



**in support of COVID-19**

*Response & Recovery*

**Presentation to: PSSDC**

February 25, 2021

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**YORK REGION**  
Large and varied



**CHILDREN'S SERVICES**



**HOUSING**



**POLICE SERVICES**



**TRANSIT**



**FORESTRY**



**COURT SERVICES**



**LONG-TERM CARE**



**PUBLIC HEALTH**



**WASTE MANAGEMENT**



**PLANNING**



**ECONOMIC DEVELOPMENT**



**PARAMEDIC SERVICES**



**REGIONAL ROADS**



**WATER**



**SOCIAL ASSISTANCE**

# **CORE SERVICES**

# OVERVIEW

1. History of Customer Journey Mapping in York Region
2. Modified CJM: COVID-19 Assessment Centres
3. CJM: COVID-19 Mass Immunization Planning
4. Lessons Learned



# CJM in York Region- Progress not Perfection

- Methodologies were piloted by Public Health as part of the Excellence Canada accreditation
- Adopted method used by “ORACLE”
- Believe everyone is doing their best
- Corporate Continuous Improvement
  - CJM training offered annually
  - CJM Community of Practice (quarterly)
  - 90+ staff trained to date (+ local municipal staff)

2020: In-person sessions and training halted because of COVID-19

- CJM goes online and adapts

# EVOLVING PERSONA TEMPLATE

## Profile

- Name
- Age
- Gender Identity
- Location
- Interests Hobbies

## Needs

- Key Motivation and Triggers
- Emotional Goals
- What are they trying to accomplish?

## Social Determinants of Health

- Employment/working conditions
- Education and Literacy
- Living Conditions
- Personal health practices and coping skills
- Knowledge/perception of health system
- Social and physical environment

## Other

# COVID-19 ASSESSMENT CENTRES

# EXPERIENTIAL SCENARIOS

- A. Physically Distancing with Symptoms
- B. Physically Distancing with Symptoms – Parent with Dependents
- C. Essential Worker with Symptoms
- D. Employer Requesting Testing Prior to Return to Work
- E. Caregiver of a Child with Symptoms
- F. Vulnerable Population (over 70) with Symptoms
- G. Previously Tested No Longer has Symptoms
- H. Symptomatic but Hesitant to be Tested – Fearful of Being Exposed at Assessment Centre

Standardized experiential questions were provided for each scenario





# DETERMINING THE NEED TO VISIT AN ASSESSMENT CENTRE

BARRIERS / ISSUES IDENTIFIED	PARTICIPANT PROPOSED SOLUTIONS
<ul style="list-style-type: none"><li>• Website navigation</li><li>• Assessment centre processes</li><li>• Self-assessment criteria<ul style="list-style-type: none"><li>• Complex and changing</li></ul></li><li>• A lot of information</li><li>• Information difficult to understand (medical jargon)<ul style="list-style-type: none"><li>• What range is a fever?</li></ul></li><li>• People who are not online<ul style="list-style-type: none"><li>• CP24</li></ul></li><li>• Mixed messages about need to bring health card<ul style="list-style-type: none"><li>• Province: No</li><li>• Some hospitals: Yes</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Improve website experience (layout, more prominent links, simplify)<ul style="list-style-type: none"><li>• Testing upfront</li></ul></li><li>• Communication on the safety of assessment centres and physical distancing protocols</li><li>• Clarify and provide consistent eligibility criteria with examples</li><li>• Consider virtual assistant on websites<ul style="list-style-type: none"><li>• City of Markham</li></ul></li><li>• Communications through mail outs, signage (other methods than online)</li></ul>

# VISITING AN ASSESSMENT CENTRE

BARRIERS / ISSUES IDENTIFIED	PARTICIPANT PROPOSED SOLUTIONS
<ul style="list-style-type: none"><li>• Assessment centre locations (not universal)<ul style="list-style-type: none"><li>• Directions by transit</li></ul></li><li>• Fear – of hospitals, lack of PPE, being turned away, long wait times</li><li>• Assessment centre criteria<ul style="list-style-type: none"><li>• Varies, results in “hospital shopping”</li></ul></li><li>• Childcare</li><li>• Lack of access to technology</li><li>• Transportation barriers (access and safety)<ul style="list-style-type: none"><li>• Ride Share Services</li><li>• Transit</li><li>• “Asking for a ride...”</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Explore other testing options to increase number of locations – mobile testing units, drive-through testing, test at home, pop-up centres at walk-in clinics, preference for testing with an appointment at smaller clinics (with % of capacity reserved for walk-ins)</li><li>• Post wait times, allow appointments and walk-ins</li><li>• Improve access to assessment centre locations (options for non-drivers)</li><li>• Provide “what to expect” resource for visiting an assessment centre highlighting processes upon arrival, and/or on website before</li></ul>

# EACH BARRIER ENCOUNTERED DECREASES CHANCE OF TESTING

## Make it Easy

- Streamline navigation: COVID testing as top choice
  - Present as default option
  - Message: Act now, don't wait it out to protect your family and community
- Examples of eligibility (people need to recognize their situation)
- Consistent messaging (one source of truth)
- Strategy for those without access to computers or transportation
- Translation Services & Accessibility
- Assessment centres:
  - Safety, PPE, Process, what to expect
  - Wait times
  - Alternate testing formats and locations



*Tip the scale between “waiting to see what happens” with symptoms versus seeking testing*

# COVID-19 MASS IMMUNIZATION PLANNING





# MASS IMM CLINICS: HEALTH PROTECTION #1

(SUPPORTED BY CX)

- CX included “at the table”
- Clinic framework included learnings from Assessment Centre CX work
- Flu shot drive-through clinic pilot
  - C-SAT & NPS questions
- Training - City of Saskatoon (MSDO)
- **Site visits:** CX findings added to Risk Registry
  - Policy/practice
  - Physical design
  - Communications

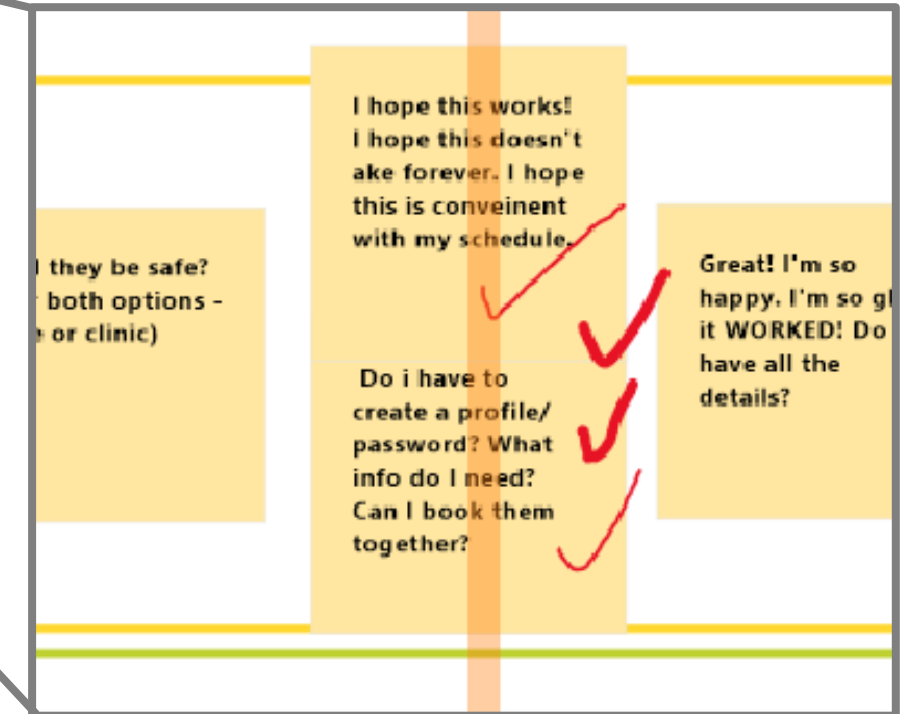
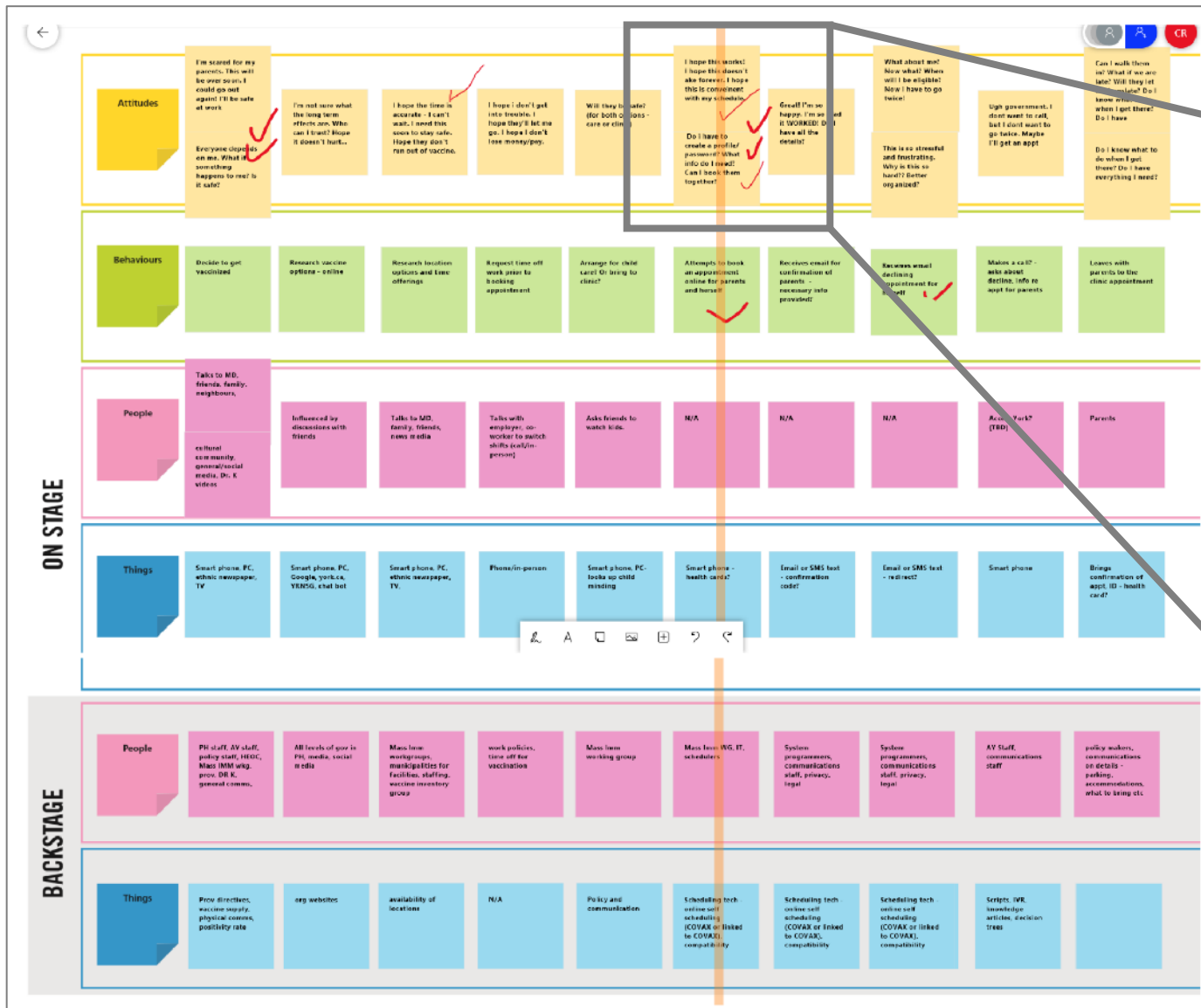
# CJM GOALS: ONLINE CLIENT BOOKING

- To identify and remove barriers in process
- Identify interdependencies with other working groups and service delivery partners
- Minimize the need for customers to reach out to YR staff in the booking process





# CUSTOMER JOURNEY MAPPING



# REFLECTION AND IMPROVEMENT QUESTIONS

1. How did onstage and backstage contribute to these moments related to the customers' attitudes and emotions?
2. Are there roles and processes that do not support a positive client booking experience?
3. Are there barriers that could prevent clients from following through with an online client booking?
4. How can we make it easier for clients to use the booking system and be aware of next steps?
5. What additional tools and resources can be provided to clients to support their understanding of the Online Client Booking Process?
6. Which other working groups does this impact? Who needs to know?

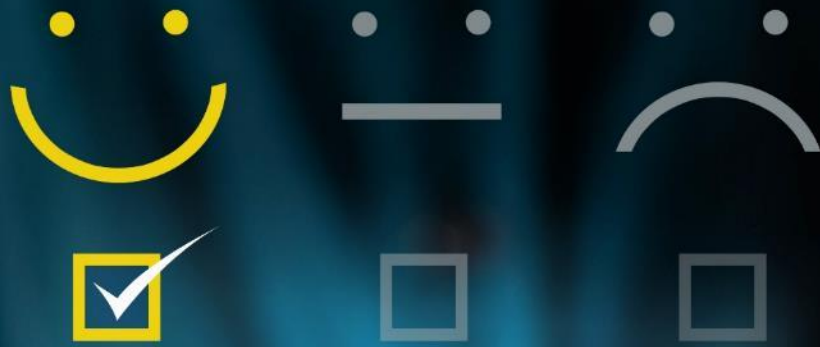


# SELECT FINDINGS

- More interdependencies than we realized
- Need customers to flag special circumstances
  - AODA & Cultural accommodation
  - Occupancy (children, caregiver)
- Linked bookings are critical
- Early eligibility screen in/out
- Only ask truly essential
- SOS Process
- Ability to locate closest clinic & transit stop
- Search parameters
- Appointment reminders: SMS/Email

# LESSONS LEARNED

# KEY: DECISION POINTS- HEIGHTENED IMPORTANCE



- People need to recognize their situation
- People need to know what to expect ahead of time
- Logic is not enough
- Education can **complicate** calls to action
- Best practices might not be most effective in an emergency

# COVID-19 CJM METHODOLOGY LESSONS

- CJM methodology is flexible- try new things
- Empathy and expertise
- Online CJM: Best Practices
  - Keep it small and simple (6 or less)
  - Facilitator & Note Taker (tech driver)
  - Identify & Remove Barriers
  - Cameras on
- Get into the field & observe





# GREAT TIME FOR CX

GREAT SERVICES  
TOP NOTCH  
VERY GOOD  
I AM HAPPY  
SUPERB  
HIGH QUALITY  
EXCELLENT  
SUPERFINE  
IMPRESSIVE  
FIVE STAR PRODUCTS & SERVICES  
PERFECTLY

- CX is a strategic ally in challenging times
- Build capacity throughout organization
- CX viewpoint can take pressure off
  - In it together

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**Currently Redeployed: Recovery Planning Unit  
Regional Emergency Operations Centre**

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