

Maryland Health Care Commission (MHCC) Focus Groups: Consumer Feedback on Updates to the Maryland Hospital Performance Evaluation Guide

Outcomes from Focus Group Discussions on December 10, 2013

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Focus Group Discussion held in the morning (at 10:30 am)

We invited 10 individuals to participate in the focus group discussion in the morning. Out of the 10, eight individuals attended the first focus group discussion. One participant was between 30 and 34 years, two each were between 35 and 44 and 45 and 54 years respectively and three were between 55 and 64 years. (See Table 1) Participants in the focus group discussions were predominantly women (5). The marital status of the focus group participants varied. One was single, never married and another was widowed. Three each were married or divorced respectively. Of the eight participants five were White, two were African American and one was Asian. (The two who did not show-up were African American). All of them were not Hispanic or Latino. As a group the focus group participants were educated with five indicating that they were college graduates, one had post-graduate education and two said that they had some college education. The employment status of the focus group participants varied. One was employed full-time, two were employed part-time, and another two were not employed while three were retired. All of the participants had access to the Internet and except for one who used the Internet once a week, all the others used the Internet every day. Most of the respondents heard about the study when they received a telephone call from Westat to recruit them for the study. Two respondents had heard about the study from a friend. None of the participants had visited the MHCC website previously. They were asked to visit the web site before they came for the focus group discussion and six indicated that they did. One had heard about the website earlier while the others had not heard about the site at all and were not aware of the web site.

Table 1. Characteristics of individuals who participate in the focus group discussions in the morning

Characteristics of the focus group participants	Number
Age	
• 30-34 years	1
• 35-44 years	2
• 45-54 years	2
• 55- 64 years	3
• 65 – 74 years	None

Characteristics of the focus group participants	Number
Gender	
Female	5
Male	3
Marital status	
Single	1
Married	3
Divorced	3
Other	1
Race/Ethnicity	
African American	2
American Indian	None
Asian	1
White	5
Educational attainment	
Less than high school	None
Some high school	None
High school graduate	None
Some college or technical school	2
Graduate (college or technical school)	5
Post-graduate study	1
Employment status	
Employed full-time	1
Employed part-time	2
Retired	3
Not employed	2
Internet use background	
Does not have access to the Internet	None
Use the Internet:	
○ everyday	7
○ several times a week	None
○ once a week	1
How they became aware of the study	
MHCC website	None
Westat Database	6
Informed by a friend	2
Informed by a colleague	None
Previous Exposure to MHCC Hospital guide	
Previously visited the MHCC web site (but did not use it)	None
Had heard of the MHCC web site	1
Not aware of the web site	7
Had used the MHCC Guide	None

Suggestions made by the participants to improve the MHCC Hospital Guide web site:

- When the participants looked at the mortality rates from pneumonia, they felt that they needed more information on how the numbers were derived (the back story).

Participants felt that it is:

- Helpful to have a statewide average so that there was a comparison.

Some of the questions they had included the following:

- Were all patients who went to the hospital counted?
- What were the true criteria at coming up with the numbers?
- Are the numbers presented normal/reasonable?
- Did the patients come to the hospitals with pneumonia?
- Were some patients transferred to the hospital once they developed pneumonia from another hospital?
- What did PN on the table mean? Did it mean patient? If it meant pneumonia shouldn't it have been listed as PNUM?
- Did the patients get pneumonia after being admitted to the hospital?

Healthcare Associated Infections (HAI)

1. Health Care Workers (HCW) Seasonal Influenza Vaccinations. Respondents found the information to be useful. One respondent reported this information is not that useful because they are going in for treatment, especially if it is an emergency. Another felt that since a patient is more susceptible after surgery, this information could be useful. They felt that providing the information in a bar graph is not useful. They suggested using a pie chart to show this information. However, they had many questions:

- Is vaccination for healthcare workers mandatory?
- Why don't some healthcare workers get the vaccination?
- When were the data derived?
- Which healthcare workers are included in these counts?

2. Central Line-Associated Bloodstream Infection (CLABSI). Most participants had not heard about CLABSI. However, when the moderator explained what it was, that it is a long, thin, flexible tube used to give medicines, fluids, nutrients, or blood products to patients they understood what it was. They felt that the definition on the website was self-explanatory. The participants found it hard to read and understand the table that reported CLABSI at adult and pediatric intensive care units:

- They were confused about the symbols associated with hospital performance.
- They felt that if the symbol was next to the hospital it may be more useful.
- Several asked for the hospitals to be arranged alphabetically,

- A question was raised as to what the number of infections meant. Was this chart for all patients?
 - Many felt that they had no idea what this chart conveyed.
 - Half the participants wanted less information on this chart while the other half wanted all the information. They felt that the chart should show less information and allow those who wanted more information to be able to drill down to get more information.
3. Surgical Site Infections (SSI). The moderator pointed out that currently MHCC reported on hip replacement, knee replacement, and Coronary Artery Bypass Graft (CABG) and that they are planning on expanding the reporting to other infections. One respondent noted that this information is not useful. She explained that she would go to a hospital based on the recommendations made by her physician and that if she had taken a flu shot, she need not be worried.
 4. Surgical Care Improvement Project (SCIP). The moderator explained that studies have shown that providing a patient with antibiotics at least 1 hour before a surgery helps prevent infections. A patient who develops an infection after surgery is more likely to be transferred to the ICU, and more likely to be readmitted to the hospital. The participants thought the information presented was very useful.
 5. Process of care quality measures. The moderator explained that quality measures are the treatment steps that providers should take as research has found them to be effective. They have been shown to reduce the risk of complications, and prevent recurrences. There are 24 process of care quality measures in the Guide, in six categories: acute myocardial infarction (heart attack), pneumonia, children’s asthma, immunizations, congestive heart failure, and surgical care. Under each category, the process measure reports the percent of eligible patients that received the most widely accepted, research-based care in that category. The moderator also describes that the Guide includes two Emergency Department measures that show the number of minutes that is most common for patients to wait in that hospital’s ED.

Participants were not sure of what the tables about ED reported. They wanted to know what 0-600 minutes meant.

- They felt that there needs to be more explanation behind the numbers.

- They felt that this is valuable information especially if they had the ability to decide which ED they should go to.
6. Maternity and newborn care. The moderator noted that currently the web site presents information on the top 50 medical conditions treated in Maryland hospitals and that maternity and newborn care are displayed separately. MHCC has said that their common medical conditions and maternity and newborn data could be expanded to provide the average charge per case for all types of conditions and procedures, not just the common conditions statewide.

Participants felt that having price information is very useful in general. They also felt that if one was paying out of pocket that knowing the costs is very useful. However, they also pointed out that costs are complicated because complications could influence the costs.

They felt that knowing the ALOS may be useful but that it depends on the insurance company as well as the condition of the patient. One question they raised was:

- What is behind the ALSO information? They wanted more details on how this is calculated.
- Is there a national or state average?

Recommendations:

- Information on the overview of the hospital guide tab is very useful. It is easy to read and the comparison with other MD hospitals is useful.
- The information listed under questions for your doctor is very useful and needs to be listed prominently. Currently that information is buried and hard to find under a drop down menu.
- Need to add some information about what a person should take to the hospital.
- Edits:
 - Page that lists hospital characteristics under Joint Commission Accreditation Status it should read as: This hospital is accredited by the Joint Commission instead of this hospital is **an** accredited by the Joint Commission.
http://mhcc.maryland.gov/consumerinfo/hospitalguide/hospital_guide/reports/find_a_hospital/facility_info.asp?EntryPoint=
 - Same page: If there is only one hospital it should be singular (hospital) and not hospitals:

This hospital is a for profit hospital	No	1 Hospitals
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- This web site needs to be advertised so that people know about it.

- Short public service announcements on the radio and the television would be the best way to let people know about the existence of this web site.
 - Short newspaper articles would also be useful.
 - Leaflets at doctor's offices.
 - Internet sites that say they would trust this site.
- List information about emergency medical centers as they are becoming more common now.
- Number of readmissions at a hospital would be useful information.

Focus Group Discussion held in the evening (at 6:30 pm)

We invited 10 individuals to participate in the focus group discussion in the evening as well. Similar to the morning session, eight individuals attended the second focus group discussion. Two participants were between 30 and 34 years. While the participants in the morning session were somewhat older, five of the participants who attended the evening session were between 35 and 44 years and one was between 45 and 54 years. (See Table 2). Half the participants in the focus group discussion were women and the other half were men. The marital status of the focus group participants varied. Three were single, never married and another three were married while two were divorced. Of the eight participants three were African American, and another three were white. One identified as a Latino and another as Latino and Asian. As a group the focus group participants were educated with four indicating that they were college graduates, one had post-graduate education and three said that they had some college education. Except for one participant who was employed part-time, the others were employed full-time. All of the participants had access to the Internet and they used the Internet every day. Most of the respondents heard about the study when they received a telephone call from Westat to recruit them for the study. Two respondents had heard about the study from a friend. None of the participants had visited the MHCC website previously. They were asked to visit the web site before they came for the focus group discussion and all indicated that they did. One had heard about the website earlier while the others had not heard about the site at all and were not aware of the web site.

Table 2. Characteristics of individuals who participate in the focus group discussions in the evening

Characteristics of the focus group participants	Number
Age	
• 30-34 years	2
• 35-44 years	5
• 45-54 years	1
• 55-64 years	None
• 65-74 years	None
Gender	
Male	4
Female	4
Marital status	
Single	3
Married	3
Divorced	2
Race/Ethnicity	
African American	3
American Indian	None
Asian	None
White	3
Hispanic	1
Hispanic and Asian	1
Educational attainment	
Less than high school	None
Some high school	None
High school graduate	None
Some college or technical school	3
Graduate (college or technical school)	4
Post-graduate study	1
Employment status	
Employed full-time	7
Employed part-time	1
Retired	None
Not employed	None

Characteristics of the focus group participants	Number
Internet use background	
Does not have access to the Internet	0
Use the Internet:	
○ everyday	7
○ several times a week	0
○ once a week	1
How they became aware of the study	
MHCC website	None
Westat Database	6
Informed by a friend	2
Informed by a colleague	None
Previous Exposure to MHCC Hospital guide	
Previously visited the MHCC web site (but did not use it)	None
Had heard of the MHCC web site	1
Not aware of the web site	None
Had used the MHCC Guide	None
Had not visited or used the guide previously	7

Suggestions made by the participants to improve the MHCC Hospital Guide web site:

- When the participants looked at the mortality rates from pneumonia, they had many questions:
 - One participant noted that the data was from July 2008 to June 2011 and that this is dated. They would like to see more current data.
 - Participants questioned whether the data shown on the table was of patients who came to the hospital with pneumonia seeking treatment or whether it included patients in the hospital who got pneumonia.
 - They felt that the general public many not understand the language used on the tables (e.g. 30-day mortality rate risk standardized).
 - What did PN on the table mean?
- The participants pointed out it would be more user-friendly to have radio buttons when selecting hospitals on the website to select hospitals to compare rather than press the ctrl and enter buttons. This was not intuitive to the general public.
http://mhcc.maryland.gov/consumerinfo/hospitalguide/hospital_guide/reports/facility_comparison/index.asp?currentStatus=H
- They noted that the ability to compare as many hospitals as they want to compare should be displayed more prominently.
- They also suggested making the list of hospitals window bigger.
- A hospital that closed in 2009 (Memorial of Cumberland) was on the hospital list and the participants wondered why that hospital was on the list.

Healthcare Associated Infections (HAI)

1. Health Care Workers (HCW) Seasonal Influenza Vaccinations. The moderator noted that MHCC is required to collect information on infections and asked participants if the information would influence where they would go for treatment. Participants found the information to be useful. However, they pointed out that they most probably would go to the hospital the provider recommends. They felt that this information would be more useful for electives. They had recommendations:

- A little back story on what's behind these numbers.
- This information should be integrated with open enrollment sites.
- The design of the graph is old. A pie chart with bigger font would be better.
- The graph should go vertical.
- Hospitals should be listed alphabetically.
- Consumers should be able to sort the information by hospital.

They also had a few questions:

- Is there patient input into this?
- What is driving the score?
- What is behind the state average? How do they calculate it?

2. Central Line-Associated Bloodstream Infection (CLABSI). The participants noted that they were overwhelmed with all the information. They were asking the significance of the number of days. They wanted more explanations for the numbers that were being reported. They wanted the information in layman's terms rather than the language used currently.
 - They were confused about the symbols associated with hospital performance.
 - They felt that if the symbol was next to the hospital it may be more useful.
 - There was not much difference in the symbols and they are very small. It is hard to notice them.
 - They wanted to know what SIR stood for.
 - They suggested having the details embedded so that if someone was interested they could click on the symbol and get more details.
 - They suggested lumping all the zeroes together, the ones together (for number of infections).
3. Surgical Site Infections (SSI). The moderator pointed out that currently MHCC reported on hip replacement, knee replacement, and Coronary Artery Bypass Graft (CABG) and that they are planning on expanding the reporting to other infections. The respondents were not really sure what the tables were telling. They wanted to know a little bit more about what's behind these numbers.
4. Surgical Care Improvement Project (SCIP). The moderator explained that studies have shown that providing a patient with antibiotics at least 1 hour before a surgery helps prevent infections. A patient who develops an infection after surgery is more likely to be transferred to the ICU, and more likely to be readmitted to the hospital. The participants thought the information presented was very useful and clear. They felt that the hospitals should be in alphabetical order. They felt the information was useful but the way the information is presented is not intuitive. They suggested using different colors on the website to present the information.
5. Process of care quality measures. The moderator explained that quality measures are the treatment steps that providers should take as research has found them to be effective. They have been shown to reduce the risk of complications, and prevent recurrences. There are 24 process of care quality measures in the Guide, in six categories: acute myocardial infarction (heart attack), pneumonia, children's asthma, immunizations, congestive heart failure, and surgical care. Under each category, the process measure

reports the percent of eligible patients that received the most widely accepted, research-based care in that category. The moderator also describes that the Guide includes two Emergency Department measures that show the number of minutes that is most common for patients to wait in that hospital's ED.

- Participants wanted to know what the 27 measures are that were used to assess quality of care for the topics listed. They suggested being able to click on the #27 to get a list.
- They felt that the emergency care should be on the home page and not under Process of care quality measures.
- They felt that there needs to be more explanation behind the numbers.
- They felt that from the point of view of the consumers this information under ED was not useful. What they wanted to know was how fast is a person seen at the emergency room? How long does someone have to wait to be seen?

6. Maternity and newborn care. The moderator noted that currently the web site presents information on the top 50 medical conditions treated in Maryland hospitals and that maternity and newborn care are displayed separately. MHCC has said that their common medical conditions and maternity and newborn data could be expanded to provide the average charge per case for all types of conditions and procedures, not just the common conditions statewide.

Participants felt that having price information is useful in general. They also felt that if one was paying out of pocket that knowing the costs is very useful. They wanted information on reasonable costs included.

They felt that knowing the ALOS may be useful but that it depends on the insurance company as well as the condition of the patient. One question they raised was:

- What is behind the ALSO information? They wanted more details on how this is calculated.

Recommendations:

- The website is not reader-friendly. The current website caters to people who are educated in medical terminology. The language needs to be more for the laymen.
- Have a search function on the first page.
- Have Google translator so that the information can be translated to any language.

- The items on the left side on the first page should have a float box describing what the tabs mean (e.g. what is a quality measure?)
- There should be an App for the site so that someone can look at it on their phone.
- Reword health care associated infection to something that maybe the average person will understand.
- How to use the Guide needs to be on the homepage.
- Google starts filling in when you begin typing for a search term. Can this website do that?
- There should be more graphics/visual depictions on the site.
- The colors are dull on the website. Need to jazz it up.

Edits:

- “Acrobat reader is required to view this document.” There needs to be a space between this and document.

The screenshot shows a Windows Internet Explorer browser window. The active window is a PDF viewer titled 'CLABSI Defined' from the Maryland Hospital Performance Evaluation Guide. The PDF content includes:

Central Line-Associated Bloodstream Infection (CLABSI)

What is a Central Line?
Flexible tubes placed by a needle into a large vein usually in the neck or upper chest that allow health care workers to administer treatment (i.e., chemotherapy, IV antibiotics, IV nutritional fluids or dialysis).

What is a Central Line-Associated Bloodstream Infection (CLABSI)?
Laboratory-confirmed blood stream infections that are not secondary to an infection at another site (e.g., urinary tract, lungs) in patients where a central line or umbilical catheter was in place at the time of the infection.

For more information on preventing CLABSIs, click [here](#). (Acrobat Reader is required to view this documents).

The background page is the 'Maryland Hospital Performance Evaluation Guide' for CLABSI. It features a navigation menu with 'Practitioner Guide' and 'Hospital Leader Guide'. Below the menu is a search bar and a 'Return to Previous Page' link. A table titled 'Number of MD hospitals that scored Better Than, No Different Than, or Worse Than the National Experience' is displayed:

Units	Number of MD hospitals that scored Better Than, No Different Than, or Worse Than the National Experience		
	Better	No Difference	Worse
9	36	0	
1	15	0	

The browser's taskbar at the bottom shows the time as 3:09 PM on 1/2/2014.