



Center for
Rural Health

University of North Dakota
School of Medicine & Health Sciences

<http://medicine.nodak.edu/crh>

To Map or Not To Map?

Suzy Beattie, RN, BSN

Alana Knudson, PhD

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*Connecting resources and knowledge to strengthen
the health of people in rural communities.*



Workshop Objectives

- List three benefits for documenting a process using a process map
- Identify barriers and gaps in a process
- Determine evidence-based best practice acts to improve the process to eliminate failures
- Describe three tools for documenting processes

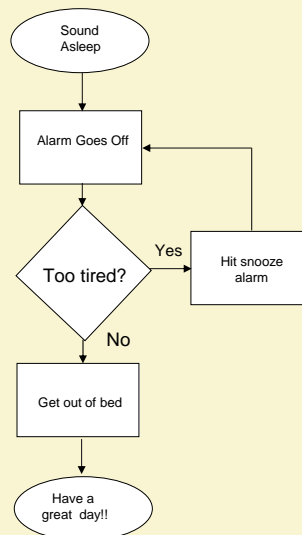


Why should we document processes?

- Provides a visual picture of the process
- Distinguishes the distinct steps
- Identifies unnecessary steps
- Understands vulnerabilities – breakdowns, mistakes, delays
- Detects where improvements may be made



Simple Process Flowchart





Why should we use process flow maps?

- Communicates how processes work
- Documents how processes work
 - Serves as a baseline
 - Provides documentation for progress
 - E.g., Implementing best practice acts
- Clarifies how it works
- Documents accountability



What are the steps in the process?

- Identify the critical “business opportunity”
- Identify key processes
- Create a team
- Develop what “is” map
- Look for opportunities to improve process
- Create the “should” map
- Review, finalize, and distribute the “should” process with entire team
- Evaluate effectiveness of changes
- Provide feedback to staff



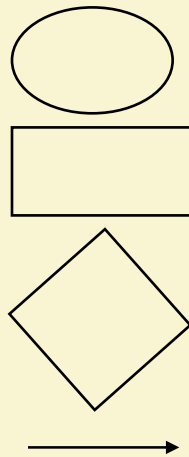
What are the barriers and gaps?

- Do we have the right people to participate in the process mapping?
- Are we crossing departments and examining hand-offs?
- Are there differences during the week vs. nights vs. weekends?
- Is the focus on process or individuals?
- Have we jumped to “should” when we need to document the “is” map?



How are the elements in a process map used?

- Signifies a start or end of a process
- Shows instructions or actions
- Indicates a decision to be made
- Indicates flow





Medication Process Map

1. Create a draft process map to use as a framework
2. Identify the team (DON, pharmacist and/or pharm tech, nursing staff, ward clerk, CEO)
3. Create a draft process map
4. Conduct a physical walk-through
5. Document what “is” by merging 3 and 4
6. Identify best practice acts to be implemented



Develop AMI Process Map



CMS Quality Indicators for AMI

- Aspirin at arrival
- Aspirin prescribed at discharge
- ACEI for LVSD
- Beta-Blocker at arrival
- Beta-Blocker prescribed at discharge
- PCI received within 120 minutes of hospital arrival
[Mission's goal is to decrease PCI times to less than 90 minutes from ED door to crossing of guide wire in vessel]
- Thrombolytics within 30 minutes of arrival
- Adult smoking cessation



Process Tools

- Process Flow Map
- Failure Modes Effects and Analysis
 - FMEA
- Root Cause Analysis
 - RCA
- PDSA/Plan, Do, Study, Act



Recap...

- Removes the “individual” and focuses on the process (system)
- Provides a comparison of what “is” with what “should” be
 - Productivity opportunities
 - Best practices
 - Root causes of problems
- Delineates accountability (determines who owns an action item)
- Documents outcomes
- Provides a tool for on-going quality improvement



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For more information contact:

Center for Rural Health
University of North Dakota
School of Medicine and Health Sciences
Grand Forks, ND 58202-9037



Tel: (701) 777-3848
Fax: (701) 777-6779



<http://medicine.nodak.edu/crh>
sbeattie@medicine.nodak.edu
aknudson@medicine.nodak.edu

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