



CLINICAL EXCELLENCE COMMISSION

Process Mapping

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CLINICAL EXCELLENCE COMMISSION



Process Mapping

What is process mapping?

- Diagnostic tool
- Identify steps involved in a patient's journey

Why is it useful?

- Brings together multi-disciplinary teams
- Understand process and problems from a range of perspectives – patients and staff involved in the process
- Identify bottlenecks, waits, delays, gaps, duplication and issues
- Generate great ideas and discussion





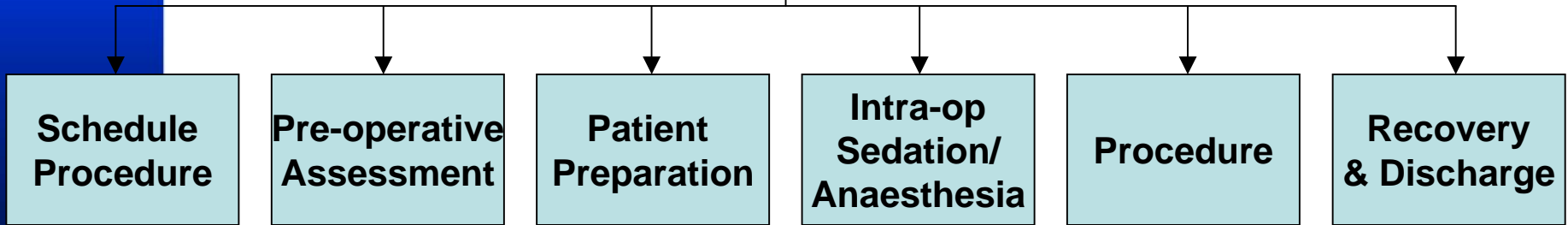
What do we mean by a process?

- Series of related steps
- Start and end point
- Can be high or low level process:
 - presentation at ED to discharge from hospital (high level)
 - decision to order diagnostic tests to results available (low level)





Sedation/ Anaesthesia for Endoscopy



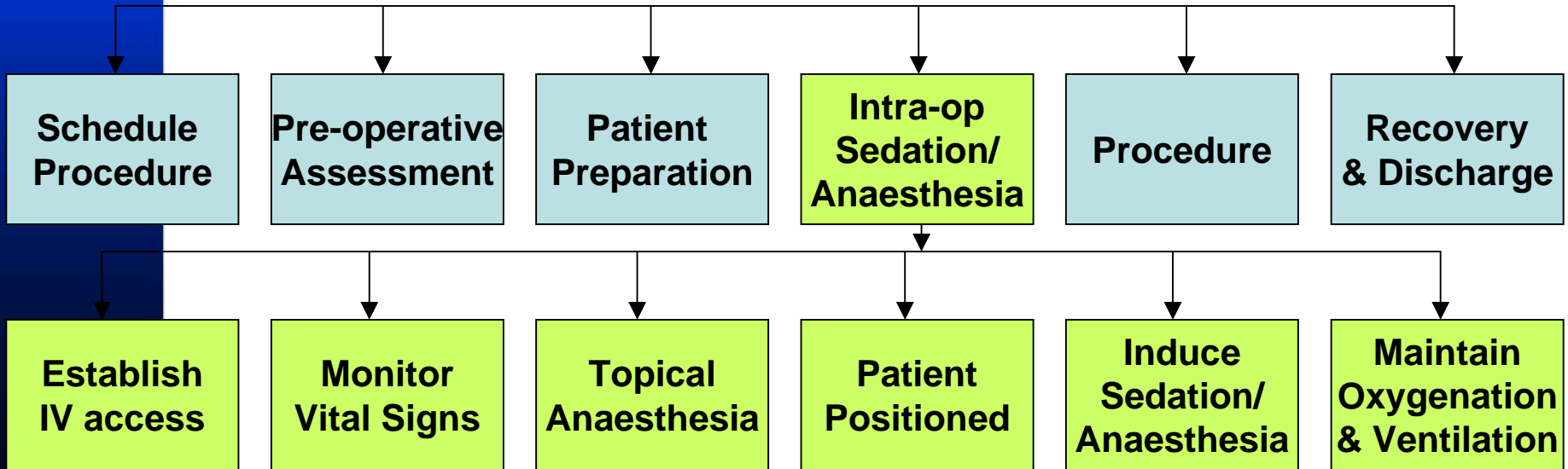
High level process

Starting with high level processes helps to broaden scope of analysis, gain agreement and directs discussion away from prematurely identifying detailed solutions





**Sedation/
Anaesthesia for
Endoscopy**



More detailed process analysis can start at critical process points.



Case Study: Dubbo Base Hospital

➤ *Extensive Process Mapping*

- 1. Obtaining Pathology Results in ED**
- 2. Medical Mapping Day**
- 3. Surgical Mapping Day, including OT**
- 4. Pharmacy Mapping Day**
- 5. Radiology Mapping Day**





Low Level Pathology Map

- *Decision to order blood tests to results available*
 1. Decision to test
 2. Collect blood
 3. Decision to send to path lab or carry out point care
 4. Label blood and complete form
 5. Into bag and Esky
 6. Call ED wardsman
 7. ED wardsman transport specimen to Pathology
 8. Wait (*ED phone Pathology to see if blood has arrived*)
 9. Specimen arrives at Pathology reception
 10. Bottle neck in the morning when all ward specimens come down
 11. Data entry (*ED phone Pathology to see if results available*)
 12. Test
 13. Run sheet produced (1st version of results)
 14. Results inputted into computer
 15. Results available on computer
 16. Delay until ED doctor checks computer to see if results are available
 17. Results telephoned through to ED if requested as urgent



Outcomes

Issues

- Delays
- Poor communication
- Inappropriate ordering

Initiatives

- Stratified ordering
- Staff education
- New Pathology Forms
- “ED Priority” bloods
- Point of Care utilisation





Pathology Results

- Sustained savings of \$10K/month (18%)
- Reduced waits for results
- Collaboration between ED and Pathology
- Reduced numbers of callbacks and tests ordered
- Improved service for patients





Now it's your turn!





Your journey to work

Start Point: Getting up in the morning

End Point: Arrival at work

1. Individually identify each steps in your journey on a post-it note
 1. High level; 2. Low level
2. Individually consider steps that are:
 - Necessary (N)
 - Value Adding (V)
 - Unnecessary (U)
3. Ask a partner to analyse your steps using the same criteria

10 MINUTE EXERCISE





Lorraine's Journey to work – low level

- Woken by alarm clock
- Lie in bed for as long as possible
- Get up
- Get ready for work
- Walk to bus stop





Celia's Journey to work – high level

- 1.wake up and then shower
- 2.get dressed
- 3.apply moisturizer, make up sunblock
- 4.if Tues grab yoga gear
- 5.eat breakfast
- 6.read headlines of local paper (time allowing)
- 7.pack lunch
- 8.clean teeth
- 9.look for something to read on bus and put in bag
- 10.collect bag - put lunch in bag and depart house
11. open garage door and back car out
12. drive to Brookvale
13. charge mobile phone in car
14. park car
15. walk to bus stop
16. board bus to city
17. check phone for messages / read
18. alight from bus at Wynyard
19. buy coffee
20. continue walk to hosp
21. scan security pass - open door
22. morning to all
23. switch on PC and log in
24. open window





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3. Get a partner to analyse your steps using the same criteria
4. Where are the key bottlenecks?

10 MINUTES





Patient journey

Start point: Arrival at the ED

End point: Discharge from the ED to ward

Patient Group: Heart Failure

- 1. Identify stakeholders to involve in the process mapping session**
- 2. Map high level process**
- 3. Map low level processes**
- 4. Identify issues/ solutions/bottlenecks/ decision points**





RUNNING A PROCESS MAPPING SESSION





Running a Process Mapping Session – Key Steps

- Identify Scope
- Identify Stakeholders
- Identify resources:
 - Facilitator & scribe
 - Post-it notes & pens
 - Allow 3 hours





Facilitation

- Useful to have an independent facilitator
- Identifies issues and potential solutions as they arise
- Run the session and keeps to time
- Analyses the process and asks WHY?





On the day

1. Group introductions
2. Ground rules
3. Confirm scope and patient group
4. 'Parking lot' for unresolved issues
5. Butchers paper to capture solutions
6. Map the process





Ground Rules

- Safe environment - respect difference of opinion
- 5 minute rule - 'park' issues after 5 mins of discussion
- Pareto Principles - focus on what happens 80% of the time
- Focus on patient experience
- Group introductions





We've mapped the process – now what?

- Analysis:
 - Bottlenecks
 - Delays
 - Duplication
- Data collection to support analysis
- Prioritise areas for improvement
- Action Plan

