

INHSU 2026 Session Outline

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Final workshop details <i>*Please include your final session details. Date and time have been set by the program committee and cannot be changed.</i>	Workshop title	Using Process Mapping to Improve Health Services for People Who Use Drugs: Practical Methods for Implementation Research and Practice
	Short description	This 90-minute interactive workshop will introduce process mapping as a practical tool for understanding, improving, and evaluating health service delivery. Using real-world examples from hepatitis C point-of-care testing programs in Australia and Canada, participants will learn how to map service pathways, and identify key actors and decision points. The workshop will show how to use information, such as staff experiences, patient feedback, and service data, to identify service-specific barriers and enablers across the pathway, and to co-design strategies for improvement. The workshop will be relevant to researchers, clinicians, peer workers, program coordinators, community-based service providers, and policy/practice partners working to improve HCV testing, linkage to care, treatment initiation, and broader harm reduction and substance use care pathways.
	Objectives	Attendees will: 1. Understand how process mapping can be used in implementation practice and research to clarify workflows, roles, decision points, gaps, and opportunities for improvement. 2. Learn how to combine process maps with implementation science tools, including interest-holder engagement, AACTT behaviour specification, audit data, barrier/enabler assessment, and implementation strategy selection to improve health services. 3. Apply process mapping to real-world case studies from HCV point-of-care testing and other relevant interventions in Australia and Canada, with attention to community-based

		service delivery, equity, feasibility, and sustainability. 4. Leave with a practical process mapping template and a structured approach they can adapt to their own service, program, or research context.
	Date	TBD
	Time	TBD
	Agenda timings	1. Welcome and framing: Why process mapping for implementation? – 5 min Led by Guillaume Fontaine, Emma Day Introduce the workshop aims and explain why process mapping is useful for improving complex health services for people who use drugs, especially multi-step clinical pathways. 2. Process mapping essentials: What makes a useful map? – 10 min Led by Guillaume Fontaine, Andrea Torres Robles Introduce the core components of process mapping: start and end points, actors, actions, decision points, handoffs, bottlenecks, variation across sites, and opportunities for improvement. This section can draw on the mixed-methods process mapping paper’s emphasis on using process maps to engage interest holders, identify where change is needed, and support strategy co-design. 3. Case study: HCV point-of-care testing in Australia – 10 min Led by Andrea Torres Robles and Emma Day Present how process mapping has been applied to HCV point-of-care testing in community settings in Australia, including how maps can clarify testing-to-treatment pathways, identify loss to follow-up, and highlight where implementation support is needed. 4. Case study: HCV point-of-care testing in Canada – 10 min Led by Mégane Bouchard and Daniel Elakpa Present how process mapping has been applied to HCV point-of-care testing in community settings in Canada. The angle will be different than in Australia, with a larger focus on adjusting implementation strategies. 5. Group application 1: Build a process map – 20 min Facilitated by all speakers Participants will work in small groups using a

		simplified scenario of process mapping for a different clinical context (e.g., opioid agonist therapy delivery). A skeleton will be provided with a few steps already built in, so participants can complete the missing ones. They will map the pathway from client engagement and eligibility assessment through testing, result delivery, linkage to care, treatment initiation, and follow-up. Groups will identify key actors, decision points, handoffs, and bottlenecks. 6. From map to implementation diagnosis – 15 min Led by Guillaume Fontaine and Meagan Mooney Show how to move from a process map to implementation analysis by identifying target behaviours, barriers and enablers, and priority gaps. This section can introduce practical prompts such as: Who needs to do what differently? Where does the pathway break down? What is feasible to change? What data could help confirm the gap? We will include pre-printed barriers, fabricated audit data so participants can quickly align to the maps and so the activity can be completed in time. 7. Group application 2: From process map to strategies and measures – 15 min Facilitated by all speakers Participants will select one bottleneck or gap from their process map, identify likely barriers and enablers, propose one or two feasible implementation strategies, and identify possible implementation outcomes such as reach, adoption, fidelity, linkage to care, or treatment initiation. 8. Recap, takeaways, and Q&A – 5 min Led by Emma Day, with closing comments from Guillaume Fontaine Summarize practical lessons and provide a simple checklist for using process mapping in research, service improvement, and implementation planning. Present a complete process map with identified key barrier/enablers and main strategies to show the complete process.
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