**Usability Testing Summary – 3 Users**

**6/27/16**

**Priority Changes/Fixes**

**1** - Dashboard: After creating a new patient, automatically add patient to the call list [3 users]

**2** - Save information entered as the user navigates between tabs or consider putting a save bottom at the bottom of the form, which seems more intuitive to the CMs than having the save button on the side. Also make sure that system returns user to the same view after saving. [2 users]

**3** - Dashboard: Suggest entries with names or phone numbers that are similar to a CM’s search. Goal is to avoid duplicate creation of patient entries. Two users were unable to find users they had just entered because of minor discrepancies such as a space after a name. [2 users]

**4 -** Patient Information: Should be able to select multiple “special circumstances.” Could also include a text field. [2 users]

**5 -** Patient Information: Change language for “secondary person” and “secondary phone” since CMs are not clear on this. One suggestion was “primary contact (if other than patient)”

Add a field to specify the relationship of the primary contact to the patient. And/or add a text field for explanation. CMs want to understand who it is they are talking to. [2 users]

**6** - Abortion Information: Consider removing street address and zip for clinic. CMs do not typically enter this information.

Alternatively, create a dropdown for clinic selections since typically CMs work with a fixed set of clinics. Address and zip could automatically populate when the clinic is selected. It is useful for CMs to have this address info on hand because they sometimes provide this address information to patients. Include an option to enter the name of a clinic manually, since this does sometimes (though rarely) come up. [2 users]

**7 -** Change order of tabs to Patient information, Abortion Information, then notes. [3 users]

**8 -** Dashboard: Add/remove in Urgent cases section is confusing. [2 users]

**Questions for DCAF**

**1 –** Status: one user suggested that intuitively there was not much difference between Needs Appointment and Fundraising, since often they happen simultaneously. Another user thought it would be helpful to have soft pledge and pledge submitted statuses as well. What would be the most helpful?

**2 –** LMP dating: Sometimes CMs update the LMP. This happens when there is a significant change in the due date estimate. It’s not clear how they would go about updating this since it is confusing to try to edit the “LMP at intake” after the fact. Maybe instead of editing the “LMP at intake” there could be a way to edit the “current LMP”?

**3-** One user wanted to understand how the transition would work from one week to the next, one CM to another. Have we thought this through?

**Potential New Features – Lower Priority**

**1 -** Include a checkbox to specify is Spanish is preferred. [ 1 user]

**2 -** Abortion Information: Add a text field to specify if there are special medical issues that would cause abortion cost to go up. Rare, but significant when it happens [ 1 user]

**3-** Create a way to resubmit pledge if there are changes [1 user]

**4 -** Automatically flag patients who have been in the system for a long time as urgent [1 user]

**5 -** Create a text field to add notes re voicemail, i.e. “can leave vm but request that not mention DCAF.” [1 user]

**6 -** Pledge confirmation should specify what state the user is in. [1 user]

**7-** Add helper text where appropriate, i.e., for income field to explain what type of income is included. [1 user]