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## Implementing an Efficient Photo-documentation Workflow in Healthcare



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Integrating technology in the modern healthcare landscape is critical to improving patient care, clinical documentation, and workflow efficiency. One such technological advancement is photo-documentation, which involves capturing and integrating clinical photographs into the Electronic Health Record (EHR). While the availability of smart devices has made capturing images easier, implementing a standardised, efficient, and secure photo-documentation workflow remains a challenge for many healthcare institutions. [A recent article published in the Journal of Imaging Informatics in Medicine](#) discusses the successful implementation of a comprehensive photo-documentation workflow in a large healthcare organisation, focusing on key elements such as workflow efficiency, data security, and patient privacy.

### The Need for Standardised Photo-documentation

Clinical photography has expanded beyond traditional specialities like dermatology and reconstructive surgery, with more healthcare providers recognising the value of visual documentation in enhancing patient care. However, the lack of standardised workflows for integrating these images into the EHR has been a significant barrier. In non-standardised settings, clinical images are often embedded directly into clinical notes, leading to issues such as loss of image data, reduced ability to compare images over time, and challenges in recalling specific images. These limitations underscore the need for a standardised photo-documentation workflow to maximise images' clinical utility while ensuring proper EHR integration.

### Implementing an Efficient Workflow

Implementing a photo-documentation workflow requires careful consideration of several factors to ensure it is both efficient and effective. The process described in this article began with a pilot phase and gradually expanded to cover all phases of care, including ambulatory, emergency, inpatient, and perioperative settings. One of the key aspects of this implementation was the use of automation to reduce the number of manual steps involved in capturing and uploading images. For example, automation was used to apply metadata to images, create links within the EHR, and label sensitive images based on the body part photographed.

A critical decision made during the implementation was converting images to the Digital Imaging and Communication in Medicine (DICOM) format. This decision allowed for the standardisation of patient, study, and image metadata, which is crucial for image retrieval and comparison. Furthermore, the workflow was designed to be user-friendly, requiring as few as 11 clicks or keystrokes from the decision to capture an image to its final upload, thereby promoting adoption among healthcare providers.

### Ensuring Data Security and Patient Privacy

Data security and patient privacy are paramount in any healthcare setting, and these concerns were central to developing the photo-documentation workflow. To prevent the storage of patient images on personal devices, which could pose significant security risks, the workflow mandated the use of a dedicated photo capture application. This application does not store images on the device, ensuring that all images are securely uploaded to the hospital's imaging archive. Additionally, certain body parts, such as the face, chest, and pelvis, were automatically labelled as sensitive, with additional protections applied where possible.

The governance structure overseeing the implementation included executive, clinical, and technical teams, which made critical decisions regarding the management of sensitive images and the roles allowed to capture and view images. This structure ensured that the workflow not only met technical requirements but also aligned with the organisation's broader goals of patient safety and data security.

### Conclusion

The successful implementation of a photo-documentation workflow in a large healthcare organisation demonstrates the potential benefits of standardising clinical photography processes. By focusing on workflow efficiency, data security, and patient privacy, the organisation was able to significantly enhance the utility of clinical images, improve patient care, and streamline documentation processes. The lessons learned from this implementation can guide other healthcare institutions looking to adopt similar workflows, ultimately contributing to a more integrated and efficient

healthcare system.

In conclusion, while implementing a photo-documentation workflow presents challenges, careful planning and focusing on key principles can significantly improve clinical documentation and patient care. As technology continues to evolve, healthcare organisations need to adapt and implement workflows that leverage these advancements to their fullest potential.

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Published on : Mon, 2 Sep 2024