Q. Why use … Process Mapping?

A. Process mapping is a powerful, interactive tool that can be used to help professionals to understand how complicated the experience of care can be from the service user’s perspective. It can capture how many times a patient has to wait (often unnecessarily), how many visits they make to hospital and how many different people they meet. Similar to a road map that is used to show how you get from A to B, a process map is a picture of the patient’s ‘journey’ through a particular health or social care service. Process mapping is easy, creative and fun, and gets people talking and listening and gives everyone a broader perspective of what is happening rather than what people think is happening.

How to do it...

Preparation
Process mapping involves hosting a meeting that brings together everyone who is involved in the patient’s experience of care. The meeting can involve about 15–25 people and can easily take up to four hours to complete. Issues to consider in advance include:

- What do you need to know?
- Identify the scope of the process to be mapped, including patient group, start and end points.
- Identify who should be involved. This depends on the process that is being mapped and could potentially include patients, carers, consultant, ambulance representative, porter, medical secretaries, technician, receptionist, accident and emergency nurse, ward nurse, bed manager, junior doctor, information analyst, GP, NHS 24, biochemist, radiographer.
- Do you need to meet with people in advance to explain a bit more about process mapping and what it involves? A pre-mapping meeting may enable you to take people, including clinicians, through the theory and application of process mapping. It may also be an opportunity for them to try it out, make suggestions, and make it real and useful, as people can often be resistant to seeing the value of process mapping.
- Invitations should be sent out in advance bearing in mind that NHS and Local Authority staff often need at least 4–6 weeks’ notice to free themselves up from diary commitments.
- Are you looking along the whole experience or ‘journey’ through the health service (high level) or focusing more on detail (low level)?
- Consider a suitable venue with appropriate facilities and provide refreshments.
- A facilitator is essential. It is important that there is someone at the meeting who understands the process, can keep people focused and ensure the outcome is
going to be appropriate to shaping the next stage. A facilitator does not have to
be an expensive external facilitator. Instead, do some in-house training and
process mapping in the office, get a feel for it, speak to others who are more
experienced; don’t worry about making mistakes, it often helps the process if the
group sees you as vulnerable, just like them.

- The important thing is to identify the issues, gaps and duplication, and to see how
the process could be better based on the baseline mapping information. Once
people see changes as a result of the work in which they have been involved, they
often want to carry on with the improvement plan.

Planning the Session
- You will need name labels; mapping paper (lining wallpaper is cheap and effective);
marker pens; post-it notes in several colours to differentiate problems/issues/ideas
and solutions; two separate flipcharts to record ideas and issues; sticky tape and
blue tack; ground rules; medium-sized pens; and at least five helpers, including a
facilitator and scribe. A ‘talking wall’ for post-it notes provides an opportunity for
written contributions by people who feel unable to speak due to lack of time/
assertiveness, or because the matter is sensitive.

The Session
- All participants should be introduced if they don’t already know each other.
- Agree and set the ground rules.
- Suggested agenda:
  - registration
  - welcome and introductions
  - overview
  - introduction to process mapping
  - a practice process map: ask people to think of a common process they do
every day, for example it could be getting ready for work or getting the kids
ready the night before, plus preparing packed lunches, while cleaning-up,
making phone calls and preparing tomorrow’s meal
  - refreshment break
  - group process mapping exercise – see ‘Building a Process Map’ (below)
  - walking the pathway
  - lunch
  - group-work issues and solutions – see ‘Analysing a Process Map’ (below)
  - developing action plan
  - refreshment break
  - group work – feedback on group work
  - evaluation
Building a Process Map

- Allocate a map facilitator who can organise the post-it notes and check with the group for consensus if there is uncertainty (for example a gap in the process or two conflicting opinions).
- Decide the scope of the process; in other words, where does the process start and where does it end?
- Ask participants to record individually from their own perspective each step in the process, concentrating on what happens ‘most of the time’.
- Participants should then stick the post-it notes onto the wall; duplicate steps should be placed under one another.
- As participants work through this process issues are generated and should be captured on a separate flipchart, as they will prove very valuable later.
- The facilitator should go through each step and agree/check with the group for understanding.
- Once people share a common understanding of the problems with a current process, generate jointly agreed solutions, which can be captured on a different flipchart.

Analysing a Process Map

This will include asking the following questions:-

- Are we doing the right thing?
- Are we doing the steps in the right order?
- Is the right/best person doing it?
- How co-ordinated is the patient’s journey?
- What information do we give to patients at what stage? Is the information useful?
- How many steps are in your process? Do you need all of these, or can they be reduced?
- How many times is the patient or their documentation passed from one person to another?
- What is the approximate time of or between each step?
- Where are possible delays and why?
- How many steps do not ‘add value’ for patients?
- Where are the problems for patients and staff?

Pros

- It is a relatively quick and cheap tool to use.
- It provides different perspectives.
- Interpretation is shared.
- It generates many ideas for improvement.
- It enables team building.
- Everyone understands the issues, which reduces resistance to proposals for change.
Cons

- Cost of external facilitation (unless you have the skills within your organisation).
- People who are not in the room don’t become engaged in the process.

Resources

- Skilled facilitator (not part of the group) and another person to act as scribe
- Venue and catering
- Reimbursement of out-of-pocket expenses of lay participants.

Top Tips

- The process map can be put up in an appropriate place to invite wider contributions.
- Attend a process mapping event so that you pick up the experience or link up with someone who has done it before.
- You don’t need to map everything. Instead, concentrate on an area where there is a gap in your understanding, or on an area which needs improvement.
- Wherever possible, use photographs and draw pictures of places, objects, staff and equipment. This brings to life your representation of ‘how things are’.
- Only record those steps which you carry out most of the time. Keep the steps small.
- ‘Walk’ the service user’s ‘journey’ (either physically or virtually). Identify all the stages and parts of the service that they will experience, and invite to your meeting all the people that the service user will encounter.
- Talk to your invitees before you send out letters, so they understand the process first. Include reply slips and envelopes with invitations.
- Share the ‘map’ of the service user’s ‘journey’ with the project team.
- Bring the group back to assist in the analysis of the process map.
- Consider a follow-up event to look at action planning and to discuss how improvements can be measured.
- Show people the results; demonstrate improvements that are as a result of the mapping process.
Sources and further information

This material has been informed by the work of the NHS Institute for Innovation and Improvement, The Improvement Network East Midlands and Cardiac and Stroke Networks Lancashire and Cumbria. Their work is gratefully acknowledged.


This guide was developed with the assistance of Viv Hamilton, Locality Manager, Cowal and Bute, NHS Highland.