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Quality Improvement and Programme Development

Mapping Older Persons Care Journeys in Community Specialist Care A Case Study Approach to demonstrating interprofessional collaboration

Purpose of this document

This document was developed based on a co-design workshop held with an ICPOP team. The team identified the need to capture the full scope of interprofessional collaboration and coordination involved with caring for older people and their family in the community. A key idea was the development of case studies that capture and reflect this often invisible work. As such, the UCD research team developed this resource document, which compliments the existing ECLECTIC resource pack and provides a step-by-step guide for ICPOP teams **to tailor a patient mapping and case study approach** to their settings and for their intended purposes.

Responding to challenge

The indirect and informal communication and collaboration that occurs within interprofessional teams and inter-organisationally is often not recognised and the behind the scenes coordination which involves phone calls, emails and administrative case management is regularly overlooked. Without recognising these coordination and care planning activities, it is hard to represent the full scope of work that goes into interprofessional care. The level of documentation required to do this without adequate ICT infrastructure means that it is not always feasible for all older persons/ patients to have every interaction, direct and indirect, mapped due to time constraints and pressures. However, there is an opportunity for teams to conduct routine case studies that provide insight.

Journey Mapping

Journey Mapping is a method utilised in healthcare to outline and describe the different stages of interaction between a health service user and healthcare providers. This process enables reflection on the strengths and or gaps in care and provides an opportunity for identifying areas of improvement. Aligning the patient experiences with each stage of care provision is useful in establishing a deeper and richer understanding of the perspectives of patients, families and healthcare providers.

This document provides a step-by-step approach to doing this within an ICPOP team.

Step 1: Select a data collection tool – ie Table 1: Patient Mapping

Step 2: Agree on case study and populate data collection tool as a team

Step 3: Utilise a visual tool to present the journey map (see following pages).

Step 4: Develop a case study poster

Step 1: Select Data Collection Tool and Step 2: Populate

A data collection tool can help identify the specific information you want to include/ display in the patient journey map. There is no one-size-fits all approach to doing this but having a tool is a way of creating a standardised approach to routinely developing case studies. The table below was developed for ICPOP teams to reflect on their care processes. It can be tailored to fit the processes within your team and the questions should be relevant and appropriate to your model and the information you want to present in the case study. This information informs the case study in step 4.

Table 1: Patient Mapping - Tool for collecting data to inform patient mapping and interprofessional collaboration case study

	Care Process/ Phase	Questions	Response	Indirect communication/ coordination required	Direct communication	Person Responsible	Time taken
PHASE 1	<i>Referral</i>	How was the referrals received?					
	<i>Information Gathering</i>	What information was gathered for the older person?					
		How was information gathered?					
	<i>Triage Process</i>	How was the referral prioritised?					
		Who decided on the prioritisation?					
		How was the lead team member decided?					
PHASE 2	<i>Communication</i>	When and how was the older person contacted?					
		What were their concerns?					
		Was the family contacted and involved?					
	<i>Assessment</i>	Who conducted the CGA					
		What did the assessment process involve ?					
	<i>Care Planning</i>	How was the care plan developed?					
		Who contributed to care planning?					
		How is the care plan implemented?					
		What coordination is required for the care planning?					
PHASE 3	<i>Discharge</i>	How was progress reviewed?					
		When was the older person discharged?					
		Who was the older people discharged to?					
	<i>Reflection</i>	How is follow up coordinated?					
		Did anything surprise you with this mapping?					
		Where do you think the biggest challenges are?					
		Do you have any ideas of how these challenges could be addressed?					

Step 3: Utilise a visual tool to present the journey map

There are different ways to present the information that you have collected. There are examples of journey maps in the appendix. Different software can assist with the development of these and there are often specific templates for patient mapping, however many require subscriptions like [creately](#), [lucidchart](#) and [SlideUplift](#).

An alternative would be to adapt one of the template structures below and populate with the data that you have collated.

Step 4: Develop a case study poster

Based on the information collected for an individual older person the visualisation of the patient journey can be created. Adding in pseudonymised details in this visual can give greater depth and context to the older persons needs, goals and team involvement. This can be developed into a case study poster that reflects the interprofessional collaboration and care journey. The table on the following page provides valuable literature and evidence for developing case studies and for approaching future projects where the patient journey is mapped.

Table 2: Relevant Literature

Literature	Overview	Reference
Health Service Co-design Working with patients to improve healthcare services	This resource outlines the ways that you can co-design process mapping and patient experience maps. It provides a number of step by step activities with corresponding resources and information to facilitate this.	Boyd, H., McKernon, S., & Old, A. (2010). <i>Health service co-design: working with patients to improve healthcare services: guide and toolkit</i> . Waitemata District Health Board.
An integrated patient journey mapping tool for embedding quality in healthcare service reform	Demonstrates an Integrated Patient Journey Mapping Tool that could be adapted and used for collecting info.	McCarthy, S., O’Raghallaigh, P., Woodworth, S., Lim, Y. L., Kenny, L. C., & Adam, F. (2016). An integrated patient journey mapping tool for embedding quality in healthcare service reform. <i>Journal of Decision Systems</i> , 25(sup1), 354–368. https://doi.org/10.1080/12460125.2016.1187394
Managing Two Worlds Together: Patient Journey Mapping Tools.	<p>Development of patient mapping tools for Aboriginal and Torres Strait Islander populations in Australia.</p> <p>It has a useful approach to outlining the different stages of the care in chronological order for not only the individual receiving care, but from multiple perspectives (family etc). Also using the different dimensions of health means that there is an overview from the outset.</p> <p>This provides a good resource for capturing the multiple perspectives and also introduces the dimensions of health, which I would say ICPOP teams traverse within and beyond their scope individually and as a collective.</p>	Kelly, J., Dwyer, J., Pekarsky, B., Maclean, T., Willis, E., Battersby, M., & Glover, J. (2012). <i>Managing Two Worlds Together: Patient Journey Mapping Tools</i> .
Patient Experience Factors and Implications for Improvement Based on the Treatment Journey of Patients with Head and Neck Cancer	Great visuals in this publication and a very comprehensive outline of how to approach collecting the appropriate data to create a full patient journey map and present insights for improving the patient-centred service experience for head and neck cancer (HNC) patients.	Koo Y, Kim E, Jo Y, Nam I. Patient Experience Factors and Implications for Improvement Based on the Treatment Journey of Patients with Head and Neck Cancer. <i>Cancers (Basel)</i> . 2023 Apr 12;15(8):2265. doi: 10.3390/cancers15082265. PMID: 37190193; PMCID: PMC10136947.
Co-designing a Health Journey Mapping resource for culturally safe health care with and for First Nations people	Building on the paper above, this more recent research article looks at how these health journey maps can be co-designed for culturally safe healthcare with and for First Nations populations.	Cormick, A., Graham, A., Stevenson, T., Owen, K., O’Donnell, K., & Kelly, J. (2024). Co-designing a Health Journey Mapping resource for culturally safe health care with and for First Nations people. <i>Australian Journal of Primary Health</i> , 30(3), -. https://doi.org/https://doi.org/10.1071/PY23172

Mapping the way: functional modelling for community-based integrated care for older people.	<p>This study uses FRAM, which stands for Functional Resonance Analysis Method, to analyse complex systems by looking at their functions and variability. Scenarios were created to demonstrate how an older person in the community engages with multiple sectors, professionals and care providers.</p> <p>This is fascinating, but almost too big in terms of the interactions it includes. This on a smaller scale for just the ICPOP team would be good.</p> <p>The fact it is focused on the same area of care provision and population is useful. It also uses the CGA as the grounding point.</p> <p>A patient journey is described as the many “touchpoints” with healthcare professionals (formal and informal) that occur over time and in numerous locations. The hypothetical patient journey scenario depicts Fred, a 76-year-old male patient who is referred by his family doctor to the GMS clinic for a CGA due to new onset of cognitive impairment.</p>	<p>McGill, A., Salehi, V., McCloskey, R., Smith, D., & Veitch, B. (2024). Mapping the way: functional modelling for community-based integrated care for older people. <i>Health Res Policy Syst</i>, 22(1), 103. https://doi.org/10.1186/s12961-024-01196-6</p>
Application of process mapping to understand integration of high risk medicine care bundles within community pharmacy practice.	<p>This demonstrates the development of process maps with pharmacy sites.</p> <p>Phase 1: outlines a good approach for developing process maps and case studies. Easier to do within the context of medication prescribing as there is more structure, but it explains the walkthrough approach to understanding what occurs when patients are engaging with the pharmacist.</p>	<p>Weir, N. M., Newham, R., Corcoran, E. D., Ali Atallah Al-Gethami, A., Mohammed Abd Alridha, A., Bowie, P., Watson, A., & Bennie, M. (2018). Application of process mapping to understand integration of high risk medicine care bundles within community pharmacy practice. <i>Res Social Adm Pharm</i>, 14(10), 944-950. https://doi.org/10.1016/j.sapharm.2017.11.009</p>
Interprofessional Communication Patterns During Patient Discharges: A Social Network Analysis.	<p>Social network analysis offers a good approach to displaying all of the synchronous and asynchronous communications that surround one older person who is receiving interprofessional care.</p>	<p>Pinelli, V. A., Papp, K. K., & Gonzalo, J. D. (2015). Interprofessional Communication Patterns During Patient Discharges: A Social Network Analysis. <i>Journal of General Internal Medicine</i>, 30(9), 1299-1306. https://doi.org/10.1007/s11606-015-3415-2</p>

Appendices: Patient Mapping Templates

Another example of a tool used for collecting this information is presented below and featured in Davies et al., (2022) [Reporting and conducting patient journey mapping research in healthcare: A scoping review. Journal of Advanced Nursing. 79. n/a-n/a. 10.1111/jan.15479.](#)

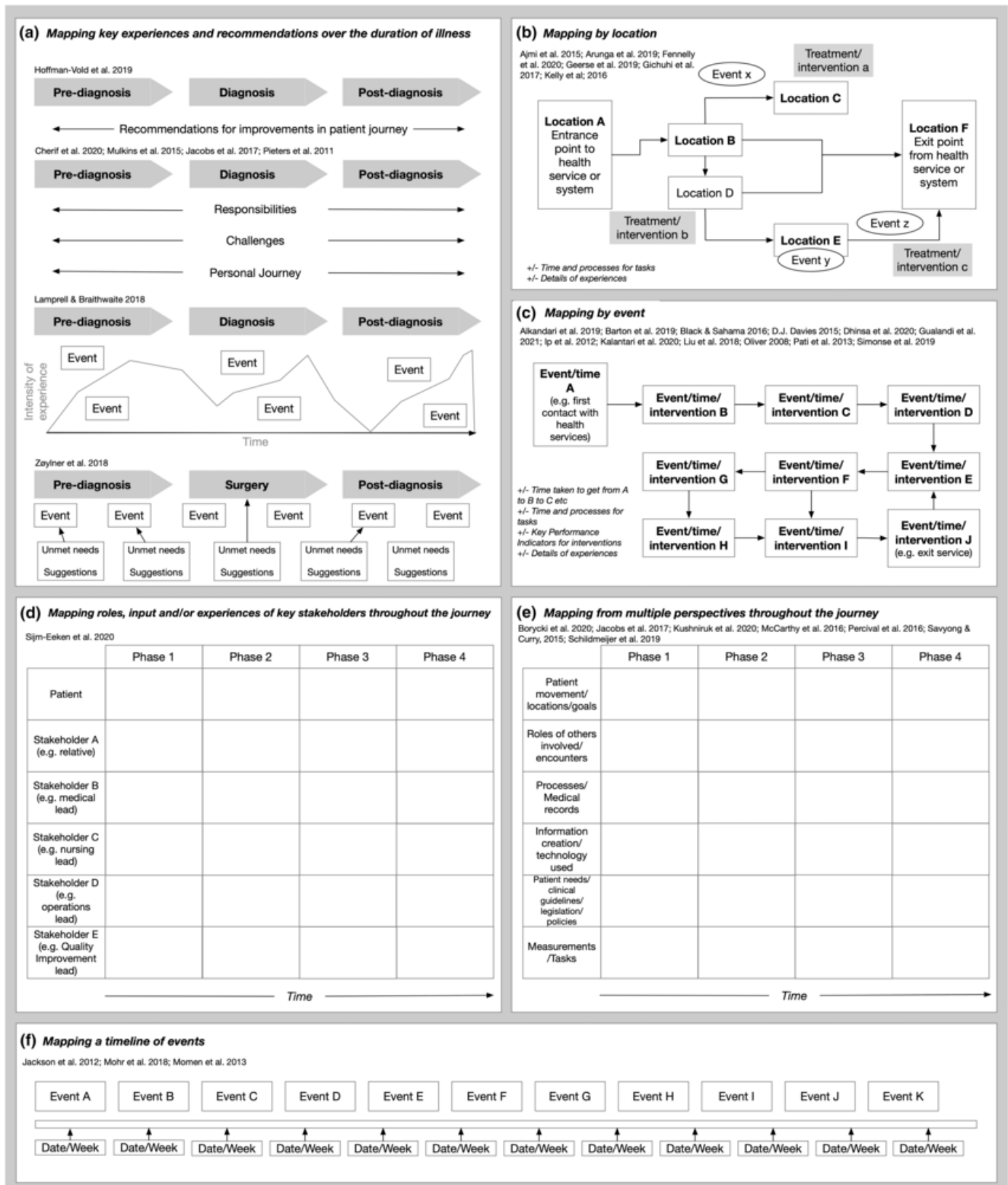


Figure 1: Example of Tool for collecting information

The template below focuses on value mapping in the patient journey and involves the older person in understanding their experiences— see [here Patient Journey Value Mapping: Illustrating values and experiences along the patient journey to support eHealth design.](#)¹






PATIENT JOURNEY VALUE MAP			
<div></div> <div>TIMELINE</div>	<div>Please describe the phases and relevant events along your rehabilitation. A phase describes a period in time. Examples of phases include: the start of the rehabilitation, period around the first medical review meeting and the period after extending the rehabilitation. Examples of shorter phases include: morning, afternoon, evening, therapy week and outpatient visiting week. An event on the other hand, occurs during a phase, such as: intake meeting, goal setting, attending therapy, gaining new insights, looking progress, exercising at home, of transitioning with therapists.</div>	<div>PHASES</div>	
<div></div> <div>DESCRIPTION</div>	<div>Shortly describe what the event listed in the timeline entails. Answers may be written down in bullet points. In case you feel uncertain about what to write here, consider the following example prompts you could address: 1. Which steps or components does the event comprise? 2. Which actions did you perform? 3. Who was involved in the event? 4. Does the event occur often?</div>	<div>EVENTS</div>	
<div></div> <div>EMOTIONS</div>	<div>Please indicate how positively or negatively you experienced each of the events. You may draw a graph to illustrate how your emotions evolve over time across the different events. On the gray bar, you may specify the corresponding emotion, such as: happy, hopeful, proud, relieved, satisfied, relaxed, courageous, inspired, frustrated, fearful, nervous, stressed, dissatisfied and disappointed.</div>	<div>+</div>	
		<div>-</div>	
<div></div> <div>VALUES</div>	<div>For each event, write down the 5 most important values which apply to your experience on the line on the left hand side. It is also fine to list less than 5. Examples of values include: safety, control, independence, transparency, trust, awareness, efficiency, involvement and continuity. Next, rank the values from 1 to 5 based on personal priority using the line on the right hand side. In case you believe that the value is already supported well enough, you may tick the box. Otherwise, you may leave the box unticked.</div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
		<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>

Figure 2: Patient Journey Value Map

A more simplified template as shown below which was created by Delve Designs can be downloaded from [here](#)²

 Delve

Journey Map Template

map name: _____




Phases	1	2	3	4
Steps				
Environments				
Touchpoints				
<div></div>				
<div></div>				
<div></div>				
Gains				
Pain Points				
Opportunity Areas				

Figure 3: Simplified template for patient journey mapping

¹ Bui, M., Oberschmidt, K., & Grünloh, C. (2023). Patient Journey Value Mapping: Illustrating values and experiences along the patient journey to support eHealth design Proceedings of Mensch und Computer 2023, Rapperswil, Switzerland. <https://doi.org/10.1145/3603555.3603558>

² <https://www.delve.com/insights/how-to-use-patient-journey-mapping-to-design-an-outstanding-patient-experience>

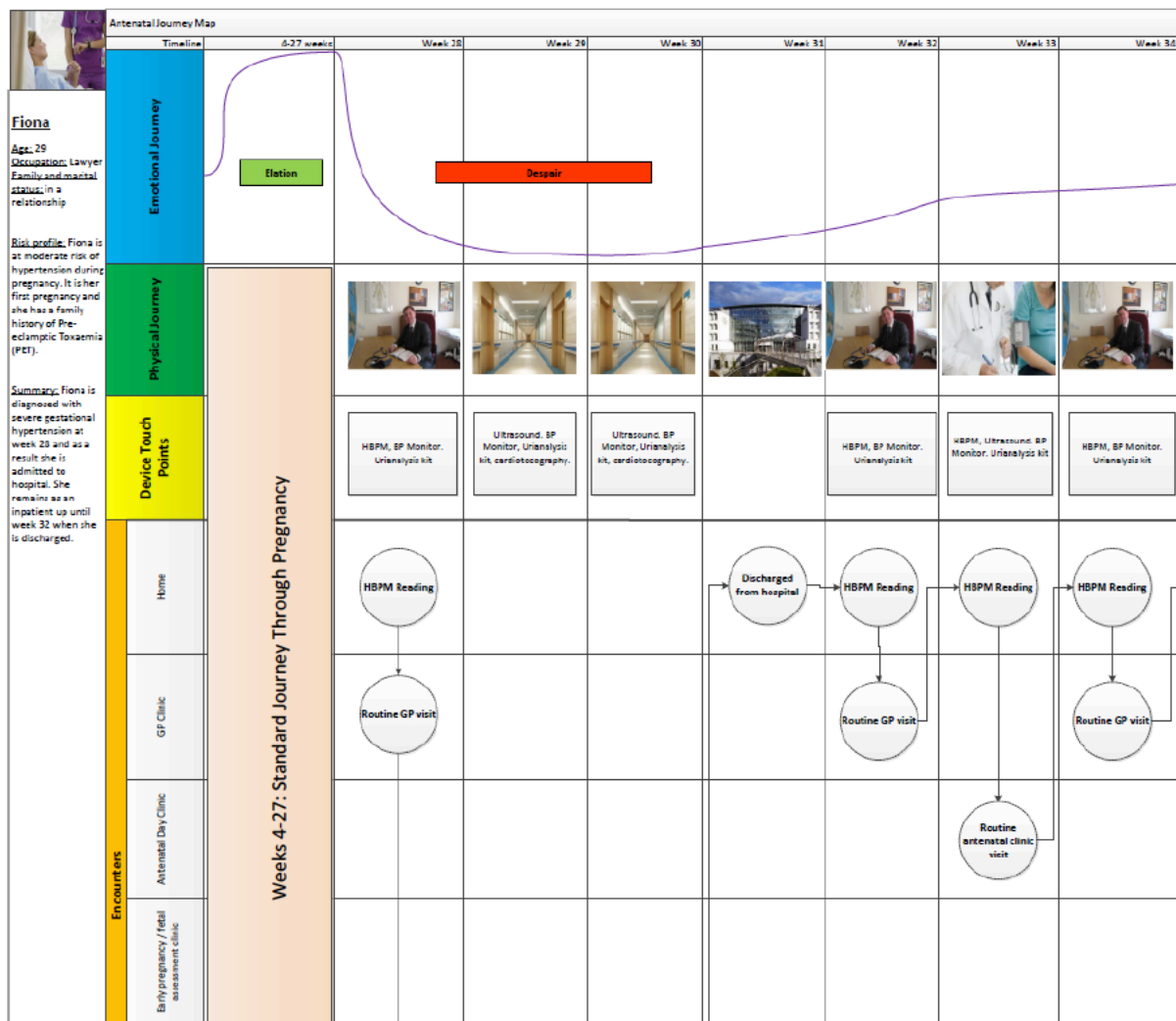


Figure 4: Completed Integrated Care Patient Journey Map – full paper in footnote with blank templates³

³ McCarthy, S. O'Raghallaigh, P., and Adam, F. (2024). [Integrated Patient Journey Mapping: A Sensemaking Approach for Health Information Systems Research](#), in Gray, K. & Lederman, R. (eds), Health Information Systems Research Handbook, Edward Elgar Publishing Ltd., Cheltenham, UK. Forthcoming publication