

Introduction: The TriService Workflow, formerly known as COMPASS, provides a simple infrastructure to provide a standard, repeatable sustainable process. It stands on a three -pillar approach to provide frequent communication, training, and sustainment. Business processes were developed to increase coding accuracy and readability of AHLTA notes. The workflow has a direct impact upon the mission by allowing more efficient, effective healthcare and documentation by responding to a gap between technology function and user needs. Use of standardized entry method into AHLTA produced information that occurred at the same location in every note; information also comes in a predictable order in the note resulting in improved readability.

Methods: The workflow uses a simple process. The patient fills out a paper worksheet. The technician and provider use a common Alternative Input Method (AIM) form to enter data into AHLTA. The technician provides a standardized and consistently high quality history to the provider. This process is not dependent upon who the technician is. The standardized history is specifically designed to support inspection compliance and simplified coding. Providers take responsibility of the information on the AIM form, document their work and calculate appropriate coding.

The initial workflow team consisted of military and contractor personnel who had knowledge of the military healthcare system and AHLTA. Leadership support and “buy-in” was sought at every level from the clinic permeating through the military treatment facility and headquarters. The Air Force Surgeon General provided funds to increase team size to deploy to Family Health Clinics in the Air Force. The training and implementation plan for the Tri-Service workflow implemented basic change

management principles and consisted of a standardized training program, three hours of formal classroom training, and 8 hours of over the shoulder training in the actual clinic. Training video vignettes were developed to perpetuate the standardized message and training through the Air Force Medical Service. The AHLTA trainers were extensions of the training team and maintained open lines of communication between the training workflow team and the military treatment facility. Additional training was provided to staff as needed by the local AHLTA trainer or the workflow team member via Defense Connect Online and teleconferences. Rapid response to concerns from the field was a priority to maintain motivation and change management. If barriers were identified, mitigation strategies were incorporated into the training. Follow up evaluation was conducted by chart reviews conducted by the workflow team and the AHLTA trainers. Any areas of non-compliance were addressed and corrected. A total of 1,280 AF clinicians received over 6,400 hours of training that rocketed AHLTA efficiency, speed, and satisfaction.

Measurable Results: Tri-Service workflow demonstrated outcome based results. Chart audits were conducted at 100% of the deployed facilities. In addition, formal research was conducted comparing workflow bases and non-workflow bases and pre and post workflow implementation. These studies were IRB approved. The workflow team, coders, and faculty from the Uniformed Services University reviewed 50 randomly selected records from each category. The workflow is associated with significant increase in compliance with Joint Commission, and inspection requirements ($p < .05$), a significant increase in RVU's per encounter ($p < .05$), coding accuracy ($p < .05$), and readability of notes ($p < .05$). Comments from users consistently state organization of the

note improves ability to gain actionable information, improves peer review quality, and decrease time to accomplish reviews and coding audits. A life was saved. The program had a direct impact upon a patient outcome. Documentation was attributed to saving a suicidal 15-year-old dependent. Revenue generated by increasing RVU's per encounter between September 2009 and November 2009 was \$1,030,747. The cost to implement the program for this period was \$138,000. Return on investment was a seven-fold increase. These results were briefed to all levels of leadership, presented at multiple conferences, and submitted to professional journals for publication.

Conclusion: Lessons learned and sharing of lessons learned from COMPASS developed into weekly teleconferences among the Services to improve AIM form and workflow development. The training implementation plans are now being replicated for the workflow and AIM form development for specialty clinics and clinical practice guidelines. These efforts represent input from each service. The Air Guard and Reserve and Army, Navy, and Air Force facilities are currently using the core Tri-Service Workflow form providing consistent patient care documentation throughout Department of Defense Primary Care clinics. Tri-Service Workflow is simple and is works now.