

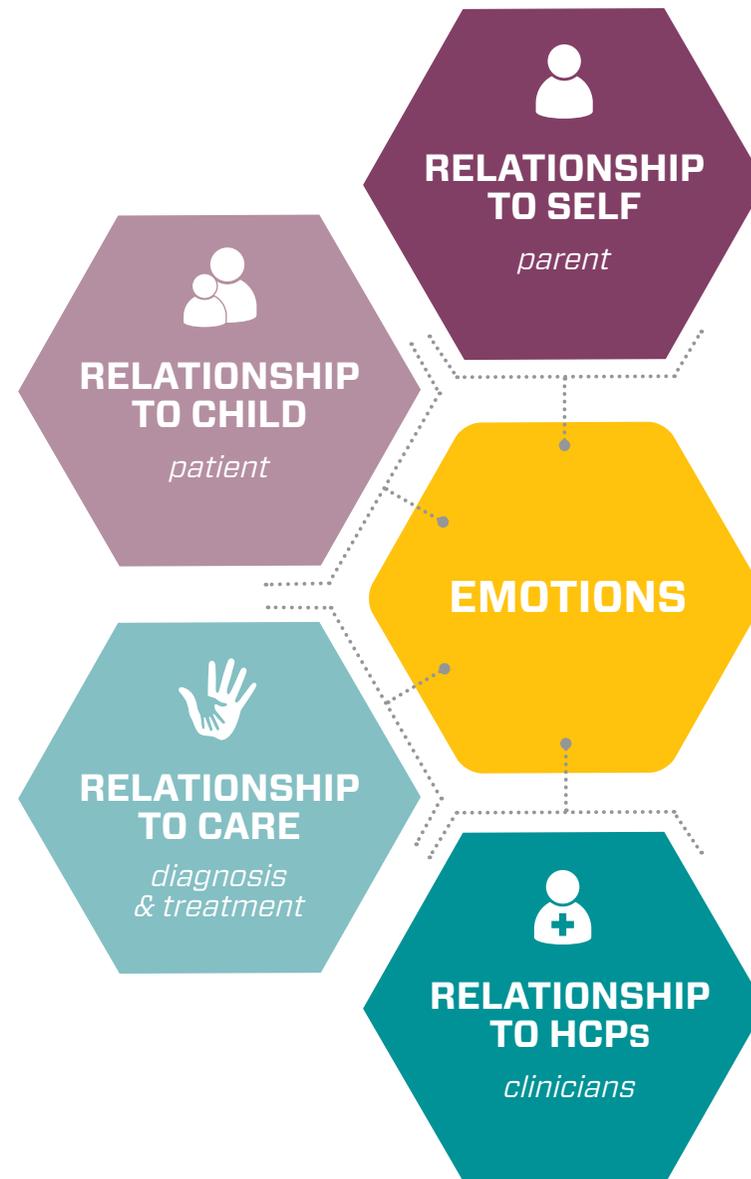


# THE URGENT CARE JOURNEY



# 4 KEY RELATIONSHIPS DRIVE CUSTOMER RESPONSES ALONG THE JOURNEY

The interplay between these 4 relationships yields a set of emotions that **uniquely define and separate** each phase from the others within the urgent care center journey.



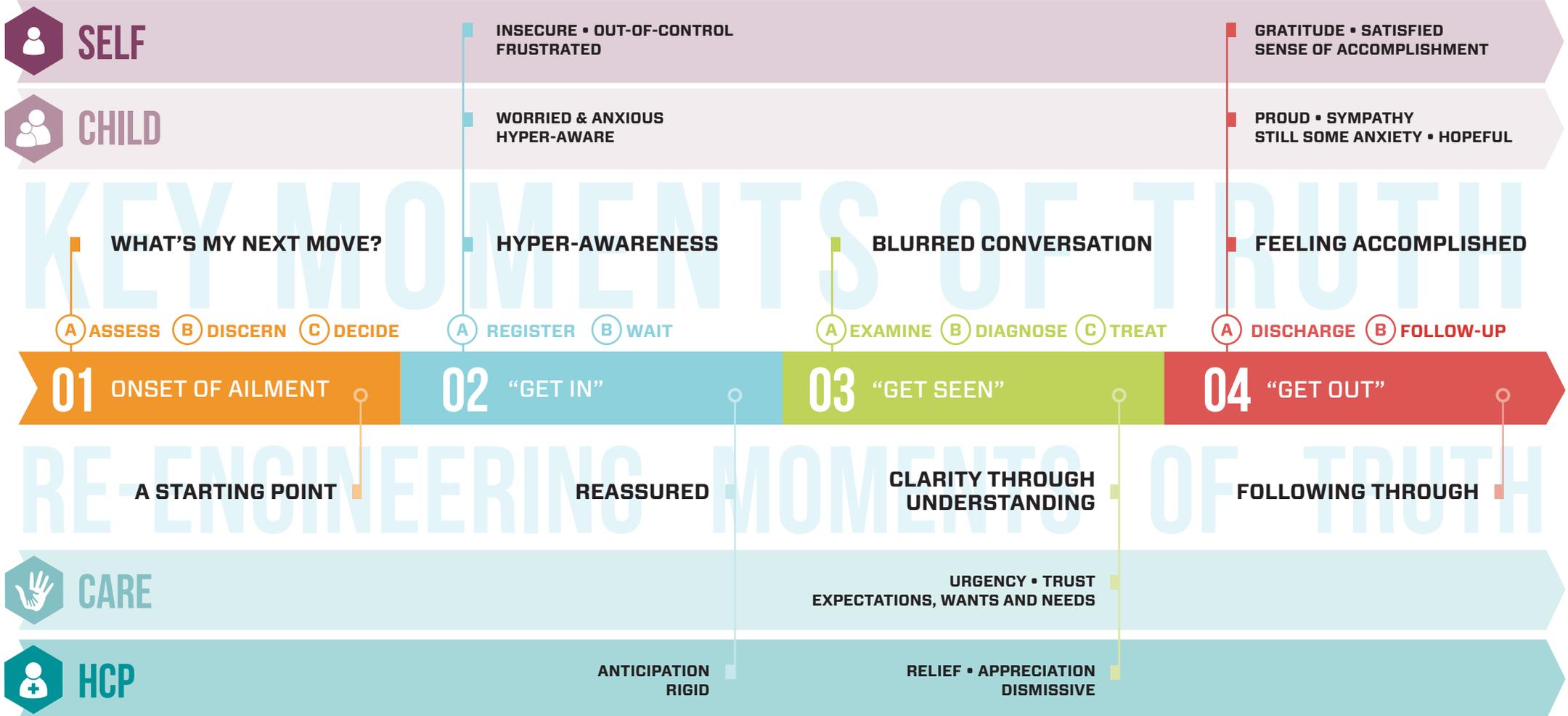
# THE CUSTOMER JOURNEY

- + **Phase 1: Onset of Ailment**  
*assess, discern & decide*
- + **Phase 2: “Get In”**  
*register & wait (triage & wait)*
- + **Phase 3: “Get Seen”**  
*examine, diagnose & treat (test & wait)*
- + **Phase 4: “Get Out”**  
*discharge & follow-up*

EACH PHASE HAS  
ITS OWN  
**MOMENTS  
OF TRUTH**

# URGENT CARE CENTER JOURNEY :: A SNAPSHOT

CONSUMER JOURNEY  
USER EXPERIENCE :: INTERACTIONS



## BEHIND THE SCENES :: RE-ENGINEERING MOMENTS OF TRUTH

By understanding the journey and unmet needs, Nicklaus Children's Hospital has the opportunity to help re-engineer key Moments of Truth to improve the customer's UCC journey.



# IMPACTING MOMENTS OF TRUTH

## **Key Moments Of Truth**

*Re-engineering Moments Of Truth*

- + **Phase 1: What's my next move?**  
*a starting point*
- + **Phase 2: Hyper-awareness**  
*reassured*
- + **Phase 3: Blurred conversation**  
*clarity through understanding*
- + **Phase 4: Feeling accomplished**  
*following through*



# PHASE 1

ONSET OF  
AILMENT

**Assess the situation.** The parent recognizes or is told by the child that they are sick/injured, which begins the process of assessing the situation. The assessment typically begins with a discussion with the child/spouse/babysitter/school nurse or any others who might be looking after the child at the time.

MOMENT  
OF TRUTH

*What's my next move?*

RE-ENGINEERING

**ORIENT THE CONSUMER.**

**Provide a starting point.** There is an opportunity to position the UCC as a starting point in the illness journey.



# IN THEIR OWN WORDS...



*My husband picked him up from day care and he said that Christian's eye was a little bit red and swollen, and I remember him scratching it the night before but didn't think much of it. But then when I got home that night and saw his eye I thought, 'Oh no, this is something more.' My first thought was that I was going to take him to the doctor the next day. And then I said to myself, 'No, no, I am just going to take him to the urgent care because I know it's still open.'"*

—PARENT, MIRAMAR

# PHASE 2

“GET IN”

As symptoms worsen, they are triggered to take action, often leaving them feeling highly anxious and worried by the time they arrive to the UCC.

MOMENT  
OF TRUTH

*Hyper-awareness*

RE-ENGINEERING

**PROVIDE ASSURANCES.**

**Dampen the fear and anxiety.**

There is a need for building greater awareness to help alleviate the stress of speculation and the negative emotions associated with “fearing the worst”.





# PHASE 2 IMPACT ON KEY RELATIONSHIPS

## **Dominant Emotions:**

anxiety, fear, frustration, anticipation

### + **Relationship to Self**

Insecure, Out-of-Control, Frustrated

### + **Relationship to Child**

Worried & Anxious, Hyper-Aware

### + **Relationship to HCP**

Anticipation, Rigid

# PHASE 3

## GET SEEN

This is unequivocally the most important phase of the journey for UCC customers. The child is sick/injured, suffering, and desperately wants to feel better. Parents are concerned for their child's health and want answers from the experts. They want ample time to be seen, heard, and understood.

## MOMENT OF TRUTH

### ***Blurred conversation***

## RE-ENGINEERING

### **CLARITY THROUGH UNDERSTANDING.**

**Help parents find answers.** The need is to help parents better understand their child's diagnosis and condition through education and open dialogue. They need to understand, for example, that while a virus cannot be treated with an antibiotic, it can potentially be prevented and somewhat controlled or minimized in various ways.



# PHASE 3 IMPACT ON KEY RELATIONSHIPS

## **Dominant Emotions:**

Relief, \*Appreciation, Trust, Urgency

## **Relationship to HCP**

Relief, Appreciation, Dismissive

## **Relationship to Care**

Urgency, Trust, Expectations,  
Wants & Needs

*\*Appreciation can quickly turn to ambivalence if the parent feels he/she has waited too long to be seen, does not feel heard, or is not given an opportunity to ask all of their questions.*

# PHASE 4

GET OUT

MOMENT  
OF TRUTH

RE-ENGINEERING

After the diagnosis has been delivered (and tests run if necessary) and the treatment plan has been laid out by the pediatrician, the nurse returns one final time to review the discharge paperwork, answer questions, and get final sign-off.

## ***Feeling accomplished.***

A successful trip to the UCC leaves parents feeling relieved and with a sense of accomplishment. They have made forward progress in the process of their child's recovery, which is an important feeling for many moms whose identity is (at least in-part) defined by their ability to care for and satisfy the multifarious needs of their children.

## **FOLLOWING THROUGH WITH PURPOSE.**

**Provide a road map** for parents to trigger further forward momentum in their efforts to bring their child back to health. Discharge paperwork is sent by UCCs directly to the patient's PCP, but perhaps spending a few extra minutes with parents during the discharge process discussing the next steps will increase the incidence of follow-up appointments (with PCPs) and of successful outcomes overall.



A young boy is shown from the chest up, holding a Buzz Lightyear action figure. He is looking intently at the figure. The background is a soft, out-of-focus indoor setting. The text is overlaid on the right side of the image.

# PHASE 4 IMPACT ON KEY RELATIONSHIPS

## **Dominant Emotions:**

Grateful, Accomplished, Self-Satisfied, Hopeful

## **Relationship to Self**

Gratitude\*, Satisfied, Sense of Accomplishment, Sense of Agency, Wiser, Humble

## **Relationship to Child**

Proud, Sympathy, Some Anxiety, Hopeful

*\*Gratitude will shift to indignation if the parent feels they have been treated with disrespect, have been given an incorrect diagnosis, or feel they are leaving “empty handed” (without a prescription for antibiotics).*

# ONSET OF AILMENT



## IN THEIR OWN ““ WORDS...

So, it started on Saturday. When I picked her up at the babysitter she had something on her leg, so the first thing that I did honestly was to talk to one of my friends who is a nurse. I sent him a picture and he recommended that I take her right away to the doctor because he said it could get worse—so he gave me some advice and I did it ... I took her that day to the urgent care and the doctor prescribed an antibiotic. Then Tuesday, I took her to the urgent care center again because I noticed that whatever she had looked worse than Saturday in my eyes. So, I felt like someone needed to double-check it to see if it is getting better or worse. I had more questions: Why is it not getting better? Why is it more red than before? That is why I went back on Tuesday night.”—PARENT, PBG

# PHASE 01 ONSET OF AILMENT

### ASSESS THE SITUATION

Parent recognizes or is told by the child that they are sick/injured, which begins the process of assessing the situation. The assessment typically begins with a discussion with the child/spouse/baby sitter/school nurse or any others who might be looking after the child at the time.

### DISCERN THE NEXT MOVE

The decision-making process proceeds by discerning the most feasible plan of action:

- + What are my options?
- + Can treatment wait?
- + Where can I go?
- + Can I get an appointment with his/her PCP?
- + Can I get out of work to take him/her for treatment?

They also may choose to phone a trusted friend/neighbor/family member (often with a background in healthcare) for an initial opinion and advice on next steps based on the symptoms and child’s response.

■ **ASSESS** *the situation*

■ **DISCERN** *the next move*

■ **DECIDE**

A

B

C

[ WHAT’S MY  
NEXT MOVE? ]



# PHASE 1

## MOMENT OF TRUTH

### [ WHAT'S MY NEXT MOVE? ]

- + When deciding the next move, parents are taking into account the current circumstances, the condition of the child, their perception of the severity, and the logistical commitment.
- + The onset of illness can be gradual, with worsening symptoms over a span of a few hours or even days. Parents may choose to deal with and incorporate initial symptoms into daily life and medicate or treat at home with what they have available to them.
- + Most parents tend to be extra sensitive about their children and generally don't wait too long before seeking treatment for them. This is especially true for inexperienced mothers, or those with infants or very young children.

"For instance, that day I was super tired and my first thought was 'oh man, she's getting worse and it's not going to stop.' So I said, 'let's have dinner, get a shower, and then we will go,' because if we had gone right at that specific moment, then I probably would have been a mess, hungry, tired, aggravated, and probably fighting with the doctor, telling them to hurry up. So, I said 'let's eat first and then after we feel more comfortable then we will go.'"—PARENT, PBG

"My husband picked him up from day care and he said that Christian's eye was a little bit red and swollen, and I remember him scratching it the night before but didn't think much of it. But then, when I got home that night and saw his eye, I thought 'oh no, this is something more'. My first thought was that I was going to take him to the doctor the next day. And then I said to myself, 'no, no, I am just going to take him to the urgent care because I know it's still open.'"—PARENT, MIRAMAR

# RE-ENGINEERING

## PHASE 1 :: RE-ENGINEERING THE MOMENT OF TRUTH: A STARTING POINT

Knowing the right signs to look for will offer parents the opportunity to more accurately identify symptoms and seek treatment with the appropriate frame of mind, and without the unhealthy levels of fear which ultimately limit their efforts to calm and care for their sick child.

### ADDRESSING THEIR NEEDS

A starting point. There is an opportunity to position the UCC as a starting point in the illness journey.

- + A place of knowledge and understanding where you can get support in the form of medical expertise.
- + A place of ease and comfort where you can take them to seek shelter from the fear and pain of the unknown, and "get started" on the healing process.
- + A place of prevention where you can "stop the bleeding," rule out the unknown and prevent things from getting much worse.

"For example, I knew that Christian might have an eye infection—so I said to myself 'let me just take him and get the process started, because waiting another day is just going to make him worse.' So, you have to evaluate the situation each time. If he's really sick I'm not going to take him to the urgent care or the PCP, I would take him straight to the ER. But if it's something where I know I can get him started on the process of getting better then I'll just go there."—PARENT, MIRAMAR

"This one felt different than a normal cold so I wasn't sleeping well. I was thinking about him all night and actually slept on the couch so I could hear his coughing through the night so that's pretty unusual for a 12 year old. So, I knew something wasn't right with this time around with this cold, so it was a little bit unnerving. I wish I had done it yesterday instead of today."—PARENT, PBG

"I took Cristóbal there because he had a bad sore throat; it was a Monday but the children were off because they didn't have any school activity, and I said: 'This child is not going to be well for school on Tuesday unless I give him something or take preventive action,' and I said 'I'd better take him right now,' and I did and, sure enough, he had a bacteria in his throat, which produced the pain, which was going to cause a high fever ... They gave him an antibiotic and all and they checked his breathing and instructed me to have an x-ray, because there are children that display symptoms of pneumonia with that type of bacteria, you know? So I was super satisfied because I was also able to rule that out, which I may not have been able to achieve through my pediatrician, you know?"—PARENT,

WEST KENDALL



# IN THEIR OWN “ WORDS...

“I have to utilize whatever time that I have the best way possible. At night, if the urgent care is open then it’s a no brainer, just take him, get it over with and that way he can already start feeling better the next day and I don’t have to deal with him being sick the whole entire night. If I don’t take him, then I don’t get any sleep, he doesn’t get any sleep, and then you have to take him to the doctor the next day and wait another two hours for him to get seen, and then go pick up the medication. And THEN he will start to feel better when I could have done that the night before.”—Parent, Miramar

“

If I didn’t take her to the urgent care, then I would have taken time off work. Financially, it would impact me because I would lose those hours. I get paid by the hour, but it’s ok, because in the end if it got worse, then I would lose more time at work anyways trying to take care of her. If it got worse or she wasn’t getting better, then I might have to take off Saturday because I would have to take care of her.”—PARENT, PBG



# “GET IN”



# IN THEIR OWN ““ WORDS...

“For example, Vasco got influenza towards the end of the year; he developed a very high fever and it was quite stressful. I know urgent care admits patients up to 10 PM now, but I didn’t know that at the time. In my anxiety of not knowing whether it was open or not, or how I was going to be treated or not (because I had not gone to this place yet), I didn’t want to take him there, and I just wanted to bring his temperature down and didn’t know how to ... where to? I mean do I go alone with the child to the hospital? But, you know what it means to a mother, all alone here, trying to find a solution with the little boy, because you are not going to take a little boy to a hospital at 11 PM ... What I should have done is, if I saw that his temperature kept rising at about 8 or 9 PM, because it was something gradual, I should’ve taken him to urgent care. This is what I would do today but, at the moment, with my fear of not knowing how urgent care operates, I didn’t take him there. And that could’ve been the solution.”—PARENT, WEST KENDALL

## PHASE 02 “GET IN”

As symptoms worsen, they are triggered to take action, often leaving them feeling highly anxious and worried by the time they arrive to the UCC.

- + **They don’t want to be there.** Unexpected events such as sickness or injury to their child combined with worry, anxiety, and feelings of frustration can feed off each other and create a spiraling effect of negative emotions. They often feel as if the situation is out of their control and this is not a place parents like to be.
- + **Best efforts have backfired.** Moms are giving their best effort every day to manage the household and care for their children. A trip to the urgent care can be draining and can make them question (if only temporarily) their competence and self-worth as a mother.

“I get scared very easily, because, as you know, I am a first-time mother. And more since I have studied in healthcare, I have the basis for understand a bit better. So as my husband says, I always imagine the worst. And I can hope that it is going to be something simple, something basic, but I worry it always has to be something complicated, so I look up things on the Internet, I look for information.”—PARENT, MIAMI LAKES

REGISTER

WAIT

A

B

[ HYPER-AWARENESS ]



# PHASE 2

## MOMENT OF TRUTH

### [ HYPER-AWARENESS ]

- + **Disappointment.** Grounded in a failure of not being able to do enough for their children, care-givers expressed feelings of disappointment—of who they are and who they are not; of what they do and what they don't do; etc.
- + **Fearing the worst.** A lack of awareness of what symptoms represent, make for very concerned parents, fearful and often imagining the worst-case scenario.
- + **Questioning.** “Am I doing the right thing?” Constant analysis and thinking can lead to intensified feelings of anxiety. New mothers are especially susceptible to feeling of self-doubt and sensitive to any kind of criticism or questioning from HCPs.
- + **Self-awareness.** Behaviors, thoughts, and relationships are critical to their sense of self. Their sense of identity and self-worth are elevated when they are proactive, productive, and re-assured that they have done “the right thing”.

# RE-ENGINEERING

## PHASE 2 :: RE-ENGINEERING THE MOMENT OF TRUTH: REASSURED.

Anxiety can lead to decreased satisfaction. Reduce the anxiety of this phase by doing all you can to communicate calmly and clearly the steps involved in the UCC process and what they can expect to happen during their time there.

### ADDRESSING THEIR NEEDS

**Dampen the fear and anxiety.** There is a need for building greater awareness to help alleviate the stress of speculation, and the negative emotions associated with “fearing the worst”.

- + Reassure parents that they have come to the right place and their child is a priority.
- + Help patients embrace clear, realistic expectations for the wait time. Remember to address the fact that if tests or X-rays are necessary, then there will be an additional wait time in the back.
- + When and if appropriate, acknowledge other family members whose level of comfort is also part of customer's overall satisfaction.

“The most important thing is managing or predicting the parents’ state of mind prior to their arrival. And the reason that I say that is that at the point of registration, that’s your first face. You’re meeting the parents, you are introducing yourself, you are registering their child, and their child is a priority. No matter how many other people are in the waiting room, their child is a priority. And we try to let them know that, but obviously, that doesn’t come across to every parent.”—OPERATIONS MANAGER, WEST KENDALL

“The first impression is everything. If they are not happy at the beginning, then their whole experience is probably going to be bad. So, if we welcome them and make them feel comfortable then there is a better chance of having a better experience, and then they understand more about the process which makes them comfortable.”—REGISTRAR, PBG

## PHASE 2 :: IMPACT ON KEY RELATIONSHIPS.

**Dominant Emotions:** Anxiety, Fear, Frustration, Anticipation

### RELATIONSHIP TO SELF

- + **Insecure**—“What did I do wrong?” Questioning their own actions/decisions prior to UCC visit
- + **Out-of-Control**—Helpless, unable to fix it
- + **Frustrated**—Don’t want to be there; don’t want to wait

“Sometimes things are out of your control and you do feel frustrated. Sometimes we are very hard on ourselves as parents, because you just want the best for them. You want to do everything for them and when you feel limited because the office is closed and you can’t take them, then you feel frustrated because you can’t do anything about that.”—PARENT, MIRAMAR

“Your heart breaks when they are sick. You feel helpless. He woke up a little bit ago and said ‘you have to take me to the Doctor now mom’. He was begging to go to the Doctor because he doesn’t feel good. I mean he probably just has strep throat...it’s really not that big a deal but it’s so nice to say ‘hey let’s go’ and not to have to wait for a call back or be squeezed into the doctor.”—PARENT, PBG

### RELATIONSHIP TO CHILD

- + **Worried & Anxious**—Fearing the worst, anxious about diagnosis and severity
- + **Hyper-aware**—Heightened sensitivity to child’s physical and emotional pain

“Any parent is going to want their kid to feel better right away no matter what. So, whatever you can do to speed up that process you are going to do it.”—PARENT, MIRAMAR

### RELATIONSHIP TO HCP

- + **Anticipation**—Stress has been building; urgent need to see and speak to pediatrician
- + **Rigid**—Fixated on getting answers; nurses are wonderful, but parents are here to see the physician who will have the final word

“I saw that this thing on her leg was getting bigger and looked more red to me, but I wasn’t sure because I’m not a doctor, so I needed that support from an M.D. to tell me yes or no. So as a mom, I was thinking ‘that’s not good’. But is that true or not? I always think that I know everything but really I don’t, so I need that support from someone who actually knows what they are talking about just to back me up. I needed that white coat man to tell me ‘yes it is, getting better or it’s not.’”—PARENT, PBG



# “GET SEEN”



## IN THEIR OWN “WORDS...”

The care is not hard, the education is hard. There are a lot of families that feel if you aren't giving my child an antibiotic then you're not helping them to get better. So a lot of our battles become about us not helping their child and we didn't give them anything and they are accustomed to going to their PCP and getting an antibiotic and we aren't going to give an antibiotic for viral infections—only bacterial. So the hardest thing is explaining to them the difference between the two and why? It's always, always a battle.” —HCP, PBG

## PHASE 03 “GET SEEN”

This is unequivocally the most important phase of the journey for UCC customers. The child is sick/injured and suffering, and desperately wants to feel better. Parents are concerned for their child's health and want answers from the experts. They want ample time to be seen, heard, and understood. They want to ease their child's pain as quickly as possible, which in-turn will bring an acceptable level of comfort to the child and a “peace of mind” for their own benefit.

**Looking for answers.** Ultimately they are looking to the pediatrician for answers to their most pressing questions:

- + What is wrong with my child?
- + How serious is it?
- + Can it be treated?
- + What is your opinion about how it should be most effectively treated?

“I just ask questions to understand what is happening. I will dig and dig until I get to the bottom of it. I am the one asking, ‘Why? Why? Why?’ until I'm clear.” —PARENT, PBG

“It's important to be calm and to ask questions. Like I said, I always try to be organized, and a visit to the UC is not planned, it's just something that happens. So obviously, I am very concerned about what has happened to my daughter at that point so I need to know.” —PARENT, PBG

■ EXAMINE *the child*

■ DIAGNOSE *the illness*

■ TREAT

A

B

C

[ BLURRED  
CONVERSATION ]

# PHASE 3

## MOMENT OF TRUTH

### [ BLURRED CONVERSATION ]

For parents, a timely and accurate diagnosis is critical to the UCC experience. When and if this is achieved, they are relieved to finally have answers to their most pressing questions.

- + For many parents, however, there is less awareness around viral diagnoses and many are under the impression that viruses can be treated with antibiotics in the same way that bacterial infections are treated.
- + To dispel patient fears that it is something more serious, HCPs may downplay seriousness of a viral condition. At times the diagnosis and treatment (of a viral illness) does not accurately line up with parent assumptions about the nature of the illness and sets up expectations that it can be easily solved, or worse yet, that there is nothing that can be done to help their suffering child.
- + Although initially relieved that the condition is not more serious, parents may leave the UCC with a lingering doubt about the lack of a prescription drug to treat the virus. This, in turn, can leave them feeling at a loss and like nothing of consequence was accomplished during their visit.

“For example, they have something viral and they want antibiotics. So sometimes depending on the centers, it’s a struggle to explain to them and they might get it but they still want the antibiotics. So, I think that’s one of the major complaints from patients, and if we don’t give it to them then we are rude. We are not rude. We are doing the best we can and working to the best of our capabilities.”—HCP, MIRAMAR

# RE-ENGINEERING

### PHASE 3 :: RE-ENGINEERING THE MOMENT OF TRUTH: CLARITY THROUGH UNDERSTANDING.

Knowledge is power and providing clarity gives patients a better path forward. Clarity helps set expectations from the start of treatment. It helps them weigh options and track results. Ultimately, clarity helps empower patients to expect the best treatment options and to leave feeling more secure about the nature of the diagnosis.

#### ADDRESSING THEIR NEEDS

- Getting answers. The need is to help parents better understand their child’s diagnosis and condition through education and open dialogue. They need to understand, for example, that while a virus cannot be treated with an antibiotic, it can potentially be prevented and somewhat controlled or minimized in various ways.
- + Parents also need to better understand their own role and responsibility in the treatment plan and that there are some medications and remedies that can help mask symptoms, reduce fever, and alleviate discomfort.
- + There is a need for more education around the human body’s own mechanisms for healing itself.
- + It is critical for HCPs to set clear expectations and to be consistent with their message to parents. Even the slightest difference in the message or how it is delivered can cause parents to feel like they are getting conflicting messages from different members of the healthcare team.

“I think it helps customers when we are all saying exactly the same thing. I think it builds confidence in our skill and our knowledge set. So, they are like ‘Ok, they all said that this is viral and it’s going to last 3-5 days and I just need to continue with Tylenol, Motrin and rest and fluids.’ But if Tiffany says one thing and then I go in there and say another thing, then that can get confusing and I think it decreases their confidence in us. So, when we are all on that same page of saying ‘here is what it is, here is how we are going to treat it, and here is what you are going to do when you get home.’ When that is the same, I think that helps with that customer experience, because then they are not left wondering which one do I believe?”—HCP, PBG

“A lot of times kids come in, we do the strep test and the test is negative, and they can get very upset because they go home and then the next day the kid is still sick and crying and they take the child to their pediatrician because they are open at the time, and then they do the test again and figure out that it is strep. But if it doesn’t show an infection today, then we can’t put them on antibiotics, so it’s just about how to communicate that so that we can set that expectation for patients and that it wasn’t a wasted visit.”—NURSE MANAGER, WEST KENDALL

### PHASE 3 :: IMPACT ON KEY RELATIONSHIPS.

**Dominant Emotions:** Relief, Appreciation, Trust, Urgency

#### RELATIONSHIP TO HCP

- + **Relief**—Stress turns to relief once they see the pediatrician and get answers
- + **Appreciation**—Grateful to be accommodated, treated, and educated
- + **Dismissive**—Low tolerance for HCPs who show insufficient attention, empathy or care

\*Appreciation can quickly turn to ambivalence if parent feels they have waited too long to be seen, does not feel heard, or is not given their fair share of time to ask all of their questions.”—PARENT, PBG

“If they have a bad demeanor or they are rushing things, then I would not like that. I am constantly asking questions, so I want the time to do that and I want it to be productive during my time in there with them. I want to be them to be proactive with me. So, for example, if the doctor is there for two minutes and rushing things then he is not being productive or proactive. Even if they only have a short time, at least make us feel like we are important; that you are paying attention to us.”—PARENT, PBG

“So really, what you want is the RIGHT answer—and today that answer was that there was no strep and no flu, so we were able to walk away knowing that antibiotics are not going to help her at this point. Yes, the doctor did a good job explaining that the antibiotics were not going to work and that she just needed to drink lots of water. He explained to us that the human body just has to heal itself, and we are ok with that.”—PARENT, PBG

#### RELATIONSHIP TO CARE

- + **Urgency**—“get in and get out”. Want the visit to be quick but productive
- + **Trust**—“Children’s” in the name signifies pediatric expertise and therefore trust
- + **Expectations, wants & needs**—Expect an accurate diagnosis, need quality care, want exceptional service

“It was easy to get in to see the doctor today with a very limited wait. We did have to wait in the back for a bit because two separate tests had to be run—one for the flu and another for strep. There are places where you don’t know the result before you leave and they have to call you later on to tell you the test results. But today, they were able to run the tests here and get the results, so we didn’t have to wait until tomorrow or the next day, which sometimes happens.”—PARENT, PBG

“It’s great to have the actual flu diagnosis, so the next person in the house that starts sniffing or gets a headache then we know right off the bat to get them in and get the Tamiflu started. It’s comforting to know.”—PARENT, PBG

#### RELATIONSHIP TO SELF

“I was hungry and cranky and I knew that about myself. I didn’t want to be there and I was aggravated because I had to wait. I’m actually really nice, but if I’m cranky and impatient, and aggravated and wanting it to be done already, then I’m going to hear half of what they are saying because I just want to leave. If I’m calm, then I’m paying attention and I can ask questions.”—

PARENT, PBG

## IN THEIR OWN “ WORDS...

“The expectation for some is that I will come in and they will give me medicine and I’m going to feel better and go home. But in reality, sometimes getting a medication is not going to make you better, it’s going to hurt you more down the line. So explaining that to parents is difficult, and they leave here very angry. So even though we swabbed them and it’s a viral issue and we just give them Motrin—but they are wondering why didn’t you give me a prescription? Why didn’t you draw my blood? Why didn’t you do a test to prove this or that? And it happens very often here because this community is wired, they do all their own research and they have in their mind that is what needs to be given to them to get better. When you contradict them, then they can be very angry that we are not providing the proper care to them.”—NURSE MANAGER, WEST KENDALL



## IN THEIR OWN ““ WORDS...

### RELATIONSHIP TO CARE

“The times I’ve gone over the last five years, they always provide you with a print out of what the diagnosis is, what you should do and shouldn’t do, and a reminder to get in touch with your PCP. I think that is great, especially for parents that might not think to follow-up if they don’t get that reminder. And the print out is great, because that way you educate yourself about what your kid has and the precautions that you should be taking.” —PARENT, MIRAMAR

## PHASE 04 “GET OUT”

After the diagnosis has been delivered (and tests run if necessary) and the treatment plan has been laid out by the pediatrician, the nurse returns one final time to review the discharge paperwork, answer questions, and get final sign-off.

- + **Discharge and release.** For parents, this is an opportunity to ask any final questions and to get clarification on next steps. At this point, all parties involved seem eager to wrap things up and move forward. Customers need to get home or back to work, and HCPs need to move on to their next case. The result of this natural desire to proceed quickly to the next duty or activity can result in a somewhat hurried final exchange between customer and care team.
- + **Final impression.** Parents are the ones in a rush to “get out,” but it’s important that HCPs don’t fall into the trap of rushing through protocol in order to appease the parent’s desire to leave immediately. This is a potential moment of influence and an opportunity for HCPs to leave a final positive and lasting impression.

DISCHARGE

FOLLOW-UP *treatment*

A

B

[ FEELING  
ACCOMPLISHED ]



# PHASE 4

## MOMENT OF TRUTH

### [ FEELING ACCOMPLISHED ]

A successful trip to the UCC leaves parents feeling relieved and with a sense of accomplishment. They have made forward progress in the process of their child’s recovery which an important feeling for many moms whose identity is (at least in-part) defined by their ability to care for and satisfy the multifarious needs their children.

After a UCC visit, moms describe:

- + A “peace of mind” knowing that their child is going to be OK
- + A sense of peace within themselves knowing that they have done right by their child
- + A sense of agency knowing that they have things under control

# REENGINEERING

### PHASE 4 :: RE-ENGINEERING THE MOMENT OF TRUTH: FOLLOWING THROUGH.

It is important for HCPs to ensure that parents leave feeling as if they have made progress, the illness/injury is under control, and that their questions and concerns have been properly addressed during their UCC visit.

### ADDRESSING THEIR NEEDS

Provide a roadmap for parents to trigger further forward momentum in their efforts to bring their child back to health. Discharge paperwork is sent by UCCs directly to patient’s PCP, but perhaps spending a few extra minutes with parents during the discharge process roadmapping the next steps will increase the incidence of follow-up appointments (with PCPs) and of successful outcomes overall.

- + **Reinforce actions taken so far.** Build on the momentum and feelings of accomplishment already established by their UCC visit. Parents have done the right thing by coming to the UCC, now follow through efforts need to happen in order to maximize the chances of a successful outcome.
- + **Mark the calendar.** Set a date on the calendar by they can reasonably expect to follow-up with their PCP. Following through will increase their chances of getting back into the rhythm of daily life without the further interruption, hassle and inconvenience caused by this unexpected illness event.
- + **Encourage them.** The hardest part is over, but they’re not finished with the illness journey. The UCC visit has provided basic traction, a reliable footing from which to try and accomplish next steps.



#### PHASE 4 :: IMPACT ON KEY RELATIONSHIPS.

**Dominant Emotions:** Grateful, Accomplished, Self-satisfied, Hopeful

##### RELATIONSHIP TO SELF

- + **\*Gratitude**—for the quality of care their child received
- + **Satisfied**—with their own efforts to take action and properly react to illness event
- + **Sense of accomplishment**—made progress in the effort to start the healing process
- + **Sense of agency**—things are now under control
- + **Wiser**—know more about their child’s condition than when they arrived
- + **Humble**—“I can’t do everything”. Willing to accept their limitations
- + **Guilty**—for not seeking treatment sooner (if decision to go to seek treatment was delayed)

\*Gratitude will shift to indignation if parent feels they have been treated with disrespect, have been given an incorrect diagnosis or feel they are leaving “empty handed” (without a prescription for antibiotics).”—PARENT, MIRAMAR

“I felt like I was being proactive. Relieved and proactive. I had an hour and during that hour I got it taken care of, so I felt a sense of relief that I took care of him to the best of my ability. You feel at peace with yourself and that you did what you had to do.”—PARENT, MIRAMAR

## IN THEIR OWN “ WORDS...

“When you do something positive for your child, you feel like superwoman! That’s the only way that I can describe it. You feel like a good mom.”—PARENT, MIRAMAR

##### RELATIONSHIP TO CHILD

- + **Proud**—of their child who was well behaved and brave during visit
- + **Sympathy**—for their child who feels better but is still ailing
- + **Still some anxiety**—around the child’s condition
- + **Hopeful**—that their child will start to feel much better

“So, we went to the urgent care and they gave him an antibiotic for his eye and the very next day he was feeling better. He did have to stay home for the next two days but he was feeling better right away.”—PARENT, MIRAMAR



# JOURNEY MAP [ BUSY CENTER ]

## PHASE 01 ONSET OF AILMENT

## PHASE 02 "GET IN"

	PHASE 01 ONSET OF AILMENT				PHASE 02 "GET IN"				
<b>EMOTIONS</b>	CURIOUS	HESITANT	WORRIED	REGRET	FEAR	INSECURE	FRUSTRATED	ANTICIPATION	
<b>THOUGHTS</b>	"WHAT HAPPENED?"	"LET'S SEE WHAT I CAN DO FOR NOW."	"WHAT SHOULD I DO?"	"I SHOULDN'T HAVE WAITED."	"I CAN'T DO THIS ALONE, I NEED PROFESSIONAL HELP."	"WHAT DID I DO WRONG?"	"WHY CAN'T THIS BE QUICKER?"	"I HOPE IT'S NOT TOO SERIOUS."	
<b>ACTIONS</b>	FINDS OUT CHILD IS SICK	HAS A DISCUSSION WITH CHILD REGARDING ILLNESS	CONTINUE OBSERVATION + HOME TREATMENT	CALL FRIEND/RELATIVE FOR ADVICE	SYMPTOMS WORSEN	TAKE CHILD TO URGENT CARE CENTER	GET CHECKED IN	LONG WAIT IN WAITING ROOM	NURSE ENCOUNTER
<b>REGISTRANT</b>					MAKE GOOD FIRST IMPRESSION	CHECK IN PATIENT	INFORM NURSING STAFF		
<b>NURSE</b>							TRIAGE BASED ON ARRIVAL TIME	TAKE VITALS AND HISTORY	
<b>PHYSICIAN</b>									

Engage children with collectible sticker book that they fill out through the encounter

**OPPORTUNITIES**

## PHASE 03 “GET SEEN”

## PHASE 04 “GET OUT”

DESPERATE	AMBIVALENT	URGENT	DISMISSIVE	INDIGNANT	ANXIOUS	SYMPATHY	HOPEFUL
“I’VE BEEN WAITING FOREVER.”	“THIS DOCTOR ISN’T LISTENING TO ME.”	“I JUST WANT THIS TO BE OVER.”	“THAT WASN’T VERY HELPFUL AT ALL.”	“I CAN’T BELIEVE I WASTED MY TIME HERE.”	“NOW WHAT?”	“I’M FEEL SO BAD ABOUT MY CHILD.”	“I HOPE THINGS ARE GOING TO GET BETTER.”
LONG WAIT IN ROOM	PHYSICIAN ENCOUNTER	WAIT FOR RESULTS	GET RESULTS	FINAL QUESTIONS	CHECK OUT/ SCHEDULE FOLLOW-UP	LEAVE THE URGENT CARE CENTER	FOLLOW THROUGH WITH TREATMENT PLAN
TRiage BASED ON CONDITION	INFORM PHYSICIAN STAFF	CARRY OUT ORDERS	REVIEW LABS AND IMAGING RESULTS	DISCHARGE PATIENT	CHECK OUT PATIENT/SCHEDULE FOLLOW-UP		
	REVIEW VITALS & HISTORY, PROVIDE ASSESSMENT & TREATMENT PLAN	ORDER TESTS AND IMAGING	RECEIVE LABS AND IMAGING RESULTS				

Provide parents with information on urgent care process

OPPORTUNITIES

Acknowledge both the child and the parent.

OPPORTUNITIES



# JOURNEY MAP [ QUIET CENTER ]

## PHASE 01 ONSET OF AILMENT

## PHASE 02 "GET IN"

	PHASE 01 ONSET OF AILMENT				PHASE 02 "GET IN"			
<b>EMOTIONS</b>	CURIOUS	HESITANT	WORRIED	REGRET	FEAR	INSECURE	ANTICIPATION	
<b>THOUGHTS</b>	"WHAT HAPPENED?"	"LET'S SEE WHAT I CAN DO FOR NOW."	"WHAT SHOULD I DO?"	"I SHOULDN'T HAVE WAITED."	"I CAN'T DO THIS ALONE, I NEED PROFESSIONAL HELP."	"WHAT DID I DO WRONG?"	"I HOPE IT'S NOT TOO SERIOUS."	
<b>ACTIONS</b>	FINDS OUT CHILD IS SICK	HAS A DISCUSSION WITH CHILD REGARDING ILLNESS	CONTINUE OBSERVATION + HOME TREATMENT	CALL FRIEND/RELATIVE FOR ADVICE	SYMPTOMS WORSEN	TAKE CHILD TO URGENT CARE CENTER	GET CHECKED IN	NURSE ENCOUNTER
<b>REGISTRANT</b>					MAKE GOOD FIRST IMPRESSION	CHECK IN PATIENT		
<b>NURSE</b>							TAKE VITALS AND HISTORY	
<b>PHYSICIAN</b>								

Ambassador at the front that take care of non-medical needs

**OPPORTUNITIES**



## PHASE 03 “GET SEEN”

## PHASE 04 “GET OUT”

APPRECIATION	URGENT	RELIEF	GRATITUDE	ACCOMPLISHED	PROUD	HOPEFUL
“THE DOCTOR IS BEING SO ACCOMMODATING AND ATTENTIVE.”	“I JUST WANT THIS TO BE OVER.”	“THANK GOODNESS I HAVE SOME ANSWERS NOW.”	“I’M REALLY THANKFUL FOR ALL THE HELP I GOT TODAY.”	“I FEEL LIKE SUPERMAN/WOMAN.”	“I’M SO PROUD OF MY BRAVE CHILD.”	“THINGS ARE GOING TO GET BETTER.”
PHYSICIAN ENCOUNTER	WAIT FOR RESULTS	GET RESULTS	FINAL QUESTIONS	CHECK OUT/SCHEDULE FOLLOW-UP	LEAVE THE URGENT CARE CENTER	FOLLOW THROUGH WITH TREATMENT PLAN
				CHECK OUT PATIENT/SCHEDULE FOLLOW-UP		
INFORM PHYSICIAN STAFF	CARRY OUT ORDERS	REVIEW LABS AND IMAGING RESULTS				
REVIEW VITALS & HISTORY, PROVIDE ASSESSMENT & TREATMENT PLAN	ORDER TESTS AND IMAGING	RECEIVE LABS AND IMAGING RESULTS	DISCHARGE PATIENT			

Improve communication with picture books of symptoms

**OPPORTUNITIES**

Provide a call back the next day to check in on progress

**OPPORTUNITIES**



# JOURNEY MAP [ ER SITUATION ]

## PHASE 01 ONSET OF AILMENT

## PHASE 02 "GET IN"

	PHASE 01 ONSET OF AILMENT				PHASE 02 "GET IN"				
<b>EMOTIONS</b>	CURIOUS	HESITANT	WORRIED	REGRET	FEAR	INSECURE	FRUSTRATED	ANTICIPATION	
<b>THOUGHTS</b>	"WHAT HAPPENED?"	"LET'S SEE WHAT I CAN DO FOR NOW."	"WHAT SHOULD I DO?"	"I SHOULDN'T HAVE WAITED."	"I CAN'T DO THIS ALONE, I NEED PROFESSIONAL HELP."	"WHAT DID I DO WRONG?"	"HOW LONG IS THIS GOING TO TAKE?"	"I HOPE IT'S NOT TOO SERIOUS."	
<b>ACTIONS</b>	FINDS OUT CHILD IS SICK	HAS A DISCUSSION WITH CHILD REGARDING ILLNESS	CONTINUE OBSERVATION + HOME TREATMENT	CALL FRIEND/RELATIVE FOR ADVICE	SYMPTOMS WORSEN	TAKE CHILD TO URGENT CARE CENTER	GET CHECKED IN	WAIT IN WAITING ROOM	NURSE ENCOUNTER
<b>REGISTRANT</b>					MAKE GOOD FIRST IMPRESSION	CHECK IN PATIENT	INFORM NURSING STAFF		
<b>NURSE</b>							TRIAGE BASED ON ARRIVAL TIME	TAKE VITALS AND HISTORY	
<b>PHYSICIAN</b>									

Child friendly colors, entertainment, and environment

**OPPORTUNITIES**

Reaffirm parents that they did the right thing.

**OPPORTUNITIES**



## PHASE 03 “GET SEEN”

## PHASE 04 “GET OUT”

URGENT

“I WANT ANSWERS NOW.”

PHYSICIAN ENCOUNTER

IMMEDIATELY INFORM PHYSICIAN

REVIEW VITALS & HISTORY, PROVIDE ASSESSMENT & TREATMENT PLAN

ANXIOUS

“WHAT’S GOING TO HAPPEN NOW?”

PATIENT AND FAMILY TRAVEL TO ER

TRANSFER REQUEST TO ER

GUILT

“WHY DIDN’T I DO SOMETHING EARLIER?”

ER VISIT



# JOURNEY MAP [ ER SITUATION ]

## PHASE 01 ONSET OF AILMENT

## PHASE 02 "GET IN"

	PHASE 01 ONSET OF AILMENT				PHASE 02 "GET IN"				
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<b>REGISTRANT</b>					MAKE GOOD FIRST IMPRESSION	CHECK IN PATIENT	INFORM NURSING STAFF		
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<b>PHYSICIAN</b>									

Child friendly colors, entertainment, and environment

**OPPORTUNITIES**

Reaffirm parents that they did the right thing.

**OPPORTUNITIES**

## PHASE 03 “GET SEEN”

## PHASE 04 “GET OUT”

URGENT

ANXIOUS

GUILT

“I WANT ANSWERS NOW.”

“WHAT’S GOING TO HAPPEN NOW?”

“WHY DIDN’T I DO SOMETHING EARLIER?”

PHYSICIAN ENCOUNTER

PATIENT AND FAMILY TRAVEL TO ER

ER VISIT

IMMEDIATELY INFORM PHYSICIAN

Acknowledge  
that some things  
are out of their  
control

OPPORTUNITIES

REVIEW VITALS & HISTORY, PROVIDE ASSESSMENT & TREATMENT PLAN

TRANSFER REQUEST TO ER

