



BC Patient Safety
& Quality Council



The Art of Process Mapping

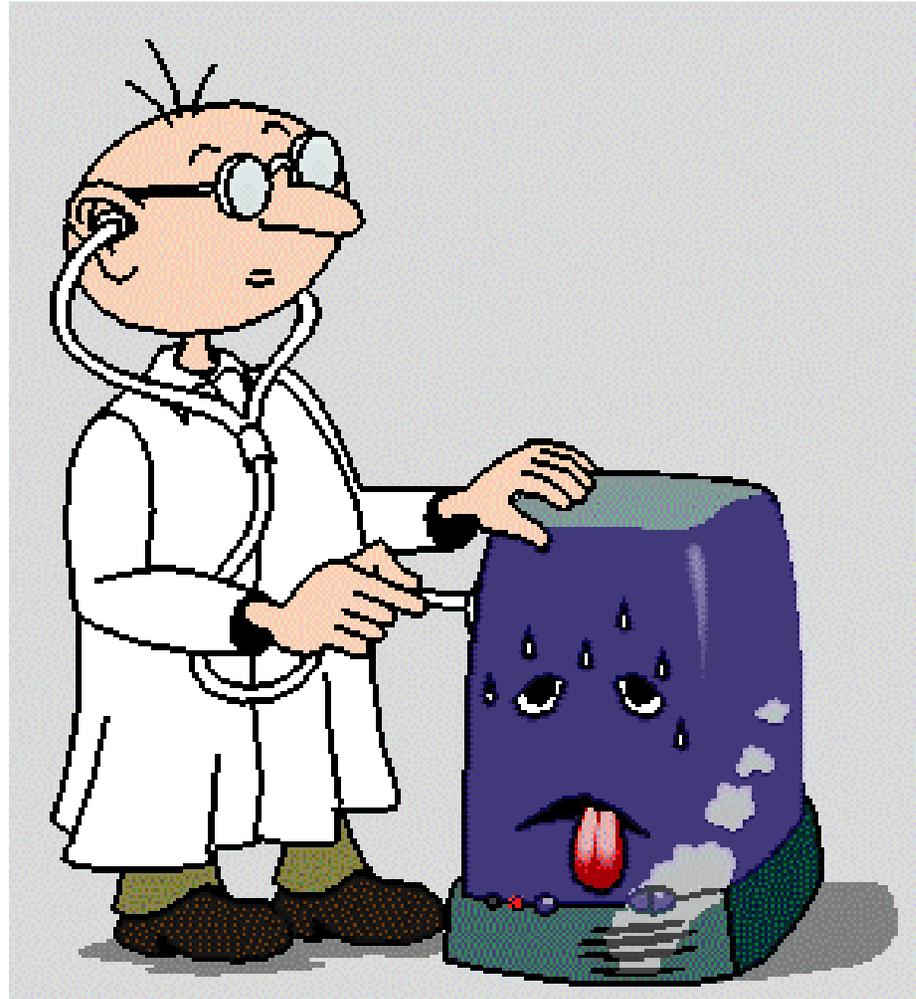


Today's session will talk about:

- 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?

Beginning	Middle	End
Cat and a by the man characters	Sometimes the like food that's the Sam and Sam time they pet Sometime the eat together	So the the c Always erl beg us cat li fogs a

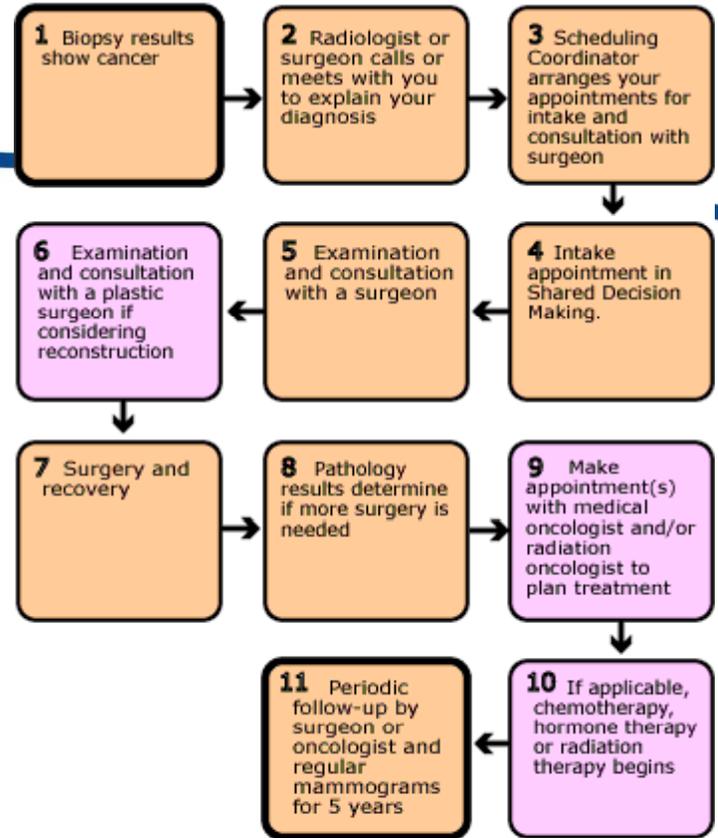
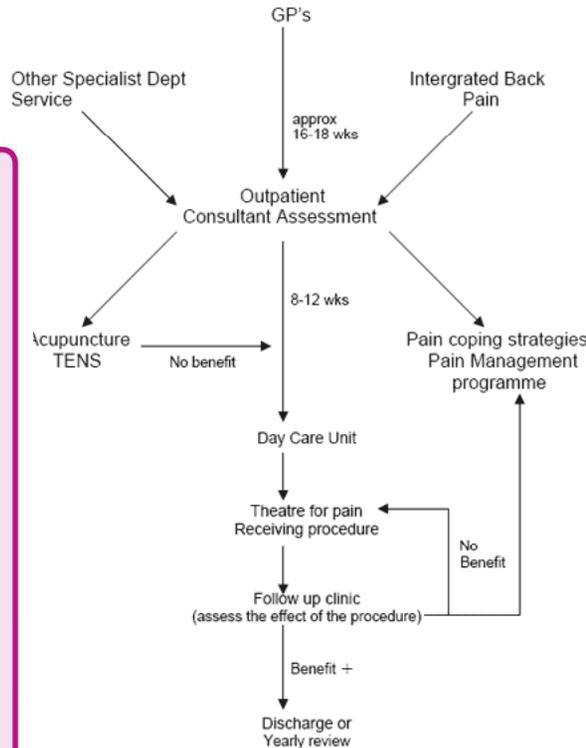
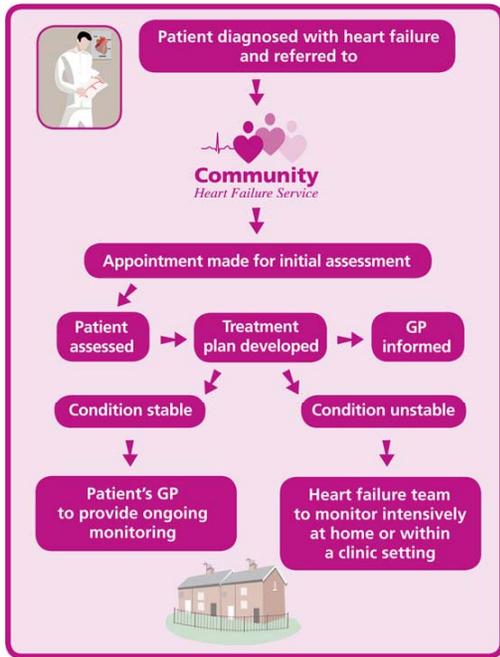
Post-it® Super Sticky Notes & Beginning, Middle & End Chart

BEGINNING	MIDDLE	END
1. What happened in the beginning?	1. What was the main problem?	1. How was the problem solved?
2. Where did the story happen?	2. What happened next?	2. How did the story end?
3. When did the story happen?	3. What was the main character doing?	
4. Who were the main characters?		



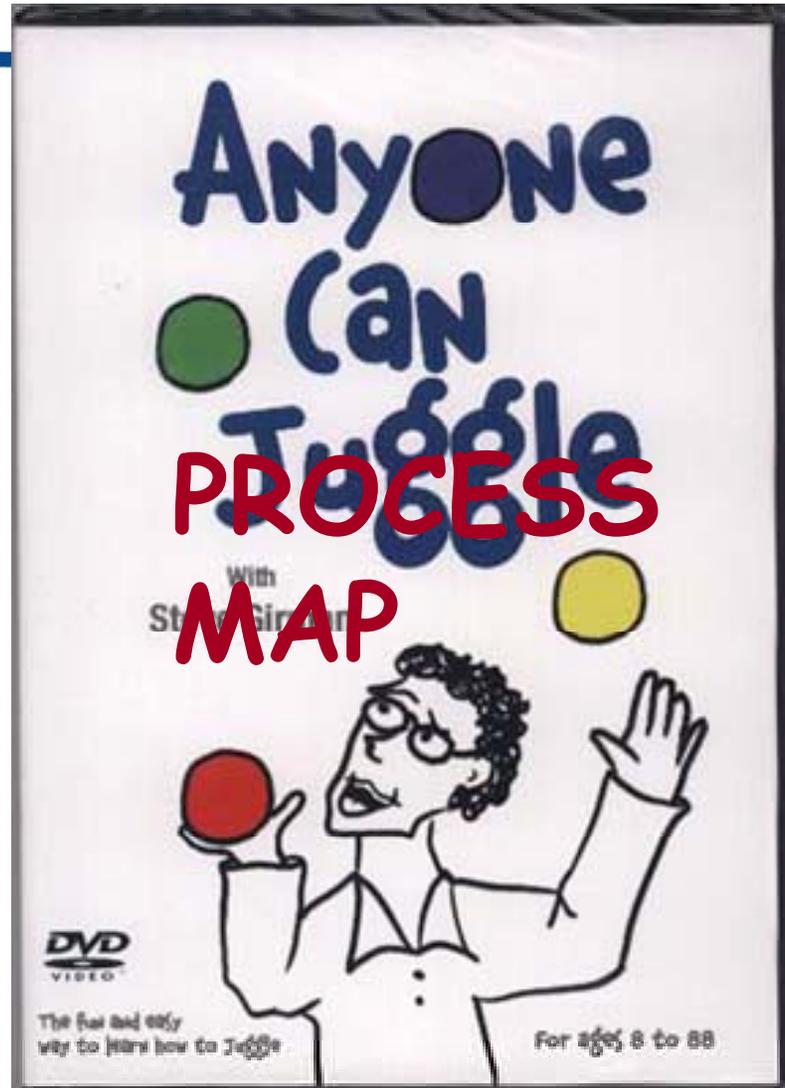
This color indicates steps that do not apply to most patients.

Why should I use it





Who can use it?

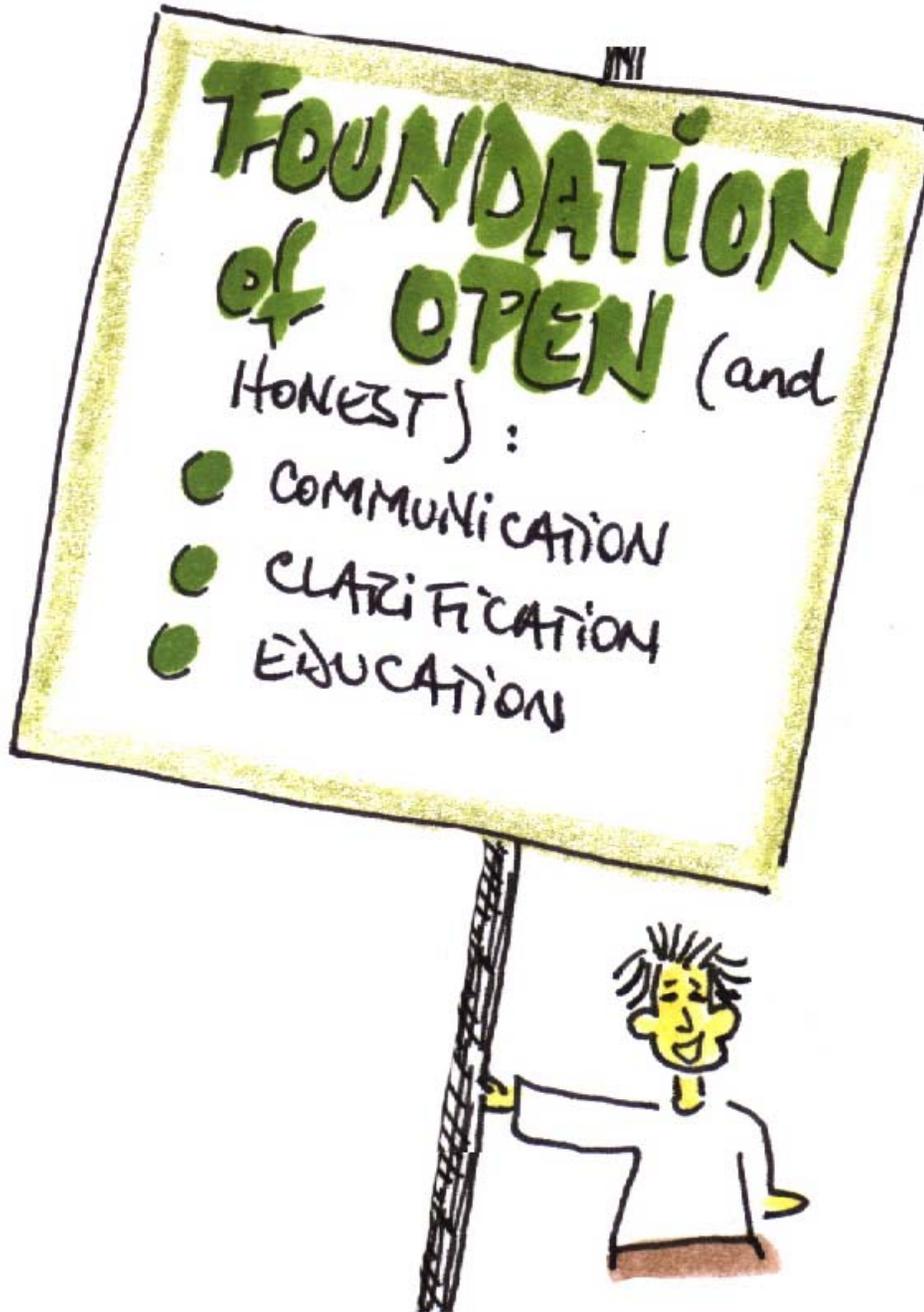




Facilitation

Where do I start?



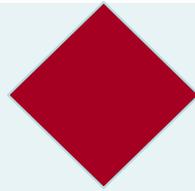




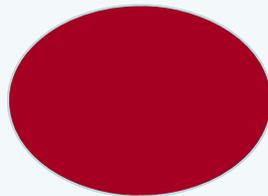
- Brown paper – it is really cheap
- Post-it notes in lots of colors (or use stickers to identify them if they are on-colored)
- Marker pens
- Tape
- Flip-chart for recording parking lot items and displaying agreed upon ground rules



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.

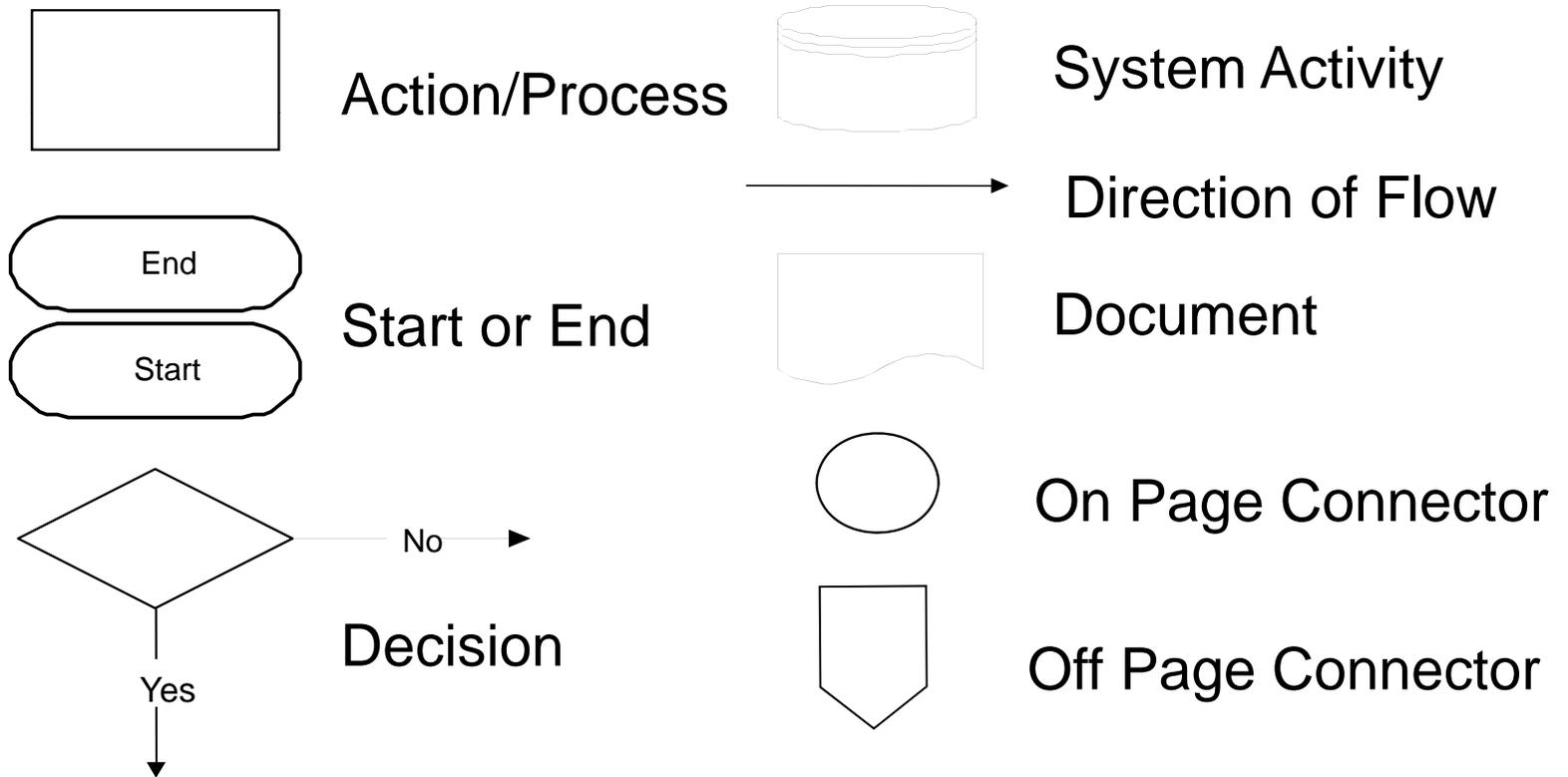


An oval shows the start of the process and the inputs required and also show marks the end of the process with the results of the outputs. The symbol is the same for the start and the end of the process to emphasize interdependency.



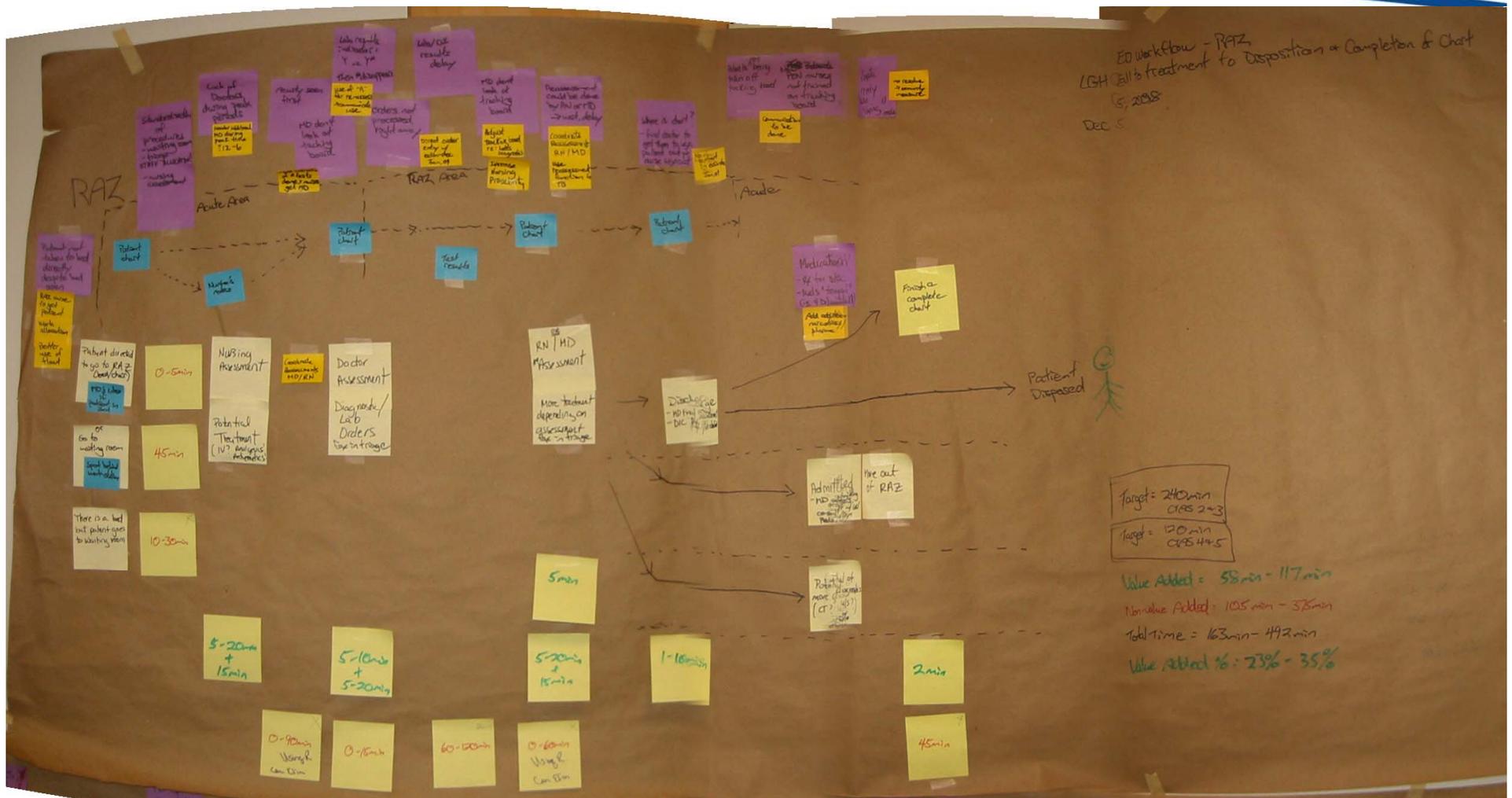
Arrows show the direction or the flow of the process.

Getting more complex symbols





CURRENT STATE I have my map made, now what?



FUTURE STATE

We're brainstorming here,
and there are no dumb ideas.
But if we weren't brainstorming,
that would have been
a really, *really* dumb idea.





Process Mapping Grid

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



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STANDARD OPERATING PROCEDURE

PHILIP GOUREVITCH
AND ERROL MORRIS

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Measure the improvement



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- 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

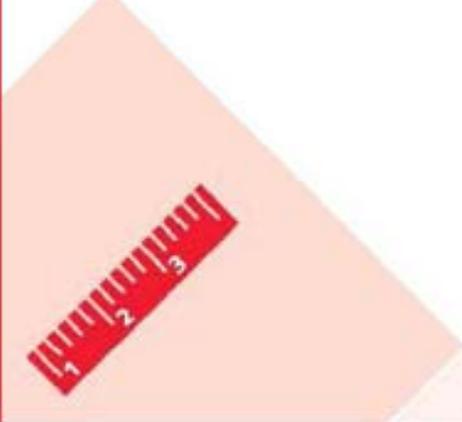
approach



Measure improvement


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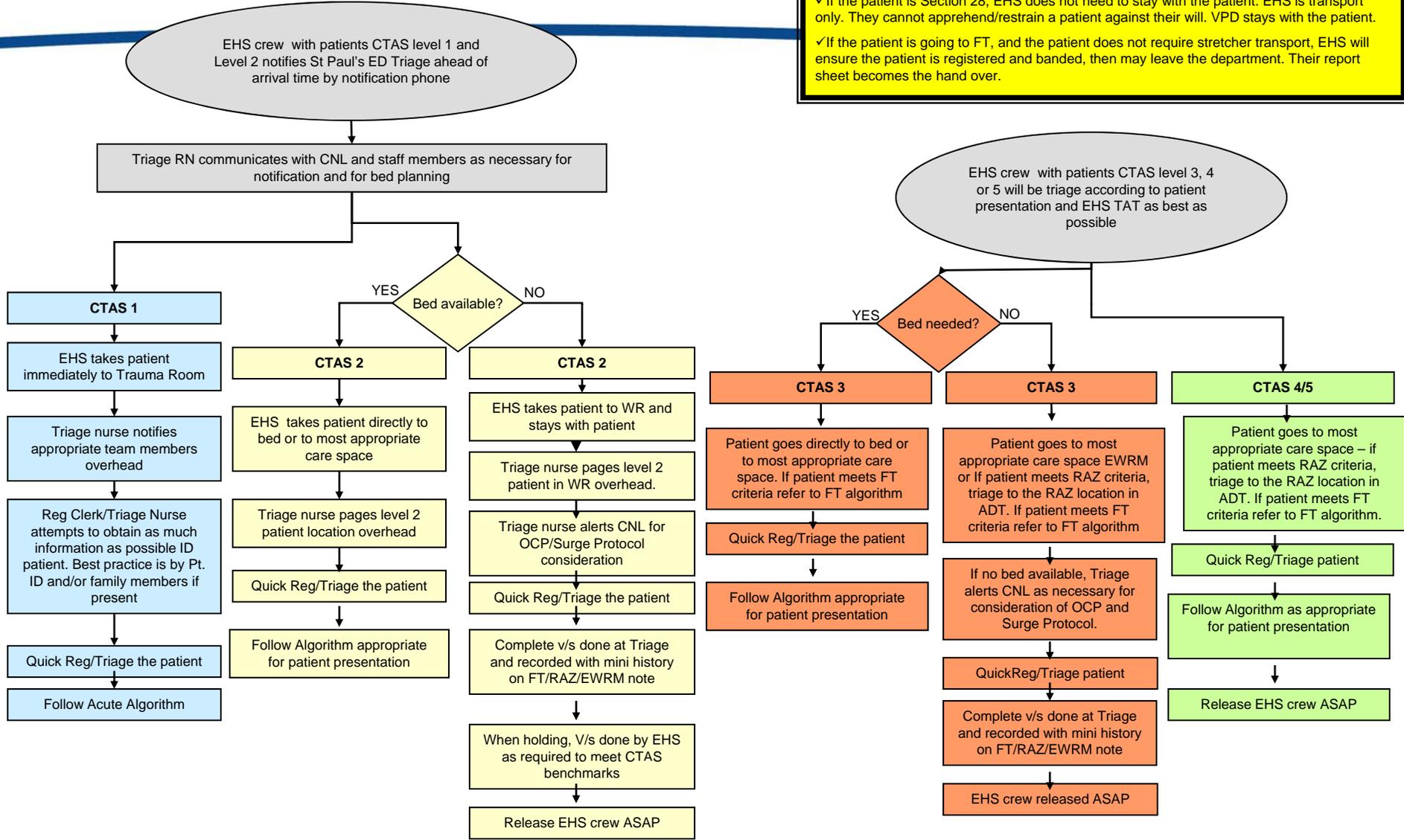
- Measure
- Collect stories
 - Observe
 - Use mapping techniques
 - Before and after – from and to
- Measure



the
ebd
approach

TRIAGE FLOW ALGORITHM EHS PATIENTS

- ✓ 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



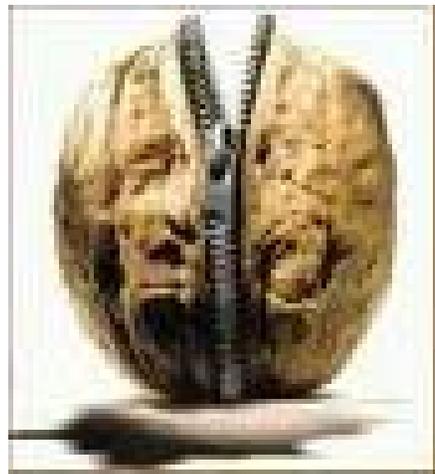
rha0055 www.fotosearch.com

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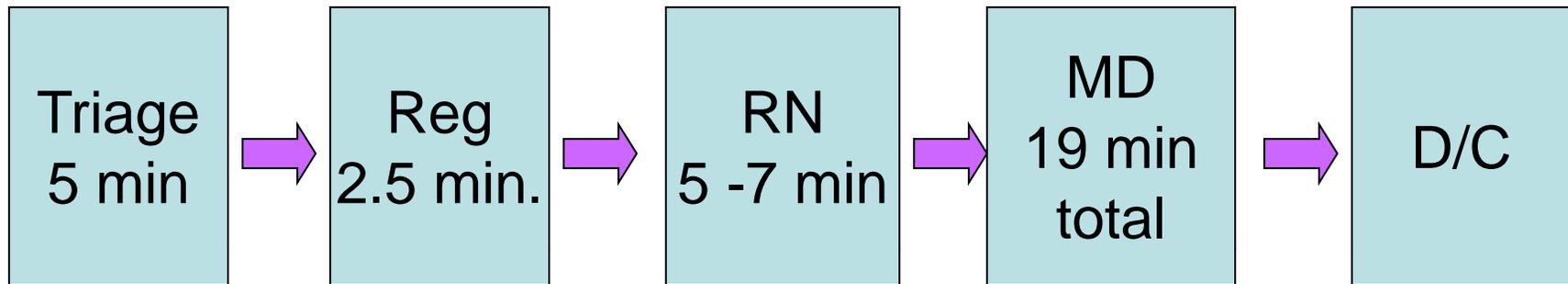
So, in a nutshell process mapping allows us to:

- 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





A little about Value Stream Mapping from Lean



NVA vs Value add



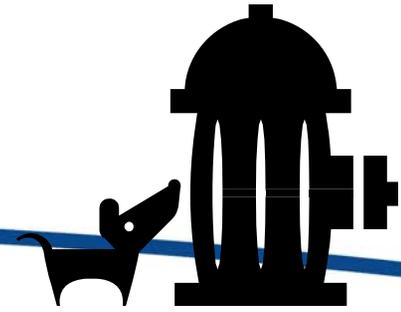


Value Added

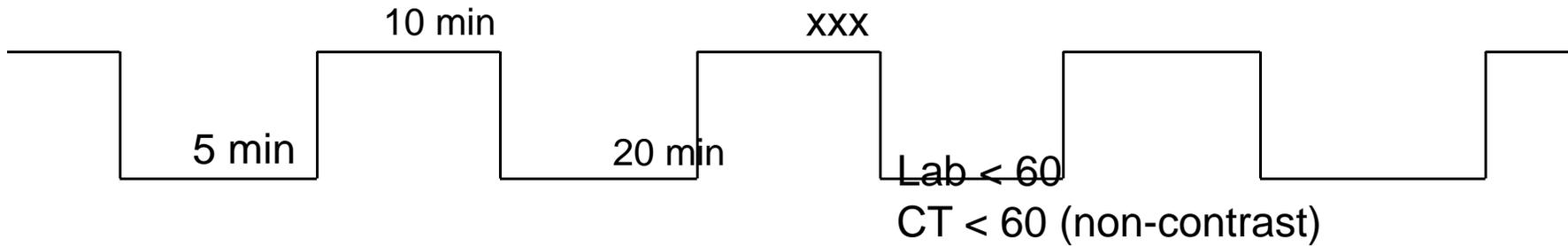
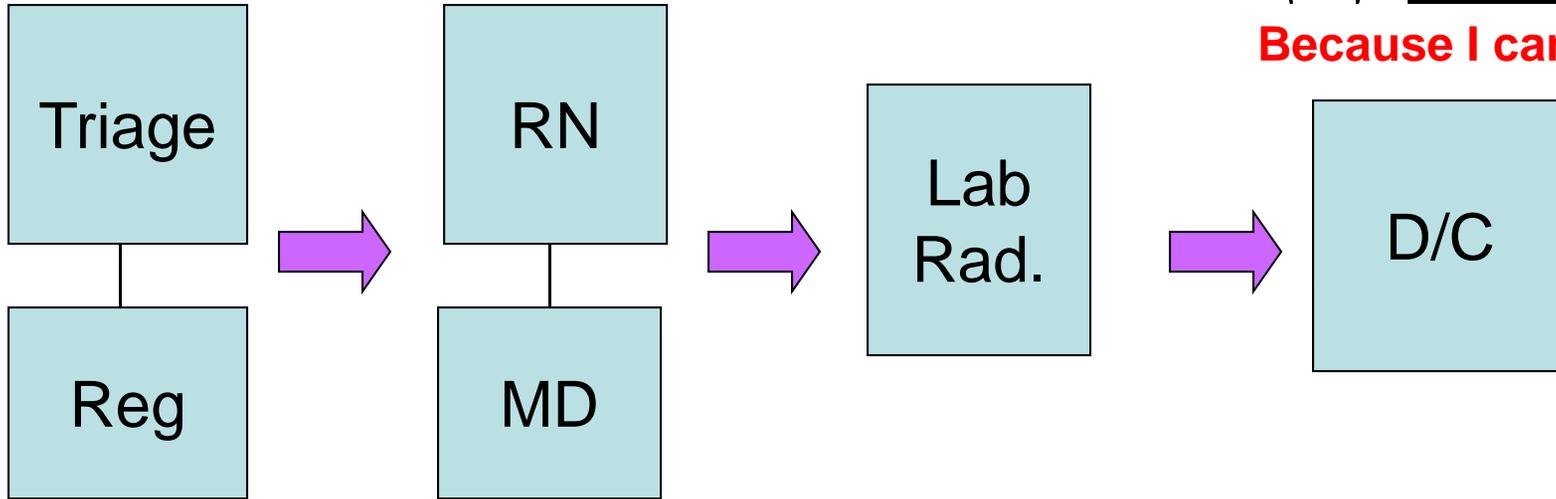
- Occasionally it is unclear whether an event adds value.
- Does the event/process physically transform the product/service in some way? If so, it probably adds value to the patient
- If the process/event was eliminated, would the patient know the difference? If not, the event is probably non value added



Future State:



Because I can!!!





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experience based design

Using patient and staff experience
to design better healthcare services

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3 Ways to do service improvement


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1. Don't listen very much to our users and we do the designing
2. Listen to our users then go off and do the designing
3. Listen to our users and then go off with them to do the designing

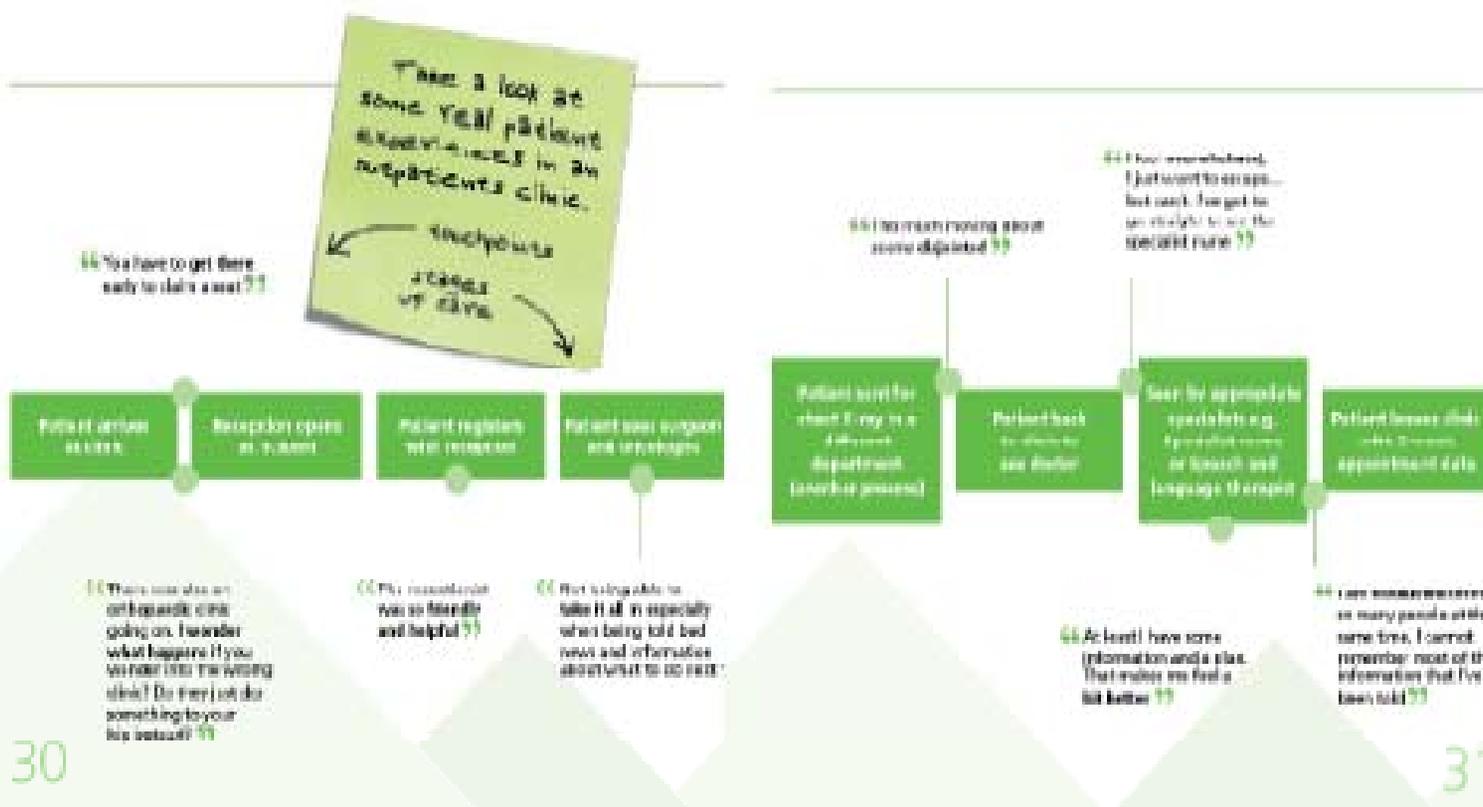
(Professor Paul Bate 2007)

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Simple process map



Emotional mapping

Understand

Understand

