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Developing Robust Process Mapping Strategies For Aggregating Across Demonstration Projects.

Abstract

Introduction: This paper considers the importance of process mapping in better understanding health and well-being outcomes. In particular, it discusses the outcomes of process mapping adopted as part of the national evaluation of the Commonwealth Department of Health and Ageing Sharing Health Care Initiative.

Background: At Health Outcomes Conference 2002 we presented a paper in which we explained our approach to developing the conceptual framework for the SHCI. The Initiative comprises of eight demonstration projects (hereafter referred to as 'projects') which are implementing different models of self management with the aim of assisting people with complex chronic conditions. In this paper we describe one aspect of the national evaluation which has been operationalised - process mapping. Process mapping is one component of the process evaluation of the projects and will be undertaken at three points in time over the life of a project; baseline, middle and end of project.

Method: Through the individual project proposals and early consultation with projects we were able to identify four main 'groups' or domains that were to be targeted by the projects (ie. client, carer/family/significant other, health service provider and community). We also identified the main processes that occurred within each of these domains (eg. care/self management planning). Through a semi-structured interview with Project Managers, a PwC team member investigated the inputs (ie. people, technology and infrastructure) used to support these processes. Baseline site visits were undertaken with seven of the eight SHCI projects between August and November 2002.

Results: The outcome from the process mapping is highly descriptive. It involves an intensive examination of the collected qualitative data to identify key models (eg. client care) and various themes (eg. purpose, nature, marketing approach). At the highest level, process mapping allowed us to aggregate data so as to identify and describe various models. Within these models we were able to identify numerous themes. Across each of these themes we plotted where individual projects were placed along a continuum or spectrum. This paper discusses these results in detail.

Discussion: Process mapping at baseline is vitally important in placing individual projects into context. It provides a benchmark to examine the relationships between processes and subsequent health and well-being outcomes. It also provides the opportunity to see how changes in processes over time (baseline, middle and end of project) may be related to changes in outcomes. From the perspective of individual projects, it allows projects to see where their adopted process sits in relation to other projects.

Conclusion: Process mapping is an important activity not only from the perspective of the national evaluation of the SHCI, but also from projects' perspectives. It provides projects with the opportunity to reflect on their own development and where they may wish to revise their approaches.

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