

# Observation of Work from a Systems Perspective

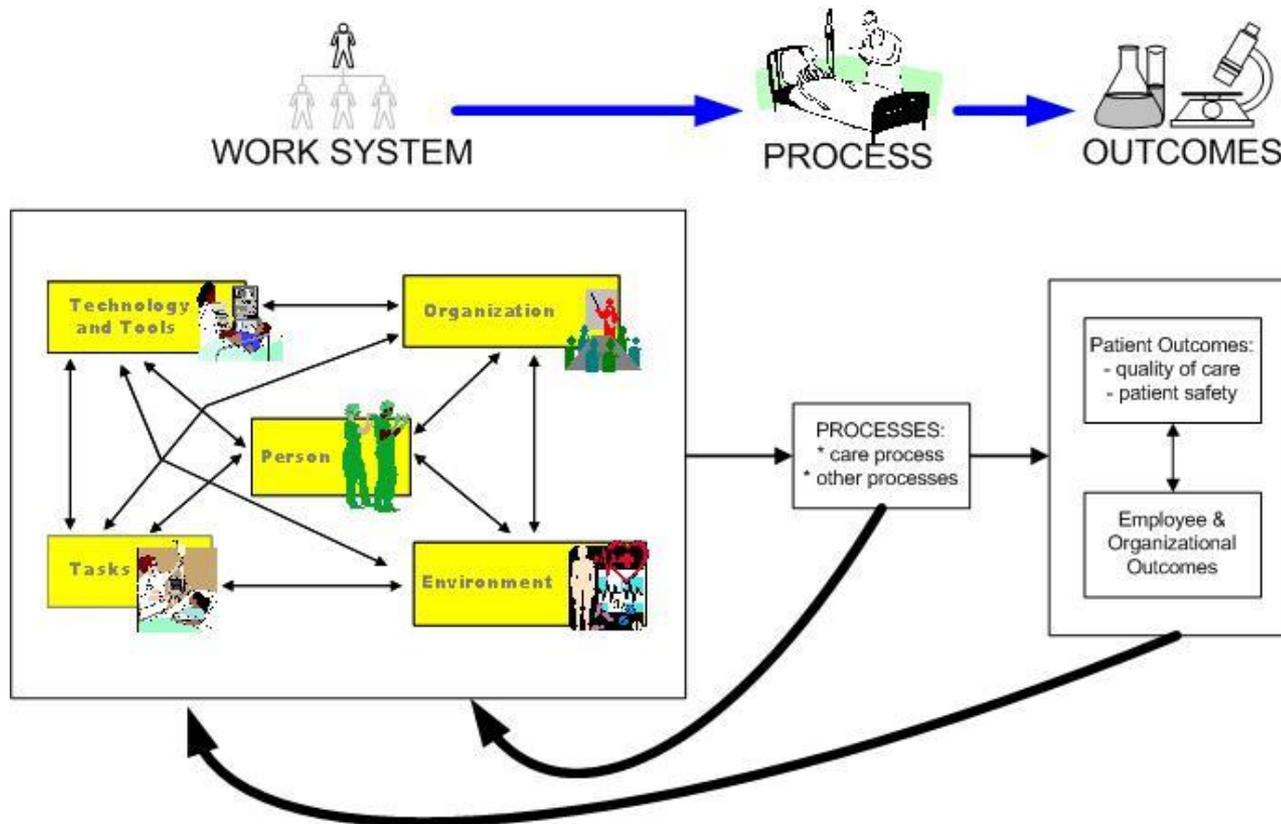
---

**Tosha Wetterneck, MD, MS**

Associate Professor, Dept of Medicine  
Faculty Researcher, Center for Quality  
and Productivity Improvement &  
Systems Engineering Initiative for  
Patient Safety



# UW Systems Engineering Initiative for Patient Safety (SEIPS) Model of a work system



# UW-SEIPS System Model for Health Care

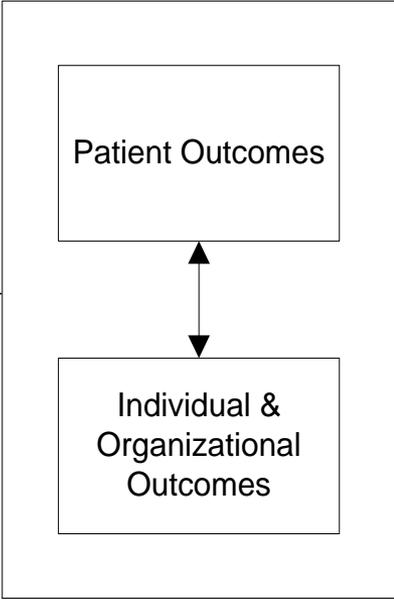
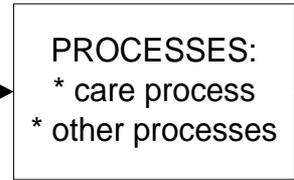
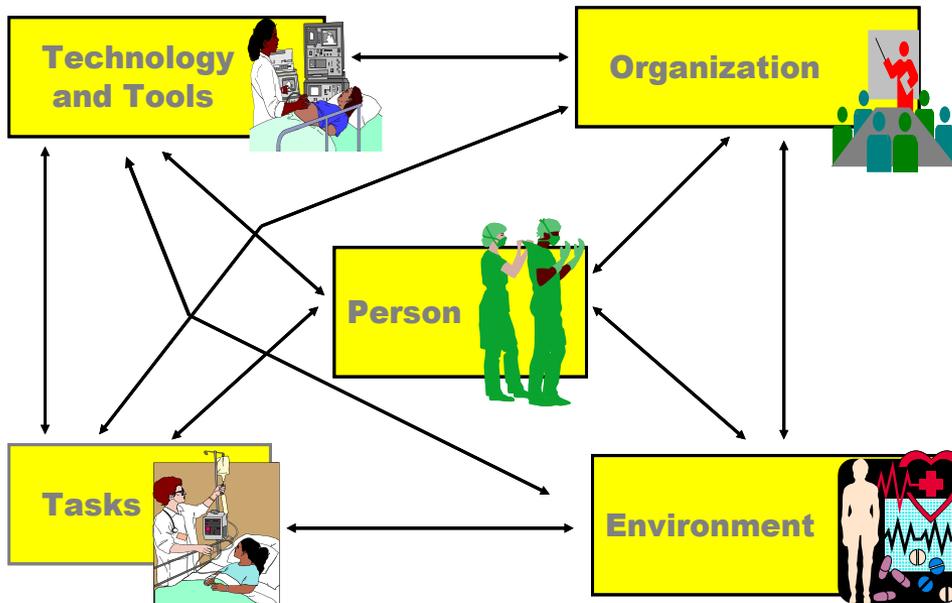
(Carayon et al. 2003)

---

Structure

Process

Outcome



# Work System Elements: Person

---

## **SEIPS model**

- ❑ Education, skills, knowledge
- ❑ Motivation & needs
- ❑ Physical & psychological characteristics
- ❑ Includes patients & healthcare providers and staff

## **Admit BPMH example**

- ❑ Staff / clinicians present. More than one person taking history? If so, how do they work together?
- ❑ Family or caregiver present
- ❑ Patient factors influencing process (acuity of illness, mental status changes, language, etc)
- ❑ Do workers appear fatigued, overworked, harried/on-edge, anxious to move quickly, composed, etc

# Organization

---

## **SEIPS model**

- Org culture & patient safety culture
- Teamwork
- Coordination, collaboration, communication
- Supervisory and management style
- Work schedules
- Performance evaluation, incentives

## **Admit BPMH example**

- Was the person being observed interrupted?
    - By whom (and how, e.g., phone call, pager, face-to-face, etc.)?
    - How did the person observed negotiate the interruption (e.g., how did individual juggle two tasks)?
    - Did the individual resume the “primary task”?
    - Did it influence the process/outcome?
  - Teamwork – evidence of inter-prof communication about med rec?
    - What facilitated or prevented good teamwork?
-

# Technologies & Tools

## SEIPS model

---

- Information technologies & their characteristics
  - E.g., Electronic health records, computerized provider order entry
- Medical devices
  - IV pumps, CT scanners, calculators
- Paper charts & tools – order sets, templates

## Admit BPMH example

---

- Technology Alarms/warnings:
    - Visual or audio alarms/alerts from technology being used – (may indicate problem with the process or use of the technology)
    - Individual response to alarms
    - Is a computer used? On what platform - laptop, computer on wheels, PDA
    - How well is the technology used? Easy, efficient?
  - Tools:
    - What tools are used? How well are they used? Easy, efficient?
      - Med rec paper forms, EHR med list, Order sheets
-

# Tasks

---

## **SEIPS model**

- Variety of tasks to be done
- Job content, challenge, utilization of skills
- Autonomy, job control and participation
- Job demands
  - E.g., workload, time pressure, cognitive load, need for attention

## **Admit BPMH example**

- Is the med list reviewed in its entirety? Did providers cut corners to save time?
  - Are the tasks performed in a logical sequence?
  - Evidence of time pressure or workload problems?
-

# Environment

## SEIPS model

---

- Layout of workspace
  - E.g., Workstation design, patient exam rooms, hospital unit
- Noise
- Lighting
- Temperature, humidity, air quality

## Admit BPMH example

---

- Physical environment, e.g., flat surfaces, layout, visibility, walking distance to computer/printer/documents
  - Issues with: lighting, noise, privacy
  - Social environment: how individuals are positioned & interacting (who is standing vs. sitting? Eye contact? Who is looking at whom when speaking? Do they look distracted by the physical environment?)
-

# Observation

---

- Jotted notes
    - Filling out the form while observing
  - Direct observation notes
    - After observation, completing notes
  - Inferences
    - What something means in context
  - Analysis
    - Interpret what was seen, draw conclusions
-