

Process mapping

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Process Mapping - An Overview What is it and how can it help me? A map of a patient journey is a visual representation - a picture or model - of the relevant procedures and administrative processes. The map shows how things are and what happens, rather than what should happen. This helps anyone involved see other people's views and roles.

It can also help you to diagnose problems and identify areas for improvement. There are different approaches to mapping patient journeys, procedures and administrative processes in healthcare services. Which one you select will depend upon: What you need to know Resources and timescales Engagement and interest of staff Each one gives you a slightly different perspective and there is no definitive right or wrong. The key is to reflect how things are - and not how they should be.

Examples of process mapping techniques: A guide to mapping patient journeys - process mapping; a conventional model Process mapping - alternatives ways to conventional process mapping Process templates Walkthrough a patient journey Spaghetti diagram Value added steps A picture of time and resources (process templates) required by a single patient Reviewing the patient pathway; mapping your last ten patients - using patient files and records Getting patient perspectives Care pathway analysis When does it work best?

Mapping patient journeys is an essential tool to reduce delays and highlight improvements for patients and staff. Each approach reveals a different perspective. All approaches will reveal: Unnecessary delays Unnecessary steps / unnecessary handovers Duplication of effort / waste Things that don't

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make sense / not logical Likely hotspots, bottlenecks or constraints
Depending upon which approach you use, you will be able to: Identify bottlenecks and constraints Identify and understand variations in clinical practice Develop a shared understanding of the problem Build teams

Identify issues to do with quality of care Gain an in-depth understanding of a patient's perspective Identify steps that don't directly contribute to patient care (those that contribute are sometimes called value added steps) Carry out capacity and demand analysis from core information Mapping things out can also produce brilliant ideas; especially from staff who don't normally have the opportunity to contribute to service improvement, but really know how things work. How to use it You don't need to map everything: concentrate on the area where there is a gap in your understanding, or which needs improvement.

Ideally, you will know where the bottleneck is before you go into more detailed mapping as the information you need should be slightly different. The information and level of detail you need depends upon your starting point. Consider the views and perspectives of the people you want to work with to identify the problems and solutions. Where do I start? What do you need to know? How simple can you go? Are you working at a high level along the whole pathway or focusing in more detail? Whose views do you need? What is the best way to engage them? Do you need to meet with / engage people in advance?

How could you capture the patient's view (if the mapping exercise includes part of the service they experience)? Wherever possible, use photographs and pictures of places, staff and equipment in mapping exercises. This brings

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your representation of ' how things are' to life. Guide to Conventional Process Mapping Potential impact (on patient journeys) This is often used across teams and Reduces unnecessary delays, time lost due organisations (see mapping the whole patient to duplication and work that doesn't make journey across teams and organisations) to sense, right support for constraints. earn about this mapping technique). Strengths Outcome A range of staff's knowledge about their work Different perspectives. (what happens and when it happens) mapped Interpretation is shared. along a patient journey. Staff buy-in for potential improvements. Lots of ideas for improvement. Change or improvement ideas. What it is Usually a big meeting of fifteen to twenty- five people lasting around two to three hours. Team building. Everyone understands the issues, so reduces resistance to change proposals.

What resources you need Weaknesses Skilled facilitator (not part of the group). A room. Lead-in time to get the right people in the Effort to set up. room. Cost of external facilitation (unless you Time from the people involved, preferably at a time when there is lease opportunity for are able to get someone from another interruption. part of the organisation). Rolls of paper, post-its. Time - delay in getting going. People who aren't in the room don't get engaged. Lots of ideas for improvement overwhelming, so follow-up doesn't meet expectations.

Non-Conventional Process Mapping Potential impact (on patient journeys) This is often used across teams and Reduces unnecessary delays, time lost due organisations (see process mapping - to duplication and work that doesn't make alternative ways). sense or doesn't ' add value', right support

for constraints. Outcome Usually more quickly accessed knowledge
Strengths about a procedure / clinic / administrative process. Details could
focus on: Can be planned in a shorter timescale. Walk the patient journey
yourself. Set up a mini mapping session. Value added steps.

Potential for more detailed information to be produced. A good place to start.
A picture of the time and resources Weaknesses (process templates)
required by a Could still get silos unless links or single patient. interfaces
with other teams Staff buy-in for potential considered. improvements.
Change or improvement ideas. What it is (eg different approaches) 1.
Walking through the patient journey 2. Set up a mini process mapping
session. 3. Follow a patient. 4. Be a patient . What resources you need
Clipboard and paper (if doing it by yourself) or flipcharts, rolls of paper and
post its. onsidered. Just because there is more detail, it does not (and should)
not reflect everything. A judgement call needs to be made on what actually
would be useful and what is possible to undertake in the time that has been
allocated. Tracking paperwork, samples, patients Potential impact (on
patient journeys) through a system (see tracer studies to Reduces
unnecessary delays, time lost due learn about this technique). to duplication
and work that doesn't make sense or does not ' add value'. Outcome A small
number of pathways mapped ie 10 Strengths patient records along key steps
and/or staff nteractions. Less resource intensive to set up. What it is A form
developed to pick up information as something goes through the system.
Collate the information and follow-up either through interviews or group
discussion. Identifies steps that are hidden. Level of detail in a contained
area. Some staff may feel this approach is more scientific as it focuses on

what happened and when, adding weight to the findings. What resources you need Planning time and good communication (staff who are involved need to know what they need to do and why). Weaknesses A good form. Analysis time. Analysis time.

Follow-up time (meeting or possibly interviews). Ownership of the results or findings less. Some people may say the sample size is too small. Using patient files and records Potential impact (on patient journeys) (see reviewing the patient pathway: mapping Standardises clinical practice / timescales at key stages of clinical pathway, reduces your last ten patients). unnecessary delays and work that doesn't 'add value'. Outcome 10 records of patient journeys with timescales Strengths from a defined start and end point. What it is A review of patient records and a follow-up meeting to discuss findings.

Relatively quick and easy to focus - it gives you a good starting point. Focus on clinically important events and when they happen. What resources you need Access to patient records (this isn't always Comparison across consultant. easy). Time to review the patient records. A room and the right people to discuss the Weaknesses results. Misses out the detail. Misses out the 'why things happen'. People may say the sample size is too small. Walkthrough a patient journey / patient Potential impact (on patient journeys) shadowing (see process mapping - Reduces unnecessary delays, time lost due alternative ways). o duplication and work that doesn't make sense or doesn't 'add value'. Delays reduced Outcome due to quality issues picked up from patients' Qualitative perspective of the patient's viewpoints. journey and interactions with staff. See also Strengths getting patient

perspectives What it is Someone ' shadows' a patient taking a tour of all of the steps or some steps in a patient's journey. You can also walk through the journey talking to staff, but you will miss interaction between patients and staff. What resources you need Someone external to the team to carry out the walk through.

Identifies issues that staff may be less happy to highlight in a bigger group. Quality focus. Identifies local solutions with staff that they can take forward. Good way for individuals in a team to see how other teams work. Some preparation. Weaknesses Agreement about what to do with the findings. General ownership of the insights Staff who are skilled at observing / gained (it is recommended someone interviewing doing the walk through. Permission from patients. external to the team does the walk Time to write it up. through). Shadowing does not necessarily provide representative views. Workflows (see spaghetti diagram)

Outcome A picture of time wasted from walking / movement of things. Strengths What it is A picture of the actual movement of staff, patients or things eg X-rays through a department. Called a spaghetti diagram as that's what it often looks like. Results of improvements Better layout for a department or ward based on observations. Easy and quick to do. Visual picture reveals a lot and triggers much discussion. Weaknesses What resources you need Someone to observe the movement of the Also its strength - a single perspective person, patient or thing. Preparation and discussion time with team. Flipchart and pens.

Compare with evidence based pathways Results following improvement Development towards evidence pathways. based Outcome A comparison of <https://assignbuster.com/process-mapping/>

your clinical pathways with existing evidence based pathways. Strengths
What it is Uses existing pathway work as a source of knowledge and ideas,
links to pathway work: Focus on evidence based care and best practice.
Simple vision for the future. Map of Medicine May get people 'on the same
page'. Delivering quality and value Cancer Services Collaborative Partnership
Department of Health 18 week programme Weaknesses NHS Library -
Protocols and Pathways What resources you need Preparation.

Access to the existing pathway. Meeting room and time with the right
people. Flipchart. A focus on 'right patient, right care, right time' (Source
local evidence) May not pick up the reality of what is going on in your
pathway (especially in support function).. Currently, only main pathways are
available. You must know your own pathway to get the most from it. Care
Pathway Analysis Tools Results following improvement Care pathway
analysis tools allow health Depends upon the focus of the simulation systems
to map out the patient journey as a and the changes made as a result.
rocess map. You can then modify this to show the potential impact of new
ways of Strengths working, or new technology and practice (see care pathway
analysis). Displays ideas for improvement and potential impact without need
to make What you get from the analysis actual changes on the ground. The
anticipated impact prior to change. Done right, it can save significant
resources eg you can see bottlenecks and anticipate the impact Helps to
visualise benefits of change. of changes in work patterns around the Can
prevent decisions that would make things worse rather than better.
ottleneck. The discussions around the results usually What it is lead to direct
improvement. It is a simulation software tool. A number of Weaknesses tools

are now being developed for the NHS, Generally needs a lot of data and some such as the Scenario Generator. The NHS expertise from information and analytical Institute for Innovation and Improvement has departments as well as facilitation. acquired a free license for each SHA and All models represent a view of the world. The PCT. impact the model simulates may not be what happens.

What resources you need Currently, free tools only have limited number Access to the simulation software. of pathways Reasonable standard of computer hardware Not available to some regions. to ensure simulation runs quickly. You must know your own pathway to get the Analytical expertise. most from it. Additional data. Meetings to develop your model. Good understanding about the strengths and limitations of the approach. Examples " We want the simplest possible picture of how the process works, and simplest is the key word here.

The aim of process mapping is to make things clear - to provide us with insight, and the best map is the simplest map that provides that insight. " The East Midlands Improvement Network Originally from Jones & Mitchell, Lean Enterprise Academy © NHS Confederation. A high level value stream shows the time taken by each main party in an elective care pathway. This type of map can give you context for more detailed mapping exercises. What next? Be clear about your focus. If you are starting out, select an approach that will give you an overview of the whole pathway. Try to get an experienced facilitator on board to help you out.

Be clear about your objectives, ie ask what, why, when, where and how? For example, the scope of your project may be to reduce waiting times for <https://assignbuster.com/process-mapping/>

radiology. You know mapping will help you. What do you do? A couple of high level maps would be a good place to 1. Describing the workflow of the department, around diagnostic tests 2. Describing the whole pathway for the most common test These would pick up areas for improvement that are straightforward (for example reducing the number of handovers) and may also pick up problem areas for more detailed mapping exercises.

You should make improvements before you get to the next stage. The specific tools will guide you a bit more, but you may find it helpful to refer to the service improvement project guide as a checklist. Some tools that may help you Listening - the importance of this skill will help to ensure all participants' views are acknowledged Managing conflict may help with resistance to change Additional resources Websites: Map of Medicine Map of Medicine is linked to Connecting for Health and is currently available to organisations in the English NHS.

NHS Scotland's Centre for Change and Innovation covers measurement, analysis, techniques and solutions for service improvement in health, including a section on mapping. Background The techniques described here originate in the main from the manufacturing industry, with a couple from social sciences. For example, the emphasis and term 'value stream mapping' comes from an approach called Lean.

Directly translated to health, this separates and maps out procedures and work processes that: Directly benefit patients (hands on time, decision making) Supports the benefit of patients (eg staff training) Does not benefit patients (eg time spent looking for something that isn't in the right place) Our knowledge about how to apply these approaches to improve health

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services is developing all the time. The foundation of this guide originates from the NHS Modernisation Agency, the National Clinical Governance Support Team and the learning and experience of work done by NHS organisations.

At present, there is a strong influence from Lean and Six Sigma approaches to mapping pathways, procedures and work processes in healthcare. The other strong influence on health services is the development of evidence based clinical pathways. These are being developed as standardised pathways, using evidence developed by organisations like the National Institute for Clinical Excellence (NICE). Mapping has been used to illustrate the world and how things work pretty much since the beginning of time.

Humans navigate by maps, as well as using them to illustrate and make sense of the world. Different maps have different perspectives and uses - which all combine to give us a more balanced overview of any given situation. Acknowledgements / sources The foundation of this guide originates from the NHS Modernisation Agency, the National Clinical Governance Support Team and the learning and experience of work done by NHS organisations. © Copyright NHS Institute for Innovation and Improvement 2008 © Copyright NHS Institute for Innovation and Improvement 2006-2012