



**Report on Focus Group Input**  
**Conducted by**  
**Nevada Public Health Foundation & Center for Healthy Aging**  
**for**  
**Nevada Department of Health and Human Services**  
**Nevada State Health Division**  
**Bureau of Health Care Quality and Compliance**

**Purpose**

On October 21, 2010 the Center for Healthy Aging (CHA) was asked to work with the Nevada Public Health Foundation to collect statewide input on how to improve the current State of Nevada Health Division website. A survey document was used at focus groups throughout Nevada and input was collected from healthcare providers, consumers, and advocates. A primary purpose of interacting with Nevada residents was to solicit their recommendations on how the website could be designed to provide important and decision-enabling information on licensed services such as nursing homes, hospitals, personal care, hospice, etc.

**Focus Groups**

On November 4, 2010 CHA began securing facilities to hold the focus groups. Once dates, times, and locations were secured CHA created flyers to announce the focus groups. The flyers were distributed to the hosting site and a variety of facilities/agencies, such as nearby hospitals, senior centers, congregate and assisted living, Aging and Disability Resource Centers, community centers, nursing homes, state, city, and county agencies, and statewide agencies to include AARP, Consumer Union, Commission on Aging, Silver-Haired Legislative Forum.

CHA also made follow-up phone calls and visited various facilities/agencies in each community to promote the focus group and seek participants.

For the focus group in Carson City on December 7, 2010 and the last one in Reno on December 13, 2010, Bob Fisher, President/CEO of the Nevada Broadcasters Association, was contacted to air an announcement for each of the focus group sessions. Also, the December 13, 2010 Reno focus group session was announced in the Reno Gazette Journal.

The table below indicates the dates, times, locations, and number of participants for each focus group. Appendix I is a sample of email announcement for the focus groups and online survey. Appendix II is a sample of the flyer sent out soliciting participation in each geographic location.

<b>Focus Group Meetings</b>				
<b>Destination</b>	<b>Date</b>	<b>Location</b>	<b>Times</b>	<b>Number of Participants</b>
Reno - Consumers/Families	22-Nov	Washoe Co. Senior Center Game Room 1155 E. Ninth St. Reno, NV	9:00 - 11:00	6
Reno - Providers/Advocates	23-Nov	Washoe Co. Senior Center Game Room 1155 E. Ninth St. Reno, NV	3:00 - 5:00	8
Silver Springs	29-Nov	Hillyard Hall 2945 Fort Churchill Silver Springs	10:00 - 12:00	28
Winnemucca	30-Nov	Humbolt General Hospital 118 E. Haskell Winnemucca, NV 89445	8:00 - 10:00	8
Elko	30-Nov	Elko Senior Activities Program 1795 Ruby View Drive Elko, NV 89801	3:00 - 5:00	9
Ely	1-Dec	White Pine Care Center 1500 Avenue G Ely, NV 89301	2:00 - 4:00	8
Las Vegas/Henderson - Providers/Advocates	3-Dec	Desert Breeze Community Center 8275 Spring Mountain, Room #2 Las Vegas, NV 89117	3:00 - 5:00	6
Las Vegas/Henderson - Consumers/Families	4-Dec	Desert Breeze Community Center 8275 Spring Mountain, Room #2 Las Vegas, NV 89117	9:00 - 11:00	12
Hawthorne	6-Dec	Mineral County Care and Share Senior Center 975 K Street Hawthorne, NV	1:30 - 3:30	7
Carson City	8-Dec	Carson City Co-operative Extension 2621 Northgate Lane, Room #12 Carson City, NV (Park on Street, not in back)	10:00 - 12:00	28
Reno	13-Dec	Washoe Co. Senior Center Game Room 1155 E. Ninth St. Reno, NV	3:30 - 5:30	11
			Focus Group Participants	131
			Survey Monkey Participants	17
			<b>Total Participants</b>	<b>148</b>

## Survey

A series of 25 questions (see Appendix III – questions displayed in bold) was developed by CHA. The questions were designed to stimulate the survey respondent to think about their personal experience in researching, selecting, and actually using services; and, how the State Health Division website could be of assistance in these endeavors.

Turning Point a PowerPoint-type presentation utilizing a response device for each attendee to encourage participation was used in the face-to-face focus group settings.

CHA used the same 25 survey questions utilizing SurveyMonkey.com for distribution statewide to seek further input from providers, consumers, and advocates who could not attend the focus groups. The survey was sent via email to the Nevada Public Health Foundation, Washoe County Senior Services, Nevada Senior Advocates, Nevada Senior Corps, Senior Coalition, Senior Spectrum, Nevada AARP, NV Energy, City of Reno, IGT, Eldorado Casino, St. Mary's Medical Center, Nevada Women's Fund, Senior Citizens Advisory Committee (City of Reno), JJ Johns and Associates, Strategic Essentials, Northern Nevada Medical Center, The Continuum, and More to Life Adult Health Day Care, as well as the Reno Gazette Journal and other media outlets. The aforementioned entities were asked to forward the email containing the link to the survey to other contacts and organizations (Appendix I).

## Results

Eleven on-site focus groups were held in the communities of Reno (3), Silver Springs, Winnemucca, Elko, Ely, Las Vegas (2), Hawthorne and Carson City. A total of 148 Nevadans were canvassed for their thoughts on the current Health Division website and ways to improve it. In the face-to-face focus groups, 131 people attended. An additional 17 responded online through SurveyMonkey.com. Focus group comments were captured via audio recording and flipcharts for the group attendees to view and reference as discussions ensued in each two-hour session.

This section of the report summarizes the central themes, comments, suggestions, key points, and itemized needs expressed by the focus group attendees. For a detailed account of the comments made relative to each question, please refer to the question and ancillary comments in Appendix III, Survey Questions & Results.

The participants were pretty evenly distributed among the three target groups - consumers of health services (33%), advocates (29%), and providers of health care services (38%). Most respondents had the experience of seeking multiple types of services and wore multiple hats, meaning they served in multiple roles on occasion as well. In relaying comments on the focus group mix, we were fortunate to have hospital staff, nurses, radiologists, social workers, community service providers, eligibility, staff, community program directors, and other health care service providers, elder consumers and their family attend the focus groups.

Most all of the focus group participants had experience seeking many types of health services, with most seeking multiple services. We had the luxury of having many *consumer caregivers* - loved ones caring for children/aging parents, attend the focus groups. One comment that rang

true in multiple focus groups was a difficulty in researching service needs. Family readily admitted there is legalize, bureaucratic, acronym-filled verbiage used on the website. Expressed continuously was the need for a listing and definition of available services (layman's terms), and a website design that funneled the user to where they needed to go for the service/data/facility they needed to learn about - even when the user didn't know where they should be going. In other words, lead the consumer using algorithms, decision trees, or similar designs understanding that the consumer could be computer-challenged, or a vocabulary-challenged friend attempting to aid with health care needs/questions.

When asked about how they knew what type of service they were looking for, most used a variety of methods, but 21% asked a doctor or professional and only 6% called a government agency. Then in order to find the facility or service 3% used the Health Division website, 0% used 211, 18% used family or friends, while 43% used several. One participant was quoted as saying, "The Health Division website is awful. I kept having drop down issues and linking issues, so I just quit." 211 service was introduced by the questions asked in the groups, but most were not even familiar, let alone use it. Inquiring about 211 usage, an inordinate number of attendees said, "What is 211?" "I've never heard of 211."

**Note:** Inquiring at each focus group, it was learned 64% of the participants did not know what 211 is or does.

"Where To Start" buttons and "How May We Assist You?" questions were suggested to encourage the consumer to get started in an inviting, non-threatening way. Using icons, audible pop-ups, video methods, and any other type of communication mode would help the user move further into the website and lead them to their desired information.

In responding to the question "Was it difficult to finding the services you were looking for?" installing a "Contact Us" feature was recommended thereby enabling the public/consumer to submit a question, inform the Health Division on their impression of the website, or secure additional resources not included on the website. Of course, the Contact Us feature would require staffing for responses. Focus group attendees are aware of government budget reductions, but made the suggestion nonetheless.

There was ample discussion on availability, location, cost, quality, and reputation of services and facilities (especially nursing homes and hospitals). The Las Vegas attendees were especially critical of hospital infections and poor services. Rural attendees were most concerned with the lack of choice for health care services (and transportation to same). Specific comments follow the questions in Appendix III, but it was at this juncture in the survey process where attendees wanted the opportunity to learn of other consumers' experiences, and to share their experiences for others to read. Focus group attendees were aware there would be some 'extreme' comments made on blogs, consumer rating documents, but felt they could read them all and eliminate the angry, frustrated consumer, and still make an informed decision about what they were reading. The groups likened this to reading about services/commodities they consider buying on retail websites. Quality of care was paramount for all focus group attendees. Tips on selecting a facility/service were recommended for inclusion on the Health Division website. Links to all Medicare, Centers for Medicare & Medicaid Services (CMS), Center for Disease Control and Prevention (CDC) reports, and other independent organizations were recommended to aid

consumers in studying quality, and regulation/rule/inspection infractions. The website should include additional certifications above and beyond what is required for licensure that a facility has received to help consumer assess quality and reputation.

Eligibility criteria is important to consumers, but they admit not understanding the requirements posted on websites. Comments were made to include eligibility information in simple, easy to understand language, and provide an online application, if available. If no online application is available, lead the user to links providing PDFs to complete and submit (including where to submit) and provide a "what happens next" tutorial. Links to county, state, and federal websites are needed to inform consumer of county social services, state public assistance, (e.g., Medicaid, cash and food assistance), and federal programming, (e.g., SSI, Medicare). Links to 'end of life' resources, 'advance directive' documents with explanations, 'Achieving Excellence Campaign', 'Waiver Programs', Nevada Care Connection, 'healthgrades.com' for doctors, and websites providing current health information, e.g., H1N1, flu shots, legislation updates, 'stuff that affects us' were suggested. One group even suggested providing a list of medical screenings needed at certain ages be added, e.g. what should one do in their 50s, 60s, 70s, and 80s to stay healthy.

Another theme recommendation from the groups was to pattern the website after commercial websites, e.g. air travel sites, car rental sites, and retail sites. The possibilities for choice are almost 'infinite' yet these websites manage to get the user to what they are looking for by asking simple, easy to respond to questions. Likewise, many of these same websites provide a way for users to rate their experience using 5 stars, or convey expenses using \$, \$\$, \$\$\$, etc. with clear definitions of symbols and methods for determining ratings. Focus group attendees believe Nevada can develop a website that 1) leads the consumer/user to information needed, 2) rate the service, and 3) enable consumers/users to blog about their personal experience.

Ratings should be broken out by topic, e.g., availability, location, cost, quality, reputation, quality of staff, licensing credentials, inspections passed/failed, quality of food, number of complaints, number of deaths, staffing ratio, number of infections, etc. as pertinent to the facility/service. Attendees indicated an overall rating would be insufficient to make an informed decision, but defined indicators could lead to an overall rating. In multiple focus groups, designing simple to read matrixes on the aforementioned services or facilities would aid in decision making for end-users. Again, these types of matrixes are used in retail marketing brochures, publications, etc.

One final suggestion that groups routinely discussed was ultimately having the option of speaking to a 'live person' if they've exhausted the website and still have questions or are in need of help. A real person can oftentimes be helpful in reducing the stress and frustration often associated with looking for a health service or knowing what to do if a management problem arises with an existing service. That live person should be knowledgeable and be able to resolve the issue or refer the person to people who can help. Lastly, focus group attendees recommended the newly designed website that is the focus of this study be beta tested. Many offered their time to participate in the testing.

**Recommendations from the key points that were made consistently at each of the focus groups:**

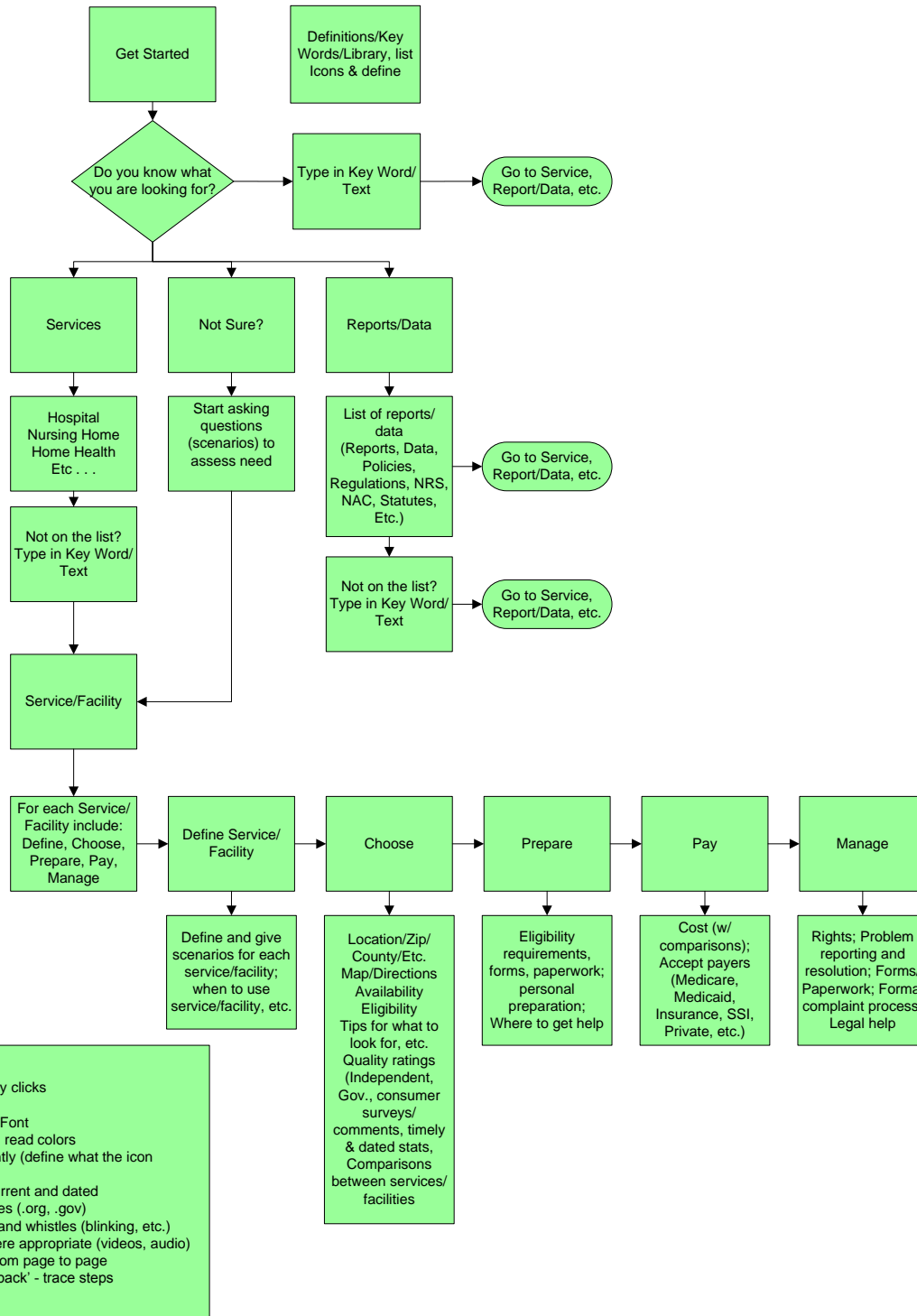
- Advertise/market the website. The best website is not serving the public if no one knows about it
- Design for consumer, keeping in mind the consumer can be the public, a healthcare provider, or a government employee. Consumers have varied skill levels with computer usage and healthcare terminology
- Keep It Simple!
- Large font
- Use icons consistently and define them
- Easy to read colors (contrast)
- Design an ‘easy to use’ search function. Examples: A large search box with easy drop-down of key words to search; A How May I Help You? box where a question can be typed (such as Ask.com or AskJeeves.com)
- Use ‘laymen’ terms / no acronyms, if used, define acronyms
- Keep website at 4<sup>th</sup> grade reading level
- Create a ‘comfortable’ website that is ‘inviting’ to people
- Include definitions for ‘everything’ to include services, provider definitions, medical terms, etc.
- Use decision tree/algorithms/easy questions to ‘lead’ the user to needed resources or information
- Use ‘scenarios’ to help guide people to the resources/information they need (some people are not sure what they need)
- Timeliness – date all reports, documents, etc.
- Provide quality measures both regulatory and consumer that indicate how they were determined, by whom, and when (need to be timely); add visuals (dashboard, 5 stars, etc.) in addition to quantitative data; they must be SIMPLE and easy to see/read/understand
- Access to on-line help: live-chat, contact (telephone/fax/email) information including a 24-hour turnaround for response(s)
- Keep the web pages consistent for ease of use (when not to a link) – Focus group attendees liked CalQualityCare.org site for consistency –how to choose, how to prepare, how to pay, and how to manage
- Professionals and/or people who use website frequently want to access information easily and quickly – they don’t want to have to be ‘led’ to resources/information (there was some discussion about having a separate site for providers, however, some consumers want access to some of the same information (e.g., quality measures, etc.)
- Site should incorporate written/visual/audible communication combined, when applicable – people vary in how they best receive information
- Guide users through eligibility and ensure there are easy access links to specific resources like Medicare, Medicaid, etc.
- Want a ‘Contact Us’ capability on website where a response will be provided within a specific time-frame (e.g, 24 – 48 hours)

- Provide for consumer feedback on a number of topics or enable consumer to blog and rate services they've used, or to provide their personal experience related or health-related event. Consumers indicated a desire to communicate with one another much like is done on the Internet involving retail purchases
- Enable user to provide feedback on the website
- Have references/links for more detailed information
- Have the website reviewed periodically by an independent reviewer

In conclusion, the focus group participants provided many excellent ideas to provide a user-friendly, informative, and transparent Health Division website. Many commented on the opportunity to provide input for the website and appreciated the effort made to include the consumer, advocate, and provider of health services in the process. They expressed a desire for continued community forums and participation in beta-testing for the website designed for public use.

Following is a compilation of some of the above recommendations into a sample website design.

# Nevada Health Division Website Sample Design



## **Appendix**

- I. Email notification regarding one focus group and SurveyMonkey survey
- II. Sample flyer
- III. Survey questions & results (with comments from audio tape and flip-charts)
- IV. Examples of two websites:
  - [CalQualityCare.org](http://CalQualityCare.org) (recommended by CHA)
  - [SafePatientProject.org](http://SafePatientProject.org) (recommended by Consumer's Union)

## Appendix I

To All,

The NV Public Health Foundation and the Center for Healthy Aging are conducting a focus group for the NV Health Division, Bureau of Health Care Quality and Compliance. The Focus Group will be held **Monday, 12/13/10 at 3:30 - 5:30** at the Washoe County Senior Services (1100 E. Ninth Street, Reno, NV). Elders, advocates, providers, but especially working caregivers who have elder care responsibilities are invited to contribute their ideas and suggestions on how to improve the state's website to make it more user-friendly and informative. Participants will receive a \$50 visa gift card for their participation. PLEASE SEE ATTACHED FLYER and send to all who may be interested.

For those who cannot make the meeting we have established a website that asks questions that will help us make recommendations to the state -

<http://www.surveymonkey.com/s/NVHealthDivisionWebsiteSurvey>

Please share this with all who would be interested in enhancing the website. We would need any survey completed by December 22nd!

Thank you,

Dr. Lawrence J. Weiss

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Center for Healthy Aging

Lawrence J. Weiss, Ph.D.

CEO

11 Fillmore Way

Reno, NV 89519

775-376-3210

775-622-3299 Fax

[larryjweiss@gmail.com](mailto:larryjweiss@gmail.com)

<http://www.addinglifetoyears.com/>

Appendix II



Nov. 23, 2010

3:00—5:00

Washoe County  
Senior Center  
Game Room  
1155 E. Ninth St.  
Reno, NV

CENTER FOR HEALTHY  
AGING

11 Fillmore Way  
Reno, NV 89519

Phone: 775-376-3210  
Fax: 775-622-3299

E-mail:  
larry@addinglifetoyears.com

# Nevada Public Health & Center for Healthy Aging

Be part of a Focus Group



To help the

**Nevada Department of Health and Human Services**

**Nevada State Health Division**

**Bureau of Health Care Quality and Compliance**

Have you ever needed information about services or had to help an elder or client obtain services— specifically, a nursing home, personal care service, other licensed service? We'd like to know about your experience and learn from it.

Be part of a Focus Group to give your input on a Nevada state website that would provide important and decision enabling information, on licensed services such as: nursing homes, personal care, hospice, hospitals, etc., and be very user friendly.

***Seating is limited***

**Reserve your seat, now!**

**Call: Nevada Public Health Foundation  
775-884-0392**



**Participants will receive a \$50 gift card for their participation!**

### Appendix III

<b>1. Are you a(n):</b>		
Consumer		33%
Advocate		29%
Provider		38%

The Turning Point response device allows the participant to select only one role. Many of the participants commented they have been in multiple roles when seeking/choosing health services for themselves, loved ones, and/or friends.

<b>2. Have you had to look for a licensed health service in the State of Nevada for yourself, a family member, friend, or client?</b>		
Yes		75%
No		25%

<b>3. What type of service were you looking for?</b>		
Nursing Home		8%
Hospice		4%
Hospital		10%
Adult day care		2%
Treatment center for drugs/alcohol		4%
Home health care		14%
Residential care		7%
Wasn't sure what service was needed		6%
Other		44%

There was a high percentage of people who selected 'other' because they were researching multiple services such as: doctors, guardianship, transportation, advocates, legal service, in-home private duty nurses, durable medical equipment, gerontologist willing to make home visits, elder abuse/neglect information, doctors taking new Medicare patients, quality information about doctors, vaccinations, counseling services, dentist, and help with animals when person is hospitalized.

Use of keywords, definitions, and scenarios "in layman's terms" and algorithms/decision trees that would guide the user to needed facilities/services/information, were suggestions to improve the website. We learned that several focus group attendees were unaware of available services in their community. If marketed and accurate, the website could be quite beneficial in educating the public on what is available to help them with their needs.

<b>4. When you were looking for services, how did you know what type of service you were looking for?</b>		
Searched the internet		8%
Asked family/friends		18%
Asked a Doctor/Professional		21%
Called a government agency		6%
All of the above		31%
Other		16%

<b>5. Once you defined what facility/service you needed, how did you look for the facility/service?</b>		
Searched State of Nevada Health Division Website		3%
Searched Internet		11%
Called '211'		0%
Called Nevada Health Division or other Gov't. agency		2%
Asked family/friends for resources		18%
Some of the above		43%
All of the above		5%
None of the above		11%
Other		8%

One participant commented that the Health Division website is 'awful.' It has linking issues, and they finally 'quit.' They suggested using key words, and definitions in 'layman's' terms. Consider using scenarios to help people identify where to begin and proceed on the website. A person requested a link to 'Nevada Care Connection' from the Division website. Focus group attendees recommended having a starting point which may include a large search box with drop downs, 'how may we help you?', etc. Many respondents still prefer talking to a 'live person' on the phone, especially when they have an unanswered question/need.

**Note:** Inquiring at each focus group, it was learned that 64% the respondents did not know what '211' is or does. "I've never heard of it" was a typical response.

<b>6. Was it difficult for you to find the services you were looking for?</b>		
Yes		43%
No		52%
I never succeeded in finding the services I was looking for		5%

Many participants would have liked to have selected 'sometimes'. Suggestions for the website include: tailor it to the 'end-user'; use scenarios to help guide the end-user to the correct

resource for their need; have a reference (link) to various and pertinent websites; allow search by area/zip code/specific location; provide ‘Contact Us’ option for the user with a time-frame for response; create a search like “askJeeves.com” or “ask.com” (keep it simple); use ‘site-maps’ or tracking so users can get back to where they started, or to a link they previously viewed.

<b>7. Once you found out what facilities/services would fit your need, how did you select what facility/service to use?</b>		
Availability		5%
Location		5%
Cost		1%
Quality		6%
Reputation		5%
Eligibility		9%
Some of the above		34%
All of the above		33%
Other		3%

Some of the above = it varied for most people depending on financial situation, insurance, location (availability was higher concern in rural areas). Cost concerns were high across all groups; quality was high, as well. Respondents want consumer ratings of facilities and services so they can make informed decisions.

<b>8. Upon searching for and making your decision, what quality information were you looking for?</b>		
Quality of staff		0%
Licensing/Credentials		2%
Quality of care		19%
Quality of reputation		3%
Ratings of facility (Medicare)		2%
Some of the above		30%
All of the above		36%
Other		8%

Quality of care was high for all focus groups. Would like to have ‘Tips on Finding a Facility’ included on website. Information on ‘Waiver Programs’, “Waivered Licenses”, Waivered Entities” were also suggested for inclusion on the website. Quality information (e.g., Medicare ratings) are outdated, would like to have more current information. Add links to ‘Achieving Excellence Campaign’, to Advance Directive help, and ‘End of Life’ resources (treatments, procedures, etc.). Give tips for documents a chronically ill person should have readily available. Even though quality was a high consideration, cost overrides quality in most cases per the respondents.

<b>9. How much did cost influence your decision?</b>		
Not a factor		15%
Somewhat a factor		33%
Significant factor		52%

Cost limits choices for some. Some feel they have ‘no choice’ because of the cost or their insurance limitation. Some ‘do what they need to do’ without regard to the cost. How much cost influences the decision depends on who’s paying and if service is covered by insurance.

<b>10. How much did quality influence your decision?</b>		
Not a factor		6%
Somewhat a factor		21%
Significant factor		73%

Quality is a significant factor IF you have a choice (barriers: cost, insurance, eligibility, availability, location, etc.).

<b>11. How much did reputation influence your decision?</b>		
Not a factor		10%
Somewhat a factor		40%
Significant factor		50%

Many times there is no choice (cost, doctor referral, insurance, availability, eligibility, etc.). If there were a rating for reputation, the rating must be sourced and dated to convey timeliness. Use models like e-Bay and travel sites to gather/report ratings. Provide blogs for people to communicate their experience. Provide a list of ‘contacts’ who have already used or are using the facility/service and would be willing to share their experience if asked by a person seeking services.

<b>12. How did you find the information (cost, quality, reputation, etc.) that influenced your decision?</b>		
Searched State of Nevada Health Division Website		0%
Internet search		7%
Called Nevada Health Division or other Gov’t. agency		3%
Contacted the facility/service provider		21%
Contacted a Doctor/Professional		20%
Asked family/friends		16%
All of the above		14%
Other		20%

Answers varied depending on what information was being sought. Recommended including ‘consumer ratings’ or ratings from an independent ‘consumer satisfaction survey’ available on the website. Respondents would like to have ‘comparisons’ of facilities/services/doctors, etc. (# of falls, # of deaths, # of individuals worse off for having accessed services with a doctor/facility) to help make more informed selections/decisions. Use star ratings or ratings that are simple to read/understand (use icons).

<b>13. What would have helped you find the services you were looking for?</b>		
Knowing what types of facilities/services exist		6%
Knowing availability of facility/service		5%
Knowing eligibility requirements		4%
Knowing the location of facilities/services		2%
Knowing who to contact		15%
All of the above		63%
Other		5%

“Where to Start” feature to aid user; provide links to websites like ‘Angie’s List’ for additional consumer information; want to know more about inspections, ratings, and complaints; need transparency, and need a believable government and consumer ratings; add link to bus schedules to help people know if a facility/provider they select has a nearby bus stop; model the website after professionally designed websites e.g., air travel, car rental, retail. These sites are trusted by consumers and easy to navigate; enable end-user to sort information in various ways: cost, quality, availability, location, etc.; website needs to be maintained in a timely manner.

<b>14. What eligibility information would you want to obtain on the website?</b>		
What are the eligibility requirements		4%
Who’s covered		2%
What are the benefits		3%
How to apply		2%
All of the above		81%
Other		8%

Want eligibility information that is brief, simple, user-friendly and easily understood; no jargon or acronyms (unless defined in layman’s terms); need information on the application process to include timeline for eligibility and ‘next steps’ – what to do once you have applied; site should link to county and state public assistance offices.

<b>15. Were you concerned about the quality of the facility/service?</b>		
Yes		86%
No		14%

<b>16. What types of quality concerns did you have?</b>		
Quality of staff		3%
Licensing/Credentials		2%
Quality of care		18%
Quality of reputation		3%
Ratings of facility (Medicare)		4%
All of the above		56%
Other		14%

Add ‘tips’ to the website for ‘what to look for or watch out for’ when selecting a facility/service; get consumer input for ratings; link NV Health Division website to Medicare.gov site for nursing home and hospital ratings, comparisons, etc.; provide consumers to links for other agencies that assess quality for health facilities/services i.e.: “healthgrades.com” for doctor’s profile, consumer ratings, etc.; make ratings and reviews simple; need a clear, easy process to file a complaint – and timeline for receiving a response/resolution.

<b>17. What quality information would you want to obtain on the website?</b>		
Rules/regulations that the facility/service need to adhere to		3%
Quality standards		6%
Inspections with timeframes/ratings		5%
Some of the above		14%
All of the above		65%
Other		7%

Quality of food is a big deal; number of complaints (what they were and resolution); number of falls; consumer rating; staffing ratio; how the rating is determined, when was the information updated last?; rating systems need to be simple; Nevada Hospital Association (Reno Office) is working on a user-friendly website (possible link?); add current information about infection control (MRSA and C-Diff); consumers don’t need the rules/regulations – only inform when facility/service doesn’t adhere to them; add infectious diseases information; list the regulations most cited in inspections vs. all rules/regulations; index the standards for ease of reference; link to CDC for information on infections.

<b>18. Once you selected the facility/service, did you have any issues?</b>		
Yes		61%
No		39%

<b>19. If you had a problem, issue, or complaint, did you know what to do?</b>		
Yes		53%
No		47%

Include information on what to do if you can't find a resolution to the problem; a "Know Your Rights" information sheet should be on the website; step-by-step guide for resolving an issue with a 'standard' complaint form would be helpful; phone numbers (e.g., to ombudsman) for complaints.

<b>20. What could the State of Nevada Health Division provide you that would make your search for health services easy and effective?</b>		
Help on knowing what to search for; such as a list of services with descriptions and/or key words to help search		3%
Detailed information on Cost, Quality, Eligibility, Locations, etc.		3%
Providing a series of questions to help you determine the type of care you need (assessment tool)		4%
All of the above		84%
Other		6%

Scenarios; key words' with definitions in layman's terms; needs assessment tool; easy access to a phone number for those having troubles finding what they need on the website; link to Nevada Care Connection; make it easy for seniors – KISS, ease in navigating is critical; algorithm approach (broad to specific); include a 'start here' to help find resources.

<b>21. What could the State of Nevada Health Division provide you that would make managing of health services easy and effective?</b>		
Learning about patient rights		1%
Filing a complaint		2%
Resolution of concerns		4%
Getting help		17%
All of the above		72%
Other		4%

Link to Medicare.gov; link to public assistance programs and services; help for legal/illegal immigrants; list of what services are 'not' available (so people don't continue to look); comparisons (by cost, location, availability, quality, etc.); prevention needs/services should be listed for age groups (50, 60, 70, etc.); provide links to reputable websites providing helpful information like updates on legislation, H1N1, flu shots, - "what affects us" information; beta test site; continue focus groups for future input.

<b>22. Would you like to see a ‘dashboard’ or ‘grade’ or some type of visual indicator that is easy to read that reflects the quality of the facility/service?</b>		
Yes		94%
No		6%

Rate quality, reputation, cost, etc. separately because one ‘overall’ rating doesn’t tell the whole story. Ensure users know data source(s) and date of data for timeliness; visual aids like icons aid learning; provide percentage ratings; develop a simple matrix; show a ‘grade/rating’ from government, consumer, and independent source; add ‘Tips’ for users seeking services – what to look for, what to beware of, how to suggestions, etc.; This page was updated on: Date.

<b>23. Would you like to have a ‘live-chat’ service on line to assist in answering questions and finding the facility/service you need?</b>		
Yes		94%
No		6%

Users want a phone number to speak with a ‘real person’ to get help when needed; use an audible ‘pop-up’ “Do You Need Help?”; ensure live-chat is clear ‘English’ speaking person; may not be practical or used – beta-test website first.

<b>24. Are there other suggestions of content that should be included on the website?</b>		
No		37%
Yes		63%

Add a ‘Start Here’ to guide users; comparisons/matrix of facilities/services; use algorithm/decision tree with leading questions for consumers – allow professionals to by-pass in the event they know what they are looking for; market on Facebook; provide links to other credible websites (stay away from .net and .com links); design for end-user (lowest denominator – consumer); add services for the blind to the website; waitlists with timeframes for services/facilities; links to other sources i.e.: Angie’s List for plumbers, handyman, low cost home care services, etc.; include ‘how to’ videos, use multimedia approach in communication (icons, text, audible inserts/pop-ups, visual aids); add ‘scam warnings’ for seniors; include voluntary certifications that facilities secure on their own (maybe a link to a site); include tutorials; include contact phone numbers (very important); include a ‘library’ section that provides information on topics (can use videos, etc.); include senior diseases/conditions and where to go for help; put symptoms for disease/conditions on website, e.g., strokes; include a section for the user to give feedback and suggestions for improvement to the website; link to VA; link to Nevada doctors; use ‘key words’; include local support groups (links) by categories; include infection statistics for hospitals and nursing homes; add volunteer opportunities for

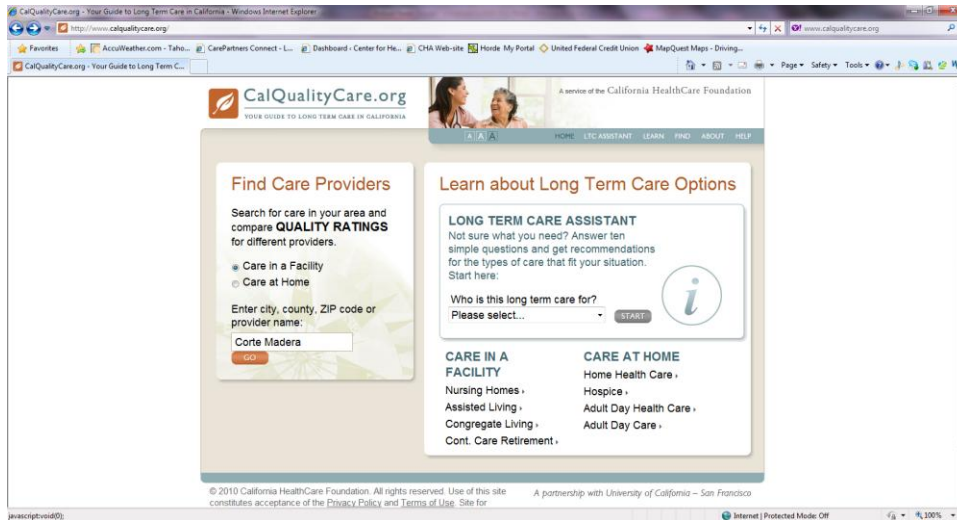
people interested in helping others; define services e.g., M.D., LPN, CNA, medical assistant, etc. and their roles; eliminate 'dead' links; current phonebook/directory; include a 'Did You Know?' section for tips and interesting topics that would affect users.

<b>25. Are there other suggestions to make the website user friendly?</b>		
No		33%
Yes		67%

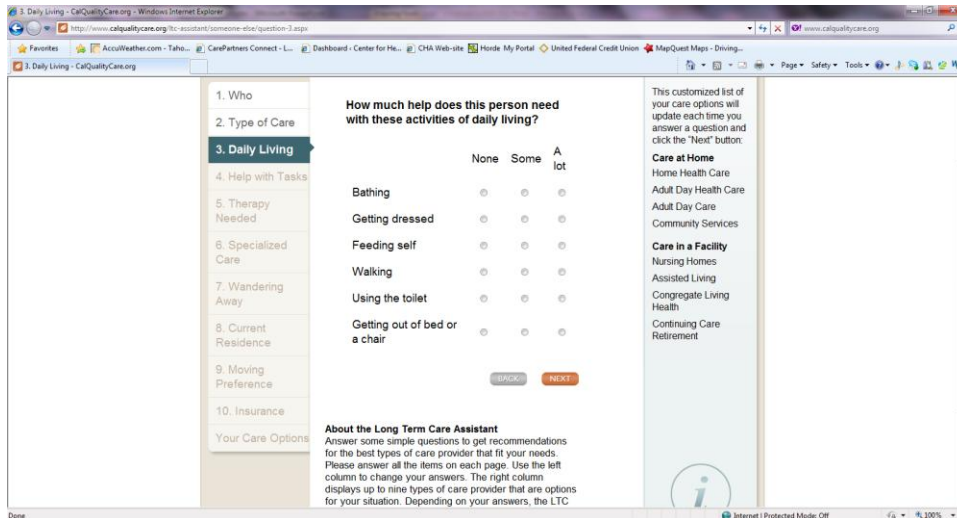
Large font; contrasting colors; use standard icons; KISS; ensure programs can be used on older computers; limited information on each page; use algorithms/decision tree/leading questions to guide user to determine needed services; make sure can search by area/zip code/county, etc.; see CVS Pharmacy website (talk to a doctor video); keep the website updated!; inform key users when the website is updated (email blasts); no flashing and blinking; keep format consistent from page to page.

## Appendix IV

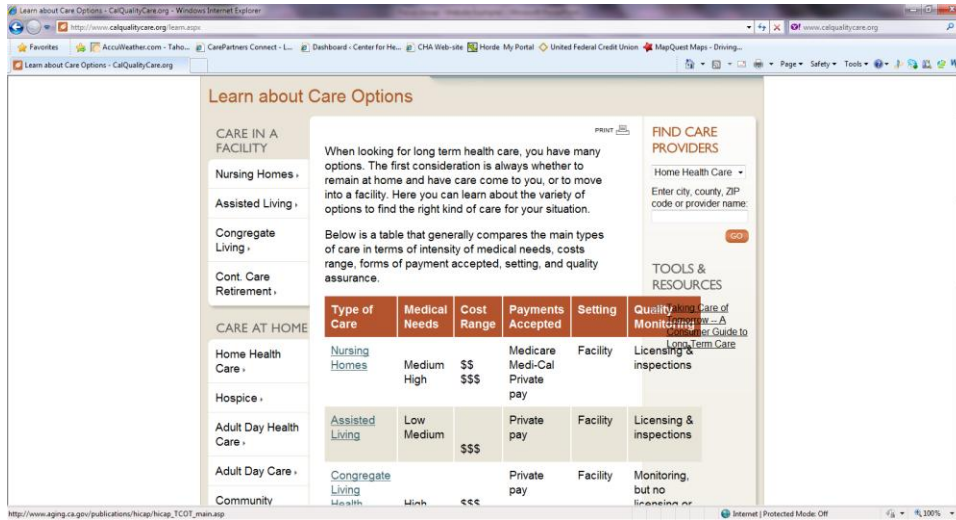
# CalQualityCare.org Web-site www.calqualitycare.org



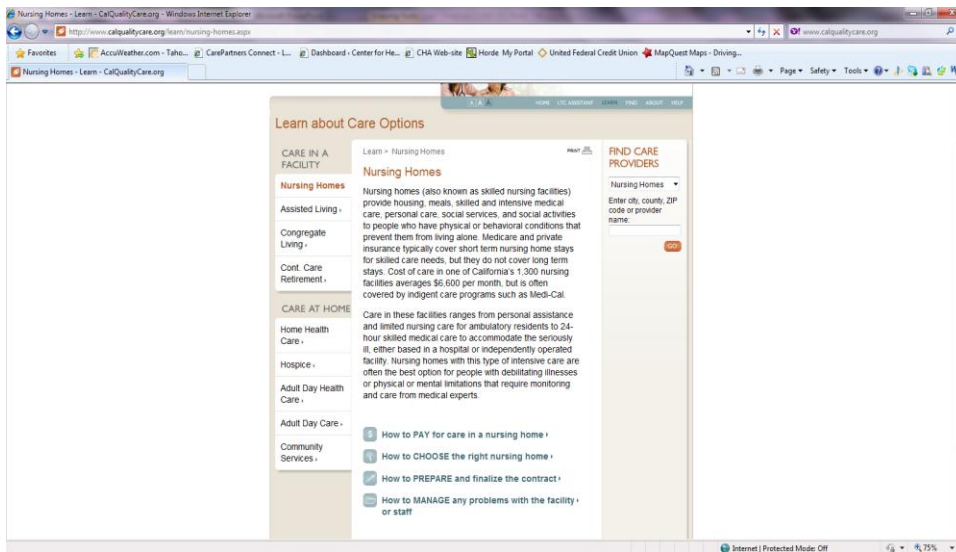
# CalQualityCare.org Web-site www.calqualitycare.org



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# CalQualityCare.org Web-site www.calqualitycare.org



# SafePatientProject.org Web-site www.safepatientproject.org

Safe Patient Project  
End secrecy, save lives.

Consumers Union

ACT NOW TOPICS BLOG SHARE YOUR STORY VIDEO TWITTER ABOUT US

Nevada Activity (33 items)

Consumers Union Documents  
Click to display archived documents

Policy and Legislation  
Click to display archived legislation

Consumers Union News Releases  
Click to display archived news releases

News

- Study: Patients suffering harm in hospitals a national problem**  
An ongoing Las Vegas Sun investigation paints a bleak portrait of hospital care in Southern Nevada. But according to a federal government study released Tuesday, the situation may be much worse.  
<http://www.lasvegassun.com/news/2010/nov17/study-taxpayers-pay-billions-mistakes-hospital-car/>  
Source: Las Vegas Sun (November 17, 2010)  
Click to display archived news

Research and Reports

WHAT'S GOING ON AT THE NATIONAL LEVEL? Click here>>

**CUTTING SURGICAL INFECTIONS**

More than 290,000 surgical site infections occur in U.S. hospitals each year. Patients who acquire infections from surgery spend, on average, an additional 6.5 days in the hospital, are five times more likely to be readmitted after discharge, and twice as likely to die.

Surgery patients are at risk for infection because surgical incisions create a pathway for germs to enter the body. Maintaining a sterile environment in the operating room is therefore critical to protect patients from being contaminated with bacteria, which can lead to infection.

# SafePatientProject.org Web-site www.safepatientproject.org

Research and Reports  
Click to display archived news

- Why Not The Best? Comparative Reports on Central Line-Associated Bloodstream Infections**  
Users of WhyNotTheBest.org can now search for and compare data for nearly 1,000 hospitals on the incidence of central line-associated bloodstream infections (CLABSIs)—one of the most lethal hospital-acquired complications. The data show wide variation in CLABSI incidence, in spite of strong evidence on how to prevent them. The updated data is made possible through a partnership among The Commonwealth Fund, The Leapfrog Group, and Consumers Union.  
<http://whynotthebest.org/>  
Source: The Commonwealth Fund (July 2010)
- State Plans to Address Healthcare-Associated Infections**  
Plans about what the states are supposed to be doing to eliminate hospital acquired infections.  
<http://www.cdc.gov/hai/HAIstatePlans.html>  
Source: Centers for Disease Control and Prevention (May 27, 2010)
- Antimicrobial Resistance State Fact Sheets Map**  
Link to map that highlights antimicrobial resistance issues at the state level.  
<http://www.idsociety.org/antimicrobialresistanceinUSA.htm>  
Source: Infectious Diseases Society of America
- Nevada Sentinel "Never Events" list**  
The Nevada Hospital Association has a list of all sentinel events for 2005, 2006, 2007, 2008 by hospital type; sentinel event type and sentinel event outcome.  
[http://www.nvhospitalquality.net/sentinel\\_events.php](http://www.nvhospitalquality.net/sentinel_events.php)  
Source: Nevada Hospital Association

User Submitted Links (3)

- On April 29, 2009 Elaine Bishop posted:  
It will take Federal action to prevent mislabeling of medical supplies and medicine.
- On January 21, 2010 Ann Quinn posted:

environment in the operating room is therefore critical to protect patients from being contaminated with bacteria, which can lead to infection.

How well is your hospital, state and the nation as a whole are performing on three key practices that help prevent infections during surgery? [Find out here >](#)

**TELL US YOUR STORY**

We want to hear from you. Your willingness to share these painful stories helps us pass laws to protect you and your family.

- Overtreatment Stories**  
Surgeries, procedures or medications you thought were unnecessary?
- Prescription Drugs Stories**  
Problems with high cost, insurance coverage or misleading ads
- Hospital Infection Stories**  
MRSA or other infection contracted in the hospital
- Medical Error Stories**  
Wrong surgery, wrong patient or wrong body part

**NEVADA STORIES**

**Given Three Times The Correct Dosage Of**

# SafePatientProject.org Web-site

## www.safepatientproject.org

The screenshot shows a web browser window displaying the SafePatientProject.org website. The page is titled "Safe Patient Project Nevada" and includes a "User Submitted Links (3)" section with three entries:

- On April 29, 2009 Elaine Bishop posted:**  
It will take Federal action to prevent mislabeling of medical supplies and medicine.
- On January 21, 2010 Ann Quinn posted:**  
In 1974, my then 33 year old brother, father of a one year old, passed away in a major California hospital from a Staph A infection post surgery. This scourge must be ended.
- On September 8, 2010 Tina Euresit posted:**  
My Father died while in the care of renown Medical center. From Stage IV pressure sore he developed in Saint Mary's Hospital in Reno, NV. His name was John Schriver and died on Dec-14-2003. Both hospital know how he suffer and how I was unaware that they conspired to protect one another. not even knowing the true extent of how severe the whole situation was, and how many people were exposed and misinformed. I have come very aware of all the cruel and unethical issues surrounding his death. I want you to know to this day I have never been the same and fear hospitals. And pray everyday for justice. I know all involved remember. As although this is very common the lack of patient mistakes, and cover up so lawsuits, don't happen. I would never blame a care provider for caring, even if his mistake was preventable, we are all human. It is when the hospital refuses to be honest and when the basic care of a human is not first and for most. My father got a staph infection and it lead to MRSA. And he died from the most horrible preventable sore on his rear end from 100% neglect. I know because I cleaned him myself and know he had not even a red mark and so do you. he was not admitted with any issues, he was admitted sadly because he was not treated for a brain injury, 2 weeks earlier, that Dr. was very aware of. And released him, and it was clear he was able to walk, read, eat, and walk before fall and also able to wipe his own rear. I readmitted him to get this fixed, and instead he was left for hour on toilet, and then a catheter, to keep him in bed. He was left to lay in feces, and because his daughter was in critical care in another hospital. I was unable to protect him. I will never forget what happen. And I have everything you think I don't think I do by the grace of God including photos records and witness. I have so much not to mention the truth. And the whole story from every person involved. Ask anyone involved if they remember my Father or his case, And ask about his daughter. Go through his charts, find how clear the facts of confusion and lies, that clearly prove conspiracy at it worst, ask to see what I have and what it has done to my life. I am much stronger know, I will have my day. I know it is so bad and very important to find a solution. I have a friend who is walking around with MRSA. And she was not told the whole truth, And she left without procedure that like a person with TB

Below the links is a "NEVADA STORIES" section with two entries:

- Given Three Times The Correct Dosage Of Medication**  
I received the wrong dosage of Lupron Depot after my shot was sent to the wrong doctor's office. The nurse said they had an extra one on-site and gave me that one instead. I asked her if it was the 3.75 dose before she gave it to me, and she said yes. After the nurse gave me the shot, she realized it was the wrong dose and was actually the 11.25 shot. [Read More >](#)
- Gary of Reno, Nevada**  
My mother had hip surgery during which the doctor, unbeknownst to my mother or her rehab crew, severed a nerve. After several months of my mother not getting the mobility or correct walking gait back, the doctor insisted it would only take more rehab. [Read More >](#)

At the bottom of the stories section, there is a link: "Stay informed about Nevada activity with [XML](#)".