

# **Ubiquitous Process Engineering: Applying Software Process Technology to Broader Domains**

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# The Bottom Line

Our work in Software Process has much value to **give and receive** from its application to problems in the broader areas of society

# Some Other Domains

- **Medicine**
- **Government**
- **Science**
- **Engineering**
- **Manufacturing**
- **Business**

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**Just about everything.....**

# Example: Medical Domain

- Over 98,000 deaths/year in US Hospitals from avoidable errors (1999 IOM Report)
  - Probably underestimated by factor of >2
  - Many more errors are nonfatal, but
    - Costs in dollars: hundreds of billions of USD
    - Cost in pain and suffering are greater
- Urgent demands for improvement
  - Much focus on “IT”
  - Much purchase of expensive HW and SW
  - But **Process** could be the key issue

# Some Specific Problems

- **Costs are out of control**
- **Labor is increasingly scarce**
- **Death, injury rates are unacceptable**
- **Workload is growing fast**
- **Teams poorly coordinated (hierarchical)**
- **Expensive automation adds risk**
- **Many errors (even fatal ones) preventable**
- **Reinvention is needed and sought**
- **Culture needs to be changed**
- **Expectations are very high**

**Does this sound familiar?**

# Example: Government Domain

- **Government IS a set of processes**
  - Elections
  - Legislation
  - Enforcement
  - Judiciary
  - Disaster Recovery
  - Data Collection
  - Military Activities
  - Budgeting

# Some Specific Problems

- **Laws are ambiguous, unclear, incorrect**
  - How to develop, verify them
- **Bureaucracy needs streamlining**
  - How to verify it is consistent with laws
- **Election improvement increasingly urgent**
  - Make them fraud resistant
  - Assure effective use of voting machines
- **Need automated support for dispute resolution**
  - Better mediation, arbitration
  - More effective staffing
  - Increase trust (through process transparency)



# Other Areas

- **Scientific Investigation**
  - Define processes for gathering, analyzing, reusing data
    - To assure it is valid, provide automation
  - Enable results to be reproduced
- **Management**
  - Business Processes
- **Manufacturing**
  - Manufacturing Processes
- **Engineering**
  - Integrated Product Team Processes
  - Design assistance

# Common Set of Familiar Needs

- **Good Communication**
- **Effective Coordination**
- **Greater efficiency**
- **Effective use of automation**
- **Better Education and Training**
- **Continuous Improvement**
- **Reinvention thru understanding**

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**Our work can help**

# Benefits From Applying Our Work

- **Our approaches and technologies can meet needs in these domains**
  - Improve the way the world works
- **Doing so provides us with insights**
  - Evaluation of our work
  - In domains where sense of process is
    - More accepted
    - More intuitive
- **These are REAL processes developed over decades in the REAL WORLD**

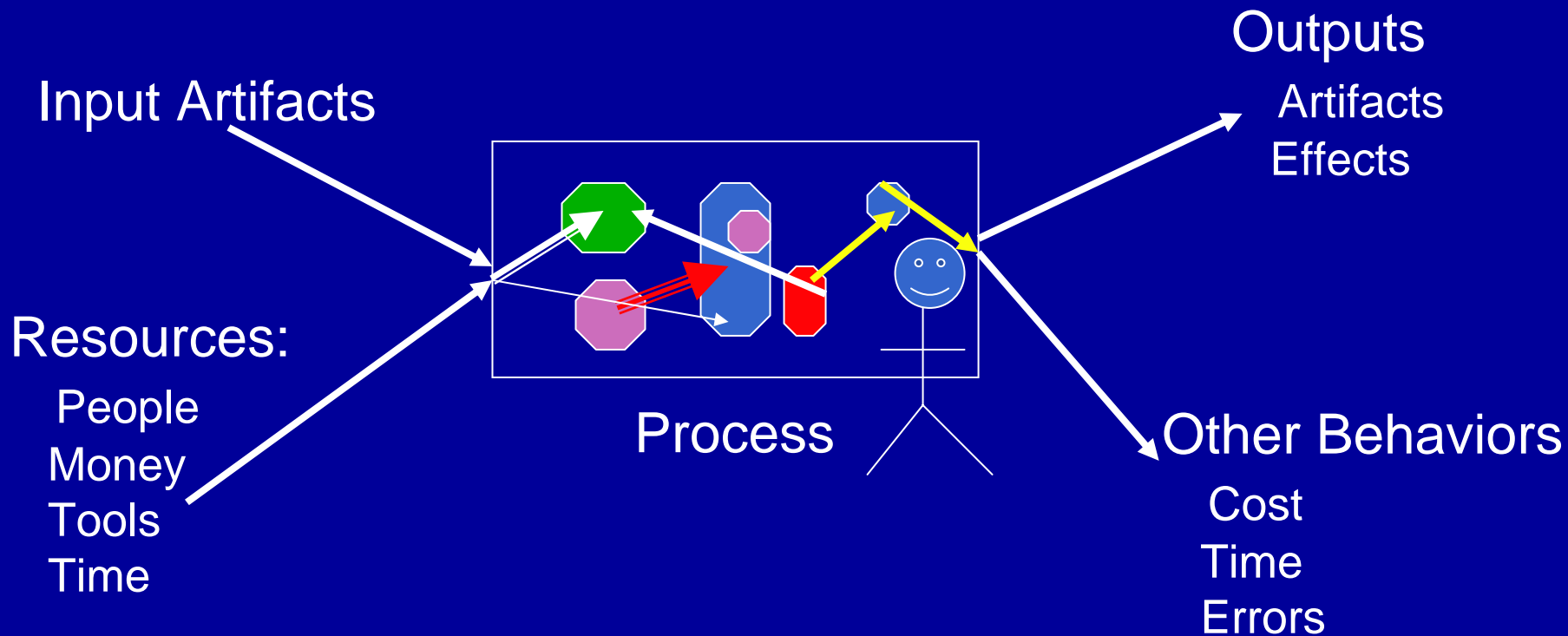
# Baystate Hospital Case Studies

- **Blood transfusion**
- **Chemotherapy**
- **Emergency Room Management**

# Focus on Emergency Room

- **Average waiting time is ~6 hours**
  - About 15% “walk outs”
- **Errors occur**
  - Eg. Transfusion of blood with incorrect type
- **Need to increase capacity**
  - How to meet “surge” and predict it
  - How to invest most effectively
- **Personnel cross training complicates resource allocation**
- **Reliance on automation can be risky**
- **Need improvements**
  - Incremental and radical

# Microprocess Approach

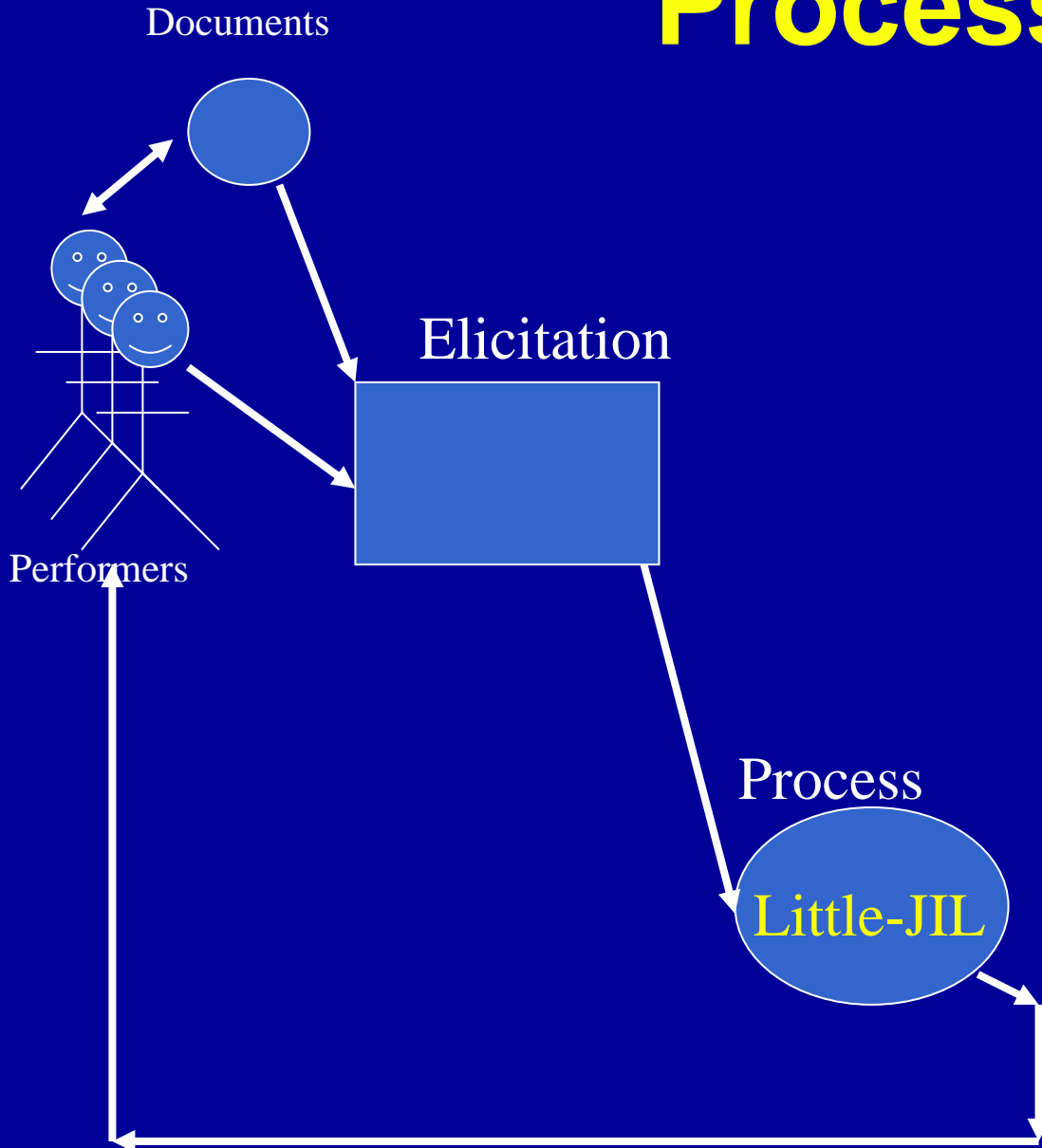


# Specifics of Our Approach

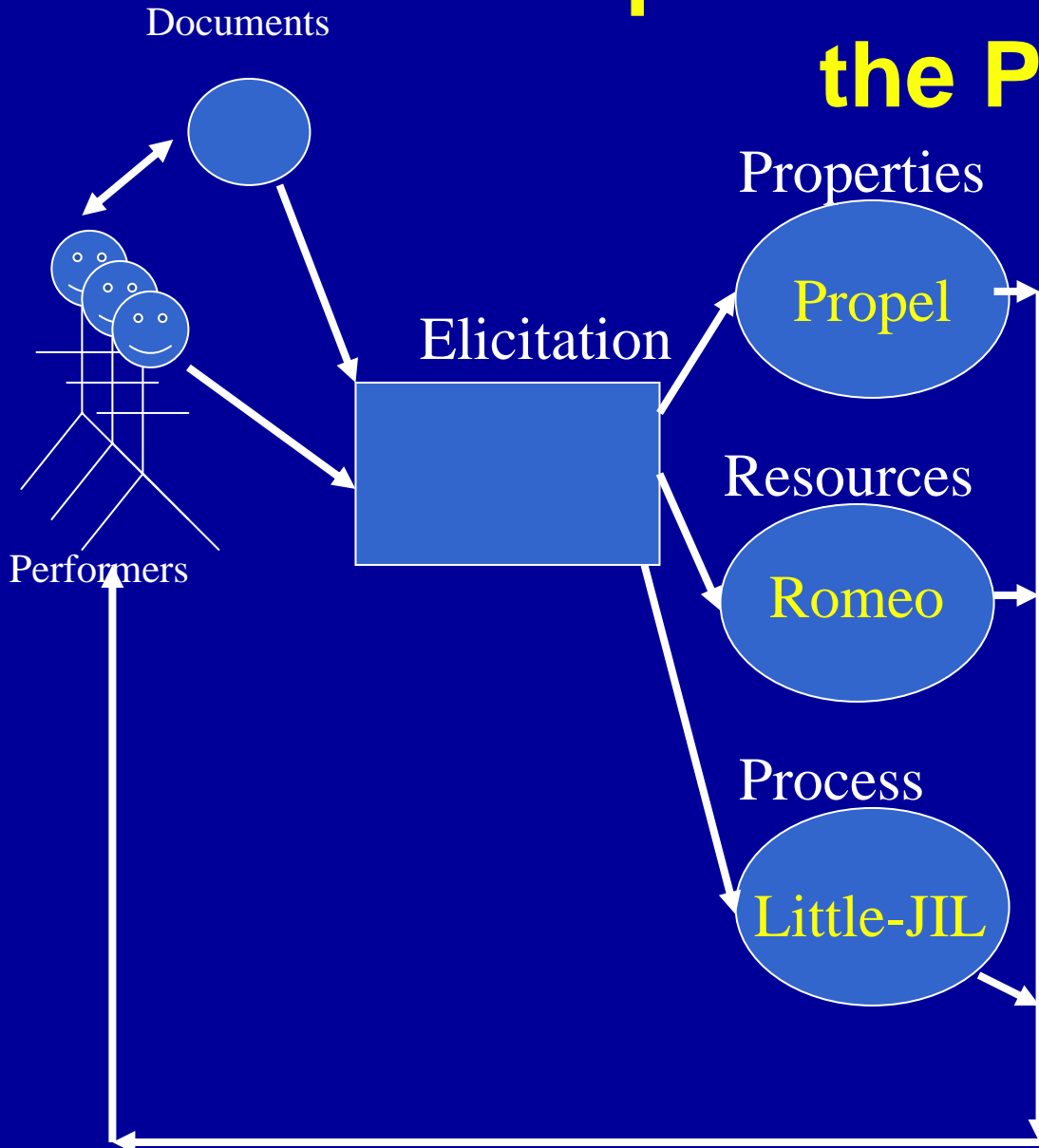
- **Define process rigorously**
  - **Process elicitation**
  - **Define**
    - **Process in rigorous language (Little-JIL)**
    - **Properties in rigorous notation (Propel)**
    - **Resources and Agents rigorously (Romeo)**
- **Apply tools to get definitive results**
  - **Defect detection**
    - **Apply finite state verification (FLAVERS)**
  - **Fault tree analysis**
    - **Automatic FT generation from Little-JIL**
  - **Simulation**
    - **Automatic generation from Little-JIL, Romeo**



# Process Elicitation



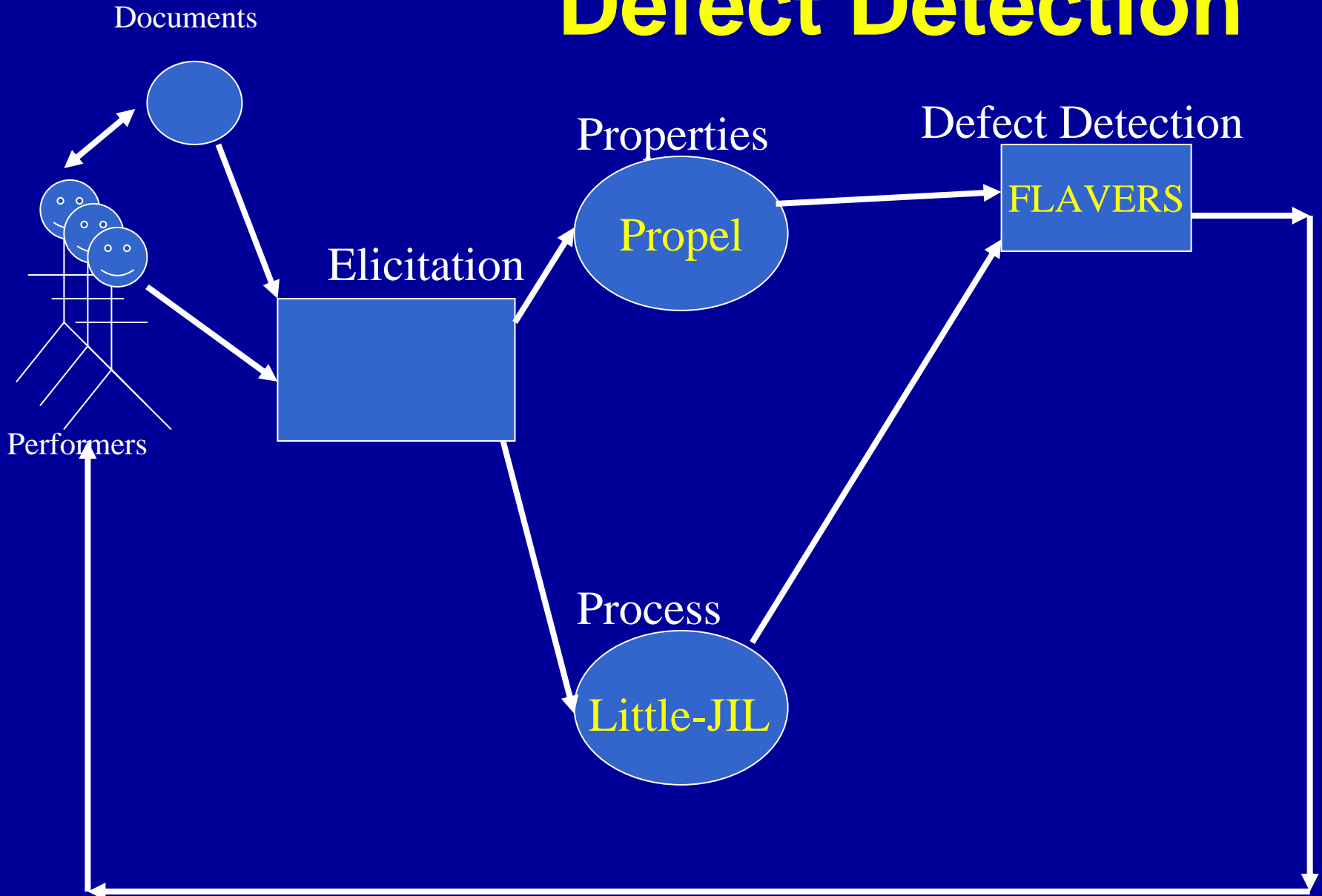
# Helps to Elicit more than just the Process



# Eliciting the Baystate ER Process

- **Exceptions everywhere**
  - Mostly not documented
- **Pervasive concurrency**
  - Especially in an emergency
- **Constraints very important**
  - Especially resource constraints
- **Resource and property constraints elicited along with process**
- **Different performers have different views**
  - Which (if any) is the “real” process?
- **Process changed as elicitation revealed defects**

# Defect Detection



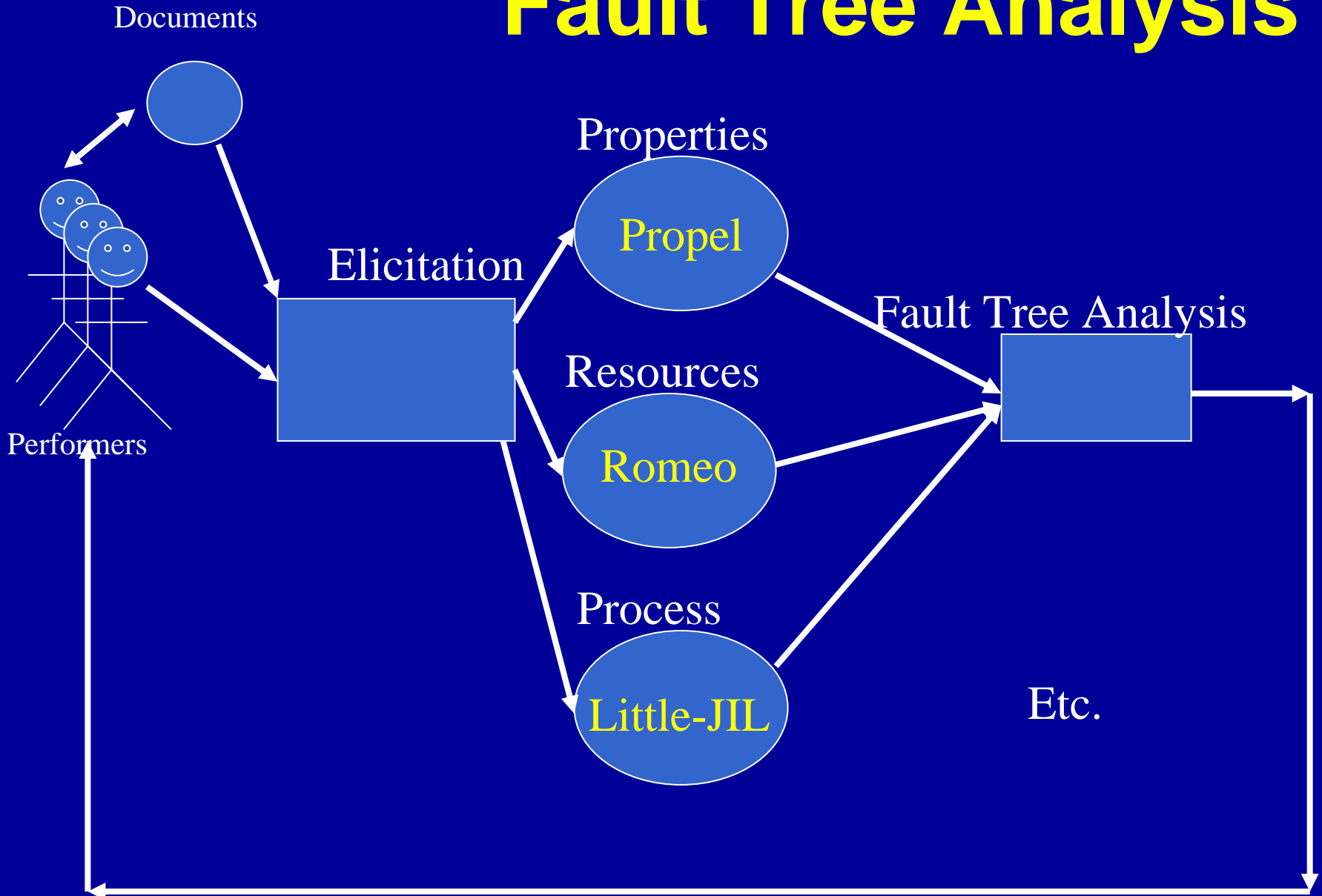
# Defect Detection Example: Blood Transfusion

- **Signed permission is required before transfusion**
  - What does this requirement really mean?
  - Many exceptions, concurrency make this process hard
    - To Define
    - To Verify
- **Blood type must match patient type**
  - How to be sure the blood is labeled right?
  - How to be sure the patient is labeled right?
  - Two nurses must concur
    - Cannot be interrupted or distracted

# What We Learned

- **Property and Process definition reinforce each other**
- **Need for**
  - **Powerful exception specification**
  - **Powerful concurrency specification**
  - **Transaction semantics**
- **Verification state explosion**
- **Problems in “baselining” process**

# Fault Tree Analysis

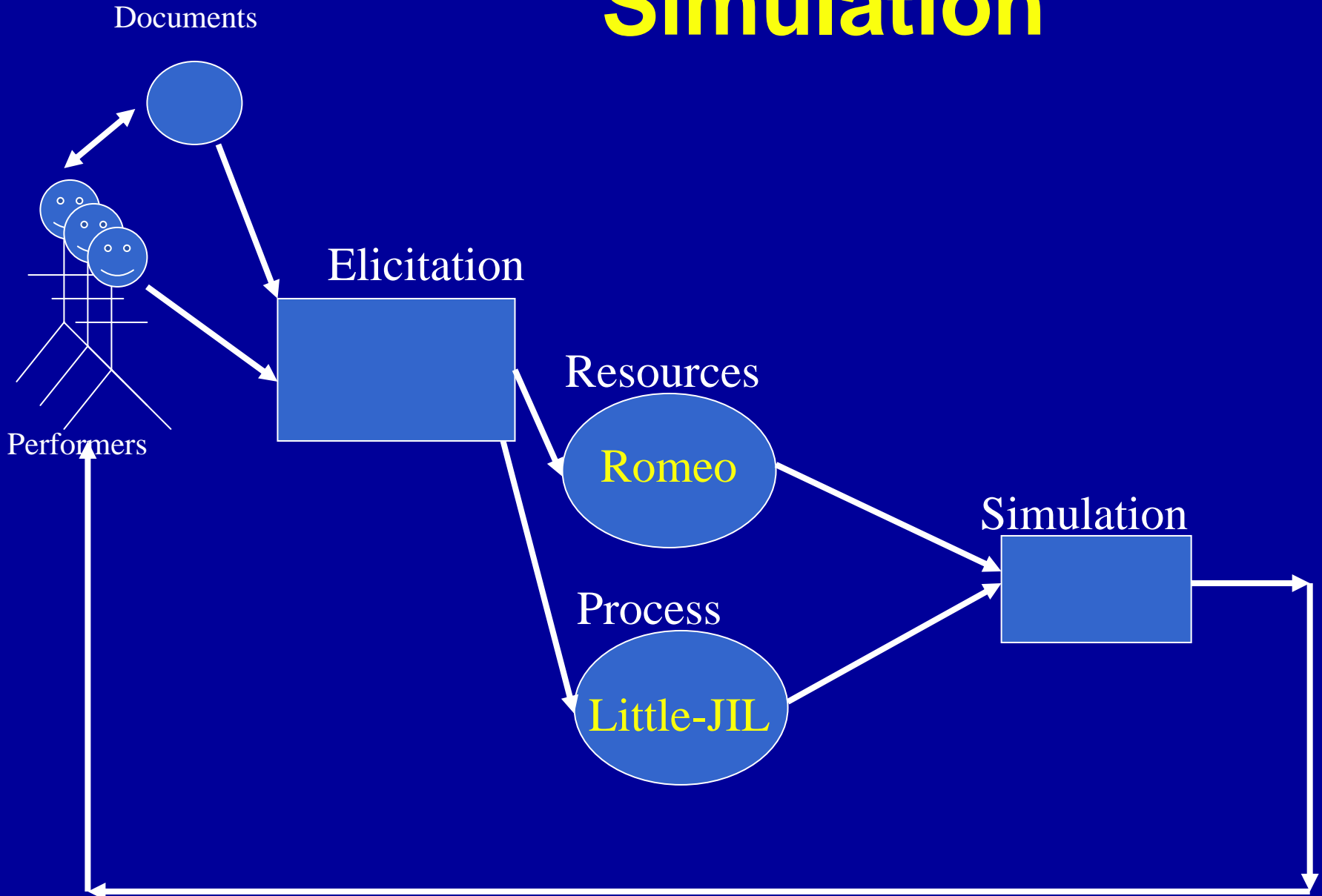


# Help Medical People Address Their Problems Better

- Their remedies are intuition-driven
- They are often ineffective
- They need help
- Talk later on
  - From Bin Chen



# Simulation



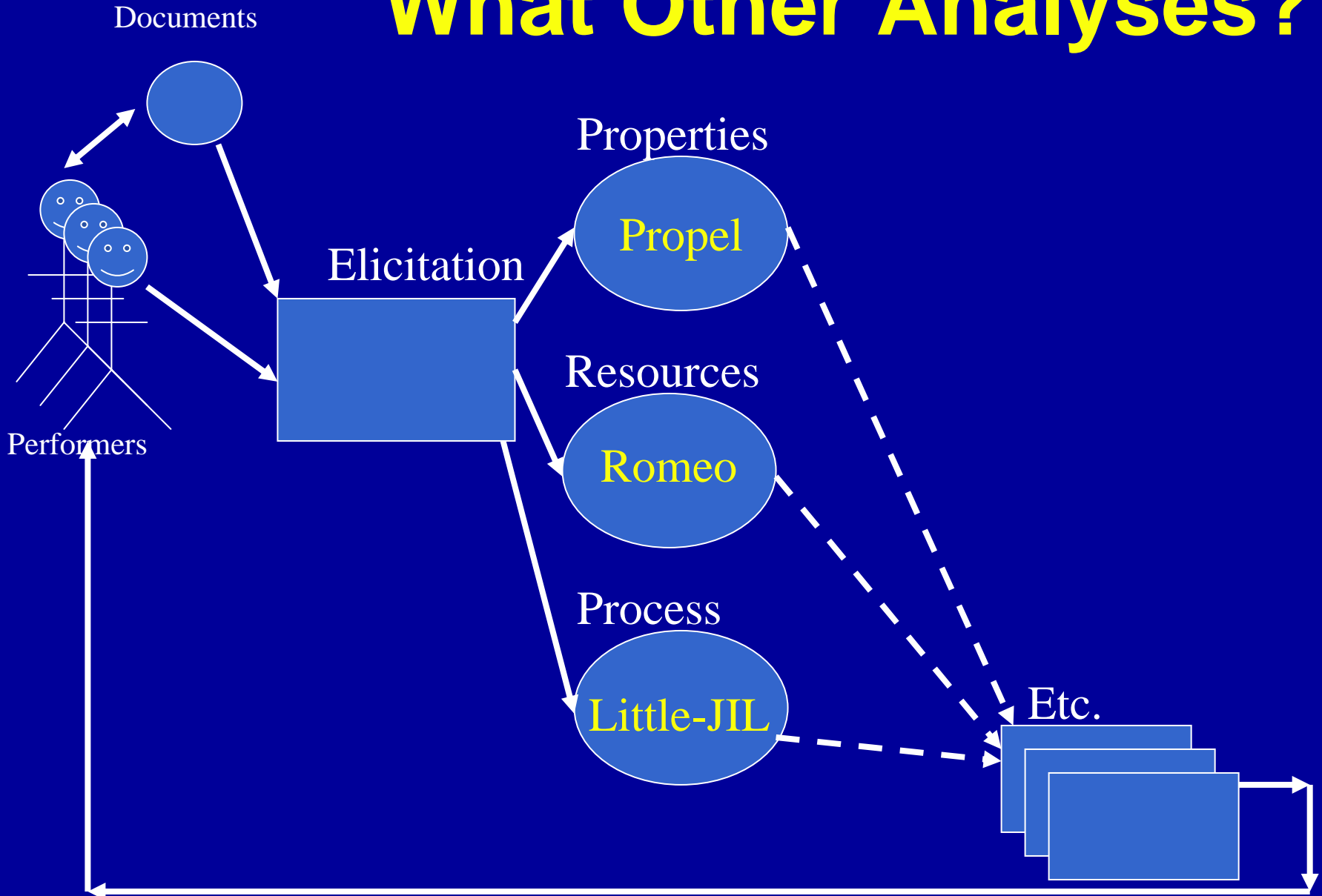
# ER Performance Simulation

- **Some specific questions**
  - **Why do patients wait so long?**
    - **And how to break bottlenecks**
  - **What is “surge” capacity?**
    - **And how to increase it**
    - **How to predict surges**
  - **What are optimal resource mixes?**
  - **What is the most cost effective way to increase capacity, reduce waiting time?**
- **Simulate various resource mixes against various process variants**
- **Resource model is key**

# What we Learned

- **Value of automatic generation of simulation**
- **Need for powerful resource model**
- **Need for powerful concurrency**
- **Need for powerful timing specification**
- **Simulation validation is hard**
- **Defining customer questions is hard**

# What Other Analyses?



# Driven by Other Issues

- **Effective use of automation**
  - **Huge expenditures on new equipment**
    - Some not well matched to needs
  - **Huge costs for DB, communications**
    - Are they well matched to processes?
- **Education and Training**
  - **Natural language used mostly**
    - Misunderstandings
    - Vital details (eg. exceptions) omitted
  - **Diagrams are primitive**
    - Semantics lacking or unclear
    - Exceptions generally not included

# Other Case Study Domains

- **Elections**
  - Raunak presents later
- **Dispute Resolution**
- **Engineering Design**
- **Etc.**

# Studying Real Processes is Really Useful

- Important learning in key areas
- Validation of some of our approaches
- Demonstration of shortcomings too

# Learning about Process Definition Language

- **Strong needs for**
  - **Exception management**
  - **Concurrency specification**
  - **Timing specification**
  - **Transaction semantics**
- **Rigor is essential**
  - **To support definitive analysis**
- **Need for Process Families**



# Learning about Resource Specification

- **Resource hierarchy is useful**
  - Multiple inheritance needed
  - Maybe not sufficient
- **Separation of resource concern is useful**
- **Blocking calls for resources needed**
- **Resource preemption needed**
- **Need for Domain-specific Ontologies**

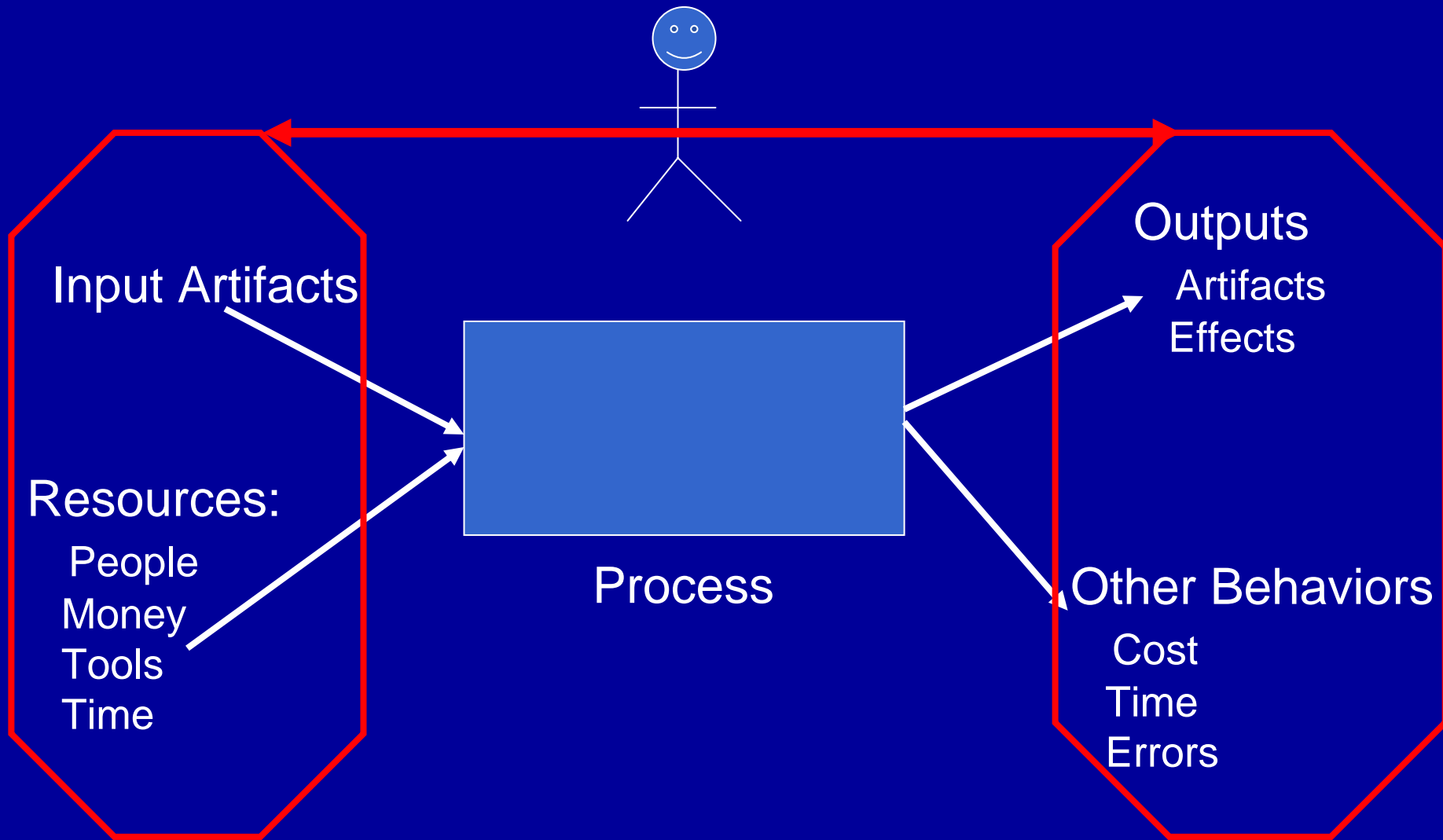
# Learning about Analysis

- **Relies upon rigorous definition**
- **Processes have huge state spaces**
  - **Due to concurrency and exceptions**
- **Effective in identifying defects**  
**Critical step in process improvement**

# Important Macroprocess Role Too

- **Not pursued in these case studies**
  - **Yet**

# Macroprocess Focus



# Medical Macroprocess Issues

- **Problems in**
  - **Baselining processes**
  - **Process configuration management**
  - **Process deployment**
  - **Statistics gathering/application**
- **How to Establish Medical Process Teams?**
- **Medical Culture Problems**
  - **Very hierarchical**
  - **Errors are embarrassing, hidden**
  - **Statistics are fragmentary, unreliable**
  - **How to instill “culture of quality”?**

# Future Work

- **More processes in these domains**
- **More resource modeling**
- **More analysis**
- **More domains**
- **Outcomes:**
  - **Improvements in domains**
  - **Improvements in our process technologies**

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# Overall Research Approach

