SRC-HCDS Meeting Minutes

Human Centered Design Subcommittee Teleconference

December 3, 2024, 12:00 PM – 1:30 PM CST

Voting Members:	**Ex-Officio Members:**	**SRTR Staff:**
Scott McPhee (Co-chair)	Cory Schaffhausen, PhD (Co-chair)	Tonya Eberhard
Olivia Foss	Shannon Dunne, JD (HRSA)	Amy Ketterer
Bree Fouss		Mona Shater, MA
Bridgette Huff		
Kaia Raid		

Welcome and opening remarks

Dr. Cory Schaffhausen called the Human Centered Design Subcommittee (HCDS) meeting to order. He reviewed conflict of interest management and the agenda. Dr. Schaffhausen went on to the first agenda item.

Committee member selection for 2025

Dr. Schaffhausen reviewed the committee selection process. Ms. Olivia Foss leaves the subcommittee at the end of the year, leaving one open seat. He thanked Ms. Foss for her contributions to the HCDS. Nominations opened in the fall; however, there were no HCDS application submissions before the initial deadline despite recruitment efforts. The deadline was extended and one application was submitted—Ms. Devika Patel will be joining the HCDS in January 2025. She studied design at Stanford University and was the director of a health care design lab at the University of California San Francisco. Mr. Scott McPhee said Ms. Patel has a patient-focused background that will be beneficial to the HCDS. Ms. Foss suggested that in the future, the HCDS should consider seeking out specific disciplines for perspectives in web design, usability, and accessibility, depending on what phase of work the subcommittee is in.

Home page and landing page mock-up review

Dr. Schaffhausen explained that the existing SRTR website will migrate to the current patient-friendly preview website. The merge will have a home page where users can select if they would like to visit the patient, family, donor, or transplant professional subpage. Dr. Schaffhausen showed a static mock-up of the home page, which contained the option to select the patient or professional subpage, and also listed patient and professional resources below the main home page section. The two subpages would be the primary area for each stakeholder group. The patient section contains the organ transplant journey, living donor information, and transplant center search. The professional section has different data reports and the option to request data.

Members discussed how to balance information on the home page. Ms. Bree Fouss said there was excess text underneath the images representing the patient and professional subpages, which could be removed. She also said users might misinterpret the plus image as clickable. Ms. Kaia Raid agreed that less text and a minimalist version was better. She recommended considering how the images will appear in mobile format. Ms. Bridgette Huff suggested only presenting the binary choice between patients and professionals (Ms. Fouss agreed with this), and reserving the additional content for the subpages. The language on the home page should be at a sixth-grade reading level. Mr. McPhee recommended creating two versions of the organ transplant journey for patients and professionals.

Ms. Raid said accessibility could be improved for tools on the page and there should be more design consistency. She suggested using Figma files for easier development. Ms. Huff agreed, as Adobe has stopped supporting XD, which is the software used by design contractors for prototyping of the patient-friendly website. She also suggested Dr. Schaffhausen share the PDF files of the home page so members could add their comments to it.

Next, Dr. Schaffhausen showed a rotating carousel of announcements used on the current SRTR website. He asked members what options would be appropriate or worth investigating for displaying announcements on the new website. Mr. McPhee said using sliders was not the best option from an accessibility perspective, and they are usually used for decoration instead of a navigation tool. Ms. Raid agreed and said if used, they should have stop-and-start controls. Ms. Huff said if a carousel were used, consider structuring content from a content management perspective to make the process easier. Ms. Raid said an alert banner was another option for applications that manage fewer pieces of content.

SRTR menu structure review

The subcommittee discussed best practices for menu format and page organization. Dr. Schaffhausen reviewed scenarios with the current and proposed website menus where some top-level items are clickable but others are not. Mr. McPhee said consistency in menu behavior should be a priority, and that having hidden or collapsed menu items may not be the best for accessibility technology like screen readers. However, the hamburger menu makes sense for a mobile layout. He said adding the patient and professional pages as subitems was a good idea. Ms. Raid pointed out it is common nowadays for submenus to show up as an overlay instead of being an accordion, and gave the example of Apple.com.

Integrating external website: Transplantcentersearch.org

Dr. Schaffhausen said SRTR staff has been working on a website as a research study (independent of SRTR) for development on patient testing. Currently, SRTR is in the process of design work to implement key functions of this external website to the patient-friendly website. He said an integration unknown for the external website is merging it onto the preview site as one of the many SRTR tools available. This differs from the design of the external website that has only one primary function. The integration could be many approaches, potentially in an accordion format or as a pop-up or separate page.

Dr. Schaffhausen reviewed the external website. Users can choose organ and donor type and a basic search radius. The next part is providing information related to the living and/or deceased donor selection. Users can also input patient characteristics to help tailor the search results. The next part of the decision guide reviews the selections as a list and alerts the user of how selections may impact the search results. Then it shows center search results based off of the selections. Dr. Schaffhausen asked members to consider the best format for this tool—and how to guide this scope of work when SRTR works with a subcontractor to build out the tool. Ms. Raid said to consider if these alerts needed to happen before the search results are shown. Ms. Foss and Ms. Raid agreed it needs to be clear that some of the input fields are optional.

Dr. Schaffhausen went to the current transplant search tool on the SRTR website. He suggested adding a banner to the search results page that directs users to the new SRTR patient-specific search feature for a more tailored search or placing this option on the home page for users to consider as a search tool from the beginning. Multiple navigation approaches may need to be used. He said additional design and testing work with existing patient groups is tentatively planned for the next month or two. Additional recruiting may be done as well. Mr. McPhee said to try to avoid repeating steps in the testing process since both transplant search tools have overlapping functions. Ms. Foss suggested using story mapping and scenario-based approaches for different tool users, like caregivers. She also pointed out that on the original home page, tools are listed below the transplant search bar. It may be beneficial to include in the usability testing where users are going first to start their searches for further insight.

Closing business

With no other business being heard, the meeting concluded. The next HCDS meeting date is to be determined.