

PROCESS MAPPING: TIPS FOR COLLECTING INFORMATION

A process map can help you improve patient safety and quality of care. It visually represents each step in the patient's journey, clearly identifying potential bottlenecks, inefficiencies, and areas for standardization.

You will need to collect quality information to develop a useful process map. There are two ways to collect this information: **observation** and **conversation**. The best process maps will use a combination of observation and conversation.

Use the following tips to guide your data collection. Remember that you may need to enlist clinicians and other health care workers in the clinic/unit of interest.

- Set up a time for shadowing and conversation with a clinician in the clinic/unit of interest.
- Explain the project's goal so the host clinician can provide the most useful information and resources.
- Allow the clinician to freely explain the steps in the patient care pathway.
- Ask the clinician to provide information about taking care of the patient before coming to the specific unit/clinic and the relevant steps after the patient leaves the unit/clinic.
- Observe and ask who else cares for the patients (e.g., nurses, pharmacists, therapists). Schedule a meeting/shadowing with each of them to understand their roles better.
- In all your conversations, be sure to take detailed notes.
- If you have the technology tools and the permission of the health care professional, record and/or transcribe the conversations. Zoom, TEAMS, and other platforms provide this feature.
- Note that the recording/transcript is not a replacement for taking notes.
- Come early and observe how a patient moves between stations. A station could be a physical location or an important step during the care pathway (e.g., reception, waiting area, vitals measurement, physician interaction, orders placement, or a clinician's discussion about the patient)
- Remember that you may need to spend multiple days to fully understand the different stations within the patient care pathway.

ESSENTIAL QUESTIONS FOR EACH STEP OF DATA COLLECTION

1. What data is collected at what steps, by whom, and where is the data stored (e.g., Epic flowsheet)?
2. What information is provided to the patient at what step and by whom?
3. What decisions are made (e.g., order an MRI) and by whom?
4. How do clinicians communicate (e.g., in meetings, via orders/notes in Epic, random messaging)?
5. When does each step happen in the care pathway (e.g., within the first hour, within the first 2 days)?
6. What are some areas of variability in the care pathway (e.g., inpatient surgical patient vs inpatient medical patient)?
7. What are the differences in each path?