

Customer Journey Map - Diamant Modular Solutions



Legends - Who owns the experience?



Director

- In charge of the parking and external experiences of the hospital



Security

- In charge of enforcing the parking and external safety



Nurse

- In charge of all patient related events. The liaison between patient and doctor



Doctor

- In charge of providing medical care and advice to patients



Pharmacist

- In charge of providing medication to patients being discharged

Data Collection - Survey

Our actual line represents data collected from a survey sent out. With 78 responses, our data accurately reflects the customer experience when in hospitals.

○ Our Expectations

✕ Actual Experience

External Factors - The impacts outside the 'owners of the experience' control

Waiting for Nurse

- Entertainment, TV, magazines are available to patients waiting to be seen. This provides a minimal amount of distractions for the patient to feel more comfortable.
- After a certain point, all patients get **bored**. This causes anxiety, impatience, and aggression. These emotions tend to reflect back on to hospital staff creating a negative experience for all staff and patients.

Waiting for Doctor

- Once you have been seen by a nurse you now have to wait for a doctor. Along with the previous boredom and entertainment provided - you get **hungry**.
- This makes you explore the **food options** on site. This usually results in Tim Hortons and due to dietary restrictions - you might not be able to eat.

Treatment from Doctor

- While receiving treatment from the doctor, the **shelf-life of equipments** has to be considered. This impacts the speed and efficiency of care when in the hospital. Ensuring up to date equipment and supporting materials reduces the risk of potential errors.

Payment

- After a day in the hospital, the **ease of payment** for patients is important. The options available (debit, cash, credit) and locations provides patients with the best possible experience.
- Payments can be for medical and parking bills.

Key Insights - What can be done to fix things

Arrival and Check-In Stage

- This stage is an early indicator where we can potentially start to see where the experience deteriorates.
- Actual experience starts to severely decrease when the patient enters the building

How to Improve

- The actors responsible (nurses and directors) can start to take action in order to make improvements
- Problems identified in the survey concluded the negative response in this section is due to **lack of communication and knowledge** to complete the tasks required
- Recommendation is to provide clear and concise information and any necessary signage to help improve the experience.

Assessment Stage

- At this stage the patients no longer have as much autonomy as they did in the previous stage and are primarily directed by the nurse or another medical care professional.
- Patient expectations are still not being met.

How to Improve

- Need for some sort of distraction to prevent boredom and decrease any potential anxiety.
- Something for the patient to stay **distracted from long wait times** and providing an environment where they can feel comfortable.
- This can range from changing how the rooms are laid out and providing adequate lighting as well having wallpaper or paint colours that calm the patient.

Treatment Stage

- Shortest stage and is in the full responsibility of the doctor.
- It is important to note that the level of patient **satisfaction vary depending on their emotional state** when seeing the doctor. This makes this data hard to gauge.
- The **age of equipment** that was being used in the office can be seen as an area of improvement. Although this doesn't have a direct impact on the treatment and prognosis from the doctor it is still something that can affect the patient's experience.

How to Improve

- For this stage there aren't many recommendations because medical equipment is expensive and medical professionals won't be replacing much of their equipment on a regular basis.
- Additionally, this has no impact on patient care only satisfaction. Since this is also an essential part of care, **there aren't any realistic or practical recommendations** to address this.

Discharge Stage

- At this point the experience will begin to shift control over to the patient as the actors at the hospital complete their roles in part of the experience.
- The majority of our respondents had a **neutral outlook** on a majority of these touchpoints due to the fact that almost all of them were excited to leave the hospital.
- With that being said, the touchpoint of **paying for parking** is the final major dip in patient experience.

How to Improve

- Paying for parking is the lowest point in the discharge stage while all other areas are above average. **Lowering prices** may improve this stage
- To address a quick and prompt discharge from the hospital would be for some sort of digital app or medium that allows you to **quickly pay** for your parking without having to wait in line or find a machine.