Connecticut HAI Website Focus Group
Session Summary

Time: January 11, 2010, 1:30 to 3:30 pm
Location: Connecticut Department of Public Health
Attendees: Diana Lejardi (DPH), Susan Manganello, Richard Melchreit (DPH), Jean Rexford, and Carrie Simon

Discussion: the purpose of the focus group was to gather information from members of the public and consumer representatives on how to make the current DPH HAI website more accessible and informative for the general public, and to gather information that could be used in any future redesigns or developments of the website.

The focus group viewed the following of sample websites (on the Internet) and discussed them: Connecticut DPH, Pennsylvania Health Care Cost Containment Council (Commonwealth of Pennsylvania), FloridaHealthFinder (State of Florida), Missouri State Health Department, Vermont State, Minnesota State, the Commonwealth of Puerto Rico, the Centers for Medicaid and Medicare Services (federal) Hospital Compare, and the Consumer Reports *Stop Hospital Infections* sites.

Discussion covered the following questions:

➢ Which features of the websites are helpful to consumers? Clear, easy to access? Helpful to understanding?

➢ Which features are problematic? Hard to access? Confusing? Misleading?

➢ Specific advice for the Connecticut website based on this review

Ideas for accessibility:

➢ Put data up-front; don't make readers plow through a lot of background before getting access to data. In other words, backload the tutorials on what HAIs are, what statistics are and what they mean, etc.

➢ Make interpretation more context-driven through popups or links embedded in the tables.

➢ Put in links to contiguous states, *Hospital Compare*, the DPH physician and facility licensure database, and CDC. Use buttons if possible.

➢ Use on open "typography" on the website, right now it (and several other websites) have lots of dense-looking text that is hard to read through.

➢ Don't use acronyms and abbreviations if at all possible.

- ➢ Create a glossary that can be accessed directly and also by links to words in the web text.

- ➢ Use a left-sided column for navigation.

- ➢ Highlight and use a good search engine embedded in the website to help with navigation.

- ➢ Devote some text to telling users how to navigate the site.

- ➢ Avoid HAI jargon like "process measure." Words and phrases like this are used in several sites, but mean little or nothing to the public. Instead, use words and terms like "Things health facilities can do to keep HAIs from happening."

- ➢ Make the content for professionals very distinct in location from content for the public (the Florida site does this).

- ➢ Sort hospitals by size and, if possible, by other factors. Pennsylvania does this using more criteria for the sort, but that may be harder to do with fewer hospitals.

- ➢ The level of visual and content complexity on the Florida site is about right, the Missouri site is too complex.

- ➢ Have a logo related to the theme of "informing" such as the logo on the Vermont site can help orient users.

- ➢ The public is interested in #s as opposed to rates, but numbers without rates can be misleading, so we need to inform them of both, and the limitations and uses of both types of data.

- ➢ Content that would be helpful includes a checklist for consumers that is oriented on "what you can do prevent infections if you are getting healthcare" such as what research to do, and what questions to ask providers. There may be models that could be used.

- ➢ Use of "highlight boxes" in the margins that summarize key facts can be helpful in communicating high priority information.

Next Steps: Richard Melchreit will develop a "to do" list of changes to make to the website now and a "parking lot" list of changes for the future, when resources become available. Richard Melchreit will present these at the next state HAI Advisory Committee

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