Analysis of Business Process
## Admission process at Memorial Hospital

<table>
<thead>
<tr>
<th>Event</th>
<th>Sub-processes</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient is brought into the hospital</td>
<td>Patient pre-admission checks</td>
<td>Patient is assessed, diagnosed, managed effectively and provided with adequate care to help recuperate</td>
</tr>
<tr>
<td>Patient pre-admission checks</td>
<td>Patient registration</td>
<td></td>
</tr>
<tr>
<td>Patient registration</td>
<td>Patient management</td>
<td></td>
</tr>
<tr>
<td>Patient management</td>
<td>Patient intervention</td>
<td></td>
</tr>
<tr>
<td>Patient intervention</td>
<td>Patient admission</td>
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</tbody>
</table>

### Case for Action
- 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

### Vision
- 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
- ER Physicians
- Doctors/Surgeons
- Nurse
- ER Techs
- Triage Nurses
- Patient care assistants
- Environmental Services
- Pharmacy
- Radiology Services
- Supervisor/Administrator
- Patients

### Mechanisms
- Registration system
- Triage/assessment framework
- Patient reports

### Metrics
- 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.
ANALYSIS OF BUSINESS PROCESS

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
ANALYSIS OF BUSINESS PROCESS

- 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
ANALYSIS OF BUSINESS PROCESS

As-is Process

Start

Patient is brought in

Is patient in life threatening condition?

Yes

Patient is immediately moved to a bed

Patient registration is conducted

Patient is attended to by the ER Nurse

ER Tech process is initiated
  - Draws Lab works
  - Insertion of intravenous catheter

Pharmacy round process
  - Pharmacy makes frequent rounds to restock medication ordered by physician

Patient care process is initiated
  - Patient is cleaned and made to feel comfortable

Patient Intervention Process
  - EKG and Imaging assessments of the patient is carried out

Should patient be admitted?

No

Yes

No

Patient signs in at front desk

Patient sees triage nurse

Triage nurse performs pre-assessment screening

Does patient require immediate attention?

Yes

Patient is immediately taken to Regular ER

ER physician assess patient

Does patient need to be admitted?

No

Yes

No

Patient is taken to waiting room

Patient is taken to fast track ER

ER physician attends to patient
Admission process
- ER nurse calls the corresponding unit to give report on the patient
- Report is transferred to admission unit

Patient is transported to the admission Unit

End
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

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>How Identified</th>
<th>Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td>• Surgeons</td>
<td>• Compliance with assessment metrics</td>
</tr>
<tr>
<td></td>
<td>• ER scheduling staff, physician and Nurses</td>
<td>• Completeness and efficiency of information gathering</td>
</tr>
<tr>
<td></td>
<td>• Admissions Personnel</td>
<td>• Patient and family members interaction, engagement and communication</td>
</tr>
<tr>
<td></td>
<td>• EKG Dept.</td>
<td>• Counselling and patient engagement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Relocation of patient from ER to Admission Unit</td>
</tr>
<tr>
<td>External</td>
<td>• Direct Customers of the process</td>
<td>• Provision of adequate information</td>
</tr>
<tr>
<td>Patient and their families</td>
<td></td>
<td>• Compliance with hospital instructions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provision of feedback</td>
</tr>
</tbody>
</table>

### 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).

<table>
<thead>
<tr>
<th>Beliefs</th>
<th>Proactive and flexible</th>
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<tbody>
<tr>
<td>Culture</td>
<td>Possesses strong central authority, but also ensures that customer are empowered. Customer engagement, communication and interactivity are core to all processes</td>
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<tr>
<td>Management Style</td>
<td>Possesses strong central authority, but also ensures that customer are empowered.</td>
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References
