Business Process Modelling

INFS 5108

Assessment 2

Group H4

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May 2024

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EXECUTIVE SUMMARY

ACH Group is a healthcare organization dedicated to assisting patients in transitioning smoothly from hospital care to home through structured care programs. The existing processes are heavily manual, involving data entry from PDFs into systems and coordinating care through multiple healthcare professionals with significant reliance on physical documentation. Antoinette Nguyen, as the Care Manager, is pivotal in managing the transition care program. She is responsible for the initial assessment, ongoing coordination, and final discharge processes, ensuring that each patient's care plan is tailored to their specific needs. The roles of allied healthcare professionals are also critical as they collaborate to update and review the patient's progress and adjust care plans as needed. The analysis of the current 'As-Is' processes has highlighted several areas for improvement, particularly in reducing manual tasks and enhancing system integration. The proposed 'To-Be' processes include the adoption of Care Management System (CMS) to streamline data handling, improve accuracy, and facilitate real-time communication and updates. Recommendations focus on automating patient profile creation, using intelligent algorithms for staff assignments, and centralizing documentation to enhance operational efficiency and patient care quality.

BUSINESS PROCESS 1 | ACH Homecare Program Acceptance Process

As-is Business Process 1

The first process (Figure 1) of the ACH company is the ACH Homecare Program Acceptance Process, which is used for analysing the feasibility and accepting the program request. This process contains several steps including receiving the request, starting the analysis of the program feasibility, checking the healthcare team's schedule, accepting or denying the request, and sending the decision to the hospital. This is one of the main businesses in the ACH company, therefore, denying the program request does not mean they reject the request, the care manager may need to communicate with the hospital for more or different plan's details in the program, and after the hospital modify the request requirements, the ACH care manager will run the process again to check the feasibility with the new requirements. The below contains the diagram explanation and steps analysis to dig deeper into this process and for future improvement.

The BPMN diagram (Figure 1) starts from the top-left-hand side when hospitals send a program request PDF file which contains the patient information and treatment care plan to the ACH company. When the ACH care manager receives the PDF file, she first needs to save the file into their G-drive database manually in order to share the data with their colleagues. Then she starts analysing the program's feasibility to decide whether to accept or deny the program request.

The program feasibility is mainly checking the ACH company healthcare team's schedule whether they are able to fit the requirements or not, such as their available time, and treatment types. By understanding all necessary healthcare team's time and feasibilities, the care manager based on this decides to accept or deny the request. Then the care manager needs to send the messages to the hospital and patient for notice. If the care manager denies the request, she needs to communicate with the hospital for further discussion.

Challenges in the As-Is Business Process 1

Based on the business process that we have drawn, the process has some steps that can be seen as redundant such as storing the data files. Besides, there are two main challenges that can be improved including:

o   Analysis the program feasibility:

Analysing the feasibility of the healthcare team and requirements is critical in this process which is time-consuming due to the care manager waiting for the result of the feasibility, and if the feasibility check needs to be rescheduled, the process will need to go back to check and start again.

o   Communicate channel with the hospital:

Our interviewee has mentioned that only E-mail for discussion can be insufficient since some of the tasks or requests can be urgent, and message is not an effective way for communication.

These two parts of issues impact the process heavily, hence future improvement should mainly consider these issues and provide some better solutions.

Figure 1

ACH Homecare Program Acceptance Process | As-is Diagram
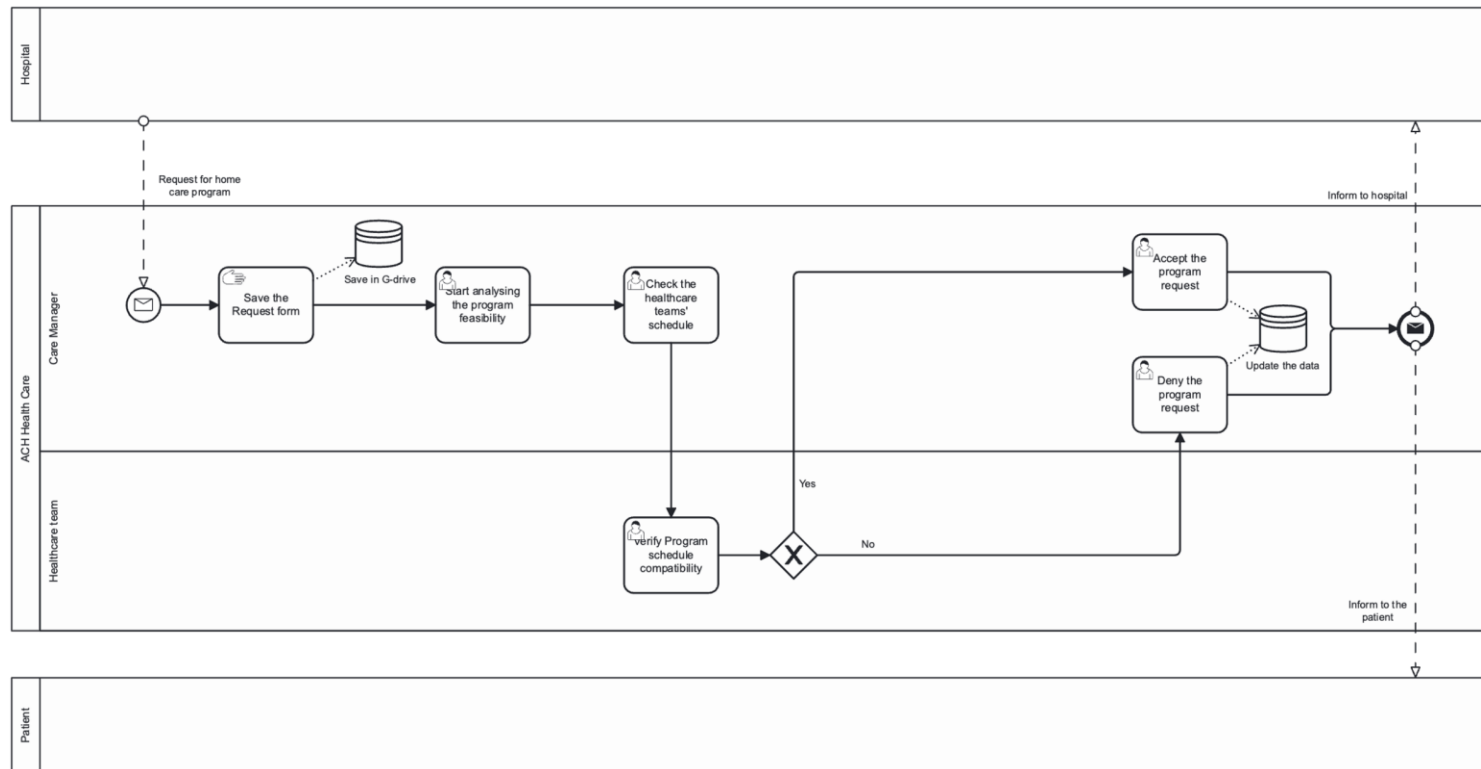
Note. Source: (created by the author).

To-be Business Process 1

According to the concerns expressed by present employees, there is a requirement to manually handle many documents online utilising word processors, spreadsheets, and PDF readers. Managing many projects with various documents can be time-consuming. We provide three potential changes to streamline this process **(Figure 2).**

1. **Implement Automated Document Management System:** Propose the implementation of a novel automated system for the reception, storage, and administration of documents using an online platform. The hospital will be given an online web form through which they may make a request for the home care program via integrated with Care Management System (CMS), eliminating the need to physically email a PDF file.

2. **Enhanced Collaboration:** Instead of manually uploading files to G-Drive online, the new automation system will automatically trigger and store the specified requests via a cloud service. Implementing a centralised document storage system will improve cooperation among team members by allowing authorised individuals to access the most up-to-date version of the material.
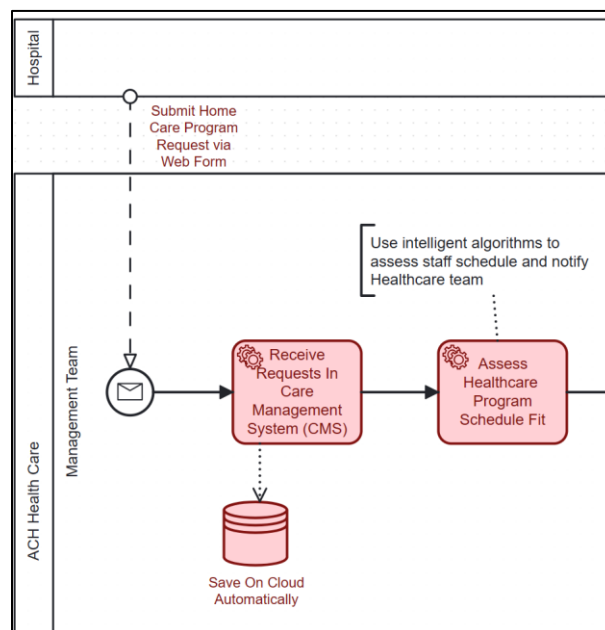
- **Feasible:** Homecare already has a PDF format, making it possible to transform the manual PDF file into an online form. Storing data online has become a feasible solution with popular services like Cloud Storage, Amazon Web Services...
- **Benefits:** Automating the management of documents would decrease human error, resulting in time savings and improved data security and accessibility.

3. **Automate Feasibility Analysis Processes:** Propose an extra program for **analysing automation feasibility** to decrease the need for manual review by human resources. The system will **automatically assess** the *program's feasibility* prior to receiving confirmation from the healthcare team. Following the confirmation of healthcare team compatibility, the team management will conduct a final review to either approve or reject the procedure. Subsequently, an automated email will be sent to both the hospital and the patients.
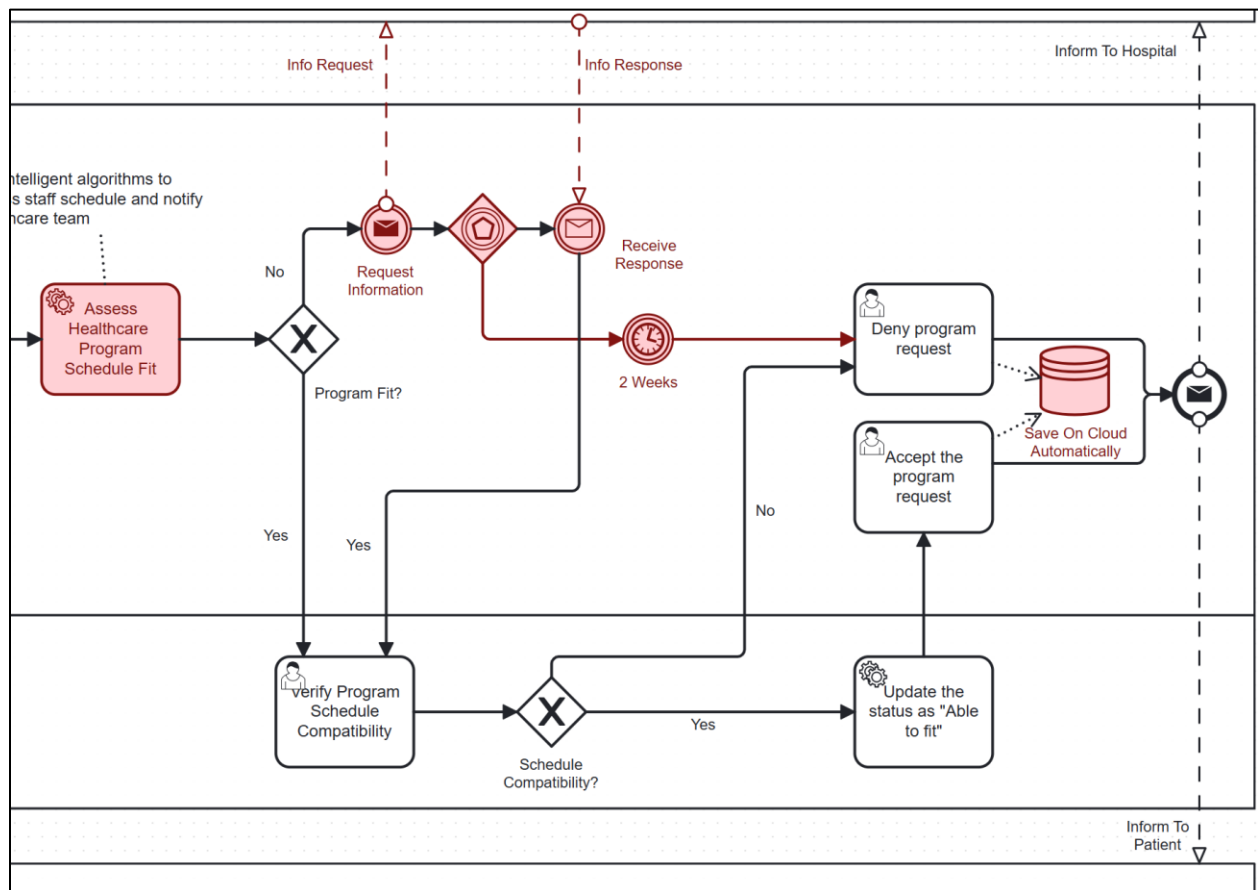

- When determining whether a program is suitable for a patient or not, if the patient is not suitable for a 12-week program, we propose implementing a handle request

and response procedure. ***This method would enable communication between the hospital and care team to improve patient needs, rather than rejecting the patient instantly.*** The system will initiate a request to the hospital in order to get any extra or missing papers that are required.

- o If the hospital responds within *a two-week timeframe*, the system will initiate an automatic analysis process to reevaluate the patient's eligibility for the program and assign them to a healthcare team for availability verification.
- o If the hospital does not respond within a two-week period, the system will automatically revoke the request and begin denying it on the grounds of being unfit.

- **Feasibility:** Implementing automated tools for patient assessment is feasible because homecare already has a set of specified standards for assessing feasibility manually. The development team may utilize these same principles while reviewing patients, just like a human would.

- **Benefits:** These improvements will expedite the program analysis process and facilitate decision-making. Implementing this strategy will enhance customer responsiveness and support a larger client base, ultimately leading to increased income for the company in the future.

Figure 2

ACH Homecare Program Acceptance Process | To-be Diagram.
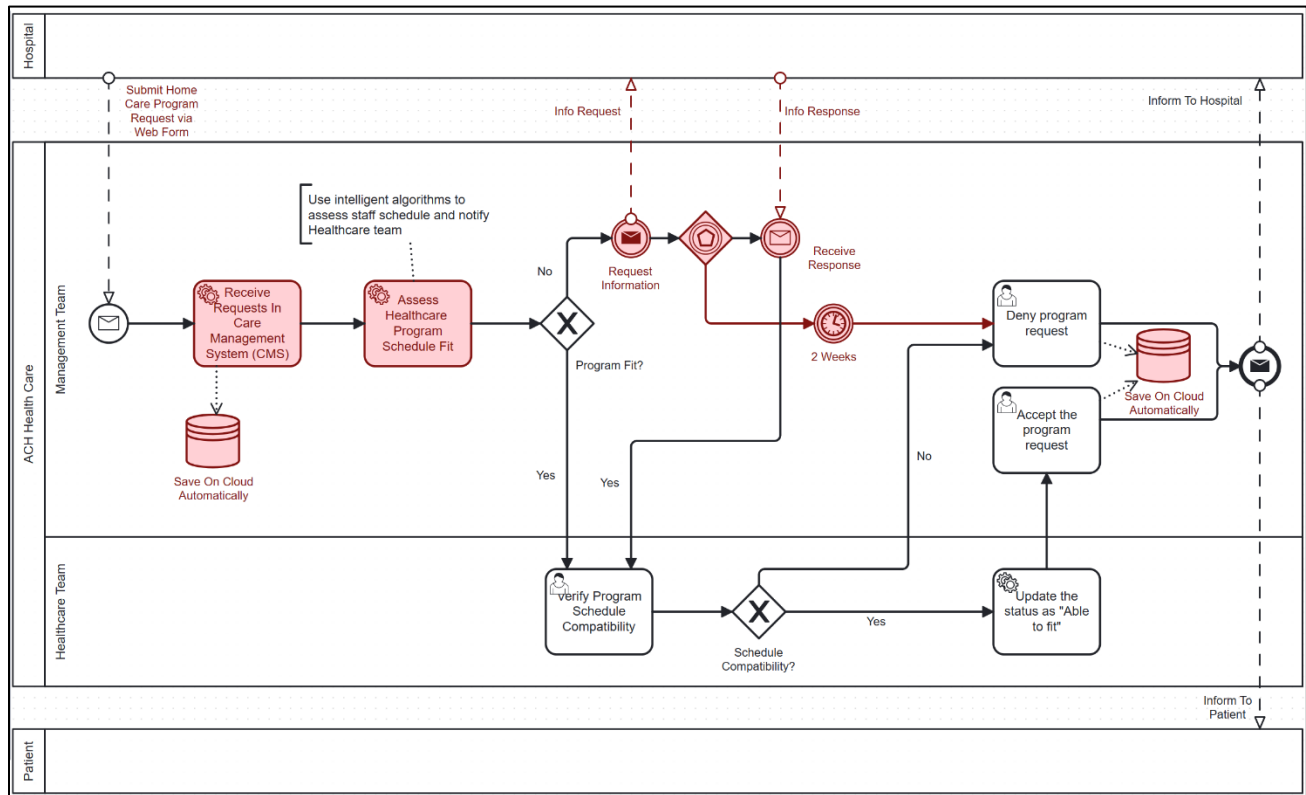
Note. Source: (created by the author).

BUSINESS PROCESS 2 | 12 Week Transition Care Program

As-is Business Process 2

In the Gilles Plain office of ACH Group, Antoinette Nguyen, the Care Manager (CM), oversees the 12 Week Transition Care Program, designed to help patients smoothly transition from the hospital back to their homes. It's a comprehensive process that requires coordination among various healthcare professionals.

The illustrated As-is diagram, as shown in Figure 3, comprises nineteen distinct activities, encompassing both manual and user tasks. It also delineates four primary swim lanes: CM, Nursing, Allied Health, and Doctors. Additionally, it encompasses two pools: Hospital and Patient.

The process begins when the CM, receives a PDF from the hospital, detailing the patient's condition. Then creates a patient profile on the Comcare system, inputting all the relevant data including support plans and progress notes. Once the profile is set up, she uploads the PDF onto Comcare. Next, the CM assigns the necessary staff members to the Care Program. The team, including allied health professionals, nurses, and doctors, then defines the transition Care Program. Once it is finalized, the team processes it, ensuring that it aligns with the patient's needs and goals. There is a sub-process that review the patient's goals at Week 3, Week 6, Week 9, and Week 12, and evaluate the patient progress. Patient goals and it reviews are documented and stored on G Drive and are documented using a Word template. At the conclusion of the program, or earlier if considered appropriate, a decision is made regarding the patient's readiness to return home. If the patient's goals have been achieved and they are considered safe at home, they are discharged. Otherwise, the program continues, by requiring an extension, which is also a sub-process. Additionally, decisions are made regarding any necessary arrangements or support needed for the patient upon discharge. This could involve directing the patient to My Aged Care for ongoing support or discharging them home without additional assistance, based on their individual needs and circumstances. Throughout this process, the roles of the patient, Care Manager, Nursing, Allied Health professionals, and Doctors are central to ensuring a successful transition and continuity of care. Throughout this process, patient folders are meticulously organized on the G Drive, by the patient's name ensuring that all information is easily accessible.

Challenges in the As-Is Business Process 2

Several challenges were identified within the as-is business process, as described on the Table 1 below:

Table 1

12 Week Transition Care Program Challenges

Challenge	Description
Manual Data Entry Errors	The reliance on manual data entry for creating patient profiles and inputting data into Comcare introduces the risk of errors or inconsistencies.
Resource Allocation	Allocating a team to the 12 Week Transition Care Program may pose challenges in terms of resource availability and workload distribution. Care Managers must ensure appropriate personnel are assigned to the program while managing other responsibilities.
Coordination and Communication	With multiple stakeholders involved, effective coordination and communication are paramount. Parallel activities such as reviewing the care program and patient goals necessitate clear communication channels to ensure alignment and timely decision-making.
Documentation and Compliance	Proper documentation of patient goals, progress notes, and decision-making processes is essential for compliance and continuity of care. Ensuring accurate, up-to-date documentation, and appropriate storage can be challenging, especially with manual processes.
Patient Involvement and Consent	Engaging patients in the review process and obtaining their consent for goal setting and discharge decisions can be challenging.

Note. Source: (created by the author).

Figure 3

12 Week Transition Care Program | As-is Diagram
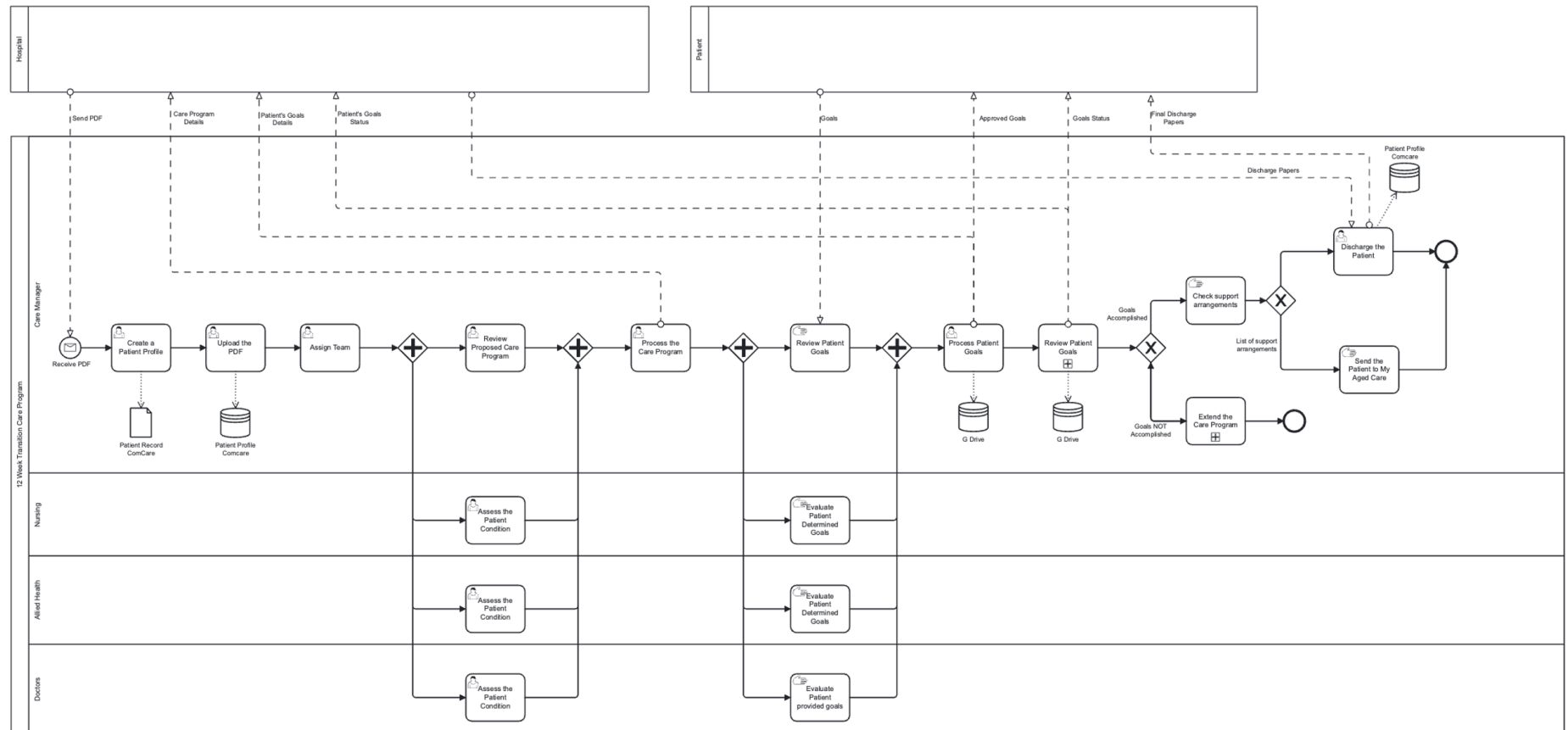
Note. Source: (created by the author).

To-be Business Process 2

The redesigned To-be process for the 12 Week Transition Care Program strategically addresses key challenges identified in the "As-is" process through the implementation of a CMS. This system eliminates manual data entry errors by automating patient profile creation and data input, thus enhancing data accuracy. It improves resource allocation by using intelligent algorithms for staff assignments, ensuring optimal workload distribution and staff utilization. The CMS facilitates effective coordination and communication through real-time updates and integrated workflows, streamlining the review of care programs and patient goals. Additionally, it ensures rigorous documentation and compliance, while also improving patient involvement by enabling digital consent and interactive goal setting.

After receiving a signed patient form, the CMS replaces the old manual process of handling PDF files by automatically creating patient profiles. Based on master data, which we configure with details like the patient's name, date of birth, address, contact number, and condition, the CMS reads the information from the last online form received from the hospital and the approval form from the Care Manager. The patient profile is automatically saved in the CMS. Then, the CMS uses intelligent algorithms to assign staff based on the schedules they have registered in the system, and notifies the relevant team, including available nurses, Allied Health professionals, and relevant doctors. Once all the relevant staff receive notifications from the CMS, they assess the patient's condition within the CMS. The manager reviews the proposed care program in the CMS, after which the process moves to the next step—processing the care program in the CMS. This replaces the manual process; all reports from the last step (assessments of patient condition) are automatically generated by the CMS and sent to the hospital. After receiving the assessments of patient conditions, doctors evaluate the patient-provided goals in the CMS. Nurses and Allied Health professionals evaluate the patient-determined goals in the CMS, and the Care Manager reviews the patient goals in the CMS. Once all have confirmed the patient's goals, the Manager can set and adjust the program goals in the CMS, and the CMS will notify the hospital of the approved goals and updated status in real time. In this process, all operations are processed in the CMS, replacing the use of G-Drive. The program goals can be reviewed by patients, hospitals, care managers, nurses, doctors, and Allied Health professionals in real time. The CMS will monitor

whether the goals are accomplished. If the goals are met, the CMS will remind the manager to check support arrangements in the CMS. If it is time to discharge the patient, the manager will generate and send the final discharge papers via the CMS. All updated reports will be stored in the CMS. Another option involves listing support arrangements, and the CMS sends the patient's data to My Aged Care.

Table 2

Estimate of the cost and benefits for this improvement

Cost	Initial Cost (AUD)		Licensing (Annually)		Total	
	$100,000 – $150,000		$20,000		$120,000 - $170,000	
Benefits	Staffs (Feasible Program Reviewer)	Average wage (AUD/Hour)	Saving Time (Staff / Week)	Saving Time (Staff Per Year)	Saving (All Staffs Per Year)	
	20	$28.75	Up to 20 Hours	$29,900	Up to $598,000	

Note. Source: (created by the author).

The use of the new CMS allows for a reduction of up to 50% in processing and operating time. The healthcare staff earns an average compensation of $1,150 per week (Health Care and Social Assistance | Labour Market Insights, n.d.), which translates to an average hourly income of $28.75 ($1,150 divided by 40 hours). The healthcare reviewing team consists of twenty members, resulting in a total savings of $329,900 multiplied by 20, which amounts to $598,000 (Salesforce Small Business Pricing: Affordable Solutions, n.d.)

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Figure 4

12 Week Transition Care Program | To-be Diagram
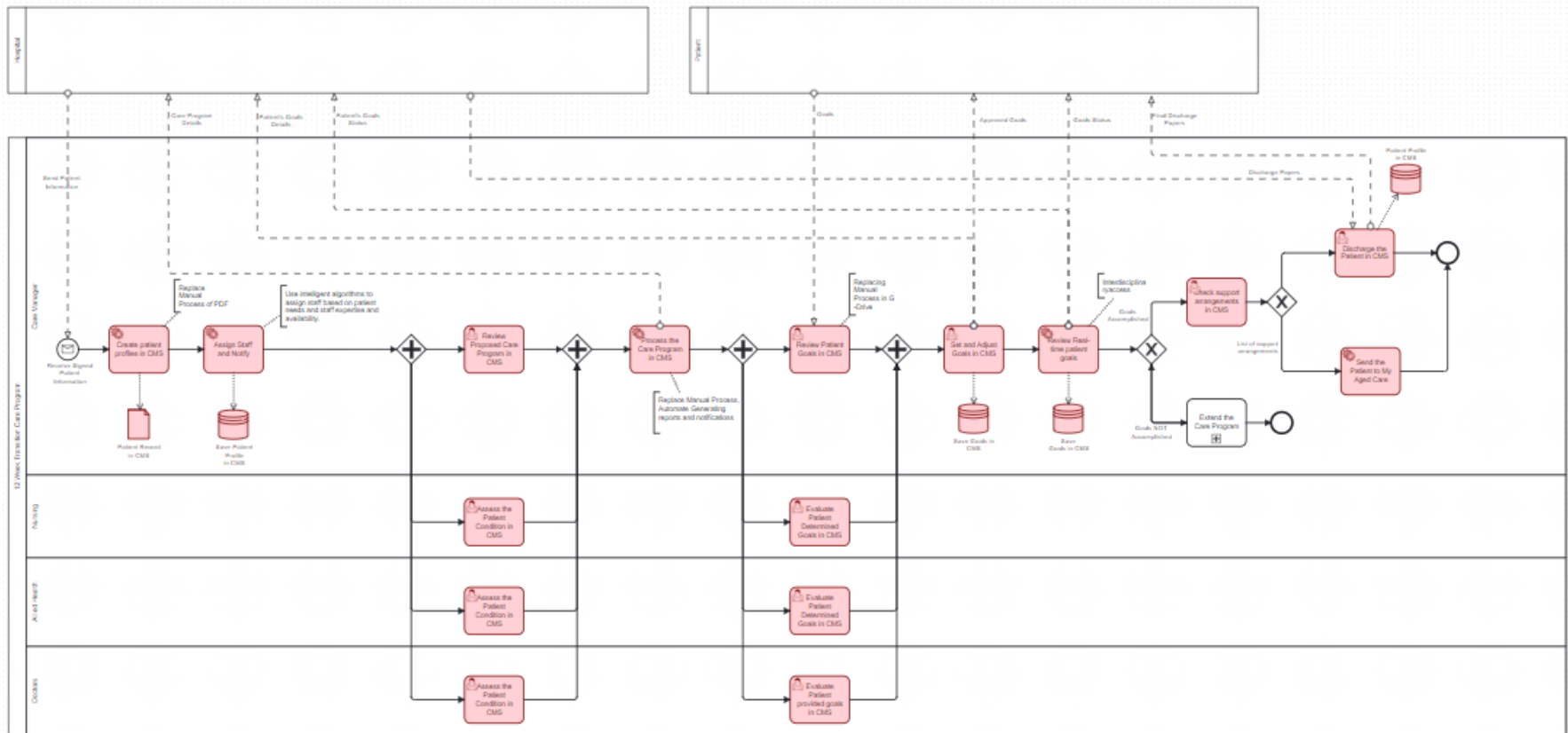
Note. Source: (created by the author).

CONCLUSION

In today's rapidly evolving healthcare landscape, ACH Group has recognised the necessity of an integrated and efficient care management system to improve patient care and organisational efficiency. By implementing an advanced CMS, ACH will enhance its document management, automate program feasibility analysis, and strengthen internal communication and collaboration. The integration of automated tools will significantly minimise redundant manual tasks, increase data accessibility, and accelerate decision-making. Moreover, the centralised and automated reporting system will provide greater clarity in decision-making, facilitate follow-ups, and build stronger relationships with both hospitals and patients.

The proposed CMS platform will revolutionise the management of the ACH Homecare Program and the 12 Week Transition Care Program by eliminating the complicated email-based request submission process. By streamlining the feasibility assessment, the new CMS will automatically analyse the compatibility of healthcare staff schedules and availability before requiring manual confirmation by care managers. This will not only shorten turnaround times but also eliminate costly errors arising from human oversight. Furthermore, this platform will automatically store all patient data in a secure cloud service, ensuring seamless collaboration across the entire healthcare team and providing real-time access to up-to-date patient information.

With the automated reporting tool, hospitals and patients will receive comprehensive explanations for program approvals or denials, simplifying follow-ups and allowing stakeholders to understand the basis for these decisions. By improving workflow optimisation and automating routine tasks, ACH Group will be able to save up to $598,000 annually through reduced human error and more efficient collaboration, while simultaneously allowing for the expansion of services to accommodate a broader client base. Ultimately, by addressing the current process challenges and leveraging automation to streamline workflows, ACH Group is well-positioned to achieve greater operational efficiency, deliver superior patient care, and maintain a competitive edge in the healthcare industry.

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2024, from https://www.salesforce.com/small-business/pricing/

APPENDICES

APPENDIX A: Interviewee's Contact Information

Name: Antoinette Nguyen

Position: Care Manager

Company Name: ACH Group (Gilles Plain office)

Company Website: https://achgroup.org.au/studio/gilles-plains/

Address: 32 Halifax Street, Adelaide South Australia 5000

LinkedIn: www.linkedin.com/in/antoinette-nguyen-129229304

APPENDIX B: Task Allocation

	Kellen	Guan	Chuan-Wen	Khoa	Digith
Accountable [A]: this person is responsible for the execution and completion of the assigned task. Must oversee the progress, ensure all assessment requirements are met, and take ownership of the outcome.	11	9	8	8	8
Reviewer [R]: this person is tasked with evaluating the work done by the accountable person. Must examine the quality, accuracy, and adherence to the assessment requirements, and provide constructive feedback.	8	11	12	11	9
	19	**20**	**20**	**19**	**17**

#	Task	Kellen	Guan	Chuan-Wei	Khoa	Digith	Status	Due Date
1	Find an interviewee	A	A	A	A	A	Completed	14-Apr
2	Interview Questions	A/R	A/R	A/R	A/R	A/R	Completed	15-Apr
3	Interview Rehearsal and Interview	A/R	A/R	A/R	A/R	A/R	Completed	17-Apr
4	Write the Business Process 1 | ACH Homecare Program Acceptance Process Steps | **As-is Outline** (APPENDIX C)	-	R	A	-	-	Completed	25-Apr
5	Create the Business Process 1 Diagram - **ACH Homecare Program Acceptance Process** | As-is	-	R	A	-	-	Completed	25-Apr
6	Create the Business Process 1 Diagram - **ACH Homecare Program Acceptance Process** | To-be	-	-	-	A	R	Completed	30-Apr
7	Write the Business Process 2 | 12 Week Transition Care Program | **As-is Outline** (APPENDIX D)	A	-	R	-	-	Completed	25-Apr
8	Create the Business Process 2 Diagram - **12 Week Transition Care Program** | As-is	A	-	R	-	-	Completed	25-Apr
9	Create the Business Process 2 Diagram - **12 Week Transition Care Program** | To-be	-	A	-	R	-	Completed	30-Apr
10	**Develop the Findings**	**A**	**A**	**A**	**A**	**A**	Completed	**05-May**
10.a	Providing a critical analysis of the current processes | Process 1 - ACH Homecare Program Acceptance Process | As-is	-	-	A	R	-	Completed	05-May
10.b	Providing a critical analysis of the current processes | Process 2 - 12 Week Transition Care Program | As-is	A	R	-	-	-	Completed	05-May
10.c	Proposed improvements | Process 1 - ACH Homecare Program Acceptance Process | To-be	-	-	-	A	R	Completed	05-May
10.d	Proposed improvements | Process 2 - 12 Week Transition Care Program |To-be	R	A	-	-	-	Completed	05-May
11	Develop the Executive summary	R	R	R	R	A	Completed	07-May
12	Develop the Conclusion	R	R	R	R	A	Completed	07-May
13	APPENDIX A: Interviewee's Contact Information	A	R	R	R	R	Completed	07-May
14	APPENDIX B: Task Allocation	A	R	R	R	R	Completed	07-May
15	APPENDIX E: Project Plan and Monitor Results	R	A	R	R	R	Completed	07-May
16	APPENDIX F: Business Process 2 | Sub-process: Extend the Care Program	R	R	R	R	A	Completed	08-May
17	Proofreading	A	A	A	A	A	Completed	09-May
18	Formatting	A	R	R	A	R	Completed	10-May
19	Submit the Assessment	R	A	R	R	R	Completed	11-May

APPENDIX C: Business Process 1 | ACH Homecare Program Acceptance Process Steps | As-is Outline

Step 1: The hospital sends a PDF file containing the program request to the ACH company.

Step 2: The ACH care manager saves the file into their G-drive for further reference.

Step 3: The ACH care manager starts the program request analysis and its feasibility.

Step 4: In the feasibility assessment, the ACH care manager needs to check with all the necessary healthcare team's availability and treatment types.

Step 5: ACH healthcare team respond in the system about their availability.

Step 6: The system gathers all the information and informs the management team about the healthcare team's decisions.

Step 7: By having all the healthcare team's information, the ACH management team needs to decide whether to accept or deny the program request.

Step 8: After the program decision, the ACH management team sends the emails to inform the hospital and patients.

APPENDIX D: Business Process 2 | 12 Week Transition Care Program | As-is Outline

Step 1: Receive the PDF from the hospital (generated on **Sunrise**)
Role: Care Manager

Step 2: Create a patient profile on **Comcare** and enter the relevant data, identify the support plans, progress notes
Role: Care Manager

Step 3: Upload the PDF on **Comcare**

Role: Care Manager

Step 4: Assign team to the **12 Week Transition Care Program**

Role: Care Manager

Step 5: Parallel | Review Proposed Care Program & Assess the Patient Condition

Role: Care Manager, Nursing, Allied Health, and Doctors

Step 6: Process the Care Program

Role: Care Managers

Step 7: Parallel | Review Patient Goals & Evaluate Patient Determined

Role: Patient, Care Manager, Nursing, Allied Health, and Doctors

Step 8: Process Patient Goals on a Word Document template and store on G Drive

Role: Care Managers

Step 9: Review Patient goals (sub-process)

Role: Patient, Care Manager, Nursing, Allied Health

 Print the Word document (hard copy) gets customer signature and store at G drive

 Step 9.a: Review on Week 3

 Step 9.b: Review on Week 6

 Step 9.c: Review on Week 9

 Step 9.d: Review on Week 12

Step 10 - Decision: were goals accomplished? [At week 12 – or earlier] – is this person/patient well enough to stay home?

Role: Patient, Care Manager, Nursing, Allied Health

The patient discharge them earlier than 12 weeks if we feel that they've become, you know, safe in the home and back at their baseline.]

Do a decision in every review.

YES: goals accomplished – discharge the patient*[11]

NO: continuous the program. If on W12 if was not accomplished the patient goals, there is a need for **extension**

Step 11 – Decision: is there any arrangements/support that needs to be done? [*what does this customer need when they're home on their own without us. So, it could be a range of things, whether they need ongoing care, whether they need to start on, you know, another program*].

YES: the patient is direct to My Aged Care

NO: discharge them home without support.

Role: Patient, Care Manager, Nursing, Allied Health, and Doctors

APPENDIX E: Project Plan and Monitor Results

Action Plan Overview:

Task 1: Find an Interviewee

Task 2: Develop Interview Questions

- Create a set of questions that covers:
    - The organization's current business processes.
    - The adoption and management of the business process management life cycle.
    - Challenges faced in process management.
    - Opportunities for process improvement and innovation.

o The role of technology and other methods in enhancing processes.

- Ensure your questions are open-ended to encourage detailed responses.

Task 3: Conduct the Interview

- Arrange for a Zoom interview with a relevant person, ideally a business analyst, within the organization. Ensure all team members participate actively.

- Record the interview for accuracy and later reference. Prepare by testing your recording equipment and familiarizing yourself with Zoom's features.

Task 4: Analyse the Interview and Identify Key Processes

- Transcribe the interview and analyze the responses to identify two critical business processes for improvement.

- Discuss as a team to ensure a comprehensive understanding and diverse perspectives on the potential improvements.

Task 5: Develop As-Is and To-Be Process Diagrams

- Use BPMN 2.0 to diagram the current (as-is) and improved (to-be) states of the identified processes.

- Ensure clarity and accuracy in representing process steps, stakeholders, and information flows.

Task 6: Prepare Business Report

- Structure your report to include an executive summary, findings, and conclusions/recommendations.

- Discuss your findings, providing a critical analysis of the current processes, proposed improvements, and the rationale behind them. Include discussions on feasibility, benefits, costs, and risks.

- Use a professional, logical, and compelling writing style suitable for a senior management audience. Follow the Business Report format and adhere to the specified formatting guidelines.

Action Plan Overview:

- **Final Deadline for Submission:** Due by 11 May 2024 at 11.59 PM
- **Team Members:** Bella, Kellen, Khoa, David, Chuan

Phase 1: Organization Selection and Preliminary Research (Duration: 14 Days)

- **Task:** Select an organization and conduct preliminary research.
- **Deadline:** April 21

Phase 2: Interview Preparation (Duration: 4 Days)

- **Task:** Develop interview questions and prepare for the interview.
- **Responsibilities:**
  - Draft a set of questions focusing on business processes and management.
  - Arrange the interview logistics (date, time, Zoom setup).
- **Deadline:** April 25

Phase 3: Conducting the Interview (Duration: 1 Day)

- **Task:** Conduct the Zoom interview with the chosen organization.
- **Responsibilities:**
  - All members: Participate in the interview, ask questions, and ensure a professional demeanor.
- **Deadline:** April 27

Phase 4: Data Analysis and Process Identification (Duration: 3 Days)

- **Task:** Transcribe the interview, identify critical processes, and start the as-is and to-be diagrams.
- **Responsibilities:**
  - Transcribe the interview and share with the team.
  - Identify two critical processes for improvement.
  - Begin drafting as-is process diagrams in BPMN 2.0.
- **Deadline:** 30 April

Phase 5: Report Drafting (Duration: 5 Days)

- **Task:** Draft the report, including as-is and to-be diagrams, findings, and recommendations.
- **Responsibilities:**
  - o Draft the as-is and to-be diagrams for the report.
  - o Write the findings and initial recommendations.
  - o Work on the executive summary and conclusions.
- **Deadline:** 5 May

Phase 6: Review and Finalization (Duration: 4 Days)

- **Task:** Review, revise, and finalize the report for submission.
- **Responsibilities:**
  - o All members: Participate in a comprehensive review of the draft report.
  - o Finalize the formatting and ensure compliance with submission guidelines.
  - o Address any gaps in content and ensure clarity in the diagrams.
- **Final Review Meeting:** 9 May
- **Final Deadline for Submission:** 11 May

Meeting Agenda

Week 9 Group Meeting Agenda 07/05/24 11am RoomC-205	
1. Attendance	

2.Allocate Tasks and define our recurrent meetings	Discuss Reports of As-is and To-be
5.Next meeting will be	
6. Content of next Meeting	

Week 9 Group Meeting Record 07/05/24 11am RoomC-205	
1. Attendance	All
2.Allocate Tasks and define our recurrent meetings	Done, SEE THE ATTCHMENT in TEAMS File
5.Next meeting will be	10 May , 6pm
6. Content of next Meeting	Submit the Report on 10 May , 6pm

Week 8 Group Meeting Agenda 30 /04/24 11am RoomC-225	
1. Attendance	
2.Allocate Tasks and define our recurrent meetings	Discuss Diagrams of As-is and To-be
5.Next meeting will be	In person
6. Content of next Meeting	

Week 8 Group Meeting Record 30/04/24 11am RoomC-225	
1. Attendance	All
2.Allocate Tasks and define our recurrent meetings	Done, SEE THE ATTCHMENT in TEAMS File
5.Next meeting will be	In person Tuesday 11am 7 May
6. Content of next Meeting	Discuss the Report (450words each person)

School Break 2 Group Meeting Agenda   18/04/24   1pm

1. Attendance	
2.Allocate Tasks and define our recurrent meetings	
5.Next meeting will be	In person
6. Content of next Meeting	

School Break 2 Group Meeting Record	18/04/24 1pm
1. Attendance	All
2.Allocate Tasks and define our recurrent meetings	Done, SEE THE ATTCHMENT in TEAMS File
5.Next meeting will be	In person Tuesday 11am 30Apri and 7 May
6. Content of next Meeting	Discuss the Diagrams

School Break 2 Group Meeting Agenda	15/04/24 7pm
1. Attendance	
2.Meeting rehearsal 30mins	Bella Introduce ANT 3mins Kellen & Winnie Ask BUSINESS PROCESSES 15-20mins Bella & Khoa Ask Improvement 10 mins David Ask IT & Conclusion 6mins
5.Next meeting will be	next Wed 8pm
6. Content of next Meeting	

School Break 2 Group Meeting Record	15/04/24 7pm
1. Attendance	All
2.Meeting rehearsal 30mins	Bella Introduce ANT 3mins

	Kellen & Winnie Ask BUSINESS PROCESSES 15-20mins Bella & Khoa Ask Improvement 10 mins David Ask IT & Conclusion 6mins
5.Next meeting will be	18/04/24 1pm
6. Content of next Meeting	Allocate tasks

School Break 2 Group Meeting Agenda 14/04/24 6pm	
1. Attendance	
2.Introduce the interviewee 5mins	
3.Discuss questions for interview 20 mins	Identify TWO critical Processes Allocation tasks Allocate 5-7 mins each person
4. how to conduct interview questions? 5mins	
5.Next meeting will be	next Wed 7pm
6. Content of next Meeting	Meeting rehearsal

School Break 2 Group Meeting Record 14/04/24 6 pm	
1. Attendance	Khoa didn't attend
2.Introduce the interviewee 5mins	Ant
3.Discuss questions for interview 20 mins	
4. how to conduct interview questions? 5mins	Bella Introduce ANT 3mins Kellen & Winnie Ask BUSINESS PROCESSES 15-20mins Bella & Khoa Ask Improvement 10 mins

	David Ask IT & Conclusion 6mins
5.Next meeting will be	next Wed 7pm
6. Content of next Meeting	Meeting rehearsal

School Break 1 Group Meeting Agenda 08/04/24	
1.Warm up 10 mins	
2. Introduction of the Group assignment 5mins	
3. Discuss project plan 15mins	
4. Discuss interviewees 15mins	

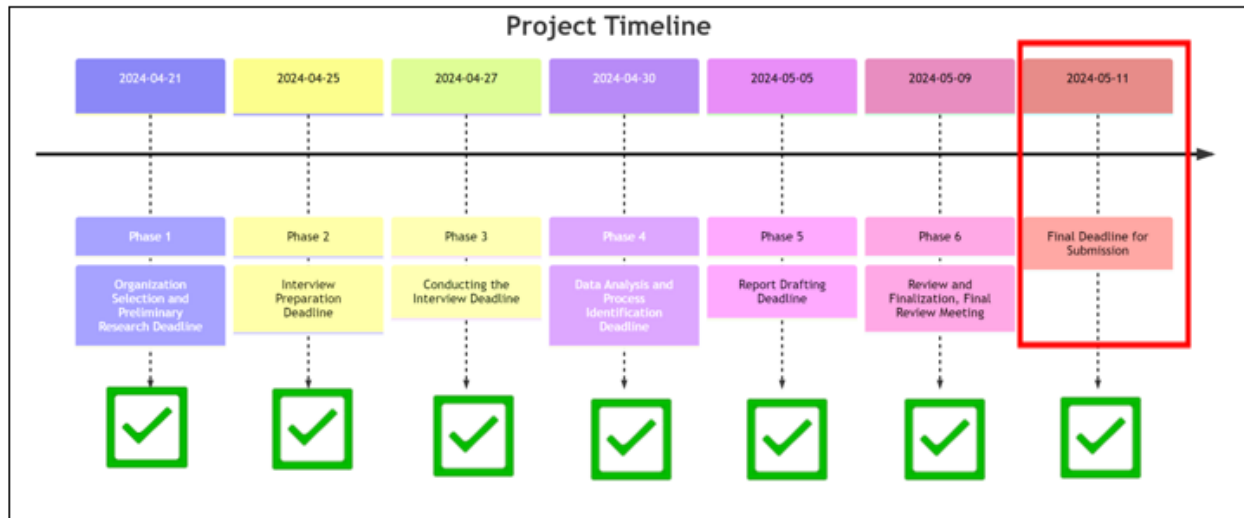| School Break 1 Group Meeting Record 09/04/24	
1. Attendance	All
2. Introduction of the Group assignment	Done
3. Discuss when finish Each task	Done
4. Discuss who is the best interviewee	In process
5.Next meeting will be	In WhatsApp, next Tuesday 5pm
6. Content of next Meeting	1. we prepare general interview questions 2.Try to find out an interviewee in this week

School Break 1 Task complete Record	09/04/24				
	Bella	Winnie	David	Kellen	Khoa
Read assignment requirements?	☑	☑	☑	☑	☑
Try to find an interviewee?	☑	☑	☑	☑	☑

School Break 2 Task complete Record	14/04/24 6pm updated on 24/04/24 7pm				
	Bella	Winnie	David	Kellen	Khoa
Find an interviewee?	☑	N	N	☑	☑

Bella fund an interviewee on 14 April.

Kellen fund an interviewee on 16 April.

Khoa fund an interviewee on 20 April.

School Break 2 Task complete Record	15/04/24 5pm				
	Bella	Winnie	David	Kellen	Khoa
Complete questions for interview?	☑	☑	☑	☑	☑

Work progress record

APPENDIX F: Business Process 2 | Sub-process: Extend the Care Program
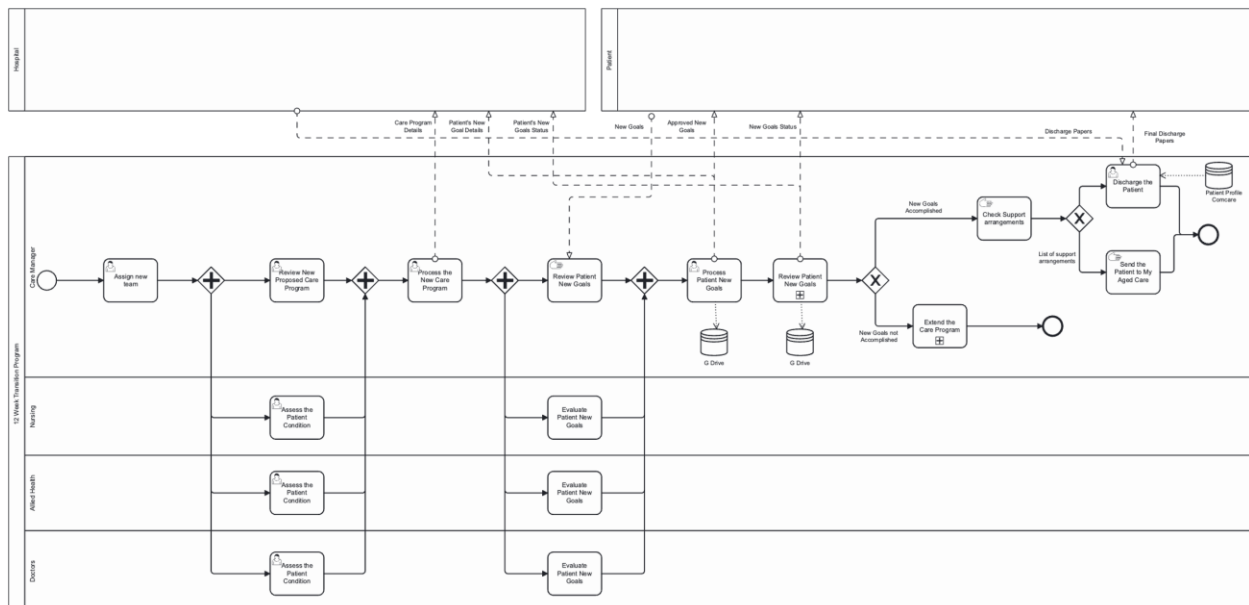
If the patient goals are not met, the program will be extended by assigning a new team of doctors, Allied Health professionals, and nurses. A fresh care program will be designed within the CMS and implemented in the same structured manner as before. The system will continually monitor progress toward the new goals, facilitating effective communication and coordination among the care team. Once these updated goals are achieved, the program will follow the standard discharge procedure. However, if the goals remain unmet, the process will repeat with further adjustments to the care plan and team composition, ensuring that the patient receives continued support until their objectives are accomplished.