

# Context



**IMSS**

Mexico's largest public healthcare system.

## Key Actors



### Patient

Receives medication at home after enrolling through IMSS.



### Route Coordinator

Plans delivery routes and assigns them to operators.



### Last-Mile Operator

Delivers medication directly to patients and fills out a physical report for IMSS.

Why this project mattered

## The Problem & The Goals

### The problem

-  Manual, paper-based workflows
-  Missed or delayed deliveries
-  No visibility for logistics teams
-  Disconnected supply chain actors

### Our goals

-  Digitize the full delivery workflow
-  Enable real-time tracking and reporting
-  Reduce friction for operators
-  Improve data accuracy across systems

Understand

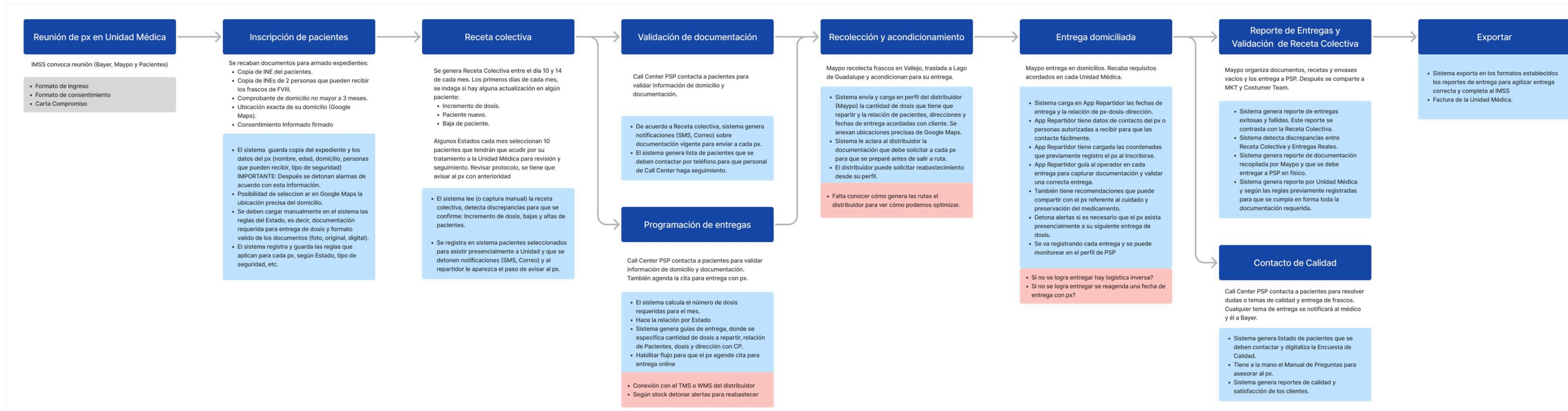
# Understanding the Real Process

To design the right solution, we first had to understand how things actually worked: the steps, the people, and the tools involved.

## What we did

- Mapped the full delivery process
- Identified roles and touchpoints
- Documented system constraints
- Built the discovery map

## Foundational discovery map



## What We Learned from the Field



### 01 Lack of Standardization

Each clinic managed documentation differently, making oversight difficult.

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### 02 Heavy Reliance on Manual Processes

Paper-based tracking led to errors and lost information.

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### 03 Low Traceability

No real-time visibility or centralized delivery records.

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### 04 High Cognitive Load for Operators

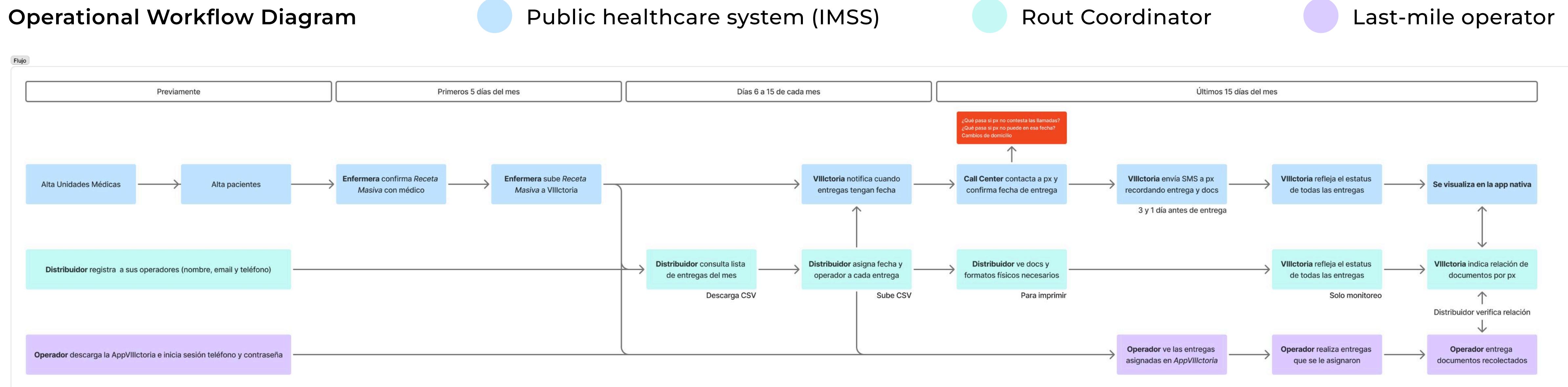
Drivers had to memorize each delivery step and rely on phone calls for clarification.

Understand

# Connecting What People Say with What Really Happens

We combined stakeholder interviews and field research to build a complete view of the actual delivery workflow, going beyond what was documented on paper

## Operational Workflow Diagram



INFORMED BY REMOTE INTERVIEWS WITH STAKEHOLDERS AND DIRECT FIELD OBSERVATION.

# Who We're Designing For

## Route Coordinator



As a **route coordinator**, I need to plan and monitor deliveries efficiently so that I can reduce delays, assign the right drivers, and solve issues without disrupting operations.

### Frustrations:

- Limited visibility over delivery progress
- Repeated manual work outside the system
- Delays in receiving prescription data
- Trouble reassigning routes on short notice

### Behaviors:

- Manages logistics and team assignments
- Uses spreadsheets, GPS, and software tools
- Thinks strategically but adapts quickly when needed

### Tech comfort level:

Moderate to advanced – experienced with spreadsheets, route planning software, and geolocation systems; open to learning new platforms.

### Needs:

- Central platform to manage and monitor all deliveries
- Real-time alerts for delays or issues
- Easy way to update or reassign routes

## Last-mile operator



As a **delivery operator**, I need to complete each delivery accurately and on time, so that I can stay productive without getting calls or complaints from patients or supervisors.

### Frustrations:

- Incomplete or unclear delivery addresses
- Uncertainty about the steps required per delivery
- Poor communication with the coordination team
- Lack of clarity when handling sensitive patient documents

### Behaviors:

- Follows clear, step-by-step instructions
- Relies heavily on GPS and mobile apps
- Prefers fast, efficient task completion

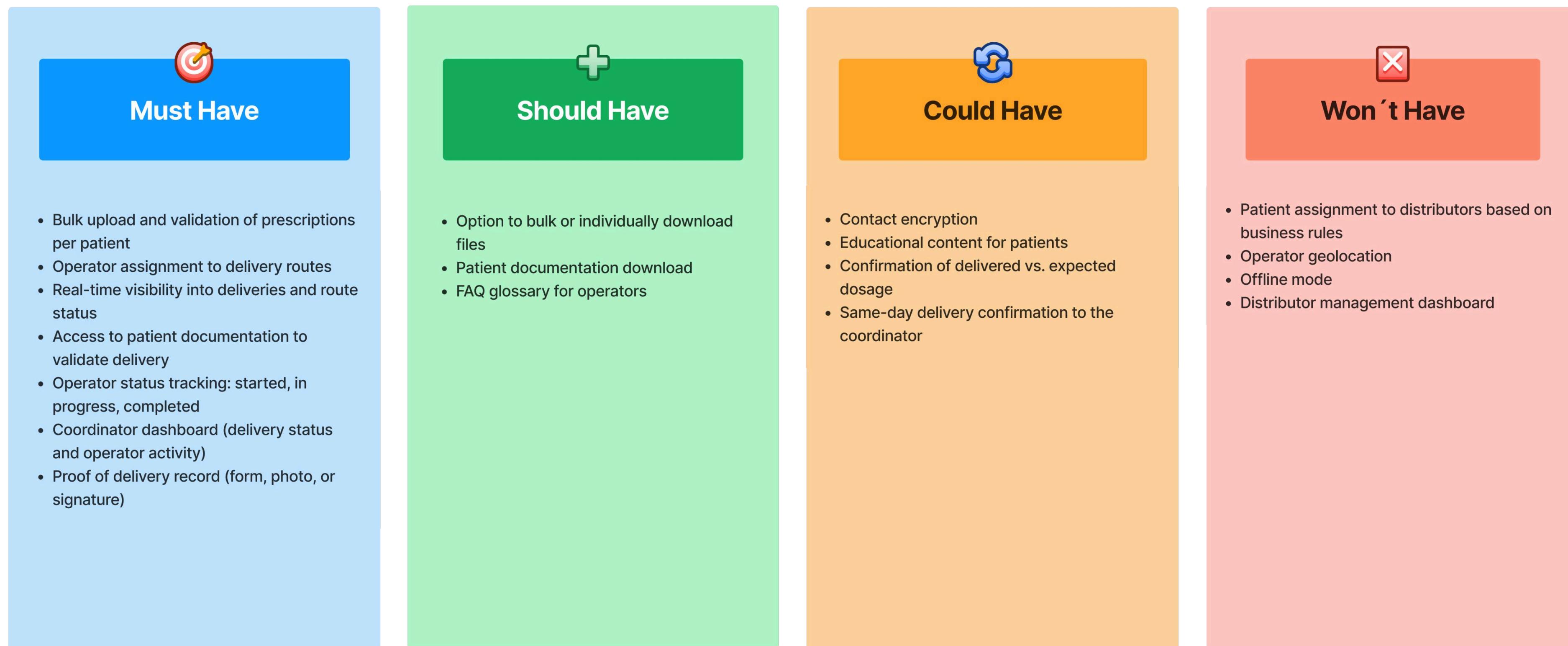
### Needs:

- Clear delivery checklist and guidance
- Access to patient and delivery info via mobile
- Fast support in case of issues

# Who We're Designing For

To align on a realistic MVP, we used MoSCoW prioritization to balance user needs, business value, and technical feasibility.

MoSCoW matrix



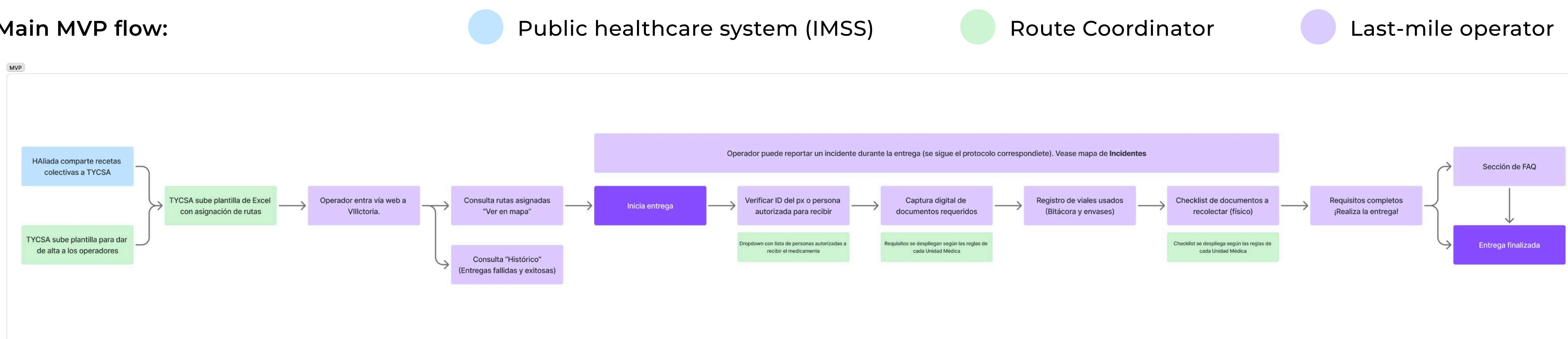
THIS PRIORITIZATION GUIDED THE PRODUCT SCOPE FOR THE FIRST RELEASE.

# Turning Needs into Actionable Flows

## Why we mapped the MVP flow:

- Align features with real daily tasks.
- Define a full end-to-end journey.
- Spot gaps and edge cases early.
- Support fast and traceable deliveries.

## Main MVP flow:



## Polishing the Experience Through Iteration

We ran usability testing sessions with **5 last-mile operators** to validate the prototype and uncover friction points before launch.

Each session lasted **~25 minutes** and helped us assess clarity, flow, and real-world usability.

### Key Iterations Based on Operator & Patient Feedback:

#### Clearer Language

Operators found some instructions confusing

#### FAQ Support

Patients often asked about dosage or storage

#### Better Incident Reporting

Operators found some instructions confusing

#### Solution:

We updated in-app wording using simpler, field-friendly terms.

#### Solution:

We added an FAQ screen with suggested responses.

#### Solution:

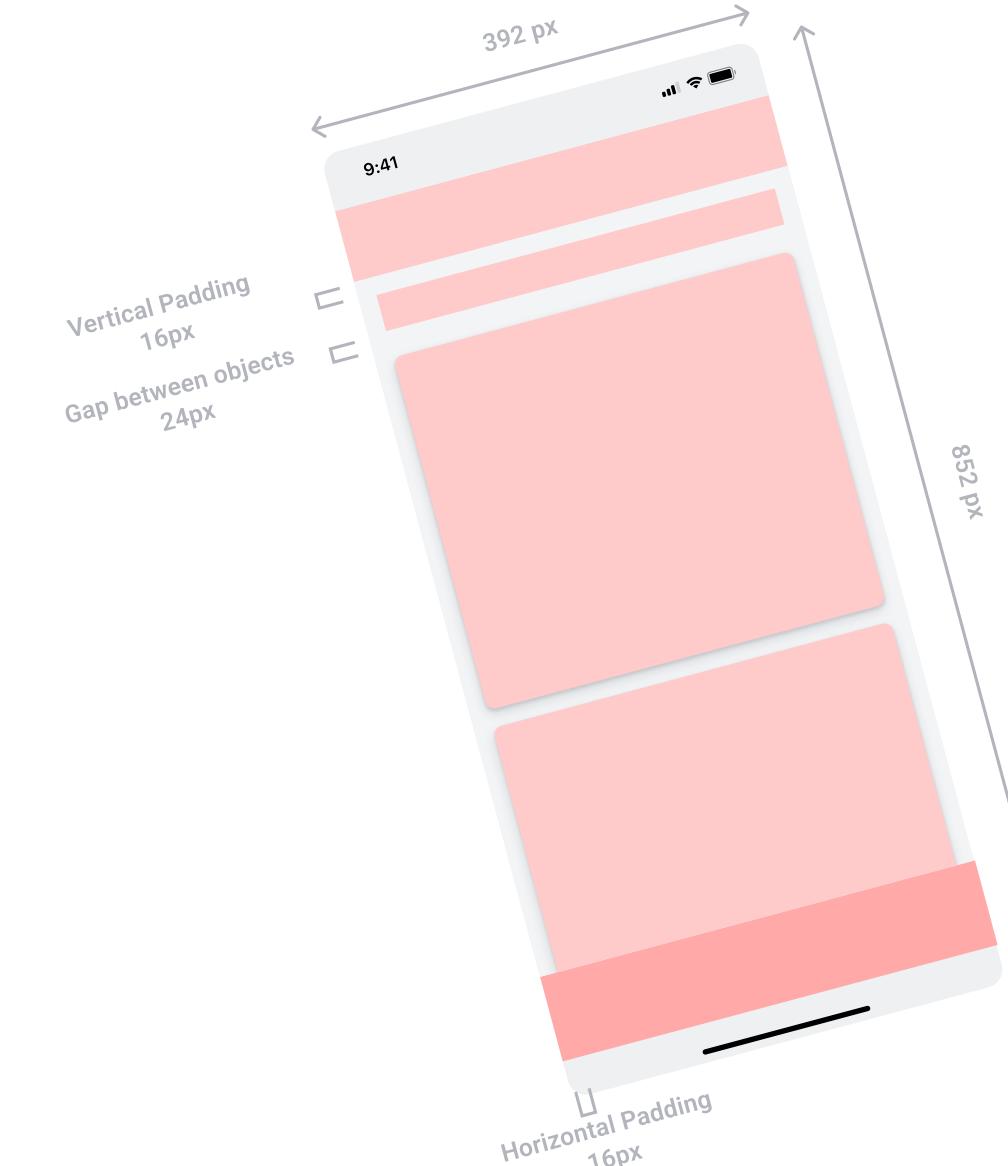
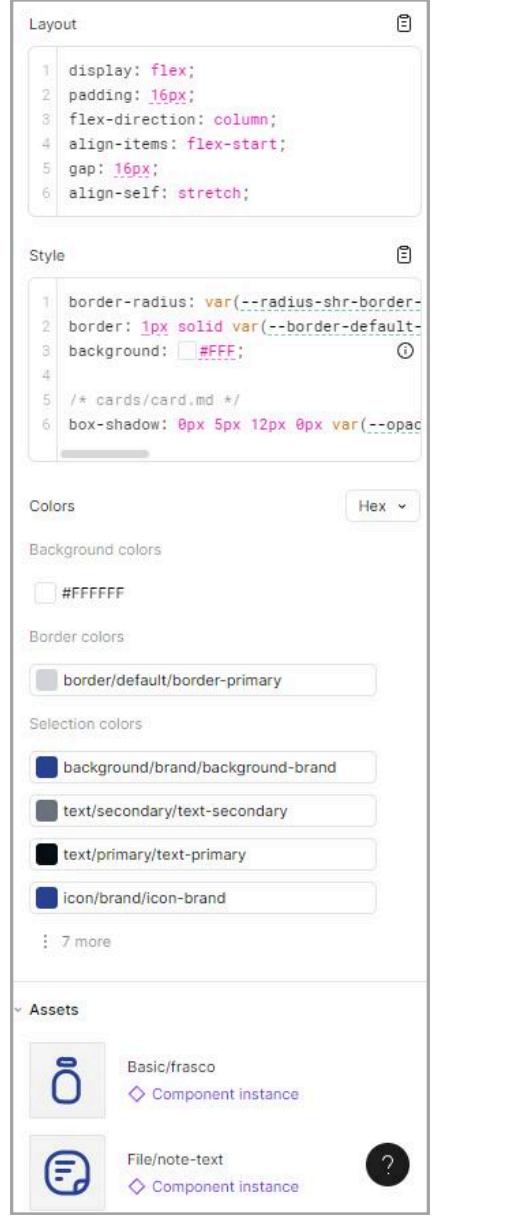
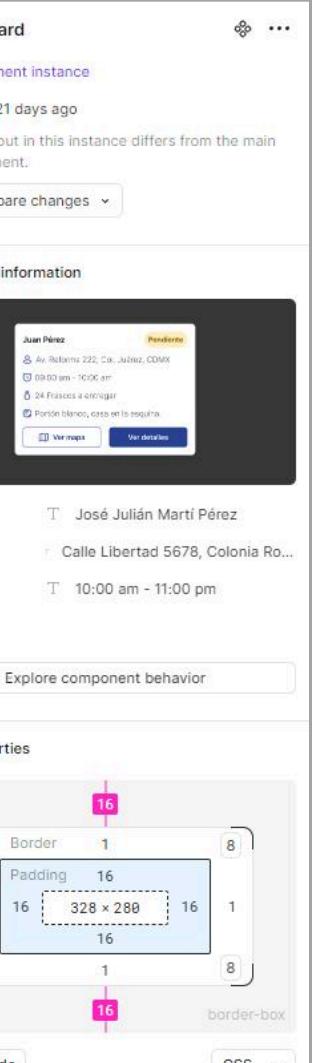
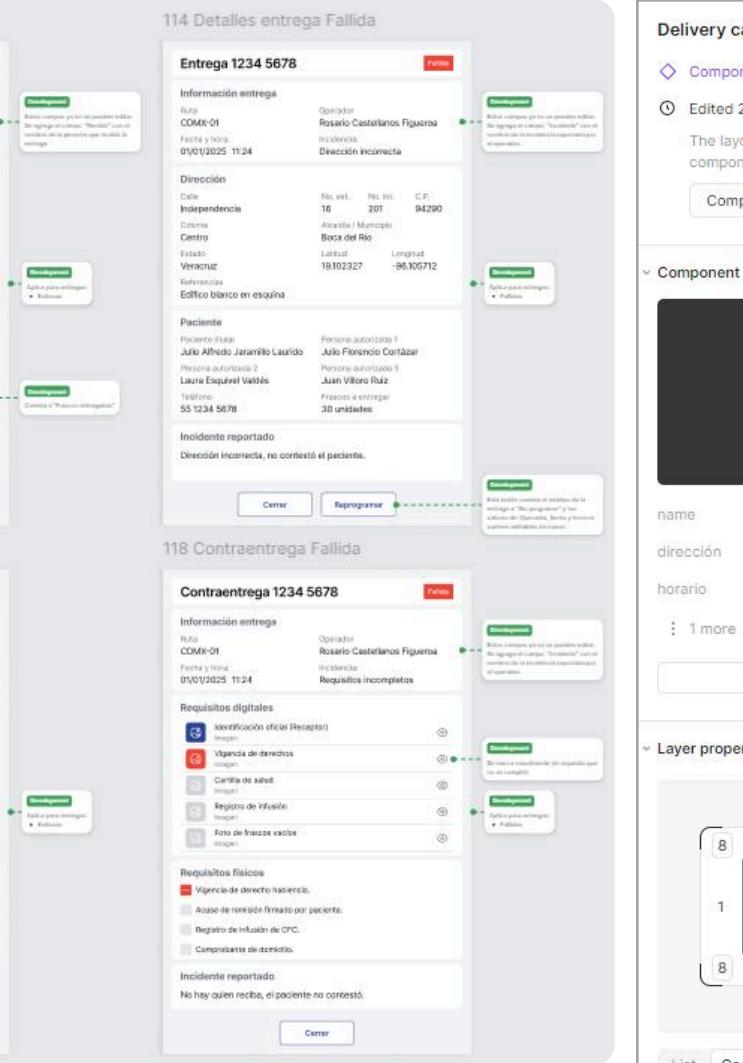
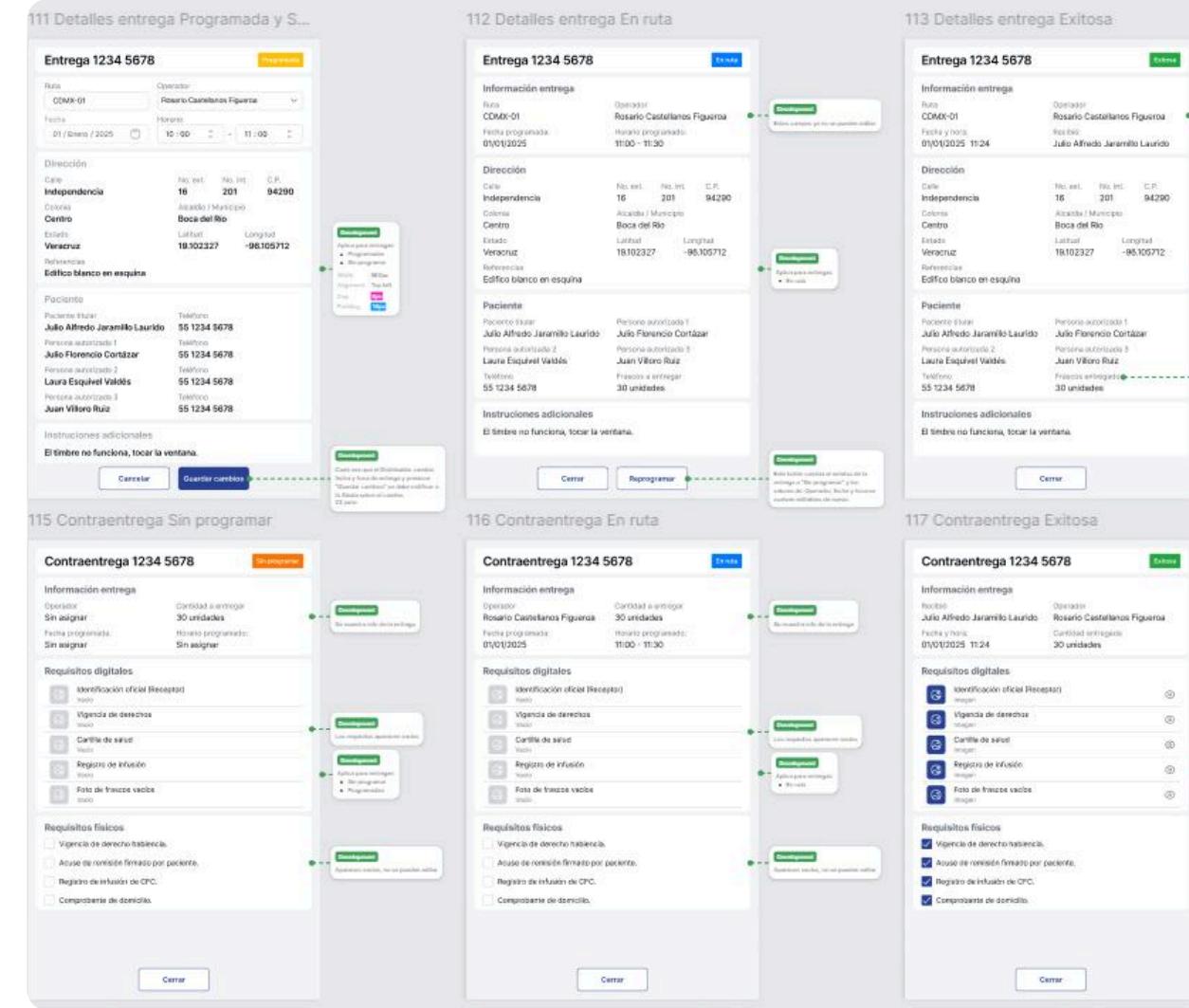
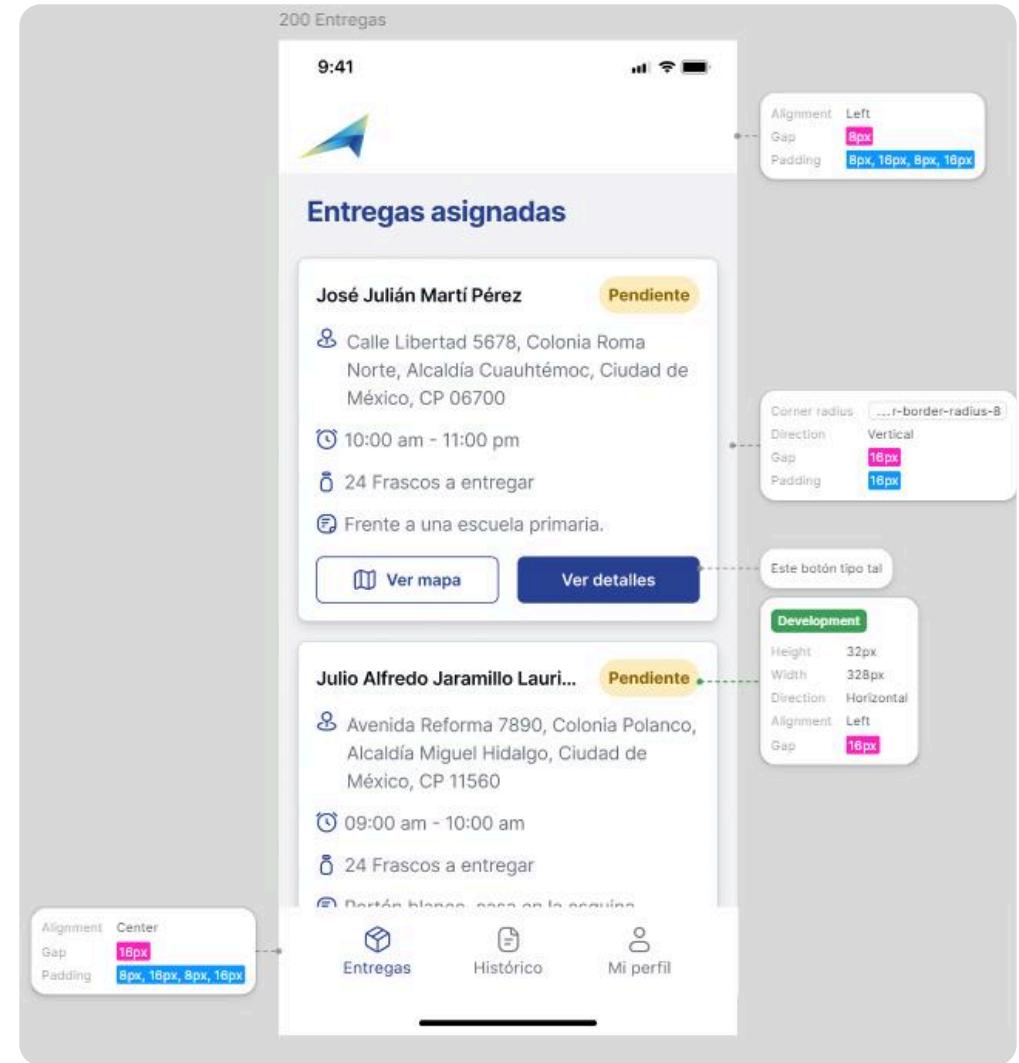
We added comments + direct nurse call option.

## Handoff & Collaboration

# Design Handoff Toolkit

We delivered a fully documented UI system with specs, spacing, tokens, and component logic to support seamless implementation and reduce back-and-forth.

Design → Dev → QA



ALL SPECS, VARIANTS, AND EDGE CASES WERE ANNOTATED DIRECTLY IN FIGMA – MAKING IMPLEMENTATION EASIER AND MINIMIZING HANDOFF ERRORS.

## From design decisions to real-world results

**90%**

Deliveries now managed digitally via the new platform

**70% less time**

Spent assigning routes compared to the previous manual process

**30 min**

Average onboarding time for new operators

**6**

Critical usability issues resolved before dev

**25+**

UI components developed with full documentation