

# BPM in één dag

Workarounds/olifantenpaadjes als startpunt voor procesverbetering

# Voorbeeld: artsen

Tuesday, 20 June 2006. Our computer system has been upgraded and, as happens eleven times out of ten when the hospital tries to make life easier, they've made everything much more complicated. It certainly looks much whizzier (and less like an MS-DOS program from school), but they've not actually fixed any of the massive clunking problems with the software, they've just slapped an interface on top of it. It's the equivalent of treating skin cancer by putting make-up over the lesion. (...)

The blood tests now all live in a drop-down menu, and to order one involves scrolling down an alphabetical list of every test any doctor has ever ordered in the history of humanity. To get down to 'Vitamin B12' takes 3 minutes [and] 17 seconds. And if you press the letter 'V' rather than wading down there manually, then the system crashes so badly you have to turn the computer off at the wall and all but use a soldering iron to get it working again. Ninety-nine per cent of the time we order the same dozen tests and yet, rather than prioritizing those at the top of the list (even the easyJet website knows to put the UK above Albania and Azerbaijan), they're scattered throughout a billion tests I've never heard of or requested. Who knew there were three different lab tests for serum selenium?

As a result, there's a very narrow window of anaemic patients I will now order Vitamin B12 levels for. If you're only mildly anaemic I'm not wasting the day with my finger pressing on the down arrow for three minutes. And if you're severely anaemic, I won't order it because you'll probably be dead by the time I've done so.

From: Kay, A. (2017). This is going to hurt: secret diaries of a junior doctor. Pan Macmillan.





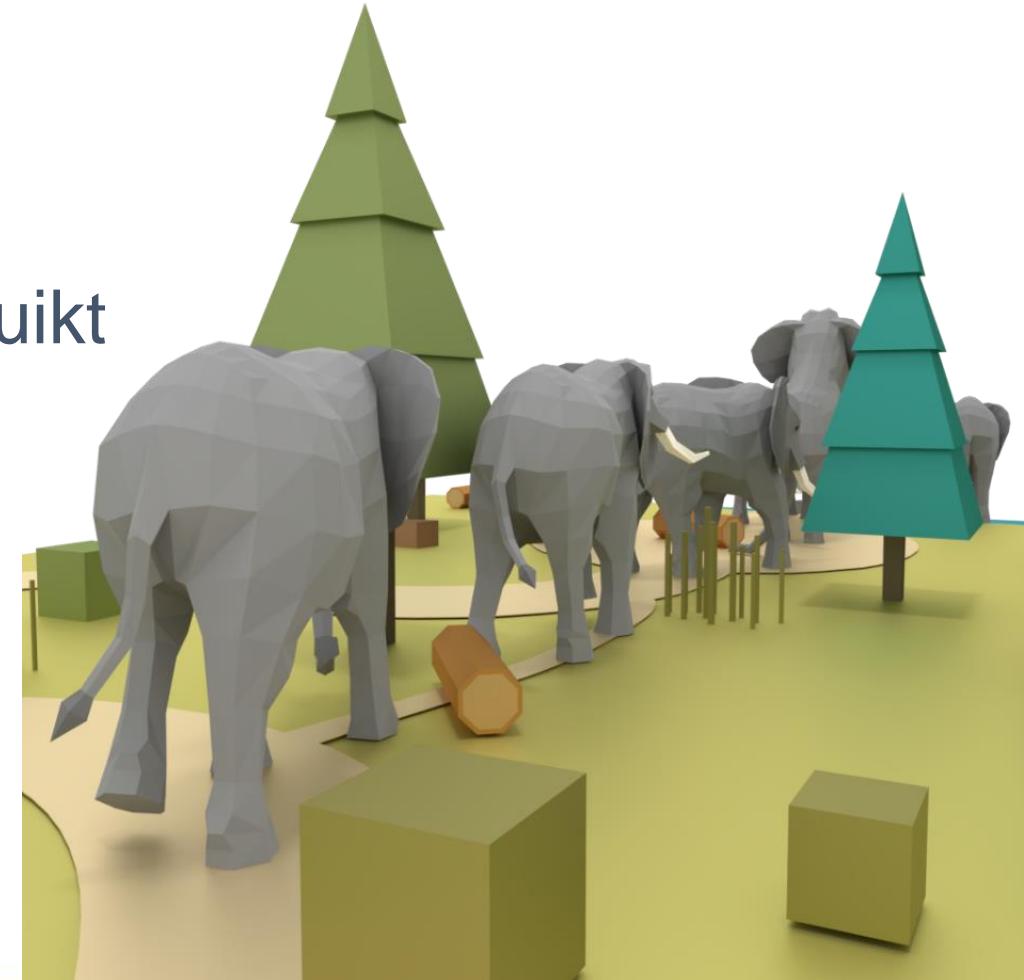
# Voorbeeld: wachtwoorden



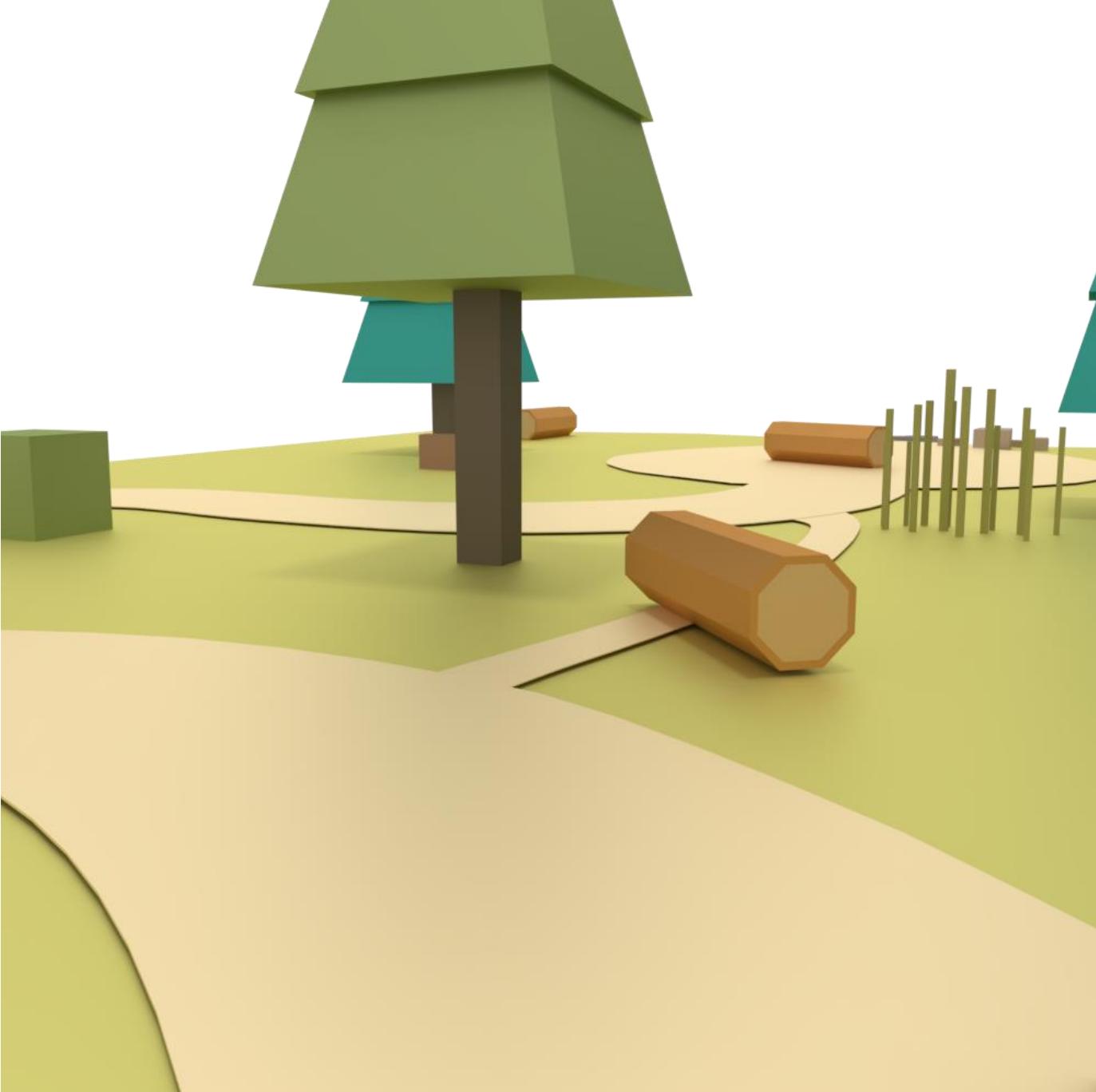
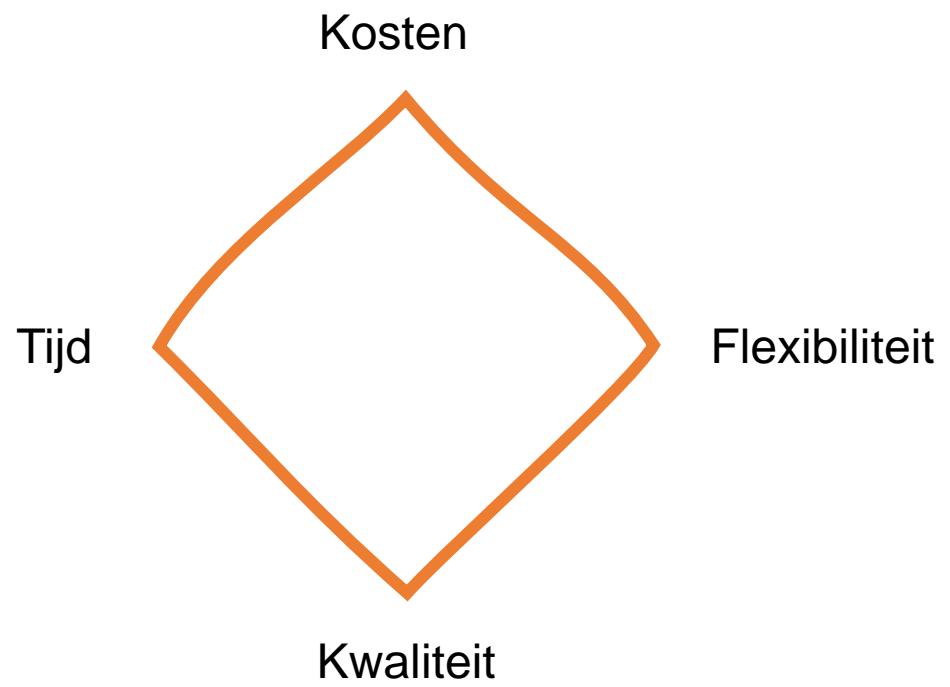
Koppel, R., Smith, S. W., Blythe, J., & Kothari, V. H. (2015). Workarounds to computer access in healthcare organizations: you want my password or a dead patient?. *ITCH*, 15(4), 215-220.

# Olifantenpaadjes checklist

- Er is een *voorgeschreven* pad
- Men ervaart een *obstakel*
- Het *doel* verandert niet
- Het olifantenpaadje is *opzettelijk* gebruikt



# Effect



# Acties

## Voorkomen

- Maatregelen ontwikkelen om het olifantenpaadje te voorkomen

## Adopteren

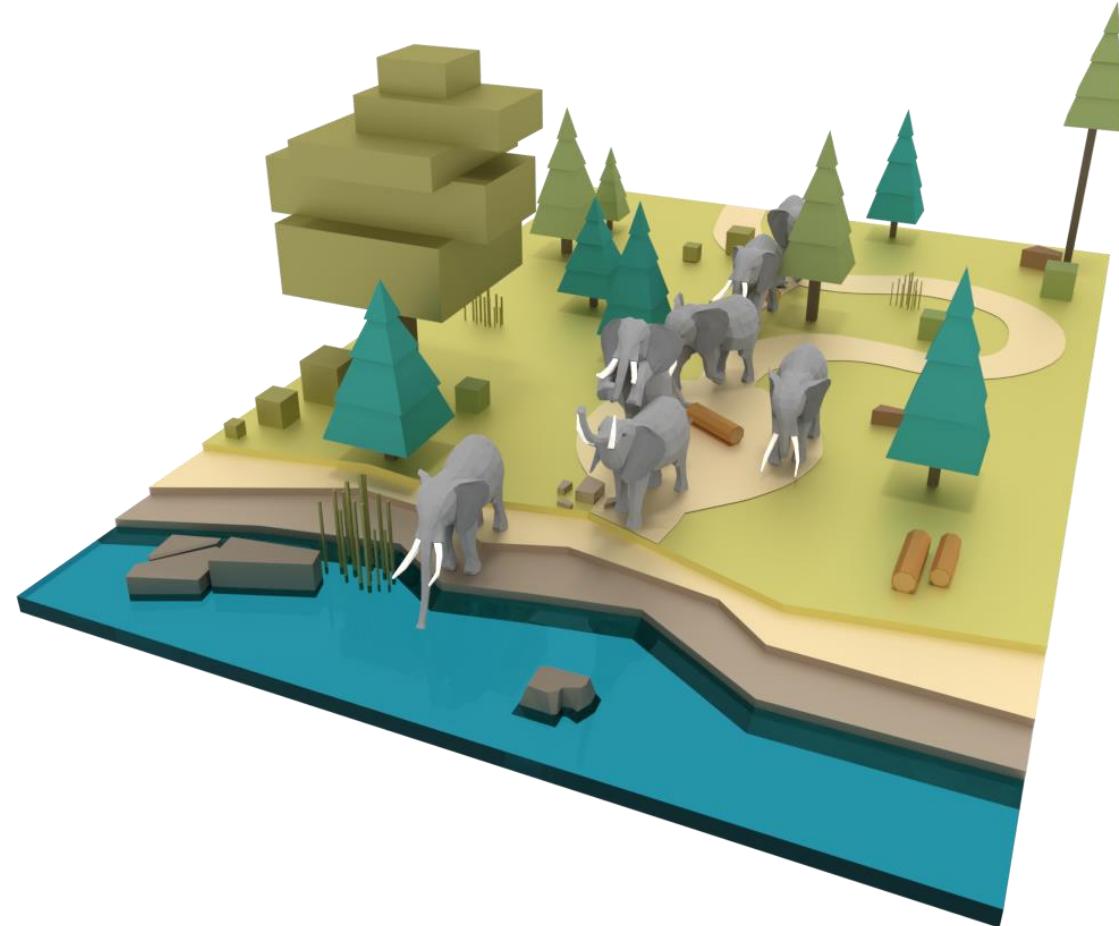
- Het olifantenpaadje invoeren als formele afspraak

## Herontwerpen

- Het proces reorganiseren zodat het olifantenpaadje niet langer nodig is

## Negeren

- Geen actie ondernemen



# Break-out discussie

- Welke olifantenpaadjes gebruiken jullie?
  - Wat voor effect hebben die op het proces?
  - Welke acties passen er het beste bij?
- 
- 10-15m per workaround
  - Om 14.30u gezamenlijke discussie



Dank voor uw aandacht.