## Virtual Waiting Room Journey Map/MVP Workflow

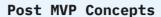
Collaboration with DICE Group, Margaret Colarossi, Dr. Adam Flanders, Joseph Gargin

Content in this project corresponds with project planning document

Draft: June 16 2020

Interview Participants
Business Office Manage
Technician Manager
Insurance Specialist
Scheduler
Scheduling Manager
Registrar x2
Patient
MRI Technician
Patient Greeter

Upcoming:



Post MVP: SMS: Includes Parking & Tra

> Post MVP: Benchmark Forms today vs with MVP solution?

Post MVP: Link sent if already filled out form?/Tracking i completion?

Post MVP: Front Desk Staff can see if Pt has engaged forms and at what stage they are in completing them.

Feature: Alert tech of form set completion so they can review at their convenience Post MVP: Receive text/chatbot message w/ guidance (Daughte

Fost MVP: Receive text/chatbot message w/informing visit in

Family Member

st MVP: SMS Visit Post MVP
mmary link (likely can opt-:
EMR) and rate the
rtual Waiting Room
periance series."

Post MVP: Fam. member
can opt-in to
vereceiving SMS updates
as well. front desk
clerk: Your mother is
ready for pickup\*

Today's Flow	Pre-Visit					Visit				Departing	
(MRI/PET/CAT)	Referral	Scheduling	Insurance Check	Appt Confirmation	Travel	Check-in	Registration	Imaging Prep	Imaging	Post-Imaging	Follow-up
Patient	Patient receives referral and prescription from either Tijl-H or outside physician. These may be on paper or digital, depending on the referring office. Physicians self-H JN Lear more listly of provide digital documentation which piece directly rices the patients. Chart. Chadde doctors can't even reformation into patients. Chart. Chadde doctors can't even reformation into prescriptions (written or typed), and referrals either physically, or by instructing their solf to call JOI.	Patient calls (I) schedulers or JEFFlore to make an appointment based on the prescription and referral they received. Then may be editional due to poor handwriting complexity of interpreting the prescription, or missing information. In all cases, a prescription not in the system requires the staff to must the patients in interpretation. In all cases, a prescription not on the system requires the staff to must the patients in interpretation and Patients may read must be only the prescription country, or der may will half patient may be made to the patient the patient transplant can be sufficient to the patient ready can true and what the script staff, they may face or email an image of the script, or in externe cases, the scheduler may need to all the referring office. Patients may also need to be cased into scheduling of they are nervous.	Patient may or may not receive a call saling them to communicate with their referring office or insurance company to receive a pre- approval for the imaging persorched. Perspectives may be absent for a seriesy of reasone, including mittakes in coding, insufficient justification, little insurance coverage, and more.	Patient receives call 1.3 days before their visit, depending on staff load. The patient will be reminded of what to being along with the contest island below. Patients are reminded not to come to early, to wear a most and come advent of possible.	Only patients know what this gap looks like (more P interviews needed to better understand)	Greater realite at the door of the office for patients. Patients give their name and the greater finds the corresponding floar sheet, which have displaced to them the forms and patient specifically will need to fill out. Greater surviver patients in Epic, which afters the registers that the patient can be called for registration. This was not to be considered to the control of the control of the or not the forms given by the greater have yet been completed.	Registrars call patients in anival order, unless a patient enview very close to their schedulide apportement time, in which case they may be beinged abeal in the quark. Once called, the patient provides their insurance, 10, and prescription to the registers. If their are in discrepance the sense prescription, capture patients are discrepance thereines prescription, capture patients signature for [19] and HPMA purposes. Either the tots, registrar, or the six dispending or an authority will the tot registers or the six dispending or an authority will the tot registers.	Tash or sech aid brings patient to get changed (just for MMI), After changing the patient completes forms if needed and wasts in sociation 3MI waster gas referreded. Once the test is ready, they bring patient to the door of the room and aid key processing questions. He septembre has any can also also also also also also also also	Tech explains imaging process to patient, such as reminding them to not move, that they shouldn't feel any pair, that the machine will violate, and that they can choose the music they want. While conducting imaging, the such is tuning and processing the mage, as well as starting patient form into feel the such as the such as the such that the such as east the table.	Technologist splands processed images to Pass so that it can be looked at by doortor, bring patients to get changed. They then have 15 immutes to clean the room and grep for the near patient.	
		forms are not in myChust, and JO I saff car's access forms completed in myChust. Patients may disk myChust access for communicating that desire and devie mail address to JOI saff. Now-juffering nations worth how myChust accounts but can obtain my free existing myChust access seven for one in the safe for from completion  Is there as scheduler script (formally)? Should we request for Training team?		Confirmation, call needs to acknowledge SMS messages + Forms (Training topic)		Patients Meets Greeter     Patient receives forms and starts to fill them out in walting room	Patient Signs HiPPA Consent & JUP form (if haven't signed before)     Confirm Ins., ID, and RX on file correct     Patient brought to 2nd waiting area & changing room	Patient finish forms (if not before)     changes into MRI gown     The second of			
Staff	Non-JCI Staff: write precription and referral, give to patient or put in IRR. referring office should contact immurace for pra-approad, my made forch appointment request JCI Staff. May receive call for appointment request from the referring physicans office to book, or from the patient directly after being given referring information. This could happen the day of the referral generality side, or dels later.	Staff receive calls from patients to schedule at a variety of locations (IOI Staff) or for basically anything (EFFNew Staff). Insurance and prescription information are captured first, but many patients do not have these on hand when calling, Based on the modally logist scheduled for, screening quantions are adults to ensure that the patient is has no disqualifying medical insuse. Finally, the patients preferred date and oftime are compared to office auditorily, and opposite regolarization given. Clist can talke 2 3 minutes on the low end, but up to 30 minutes for an unprepared and complication placetics.	In between scheduling and the actual appointment, insurance stiff from JCI will go through the list of patients that are scheduled to be seen in the coming few days belopending on backlegs, and ensure that insurance persponsible seen on the first all of them. This process is only conducted for the highest control of the seen of	Ordinarily 1 day before, the imaging technologist is usually the one calling, if there is more than one type of imaging being team, the setch stating feel stranger will call unless FET is involved, then they are the ones to call. Call goes over without and where to arrive, that they provide parking validation, what to expect, what needs to the done beforehood, and what the petics reads to bring with them and the prepared to arriver, but forms aren't walked through they stype on the call finder with call.		Patient navigates to greater from building entrance, and provides their enam and their referral and precryption to the greater. The patient is a patient, and easily the patient is a patient, and easily for engiteration while completing the term. Form include MIR Patient Halony and information and the form relevant to the body varied being impact. The patient will also sign additional forms via touchpad once called for registration.	Patient waits to be called to registration deak based on arrival tense while completing their forms. Putent may reset to use a substantial control of the completing their forms. The control of the cont			After existing the room, the patient is brought back to the charging area. One charged, they are able to a concentration of the charged and the concentration of their images if needed, and to get parking wildsteed.	Patient leaves, may schedule to meet with provider to read image

