# Online Incident Recording Prototype - Usability Testing Sessions  - Sprint 6

| Participant ID | Journey | Page | User Comment | Additional Info | Priority |
|---|---|---|---|---|---|
| 1 | A | Record type | Can see herself using incidents and risks, but not outcomes. | | 4 |
| | | | Adding positives is interesting - currently they do this crudely by counting thank you cards, etc. Informally | | |
| | | Theme | Radiotherapy - good that you can add in the trigger code, but to be highly usable and searchable, these should be separated into three fields (severity, pathway code, causative factor) | | 2 |
| | | | Check out the decision tree as part of 2008 towards radiotherapy guidelines, regarding pathway codes and levels of harm | | 2 |
| | | Date of incident | Asking for the date in this manner is quicker | | |
| | | Service Area | For me, this is generally always the same answer so would be good to be able to get it quickly | | 4 |
| | | Confirmation page | The reporting/feedback is too general to work for a trust as they still need to do their own analysis | | 3 |
| | | | Reporting seems "Interesting, but not sure how I would use it" | | |
| 2 | A | Record type | "The terminology is a little difficult - would I interpret a risk as a near miss?" | | 3 |
| | | | "Is a no harm incident, an incident?", "Risk is a Near Miss?", need alignment in terminology | | 3 |
| | | | Is any dispensing error automatically a patient safety incident? | | |
| | | Date of incident | Had issues with completing the date field, expected it to auto-move the cursor from box to box as you entered the right number of chars | | 4 |
| | | Service Area | Clinical Homecare needs to have a category - or capability to input as other | | 3 |
| | | | There are now government KPIs around clinical homecare complaints/incidents. These should be incorporated into this service | See Appendix 19 of the clinical homecare handbook from the Royal Pharmaceutical Society | 4 |
| | | Overall | What about codes for medications? | | |
| | | | User had issues with the screen resolution, some questions disappeared off the bottom of the page, or couldn't tell a conditional question had appears on clicking something as it was below the screen edge | | 2 |
| | | Date of birth | Liked the ability to estimate DOB when not known, but what if the user doesn't have a clue at all? | | 3 |
| 3 | A | Service Area | Is integrated healthcare missing | | 4 |
| | | Lead Investigator | What are you looking for? A name, an organisation, a role? | | 3 |
| | | Reportable Bodies | I don't know what all of these acronyms are | | 2 |
| | | Legal status of patient | What is other? | | 4 |
| | | Confirmation page | Like the links to useful resources/information at the bottom | | |
| | | | Did not know where she would use the rest of the reporting information | | 4 |
| 4 | A | Overall | What if the user has kept clinical logs, etc, and would like to attach them to the record? [Imagine that this is not possible as contains identifiable information] | | 3 |
| | | Duty of Candour | The ability to answer this question depends on when the form is being filled in. Sometimes this wont have happened yet, as too soon | | 3 |
| | | Lead Investigator | What are you looking for? A name, an organisation, a role? [Repeat] | | 3 |
| | | Service Area | What if this happens in someones home, do you put the service area attending? E.g. ambulance attending in someones home. Equally the ambulance could attend a GP's surgery car park, what is the service area then | | 2 |
| | | Theme | This is very difficult for the ambulance service, as quite often the person is very ill/injured to begin with. | | 3 |
| | | Level of harm | As with above, very hard to say. If someone is having a heart attack, and an incident occurs where they are given the wrong thing/too much, how do you know that they weren't going to die anyway? | | 3 |
| 5 | - | No Show | | | |
| 6 | - | No Show | | | |
| 7 | B | Record type | PSI - clear  Outcome - "I'll have to think about that" - In the end didn't think it was relevant to pharmacy  Risk - Good  Positive - "This is good, so there is learning from this too" | | |
| | | Description | Participants entry in this field was brief. Maybe this is a symptom of testing, or just that Datix users don't typically fill in much. | | 4 |
| | | Level of Harm | Confused with the difference between interpretation of harm at a local and national level. Is aware of differing scale. Participant was shown the more leading series of questions to discern harm - but they chose no harm as their example, so therefore didn't fully explore this. Would suggest that these questions might help them understand the local/national differences. | | 2 |
| | | Near Miss | A near miss in  a pharmacy is different to when someone is administering medication. Once a mistake leaves the dispensary, it becomes an error (ie pharmacy incident). However it could still be a near miss if the nurse spots the error and the medication is not given to the patient. | When is a near miss a near miss? | 3 |
| | | Date of birth | "Won't always know, only about 90% of the time".  Insinuated that when they don't know, they can't even guess. | What to do in this situation as it isn't clear if it is optional | 3 |
| | | Gender | "Need to know that" | | |
| | | Mental Health, Disabilities | Wouldn't always know.  "This seems like a lot of information [referring to the whole form] that is not relevant to the medication itself." | Participant explained how there are existing Datix forms within their trust for completing specific themes, of which medications is one (so is pressure ulcers). They have done a lot of work on this. Participant to share with the team. | 4 |
| | | Summary | "Nice and neat form. Before you confirm and submit you can check if any changes should be made. This is useful" | | |
| 8 | - | Not able to connect | | | |
| 9 | B | Record type | How to distinguish between a PSI and an outcome is hard. | | 4 |
| | | Record type | Currently report positives in Ullyses, but it is still classed as an incident | | |
| | | Description | The user inputted acronyms and abbreviations:  "pt fall with a #nof" | | |
| | | Never Event | Staff might not know and then look to report later | | 3 |
| | | Level of harm | Has the patient suffered permanent lifelong harm? Difficult to know this at the point of incident reporting and it will be reported quickly | | 3 |
| | | Actions | The user tended to complete this field with abbreviations and local terminology, would we need to provide guidance to avoid this? | | 4 |
| | | External Bodies | On STEIS you know because the options are there. For an SI, the reporter wouldn't be adding this information, a risk manager would | | 2 |
| | | Legal status of patient | People wouldn't know how to correctly answer this. Should there be an option for when you don't know? | | 4 |
| | | Duty of Candour | Im not sure if the reporter always knows this | | 3 |
| | | Service Area | This is quite difficult. Might need the ability to create local specifications. "Need to know 5 levels to categorise correctly" | | 3 |
| | | Lead Investigator | What do you want here, a name? | | 3 |
| | | Summary | This is good, and might lead to better data quality as it will catch errors and prompt update | | |
| | | Reporter Identificataion | Currently their system is anonymous, but collecting a small amount of identifiable information is good. Currently approx 95% of people volunteer this in their trust. | | |
| | | Reporter Identificataion | Job title could be interesting as many people have many roles and inconsistent titles | | 4 |
| 10 | B | Record type | Outcome might cause confusion, the others don't seem to bad | | 4 |
| | | Record type | I always tell people to not stress about the incident type as we can always come back to update it later | | 3 |
| | | Description | Should other questions be moved to before this - ie date and time of the incident? Otherwise how do you know whether to include this information in the description? | | 2 |
| | | Level of Harm | We concentrate on actual harm at the time of the incident. Would we be able to capture a later deterioration? | | 3 |
| | | Level of Harm | Questions are long winded and difficult. Difference between direct harm, evolving harm, etc is not clear. Would junior members of staff understand this? | | 3 |
| | | Level of Harm | What is "significant"?  Is this relevant to all themes?  "I think this [mechanic] is the way forward, but [you] need to look at terminology" | | 3 |
| | | Gender | For ease of reporting, I would quite often just fill in 'other' for ethnicity/gender, etc, as the questions seem unnecessary | | 4 |
| | | Mental Health | What is the definition of mental health issues? Someone on anti-depressants, a dementia patient? | This alludes to an issue that the participant had in general with the demographic type questions, where 'significant' and other terminology was not sufficiently explained | 3 |
| | | Service Area | Need to be careful because everything changes over time, and the system tends to lag behind | | 4 |
| | | Overall comment | Functionality is good  Terminology is lacking  Work on level of harm  How does everything map to existing NRLS codes, this will help with benchmarking | | |