

UHN Hospital Check-in Process

Context

Patients who attend the ambulatory clinics require registration and activation of their appointment. This process is defined as **check-in**. This process is currently a human-to-human interaction. Below are the high-level steps involved in the check-in process. Please refer to the workflow diagram for more details.

1. Patient presents to clinic and interacts with a clerical staff. The patient presents his/her health card or insurance card.
2. Clerical Staff types/scans the health card/insurance card to start activation process. The patient chart will then be brought up automatically in the Electronic Patient Record system (EPR).
3. Clerical Staff confirm, input the following patient demographics:
 - a. Name
 - b. Date of Birth
 - c. Address
 - d. Telephone Number
 - e. Email Address
 - f. Primary Care Physician
 - g. Next of Kin Information

Once the Clerical staff has verified the patient, they will activate the patient in EPR. Activating the patient in EPR will automatically put patient on the Whiteboard system and record their arrival time. This system is only available to Clerical Staff, nursing team/ physician team. [*See Supplementary Information 1.2.](#)

4. The Clerical staff will then conduct an infection prevention and control screening check with the patient (verbally or formally on paper). This is currently not captured in EPR. [*See Supplementary Information 1.0 and 1.1.](#)
5. The Clerical staff will administer any necessary paper/electronic questionnaires required for the visit. [*See Supplementary Information 1.2](#)

All information is confirmed or entered into the hospital's EPR. *Note – Depending on the clinic, data collection method may vary clinic to clinic. Some clinics may collect data through paper scanning, while other clinics may directly enter into the EPR system.*

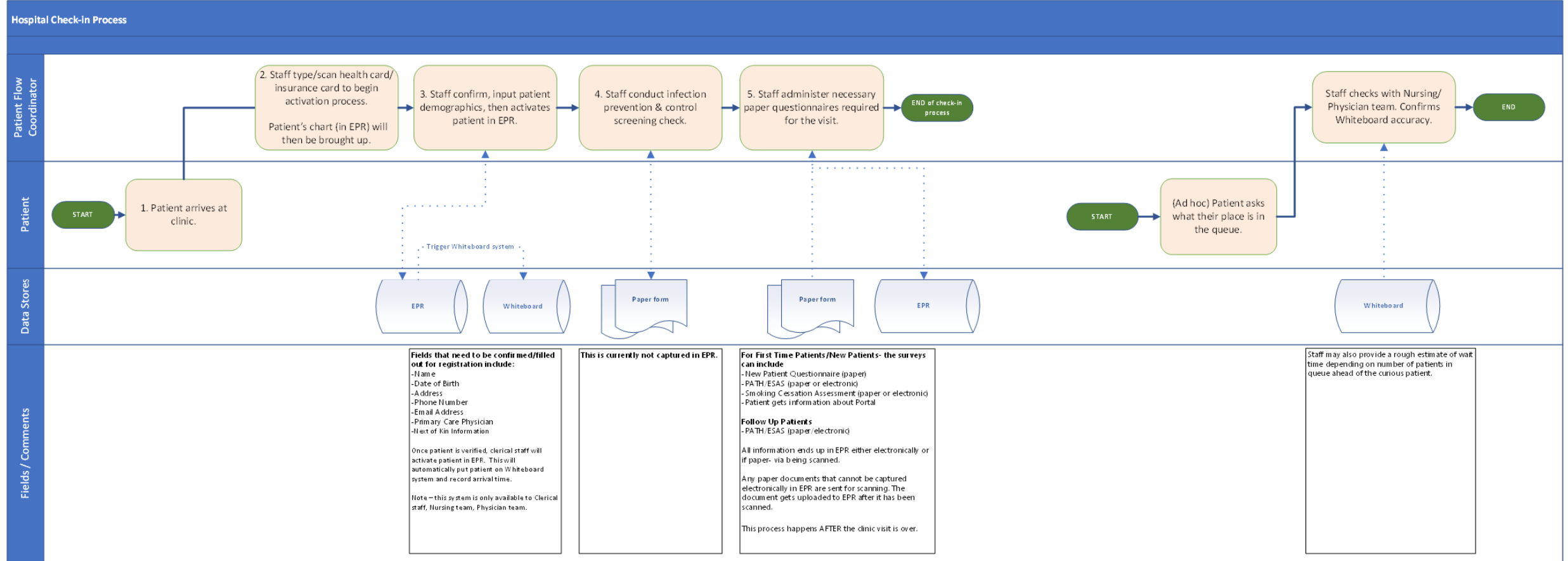
Once the patient has completed the check-in process, the patient will sit in the waiting room and wait for health care worker to bring him or her to a clinical room. Currently, there is no patient facing system to let a patient know his/her position in the waiting queue. Patients who become curious about their position in the queue are required to ask clerical staff how much longer they should expect to wait. The clerical staff will then have to go back to the working space and ask the nursing team or the physician team for an estimation of time or a count of how many patients are ahead in queue. Currently, the Whiteboard will show patient's order in the queue (based on activation time). However, this is still a new system and is not fully adopted by various teams to move already seen patients off whiteboard. In order for the patient to come off Whiteboard, the nurse/physician will need to manually remove his/her name from Whiteboard after the patient has been seen.

Problem Statement

The steps described above involve significant amount of time and tedious tasks for staff through data input and patient demographics confirmation. For patients, the waiting experience is lacking visibility to the waiting queue. Create a solution that will improve the overall check-in process and introduce a solution to improve patient visibility to the waiting queue.

- A) Check-in process improvement –create a solution to streamline the current check-in process (#1-5 in Context).
- B) Patient experience –create a solution to enhance the patient waiting experience and better manage their expectations.

Workflow Diagram



Supplementary Information

1.0

Pre-COVID Infection Protection and Control Screening Questions for patients at registration:

PRINCESS MARGARET poster



1.1

See Outpatient-Screening-Tool-COVID19.pdf

1.2

See sample form, ThoracicNewPatientProfile.pdf

1.3

Example of Whiteboard screen:

App. Time	Arrival	In-Room	Room #	Patient	MRN	Physician	Appointment Type	Labs	Rads	PPOs	PAIN	Comments	DIC Time
14:00				74y / MALE		Maximoff, Wanda	DSO GUS INJECTION, rtc 3 mth w labs	0/0/13					
15:00				76y / MALE		Munroe, Ororo	GUS DSO FOLLOW-UP PATIENT VISIT rtc 6mo						
14:45				64y / MALE		Munroe, Ororo	GUS DSO FOLLOW-UP PATIENT VISIT- 12m						
13:30				28y / MALE		Kent, Clark	GUS DMO FOLLOW-UP PATIENT VISIT, rtc 12 mth w CT, labs						
15:15				67y / MALE		Wayne, Bruce	PHONE VISIT 3mo						
15:00				70y / MALE		Kent, Clark	PHONE VISIT - rtc after ct, bw		3/0/0				
11:00	11:02			81y / MALE		Maximoff, Wanda	DSO GUS INJECTION, rtc 3 mth w labs						
09:45	09:15			51y / MALE		Maximoff, Wanda	GUS DSO FOLLOW-UP PATIENT VISIT - rtc 12 mos w xray an...						
				51y / MALE		Maximoff, Wanda							
10:00	09:56	11:07	S3	80y / MALE		Kent, Clark	GUS DMO CHEMOTHERAPY PATIENT VISIT - rtc 3w, bw	0/10/13	2/1/0				
15:00	11:37			63y / MALE		Banner, Bruce	PHONE VISIT 6 m, us		2/0/0		0		
15:10				85y / MALE		Banner, Bruce	GUS DMO INTERNAL CONSULT PATIENT VISIT						
15:15				63y / MALE		Munroe, Ororo	PHONE VISIT 1mo post rezum						
14:30				72y / MALE		Kent, Clark	PHONE VISIT - rtc 3w, bw	0/0/13					
10:30	10:13			79y / MALE		Maximoff, Wanda	DSO GUS INJECTION, rtc 3 mth w bone scan, comm labs		0/0/1				
14:45				66y / MALE		Maximoff, Wanda	GUS DSO FOLLOW-UP PATIENT VISIT 7 wks post op						
14:30				76y / MALE		Maximoff, Wanda	GUS DSO FOLLOW-UP PATIENT VISIT "in-person" 6 m, bw-loc...						
09:40	09:58			73y / MALE		Maximoff, Wanda	DSO GUS INJECTION, rtc 1 mth w comm labs						
13:30				53y / MALE		Maximoff, Wanda	GUS DSO NEW PATIENT VISIT (requested in person)						

Notes:

- Clicking the button "Select Physician" (top, left-hand corner) will allow the user to filter on a specific physician's patients. This makes it easier to see how many patients are in their queue.
- The patient's name can be hidden, as is the case in the above screenshot (there is a "privacy mode" in Whiteboard)