

THE ART OF PROCESS MAPPING

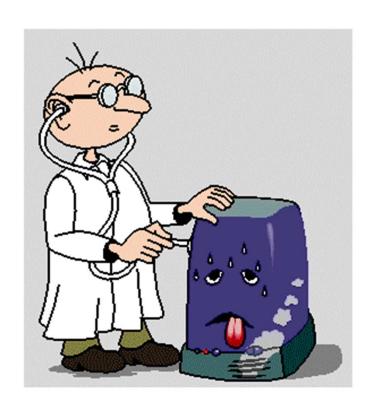




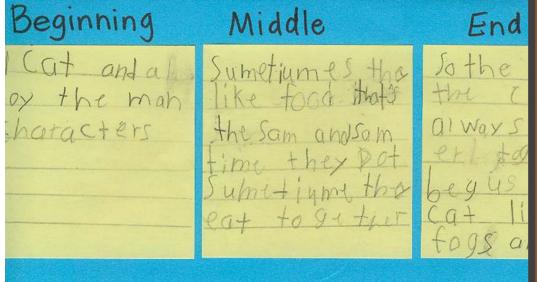
Today's session will talk about:

- What process mapping is
- The Who what when where whys
- A little about the importance of data
- Current and Future State mapping
- Value Stream Mapping
- Experience Based Design

What is it and how can it help me?

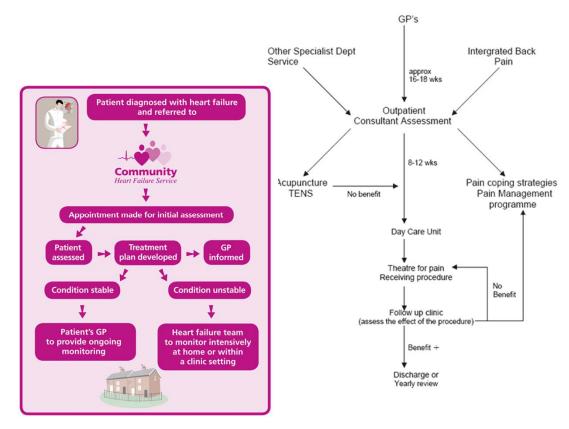


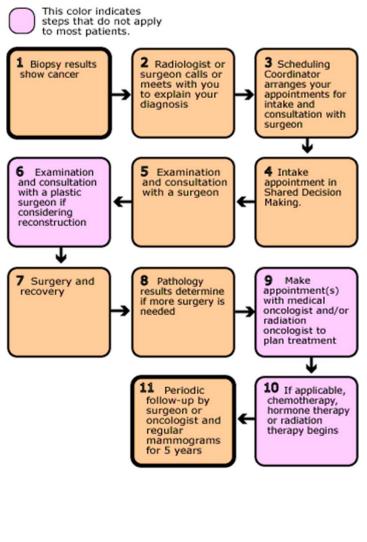
When does it work best?



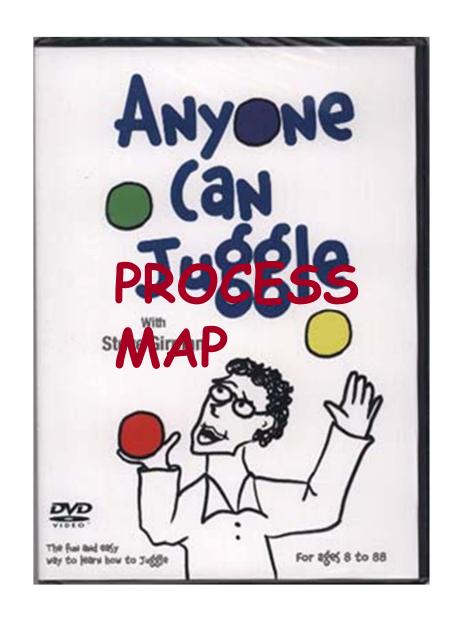


Why should I use it





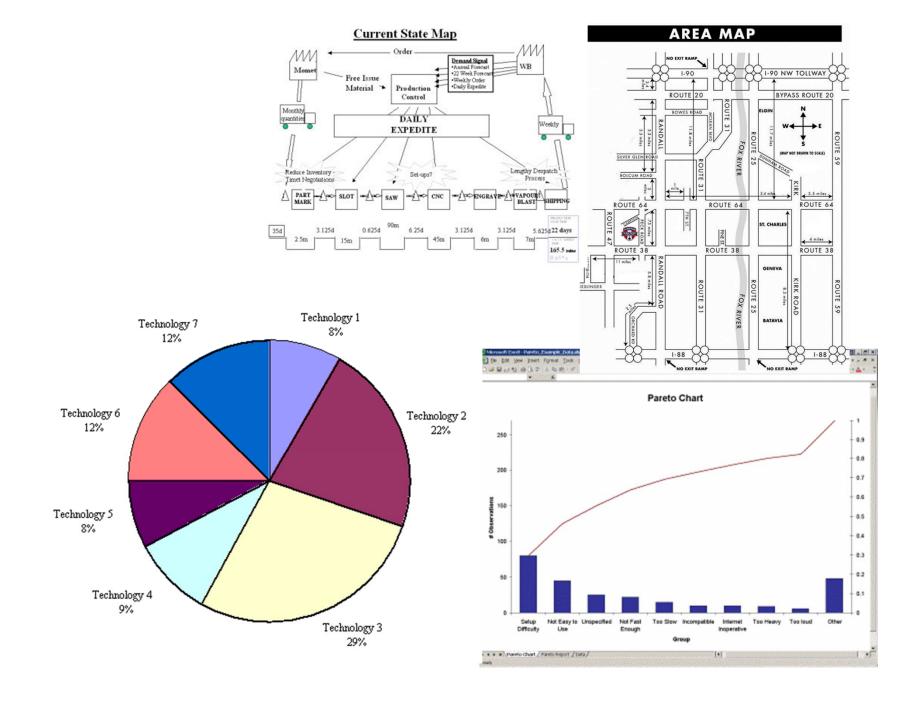
Who can use it?





Where do I start?





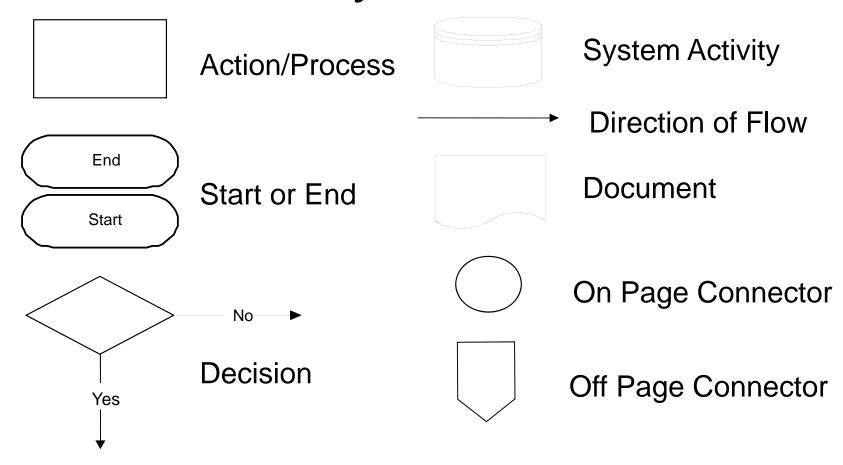


- Brown paper it is really cheap
- Post-it notes in lots of colors (or use stickers to identify them if they are on-colored)
- Marker pens
- Tape
- Flip-chart for recording parking lot items and displaying agreed upon ground rules

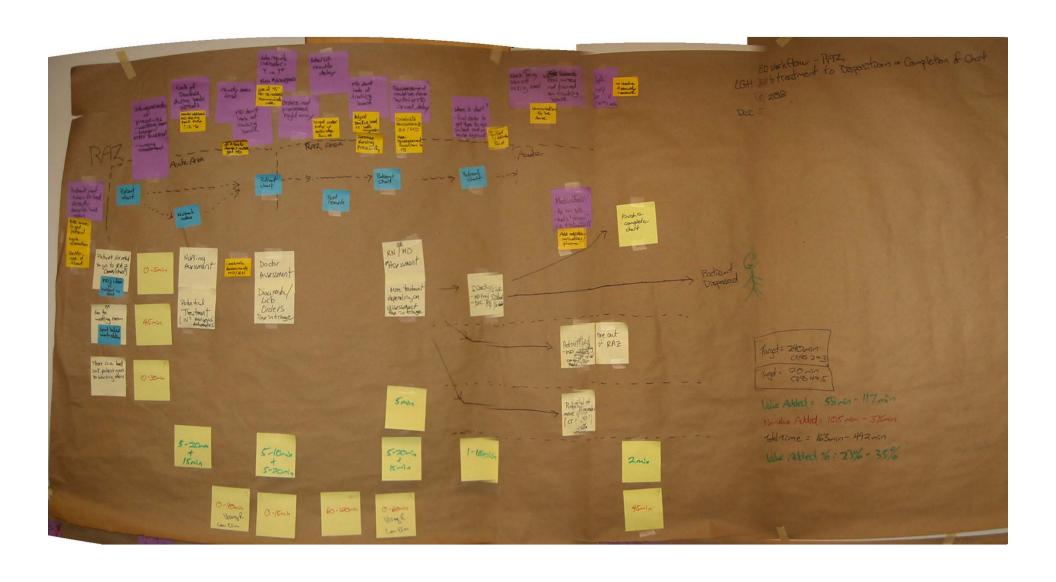


A box or a rectangle to show the tasks or activities of the process.
A diamond represents the stage in the process where a question is asked or a decision is required.
An oval shows the start of the process and the inputs required and also show marks the end of the process with the results of the outputs. The symbol is the same for the start and the end of the process to emphasize interdependency.
Arrows show the direction or the flow of the process.

Getting more complex symbols



CURRENT STATE I have my map made, now what?

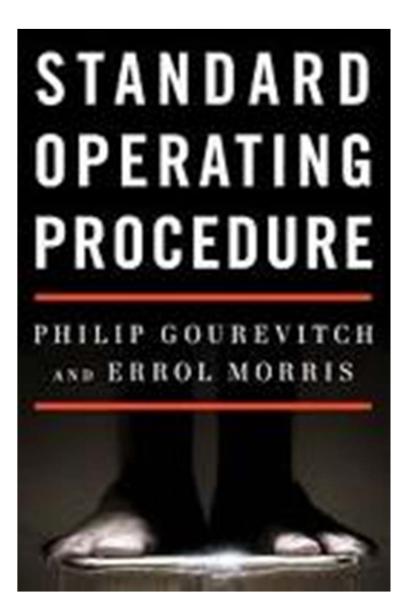






Process Mapping Grid

High Effort Low Reward/Impact	High Effort High Reward/Impact
Don't Do	Strategic
Low Effort Low Reward/Impact	Low Effort High Reward/Impact
Quick Hits	Gems



Measure

Measure the improvement



- Reduction in time
- Reduction in duplication
- Reduction in steps
- Clinical efficiencies
- Increase in safety: reduction in error and cost
- Consistency
- Adherence to process
- No of handoffs
- Complaints/compliments



Measure improvement



- Collect stories
- Observe
- Use mapping techniques
- Before and after from and to

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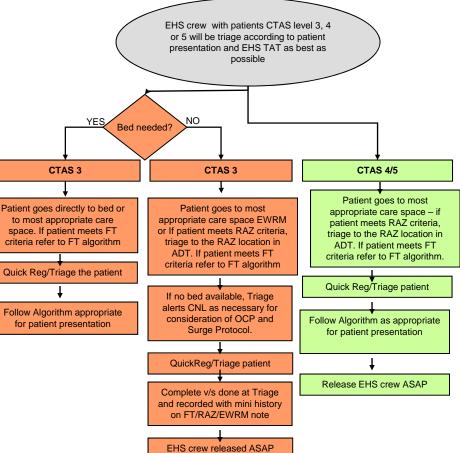


TRIAGE FLOW ALGORITHM EHS PATIENTS

DRAFT 3. CURRENT PROCESS

Date: November, 08 EHS crew with patients CTAS level 1 and Level 2 notifies St Paul's ED Triage ahead of arrival time by notification phone Triage RN communicates with CNL and staff members as necessary for notification and for bed planning YES NO Bed available? CTAS 1 EHS takes patient CTAS 2 CTAS 2 immediately to Trauma Room EHS takes patient to WR and EHS takes patient directly to stays with patient Triage nurse notifies bed or to most appropriate appropriate team members care space overhead Triage nurse pages level 2 patient in WR overhead. Reg Clerk/Triage Nurse Triage nurse pages level 2 Triage nurse alerts CNL for attempts to obtain as much patient location overhead OCP/Surge Protocol information as possible ID consideration patient. Best practice is by Pt. ID and/or family members if Quick Reg/Triage the patient Quick Reg/Triage the patient present Follow Algorithm appropriate Complete v/s done at Triage Quick Reg/Triage the patient for patient presentation and recorded with mini history on FT/RAZ/EWRM note Follow Acute Algorithm When holding, V/s done by EHS as required to meet CTAS benchmarks Release EHS crew ASAP

- ✓ EHS does not need to do v/s on all patients arriving at ED. They are only done by EHS if v/s were unable to be obtained in route or waiting for a bed and need to repeat v/s to meet CTAS benchmarks.
- ✓ When available PHN or picture ID must be presented when arriving to Triage
- ✓ Pink copy of EHS form goes to Admitting
- ✓ White copy of EHS form goes to Bed Side RN
- ✓If the patient is Section 28, EHS does not need to stay with the patient. EHS is transport only. They cannot apprehend/restrain a patient against their will. VPD stays with the patient.
- ✓If the patient is going to FT, and the patient does not require stretcher transport, EHS will ensure the patient is registered and banded, then may leave the department. Their report sheet becomes the hand over.

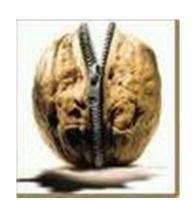


Pearls



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So, in a nutshell process mapping allows us to:



- Map whole patient journeys thereby helping us to capture the reality of our processes, identifying areas of duplication, variation, and unnecessary steps
- Look for opportunities for improvement by identifying points of inefficiency in our system
- Know where to start to make improvements that have the biggest impact for both patients and staff

