



HEALTHCARE OPERATIONS

Digital patient journey review

Administrative access, communication and follow-up

Review the digital steps patients use to find a service, request an appointment, complete administration and obtain help before and after a visit.

THE WORK

Trace the administrative journey with service staff, accessibility and privacy owners. Check the information and handoffs patients rely on.

THE RESULT

A prioritised improvement record for access, booking, forms, communication and administrative follow-up. Clinical decisions remain with the care team.

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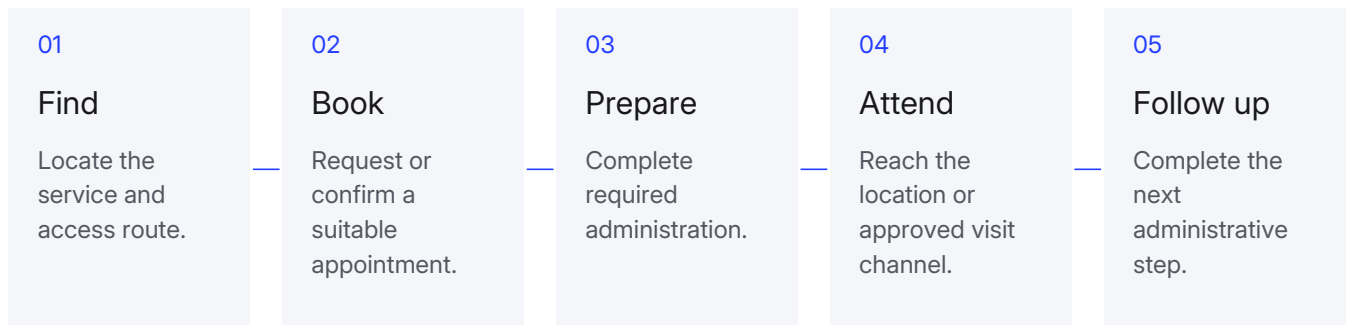
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01 / PATIENT TASK

Administrative journey scope

Define the administrative outcome under review and the point where responsibility passes to a qualified care professional.



Select a specific journey

Choose a service, location, patient group and channel. Distinguish a new-patient enquiry, repeat appointment, referral administration and rescheduling when their requirements differ. Include assisted routes for people who cannot use the digital path.

Define the start and completion events. A submitted form may be only a request; completion may require a staff response or confirmed appointment. Record which team owns that transition and how the patient can recognise it.

Gather evidence without widening access

Use approved operational records, staff walkthroughs and appropriately authorised patient research. Record controlled evidence identifiers and observed steps in working notes rather than copying clinical details or full personal records.

Include unsuccessful attempts and repeat contacts. They reveal where information was missing, a submission failed or responsibility became unclear. Record what happened separately from the team's hypothesis about the cause.

Boundary for this review

Examine access and administration. Route questions about urgency, symptoms, treatment instructions or clinical follow-up to the organisation's qualified clinical owner. Do not create new clinical advice through a website or workflow redesign.

02 / BOOKING AND PREPARATION

Appointments and administrative forms

Patients should understand what they are requesting, what information is required and whether the appointment is confirmed.

Make the service choice understandable

Check location, service description, opening hours, access arrangements and contact routes. Confirm that referral or eligibility information reflects the provider's approved process and uses language patients can understand.

Distinguish appointment types that require staff review from those that can be booked directly. Do not let a generic success message imply a confirmed appointment when a team still needs to assess the request administratively.

Ask for information the process needs

Identify the owner and purpose of every field. Explain required information, acceptable formats and what the patient should do if they cannot supply it. Avoid collecting information merely because an old paper form did.

Make errors specific and preserve valid entries where safe. Test save-and-return behaviour and explain when a partial form has not yet been submitted. Do not allow a technical error to look like a completed administrative step.

Verify scheduling and changes

Check date, time, time zone where relevant, location or remote-visit route and the identity of the service. Confirm that availability is current when the appointment is committed.

Test rescheduling, cancellation, duplicate submissions and a session that expires during booking. Ensure that the previous appointment state and reminders update correctly and that staff can reconcile an uncertain result.

Connect submission to staff work

Confirm that submitted information reaches the correct queue and can be matched to the intended person through the approved identity process. Assign responsibility for incomplete, duplicate or unmatched records.

Tell the patient what happens next and how to obtain help. Staff should be able to locate the submission without asking the patient to repeatedly transmit sensitive information through unsuitable channels.

03 / CONTINUITY

Communication and administrative follow-up

Messages should reduce uncertainty while respecting the patient's communication needs and the service's actual operating state.

Use the approved contact route

Verify contact details through the organisation's process and record relevant communication preferences. Consider shared devices, shared accounts and whether a message preview could disclose more than is necessary.

Have the responsible privacy and service owners approve message content and channel use. The appropriate safeguards depend on the organisation, information and applicable requirements; a convenient messaging tool is not sufficient evidence of suitability.

Make response expectations visible

Explain which inbox or form is monitored, what kinds of administrative requests it handles and when a response can be expected under the service's policy. Use the organisation's approved direction for urgent or emergency concerns.

Assign an owner to unanswered messages, failed deliveries and requests that arrive outside the intended channel. A sent acknowledgement should not be counted as resolution of the patient's request.

Keep reminders accurate

Check that reminders use the current appointment, location and time. Confirm that cancellations and changes suppress or replace outdated messages. Include a usable route for administrative questions and changes.

If preparation instructions are included, use the approved clinical content and ownership process. The journey review should check delivery and accessibility without rewriting the clinical instruction itself.

Close the administrative loop

After a visit, review appointment arrangements, document delivery, billing queries and other approved administrative steps. Identify the team responsible for each follow-up and how completion is recorded.

Preserve the distinction between an administrative reminder and clinical follow-up. Any clinical action, interpretation or prioritisation should remain within the care team's established process and accountability.

04 / ACCESS CONTROLS

Accessibility, identity and privacy

A usable patient journey needs both a workable access path and appropriate control of sensitive information.

Test essential tasks with different access needs

Use keyboard navigation, screen-reader checks, magnification and a small-screen view on the core booking and form tasks. Inspect labels, focus order, error feedback, date selection and status announcements.

Provide understandable instructions and an assisted route. An inaccessible authentication challenge or recovery process can block the whole service even when the public pages are readable.

Review information leaving the journey

Inspect analytics, session recording, advertising tags, error logs and support exports on appointment and authenticated pages. Confirm that the responsible privacy and security owners have reviewed what is collected and who receives it.

Avoid including sensitive values in page addresses, broad-access logs or notification previews. Test the actual configuration and traffic where appropriate; a general vendor statement does not describe every implementation.

Handle delegated access deliberately

Where carers, family members or other representatives may assist, use the organisation's approved proxy-access process. Distinguish who is acting from whose record or appointment is being managed.

Verify authority, scope and changes to access with the responsible team. Do not treat shared passwords or a matching surname as a substitute for the approved process. Requirements may vary by person and circumstance.

Prioritise consequential failures

Escalate exposure of another person's information, inaccessible essential tasks, lost appointment requests and unclear ownership for unanswered messages. Give each issue a service owner and an observable correction.

Retest the patient and staff sides together. A revised form is incomplete if the receiving queue, reminder system or assisted route still follows the previous process.

05 / VERIFICATION

Administrative journey checklist

Complete the review with the service, accessibility, privacy and technical owners relevant to the journey. Retain evidence in approved systems.

- | | | | |
|-------|---|---|--------------------------|
| 01 | <p>Request and confirmation are distinguishable</p> <p>Trace a submitted appointment request through staff handling to a confirmed or declined outcome.</p> | <p>Verified</p> <p>Evidence to retain</p> <p>Correct patient status, receiving owner and an understandable next step.</p> | ☐ |
| <hr/> | | | |
| 02 | <p>Changes update every dependent message</p> <p>Reschedule and cancel through the supported routes, then inspect staff records and reminder behaviour.</p> | <p>Verified</p> <p>Evidence to retain</p> <p>One current appointment state and no misleading obsolete reminder.</p> | ☐ |
| <hr/> | | | |
| 03 | <p>Forms are usable and submissions are retrievable</p> <p>Test errors, interruption, assistive technology and an incomplete or unmatched submission.</p> | <p>Verified</p> <p>Evidence to retain</p> <p>Preserved valid work, clear feedback and an assigned reconciliation route.</p> | ☐ |
| <hr/> | | | |
| 04 | <p>Communication has an appropriate destination</p> <p>Review preferences, contact verification, monitored channels and administrative follow-up ownership.</p> | <p>Verified</p> <p>Evidence to retain</p> <p>Approved message content, response expectation and escalation path.</p> | ☐ |
| <hr/> | | | |
| 05 | <p>Access and data flows match the approved scope</p> <p>Review proxy access, shared-device exposure and information sent to analytics or other vendors.</p> | <p>Verified</p> <p>Evidence to retain</p> <p>Access decisions and verified configuration reviewed by the appropriate owner.</p> | ☐ |

06 / WORKING RECORD

Patient journey improvement record

Record administrative findings only. Use controlled evidence identifiers and avoid entering patient-identifiable or clinical information in this worksheet.

Service, location and journey

Review owner and date

Observed administrative problem

Patient access or service consequence

Agreed improvement and acceptance evidence

Required service and specialist reviewers

Delivery owner and review date

Recheck the patient-facing step, receiving team and related communications together after the change.