

Glossary

Action research: research undertaken by teams that is flexible and iterative; the aim is to problem-solve in order to improve the way processes are performed and services are delivered.

Clinical process redesign: a health care improvement method that involves the redesign of the processes and services underpinning clinical care to make them safer and more efficient for patients and more satisfying for staff.

Clinical silos: clinical specialties, subspecialties or geographical locations within which care is provided without regard to other components of the overall patient journey through a medical facility.

Continuous improvement: continuous and incremental improvements to clinical processes achieved by removing unnecessary activities and variations, so that each state is the starting point for the next step on the journey towards the ideal state.

Diagnostic phase: the phase of clinical process redesign that involves mapping the patient journey, identifying and prioritising the problems and validating the findings with relevant data.

Implementation: the application or realisation of clinical process redesign on a patient journey.

Lean thinking: a method that focuses on service provision in the most efficient manner by improving flow and eliminating waste from processes.

Maintenance: actions undertaken to keep a redesigned process operating.

Outliers: patients admitted to an available bed in a ward that is not the designated ward for their condition, because of congestion in the wards and the emergency department.

Patient-care family: a functional group of patients who share a large proportion of clinical process steps regardless of their illnesses.

Patient journey: the primary perspective in clinical process redesign; all the sequential steps in providing a patient's clinical care; it includes the movement of a patient (from emergency department to ward or x-ray department) and the movement of a sample or document relating to the patient (eg, blood specimen, medical record, etc).

Plan-do-study-act cycle: a quality improvement method consisting of the four continuous steps, plan, do, study and act, aiming to test a change by planning it, trying it, observing the results, and acting on what is discovered (also known as the Deming cycle or Plan-do-check-act cycle).

Process mapping: documenting the patient journey, not as the ideal, but as it is, and involves confirming it with data.

Process owner: a staff member is assigned to maintain and review a redesigned patient journey on a regular basis.

"Pull" bed management: ward staff following a structured approach to identify patients in the emergency department who best fit their ward profile and then "pulling" those patients from the emergency department to their ward, rather than having to take any patient just because the ward has a bed available.

"Push" bed management: wards taking patients from an overflowing emergency department just because there are beds available.

Root-cause analysis: analysis of the original cause for variability or waste in a process.

Segmentation: grouping patients into patient-care families (which have a common set of care processes) and treating each family separately.

Six sigma: a systematic method for improving the operational performance of an organisation by eliminating variability and waste ("sigma" stands for standard deviation from the mean in a normal distribution).

Standard work: the standard way of undertaking a sequence of care after the best, most efficient and most effective way of undertaking a care process in the patient journey has been established and agreed.

Stretch goal or target: an ambitious goal or target that stimulates the team or institution to achieve far beyond their current capability.

Sustainability: actions undertaken to maintain a redesigned process.

"Take" system: a roster system involving hospital teams being rostered to take what may be large numbers of unplanned arrivals and process those patients.

Theory of constraints: a method for identifying and overcoming key bottlenecks and constraints which inhibit an organisation achieving its goal.

Value stream: the sequence of steps that add value to patient care within a patient-care family.