

CASE STUDY



A Patient's Experience Starts When They Book Their Appointment



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UNDERSTANDING BIG PICTURE PATIENT EXPERIENCES

A RENOWNED CHILDREN'S HOSPITAL, known for their success in hosting clinics in which they bring together multidisciplinary teams of medical practitioners to work with their wee patients, was adopting the use of a new tool to expedite patient registration.

The tool was designed to replace the traditional phone pre-registration process and allow parents to begin their registration process at home, and complete their check-in onsite via kiosk to reduce lingering in waiting rooms with restless youngsters. Key Lime Interactive (KLI) partnered with the design team to test the workflow from email invitation all the way through check-in via kiosk at the site and identify opportunities to improve it before its official launch.

The goal of including such a tool was to reduce the responsibility for patient registration and onboarding carried by the clinical administrative staff. The research question was: What, if any, should be adjusted or improved in the communication, interface or expectations of this process to leave the caregivers feeling confident that their little patients were checked-in and all required information was properly obtained?

Our Solution

It was clear that the process had to work well from beginning to end in order to meet the desire to elicit confidence in the patients. Our research team put on their anthropological researcher hats and got to work devising a plan to observe a set of pilot participants as naturally as possible at each stage of the process. Some of the methods that we employed are as follows:

- Recording of tasks associated with email received to initiate registration on both mobile, tablet and laptop interfaces.
- Post email response survey related to messaging, simplicity in executing tasks, etc.
- Comprehension of confirmation email that registration process had begun and solicitation of suggested improvements via short phone call with researcher.
- Data submission process recorded via unmoderated tools.
- Researcher observation at kiosk upon arrival at clinic.
- Caregiver intercepts to debrief and solicit feedback by skilled moderator at clinic.

The Results

By using a small, but diverse target population and measuring their success and any indication of struggle along the way, KLI was able to suggest critical changes to the interface that we hypothesized would impede success. For example:

- Elements such as the visual design and the calls to action in the registration invitation email needed to be clarified.
- The subject line needed to include phrasing that indicated to the individuals that action was required; that this wasn't merely an appointment confirmation.
- The portal by which the caregivers submitted registration information for their child needed to appear trustworthy and secure.

- The physical location of the kiosk in the clinical setting needed to make the statement that all patients must register. The messaging on the kiosk was to be inviting, but demanding.
- The touch screen interface of the kiosk had to follow industry trends to meet the user expectations and permit success.
- ... and more...

Caregivers were “confident” with and “likely to recommend” the use of the revised registration process

After all suggestions for improvement were included, KLI researchers validated the success of the process by observing all patient registration attempts and where they succeeded or failed in the process in a three-day period, the period of time by which the hospital expected registration to occur. The results weren't surprising:

- The number of pre-registered patients doubled.
- 91% of participants who began the process in the three-day period were able to successfully execute all process tasks from initial email to in-person kiosk registration. This included a cross section of demographic profiles that met the target profile.
- Advanced registration and the use of a kiosk for registration completion at the clinic, reduced the wait time for participants by an average of 11 minutes. This was largely due to the fact that the queue for registration with the administrator was eliminated and the communication to inform the nursing staff that the participant had arrived and was available was instant via electronic transmission vs. the traditional phone call.
- Caregivers reported that they were “confident” with and “likely to recommend” the use of the revised registration process due to the simplicity and ease of execution. Pre Filled information using the link sent via email pleased frequent patients. The elimination of the clipboard and pen while wrangling their toddler in the waiting area was appreciated.

What made this unique

Our research team opted to follow the entire process from beginning-to-end to ensure that the design team had well supported data that they were prepared to launch this product to the general population at the hospital. To do this, we blended various data collection methods to collect the data we needed to draw sound conclusions. Rather than a traditional ethnographic study, where our research team went to individual's homes or places of work to see how they might start this process, we were able to use some unmoderated tools that we have at our disposal, which reduced the time and cost for such a study.

How else have we used this method

The use of digital unmoderated tools in a way that evaluates various touch points of a process has been applied in many ways. A few examples:

- Video ethnography testing combined with consumer survey over a 30-day period for a consumer electronics product allowed designers to make both hardware and software changes in the product to align more closely with consumer intuition.
- Blackboard learning tools used by an educational system were tested using mixed methods and multiple touch points over a one-week period leading up to an examination. Remote usability testing combined with unmoderated task-based research on both laptop and tablet revealed both typical-use and preferred-use to researchers allowing them to match student behavior with the delivery system of the educational tool.



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