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Mapping the last 10 patients

NHS England and NHS Improvement

Mapping the last 10 patients

What is it?

This tool uses patient files to identify variation in journey times. It helps you understand what is happening in the patient pathway and how this can vary from patient to patient.

Mapping the last 10 patients is also useful for comparison with locally agreed care pathways, timescales or key stages in a patient's journey. It complements both **conventional process mapping** and **value stream mapping**.

When to use it

Use this tool when you want to explore what is really happening to patients along their journey. It may expose differences in practice or workload, which can cause unhelpful variation, unnecessary delays and compromise safe care.

How to use it

1. Begin by reviewing case files for the last 10 patients treated along a pathway. Your aim is to have a simple picture of what happened to 10 patients treated by an identifiable consultant/clinician. Try to keep it simple – no more than 10 key stages altogether.
2. Next, develop a data collection form (see the example below) to include:
   - the consultant or clinician's name
   - a way to link back to the patient record
   - dates when key stages took place (eg starting with GP referral and ending in treatment date)
   - any additional information (things that stand out).
3. Select a day to start. As patients are treated, use the case files and talk to clinical staff, recording the dates that key stages took place. Collect information on the last 10 patients' journey times and record their progress from the defined start and end points along the agreed key stages.

   Don't try and collect the detail: your purpose is to identify the size of any differences and the key stages where patients wait for a long time. Keep the information simple, there are other tools and techniques designed to pick up the detail.
4. Map out the stages using the example template below if you wish. Starting with your defined start point – eg GP referral – as day 0, add up the days as you go through the pathway. When you come across variation, remember that there are many potential reasons for variation – try not to make assumptions about the reason. Consider:
   - differences in workload and capacity to do work (some teams have their caseload allocated by size of waiting list rather than anticipated waiting time)
   - different types of patient
   - different working practices
   - lack of a systematic approach to care.

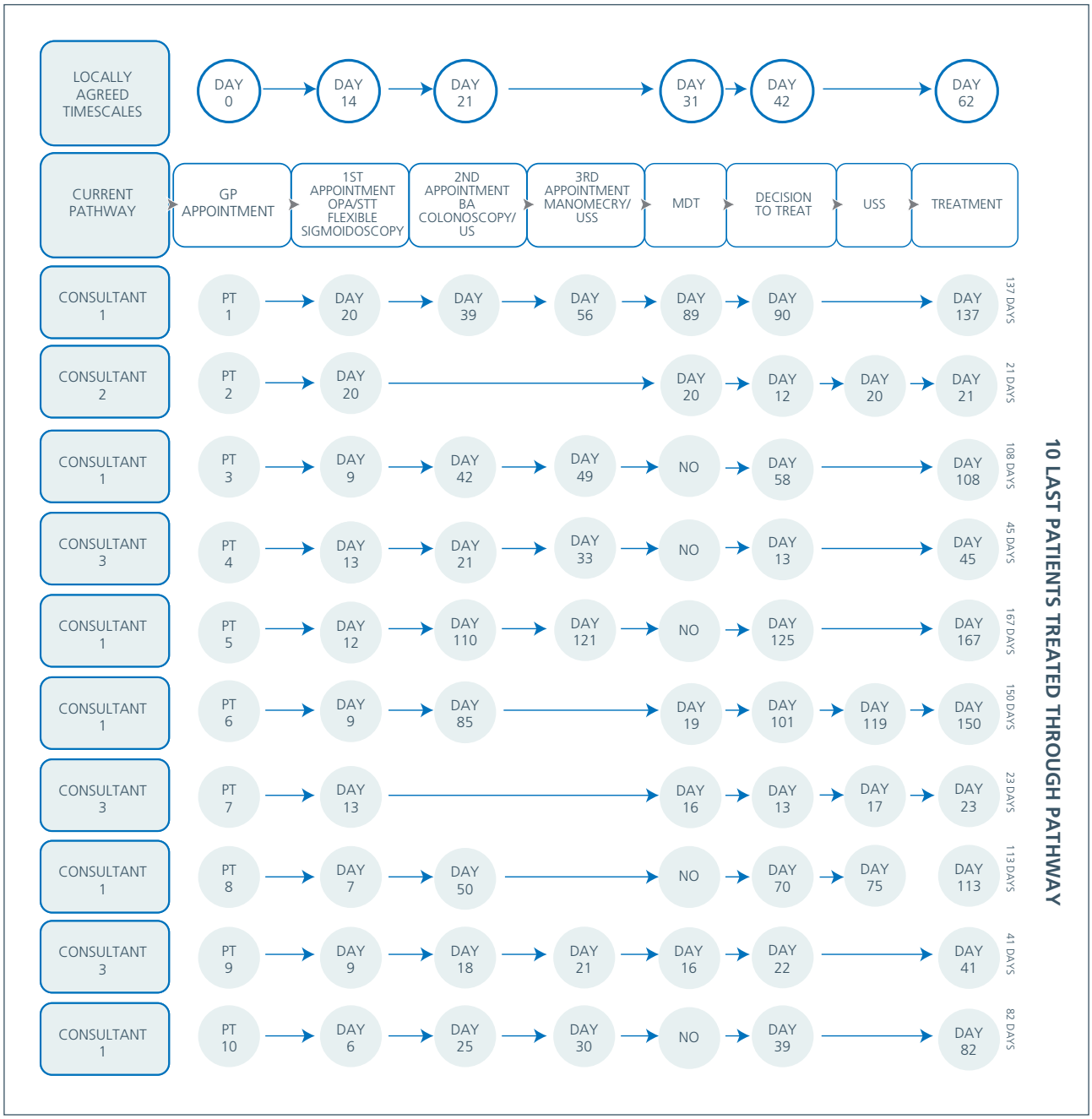
Discuss potential causes for variation with clinical staff as well as potential solutions to improve the pathway and increase consistency for patients.

Examples

The diagram below shows the locally agreed timescales for the current colonic pathway. This includes an illustration for the last 10 patients who went through this pathway under the care of three consultants. It shows there is variation in referral to treatment time from 21 to 167 days.

This is enough information to prompt discussion to explore the causes of variation with the aim of identifying potential solutions.

Figure 1: Mapping the current colonic pathway



What next?

Once the process map has been drawn, the next step is to identify where redesigning or removing elements of it can improve the process.

If you want to dig deeper and understand the causes of the difference, you should consider doing a more detailed mapping exercise (see **conventional process mapping** and **value stream mapping**).

- Aim to co-ordinate the process of patient care.
- Pre-plan and pre-schedule care at times to suit the patient.
- Reduce the number of times a patient has to travel to visit the hospital or surgery.
- Reduce or eliminate batching.
- Reduce the number of queues to be managed: pool similar work.
- Extend staff roles: this may be undertaken as a **role redesign** exercise.
- Undertake **demand and capacity** work to help you understand and deal with your bottlenecks.

It will also be helpful to look at **managing variation**.

To help you understand the potential impact of a change, carry out rapid small scale tests of change using the **PDSA** cycle.