Process Mapping – Tool Kit

You may wish to print out this tool kit and use it to plan your process map.

We will cover all the key ingredients for your process mapping exercise:

1. **People**
2. **Detail**
3. **Venue**
4. **Materials**
5. **Facilitator**
6. **Time**
7. **Analysis**

1. People

Process Mapping can be a tool to encourage engagement in your QI project from the outset.

Involve key stakeholders, or their representatives, who contribute to the process. You may need to take time to think about who is involved.

Use the table in Appendix 1 to "explore" all possible contributors to your process. Try and identify at least one NAMED individual within your trust in each of the categories where applicable, who may form part of your process mapping group, and their contact details.

Examples include pre-operative assessment nurses, outpatient department managers, phlebotomists, healthcare assistants, perioperative care physicians, anaesthetic consultants, orthopaedic surgeons, physiotherapists, occupational therapists, ward staff nurses, receptionists, porters and ideally a patients' perspective.

By involving everyone at this stage, there will be more "buy in" when you start to implement changes and undertake your PDSA cycles.

Avoid having more than 6-8 people per group, you made need to split people into two groups if you identify more than 8 key stakeholders.

2. Detail

Agree a start and an end point in the process, and an agreement in the level of detail.

For example does your process start at the time of GP referral, or at the time for referral for surgery? Does it end at discharge from ITU, hospital discharge or at 6 week follow-up appointment?

Often it is best to start at a high level – or overview “process map”, and then drill down into the detail once the baseline process map has been established.

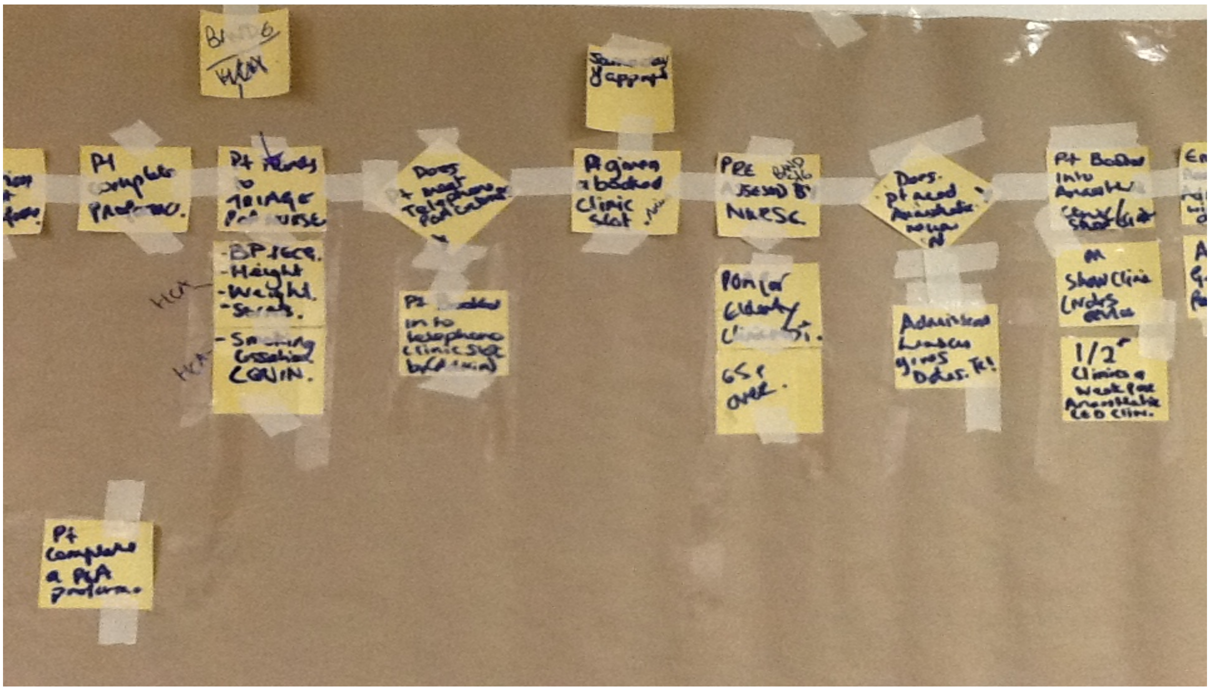
3. Venue

A neutral venue with adequate space to share ideas, and wall space to create your process map, e.g. in the hospital education centre.

A small office within the theatre complex may not encourage members of the ward team or outpatient department to feel empowered to share their thoughts.

4. Materials

Process mapping works best when done written down on a large piece of paper, or using post-it notes stuck to a large piece of paper.



This allows dynamic change and engagement in the development of the process map, and allows anyone to contribute. See the “Materials Checklist” to make sure you’re fully equipped for the day.

Avoid using a computer based system which leaves one person at the keyboard as the “gate keeper” to the use of ideas.

5. Facilitator

Identify a lead clinician, who is going to facilitate the development of the process map. They will encourage group discussion but also keep the group focussed on the task in hand.

The use of a "car park" list, of those issues or ideas that are not easily resolved can avoid the "Process Mapping" exercise from being derailed into a forum to raise unrelated or unresolvable issues. See our "Facilitation How-to-Guide" for tips and tricks if you wish to facilitate your own session.

6. Time

Allow for:

1. Mapping the Process.
2. Analysing the Process Map

Process Mapping takes time. A High Level Map designed to determine the scope of the process and to form a frame for a more detailed map can take **30mins.** Drilling down into the detail can take up to **half a day (3-4 hours)** to **a whole day** depending on the complexity of your chosen project.

Ensure all those involved are aware of the likely time commitment.

7. Analysis & Closure

Allow the group sometime to look at the process map individually, ensuring where possible for each step the following data is captured:

1. Who does it
2. How long it takes (if known)
3. Where it happens

Subsequently focus on:

1. Areas of waste, or duplication
2. Areas that do not add value to the patient or task. (see module for definition of "Process Value")

Analysis can take time, and may take another **half day**. It may be done best on a separate occasion, within a week or two, or certainly after a "break out" session.

It is important that before the Analysis session is over key tasks are allocated, and a time frame for reporting back is made.

Ensure people know what will happen after the event, e.g. email follow-up on progress, further meetings.

APPENDIX 1: STAKEHOLDER IDENTIFICATION TOOL

Category	Contact Details
Admin and Clerical	
Allied Health Professionals **e.g. Occupational Therapist** **Physiotherapist, Radiographers, Speech and language Therapist**	
Care Support Worker e.g. healthcare assistant	
Doctors e.g.Registrars/Consultants/Associate Specialists **Named Lead Consultant for Patient Pathway** **Other specialties involved? Surgical/Medical/Radiological**	
Registered Nurses e.g. staff nurses, pre-assessment nurses & Midwives	
Specialist Nurses e.g. trauma co-ordinator, pain nurses, diabetes, cancer specialists	
Patient Representative	
Portering Services, Estates & Management	
Service Managers **e.g. outpatient department managers, theatre managers**	
Technicians **e.g. biochemists, prosthesis, sterile services**	

MATERIALS CHECKLIST

- ☐ **Roll of brown paper**
- ☐ **Post-it notes – varying colours will help identify different steps**
- ☐ **Marker pens**
- ☐ **Sticky-tape**
- ☐ **Blue-tack**
- ☐ **Flipchart for "Car Park"**
- ☐ **Flipchart for "Ideas"**
- ☐ **Camera**
- ☐ **Refreshments for Participants**