**Page ID**: **#.# Focus Groups to Understand Context of Use (Self Alerts I) Case Study**

# Primary Content

**Title**

Enter the **Title** of the **Case Study** here (REQUIRED).

**Focus Groups to Understand Context of Use**

**Caption Action Point**

An interdisciplinary VA team uses focus groups to understand how clinicians use Self-Alerts in the field.

**Brief Summary**

Enter the **Brief Summary** here (REQUIRED).

As a result of receiving excessive alerts on their Computerized Patient Record System (CPRS), clinicians and providers at the Viera/Orlando VAMC partnered with the VA’s Human Factors Engineering (HFE) Division to develop a solution.

Employing the focus group method, the team gathered information on the context of use for CPRS Self-Alerts — how clinicians remind themselves of important tasks in busy work environments. Using focus groups early in the process also provided an opportunity for participants to suggest ways to improve the CPRS Self-Alert system.

**Problem**

Enter the **Problem** here (REQUIRED).

According to a national survey of 2,590 VA primary care providers, about 80 percent said:

* The number of alerts they receive makes it difficult to focus on the most important ones.
* They want to set their own alerts to only include those most relevant (Singh et al, 2013)

The numerous, unfocused alerts impaired clinical decision-making and affected patient care. An improved, policy-compliant Self-Alert system was needed to better manage alerts, boost provider efficiency, and improve patient safety.

**Objective**

Enter the **Objective** here (REQUIRED).

To avoid the common pitfall of immediately jumping from problem identification to designing a solution, the team focused on understanding the users and evaluating their situational requirements and challenges working with Self-Alerts. A number of discovery activities — including literature review, environmental scan, and evaluation of a prototype — were conducted to set the context of use.

Before getting to know the user, they assessed what they knew about the problem:

* There was no nationally integrated CPRS functionality for Self-Alerts.
* Excessive alerts result in difficulties determining levels of importance.
* Unread alerts pop up every time a provider logs in.
* Alerts are automatically removed after a period of time if no action is taken.

Next, the team outlined what information they needed from the focus groups, drilling down to certain questions regarding user circumstances and concerns, such as:

* How do clinicians interact with the current alert system?
* What workarounds do they use to overcome obstacles?
* What are some desired features they would like to see in an improved Self-Alert system?

**Approach**

Enter **Approach** here (REQUIRED).

After identifying the objective and determining what user “in the field” information was needed to fully appreciate Self-Alert context of use, the team assembled several focus groups for interviews.

The focus groups were comprised of twenty health care providers with varying degrees of experience from across the spectrum, including MDs, PAs, pharmacists, social workers, audiologists, speech pathologists, and podiatrists.

For the interviews, the team settled on a core set of 21 questions for the participants. In both individual and group settings, the interviews ranged from 10-30 minutes in length.

The first 10 interview questions addressed current use of the Self-Alert system. These included:

* Is your work primarily with (inpatient/outpatient/both)?
* Which of the following clinical needs are you using the Self-Alerts to assist with?
* How often do you use the Self-Alert system?
* When/where do you use it?
* Please indicate other Self-Alert methods used in the past or present.
* Which is/are your preferred method(s) to alert yourself to a future clinical need?
* Do you have a need to assign following up on future clinical tasks to others?
* Who do you assign these tasks to?
* How do you communicate these to someone else?
* What tasks do you assign to others?

The next group of interview questions asked for ratings of the Self-Alert system functionality. These questions were centered around:

* Mesh with workflow
* Ease of use
* Setting day and time of alert
* Training
* Custom alerts
* Overall satisfaction

During this phase, the team also collected additional participant comments and suggestions regarding Self-Alerts, including creative, outside-the-box ideas for improving the system and promoting usability.

**Outcome**

Enter **Outcome** here (REQUIRED).

As a result of the focus group interviews, the team was able to gain valuable information about how clinicians use the Self-Alert system in different ways in various work settings

The team found that clinicians used the Self-Alert system to prompt further action, after receiving lab results, radiology results, and medication updates. More often, though, clinicians used Self-Alerts to keep track of patients so that none were overlooked, and to check on follow-ups, and schedule future appointments.

They also discovered that clinicians preferred to use Self-Alerts as simple reminders for future clinical needs and action steps. They liked that using alerts as notifications for upcoming events was straightforward, helped with organization and scheduling, and that the alerts could be set for a particular day.

However, they disliked that the alerts disappeared too quickly, appeared on the wrong date, and that only minimal training was provided on how to use the alert system.

Along with these outcomes, the team also obtained a list of feature recommendations for an ideal Self-Alert system. Areas for improvement included:

* **Alert persistence**: Notes do not disappear unless some action is taken to clear it.
* **Alerts by date**: Notes that only appear on the day it must be addressed.
* **Alert category flexibility**: Provider can choose the category that the alert fits under (lab, radiology, other).
* **Alert times**: Provider can choose when the alert will appear and for how long it will remain on screen. Also, the provider can opt to reschedule the date if it is not completed in time, rather than create a new alert.

All these interview comments were central to understanding how the users interacted with the system, which guided the design recommendations for improving the system.

**Conclusion**

Enter **Conclusion** here (REQUIRED).

The diverse focus groups successfully revealed how clinicians used the Self-Alert system in unique situations, what they liked and disliked about the system in general and the features they would like to see in a new and improved system.

By putting in the time and effort upfront to better understand the users, the team was well prepared to use this information to guide design solutions that were tested by users in the next step, using the formative usability test method to initiate the design process.

**Author**

Enter the **Author** here. (Required)

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**Sources**

Enter the **Sources** here. If there are no details, insert N/A or TBD.

* Kabel, M. (2017). Phoenix Self-Alerts PowerPoint presentation
* Kabel, M. (2017). Self Alerts Study – Formative Test Results PowerPoint presentation
* Kabel, M. (2016). Study of the CPRS Self Alerts Feature
* Kabel, M. (2017). Summary Notes from Participant Sessions – Orlando VAMC
* Kabel, M. and Hoover, D. (2018). Implementing Self-Alert Functionality in CPRS/VistA to Manage Future Clinical Tasks PowerPoint presentation
* (CPRS User Guide: GUI version, 2017)

**References**

Enter the **Reference** here. If there are no details, insert N/A or TBD.

* Singh H, Spitzmueller C, Peterson NJ, Sawhney MK, Smith MW, Murphy DR, (2013). Primary care practitioners’ views on test result management in EHR-enabled health systems: A national survey. J Am Med Inform Assoc. 2013; 20(4): 727-735.
* VHA memo (2017) on mandatory alert reduction.

**Excerpt**

Summary text for WordPress

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