CASE STUDY · 2026 · ENTERPRISE HEALTHCARE SAAS

Clinical
Assessment Platform

Redesigning a legacy enterprise assessment experience through user research, workflow optimization, and information architecture.

ROLE	TIMELINE	INDUSTRY	PLATFORM	TOOLS
Senior Lead UX UI Designer IQVIA	6 – 8 Weeks	Healthcare SaaS	Desktop Web	Figma · FigJam · Co Pilot

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About Clinical Assessment Platform

The Enterprise Assessment Platform is a web-based application used by healthcare organizations to create, manage, review, and track clinical assessments throughout the patient care process. Healthcare professionals and operations teams use it to record assessment data, monitor progress, ensure compliance with clinical guidelines, and support informed decision-making. The platform acts as a centralized workspace where users can quickly access assessment records, review statuses, assign tasks, and collaborate efficiently across different teams.

01

CHAPTER 01

Project Overview

A six-week senior design engagement to modernize a legacy enterprise assessment product used by clinical operations teams.

INDUSTRY

Enterprise Healthcare SaaS

Multi-tenant clinical platform

PLATFORM

Responsive Desktop Web

Modern enterprise SaaS UI

ROLE

Senior Lead UX UI Designer

Lead designer on workflow track - IQVIA

RESPONSIBILITIES

Research · UX Audit · IA · Hi-Fi UI

Wireframing · Prototype · Dev handoff

DELIVERABLES

Workflow map · IA model

Component-level Figma library

TEAM

1 PM · 1 Eng Lead · 4 Engineers

1 QA · 1 Clinical SME

02

CHAPTER 02

Understanding the Problem

The project started with a request from the Product Manager to refresh the outdated interface. As I worked with stakeholders and observed users, I found that the biggest pain points were related to workflow, navigation, and search—not visual design. The project evolved into a complete UX redesign focused on improving how people worked.

PROBLEM STATEMENT

Clinical operations users could not reliably locate, triage, and complete assessments at the pace their shifts demanded. The interface looked dated, but the cost was **structural**: navigation reflected the system, not the work.

01

Requested UI Refresh

Initial brief

02

Research

Workshops · Interviews · Audit

03

Workflow Problems Uncovered

Findings re-framed scope

04

Product Redesign

Workflow-first approach

03

CHAPTER 03

Discovery

Eight-step path from kickoff to opportunity.

- 01 **Stakeholder Workshop** Align scope
- 02 **Legacy Workflow Review** Map as-is
- 03 **User Interviews** 9 sessions
- 04 **Task Analysis** Triage paths
- 05 **UX Audit** Heuristic + flow
- 06 **Affinity Mapping** Cluster signals
- 07 **Insights** Re-frame brief
- 08 **Opportunity** Workflow redesign

Re-framed scope: from a UI refresh to a workflow redesign.

Affinity mapping made the cost of the existing IA legible to stakeholders. The redesign brief was rewritten before any high-fidelity work began.

04

CHAPTER 04

Key Insights

Four patterns that re-shaped the redesign brief.

01

Users searched without context.

String-match search forced people to phrase queries the way the database stored them, not the way they thought about the work. The result: search-then-scan, every time.

02

Users relied on manual scanning.

Without contextual filters, experienced users built private heuristics — and spreadsheets — to compensate. The UI was being worked around, not used.

03

Navigation reflected systems, not workflows.

The IA mapped to product modules and back-end ownership, not to a clinical shift. Common tasks crossed three or four sections of the app.

04

Dense interfaces reduced confidence.

When status, priority, and ownership are buried in 14-column tables, users stop trusting their first read and re-check inside every record.

05

CHAPTER 05

Design Strategy

Five decisions, each tied to a problem, a reason, and an expected outcome.

01

Progressive Search

PROBLEM
Search was string-match only.

DECISION
Suggestions grouped by recent, patients, types, and saved filters.

REASON
Reduces guess-typing; surfaces what users already use.

OUTCOME
Faster path from query to record.

02

Contextual Filters

PROBLEM
No filter sidebar; users built private spreadsheets.

DECISION
Chip-based filters with saved views.

REASON
Filters match how shifts actually run.

OUTCOME
Less manual scanning, more decision-making.

03

Role-based Navigation

PROBLEM
Nav mapped to modules, not to people.

DECISION
"My Queue" and "Workflows" become primary entries.

REASON
The first screen reflects the user's day.

OUTCOME
Cuts cross-module hopping on common tasks.

04

Improved Data Table

PROBLEM
Dense, undifferentiated rows.

DECISION
Comfortable density, status chips, scannable left column.

REASON
Decisions can be made from the row itself.

OUTCOME
Fewer detail-page round-trips.

05

Scannable Hierarchy

PROBLEM
Information weight was uniform.

DECISION
Type scale, calm metadata strips, grouped sections.

REASON
What matters reads first.

OUTCOME
Higher confidence in first read; less re-checking.

06

CHAPTER 06

Before vs After

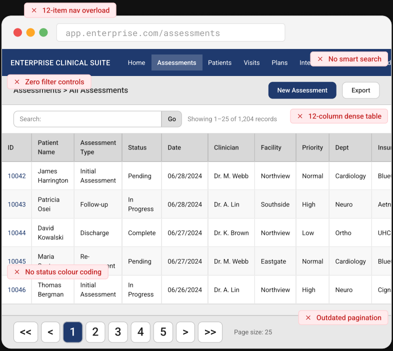
Real screens. Real problems. The legacy product on the left — annotated with every friction point. The Material Design redesign on the right — each decision visible in the interface.

Assessment List View

● 6 problems ● 6 improvements

Before — Legacy UI
Cluttered. Confusing. Slow to scan.

After — Material Redesign
Focused. Scannable. Workflow-first.



app.enterprise.com/assessments

ENTERPRISE CLINICAL SUITE — Home · Assessments · Patients · Visits · Plans · Inte

Assessments > All Assessments — New Assessment · Export

Search: — Go — Showing 1–25 of 1,204 records

ID	Patient Name	Assessment Type	Status	Date	Clinician	Facility	Priority	Dept	Insu
10042	James Harrington	Initial Assessment	Pending	06/28/2024	Dr. M. Webb	Northview	Normal	Cardiology	Blue
10043	Patricia Osei	Follow-up	In Progress	06/28/2024	Dr. A. Lin	Southside	High	Neuro	Aetn
10044	David Kowalski	Discharge	Complete	06/27/2024	Dr. K. Brown	Northview	Low	Ortho	UHC
10045	Maria	Re-	Pending	06/27/2024	Dr. M. Webb	Eastgate	Normal	Cardiology	Blue
10046	Thomas Bergman	Initial Assessment	In Progress	06/26/2024	Dr. A. Lin	Northview	High	Neuro	Cign

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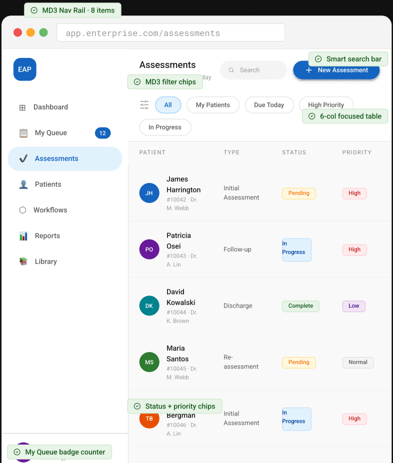
- No contextual filters
- 12-col table — too dense
- String-match search only
- System-shaped navigation
- No status visual cues
- Generic row actions



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EAP — Dashboard · My Queue 12 · Assessments · Patients · Workflows · Reports · Library

Assessments — Search — + New Assessment

All · My Patients · Due Today · High Priority · In Progress

PATIENT	TYPE	STATUS	PRIORITY
JH James Harrington #10042 · Dr. M. Webb	Initial Assessment	Pending	High
PO Patricia Osei #10043 · Dr. A. Lin	Follow-up	In Progress	High
DK David Kowalski #10044 · Dr. K. Brown	Discharge	Complete	Low
MS Maria Santos #10045 · Dr. M. Webb	Re-assessment	Pending	Normal
TB Bergman #10046 · Dr. A. Lin	Initial Assessment	In Progress	High

- MD3 chip-based filters
- 6-col clean data table
- Grouped smart search
- Workflow navigation rail
- MD status colour chips
- Avatar + patient context

−33%	−50%	↓ 75%	↑ New
Nav items reduced	**Table columns**	**Steps to find a record**	**Filter controls added**
~~12~~ → 8	~~12~~ → 6	~~4+ steps~~ → 1 step	~~0~~ → 5

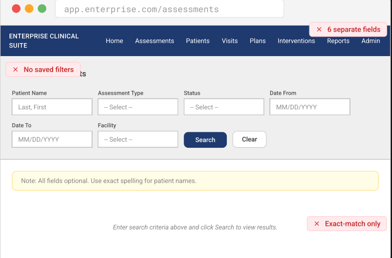
Search & Filter Experience

Before — Multi-field Form Search

6 dropdowns, no context, no saved state.

After — Material Contextual Search

Grouped suggestions. Saved views. One interaction.



app.enterprise.com/assessments

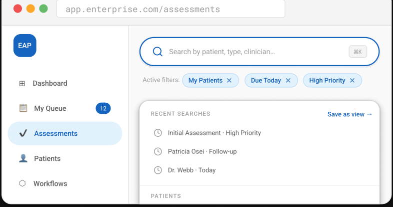
ENTERPRISE CLINICAL SUITE — Home · Assessments · Patients · Visits · Plans · Interventions · Reports · Admin

Patient Name: Last, First — Assessment Type: -- Select -- — Status: -- Select -- — Date From: MM/DD/YYYY

Date To: MM/DD/YYYY — Facility: -- Select -- — Search — Clear

Note: All fields optional. Use exact spelling for patient names.

Enter search criteria above and click Search to view results.



app.enterprise.com/assessments

EAP — Dashboard · My Queue 12 · Assessments · Patients · Workflows

Search by patient, type, clinician... ⌘K

Active filters: My Patients ✕ · Due Today ✕ · High Priority ✕

RECENT SEARCHES — Save as view →

- Initial Assessment · High Priority
- Patricia Osei · Follow-up
- Dr. Webb · Today

PATIENTS

- Single search bar
- Grouped suggestions
- Recent search history
- Saveable filter views
- Fuzzy patient matching

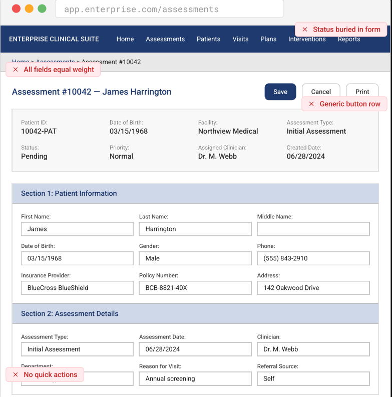
- Rigid multi-field form
- No search suggestions
- No recent searches
- Cannot save filter state

Requires exact spelling

Assessment Detail View

Before — Dense Form Layout

Wall of fields, uniform weight, no visual hierarchy.



app.enterprise.com/assessments

× Status buried in form

Home > Assessments > Assessment #10042

× All fields equal weight

Assessment #10042 — James Harrington

× Generic button row

Patient ID: 10042-PAT
Date of Birth: 03/15/1968
Facility: Northview Medical
Assessment Type: Initial Assessment
Status: Pending
Priority: Normal
Assigned Clinician: Dr. M. Webb
Created Date: 06/28/2024

Section 1: Patient Information

First Name: James
Last Name: Harrington
Middle Name:
Date of Birth: 03/15/1968
Gender: Male
Phone: (555) 843-2910
Insurance Provider: BlueCross BlueShield
Policy Number: BCB-8821-40X
Address: 142 Oakwood Drive

Section 2: Assessment Details

Assessment Type: Initial Assessment
Assessment Date: 06/28/2024
Clinician: Dr. M. Webb
Department:
Reason for Visit: Annual screening
Referral Source: Self

× No quick actions

12 form fields per section

No visual hierarchy

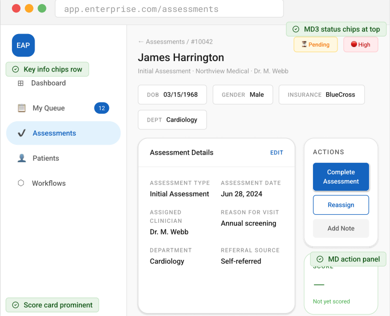
Status not prominent

Breadcrumb navigation only

Section headers look identical

After — Material Detail Layout

Clear hierarchy. Status at a glance. Contextual actions.



app.enterprise.com/assessments

✓ Key info chips row

✓ Score card prominent

✓ MD3 status chips at top

← Assessments / #10042

⏳ Pending

● High

James Harrington

Initial Assessment · Northview Medical · Dr. M. Webb

DOB 03/15/1968
GENDER Male
INSURANCE BlueCross
DEPT Cardiology

Assessment Details EDIT

ASSESSMENT TYPE: Initial Assessment
ASSESSMENT DATE: Jun 28, 2024
ASSIGNED CLINICIAN: Dr. M. Webb
REASON FOR VISIT: Annual screening
DEPARTMENT: Cardiology
REFERRAL SOURCE: Self-referred

✓ MD action panel

—

Not yet scored

MD3 status + priority chips

Key info chips row

Card-based sections

Contextual action panel

Score prominently displayed

07

CHAPTER 07

Information Architecture

From a system-shaped tree to a workflow-shaped one.

Old IA — System-shaped

New IA — Workflow-shaped

Assessment System

Home	Assessments	Patients
Visits	Plans	Interventions
Reports	Admin	Forms
Imports	Exports	Schedule

Clinical Assessment Platform

Dashboard	My Queue
Assessments	Patients
Workflows	Reports
Library	Admin

Why the IA changed:

The new IA was reorganized around how users actually work instead of how the system is built. "My Queue" became the main starting point, while related tasks were grouped into "Workflows" to make navigation simpler and more intuitive.

08

CHAPTER 08

Outcome

Qualitative shifts that mattered to the people doing the work.

Improved discoverability

Users locate the right record without learning database syntax.

Better workflow clarity

The first screen reflects the shift, not the schema.

Reduced nav complexity

Twelve module entries collapsed to eight workflow entries.

Improved usability

Decisions can be made from rows; round-trips are by choice.

Scalable design foundation

A unified Material component library now anchors adjacent modules.

Better collaboration

Design and engineering share a single source of truth.

Future-ready architecture

IA, search, and queue patterns are extensible without re-architecting.

Reflection

> *"Good enterprise UX is rarely about creating beautiful screens. It's about making complex work feel simple."*

The project taught a lesson I keep coming back to. The interface was not the real problem. The workflow was. Enterprise UX begins by understanding the business problem before designing screens. Research did not decorate the project — it changed its direction.

Thank you.

Clinical Assessment Platform

Senior Lead UX UI Designer · Case Study · 2024

AVAILABLE FOR

Senior / Principal Product Design roles

Enterprise SaaS · B2B Platforms · Healthcare SaaS

DESIGN SYSTEM

Material Design 3 · Google Fonts

Roboto · MD Color system · MD Elevation

Website · LinkedIn · Email