Process Visualization in the NHS - 2

Research undertaken by Dr Tom Rose, Research Fellow at the University of Birmingham, Institute of Applied Health Research

Aim: To publish process illustrations of all processes within a NHS Model Hospital. Through an iterative process, via the WWW and front line NHS Staff, best practice will be identified and promulgated for each process.

The Issue: NHS staff do not have the time to design process maps for their processes using traditional methods which, although producing good results, are very labour intensive and time consuming. The Busyfish method has been developed to overcome this problem.

Why bother?

Consider the following questions:

- Is the process important for the business goals?
- Is there only one person who knows how to do the task?
- Do many people perform the task, but one way is preferred?

If you can answer "Yes" to any one of these questions, then you NEED to define your processes!

Benefits of defining your processes and procedures:

- Provides visibility into areas of quality, productivity, cost and schedule
- Improves communication and understanding
- Aids in the planning & execution of plans
- Provides the ability to capture Lessons Learned
- Helps facilitate the analysis/execution of organization-wide processes
- Provides basis for training & skills assessment

Source: https://www.sei.cmu.edu/library/assets/process-pro.pdf

Standards

In essence, a standard is an agreed way of doing something. It could be about making a product, managing a process, delivering a service or supplying materials – standards can cover a huge range of activities undertaken by organizations and used by their customers.

Standards are the distilled wisdom of people with expertise in their subject matter and who know the needs of the organizations they represent – people such as manufacturers, sellers, buyers, customers, trade associations, users or regulators.

Standards are knowledge. They are powerful tools that can help drive innovation and increase productivity. They can make organizations more successful and people's everyday lives easier, safer and healthier.

Source:BSI

Quality

There are many aspects of quality in a business context, though primary is the idea the business produces something, whether it be a physical good or a particular service. These goods and/or services and how they are produced involve many types of processes, procedures, equipment, personnel, and investments, which all fall under the quality umbrella. Key aspects of quality and how it's diffused throughout the business are rooted in the concept of Quality management:

Quality planning - Quality planning is implemented as a means of "developing the products, systems, and processes needed to meet or exceed customer expectations. This includes defining who the customers are, determining their needs, and developing the tools (systems, processes, etc.) needed to meet those needs.

Quality assurance – Quality assurance is implemented as a means of providing enough confidence that business requirements and goals (as outlined in quality planning) for a product and/or service will be fulfilled. This error prevention is done through systematic measurement, comparison with a standard, and monitoring of processes.

Quality control – Quality control (QC) is implemented as a means of fulfilling quality requirements, reviewing all factors involved in production. The business confirms that the good or service produced meets organizational goals, often using tools such as operational auditing and inspection. QC is focused on process output.

Quality improvement - Quality improvement is implemented as a means of providing mechanisms for the evaluation and improvement of processes, etc. in the light of their efficiency, effectiveness, and flexibility. This may be done with noticeably significant changes or incrementally via Continual improvement.

Source: CQI

The Busyfish Process Visualization Creation Method

Step 1 — A process is selected and named and its key start and finish stated. Process Champion nominated.

Step 2 — A 'draft' process map is created, by an individual or group of practitioners, consisting of not more than 10, sequential, activity blocks.

Step 3 — If time is available some attempt could be made to briefly describe, in writing, the activity undertaken in each activity block.

Step 4 — Documentation produced, along with any relevant hospital procedures/policy documents, is passed to a Process Visualization Designer for further refinement.

Step 5 — The draft process visualization is published and comments requested from original practitioners and Focus Groups.

Step 6 — As comments are received the Process Visualization is revised, by the Designer, to be more representative of Best Practice.

Step 7 — Longer term goal: Process based metrics are defined, collected and analysed both locally and nationally. CI implmented.
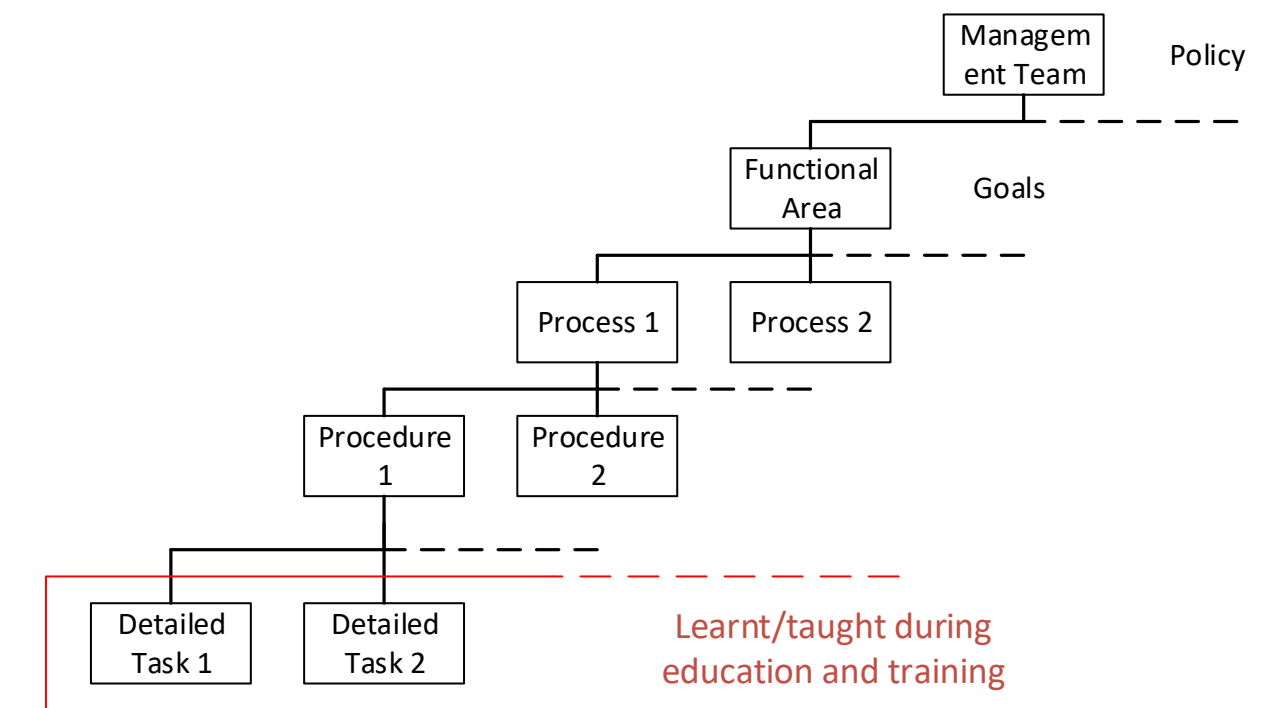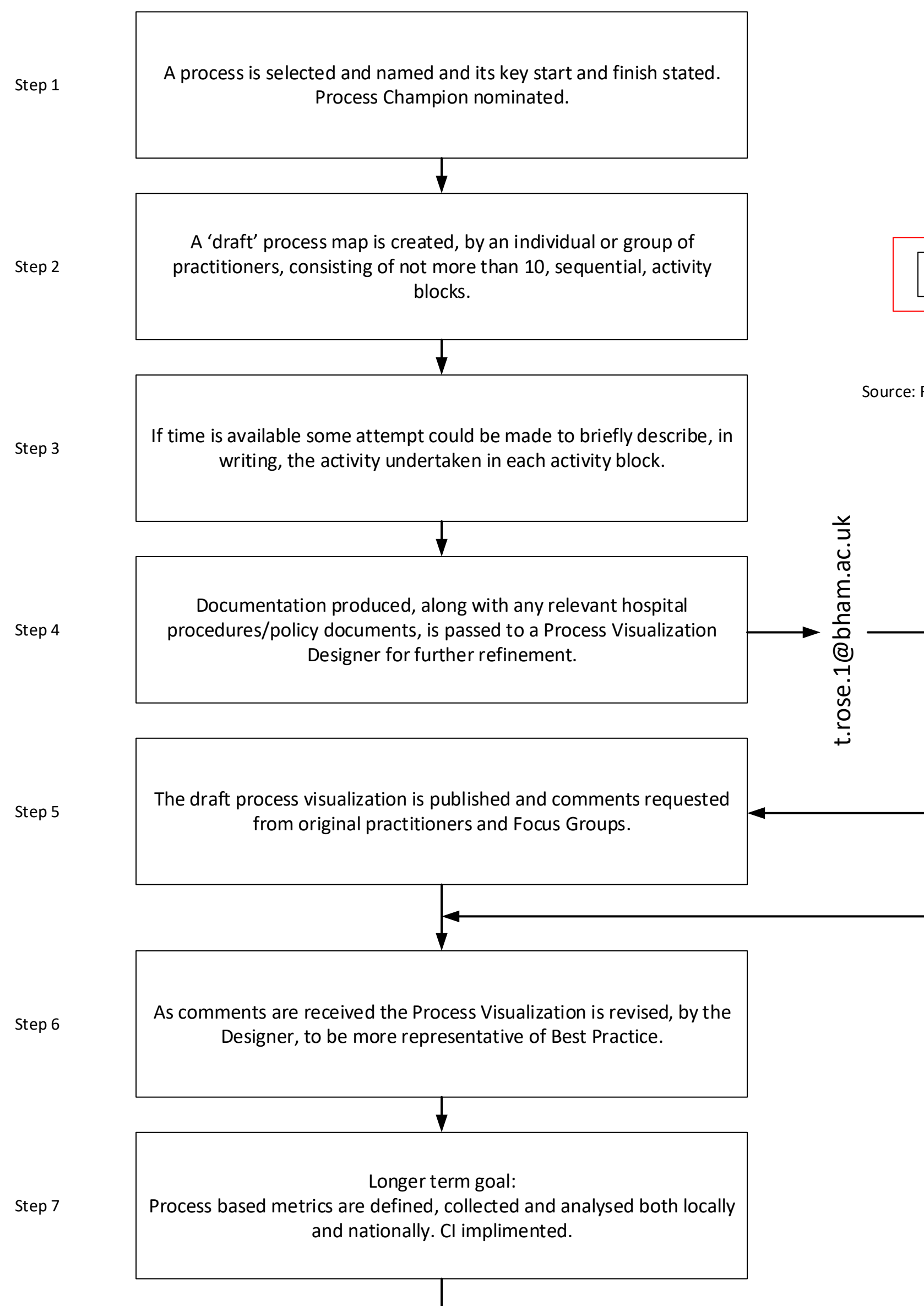
t.rose.1@bham.ac.uk

Figure 1, The Policy - Process - Procedure Hierarchical Model

Source: Rose, T.J. (2003) Sustained Growth in Small Enterprises – A Process Management Approach, PhD Thesis, School of Industrial and Manufacturing Science, Cranfield University, UK, 2003

In my view it is very important that the three documents, Policy, Process and Procedure are kept separate and that they comply with the universally recognised definitions of each. If these document create confusion or ill defined policy, process and procedure then that will results in additional work right throughout the organisation.

The attached diagram, Figure 1, Policy - Process - Procedure Model, illustrates the hierarchical system of process management. At the top level we have the organization's Policies. These policies should be reflected throughout the organisation but particularly in its processes and procedures. At the next level Goals are set for improvements in the organisation's performance.

Each Functional Area will have a numbers of Processes through which it uses its resources to turn its inputs into its required outputs. Front line staff, part of the resources, who work in these processes will be required to follow written procedures to ensure that they are undertaking their work as required. Within those procedures some tasks may require further detailed written instructions. These detailed instructions are often called Work Instructions.

It is the detailed tasks that staff will have been taught during their period in education and training. Many text books are available describing most of these tasks, particularly the clinical tasks. Actual techniques involved in the task are continually being improved and new technology is introduced.

If the processes were better understood and documented and there was less variation then maybe they could also be included in the training syllabus!

Definitions

A **Policy** is a deliberate system of principles to guide decisions and achieve rational outcomes. A policy is a statement of intent. A plan of action adopted or pursued by an individual, government, party, business, etc.

A **Process** is a set of activities that interact to achieve a result. A series of actions which produce a change or development.

A **Procedure** is a set of instructions or recipes, a set of commands that show how to achieve some result, such as to prepare or make something. A way of acting or progressing, an established method.

A **Work Instruction** is a document that provides specific instructions to carry out an Activity. A step by step guide to perform a single instruction. A Work Instruction contains more detail than a Procedure and is only created if detailed step-by-step instructions are needed.
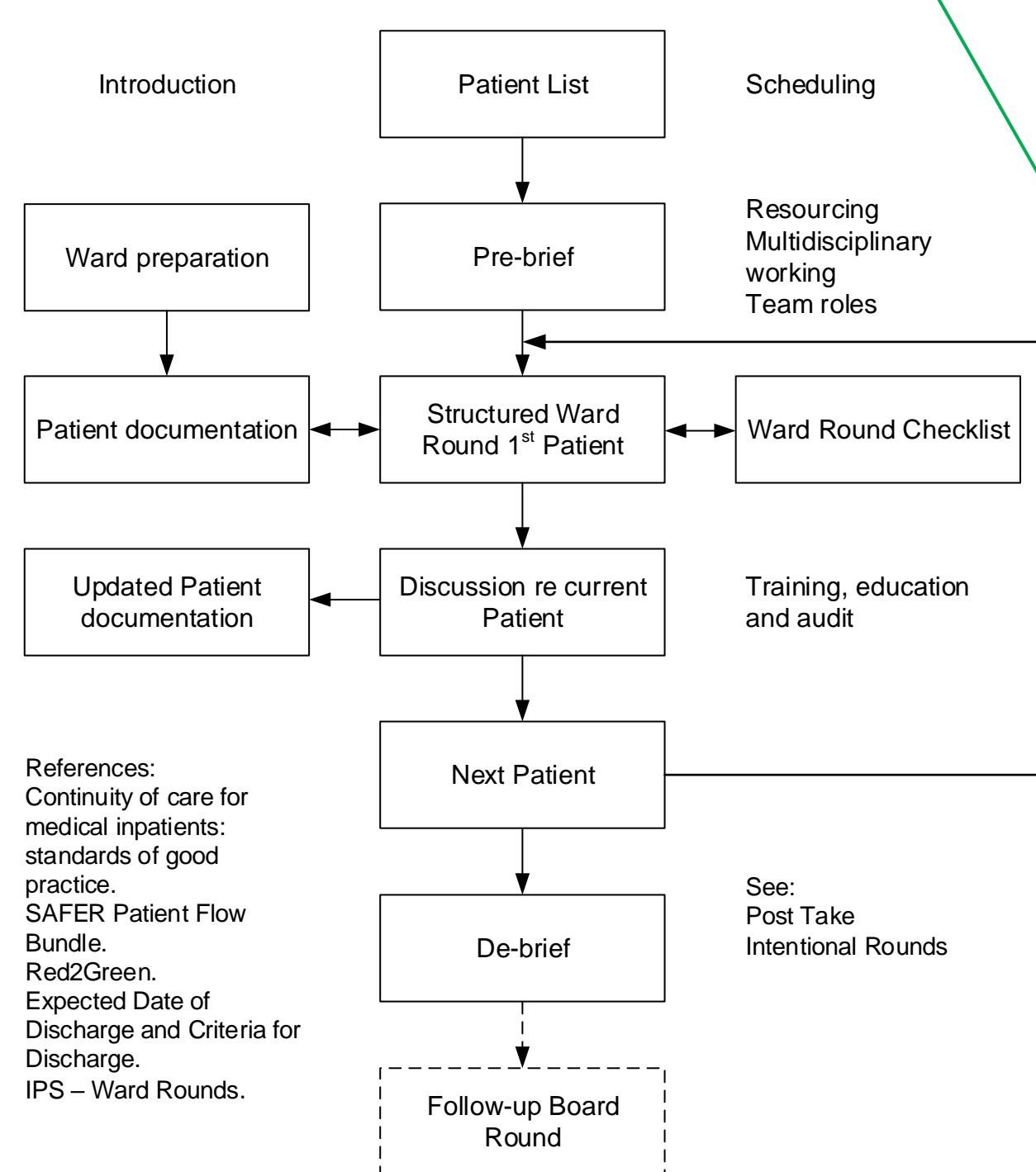
All the above documents should be produced in writing, as stand alone documents, and made available to relevant staff. Documents should be reviewed on a regular basis and subject to continuous improvement.

Example Process Visualization – Hospital Ward Round

Policy
The Process and all included Procedures should comply with the organisation's published policies.

Process
As seen in this example. Best to keep process maps as simple as possible.

Procedure
The activities/tasks undertaken at each process step.

Guidance
Published by many stakeholder organisations and widely available.

Your documented Process and its associated policies, procedures and work instructions are your 'Standard' for that process.

Text reproduced from: Royal College of Physicians, Royal College of Nursing. *Ward rounds in medicine: principles for best practice.* London: RCP, 2012 Copyright © Royal College of Physicians 2012. *Reproduced with permission.*

Have a look 'online' right now!
www.catmalvern.co.uk/NHS

Free offer
If you would like a process visualization to be designed using this creation method please let me know. Either talk to me today, leave a 'post it' note with your details or send me an email.

Bibliography:

1. Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. An independent report for the Department of Health by Lord Carter of Coles. February 2016 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf
2. The challenge and potential of whole system flow: Improving the flow of people, information and resources across whole health and social care economies by David Fillingham, Bryan Jones and Penny Pereira. The Health Foundation and AQuA (Advancing Quality Alliance). December 2016 www.health.org.uk/sites/health/files/ChallengeAndPotentialOfWholeSystemFlow.pdf
3. National Safety Standards for Invasive Procedures (NatSSIPs). NHS England patient Safety Domain. 07 September 2015 https://www.england.nhs.uk/wp-content/uploads/2015/.../natssips-safety-standards.pdf
4. Getting it Right First Time: Improving the Quality of Orthopaedic Care within the National Health Service in England by Professor Timothy WR Briggs. Royal National Orthopaedic Hospital. September 2012 http://www.gettingitrightfirsttime.com/report/
5. Releasing Time to Care: The Productive Ward – Nursing Procedures. NHS Institute for Innovation and Improvement. May 2008
6. Organising care at the NHS front line - Who is responsible?. The King's Fund. May 2017. https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Organising_care_NHS_front_line_Kings_Fund_May_2017.pdf

Date: March 2018

Contact: t.rose.1@bham.ac.uk