



Government of **Western Australia**
Department of **Health**

Re-imagining the outpatient journey

Transforming outpatient services in Western Australia
through the consumer experience lens.



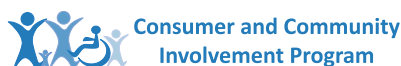


The Outpatient Reform Program (OPR Program) is a statewide program of work which commenced in 2018 and aims to transform the patient journey – making it simpler to navigate, ensuring every appointment adds value and improving access for those most in need.

Acknowledgements

We acknowledge the traditional custodians throughout Western Australia (WA) and their continuing connection to the land, waters and community. We pay our respects to all members of the Aboriginal communities, their culture and Elders past, present and emerging.

We would like to thank all the participants for their time, energy and contributions to the WA Outpatient Reform Program community conversations. We would also like to acknowledge the Consumer and Community Involvement Program (CCIP) team, Derbarl Yerrigan Health Service, WA Country Health Service (WACHS) and Metropolitan Health Service support teams for their hard work successfully promoting and delivering the community conversations.



Murdoch Community Conversation: 31 March 2021, Shenton Park Community Conversation: 14 April 2021, Ellenbrook Community Conversation: 8 June 2021, Northam/Bunbury/Albany Virtual Community Conversation: 20 July 2021, Kalgoorlie/Geraldton Virtual Community Conversation: 27 July 2021, Derbarl Yerrigan Conversation: 14 October 2021

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Introduction

Background

The OPR Program is a statewide program of work which commenced in 2018 and aims to transform the patient journey – making it simpler to navigate, ensuring every appointment adds value and improving access for those most in need.

The projects and activities within the OPR Program have each been designed to transform and improve the different stages across the outpatient journey, including:

- supporting care in the community
- considering the need for a specialist referral
- referral management and waitlisting
- accessing hospital specialist care
- supporting return to community care.

The OPR Program team recognises the unique insights, awareness and opportunities lived experience provides and set out to understand what is most important to consumers when it comes to outpatient care.

To actively consult with a diverse range of consumers and undertake a planned and purposeful community engagement process, the program team partnered with the OPR Program Steering Committee Consumer Representative and the Consumer and Community Involvement Program to lead a series of community conversations. A community conversation is an event using an abridged version of the World Cafe Method, known internationally as an easy-to-use format for creating open conversations around questions of importance to a specific topic.

Listening to people's experiences and integrating key findings into the planning, delivery and evaluation of the various projects and activities within the OPR Program will ensure outpatient reform initiatives and service delivery models meet the needs of the population that utilise them.

“ Putting people at the centre of care and ensuring people have access to care when they need it is at the heart of the Sustainable Health Review. Western Australians want a more integrated system, which supports people to stay well in their community with their family and friends.’

Sustainable Health Review (2019). *Sustainable Health Review: Final Report to the Western Australian Government*. Department of Health, Western Australia.



Strategic alignment

The Outpatient Reform community conversations align with the following WA Health strategic initiatives and principles.

Sustainable Health Review



The OPR Program is informed by the Sustainable Health Review, (SHR). As stated in the SHR, 'good health outcomes require the health system to be decisive, and partner with the community to collaborate'. SHR recommendation 4: Commit to new approaches to support citizen and community partnerships in the design, delivery and evaluation of sustainable health and social care services and reported outcomes.

WA Health Strategic Intent 2015-2020



The OPR Program aligns with the key principles in priority 2: Provide more effective and efficient hospital services – delivering health services that are patient-centered, based on evidence and within a culture of continuous improvement.

OPR Program Strategy

The OPR Program Preliminary Strategy outlines a program pillar 'Empowered Patients' which emphasises that consumers are central to all outpatient reform initiatives undertaken across the system. By actively engaging in health service planning and service delivery, consumers provide a valuable partnership which ensures health services are achieving the best possible outcomes for all involved.

About the outpatient reform community conversations

Approach

The OPR Program partnered with the Consumer and Community Involvement Program to conduct 6 community conversations across Western Australia.

The sessions were designed to:

- capture key information on what consumers identified as most important and valuable to them along the outpatient journey.
- take a deeper dive into what types of information consumers and carers would like to receive, how and when they would like to receive it, and how technology can be or should be used to support outpatient care.

Multiple sessions and formats were recommended to:

- increase the likelihood of attendance and representation from a variety of patient cohorts.
- attract consumers with 'lived experience' using the outpatient health care system.
- be inclusive and culturally appropriate.

A mix of in-person and virtual community conversations were held, and an online survey was developed to capture feedback from individuals who weren't available or interested in attending one of the other events.

The sessions were promoted using a variety of channels:

- consumer network newsletters and social media posts (Facebook, LinkedIn, Instagram and Twitter)
- flyer display in public hospital outpatient clinics
- non-governmental organisations
- health service provider (HSP) networks – metro and country.

Participants were invited to register to attend one of the sessions on offer.

To reduce perceived power differences between health staff and participants, the sessions were led by the Consumer and Community Involvement Program Coordinator – OPR Program Steering Committee Consumer Representative and table facilitators were from the Consumer and Community Involvement Program team. An Aboriginal facilitator was engaged to lead the Derbarl Yerrigan Health Service session and separate tables were made available for men and women.

Attendees

A total of 36 participants attended the in-person sessions across Perth Metropolitan areas, 12 attended the Aboriginal session and 10 attended the 2 virtual WA Country Health Service sessions.

The online survey had a total of 39 respondents.

Demographic snapshot

- 97 participants in total
- 24 per cent of participants were Aboriginal
- 17 per cent lived in regional WA
- approximately three-quarters of participants were female, and one-quarter were male
- 65 per cent of participants were aged between 35 and 65 years old.

The participants came from various backgrounds and shared experiences from a broad range of outpatient services across WA.

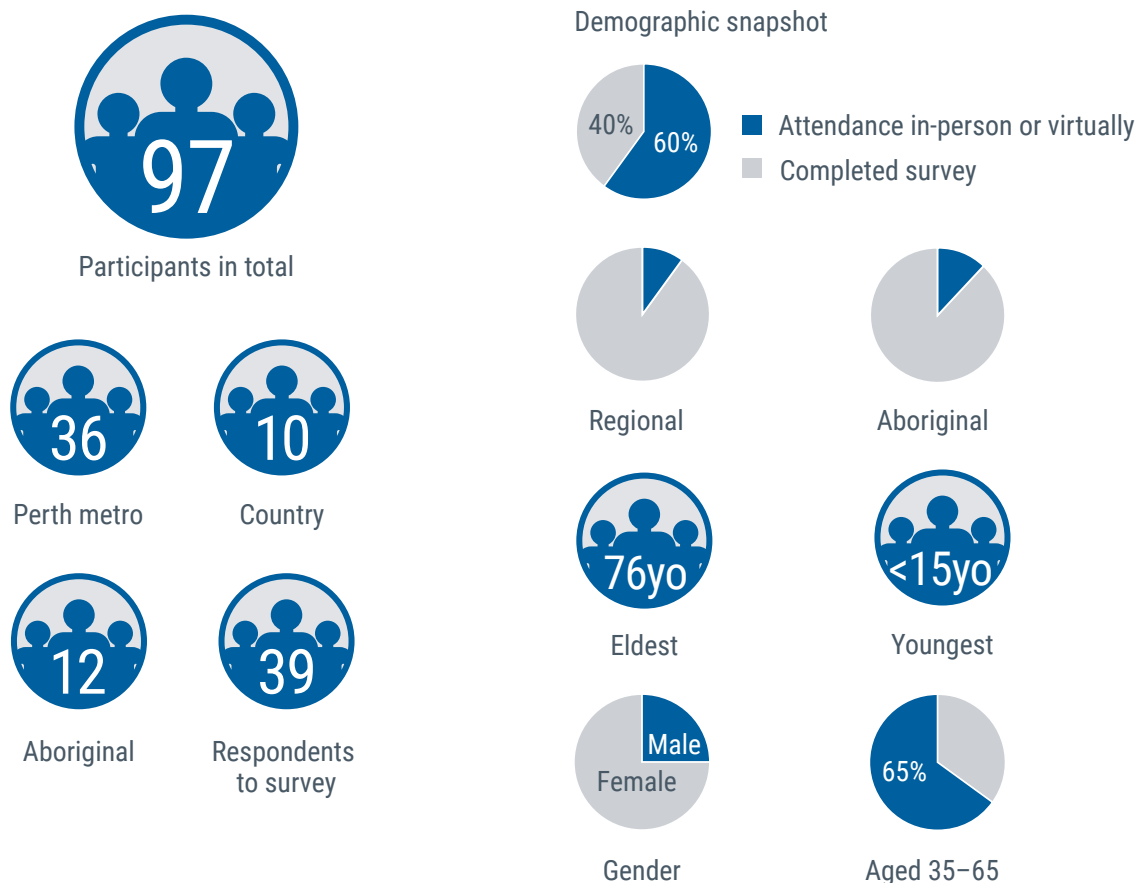
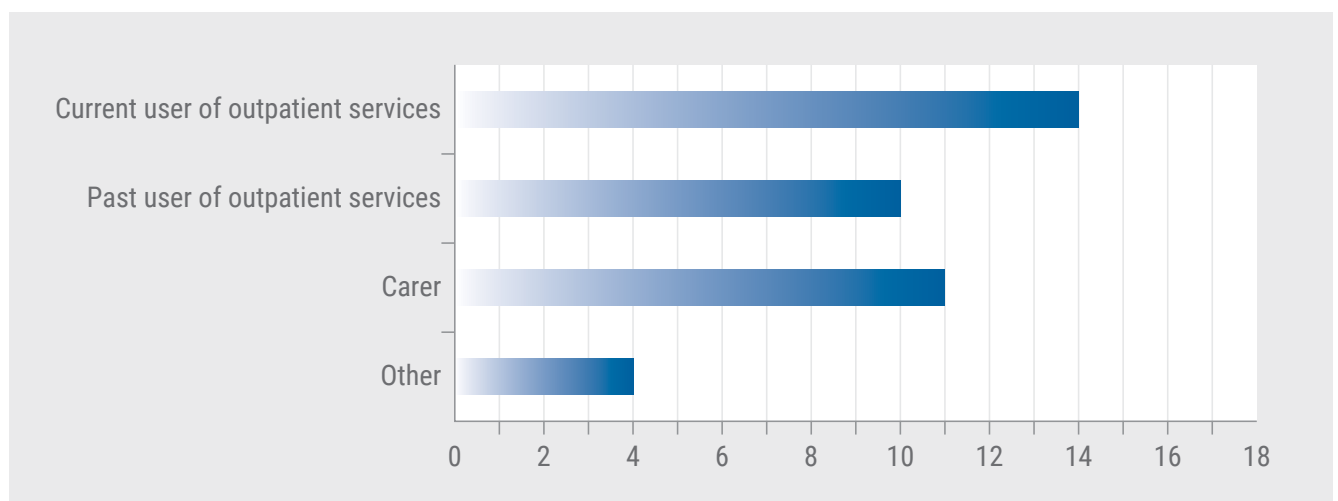


Figure 1: Summary of survey respondents



Structure and process

On arrival, participants were greeted and asked to sit at a table they shared with up to 5 other participants. An Acknowledgment of Country was made, followed by an introduction and presentation from the OPR Program Manager and Consumer and Community Involvement Program Coordinator to welcome participants and provide an overview of how the session would run.

Each table had a facilitator from the Consumer and Community Involvement Program team to guide the conversation and a scribe from WA Health to capture all participant feedback.

Participants were asked 3 questions in total (refer to appendix 1) and given 15 to 20 minutes to discuss each one. A short break followed to allow the table facilitators and scribes to discuss and transfer the top 10 themes from the conversation onto butchers paper.

Participants were then asked to participate in a final activity in which they selected their top 3 themes of importance from the top 10 identified. This was done via a 'dot-mocracy'.

The in-person session structure was replicated for the virtual workshops using Scopio, a videoconferencing platform routinely used across WACHS, and Slido, a polling app used to digitally capture participant votes for their top 3 themes of importance.

Each virtual session had several regions dialling in. In each region, participants attended a single site and a WACHS staff member supported participants, set up the videoconferencing equipment and helped with technical troubleshooting. The Consumer and Community Involvement Program, OPR Program and WACHS OPR Program teams all dialled in from a central Perth location.



Community conversation results

Participant insights

Question 1: Experience of outpatient care

Participants felt the care they received during their appointments needed to be more patient-focused. Some reported experiencing a lack of care, respect and value for time, with long waits before the appointment and a lack of 'presence' and feeling rushed during the appointment. Additionally, there was general agreement that their own preferences around treatments and/or care options weren't always considered. Care closer to home was a consistent theme that arose.

Participants felt the system could better meet the needs of people from diverse and ethnic backgrounds. For example, appointment letters and supporting materials should contain plain language and avoid acronyms, which can be difficult to decipher. Access to a support worker or family member with health literacy who understands the diagnosis and treatment discussion was viewed as valuable.

“Friendly and punctual staff are very important. Receiving treatment is always a much more tolerable experience when the staff are welcoming and engage with you as a patient, and don't make you feel like you're in the way or that they're too busy for you.”

Participants also commented on the physical environment of hospitals and outpatient clinics. They said hospital interiors often lacked warmth, were difficult to navigate and didn't feel inviting. Participants considered hospitals large, busy places and would like to see more done to make patients feel comfortable and at ease. Feedback included: 'it isn't hard to have some nice music playing or be greeted with a smile' and 'no one is there to welcome you or give you information about where your appointment is or how long you will be waiting'. Simpler signage to support wayfinding and access to refreshments and bathrooms close by were also suggested.

Participants with insight into mental health care highlighted the need for trauma-informed care to prevent re-traumatising patients when they access outpatient services.

“People accessing outpatient care don't feel well, yet they can be waiting for up to 2 hours. Better management of this is needed – either more staff to provide more appointments or give more realistic appointment times.”



Question 2: Communication along the outpatient journey

The major themes that arose from this question were giving people a choice and preference for communication methods and the need for regular communication to help manage expectations.

Participants would like to nominate the communication channels that suit them best and who else should receive information (such as carer or nominated family member) to ensure appointment reminders and information is sent to the right people.

Participants would also like to communicate with health care providers the same way they receive information. For example, being able to respond to an SMS appointment reminder to confirm or reschedule. Self-management of appointments was another key theme, with participants wanting a choice of appointment days and times, and to be able to edit these details in an app or online.

Participants reflected on the varying amounts of information they received throughout the outpatient journey. They reported not hearing much in the period between a referral being created and when they received an appointment, then being overwhelmed by the amount of information received during the appointment. This would be followed by a lack of information about what happens next, how long it would likely take and who to contact if they had any follow-up questions.

Patients would like their journey mapped out, so they know what to expect, including (but not limited to):

- visibility of waiting times
- what the appointment will look like
- who will be involved and how long the appointment will take
- information about the medical specialty, health tips or support services that can be used throughout the care journey.

Some patients used the term 'dropping off the system' to describe their experience. They felt their discharge information wasn't adequate and communication between the various specialists involved in their care was often lacking, wanting better communication and coordination.

Patients would like to be included in this communication between specialists or be able to have copies of any test results or letters, so that they can keep track. They assumed that all the relevant people involved in their care could access and see their information or that this could be easily shared securely. They expected this to occur, so they don't have to repeat the same information – particularly when they're dealing with a challenging or upsetting health concern, and there's a lot of information to relay or many people to keep informed.

“ If there are appointment delays, could there be clear communication about this? I would also like a clear description of what exactly my problem is and the plan to treat it. It would really help if I was given a piece of paper with what the problem is and the treatment plan. Sometimes it's hard to remember everything.

“ I regularly use my email. I want information such as what my appointment is for and what I need to do to prepare for it – if over a period of days or months, how long the appointment will take and if recurring appointments are required. I'd like to receive updated information as any changes or results are made or received.

“ It would be helpful to have an idea of how long it will take before you can get an appointment after the GP makes the referral.

Question 3: Use of technology

Participants would like the option to opt in or out of using technology. Those who had experienced virtual consults largely had a positive experience and found it relatively easy. The majority of participants attending appointments at a WA Health site benefited from having someone such as a carer or telehealth coordinator present. The knowledge and presence of this person made it an 'easy' and 'stress free' experience.

Participants generally felt that virtual care options were either not mentioned or information was limited. Participants believed these discrepancies to be based on the specialist's lack of understanding regarding the technology and its use.

Participants wanted the option of virtual care but did not want this to mean they could not also see their specialist in person.

Maintaining patient privacy and confidentiality were important factors for people accessing care with digital technology such as video and telephone. Participants noted instances where they were unsure if there was someone else in the room with their specialist during their consult or if others were listening in to the conversation.

Lastly, participants felt the training resources available to support virtual care options were not routinely offered or accessible, which impacted their confidence in using or accepting virtual care as an option.

“Patients need to be made aware that they can utilise simple devices to receive outpatient care. They may need training or support from health service staff, or their carer may require this to enable full use of the service.

“I'd love to have apps, if possible, where we don't have to leave our homes and be exposed to traffic, parking issues and viruses, if going to health facilities. However, I need to be reassured that security and privacy of information is paramount.



Country community conversation snapshot – specific considerations

Having appointments cancelled close to the time of the appointment was highlighted as a major challenge and concern for participants living in regional areas. Country residents attending metro-based specialist appointments typically book accommodation in Perth if they have several appointments or the travel distance is too great to complete in one day. This makes late notice cancellations problematic and impacts both patients and their families, and advice to come in at ‘any time’ can be challenging to manage.

Better awareness and recognition of the effort and/or steps regional based consumers need to take to access metro-based services and providing specific appointment times that have the security of being kept would help and should be considered. More detail around expected wait times in the clinic and after a referral has been made for a specialist appointment would also be helpful.

Care closer to home is a priority for all consumers, particularly those living regionally. Consumers felt that virtual care options were not always presented or supported by their clinician and/or health service provider. Regional based staff appeared more accepting of virtual care appointments, offering them more routinely than metro based staff and services. Consumers also felt they needed more support and training to properly access the technology available.

“My daughter doesn’t want to travel for hours to get medical care – she doesn’t want to miss out on stuff at home.”

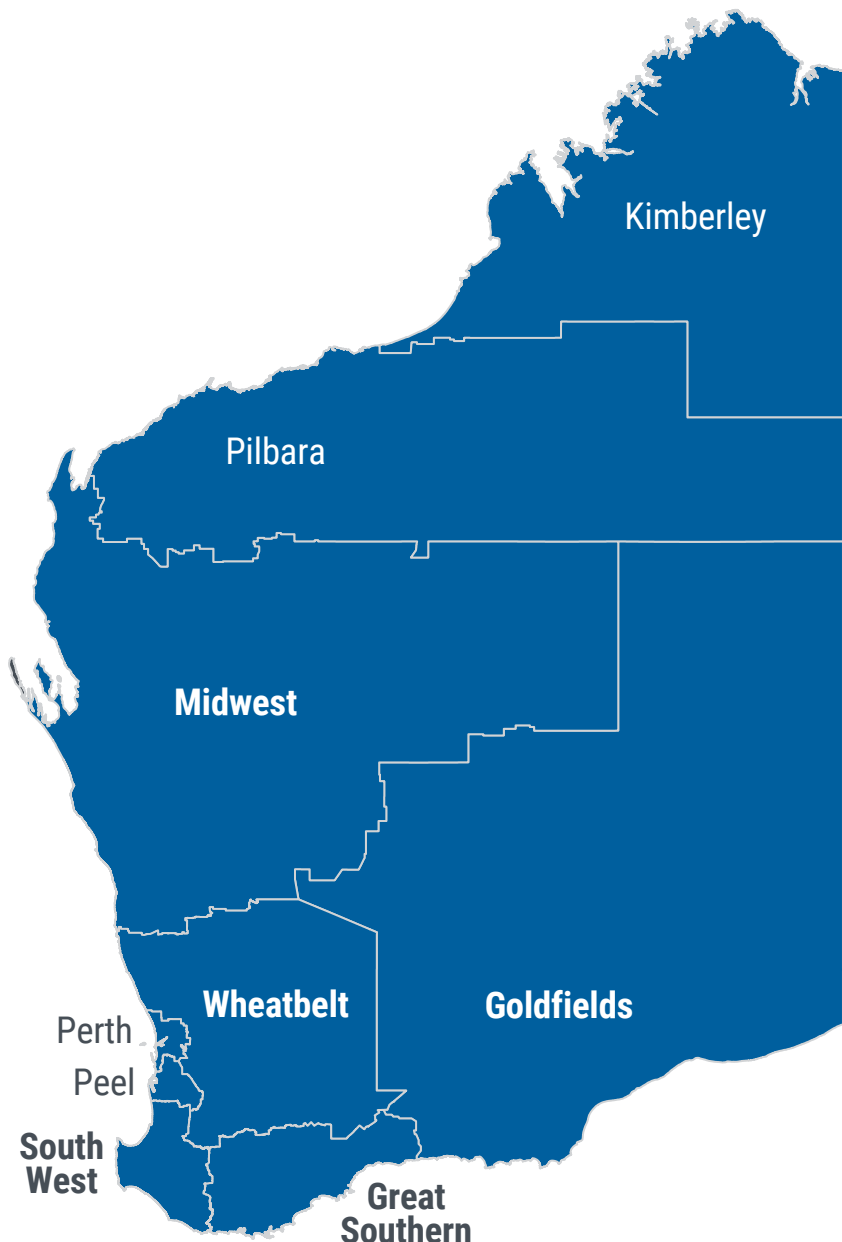


Table 1 – Summary of issues and opportunities raised for country people

Subject	Issues	Consumer solutions and opportunities
Experience		
Timely and accessible appointments closer to home	<ul style="list-style-type: none"> • More consideration is needed for regional patients with long travel times to Perth. • Late notification of cancelled appointments. • Physical access to outpatient services closer to home. 	<ul style="list-style-type: none"> • More training and support for virtual care options – a mix of self-directed training, videos, 1:1 or group sessions – accessible from a variety of locations. • Guaranteed appointment times for country patients. • More support and better availability of specialist services based in regional WA. • Keep patients informed of their status on the waitlist.
Support coordinator across sites and services	<ul style="list-style-type: none"> • Delays in appointment times are an issue for patients travelling from regional areas. • No tracking of multiple referrals and little coordination of appointments. • Each patient has an individual journey that requires catering for. • Confusion for patients with little experience in the Perth health system. 	<ul style="list-style-type: none"> • Consider where the patient lives and any personal factors before booking appointments for patients. • Improve metro-based specialists understanding of the process and journey. Some country patients must see a specialist in Perth. • Allow for coordination of care when a patient is travelling for multiple appointments. • Increase support required for new patients, such as liaison officers, and support staff.
Improve wayfinding to support patients at site	<ul style="list-style-type: none"> • Signage and directions to clinics and around the hospital are often not adequate. 	<ul style="list-style-type: none"> • Provide patients with clear directions to help them arrive at their appointment, for example maps in the lead-up to their appointment, travel, and parking information. • Better signage on site – consider using colours or visuals to help people navigate their way around. • Interactive maps to help with wayfinding – audio prompts or visual navigation using an app or mobile phone. • Volunteer and/or support staff to help people find their way.

Subject	Issues	Consumer solutions and opportunities
Keeping you informed		
Appointment outcomes are communicated to patient with choice of communication method	<ul style="list-style-type: none"> No or little follow up care. 	<ul style="list-style-type: none"> Provide patients with documentation that outlines the outcome of their consult, using their preferred method of communication. Provide follow up phone call post discharge.
Use of technology		
Support in the use of technology for country patients.	<ul style="list-style-type: none"> Virtual consult options are not always presented as an option or explained. Little or varied training or support to make it user-friendly. 	<ul style="list-style-type: none"> Virtual consults to be offered and explained in both outcome documentation and at the time a referral is made and/or discussed. Include Manage My Care in outcome documentation to raise awareness and promote use.
Telehealth confident staff and specialists.	<ul style="list-style-type: none"> Staff aren't always aware of digital options. Clinicians aren't capable or confident using technology. Clinicians aren't confident to decide or don't know what patients or types of appointments are appropriate to offer and deliver via video consult. 	<ul style="list-style-type: none"> Train staff to communicate virtual care options to patients – help them build confidence using technology. Train clinicians to be confident using digital options and raise awareness of different patient cohorts, types and appointments that video consults have worked well for. Include telehealth training as mandatory for doctors, clinical staff and admin staff.



Aboriginal community conversation snapshot – specific considerations

A key issue facing Aboriginal patients on the outpatient journey was access to Aboriginal Liaison Officers (ALOs) or Aboriginal support workers, well trained in culturally appropriate care and communication. Where participants found ALOs to be inadequate or the patient was not referred to an ALO or support person from the beginning of their outpatient journey, the physical and mental risk for the patient was said to be high.

For Aboriginal people with little or no experience using hospital outpatient services or those that don't have the knowledge or confidence to advocate for their own care – the ALO/Aboriginal support role was viewed as essential. The ALO is not only able to provide information about the appointment but can facilitate appropriate communication between the patient and the care team. More importantly, an ALO or Aboriginal support person can provide the necessary physical, emotional and cultural support for the patient to feel safe. Engagement with the patient's family (with permission) was also raised as important to support a patient's recovery and mental and physical wellbeing.

Participants said that while they would consider virtual care options with the right level of support and training, it was important for Aboriginal patients to receive a warm and informative phone call from a health care provider or support person explaining all aspects of the appointment from start to end.



Participants also emphasised the need for this to occur post-discharge to ensure the patient was mentally and physically ok after the appointment. Sending a text message to confirm the hospital would be ringing would help ensure this phone call was answered.

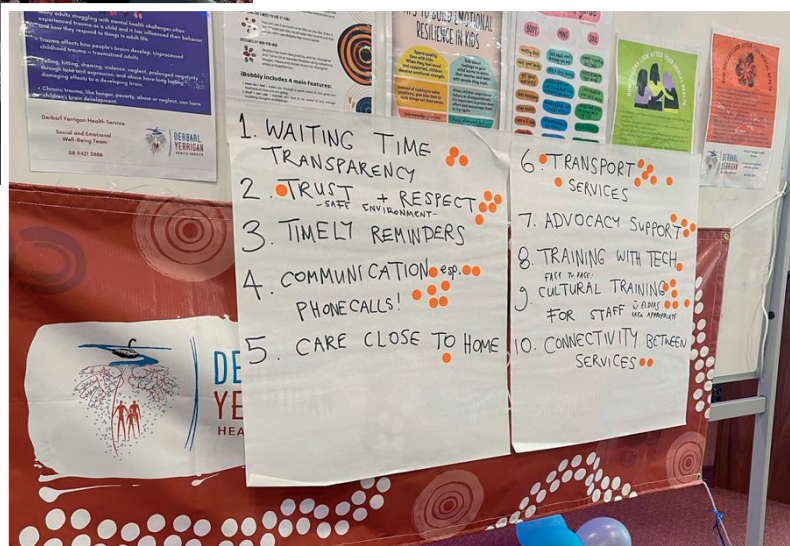


Table 2 – Summary of issues and opportunities raised for Aboriginal people

Subject	Issues	Consumer solutions and opportunities
Experience		
Transport services	<ul style="list-style-type: none"> • Not culturally appropriate. • Not always available or only partially for example, drop off at airport but no service or assistance after appointment. • Available transport services not always communicated. 	<ul style="list-style-type: none"> • Cultural training for transport services. • Ensure patient understands the full process of the transport service such as times and locations. • Taxi vouchers and support to access transport post-appointment. • Explain, from beginning to end, the transportation process. This is particularly important for rural patients. • A bus service for rural patients that collects patient and their family members for support from airport, bus and train terminals.
Advocacy support	<ul style="list-style-type: none"> • ALO either not delegated to the patient or not adequate. • No support for patients experiencing language barriers. • Family not informed or included in health information and/or treatment. 	<ul style="list-style-type: none"> • System alert for every Aboriginal patient to ensure ALOs are allocated to patients at the start of their journey. • Implement advocacy services for additional help with language, appointment details and emotional support during OP appointments.
Face to face cultural training	<ul style="list-style-type: none"> • Propensity to stereotype all Aboriginal people under one umbrella. • Lack of respect and understanding of Aboriginal culture and needs. 	<ul style="list-style-type: none"> • All WA Health staff to complete mandatory training with Aboriginal trainers to help close the cultural gap. • Training to increase awareness of the diversity across Aboriginal people.
Keeping you informed		
Timely reminders	<ul style="list-style-type: none"> • One appointment reminder is not sufficient. 	<ul style="list-style-type: none"> • One-week prior and one-day prior appointment reminders are needed.
Communication and options	<ul style="list-style-type: none"> • No follow-up phone call is being provided. 	<ul style="list-style-type: none"> • Every Aboriginal patient to receive a phone call post-discharge to see how they are going mentally and physically. This check-in is important to Aboriginal people. • A text message advising patients to expect an incoming call from the health service to reduce risk of patients not answering calls from unknown numbers.

Subject	Issues	Consumer solutions and opportunities
Use of technology		
Technology training	<ul style="list-style-type: none"> • No culturally appropriate training or support for Aboriginal consumers. • Lack of awareness regarding limited access to resources such as phones and laptops. 	<ul style="list-style-type: none"> • Appropriate training now offered and supported by administrative staff and clinicians.

Evaluation – participant feedback

Participant feedback for all 6 sessions was largely positive with the sessions described as useful, informative and inclusive. Attendees said they enjoyed sharing ideas and experiences and hearing what others had to say. They reported feeling like they had a voice and being heard, and that they had contributed to improving outpatient services for other Western Australians.

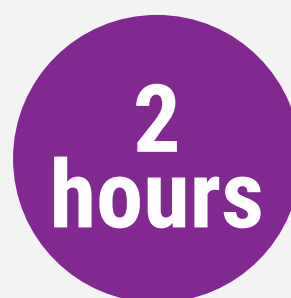
Having people from the different regions of WA dial into the Country community conversation proved beneficial. It allowed participants to share their experiences and learn from others – noting many of the challenges and opportunities raised by country residents were common across regions.

“There’s got to be a trust – our mob is based on trust

Feedback from Aboriginal participants was that they appreciated having the workshop led by an Aboriginal facilitator in the culturally secure setting of the Derbarl Yerrigan Health Service.



of Aboriginal participants had their expectations met during the community conversation.



Aboriginal participants suggested future workshops be longer than 2 hours and be promoted more broadly, with transport arranged to increase numbers and age group coverage.

Evaluation results

81%

response rate
to providing feedback
(n=47)

Quote 1: 'I felt my input was very welcomed, valued and validated'

Quote 2: 'Great conversation. Respectful. Everyone had the opportunity to participate. Good overview of what the OPR Program is about.'

Quote 3: 'Being able to participate, I hope I can really make a difference'.

Areas for improvement

Quote 1: 'Time restraints was the only negative and I believe that this is something that can be addressed in the future with possible longer conversations.'

Quote 2: 'Focused sessions utilising feedback from initial sessions.'

Quote 3: 'Some discussions were dominated by people with extensive health experience – not your average person on the street.'

Quote 4: 'Allow more time for initial introductions, table discussions and post workshop conversation.'

Quote 5: 'More efforts in recruiting a diverse set of participants (such as younger people, and those from CALD communities) to be more representative of the diversity of outpatients.'

Quote 6: 'More conversation and action on how the information will be implemented into the projects to drive change in the outpatient experience.'

What did you value most about the community conversations?

Participants found the community conversations to be 'very to most' in the following views:

Useful

80%

85%

Informative

Inclusive/participative

79%

Participants rated the community conversations with positive rates around:

89%

Expectations met

98%

Covered what was important to you

98%

Enough information provided

94%

Questions answered

83%

Opportunity to put forward your ideas

Where to from here – re-imagining the outpatient journey

Short term actions – 2022 to 2023

Commit to ongoing consumer engagement and involvement in the program – across project design, delivery, and evaluation.

- Establish an OPR consumer reference group for interested parties.
- Develop mechanisms to keep consumers informed of project and program progress (such as patient-facing communications/newsletters/videos).
- Instigate a design led approach to digital solutions that involves co-design with stakeholders and end-users (for example consumers and carers).

Share the results of the consumer engagement activities with stakeholders (consumers, health service providers (HSPs), Sustainable Health Review and other executive committees) to raise awareness of consumer's experience when accessing outpatient care and allow all levels of health service provision (system, local and community) to focus and align reform efforts to what's important and most valued by them.

- Work with HSPs and the OPR Program Steering Committee to identify areas that would benefit from system level coordination and support – to enable HSPs to transform how outpatient care is delivered and ensure quality health care can continue to be provided for all people that need it – in the most suitable location for their personal and clinical needs.

Progress key pieces of work under the Outpatient Reform Program such as:

- prioritise activities to increase promotion of Manage My Care app across hospital outpatient clinics, primary care – GP practices and community-based organisations, and non-governmental organisations.
- manage My Care app – extend visibility to include all outpatient appointments across all public hospitals to provide a holistic view of care.
- manage My Care app – increase the frequency and/or a number of reminders sent to patients before their appointment – one month, one week and 24 hour notifications.
- increase digital communications and options aligned with patient and carer preferences, including additional text notifications.
- referral Access Criteria development in consultation with hospital specialists, GPs and the Central Referral Service – to support high quality referrals and patient test results being shared and available to the treating specialist, preventing unnecessary duplication of tests, and ensuring all relevant information is available to the patient and the specialist at the time of the first appointment.



Medium term considerations – 2022 to 2025

- Deliver enhancements to the Manage My Care app, informed by consumers and users – to support improved functionality and patient management along the outpatient journey.
- Outpatient policy/s review – provides a contemporary policy position for HSPs to optimise outpatient service delivery, minimise waits to first appointment, and enable local service delivery to flexibly adjust without breaching current policy.
- Training courses, videos and/or tutorials developed for virtual care appointment options – for clinicians and patients.
- Consistent communication and language used on patient letters.
- Support the digitisation and automation of hospital processes and services to make things easier, more efficient and improve the patient experience (e.g. self-check-in kiosks in outpatient clinics, use of apps to access and update information).

Longer term strategies – 2022–2027

- Policies and workflows in place that support effective, safe and timely patient-clinician communication modes such as text messaging to advise patients of expected incoming calls from health services (with specific consideration to reduce the volume of Aboriginal patients missing calls from health services due to unknown or private numbers).
- Waiting time transparency – make wait times for outpatient appointments publicly available.
- Smart Referrals WA – implement a solution that will optimise communication and information sharing between referrers and hospital-based clinicians, as well as providing patients and referrers with the option to request virtual appointment delivery (video consult or telephone call) from the beginning of the journey.
- Scoping and delivery of phase 2 and 3 projects as part of the Outpatient Reform Program – to streamline referral pathways, minimise wait times and position HSPs to provide timely, equitable, cost-effective and clinically appropriate access to outpatient care for WA public health care consumers.
- Enable patient records to be easily and securely accessible to all HSP's and patients – regardless of care location.
- Commitment to ongoing co-design of future works, and partnerships with consumers and clinicians throughout the OPR Program – to capture needs and design solutions that meet and address them.

Want to know more?

- For specific questions related to this report or for general questions about the WA Outpatient Reform Program you can email the Department of Health Outpatient Reform Program for more information: Doh.OutpatientReformProgram@health.wa.gov.au
- Visit the Consumer and Community Involvement Program: <https://www.cciprogram.org>
- Email the Consumer and Community Involvement Program: admin@cciprogram.org

Appendix 1

Community conversation discussion questions

A list of 3 questions were developed collaboratively by the OPR Program team and consumer representative for the community conversations. The questions were designed to prompt consumers experiences and needs when accessing and receiving outpatient care. The information from the questions has been used to inform what the ideal outpatient journey looks like from a patient's perspective.

The 3 questions asked were:

Question 1:

'What do you consider – from a patient's point of view – to be most important or valuable when accessing outpatient care?'

Question 2:

'What information would you like to receive, and how and when would you like to receive it along the outpatient journey?'

Question 3:

'In what way would you like to see technology used along the outpatient journey?'



Appendix 2

Combined summary of issues and opportunities along the outpatient journey (metropolitan, country and Aboriginal consumers)

Subject	Issues	Consumer solutions and opportunities
Experience		
Patient – centred care	<ul style="list-style-type: none"> • Lack of time and presence felt by consumers from specialists and/or clinicians. • Concerns and/or preferences not heard. • Lack of understanding for diverse and ethnic backgrounds. • Lack of time given to patients in appointments. • Poor treatment towards mental health patients. 	<ul style="list-style-type: none"> • Admin, specialist or clinician listens and understands the needs and values of the consumer. • Kindness, compassion and empathy are demonstrated. • The appropriate amount of time allocated for an appointment, particularly for first appointments. • Specialist or clinician has consumer's background information prior to appointment – doesn't ask same questions over and over. • Patients to have options and personal preferences for communication and treatments explored and explained. • At home care options to be explored and offered to patients. • Trauma-informed training for staff and improved understanding of mental health issues. • Increased support for consumers with mental health issues, particularly around signing for treatment consent. • Cultural awareness training for staff and inclusion of additional languages and support.
Time (accessibility, requirements and wait times)	<ul style="list-style-type: none"> • Extended wait times in outpatient clinic. • Appointments can be rescheduled with short notice due to other patient priorities. • Duplication of patient tests. 	<ul style="list-style-type: none"> • Patients to be updated with appointment information and wait times in clinic. • Ticket or buzzer system for appointments with expected wait times shown. • Coordinated appointment times if the patient has multiple appointments. • All test requirements to be explained to the patient before their appointment, reminders and options provided to patients and a way to check tests off once completed – triggering an appointment booking.

Subject	Issues	Consumer solutions and opportunities
Coordinated care	<ul style="list-style-type: none"> • Patient unable to choose or change appointment times. • Mismatched care for multiple appointments. 	<ul style="list-style-type: none"> • Patients can view all appointments (online or via an app). • Patients have autonomy over time and date of appointment. • Patients are given resources to self-manage their appointments.
Care closer to home	<ul style="list-style-type: none"> • Travel time too long and/or complicated. 	<ul style="list-style-type: none"> • Increased services via telehealth (with appropriate support to access telehealth). • Increased support to facilitate the transfer of the patient to local health services – more services available regionally or in the community to prevent a Perth hospital visit.
Hospital environment	<ul style="list-style-type: none"> • No welcome to the hospital or directions on arrival. • Check in clinics not accessible for all. 	<ul style="list-style-type: none"> • Dedicated staff to welcome and direct patients on arrival. • Soft, calming music to be played. • Warmer lights installed in waiting rooms – make it more inviting. • Windows and green space access provided where possible. • Improved wayfinding and signage.
Keeping you informed		
Patient access to personal records and information	<ul style="list-style-type: none"> • Not all documentation is being uploaded to digital records such as My Health Record, with staff often not skilled or aware to do this. This places additional stress and load on the patient to remember everything or seek copies of tests and letters etc. 	<ul style="list-style-type: none"> • Promote My Health Record and encourage health workers to use it. For example, test results and other documentation should be uploaded to My Health Record as a way of keeping a patient's GP informed. • Preparation pack is available and uploaded on preferred communication channel. • Extend functionality of Manage My Care app.

Subject	Issues	Consumer solutions and opportunities
Management of patient expectations and dropping off the system	<ul style="list-style-type: none"> • No or little information given when appointment is made. • Journey of appointment process unclear. • Patient being discharged without knowledge. • Lack of information when appointment is cancelled or delayed. • Lack of information on logistics of appointment. 	<ul style="list-style-type: none"> • Conversations or notes offered before the appointment to inform patient of the process and what to expect from the appointment. • Call line offering support for all questions surrounding outpatient appointments. • A general summary of the outpatient and appointment journey would help set expectations – acknowledging that not all journeys are the same, but they do follow a similar course. • Patient given adequate resources following discharge or knows where they can find these. • An app that tracks a patient's journey and shows which step they are at, including their position on wait list, would be beneficial. • Provide patient with information about hospital access (parking and transport) and any additional information relevant to their appointment.
Use of consistent and plain language	<ul style="list-style-type: none"> • Misuse of terminology causing patient confusion and fear. 	<ul style="list-style-type: none"> • Ensure language is clear and easy to understand - both written and verbally. Don't need to 'dumb things down' but need to explain things clearly and give people an opportunity to have any important information written down or sent to them after the appointment. • Provide different options and repeated avenues for patients to ask questions or seek further information. Some people don't feel comfortable asking questions during the appointment, need or want time to digest the information, speak to loved ones, better understand what it means for them etc.
Transparency of wait times	<ul style="list-style-type: none"> • No transparency of wait times, both for initial appointment and in clinic. 	<ul style="list-style-type: none"> • Transparency of waiting times for speciality appointment from the point a referral is made. • Transparency of waiting times in clinic – inform people if staff are running on time or behind. Consider allowing people to wait elsewhere and being contacted when their appointment is due to start. • Different ways that this information can be communicated – like the way emergency departments display the current wait times – online and in clinic – gives people some control over their time and decisions.

Subject	Issues	Consumer solutions and opportunities
Communication – choices, control and preferences	<ul style="list-style-type: none"> • No choice to choose or can only choose one means of communication. • Difficulty and lack of access to information. • Insufficient information through SMS. • Appointment information comes through all at once. • No control over who has access to patient information and data. • Only one reminder sent out 24 hours before appointment. 	<ul style="list-style-type: none"> • Offer a choice of preferred communication methods with the option of choosing more than one i.e. phone, email and/or post and/or different choices for patient/carer. • Detailed information from specialists about the appointment and treatment plan shared with patients. • Text messages to include more details. • Ensure each appointment reminder is sent separately with clear instructions. • Option for patients to delete and/or open old records from My Health Record. • Timely reminders – one month, one week and day before – for appointments that have an extended wait time.
Continuity of care – between sites	<ul style="list-style-type: none"> • Patient history and information not known across sites. 	<ul style="list-style-type: none"> • One source of patient information with access across sites. • Easy information sharing between sites, hospitals and clinics – public, private, GP or community. • Coordination of care between sites.
Continuity of care – between clinicians	<ul style="list-style-type: none"> • Patient history and information not known between clinicians. 	<ul style="list-style-type: none"> • One source of patient information with access across sites. • Easy information sharing between sites, hospitals and clinics – public, private, GP or community. • Coordination of care between sites.
Use of technology		
Privacy, security and confidentiality	<ul style="list-style-type: none"> • Patient not being informed who is involved in their appointment. 	<ul style="list-style-type: none"> • Clinic staff to respect patients right to privacy (and data privacy). For example, on a video consult, the clinician should let the patient know they are the only person in the room or introduce anyone else present e.g. student as they would in an in-person appointment. Often the camera field on screen isn't very big, so patients worry there are people in the room they cannot see.
Virtual care options	<ul style="list-style-type: none"> • Virtual care options not being discussed with patients. 	<ul style="list-style-type: none"> • All appointment options (virtual care and on-site care) to be discussed at initial appointment. • Patient preferences for mode of care to be prioritised once all options have been explained.

This document can be made available in alternative formats on request for a person with disability.

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