Journey Mapping tool

Visualising a person's experience of a service
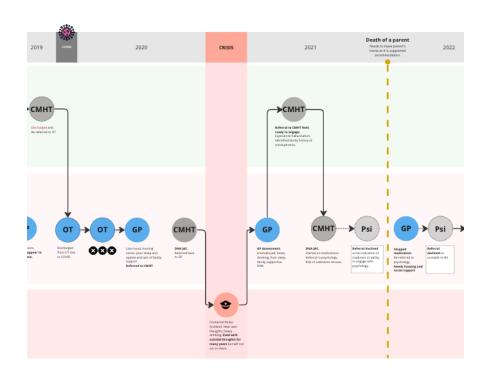
Mariana Monteiro, HIS service design team

Supporting better quality health and social care for everyone in Scotland

Healthcare Improvement Scotland

NHS SCOTLAND

Journey Mapping tool

Agenda

- Intro

- Understanding the brief

  – Internal Research & Insights

  – Mapping use cases

- Developing the tool

  – Co-creation workshops

  – Requirements and constraints

- The tool

  – Guidance

  – Available formats: miro, powerpoint and online resource

The brief/challenge

Applying a human centred methodology to journey mapping

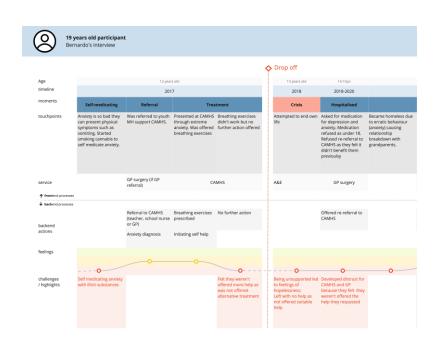Supporting better quality health and social care for everyone in Scotland

How we started

The challenge

There are no guidelines on how to convey a message effectively through a journey map. Information is presented differently across the organisation which causes confusion and inconsistency.

The aim

Develop a reusable package including standard guidelines and best practice examples for information to be visualised in a journey map.

What we found out

Journey mapping without reflecting on the why

Teams are not taking time to reflect on the tool's purpose and what information they want to highlight.

As a result, journey maps can sometimes be overwhelming and difficult to read with too much information.

Lack of best practice examples and guidance make it harder to perform
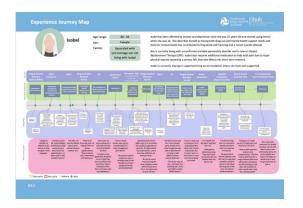
Teams are lacking best practice guidance and easy-to-use tools to visualise people's journeys across one or multiple services.

Currently there are no guidelines on how to convey *a message / insight / opportunity* through a journey map.
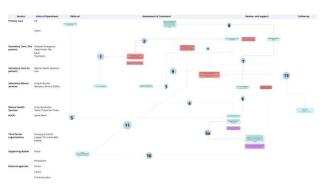
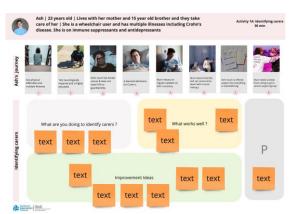## Different levels of experience with journey mapping

Journey mapping is done widely across the organisation to visualise information. By recognising the different levels of experience we can ensure the Journey Map package is easy-to-use for everyone, regardless of their level of expertise.

What it looked like

Scheduled Care

Unscheduled Care

Requirements and constraints

Requirements

+ Iterative and open

Living document that considers feedback loops and improvement cycles

+ Consistent but flexible

Give people freedom within clear guidelines

+ Easy to use for different audiences

Consider people with different level of design and journey mapping experience

+ Include best practice examples

Include examples of how the tool looks in practice to inspire people in the organisation

Constraints

⚠ Large organisation

Inevitably it is difficult to launch a new tool in a big organisation like Healthcare Improvement Scotland

⚠ Organisational structure and governance

Complex structures and multiple decision-makers

⚠ Technical skills

Range of tech skills could be a barrier to adoption

⚠ Multiple barriers to adoption

Reluctance form stakeholders and employees to use a new tool

Suite of tools

Event Cards

An adaptable tool to help you capture touchpoints during an interview with a participant.

Components

- Printable A4 sheets with cutting guidelines
- Prompt questions for interviews with users

Journey Map templates

A series of templates focusing on different elements in a person's journey

Components

- Templates A,B,C,D
- Instructions on how to use with examples of best practice
- Icon library and color guidelines

Brainstorm Cards

A set of cards to prompt teams to think about future service improvements.

Components

- 28 brainstorming cards

Reflection Cards

A set of cards to prompt teams to reflect about current service challenges and understand why they happen.

Components

- 32 reflection cards

Journey Map package: When to use

Before the interview

- Create a **Conversation Guide** to help you lead the interview

- Print the Conversation Guide

- Print the **Event Cards**

  Event Cards are a tool created to help you capture data during the interview

During the interview

- Use the **Event Cards** to help you capture data

  In order to be trauma informed, you can cut the Event Cards sheets so participants can move things around to organise steps chronologically.

- Take **verbatim notes** and **quotes**

After the interview

- **Organise your Event cards** and take a photo to capture their order

- **Choose one** of the Journey Map Templates in the package

  Reflect on the themes that came out in the interview and what information you want to highlight.

- **Create your Journey Map**
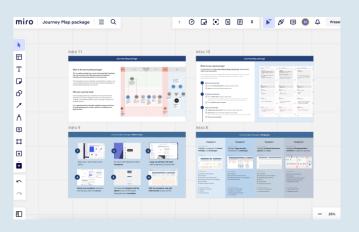
Formats available

Template A

When to use this template
Highlight a sequence of **events**, **feelings** and **challenges.**

Template preview

Template Components
- Timeline of events (dates)
- Touchpoints
- Services interacted with
- Challenges & highlights
- User feelings
- Mental and Physical Health

You can add these components
- Medication / treatment
- Quotes
- Service drop-offs

Template B

When to use this template
Highlight **opportunities** resulting from **challenges.**

Template preview

Template Components
- Touchpoints
- Services interacted with
- Challenges & highlights
- Missed opportunities

You can add these components
- Timeline of events (dates)
- Medication / treatment
- Mental and Physical Health
- Service drop-offs

Template C

When to use this template
Highlight **backend processes, policies** and **data.**

Template preview

Template Components
- Touchpoints
- Services interacted with
- Stakeholder steps (backend)
- Policies
- Data gathered
- Data shared and format

You can add these components
- Timeline of events (dates)
- Missed opportunities
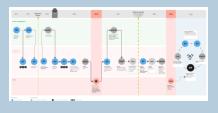
Template D

When to use this template
Highlight **all organisations involved** in a person's journey.

Template preview

Template Components
- Timeline of events (dates)
- Touchpoints
- Services interacted with
- Stakeholder steps (backend)
- Significant life events

You can add these components
- Missed opportunities
- Engagement Levels
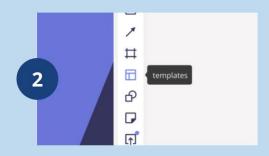
1 Open your / your team's miro board

2 On miro's left side panel, select **Templates**

3 **A pop up window will open** with templates to choose from
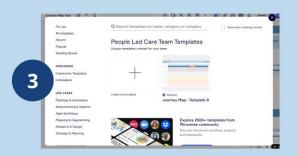
4 **Select one template**, based on the info you want to highlight

5 The selected **template will be added** to your miro board, alongside some **examples**

6 **Edit the template and add information** as you see fit!

19 years old participant
Barnardos interview

Healthcare Improvement Scotland

◇ Drop off

Age		12 years old			13 years old	14-15yo		16 years old		18 years old
timeline		2017			2018	2018-2020		2021		2023
moments		Self-medicating	Referral	Treatment	Crisis	Hospitalised		Getting support		Treatment
touchpoints		Anxiety is so bad they can present physical symptoms such as vomiting. Started smoking cannabis to self medicate anxiety.	Was referred to youth MH support CAMHS.	Presented at CAMHS through extreme anxiety. Was offered breathing exercises	Breathing exercises didn't work but no further action offered	Attempted to end own life	Asked for medication for depression and anxiety. Medication refused as under 18. Refused re-referral to CAMHS as they felt it didn't benefit them previoulsy	Became homeless due to erratic behaviour (anxiety) causing relationship breakdown with grandparents.	Presented at Health and Housing services and they only supported individual with housing requirements. Stated the anxiety was due to being homeless.	Presented to Barnados 'Hopscotch' and was offered one-to-one support	Returned to GP with anxiety and explained that was using cannabis to cope. Was given medication for anxiety
service			GP surgery (if GP referral)	CAMHS	A&E	GP surgery		Health and housing service	Third sector youth substance misuse	GP surgery

↑ **front**end processes
↓ **back**end processes

| backend actions | | Referral to CAMHS (teacher, school nurse or GP) | Breathing exercises prescribed | No further action | | Offered re-referral to CAMHS | | Housed in own accommodation | Given 1-1 MH support | Suitably medicated for MH needs |
| | | Anxiety diagnosis | Initiating self help | | | | | | | |

feelings

challenges / highlights

| Self medicating anxiety with illicit substances | | | Felt they weren't offered more help as was not offered alternative treatment | Being unsupported led to feelings of hopelessness; Left with no help as not offered suitable help | Developed distrust for CAMHS and GP because they felt they weren't offered the help they requested | | Lack of MH support led to homelessness; No MH help offered at homeless service; Staff assuming anxiety was situational and not deep rooted | Responded well to this treatment due to the 1-1 nature, as it reduces group anxiety | *"I need to take drugs to deal with things, to feel what normal people feel"* |

Template B

Jame's Journey
description

Healthcare **Improvement** Scotland

moments	Initial Pain	Visit the GP/hospital		Withdrawal	Starting drug use	Referral, assessment and support			Crisis episode		Contact with DARS	Pharmacy	Access support
touchpoints	**Root canal treatment.** Started living with severe tooth pain for over 6/7 years	Had a GP consultation regarding pain. **Received referral for investigation.**	CT Scan confirmed broken tooth embedded near sinus and **non-operable. Was prescribed Tradamol**	After 2 years, **decided to stop Tradamol** because was feeling numb and not himself.	**Introduced heroin as a pain killer** and got "hooked" Later on started using using street valium	**Self-referral do DARS**	**DARS assessment**	Getting drug support from and started on 30ml methadone	**Psychotic episode** and was taken to hospital and went through assessment	**Discharged himself** from hospital	**Told key worker about crisis**. There was no perceived action	Went to the pharmacist and got methadone issued daily	Access to **advocacy and recovery support** drop-in
service	Dentist	GP	Hospital			Drug & Alcohol Recovery Service (DARS)			Police MH Inpatient Unit	MH Inpatient Unit	DARS	Pharmacy	3rd sector org
pain points	Left the dentist with severe pain, without any prescriptions or further referrals/help		Was told the Tradamol wasn't addictive and was taking 10-12 pills a day to relief the pain	**Medication discontinuation** by own choice		**8 week wait time** for DARS appointment after self-referral	During assessment period one has to be clean *"it feels like they don't believe you"*	No Mental Health support		No follow up contact after hospital discharge	No perceived support from key worker after telling them about recent crisis		

🕐 🤝 🙌   ✋

Missed opportunities

/

What could have been done differently?

| | **Utilise wait times** Develop new ways for people to get different types of help & advice right after self-referral and/or referrals. | **New ways of showing commitment** Make people feel supported and trusted by changing the narrative around assessment was changed from "we don't believe you" to "we've got your back". | **Holistic Mental Health support** Provide holistic support beyond drug support and advice, offering different types of help (including Mental Health)? | **Improve follow up support** Develop a more holistic, personal and intensive follow up support after crisis to ensure the person is in recovery and has the support needed. |

Template C

Person's Journey
description

Healthcare Improvement Scotland

moments	initial assessment	visit GP		referral	CRISIS	referral	assessment		support	
service	dentist	GP		CRHTT	A&E	hospital	DARS		3rd sector org	
service user touchpoints	**Root canal treatment.** Started living with severe tooth pain for over 6/7 years	Had a GP consultation regarding pain. **Received referral for investigation.**	CT Scan confirmed broken tooth embedded near sinus and **non-operable. Was prescribed Tradamol**	CRHTT assessment	**Psychotic episode** and was taken to hospital and went through assessment	**Hospital referral to DARS**	**DARS assessment**	Getting drug support from and started on 30ml methadone	Access to advocacy and recovery support drop-in	

↑ **front**end processes

↓ **back**end processes

stakeholder 1 actions	step 1			step 1	step 1	step 1				
stakeholder 2 actions		step 1	step 1				step 1	step 1		
stakeholder 3 actions									step 1	step 1

| **Policies** | Lorem ipsum dolor sit amet, consectetur adipiscing elit. Etiam vitae nisi in est venenatis malesuada. | | Lorem ipsum dolor sit amet, consectetur adipiscing elit. | | Etiam vitae nisi in est venenatis malesuada. Nunc tempus sollicitudin lectus quis sagittis. | | Lorem ipsum dolor sit amet, consectetur adipiscing elit. Etiam vitae nisi in est venenatis malesuada. Nunc tempus sollicitudin lectus quis sagittis. | | Lorem ipsum dolor sit amet, consectetur adipiscing elit. Etiam vitae nisi in est venenatis malesuada. | |
| **Data** Data held | | Ut id felis ornare, porttitor turpis vel, egestas ante. | | Nullam pellentesque diam pretium, sodales lacus ac, venenatis lacus. Nam gravida condimentum dui, a posuere ex. | Nullam pellentesque diam pretium, sodales lacus ac, venenatis lacus. | | Nullam pellentesque diam pretium, sodales lacus ac, venenatis lacus. Nam gravida condimentum dui, a posuere ex. Ut id felis ornare, porttitor turpis vel, egestas ante. | | | |
| data channel / stored | | Ut id felis ornare, porttitor turpis vel, egestas ante. | | Ut id felis ornare, porttitor turpis vel, egestas ante. | | | Ut id felis ornare, porttitor turpis vel, egestas ante. | | | |
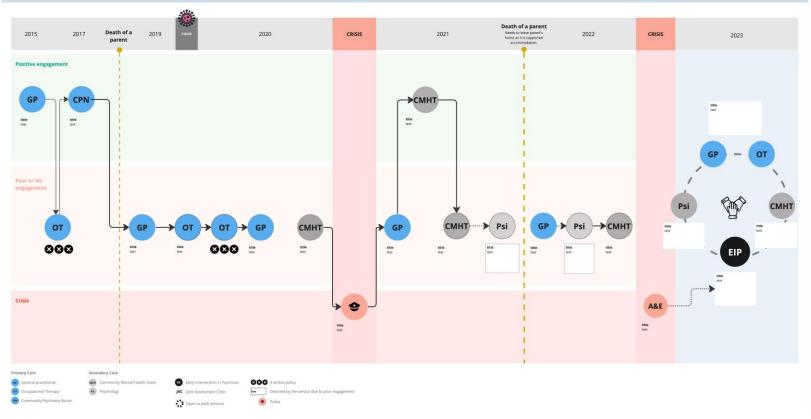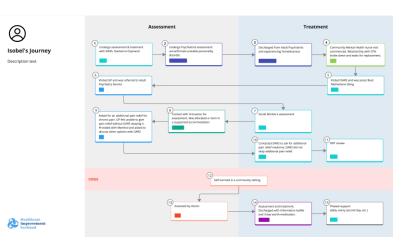
Adam, 21 years old
Was first referred to CAMHS when he was 6 years old for behavioral problems and family issues. Had multiple disengagements until he was in touch with the GP in 2015
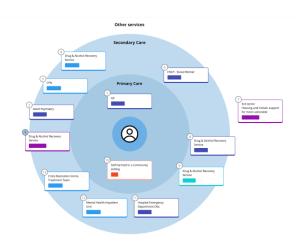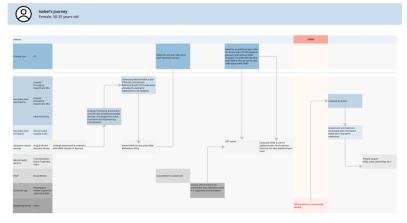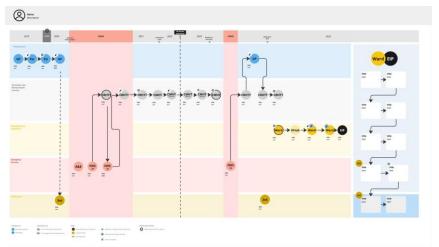
Healthcare Improvement Scotland

| 2015 | 2017 | Death of a parent | 2019 | COVID | 2020 | CRISIS | 2021 | Death of a parent — Needs to leave parent's home as it is supported accommodation. | 2022 | CRISIS | 2023 |

Positive engagement

GP
title
text

CPN
title
text

CMHT
title
text

Poor or No engagement

OT
❌❌❌

GP
title
text

OT
title
text

OT
❌❌❌

GP
title
text

CMHT
title
text

GP
title
text

CMHT
title
text

Psi
title
text

GP
title
text

Psi
title
text

CMHT
title
text

Psi
title
text

GP — OT

CMHT

EIP

title
text

Crisis

(Police)
title
text

A&E
title
text

title
text

Primary Care
- GP General practitioner
- OT Occupational Therapy
- CPN Community Psychiatry Nurse

Secondary Care
- CMHT Community Mental Health Team
- P4 Psychology

- EIP Early Intervention in Psychosis
- JAC Joint Assessment Clinic
- Open to both services

- ❌❌❌ 3 strikes policy
- Declined by the service due to poor engagement
- Police

Template D

Getting feedback

Miro board

[Miro board link](#)

PowerPoint

[PowerPoint link template A](#)
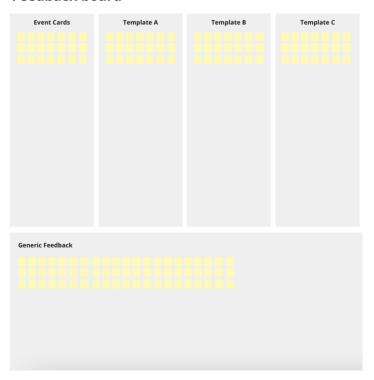
[PowerPoint link template B](#)

[PowerPoint link template C](#)

Healthcare Improvement Scotland

[Online resource link](#)

Feedback board

| Event Cards | Template A | Template B | Template C |

Generic Feedback

Keep in touch

Thank you!

Twitter: @marianapenamon1

Email: marianapenamonteiro@gmail.com

Web: healthcareimprovementscotland.org

Blog: blog.healthcareimprovementscotland.org

Healthcare Improvement Scotland

Supporting better quality health and social care for everyone in Scotland

Advice on new medicines

Advice on health technologies

Standards, guidelines and indicators

Inspections and reviews

Enabling health and social care improvement

Death Certification Review Service

Scottish Patient Safety Programme

Safeguarding antibiotics

Community Engagement

Global quality improvement webinars