

Running head: ANALYSIS OF BUSINESS PROCESS

Analysis of Business Process

Name:

Institution:

Course:

Date:

Process Summary Poster

Admission process at Memorial Hospital						
Event	Sub-processes					Result
Patient is brought into the hospital	Patient pre admission checks	Patient registration	Patient management	Patient intervention	Patient admission	Patient is assessed, diagnosed, managed effectively and provided with adequate care to recuperate
Case for Action				Vision		
<ul style="list-style-type: none"> To save lives, admission process needs to run efficiently Elements of bureaucracy make the entire process relative slow Process does not provide adequate information for family of patients Effective, efficient and timely Interactivity between patients, their family and hospital need to be established Patient in-ward and post counselling needs to be initiated 				<ul style="list-style-type: none"> We will ensure adequate metrics within every process and sub-process Faster time to attend to patients Professional communication and interactivity with family of patients Effective in-ward post counselling of patients and family members 		
Actors		Mechanisms		Metrics		
<ul style="list-style-type: none"> ER Physicians Doctors/Surgeons Nurse ER Techs Triage Nurses Patient care assistants Environmental Services Pharmacy Radiology Services Supervisor/Administrator Patients 		<ul style="list-style-type: none"> Registration system Triage/assessment framework Patient reports 		<ul style="list-style-type: none"> Effectiveness of registration process Time taken to complete triage process Quality of information gathered during triage process Quality of patient report 		

The process summary poster based on the Sharp and McDermott model

Process Case for Action

Process case for action statement: Need to establish patient interactivity, communication and engagement to create enhanced value co-creation. Need to eliminate process redundancy and bureaucratic elements that slow down process time.

Reasons why the current process should not be left as-is:

Critical analysis and examination of the as-is process highlights the notion that there are limitations in the current process. Firstly and the most notable is the fact that within the process there is no available initiative for value co-creation between patients, their family and hospital staff. Communication between clinicians, the patient and their families is a critical component of high quality, effective care and a premise for partnership between both sides of the divide. Implementing an interactive and communications process to improve quality strategy should be initiated to the as-is process to drive value. Within the to-be process model, it is essential that we establish a set of behaviors to invite and support patient and family interactivity. Our to-be process model should be extended to support processes of all parties engagement related to interactivity and communication. The current process constitutes too many bureaucratic processes and sub processes that establish time lapses. These time exhaustive processes need to be reduced or even eliminated to enhance patient satisfaction. Creating time centered metrics that border on effectiveness and efficiency. If value from the patient's perspective is to be maximized, then eliminating delay within the as-is process model is essential to the intended value creation.

Key short comings of the as-is process model

- Lacks key interactivity, communications and engagement activities within sub processes
- Too many processes that could be eliminated or merged to increase time efficiency are inculcated into the as-is process.
- Lack of credible metrics to weigh activities within processes and sub processes

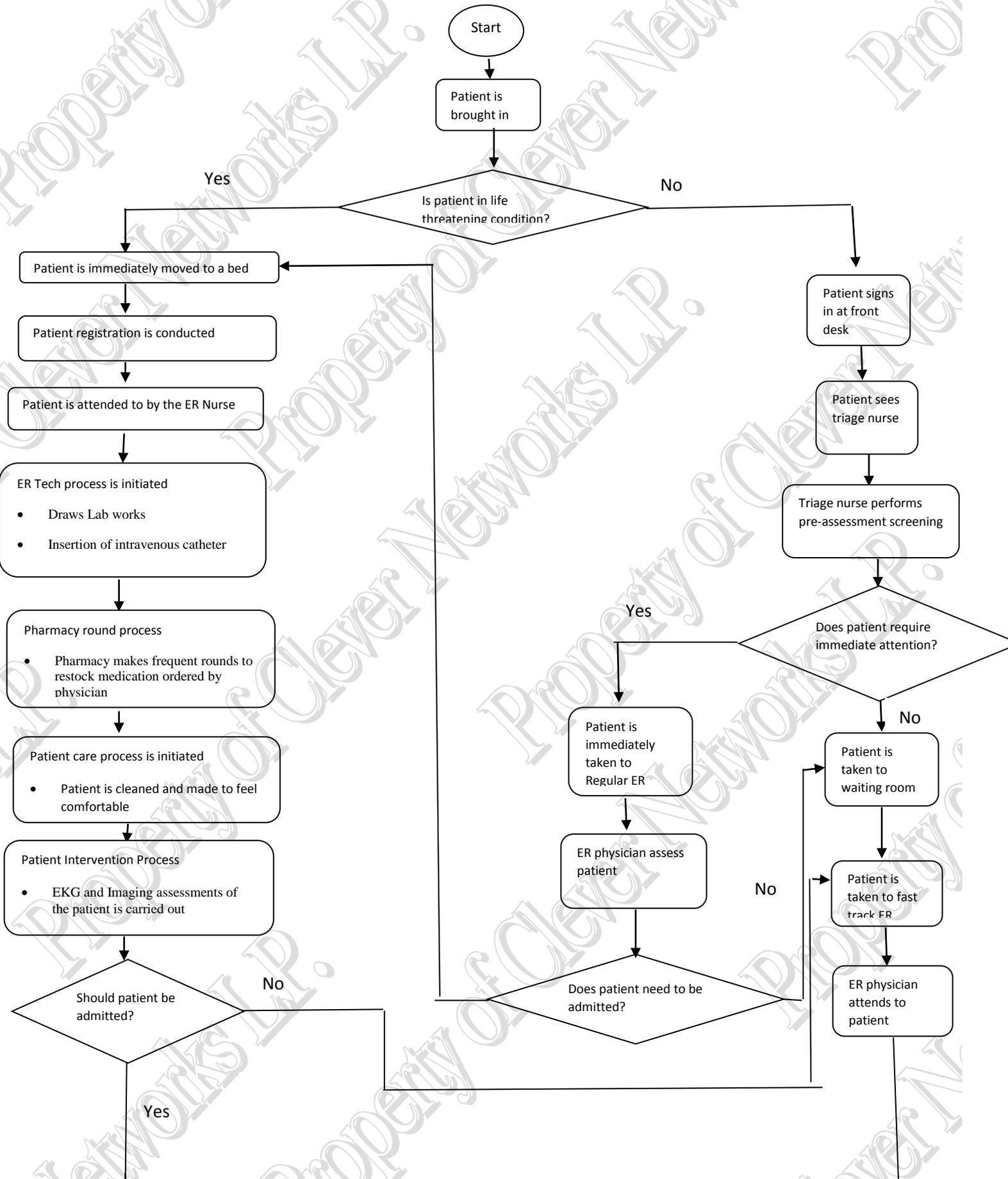
Process Vision

Process vision statement: To provide unparalleled value for the customers while simultaneously reducing cost of implementing value.

Goals of the to-be process

- Drive interactivity, communication and engagement between all involved parties within the process.
- Eliminate process and sub process redundancy
- Eliminate bureaucratic entities within the as-is process model to establish time efficiency within activity flow
- Establish ideal metrics to gauge sub processes

As-is Process



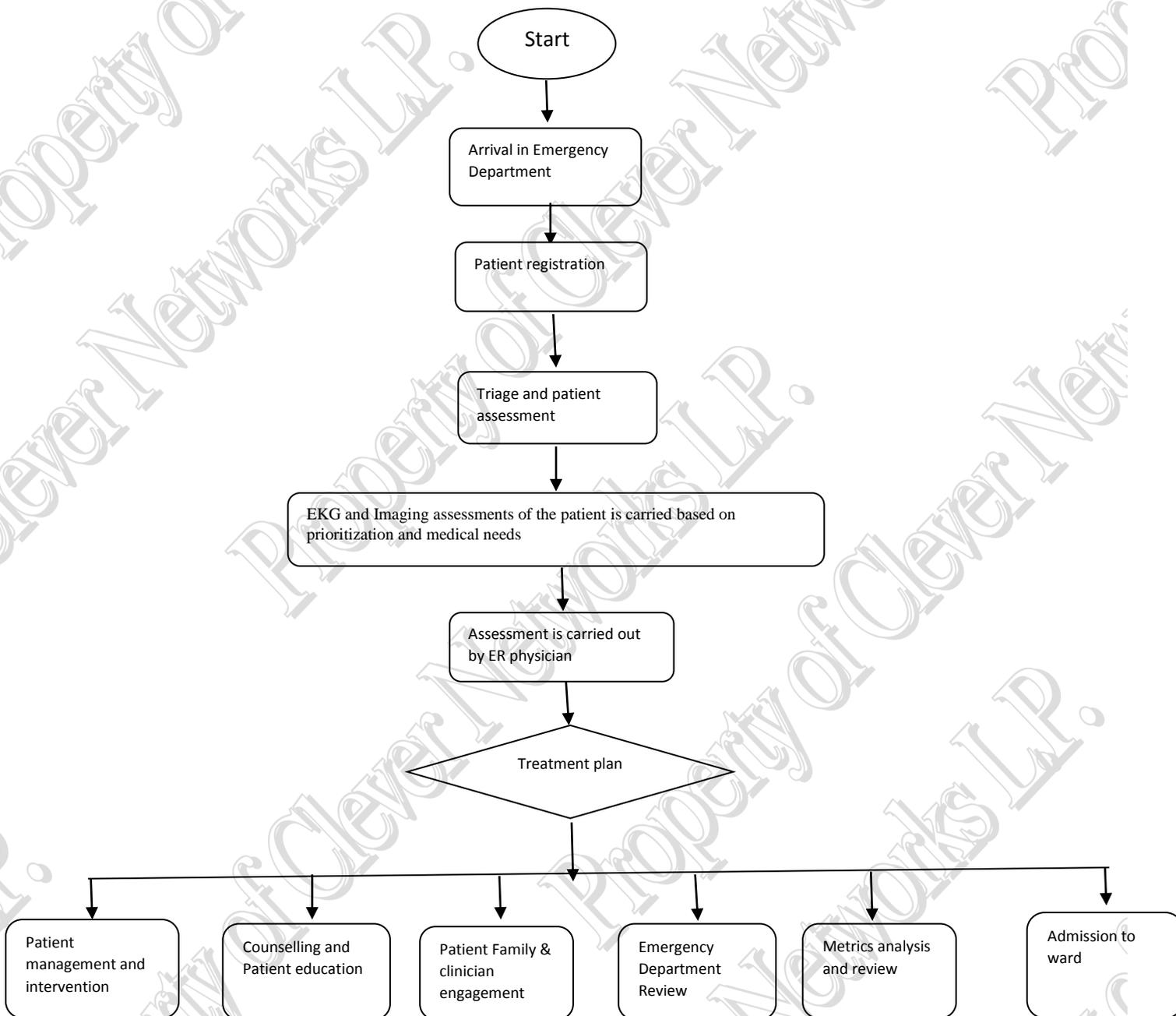
ANALYSIS OF BUSINESS PROCESS



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End

To-be process model



Parallelizing processes is another key element that should be implemented into the to-be model to eliminate process redundancy.

Competencies and Stakeholders of the process

Define	Measure	Analyze	Improve	Control
	Stakeholders	How Identified	Competencies	
Internal	<ul style="list-style-type: none"> • Surgeons • ER scheduling staff, physician and Nurses • Admissions Personnel • EKG Dept. 	<ul style="list-style-type: none"> • Directly involved in medical clearance and assessments as well as surgeries if required • Involved with patient flow and ER scheduling and Assessment • Involved in process involved with admission and registration of patients • Involved with Imaging and EKG activities 	<ul style="list-style-type: none"> • Compliance with assessment metrics • Completeness and efficiency of information gathering • Patient and family members interaction, engagement and communication • Counselling and patient engagement • Relocation of patient from ER to Admission Unit 	
External	Patient and their families	<ul style="list-style-type: none"> • Direct Customers of the process 	<ul style="list-style-type: none"> • Provision of adequate information • Compliance with hospital instructions • Provision of feedback 	

Process Differentiators

- Parallelism within processes
- Elimination of perceived redundant processes

Environment for your to-be process in terms of beliefs, culture, and management style based on Hammer and Champy (1993).

Beliefs	Proactive and flexible
Culture	Possesses strong central authority, but also ensures that customer are empowered. Customer engagement, communication and interactivity are core to all processes
Management Style	Possesses strong central authority, but also ensures that customer are empowered.

References

Alec Sharp and Patrick McDermott (2001). Workflow Modeling: Tools for Process Improvement and Application Development. Artech House.

Hammer, M., and J. Champy, (1993). Reengineering the Corporation, New York: Harper Business.