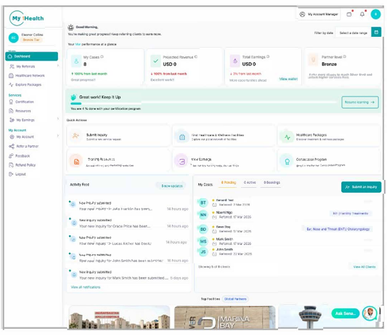
Heuristic Analysis

https://rpns.my1health.com/



WCAG 2.2 AA Heuristic Audit

	Title	Description
1	Success Criteria	Status / Observation
2	1.4.3 Contrast (Minimum)	Risk: Stakeholders noted the original design was "text heavy". This often leads to poor readability if font sizes are small or contrast is low
3	2.1.1 Keyboard	Likely Violation: Complex "Inquiry" and "Booking" workflows with multiple fields often fail if they aren't fully navigable via the Tab key
4	2.4.11 Focus Not Obscured (New in 2.2)	Risk: Sticky headers or "Cena AI" chat bubbles might cover input fields when tabbing through the booking form. +1
5	2.5.8 Target Size (Min) (New in 2.2)	Issue: Many partners use mobile devices while "walking around in a hospital". Small, cramped buttons lead to "fat-finger" errors. +1
6	3.3.3 Error Suggestion	Violation: Current errors result in "back and forth" on WhatsApp because the system doesn't clearly explain what's wrong (e.g., records 5+65 months old)
7	4.1.3 Status Messages	Major Violation: Partners are "out of the loop" on status changes unless they manually log in.

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Accessibility Recommendations for the Redesign

1. Optimise for "Field Use" (Mobile Context)

Since partners often use their phones in busy medical environments, the UI must support high-stress interaction.

- Recommendation: Implement a Reflow-friendly layout that doesn't require horizontal scrolling at 400% zoom. This is vital for partners who may have vision impairments or are working in low-light hospital wards

2. Accessible Automation (OCR & AI)

The proposed OCR Scanner is a massive usability win, but it can be an accessibility hurdle.

- Recommendation: When the OCR scanner auto-fills a field (like "Patient Name"), ensure the system provides an audible or visual cue that data has changed. This satisfies the Visibility of System Status heuristic and WCAG's requirement for predictable input

3. Clear Hierarchy for Dependents

The new logic for linking Minors to Parents/Carers must be programmatically clear.

- Recommendation: Use proper HTML fieldsets and legends (e.g., `<fieldset><legend>Guardian Information</legend>...`) so that screen reader users understand the relationship between the minor and the adult on the account

4. Plain Language (Understandability)

Ryan mentioned that many partners are not from medical backgrounds

- Recommendation: Avoid medical jargon in system instructions. If "Oncology" or "Bone Marrow Transplant" is used, provide an accessible tooltip or definition to reduce cognitive load

Heuristic Evaluation of My1Health RPNS & Client Feedback

	Heuristic	Evaluation & Findings	Severity
1	Visibility of System Status	Violation: Partners must manually log in to track the status of a patient case; there are currently no automated email or WhatsApp notifications for status changes. Users are "out of the loop" unless they take the initiative to check. **Recommendation: Integrate the Cena AI agent to** push real-time status alerts (e.g., "Treatment Plan Received") directly to partners via WhatsApp or email.	High
2	Match between System & Real World	**Mixed:** The system uses standard medical tourism terminology (Inquiry, Treatment Plan, Booking). However, the "offline" world (WhatsApp) is where most users feel comfortable, suggesting the digital system's "language" or workflow doesn't yet feel as natural as a chat conversation. **Recommendation: Transition to a more** conversational UI or "Concierge-style" onboarding that mirrors the human coordination partners currently rely on.	Medium
3	User Control & Freedom	Violation: If a partner submits incorrect information, they often cannot easily revise it themselves; instead, the internal My1Health team has to fix it manually. There is a lack of a clear "emergency exit" or edit function for submitted data. **Recommendation: Implement a Self-Service Revision Portal** that allows partners to add missing documents or edit "Pending" cases without coordinator intervention.	High
4	Consistency & Standards	Violation: Onboarding varies between individuals and corporates, and the system lacks a unified design system, leading to a fragmented experience. Expert users and beginners are forced through similar, non-modular paths. **Recommendation: Create Modular Onboarding** Paths based on partner type (e.g., Travel Agent vs. Medical Facilitator) to ensure users only see relevant features.	Medium
5	Error Prevention	**Major Violation:** The system allows partners to submit incomplete inquiries or medical records older than 6 months, which the hospitals then reject. Better constraints (like a date-picker that blocks old records) are missing. **Recommendation: Use OCR (Optical Character Recognition)** to auto-fill identity details from passports and set system constraints that block uploads of outdated medical files.	High
6	Recognition rather than Recall	Violation: Partners must remember specific hospital requirements (like the 6-month oncology rule) because the system doesn't provide a context-sensitive checklist during the upload process. **Recommendation: Provide Dynamic UI Checklists** that change based on the treatment type or destination country selected.	High
7	Flexibility & Efficiency of Use	Violation: There are no "shortcuts" for expert users (agencies) who manage bulk cases. Both individuals and large corporates use the same manual upload process, which is "not the best" and needs automation. **Recommendation: Introduce Bulk Uploading for** agencies and AI Summarization for medical records to speed up the coordination process.	Medium
8	Aesthetic & Minimalist Design	Opportunity: Stakeholders have acknowledged previous versions were "text-heavy" and "overwhelming". The goal is to remove irrelevant information and focus on the core booking/inquiry data. **Recommendation:** Adopt a card-based, minimalist design that clearly separates **Simple Bookings** from **Complex Treatment Plans**.	Low
9	Help Users with Errors	Violation: Error messages are often replaced by "back and forth" communication via WhatsApp when information is missing, rather than the system providing a clear diagnostic error message. **Recommendation:** Use specific error prompts (e.g., "The name on this passport does not match the form") with clear instructions on how to resolve the issue.	Medium
10	Help & Documentation	**Mixed:** Basic tutorials and a certification program exist. However, Ryan admits these need to be "better" and more integrated into the actual workflow to prevent users from getting stuck. **Recommendation: Embed Help Bubbles and a** searchable FAQ database focused on common "showstoppers" like visa requirements or medical record access.	Low

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Summary of Key Issues

- **The "Notification Gap":** The lack of automated updates forces a high "cognitive load" on partners to remember to check the system.
- **Reliance on Human Intervention:** Because the system doesn't prevent errors (like old records or mismatched names), a massive amount of manual coordination is required from the My1Health team.
- **The WhatsApp Preference:** The fact that partners prefer WhatsApp over the system is a massive indicator that the Referral Partner Network System (RPNS) currently fails the **Flexibility and Efficiency** and **Match with Real World** heuristics.

RPNS Priority Action Plan

	Priority	Heuristic Violation	Proposed U...	Strategic Goal
1	Critical	Error Prevention	OCR Passport & Document Scanner	Automatically extract patient data from passports to prevent mismatched names and typos.
2	Critical	Visibility of System Status	Automated Status Labels & Cena Integration	Use the Cena AI agent to push real-time status updates (e.g., "Treatment Plan Received") directly to partners via WhatsApp.
3	High	Recognition rather than Recall	Interactive Patient Checklists	Embed dynamic checklists within the UI to inform partners (and patients) of specific requirements, such as the 6-month medical record rule.
4	High	Flexibility & Efficiency	AI Medical Record Summarizer	Implement AI to scan and summarize uploaded medical records, reducing the time coordinators and partners spend on manual reviews.
5	Medium	Consistency & Standards	Modular Onboarding Modules	Create tailored onboarding paths for different partner types (e.g., travel agents vs. medical facilitators) to increase activation rates.
6	Medium	User Control & Freedom	Self-Service Edit/Revision Portal	Allow partners to update or add missing documents to a "Pending" case themselves, rather than relying on the internal My1Health team.

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Implementation Focus Areas

1. Automation of Data Entry

Ryan identified manual data entry as a primary bottleneck. The introduction of **OCR (Optical Character Recognition)** technology will allow the system to "read" passports and medical files, significantly reducing rejections caused by missing or incorrect information .

2. Real-Time Communication

Since partners currently "don't log in to the system enough" and prefer WhatsApp, the redesign must bridge this gap. Integrating the **Cena AI agent** to provide real-time updates outside the platform will ensure visibility of system status without requiring constant manual logins .

3. Streamlining the Patient Inquiry

To handle complex **Treatment Plans**, the UI should guide the partner through a "phased approach" . This includes providing visual feedback on the progress of hospital reviews and specialist responses, which currently take the longest in the booking process.