**Tim Arnold**

* Leads training on usability
* Human Factors for Patient Safety
* History- worked as chemist and biologist (environmental scientist) then went into healthcare. Got Doctorate- he was a midlevel provider in the private sector. Specializes in Infectious disease
* Did a VA fellowship- Human center design of decision support tools- he specialized again in infectious disease.
* Patient Safety department – VA center in Ann Arbor, MI.
* Lead – co-director – help with training curriculum and patient safety
* Major components – training
* I would be one of the intended users.
* We Look at device failures, processes in the VA. Through human factors lenses.
* Those in Informatics would use the UX site as well.
* Through purchasing through safety (initiative)
* Writing up technical requirements
* Designing patient safety alerts and advisory and notices
* Informatic based issues – describing solutions for those issues.
* Is the intent to supply resources? Content and personnel?
* Standard, best practices, heuristics?
* Persona generators - Pathway to that.
* Can you give us an example of a recent patient safety initiative that you worked on that you used HCD backgrounds to help address or solve the problem?
  + HFMEA process here. Risk analysis process. Task analysis? Not in that formal way – flow diagram - Direction to design a guidebook. Well-designed guidebook, questions into how usable or valuable it would be. Can’t help but wonder if people had training or resources – we would have produced a better product.
* Informatics issues that is safety related – immunization incorrectly documented alert. CPRS may have been rejected and overlooked. If we look through this lens there are areas for improvement. We have an Internal tool that these issues get logged into. Intranet site. PDF site.
* SharePoint – different databased and document management systems. Protected by law. Internal documents.
* Good example of methods that is developed and endorsed by program office – don’t want to re-event the wheel.
* Make projects aware of techniques they can use. Some other information on that site. Combinations of other methods to evaluate and assess.
* Our office is considering updating process – dynamic nature of it. Can be difficult for folks to work through and conceptualize. cumbersome to use- hard process.
* Long and drawn out, and it can be similar to checklist. There to facilitate discussion and frames in a certain way. Takes a long time for group to come to agreement.
* Could there be ways to simplify it? Less difficult and frustrating? Looking into this.
* Depending on facilitator.
* Primary users will be- informaticists at medical centers. (CACS)
* Tim has led and involved in educating patient safety officers at medical centers.
  + HFMEA - Root cause analysis
  + Patient safety officer – has responsibility of improvement the safety of system. How can we can support that role.
  + We don’t want to reinvent the wheel
  + Here is a technique, here is what it is used for, here is source of information
  + That is our standard process right now. HRO I think HCD is my opinion critical to fulfil principles of HRO. Usability evaluation that will be provided in field.
  + I have one I like – discount usability evaluation. Better than nothing. How does one figure out how to designate resources?
  + Ross and Tim are also apart of another organization – knowledge-based systems. Responsible for clinical design support, Both on Scotts workgroup. Develop content.
  + Trying to complete the toolkit- methods and techniques and where there are gaps that need to be filled. Informatics will be able to execute.
  + Human resources component – having access to a third parties that are experienced and experienced and facilitating can be very helpful and efficient. Come in with a different prospective. Not their baby.
  + For me, having these types of resources- underside that is an important component.
  + Heuristic can be used in root caused analysis. Cross over with methods.
  + How is that articulated on site? How can methods be integrated into other methods? For example, sometimes will see usability test done. What happens when something goes wrong. Finding sweet spot.
  + Do you think website is best medium to display this information? Age of the web, I suppose. I always consider multiple mediums to reach a larger number. Web is going to hit a large percentage but provide some diversity will reach other folks. Some kind of redundancy would be good too. Multiple perspectives, and multiple mediums. Larger audience and more resilient system. Don’t loose your work.