

VA



U.S. Department
of Veterans Affairs

Facility Operating Status Study - June 2020

Discovery Readout

Research Details & Goals

The study set out to understand how Veterans interpret operating statuses to uncover potential gaps between Veteran's expectations and current status usage and implementation.



A combination of moderated exercises and generative questioning was used to gather Veterans' first impressions and interpretations of the statuses and to understand how they categorize and name various types of scenarios that affect facility operating statuses.

We spoke to 6 Veterans, 1 Caretaker and 1 adult child of a Veteran.

Key Findings

1. When presented with 'Facility Closed' participants believed that no services would be available.
2. 5 of 8 participants classified a facility as 'Limited Services' if virtual/telehealth services were available.
3. Users understood that the terms 'virtual services' and 'telehealth' can be used interchangeably.
4. 'Facility Notice' was understood as any information that a user might need to know about a facility.
5. Participants trust website information more when they see a recent date associated with the update.
6. Veterans want to quickly and easily find an accurate list of services available to them.
7. Participants don't want to 'dig' or 'click too many times' for important information.
8. Participants expect to be contacted by phone, text or email if their appointment details change.

Short Term Recommendations

- Reserve 'Facility Closed' for temporary or permanent facility closures where no services are available to Veterans.
- Use 'Limited Hours and Services' as the status for COVID related operating changes if virtual and telehealth services are available.
- Do not use 'Facility Notice' as a status for use in search results. It is too broad to communicate anything effectively. See *'Long Term / Heavier Lift' recommendations*.

Long Term Recommendations

- Add timestamps to updates and timeranges to temporary changes that affect a facility.
- Surface and specify accurate facility hours and services more readily with less perceived ‘clicks’.
- Replace or extend the ‘Facility Notice’ category with more specific, self-explanatory categories. Participants used words like 'Health Notice', 'Weather Notice', 'Emergency Notice', 'Holiday Schedule', 'Emergency and construction operations', 'Rules', 'Patient Information' to categorize the types of scenarios that affect a facilities operating status.
- Consider the red styling from detail page instead of pink styling to communicate the severity of ‘Facility Closed’. Some users missed the alert entirely and pointed out that the red, bolder styling matched their expectations.

For Broader Consideration

- Veterans were quick to share the favorable communication experiences that they receive from other healthcare providers. They like and want appointments changes and visiting requirements to be personally communicated to them via phone, text and/or email. They also like and are accustomed to being given the ability to choose how they get notified.

Appendix

Background & Goals

Background

When a VA facility is not operating under normal hours and services, locations may display one of three possible operating statuses.



Today, there is not a standard way to define these operating statuses which leads to inconsistencies when relaying information to Veterans.

The study set out to understand how Veterans are interpreting these operating statuses to uncover potential gaps between their expectations and the websites' current implementation.

Research goals

- Validate or invalidate the usefulness and understandability of current operating statuses
- Identify gaps between an operating statuses' application and how they are interpreted
- Determine how Veterans categorize events that affect a facility's operating status

Hypotheses to be tested

- Veterans want a clear understanding of a facility's operating status
- Veterans only want to know when a facility's normal operation is impacted, regardless of facility type
- Veterans will not understand what service/access they can receive through the current status messaging
- Veterans want to know what service/access they can receive upon viewing a facility's operating status

Methodology

Card Sorting & Qualitative Interviewing

Define current statuses to understand participants' first impressions and assumptions of each status' meaning before reading descriptions of them.

Multiple choice question asking participants to select a status using a common COVID 19 disruption in hours and services scenario.

Moderated card sorting to observe how participants would categorize and name 14 different scenarios that could affect facility operating statuses.

Generative Questioning before, during and after exercises to gain deeper context for the reasoning behind participant decision-making.

Methodology

Who we spoke with

- 6 Veterans
- 1 Caretaker
- 1 Adult Child of a Veteran

Research questions

- How do Veterans currently get information on facility operating hours/status?
- Are Veterans familiar with the Facility Locator tool? How and when do they use it?
- When performing a search, what information is important for them to know at the different stages of a search?
- When shown in isolation of other statuses or messaging, how would a Veteran define and interpret each of the three statuses?
- How would a Veteran categorize and name the different types of events that affect a facility's operating status?

Research Findings

Research Findings

1. When presented with 'Facility Closed' all participants believed that services would be completely unavailable.

- When seeing a status of a 'Facility Closed' on search results locations, participants interpreted the status to mean that the physical building was closed and no services, neither in person nor virtual, would be available to them.
- Some participants interpreted the status to mean that the facility had been permanently closed.

“not expecting veterans for any type of treatment, does not have emergency facility, red means stop, not offering anything. Not in operation”

- When asked about their next step in their search, some users expressed bypassing the 'closed' facility altogether to seek out an open facility as they assumed all services would be completely unavailable.

“Because the first facility was closed, I would call the next one to see if it was open.”

Research Findings

1. When presented with 'Facility Closed' all participants believed that services would be completely unavailable.

- All participants were influenced by how COVID 19 has changed the nature of their healthcare and understood that most facilities would be operating under somewhat limited conditions.
- Towards the end of the study, following the card sort and definition exercises, participants were shown a live location that used 'Facility Closed' as a status but offered virtual services. This 'mismatch' elicited strong reactions in some participants,

“Facility Closed is garbage! That is like, nope, we're closed. But they are not!”

and

“See, I don't like that. To me that's a limited service.”

2. 5 out of 8 participants classified a facility as 'Limited Services' if virtual/telehealth services were available.

- When asked to assign one of the three current statuses for the following COVID 19 scenario:
"The Evanston clinic has temporarily suspended face-to-face visits. Enrolled Veterans are still able to receive care during this temporary period with telehealth services available for appointments. Visit the website to learn more about hours and services."

Participants chose the following:

- 5 - (62.5%) chose "Limited Services"
- 3 - (37.5%) chose "Facility Notice"
- 0 - (0%) chose "Facility Closed"

3. Users understood that the terms 'virtual services' and 'telehealth' can be used interchangeably.

- Participants understood that some level of service might still be available to them.
- Participants want clear details about what services will be available and how.

“Telehealth lets me know I will talk to someone, and virtual. I guess they are the same. When I see virtual I think being able to use video. I can see them and they can see me. I would think virtual services would be like getting a doctor to see an injury so I do not need to show up to the site. Have a nurse or doctor check out the injury to see if I need an appointment.”

“My doctor was offering Telehealth, but how do you do labs? Why would I want to just talk to you if I still have to come in to do labs?”

“If there is a list of services, it would say, these are the services and we can do through Telehealth. I guess it could just be a dropdown from limited services with a list.”

4. ‘Facility Notice’ was understood as *any information* that a user might need to know about a facility.

- Interpretations varied widely from mask-wearing requirements to permanent closure
- Most participants understood, ‘something is going on’ and that they would need to click or call for more information.

“I would interpret that as limited hours, limited services, or temporarily closed due to an emergency, or cleaning, construction, or changes to their normal activity. That one just has an “i” for information.”

“May have been some changes to hours and services so need to look at website, with covid, I'd call ahead to see if I need to take any extra precautions, like wearing a mask.”

“I would make assumption it would give me special instruction at the facility or something out of the ordinary going on at the facility.”

5. Participants trust website information more when they see a recent date associated with the update.

- When information is of a temporary nature, specifying a time range for which the change would be in effect, was suggested by some participants.
- When there are changes to normal operating conditions, users like seeing an explicit date of when the website was last updated/reviewed.

“Oh, it hasn't been updated in a year so it might not be as accurate vs. being updated yesterday so it should be accurate.”

Even when a date was present but was missing the year, it was still mistrusted,

“Missing the year would make me wonder if this is an old notice. If you see it in that manner I do not know if this is new or old, not having the year associated would make me question it.”

6. Veterans want to quickly and easily find an accurate list of services available to them.

- Participants were given a scenario of planning a visit to a facility in the area where they would be travelling. When asked what information they would need, participants mentioned proximity, hours and services.

“Proximity to me and hours open. And I guess also the service I was looking for was important. One of the facilities that I reached out to didn’t have the services that the website was saying. At least, what I was interpreting the services the website to be saying. They said, that they didn’t have the service the website was saying that they had.”

Upon seeing a listing with “Limited Hours and Services” another participant mentioned,

“I would attempt to click on it and see what services they mean, by what’s limited and hours as well.”

7. Participants don't want to 'dig' or 'click too many times' for important information.

- While most participants expected to be able to click into each listing to get more information about each status, users did not want information "buried" in many clicks and expected accurate hours and services information surfaced at the search results screen. Participants made suggestions like, 'hover over icon for more information', 'add a bullet', and 'add a drop down' to get specific explanations about each status.

“I would think I would have to click on the blue hyperlink to find it due to it not being noted or call the contact number to find that out.”

“See it still says here to visit the website to learn more. Why should I have to go anywhere else? Why should I have to click on something else?”

“bullet with extra information without the person having to go in”

8. Participants expect to be contacted by phone, text or email if their appointment details change.

- Unprompted, users wouldn't think to check the website in case something might have changed.
- While grouping scenarios that might impact their appointment, participants would comment that they would like to be notified. One user paused early into the exercise, confused and said,

“Are these messages that I’m going to get on my phone?”

This was especially important for Veterans that may need to travel long distances,

“because if you drive two hours to a VA and there is a chemical spill and they are only taking emergencies, but you have an appointment, that’s a long distance to drive only to find out that your appointment has been canceled.”

One participant said,

“I don't like the fact that when it's something that impacts the facility, it's on the Veteran to reschedule.”

Additional Insights

- Some participants expressed bypassing the facility locator altogether, using Google to get to the facility's website directly.
- Most participants had used the facility locator tool but only on a couple of occasions explaining that they only used it initially to find their VA location or when travelling or moving.
- Some participants felt strongly that the pink status design and placement of 'Facility Closed' was too subtle to communicate its intended severity.

Appendix

Conversation guide

<https://github.com/department-of-veterans-affairs/va.gov-team/blob/master/products/facilities/facility-locator/research/user-research/facility-status/conversation-guide.md>

Interview transcripts

<https://github.com/department-of-veterans-affairs/va.gov-team/tree/master/products/facilities/facility-locator/research/user-research/facility-status/notes>

Synthesis Spreadsheet

<https://github.com/department-of-veterans-affairs/va.gov-team/blob/master/products/facilities/facility-locator/research/user-research/facility-status/FacilityLocator-OperatingStatusStudy-SynthesisSpreadsheet.pdf>

Pages and applications used

<https://www.va.gov/find-locations/>