>
</tbody>
</table>

Describe your request and its importance to Intermountain’s goals and initiatives.

Request is to:  
- Create or purchase new  
- Continue use of existing  
- Other:  

Project title and brief description:

Describe what you’re using now and why it does or doesn’t meet your needs. (link or attach copy or links)

Why won’t Intermountain or Krames materials meet your needs? (search from intermountain.net/pel)

Does this have system-wide scope, or could it?  
- System-wide scope (explain):  
- Region/facility-specific (identify):  

What Clinical Programs or Services does this relate to?  
(Check or enter all that apply)

<table>
<thead>
<tr>
<th>Clinical Programs</th>
<th>Clinical Services and Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>Care Management/Coordination</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Intensive Medicine</td>
<td>Homecare</td>
</tr>
<tr>
<td>Oncology</td>
<td>Lab</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Lab</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Surgical Services</td>
<td>Quality &amp; Patient Safety</td>
</tr>
<tr>
<td>Women &amp; Newborns</td>
<td>Pain</td>
</tr>
<tr>
<td>Other:</td>
<td>Patient Accounts</td>
</tr>
<tr>
<td>Low:</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>High:</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>LOW:</td>
<td>Respiratory</td>
</tr>
<tr>
<td>Region/facility:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Does this support any key system goals, CPMs, or initiatives? Describe why you think it’s important

Tell us how your request supports the 5 Rights of Patient Education.

- **Right Results**  
  What do you want to achieve and how will you know you’re successful?

- **Right Person (Audience)**  
  Tell us more about the population you are trying to reach.

- **Right Content (Best Practice)**  
  How well does this education improve consistency of content and messaging?

- **Right Way (Media)**  
  Tell us more about the media you’re proposing using and why.

- **Right Time and Place**  
  How and where does this fit in the plan of care? How (should) it be accessed?

Priority and resources

Your assessment of priority:  
- HIGH: System-wide, patient safety or regulatory, high volume/High risk, no alternative  
- MEDIUM: Important, but not critical  
- LOW: Desirable, but lower priority

Project costs and funds available, if known

Submit to PPP@imail.org, along with any additional supporting comments. A systems patient education representative will follow up for more information and to discuss next steps. Find this form and other patient education resources at [intermountain.net/pel](https://m.intermountain.net/pel)

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