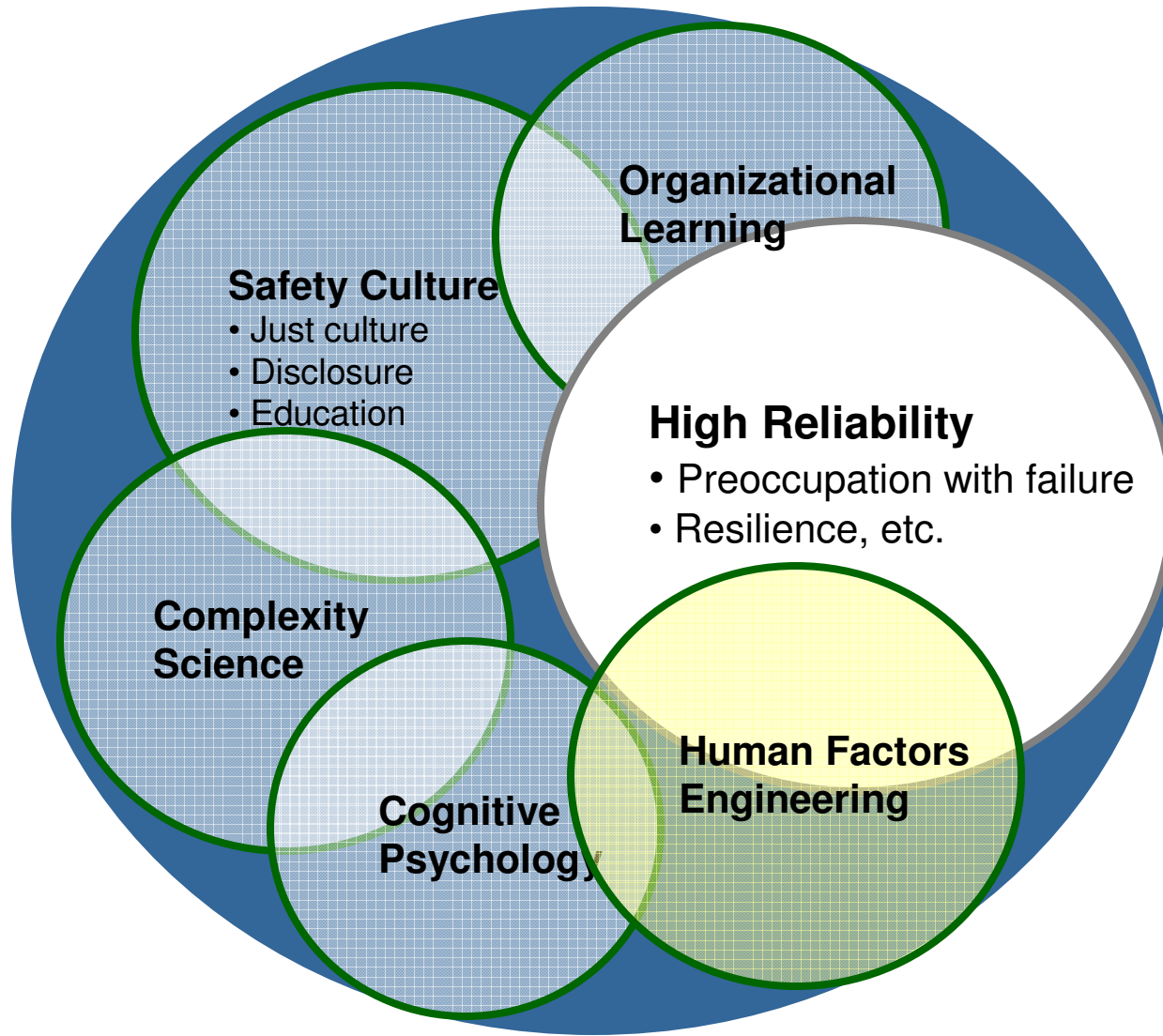


# HUMAN FACTORS

The science of designing work to  
account for the known  
imperfections of humans

# Patient Safety Sciences



# Human Factors is Fun!

- “Take advantage of existing habits”



# Hierarchy of Error Reduction Strategies

- Forcing functions
- Automation / computerization
- Simplification / standardization
- Centralization
- Reminders, checklists, double check
- Rules and policies
- Education
- Information
- (Discipline)

Strongest



Weakest

Adapted from ISMP

# Human Factors Topics

- Alarms
- Forms
- Procedure design
- Checklists
- Usability of equipment
- Fatigue
- Teamwork

BARCODE

**MEDICATION HISTORY/ RECONCILIATION FORM**

Complete within 24 hours of admission

MEDICATION ALLERGIES	REACTION

WEIGHT \_\_\_\_\_ kg

HEIGHT \_\_\_\_\_ cm

ADDRESSOGRAPH

**Step 1 – INITIAL MEDICATION HISTORY & INTENT ON ADMISSION**

**Step 2 – VERIFICATION & RECONCILIATION-** see back of form for guidelines

- Verify accuracy and completeness of medication history and *reconcile* with the admission medication orders

Recorder Initials	Medication Name <i>Use generic name; Do not use abbreviations</i>	Dose <i>mg, mcg NOT mL</i>	Route <i>e.g. po, IV</i>	Frequency <i>e.g. q4h, TID</i>	Concentration/ Special Preparation <i>e.g. 5 mg/L, slow release, tablet, liquid</i>	Intent on Admission					Comments
						Continue	D/C	Hold	Change	Further Information Needed	
AH	Ciprofloxacin	500mg	PO	BID		X					
AH	Prednisone	10mg	PO	OD		X					

**STANDARDIZATION: FORM**

<b>Pre-Admission Clinic Medication History</b> <i>(If applicable)</i>	_____ <i>Date                      Time                      Signature                      Print Name</i>	<b>Reviewed Transfer Medications</b> <i>(If applicable)</i>	<b>SOURCE OF HISTORY:</b> <i>Check all that apply</i>
<b>Step 1: (MD/APN) Initial History/ Prescriber Intent</b>	Sept 10 <sup>th</sup> 2008      0100 <i>A.Holding</i> <i>A.Holding</i> <i>Date                      Time                      Signature                      Print Name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Child/Parent/Caregiver <i>(Check One)</i> <input type="checkbox"/> Medication vial <input type="checkbox"/> Medication list <input type="checkbox"/> Medication administration record <input type="checkbox"/> Family Physician/Paediatrician <input type="checkbox"/> Community pharmacy Name: _____ Phone Number: _____ <i>please specify</i>
<b>Step 2: (RN/Pharmacy) Verification and Reconciliation</b>	_____ <i>Date                      Time                      Signature                      Print Name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other _____ <i>please specify</i>
<b>PHARMACY</b> <i>(If applicable)</i>	_____ <i>Date                      Time                      Signature                      Print Name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Checklist



## SickKids Transfer Checklist

- DO NOT SKIP ANY ITEMS
- FOLLOW THE EXACT ORDER OF THE CHECKLIST
- READ BACK SHADED AREAS
- IF YOU ARE INTERRUPTED START OVER AT THE BEGINNING OF THE SECTION

### Section 1 – COMPLETE FOR ALL TRANSFERS e.g. ER to unit, unit to unit, unit to other department

Name
MRN - medical record # required to double check patient identification
Age
Weight
Allergies e.g. type, past reactions, treatment needed during reaction
Admitting diagnosis
Pertinent history of present illness
Co-morbid conditions e.g. sickle cell, congenital anomalies, syndromes
Vital signs/physical findings on examination – include pain assessment/scores
O2 sats/O2 delivery e.g. concentration, method of delivery, patient tolerance
Intake & output e.g. NPO status, IVs/access, infusions, urinary output, stools, vomiting
<b>Medications administered or pending</b> e.g. medications at home or on transferring unit; time last administered, time next due, response to medications
Labs/diagnostics completed or pending e.g. abnormal results, tests not yet completed, results pending
Treatments or therapies completed or pending e.g. date, patient response
Isolation required on unit – based on patient symptoms & current isolation policies
Monitoring/level of observation required on unit e.g. continuous electronic monitoring, constant observation
Transport requirements e.g. who will accompany patient, monitoring during transfer
<b>Transfer orders in place &amp; reviewed</b>

### Section 2 – COMPLETE IN ADDITION TO SECTION 1 FOR UNIT TO UNIT TRANSFERS

Past medical/surgical history including home medications/treatments
Consults completed and/or to be completed
Special needs or equipment e.g. wheelchair, splints, glasses
Language barriers e.g. interpreter needed/arranged
Psychosocial needs or follow-up required