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?

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Who can use it?

PROCESS MAP

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Facilitation
Where do I start?
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FOUNDATION OF OPEN (and HONEST):

- COMMUNICATION
- CLARIFICATION
- EDUCATION
- 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
<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Rectangle" /></td>
<td>A box or a rectangle to show the tasks or activities of the process.</td>
</tr>
<tr>
<td><img src="image" alt="Diamond" /></td>
<td>A diamond represents the stage in the process where a question is asked or a decision is required.</td>
</tr>
<tr>
<td><img src="image" alt="Oval" /></td>
<td>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.</td>
</tr>
<tr>
<td><img src="image" alt="Arrow" /></td>
<td>Arrows show the direction or the flow of the process.</td>
</tr>
</tbody>
</table>
Getting more complex symbols

- Action/Process
- System Activity
- Start or End
- Direction of Flow
- End
- Document
- Start
- On Page Connector
- Decision
- Off Page Connector

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CURRENT STATE  I have my map made, now what?
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.
<table>
<thead>
<tr>
<th>High Effort</th>
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</thead>
<tbody>
<tr>
<td>Low Reward/Impact</td>
</tr>
<tr>
<td>Don’t Do</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Strategic</td>
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<tr>
<td>Quick Hits</td>
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<tr>
<td></td>
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<tr>
<td>Gems</td>
</tr>
</tbody>
</table>
STANDARD OPERATING PROCEDURE

PHILIP GOUREVITCH
AND ERROL MORRIS

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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

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Measure improvement

- Collect stories
- Observe
- Use mapping techniques
- Before and after – from and to
TRIAGE FLOW ALGORITHM EHS PATIENTS

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

CTAS 1

- EHS takes patient immediately to Trauma Room
- Triage nurse notifies appropriate team members overhead
- Reg Clerk/Triage Nurse attempts to obtain as much information as possible ID patient. Best practice is by Pt. ID and/or family members if present
- Quick Reg/Triage the patient
- Follow Acute Algorithm

CTAS 2

- Bed available?
  - YES
    - EHS takes patient directly to bed or to most appropriate care space
    - Triage nurse notifies level 2 patient in WR overhead.
    - Triage nurse pages level 2 patient location overhead
    - Quick Reg/Triage patient
    - Follow Algorithm appropriate for patient presentation
  - NO
    - EHS takes patient to WR and stays with patient
    - Triage nurse pages level 2 patient in WR overhead.
    - Triage nurse alerts CNL for OCP/Surge Protocol consideration
    - Quick Reg/Triage patient
    - Follow Algorithm appropriate for patient presentation

CTAS 2

- Bed needed?
  - YES
    - EHS takes patient to WR and stays with patient
    - Triage nurse pages level 2 patient in WR overhead.
    - Triage nurse alerts CNL for OCP/Surge Protocol consideration
    - Quick Reg/Triage patient
    - Follow Algorithm appropriate for patient presentation
    - Complete v/s done at Triage and recorded with mini history on FT/RAZ/EWRM note
    - When holding, v/s done by EHS as required to meet CTAS benchmarks
    - Release EHS crew ASAP
  - NO
    - Patient goes directly to bed or to most appropriate care space. If patient meets FT criteria refer to FT algorithm
    - Quick Reg/Triage the patient
    - Follow Algorithm appropriate for patient presentation
    - Complete v/s done at Triage and recorded with mini history on FT/RAZ/EWRM note
    - Release EHS crew ASAP

CTAS 3

- EHS crew with patients CTAS level 3, 4 or 5 will be triage according to patient presentation and EHS TAT as best as possible

CTAS 4/5

- Patient goes to most appropriate care space. EWRM or If patient meets RAZ criteria, triage to the RAZ location in ADT. If patient meets FT criteria refer to FT algorithm.
- Quick Reg/Triage the patient
- Follow Algorithm as appropriate for patient presentation
- Complete v/s done at Triage and recorded with mini history on FT/RAZ/EWRM note
- Release EHS crew ASAP

CTAS 3

- Patient goes to most appropriate care space – if patient meets RAZ criteria, triage to the RAZ location in ADT. If patient meets FT criteria refer to FT algorithm.
- Quick Reg/Triage the patient
- Follow Algorithm as appropriate for patient presentation
- Complete v/s done at Triage and recorded with mini history on FT/RAZ/EWRM note
- EHS crew released 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.

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Pearls
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

Triage 5 min → Reg 2.5 min → RN 5-7 min → MD 19 min total → D/C

NVA vs Value add

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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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3 Ways to do service improvement

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)
Simple process map

Take a look at some real patient experiences in an outpatient clinic.

Patient arrives at clinic.

Reception opens and patient registers with reception.

Patient sees support and undergoes.

Patient waits for chart and key in a different department (no nurse present).

Patient back to doctor for see doctor.

Seen by appropriate specialists e.g. radiologist, nurse or speech and language therapist.

Patient leaves clinic, takes an appointment.

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Emotional mapping