Healthcare chain workflow management by use of IT

The healthcare field is highly specialized. Patient visits various organizations or units within organizations to get proper treatment. The role of *healthcare workflow-management by use of IT* is to adjust the contributions of those organizations or units in terms of timing, quality and functionality. There are various difficulties in healthcare workflow-management.

Some of these difficulties can be traced back to the heterogeneous nature of healthcare organizations. Professionals require a certain degree of autonomy, whilst workflow management requires a certain degree of standardization. Organizations or units need goals that fit to their specific practice, workflow management requires cooperative goals, or at least, goals that do not conflict. Also, standardization is needed to make full mutual adjustment of organizations possible, even though such standardization may unnecessarily complicate the way of working. As a result, a dedicated business transformation may be necessary. Healthcare organizations have to rethink their boundaries and have to make strategic alliances to be able to cope with the changes in the environment.

In the call for papers, we suggested seven topics, being, 1) selection of aspects for inter-organizational workflow management, (e.g. time, quality, capacity), 2) workflow management: choosing the levels to work on, 3) the degree of inter-activity, 4) workflow management: standards-based or problem-based? 5) restructuring the workflow by use of IT, 6) managing professionals in relation to workflow-management, 7) assessment of the management of the workflow. We still think that all these areas lack knowledge that hampers the introduction of successful workflow-management by use of IT in practice.

There are two accepted contributions to the mini-track. HCHCW01 (Lapointe, Lamothe & Fortin) is based on an empirical study aiming at following the change process occurring during the implementation of an integrate delivery system for the treatment of women with breast cancer at all stages of the disease. It discusses organizational aspects, such as politics, change in power-distribution and interest of actors. Analysis takes place on the level of individual and organization and change management is addressed. The paper illustrates the difficulties of such change. The second paper (HCHCW02) by Baretto, Warren, Stumptner, Schrefl, Quirchmayr & Nield proposes an approach to healthcare coordination that is based on object life cycles. The idea is that object life cycles do not only provide predefined care plan templates, they also allow flexibility and individualization of care plans. In this way, the authors hope to provide a framework that enables the benefits of evidence-based practice guidelines, while avoiding the pitfall of unusability due to inflexibility.

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