

Usability Testing of an Interactive Surgical Dashboard in a Large Congenital Heart Disease Center Scott Vennemeyer, Danny T.Y. Wu, PhD, MSI



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Abstract

- Large sets of clinical data present an enormous opportunity to support clinical decision making and to improve care quality
- These data cannot be fully utilized without interactive data visualization and dashboards
- We conducted formal usability testing to validate the design of a new interactive surgical outcomes dashboard to demonstrate its effectiveness and to seek opportunities for improvement



Results

Table 3. A	werage	SUS	Scores	by]	Partici	pant
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Participant	Existing Report	New Dashboard
P01	72.5	90.0
P02	70.0	97.5
P03	77.5	82.5
C01	40.0	92.5
C02	62.5	77.5
C03	55.0	90.0
C04	62.5	75.0
A01	85.0	90.0
A02	32.5	87.5
A03	72.5	82.5
S01	52.5	62.5
S02	80.0	67.5
Average	63.5	82.9*

Introduction

- Evaluating usability is a highly necessary task for any tool designed for interactive data visualization of large sets of clinical data^{1,2}
- An interactive, visual based dashboard was recently designed to replace the existing dashboard, which was dated, static and table-based.
- Because this data is used to make clinical decisions, it is imperative to conduct rigorous evaluations to investigate the usability of the dashboard prior to its official use.
- The purpose of this study is to conduct formal usability testing to validate the design of this dashboard.

Figure 1. A visual representation of the sequence of events conducted during each test session

Table 1. Background Information for StudyParticipants

Range

ID

User Age Sex Role Time in Computer Dashboard

Current Expertise

* a significantly higher average score of the new dashboard (p=0.006)

- Table 3 shows the average SUS Score given by each participant after using both the existing and new dashboards
- The new interactive dashboard had an average score of 82.9, which is considered above average.
- On the other hand, the old, static dashboard had an average score of 63.5, which is considered below average.
- The two-tailed pairwise t-test indicates that these two sets of scores were significantly different (p=0.006).

Methods

- This study was conducted at the Heart Institute of Cincinnati Children's Hospital Medical Center
- Using the professional network of the authors, the participants were recruited and given a single letter code to identify them. They include:
 - Pediatric Cardiologists (C),
 - Surgeons (S),
 - Perfusionists (P),
 - Physician Assistants (A).
- Table 1 shows important background information for each of the participants listed above.
- Figure 1 shows the flow of the usability testing.
- After completing the tasks using each dashboard, a survey was administered to collect participant

				Position	Level	of use
P01	40-49	Μ	Р	>20 Years	Expert	Never
P02	20-29	Μ	Р	1-4 Years	Intermediate	When being asked
P03	30-39	Μ	Р	5-9 Years	Intermediate	Weekly
C01	30-39	Μ	С	5-9 Years	Intermediate	Never
C02	40-49	F	С	5-9 Years	Intermediate	When being asked
C03	30-39	Μ	С	5-9 Years	Intermediate	Monthly
C04	40-49	Μ	С	15-19 Years	Intermediate	Monthly
A01	30-39	Μ	А	1-4 Years	Intermediate	Never
A02	30-39	F	А	5-9 Years	Intermediate	Monthly
A03	30-39	F	А	5-9 Years	Intermediate	Weekly
S01	50-59	Μ	S	15-19 Years	Intermediate	Never
S02	N/A	Μ	S	15-19	Novice	Never

Conclusion

Frequency

- We conducted usability testing on a recently designed,-interactive surgical dashboard and its existing static counterpart.
- The interactive dashboard had a significantly higher SUS score
- We will continue to analyze the data collected in the usability testing (e.g. audio recording and observation notes) to identify specific usability issues and room for improvement.
- In particular, we will focus on developing an educational plan to facilitate the smooth transition to the new dashboard.

References

feedback.

- The survey was revised from the Systems Usability Scale (SUS), which contains 10 standard and validated questions assessing systems usability in a 5 point Likert scale. A full list of questions are listed in table 2.
- A final score above 68, according to the SUS scoring guidelines, was considered above average.
- The difference of the score means was examined using a pairwise t-test.

Table 2. Questions adapted from SUS to assessusability of the dashboard

Years

- I think that I would like to use this system frequently
- 2 I found this system unnecessarily complex
- 3 I thought this system was easy to use
- 4 I think that I would need the support of a technical person to be able to use this system
- 5 I found the various functions in this system were well integrated
- 6 I thought there was too much inconsistency in this system
- 7 I would imagine that most people would learn to use this system very quickly
- 8 I found this system very cumbersome to use
- 9 I felt very confident using this system
- 10 I needed to learn a lot of things before I could get going on this system

2. Zhang Y, Sun W, Gutchell EM, Kvecher L, Kohr J, Bekhash A, et al. QAIT: a quality assurance issue tracking tool to facilitate the improvement of clinical data quality. Comput Methods Programs Biomed. 2013 Jan;109(1):86–91.