

Urgent Care Clinic Patient Flow Redesign

Problem and Opportunity

An urgent care center had been built into a storefront and designed without much consideration for patient flow. There was a single admissions desk for check-in, check out, and payment. Patients had to queue up to be served, and there was no way to triage urgent patients until they reached the front of the line. Patients with upper respiratory illness were standing in close proximity to patients with other problems. Patients were frequently struck by the main exit door from the exam room area. There was no way for the front desk staff to see patients in the waiting area to monitor them for signs of distress. There were also HIPAA concerns with all patients standing close to each other and the admissions/discharge desk.

Lean Sigma Approach

A SigmaMed Solutions consultant trained the department Director on “spaghetti diagrams”. The admissions staff sketched out a flow that separated incoming and outgoing patients and added a second window for check out and payment.

Results

The separation of incoming and outgoing patients improved the flow, reduced queuing for incoming patients, and made it possible for the front desk staff to monitor patients in the waiting area for worsening conditions. An ideal solution of having a separate storefront entrance and exit for patients had to be postponed due to the capital cost of installing an additional door in the glass storefront. Findings from this study were used to design a new urgent care center with optimum patient flow.