



Improving Patient Flows

Running a Process Mapping Session

4 TO 6 WEEKS BEFORE THE SESSION

Identify Scope

As a first step you need to identify the scope of the process you want to map, including:

- Patient Group
- Start Point
- End Point

If you are unsure which part of the patient's journey you want to map, start by mapping a high 'macro' level process to identify any parts of the process that require more attention.

An example of a high 'macro' level process:

[General medical patient's journey from presentation in the ED to discharge from hospital](#)

An example of a local 'micro' level process, which may follow from the macro map is:

[Decision to admit general medical patient to patient arrives on ward](#)

Identify all Stakeholders

It is essential that the process map is developed by all the stakeholders involved in any part of the patient's journey. This will ensure the map is reflective of what actually happens and secures 'buy-in' when it comes to implementing improvements. An example of a suitable team to map the high level medical patient's journey described above is:

- Triage Nurse
- ED receptionist
- ED nurse
- ED doctor
- JMO
- Porter
- Bed manager
- ED clerk
- Ward clerk
- Ward nurse
- Physician

Convene a Workshop

Allow at least 3 hours for the workshop, in order to carry out both a high 'macro' level map and a low 'micro' level map. You will need a suitable meeting / tutorial room where the team can work free of interruptions. Process mapping is fun but it is also hard work for all participants so have refreshments available.

Send out invitations

In the invite explain clearly the purpose of the session. Include a persons name and contact details so everyone can reply, but make sure it is someone who can answer peoples concerns or queries prior to the event.

Facilitation

You will need to allocate a facilitator for the session, it is important that this person keep the session to time and identifies any issues or solutions as they arise. The role of the facilitator is not to directly input into the process map, they need to ensure everyone makes a contribution. Ideally they should be someone who is viewed as independent so that they can facilitate the process in a fair and equitable way. It is also useful to have another person on hand to act as the scribe.

2 WEEKS BEFORE

Chase up people who haven't responded to the invitation.

ON THE DAY

Resources

You will need:

- Post-it notes
- Pens
- Name labels
- Butchers Paper and/or a White Board

At the beginning of the session

- Gain agreement from the group on the scope of the map and record this on the butchers paper/white board
- Group introductions

- Introduce the ground rules:
 - The session should be in a safe environment, no blame – respect diversity and differences of opinion
 - 5 minute rule – limit discussion on a particular issue to 5 minutes and then ‘park’ it on butchers paper/white board for follow up later
 - Pareto Principle 80/20 rule – focus on what happens 80% of the time
 - Focus on patient experience

Map the Process

- Ask participants to individually record each step in the process from their own perspective – what they know happens 80% of the time
- Participants should then stick the post-it notes onto the wall; duplicate steps should be placed under one another, participants should move the steps around until they are happy with order;
- Facilitator should go through and agree each step with the group and transfer each step on to butcher’s paper/white board to form an agreed map;
- As a group analyse each of the steps in the process (either during or at the end of the map) to identify:
 - decision points and hand-offs
 - main bottlenecks and delays – how long does the process take
 - gaps
 - necessary and unnecessary steps
 - Where are the problems for patients?
 - Where are the problems for staff?

** As issues and discussion arises during the course of the mapping exercise remember to record these separately

Next Steps – Where to from here?

- Is that the map accurate – do you need to get input from others?
- What issues were identified? Where are the areas for improvement?
- With your redesign team look at the process map. Discuss how the process can be simplified, which steps can be modified or deleted? Then you need to prioritise the issues identified and action plan how you are going to tackle them.

Tracking a Patient Journey

Tracking a patient's journey through the healthcare system is a simple way of understanding where problems lie and how the service looks through the eyes of a patient. This exercise will compliment the process mapping exercise and will allow you to identify any waits and delays in real time.

There are two ways of doing this:

- Physically walking through the patient's journey with a patient
- Asking patients to diarise their journey.

Walking Through the Patient's Journey

Determine with your team the start and end point of the journey you want to track. In order to gain a true picture of the journey, it is recommended to track patients who arrive both in and out of hours.

It might also be beneficial to dress in the clothes you would wear as a patient so as not to draw attention. You will need to gain permission from the patient in order to accompany them.

During the walk-through note both positive and negative experiences, as well as any surprises. What was frustrating? What was confusing? A Patient Tracking tool to help track your experiences on the patient journey is attached.

Patient Diary

The patient diary allows patients to track their journey and comment about their experiences along the way and is particularly useful for inpatients, where it is not possible for them to be tracked by a staff member. A tool has been attached which patients can carry on a clipboard with them throughout their visit.

Patient Tracking Tool Example

Date: 04/04/04

Time: 11.00am

Start Point (location): ED Triage

End Point (location): Patient leaves ED to go home with letter for GP

Patient Presenting Problem: Foreign body in eye

Time	Activity	Where	Who	Additional Comments: Positives/Negatives/Surprises/Frustrating
11.00am	Patient sees ED triage nurse	Triage office	ED Nurse	Nurse friendly and cheerful but called away half way through the consultation as someone came in, in an ambulance.
11.30am	Patient fill in form re Medicare information Contd.	Sitting in ED and standing at the ED reception counter	Patient and clerk	

Time	Activity All time needs to be accounted for e.g. waiting	Where Where was the activity carried out	Who Who undertook the activity	Additional Comments: Positives/Negatives/Surprises/Frustrating

Patient Diary Example

Instructions: Please complete the following table to indicate the different activities carried out during your hospital visit and when these were undertaken. Please feel free to make comments about how you felt at different stages of your visit and any things that went well or badly.

Date	Time	Activity and Location	Comments
Example 05/04/2004	9.15 am	Admitted to ward M nurse took medical history	Had already given medical history in the ED last night don't know why she couldn't read that
	9.25am	At end of history nurse said I needed chest X ray doctor would refer me	I don't know when I will have the chest X ray nurse said she wasn't sure
	10.00am	Asked for cup of tea	
	11.30	My daughter arrives	
	12.00	My daughter asks the nurses when the doctor would becoming to see me	They were very vague this afternoon, but this nurse was very polite and friendly