

Navigating Collaborative Process Mapping to Improve Quality of Care

Karin Smith, DNP, RN, NEA-BC, CENP, CCRN-K
Assistant Professor of Nursing

2019 12th Annual National DNP Conference
Washington, D.C.

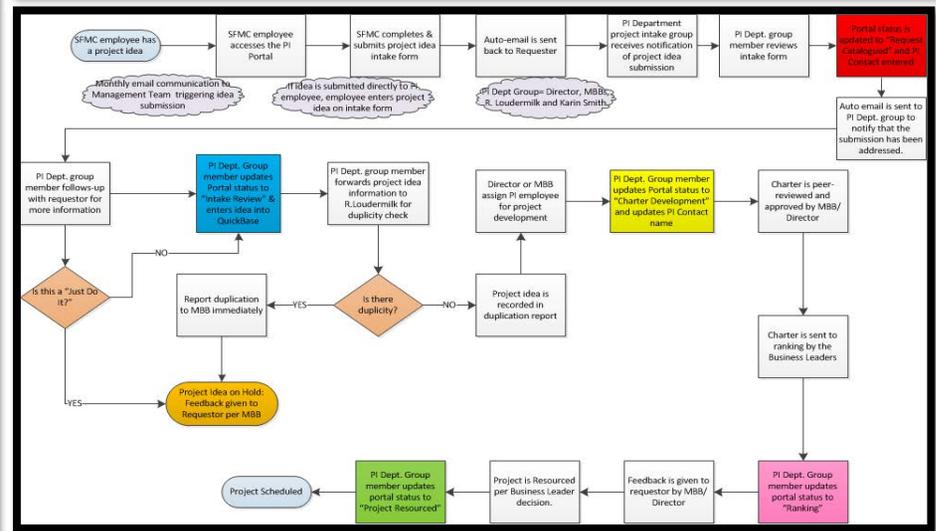
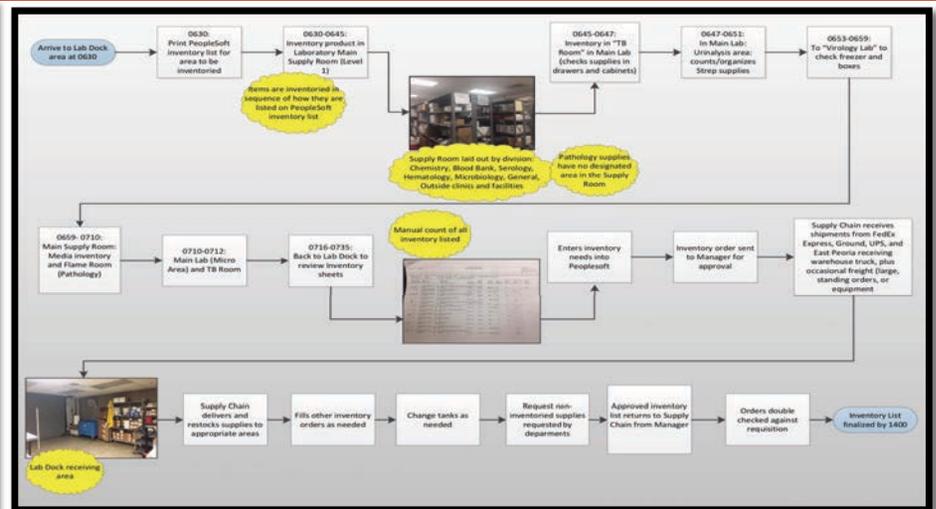
Objectives

- Describe the value of process mapping as a quality improvement tool
 - Discuss methods of effective leadership and collaborative skills in leading interprofessional teams to create current and future state process maps
 - Demonstrate how interdisciplinary current and future state process mapping impacted healthcare outcomes
-

Process Mapping

- Process mapping (PM) is a valuable quality improvement tool that provides a visual display of the sequence of steps in a process
- PM helps establish a shared understanding so deficiencies and gaps in care can be identified

(Black et al., 2016; Mula, Middleton, Human, & Varga, 2018)



Best Practices for Process Mapping

- Identify a care process or procedure that has opportunities for improvement
- Engage key stakeholders in a collaborative effort to clarify the current process
- Define the scope (Start and Stop points)
- Choose the mapping approach
- Validate the process map
- Share the map with subject matter experts



Project Charter

Opportunity Statement

A CVICU at a major medical center has the opportunity to reduce the time it takes to transfer a patient out of the CVICU to a lower level of care. Increasing efficiency will decrease avoidable days and increase patient and provider satisfaction.

Goal Statement

Decrease time patient throughput from CVICU to a lower level of care by 2 hours (7.9 to 5.9 hours) and decrease avoidable days for CVICU patients (related to transfer of care) by 50%.

Project Plan

Within 90 days, a Rapid Improvement project will improve the process for transferring patients to a lower level of care from the CVICU as measured by goals and deliverables

Business Case

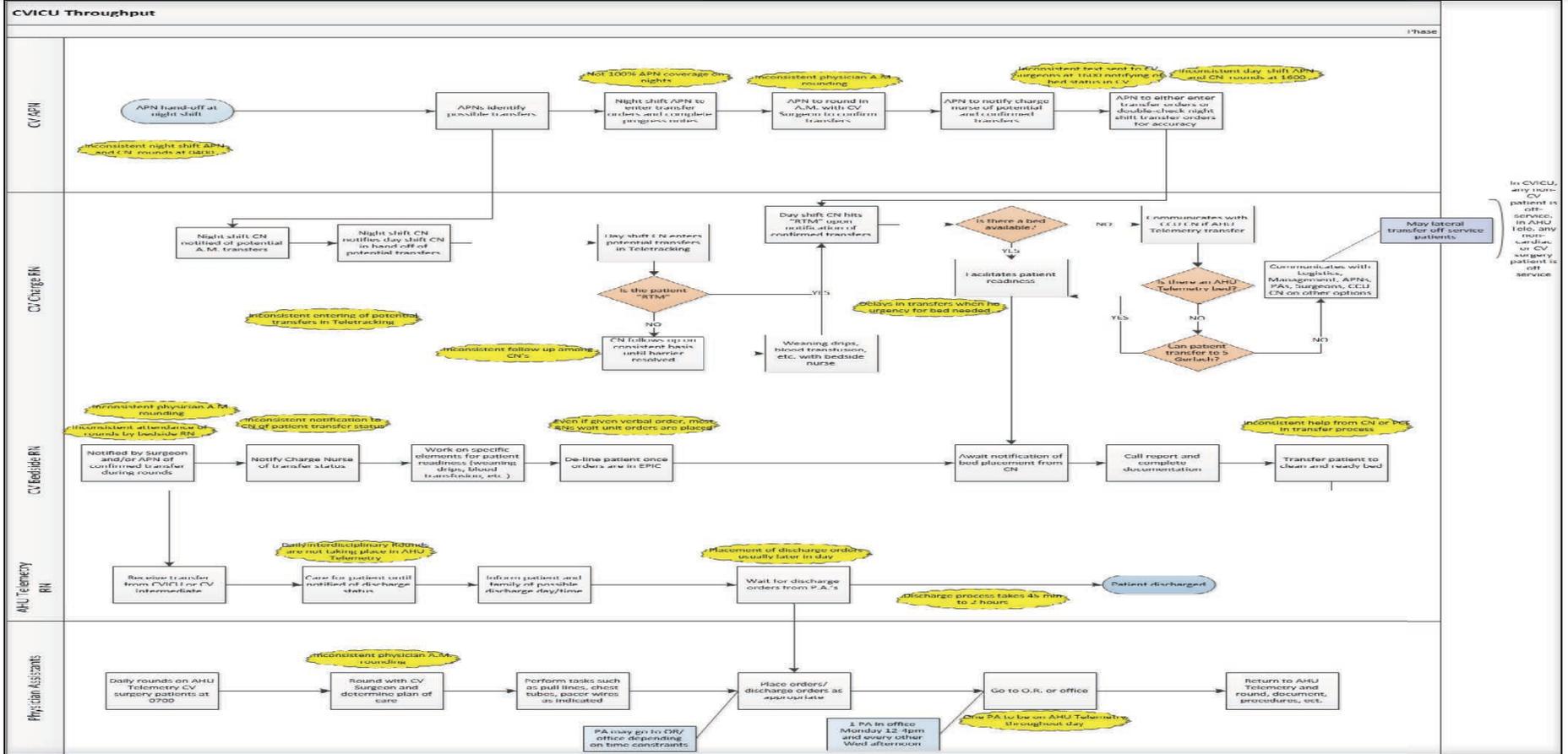
Potential to decrease LOS and decrease cost in the CVICU associated with the reduction of total transfer times. Further, more efficient throughput will create capacity for ICU patients and reduce bottlenecks.

Project Scope

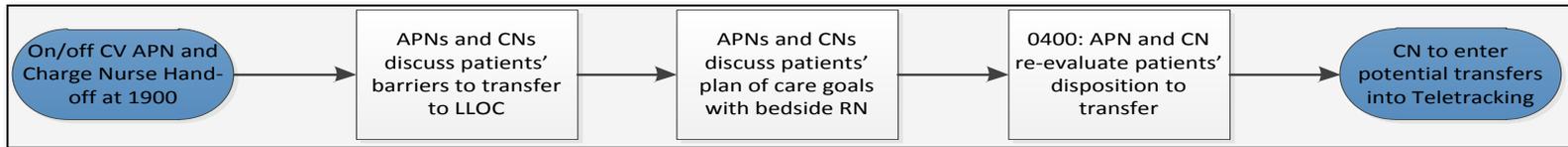
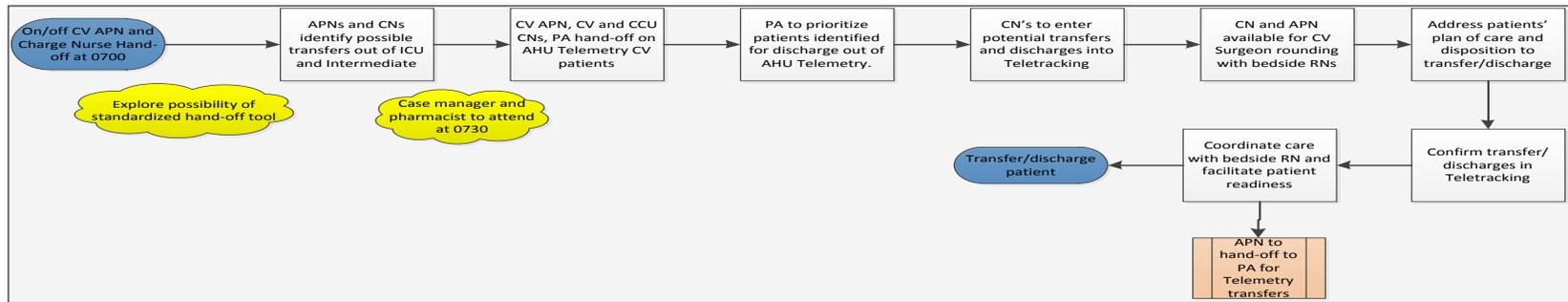
Process Start: Patient no longer needs CVICU care (as identified by provider and/or Care Management).
Process Stop: Patient is transferred or discharged to appropriate level of care.
Includes: All CVICU patients, including off-service

Project Team

CVICU assistant manager, nurse educator, APN, charge nurse, patient logistics manager, cardiac surgeon



Solutions: Future State



Outcomes & Discussion



Cardiac surgery patients discharged
from acute care by 1400



Improved communication among
providers through scheduled
hand-offs and rounding



Transfer times from the CVICU
to a lower level of care

- ✓ Engagement of key stakeholders facilitated buy-in across disciplines and departments:
 - ✓ Created a culture of change
 - ✓ Culminated in a shared vision
 - ✓ Improved patient care
 - ✓ Reduced inefficiencies
- ✓ Process Mapping is one quality improvement tool the DNP prepared nurse can use to:
 - ✓ Understand current state
 - ✓ Identify gaps and barriers
 - ✓ Drive solutions for change

(Barbrow & Hartline, 2015)

References

- Barbrow, S., & Hartline, M. (2015). Process mapping as organizational assessment in academic libraries. *Performance Measurement and Metrics*, 16(1), 34-47. doi:<http://dx.doi.org/10.1108/PMM-11-2014-0040>=-09876
- Black, M., Singh, V., Belostotsky, V., Roy, M., Yamamura, D., Gambarotto, K.,...Kam, A. (2016). Process mapping in a pediatric emergency department to minimize missed urinary tract infections. *International Journal of Pediatrics*, 2016(2625870), 1-4. doi: <http://dx.doi.org/10.1155/2016/2625870>
- Mula, C.T., Middleton, L., Human, N., & Varga, C. (2018). Assessment of factors that influence timely administration of initial antibiotic dose using collaborative process mapping at a referral hospital in Malawi: A case study of pneumonia patients. *BMC Infectious Diseases*, 18(697), 1-13. doi: <https://doi.org/10.1186/s12879-018-3620-9>
-

Contact Info



Karin Smith, DNP, RN, NEA-BC, CENP, CCRN-K
Assistant Professor
Department of Nursing
1501 W. Bradley Ave.
Peoria, IL 61625
309-677-4588
kbsmith@bradley.edu