Business Process Mapping Review

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Purpose of Presentation

- Important Concepts
- Collaborative Requirements Development Methodology (CRDM)
- Business Process Analysis Tools

Important Concepts

- Q. What is a business process?
- A. A set of activities and tasks that logically group together to accomplish a goal or produce something of value for the benefit of the organization, stakeholder, or customer.

Important Concepts

- Q. Why is understanding your business processes important?
- A. Understanding your business processes is the key to doing your work more effectively and more efficiently.

Public Health Informatics Institute

- PHII (a program of the Task Force for Global Health)
 - The Collaborative Requirements Development
 Methodology™ (CRDM) our approach to business analysis
 - Development of system requirements
 - Identification of Systems buy or build







Business Process Redesign

Requirements Definition

Think

How do we do our work now?

- Define goals and objective
- Model context of work
- Describe tasks and workflow
- Identify common task sets



Rethink

How should we do our work?

- Examine tasks and workflow
- Identify inefficiencies
- Identify efficiencies with repeatable processes
- Refine business processes and business rules
- Remodel context of work
- Restructure tasks and workflow



Describe

How should we do our work?

- Define specific tasks to be performed for optimized business processes
- Describe the implementation of business rules
- Describe in words and graphics how an information system must be structure
- Determine scope of next phase of activities



Business Process Analysis Tools

- Business Process Matrix
 - Text tool that allows for an "at a glance" view of the business process
- Task Flow Diagram
 - Graphical tool that shows the activities of the process in a linear fashion

Business Process Matrix

Business Process Matrix

Goal	Objective	Business Rules	Trigger	Task Set	Inputs	Outputs	Outcomes
The major goal in terms of benefits to population health that is supported by the business process.	A concrete statement describing what the business process seeks to achieve. A well-worded objective will be SMART: Specific, Measurable, Attainable/ Achievable, Realistic, and Timebound.	A set of criteria that defines or constrains some aspect of the business process.	Event, action, or state that initiates the first course of action in a business process.	The set of required activities or steps that are carried out in a business process.	Informatio n received by the business process from sources outside of the process.	Informati on transferre d out of a business process.	The result of performing a business process, which indicates the objective has or has not been met.

Business Process Matrix



Task Flow Diagram



2. Process Human Resource Requests

1 of 1





Objective:

- To respond rapidly to request for field resources from requesting organization
- To identify appropriate resources for mobilization in response to an outbreak or event

Measurable Outcomes: Activity Details/ Narrative

- Response time from receipt of request to ٠ resources identified
- Number of resources on compiled list Rate of resources that accept mobilization request

Trigger:

- Outbreak or event requires field resources
- Training deployment opportunity

Activity Description:

1. Send Request

- The requestor sends a request for field resources in response to an outbreak or event
- Requestors include WHO/GOARN, MOH, DWB, other FETPs, etc.

2. Receive Request

- The request is received by the FETP
- The FETP can receive this request in multiple formats based on the requestor

3. Review Request

· The request is reviewed to determine how many resources are needed, if there are special skills needed, etc.

The FETP program/alumni association determines if they will respond to the request

5. Complete Initial List

4. Respond

 An initial list of resources is compiled based on the needs of the request

6. Send Mobilization Request

- The request is sent to the identified resources
- · The resources could be fellows and/or alumni
- These requests can be sent via email, phone cal, etc. based on the FETP

7. Receive Mobilization Request

· The fellows/alumni receive the request to mobilize with the appropriate details

8. Accept Request?

· The fellows/alumni make a decision on whether or not to respond to the request

9. Compile Resource List

· The resource list is developed based on the responses from the fellows/alumni

Example



Example



Example



Collaboration is the key...



Questions



Capability Maturity Model

Capability Maturity Model

- Developed by Carnegie-Mellon University Software Engineering Institute (1987)
- Introduced a process for assessing software capability through a structured, sequential manner
- Described the maturation of each function according to a linear scale of increasing capability
- Can be adapted to evaluate an organization (or regional initiative) capability

CMM Stages



Organizational Assessment with CMM

- Establish core functions in which capability is required
 - Based on the organizational goals, identify the essential functions
- Describe sequential stages of maturity of each function
 - Progression is step-wise and linear
 - Characteristics that define each maturational stage
 - Progress from one stage to the next reflects a meaningful improvement in a key function
 - Sets a clear path of achieving maturational goals

The Viral Load Cascade



Demand Creation for Testing

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Clinicians unaware	Increased awareness	Viral load testing	Established policies	Organization uses
of access to viral	of VL testing in	and education	and procedures for	rigorous evaluation
load testing and	clinicians and CSOs,	polices and	ordering viral load	procedures and
have not been	however minimal	procedures are	tests and educating	findings to
educated on its role	information is	established	patients about viral	demonstrate
In ART monitoring	shared with patients		load testing and its	effectiveness of
Committee	and community	Clinician routinely	benefits are	demand creation
Community		educates patients	implemented and	
leaders/CSUs		about viral load	measured	All stakenoiders
unaware of access	occasionally order	testing and its	throughout the	(e.g., clinicians,
and have not been	viral load testing for	benefits	organization	patient groups,
and nave not been		Clinician routingly	CSOs play an active	otc) play active role
in APT monitoring		orders viral load	rolo in oducating	in community
		testing in-line with	community and	education about VI
		national guidelines	natients about	testing and promote
			knowing their viral	campaigns for all
			load status	patients to know
				their VL

Specimen Collection and Processing

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
No patient access to viral load testing No standard supply chain system for specimen collection commodities (e.g., DBS bundles, syringes) so supplies limit ability to collect specimens Clinicians not trained to complete specimen	Viral load specimens are collected occasionally and only on certain days, limiting patient access to testing and increasing burden for patients to return for VL sample collection Standard supply chain system for specimen collection commodities	Viral load specimens are collected routinely with few barriers for patients Viral load specimen collection policies and procedures are established Clinicians complete specimen requisition forms accurately and completely	Established policies and procedures for specimen collection and processing based on standard guidelines are implemented and measured throughout the organization	Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness of specimen collection and processing
requisition forms	Increased awareness for properly completing requisition forms			

Laboratory Testing

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Inadequate lab infrastructure for viral load testing (i.e. storage/ equipment/reagents /kits for viral load testing)	Improved laboratory infrastructure, however, laboratory is only able to receive and test viral load specimens occasionally or must refer to another	Laboratory is able to regularly receive and test viral load specimens in timely manner Laboratory has	Established policies and procedures for viral load specimen testing are based on standard guidelines implemented and measured throughout the	Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness of specimen testing
Laboratory staff are not properly trained nor competent to test viral load specimens	laboratory Laboratory staff are trained, however, competencies are minimal	trained and competent staff	organization	

Results Reporting

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Results are not received in a timely manner at the clinic from the laboratory No process in place for ensuring results are documented in patient chart and conveyed to the patients so results often not received by clinician	Results received by the clinic and occasionally documented in chart but often not returned to patients	Results are regularly received by the clinic and documented in the patient's chart in a timely manner Results reporting policies and procedures are established	Established clinic procedures that ensure a facility- based person is accountable for timely documentation of VL results in patient charts and notification of patients with VL>1000 to return to clinic prior to scheduled appointment	Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness for results reporting

Results Interpretation and Patient Management

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Viral load results are	Viral load results are	Clinicians are	Established policies	Organization uses
interpret – requires	interpretable	viral load result	managing patients are	procedures and
laboratory assistance		interpretation	based on standard	findings to
	Increased awareness		guidelines	demonstrate
Clinicians are not	of result	Clinicians regularly	implemented and	effectiveness in
properly trained to	interpretation	discuss VL results with	measured throughout	patient management
	Few clinicians are	patients	the organization	Ability to identify
	comfortable	Standardized system		missed opportunities
Clinicians are	integrating viral load	in which all providers		for ensuring VL results
uncomfortable	results into ART care	have a designated		are integrated with
integrating viral load		POC/referral system in		patient management
results into ART care	Intermittent	place to consult for		
Clinicians have no	consultation for 2 nd	results and switch to		
backup person to call	line treatment	2^{nd} line		
to discuss difficult				
cases or patients who				
require 2 nd line				
treatment				

Questions

