Patient scheduled for appointment.

RN opens chart for pre-visit planning.

Health maintenance topics due?

Health maintenance orders pended

Patient arrives to appointment

Urine orders pended?

Urine orders pended?

Front desk checks in patient

RN adds note to main appointment page.

Medical assistant rooms patient when ready.

MA asks patient for urine sample.

Patient can give sample?

Urine still needed?

Visit ends.

Patient gives urine sample.

Provider asks patient for sample.

Provider conducts visit.

Patient gives urine sample.

MA offers patient water.

Supplement 1. Process map
(Original process in blue, revised steps in green)
Attention to Diabetic Nephropathy

Provider/staff
- Don’t understand guidelines
- Provider practice preference varies
- Nephropathy not priority
- Already on hypertension meds so forget to treat kidneys
- Provider/resident turnover

In-Clinic Workflow
- Incorrect order placed in pre-visit planning
- Bathroom occupied
- Sample lost/improperly handled
- Forget to sign orders
- Pre-visit orders not noticed at time when patient can urinate
- Patient no show

Technology
- Alerts sometimes incorrect
- Alerts don’t completely follow guidelines
- Pre-visit planning process too manual
- Patients not opening alerts for screening
- Outside testing not captured

Other / external factors
- Problem list not updated
- Followup too costly
- Med side effects
- Referrals don’t go through

Adherence
- Supplement 2. Fishbone diagram summarizing results of group brainstorming session

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Diabetic nephropathy screening protocol
(completing any green item will give you credit for HEDIS measure)

Simplified protocol
(completing any green item will give you credit for HEDIS measure)

Supplement 3. Provider/staff education tools