

ATTACHMENT B

Low-Fidelity Prototype Evaluation Focus Group Guide:

1. Meet and greet participants
2. Introduction
 - a. Thank everyone for taking time to participate, explain that thoughts and opinions will inform design for visual displays and interfaces for a decision-making tool related to multiple competing risks in acute care environments
 - b. Introduce moderator names, roles, Heidi Wald as PI and briefly describe project
 - c. Have each participant give a brief introduction with name and background
3. Setting ground rules
 - a. Attendance is voluntary and indicates willingness to participate in a group discussion. Anyone is free to leave at any time. We are going to discuss issues related to application design for navigation and visualizing patient information for decision-making. This information will be used to improve the design of prototypes that we will show you today.
 - b. We will be audio recording the focus group session for transcription purposes
 - c. Transcriptions will have any personal identifiable information removed. Audio recordings will be deleted after transcriptions are verified.
 - d. Any participant can request a copy of the transcript or recording at any time. Any participant can request that any of his/her comments be removed. We will store this information on a secure access drive.
 - e. We want this to be a non-judgmental, relaxed environment to discuss your thoughts about the care of patients and the role of technology and information. There are no right or wrong answers. Please don't hesitate to ask questions or if you need any clarification please ask for it.
 - f. Obtain verbal consent of participation, request permission to start recording and then start audio recorders.

Public reporting burden for this collection of information is estimated to average 90 minutes per response, the estimated time required to complete the focus group. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

AHRQ Reports Clearance Officer
Attention: PRA, Paperwork Reduction Project (0935-XXXX)
AHRQ
5600 Fishers Lane, # 07W41A
Rockville, MD 20857.

4. Background
 - a. Provide additional information regarding the project
 - b. Give an overview of the model for HAPU, CAUTI and falls
 - c. Explain low- and high-fidelity prototypes. State that we will be viewing low-fidelity prototypes
 - d. We are interested in finding out your preferences regarding interfaces/graphs/visualizations of health information and how this informs your clinical decision making. We are going to show you low-fidelity prototypes of HAPU, CAUTI and falls information. We would like to get your feedback on them.
5. Review interfaces/graphs/visualizations
 - a. Provide brief overview of all prototypes
 - b. Just to emphasize, we are interested in your perceptions of the interfaces/graphs/visualizations, not the data itself, hence these examples are the same data sets
 - i. go over all interfaces/graphs/visualizations, then go to ask questions individually
6. Questions for individual graphs:
 - a. Were there parts of the interfaces/graphs/visualizations that worked well?
 - i. What made those features stand out for you?
 - b. What parts of the interfaces/graphs/visualizations did not work well and why?
 - c. Do you think such interfaces/graphs/visualizations are intuitive?
 - i. Why or why not?
 - d. Would you see value in having such interfaces/graphs/visualizations available to you to monitor your patient's risk of complications/hospital acquired conditions and to help inform your clinical decisions?
 - i. Why or why not?
 - e. Do you have any further comments to make about this interface/graph/visualization?
7. Now that we have looked at these prototypes individually, we would like your opinions about them:
 - a. Which of these interfaces/graphs/visualizations would be most useful to you and why? Could such information be useful in making patient care-related decisions?
 - b. Do you see any value in having such an interface/graph/visualization to inform your decision-making with regard to patient care?
 - c. Do you see any value in having such an interface/graph/visualization during discussions with nurses?
 - i. Physicians?
 - ii. With patients?
 - iii. With family members?
 - d. Which of these interfaces/graphs/visualizations would be least useful to you and why?
 - e. What elements make the interfaces/graphs/visualizations easier to understand? (cues: colors, text, trends).
 - f. What is the granularity at which you would most prefer to see the data? (Highly detailed, abstracted to one or just a few elements?)

Attachment B: HAC Risk Dashboard Tool Focus Group Guide

- g. Is there value in being able to see changes in patient risks over time visually using a graph?
 - i. Is there value in being alerted to such changes?
- h. Would you prefer to have the information come to you directly based on alert thresholds (push) OR would you prefer to access the information yourself at your discretion (pull)?
- i. What would be your preferred way to access such information? (Prompt: Would you prefer integrated into the HER, as an email, accessible with login to a secure website, as a paper printout, mobile application on cellphone/smartphone).
- j. How might these interfaces/graphs/visualizations fit into your work flow?
- k. Are there any ideas or thoughts that you want to share?