Quality Standard for Imaging – How to

Process Mapping

Chris Woodgate; MSc, PgD, PgC, DCR (R)
QI Partner, RCR & SCoR
Process Mapping

• It is not rocket science – anyone can be involved in process mapping
• Within an imaging service there are multitude of processes, some complex, some simple; all of these can be mapped
• It is often a starting point for writing a Standard Operating Procedure or when looking to audit a process.
• It can be fun, you may be surprised at what you find happens in a process
• It should be neutral, there is no right or wrong, it should be what happens in your process or patient pathway
• Therefore; there can be no ‘finger pointing’ or ‘blaming’
‘A picture paints a thousand words’

A phrase which could describe what process mapping is; painting by ‘post-it’ notes.

1. Choose a process to map e.g. how to book an Out Patient CT/MR appointment.

2. Decide who needs to help you, who can add detail you may not know e.g. booking clerks, team leads, medical secretaries (who send in the request), radiologists, a patient representative?

3. Write down every step on the journey, one post-it note per step. You will find there are probably more steps than you realised.

4. If you can’t meet together, can you organise a virtual meeting?
‘A picture paints a thousand words’

5. Have an area where ‘niggles’ or queries can be placed
6. Have you included all the areas outside of imaging that contribute to the process, e.g. this may be important if you are booking a paediatric GA list
7. Are there any areas of duplication or where you think time is being wasted
8. Have you made sure you have answered the who, what, where, when, questions?
9. Have you answered or dealt with all your ‘niggles’ or queries
10. Finally has everyone agreed that what you have reflects your present process
‘A picture paints a thousand words’

Booking CT/MR OP Appointment

1. Request arrives – electronic/paper
2. Requested vetted & justified
3. Send to admin team
4. Appointment made
5. Letter sent to patient

5 steps to booking an appointment, however if all members of the team have a look at this there may be quite a few additions
Booking CT/MR OP Appointment

1. Request arrives— how does this get to the person vetting?

2. Requested vetted & justified – who does this, is there a protocol, do you need further clinical information, who looks at the eGFR, is it the right request?

3. Send to admin team – how does this get back to the admin team, where does the MR checklist get added?

4. Appointment made – is there a particular timeline needed e.g. 2 week rule or to fit with LMP

5. Letter sent to patient – who has checked the address, does it need a phone call, etc.?

As you can see there are some queries or questions that might be asked, some additional steps which may need to be added.
Booking CT/MR OP Appointment

When you have finalised each step:

• Can you see any duplication points
• Is every step necessary
• Is every step in the right place

Once you have checked then it may be possible to change the SOP/procedure to make it more efficient, easier to use and to understand.
Support is available

- On the SCoR website on the QSI webpage; a gap analysis tool which gives some idea of what you may need to process map
- Why Fronts snippets of help found in Synergy, SCoRTalk & Top Talk
- The QI Partners are available for any queries/questions and to help through the process.
Contacts/Support

Chris Woodgate – Quality Improvement Partner
ChrisW@sor.org  QSI@rcr.ac.uk

Katherine Jakeman – Quality Improvement Partner
Katherine_Jakeman@rcr.ac.uk  QSI@rcr.ac.uk

Webpages –
www.rcr.ac.uk/qsi and/or www.sor.org/qsi