

## Malpractice Insurers Medical Error Prevention Study

### 3. HUMAN FACTORS ANALYSIS DATA FORM

**Subject Number (FOR OFFICE USE ONLY)**











**Date of Review**









**Insurance Company Code Number**











**Claim Number**

















**Reviewer ID #**




**Instructions:** Below we consider a range of possible factors that may have contributed to the occurrence of the adverse outcome. Often the role of these factors are not explicitly documented. *Consider a factor to have contributed to the adverse outcome if you clinically judge it likely to have played at least a minor role.*

#### **Environmental Conditions:**

**Rate the *likelihood* that the following factors contributed to the adverse outcome.**

1. **Interruptions** (e.g., pages, outside calls, duties caring for other patients) to the work of the responsible clinician(s) contributed to the adverse outcome.

○	○	○	○	○	○
0	1-----	2-----	3-----	4-----	5
Inadequate Data	Highly Unlikely	Somewhat Likely		Highly Likely	

***If the likelihood rating is < 3, skip to question 2***

- 1a. Specify the interruption(s):  
(Select **all** that apply)

- Pages
- Telephone calls
- Competing duties caring for other patients
- Meeting/in-services
- Other (specify): \_\_\_\_\_

2. **Ergonomic problems** (e.g. inadequate lighting, space, or noise) contributed to the adverse outcome.

0	0	0	0	0	0
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely		Somewhat Likely		Highly Likely

*If the likelihood rating is < 3, skip to question 3*

- 2a. Specify the ergonomic problems:  
(Select **all** that apply)

- Inadequate lighting
- Inadequate space
- Noise
- Other (specify): \_\_\_\_\_

3. **Technology**, equipment (including operative instruments), or automation contributed to the adverse outcome.

0	0	0	0	0	0
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely		Somewhat Likely		Highly Likely

*If the likelihood rating is < 3, skip to question 4*

- 3a. Specify the technological, equipment problems or automation problem(s).  
(Select **all** that apply)

- Appropriate equipment/technology unavailable.
- Equipment/technology used was defective.
- Personnel failed to use equipment/technology appropriately.
- Equipment/technology new or unfamiliar to the operator
- Inappropriate reliance on automation/technology
- Other (specify): \_\_\_\_\_

- 3b. Who experienced the technological/equipment problems?  
(Specialty code list)

Specialty code:

Specialty code:

Specialty code:

o No specialty (i.e. Non clinician) specify: \_\_\_\_\_

4. **Fatigue** contributed to the adverse outcome.

○	○	○	○	○	○
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely	Somewhat Likely	Highly Likely		

***If the likelihood rating is < 3, skip to question 5***

4a.

Whose fatigue? (Specialty code list)	How many <i>consecutive hours</i> had the clinician been on duty before the occurrence of the error that led to adverse outcome? (if multiple errors, specify time to first error)
Specialty code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> < 8 hours <input type="radio"/> 8 - 24 hours <input type="radio"/> >24 hours <input type="radio"/> Do not know
Specialty code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> < 8 hours <input type="radio"/> 8 - 24 hours <input type="radio"/> >24 hours <input type="radio"/> Do not know
Specialty code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> < 8 hours <input type="radio"/> 8 - 24 hours <input type="radio"/> >24 hours <input type="radio"/> Do not know
o No specialty (i.e. non clinician) specify: _____	

5. **Workload/inadequate** staffing for the involved clinician(s) contributed to the adverse outcome.

○	○	○	○	○	○
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely	Somewhat Likely	Highly Likely		

***If the likelihood rating is < 3, skip to question 6***

5a. Specify what the workload/staffing issues were:  
(Select **all** that apply)

**Temporary lack of available staff** (e.g. due to cross-coverage, floating personnel, agency staffing):

medical staff       nursing staff       pharmacy staff       allied health staff

**Routine lack of available staff** (i.e. no evidence that shortage was of temporary nature):

medical staff       nursing staff       pharmacy staff       allied health staff

**Excessive workload:**

medical staff       nursing staff       pharmacy staff       allied health staff

**Other** (specify): \_\_\_\_\_

### Circumstantial Factors:

Rate the *likelihood* that the following factors contributed to the adverse outcome.

6. A failure of **vigilance** or **memory** contributed to the adverse outcome.

○	○	○	○	○	○
0	1-----	2-----	3-----	4-----	5
Inadequate Data	Highly Unlikely	Somewhat Likely		Highly Likely	

*If the likelihood rating is < 3, skip to question 7*

6a. Whose failure of vigilance/memory?  
(Specialty code list)

Specialty code:

Specialty code:

Specialty code:

No specialty (i.e. Non clinician) specify: \_\_\_\_\_

7. An error in **judgment** contributed to the adverse outcome.

○	○	○	○	○	○
0	1-----	2-----	3-----	4-----	5
Inadequate Data	Highly Unlikely	Somewhat Likely		Highly Likely	

*If the likelihood rating is < 3, skip to question 8*

7a. Whose judgment error?  
(Specialty code list)

Specialty code:

Specialty code:

Specialty code:

No specialty (i.e. Non clinician) specify: \_\_\_\_\_

### Team/Group Behavior:

Rate the *likelihood* that the following factors contributed to the adverse outcome.

8. **Inadequate hand-off** of information or a **change of personnel** contributed to the adverse outcome.

0	1	2	3	4	5
Inadequate Data	Highly Unlikely	Somewhat Likely	Highly Likely		

*If the likelihood rating is < 3, skip to question 9*

8a. Provide details: \_\_\_\_\_

\_\_\_\_\_

9. **A failure to establish clear lines of responsibility** for patient care contributed to the adverse outcome.

0	1	2	3	4	5
Inadequate Data	Highly Unlikely	Somewhat Likely	Highly Likely		

*If the likelihood rating is < 3, skip to question 10*

9a. Specify the issues surrounding responsibility for patient care.  
(Select **all** that apply)

No clinician identified as in charge.

Multiple providers involved in care for same patient

Other (specify): \_\_\_\_\_

10. **Conflict** among personnel over authority or decision-making contributed to the adverse outcome.

0	0	0	0	0	0
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely		Somewhat Likely		Highly Likely

*If the likelihood rating is < 3, skip to question 11*

- 10a. Provide details: \_\_\_\_\_

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11. **Another failure of communication** of information, other than one due to failure to obtain informed consent, change of personnel, conflict among personnel, or unclear responsibility among personnel contributed to the adverse outcome.

0	0	0	0	0	0
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely		Somewhat Likely		Highly Likely

*If the likelihood rating is < 3, skip to question 12*

- 11a. Provide details: \_\_\_\_\_

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12. **Lack of supervision** of assisting personnel or trainees contributed to the adverse outcome.

0	0	0	0	0	0
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely		Somewhat Likely		Highly Likely

*If the likelihood rating is < 3, skip to question 13*

- 12a. Provide details: \_\_\_\_\_

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13. **Failure to follow (or break) a prominent, well established protocol** or policy at the site of care, contributed to the adverse outcome.

0	1	2	3	4	5
Inadequate Data	Highly Unlikely	Somewhat Likely		Highly Likely	

*If the likelihood rating is < 3, skip to question 14*

- 13a. Specify the issues surrounding following (or breaking) an established protocol or policy? (Select **one** only)

- Failure to **follow** an established protocol/policy.
- Use of an inappropriate protocol/policy.
- Failure to **break** an established protocol/policy
- Other: \_\_\_\_\_

- 13b. Who failed to follow/break the protocol? (Specialty code list)

Specialty code:

Specialty code:

Specialty code:

- No specialty (i.e. Non clinician) specify: \_\_\_\_\_

14. **Specify any other environmental, team, or systemic conditions** that you have identified that contributed to the adverse outcome: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Individual Factors:

Rate the *likelihood* that the following factors contributed to the adverse outcome.

15. An individual's **lack of technical competence or knowledge** contributed to the adverse outcome.

0	1	2	3	4	5
Inadequate Data	Highly Unlikely		Somewhat Likely		Highly Likely

*If the likelihood rating is < 3, skip to question 16*

- 15a.

Whose lack of technical competence/knowledge? (Specialty code list)	Specify the issues surrounding the individual's/individuals' lack of technical competence/knowledge (Specify <b>all</b> that apply)
Specialty code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> The individual was a trainee (e.g., resident, student) <input type="radio"/> The individual was not a trainee, but practicing outside his or her specialty/license <input type="radio"/> The clinician was practicing within his or her specialty, but lacked experience/skill with the task at hand. <input type="radio"/> Other: _____
Specialty code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> The individual was a trainee (e.g., resident, student) <input type="radio"/> The individual was not a trainee, but practicing outside his or her specialty/license <input type="radio"/> The clinician was practicing within his or her specialty, but lacked experience/skill with the task at hand. <input type="radio"/> Other: _____
Specialty code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> The individual was a trainee (e.g., resident, student) <input type="radio"/> The individual was not a trainee, but practicing outside his or her specialty/license <input type="radio"/> The clinician was practicing within his or her specialty, but lacked experience/skill with the task at hand. <input type="radio"/> Other: _____
<input type="radio"/> No specialty (i.e. non clinician) specify: _____	

- 15b. Were others with more expertise available at the clinician's institution?

- Yes  
 No  
 Inadequate data to determine

16. Some other failing of an individual clinician, not adequately explained by either lack of technical competence/knowledge or judgment, contributed to the adverse outcome.

○	○	○	○	○	○
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely	Somewhat Likely		Highly Likely	

*If the likelihood rating is < 3, skip to question 17*

- 16a. Provide details: \_\_\_\_\_

\_\_\_\_\_

17. Patient-related **clinical factors** (e.g. difficult anatomy) contributed to the adverse outcome.

○	○	○	○	○	○
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely	Somewhat Likely		Highly Likely	

*If the likelihood rating is < 3, skip to question 18*

- 17a. Provide details: \_\_\_\_\_

\_\_\_\_\_

18. Patient-related **non-clinical/behavioral factors** (e.g. failure to keep appointment, non-compliance) contributed to the adverse outcome.

○	○	○	○	○	○
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely	Somewhat Likely		Highly Likely	

*If the likelihood rating is < 3, skip to question 19*

- 18a. Provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Does the claim involve an **allegation** that the clinician(s) **did not provide informed consent** for the treatment or treatment plan?
- Yes
  - No (**Skip to 20**)
- 19a. What **type** of failure to obtain informed consent does the patient **allege**?  
(Mark **all** types that apply, and subtypes that apply)
- No communication regarding informed consent whatsoever
  - Some communication, but patient **allegedly** was not competent to give consent
    - Incompetent because of:
      - Minor status
      - Dementia
      - Other pre-existing mental illness/incapacity
      - Emergent nature of condition / need for treatment
      - Other (specify): \_\_\_\_\_
  - Some communication, but clinician **allegedly** failed to inform patient of relevant risks of treatment
    - Some relevant risks not mentioned at all
    - Relevant risks disclosed, but understated (e.g. failure to mention adverse outcomes of previous patients, failure to mention patient's special susceptibility to the risk)
  - Some communication, but clinician **allegedly** failed to inform patient of alternative treatments and their potential benefits
    - Alternative(s) not mentioned at all
    - Alternative(s) inadequately described
  - Some communication, but the care **actually** rendered allegedly differed materially from what was described
    - Change in treatment plan
    - Change in clinician rendering the treatment
    - Other (specify: \_\_\_\_\_ )
  - Some communication, but clinician **allegedly** failed to disclose investigational/research nature of the treatment
    - Was the patient on a formal research protocol?
      - Yes
      - No

- 19b. What **form** of communication is **alleged to** have been deficient?
- Oral
  - Written
  - Both oral and written
- 19c. Is it **alleged** that a **proxy decision-maker** was not involved or not adequately involved in obtaining consent?
- Yes
  - No
- 19d. Considering all available information, **rate your confidence** that there **actually** was a failure to obtain informed consent from the patient in this claim?
- Little or no evidence of failure to obtain informed consent (1)
  - Slight to modest evidence of failure to obtain informed consent (2)
  - Failure to obtain informed consent not quite likely; less than 50-50 but close call (3)
  - Failure to obtain informed consent more likely than not; more than 50-50 but close call (4)
  - Moderate/strong evidence of failure to obtain informed consent (5)
  - Virtually certain evidence of failure to obtain informed consent (6)

*If the confidence rating is 1, 2 or 3 skip to question 20*

- 19e. Which clinician(s) had primary responsibility for failing to obtain informed consent?  
(Specialty code list)

Specialty code:

Specialty code:

Specialty code:

No specialty (i.e. Non clinician) specify: \_\_\_\_\_

19f. Please provide any **additional details** that you believe are important to understanding what occurred: \_\_\_\_\_

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*You completed **all parts** of Question 19 because you judged that clinician(s) erred by failing to obtain informed consent. **If this is the only factor covered in the Human Factors form that you have judged at least “Somewhat likely” (i.e. likelihood rating of 3 or greater) to have contributed to the adverse outcome in this claim, then END REVIEW. Otherwise, proceed to Question 20.***



**Sources:**

22. The medical record and other sources of information were available to you in the claims file to respond to all of the questions about contributing factors in this form. Rate the overall value of them to your understanding about what occurred and your judgments about contributing factors.

<b>Source</b>	<b>Value as an information source to Judgments about contributing factors</b>															
Medical record	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> <tr> <td style="text-align: center;">1-----</td> <td style="text-align: center;">2-----</td> <td style="text-align: center;">3-----</td> <td style="text-align: center;">4-----</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">No value</td> <td colspan="2" style="text-align: center;">Somewhat valuable</td> <td colspan="2" style="text-align: center;">Indispensable</td> </tr> </table>	○	○	○	○	○	1-----	2-----	3-----	4-----	5	No value	Somewhat valuable		Indispensable	
○	○	○	○	○												
1-----	2-----	3-----	4-----	5												
No value	Somewhat valuable		Indispensable													
Other documents/information in the claims file	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> <tr> <td style="text-align: center;">1-----</td> <td style="text-align: center;">2-----</td> <td style="text-align: center;">3-----</td> <td style="text-align: center;">4-----</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">No value</td> <td colspan="2" style="text-align: center;">Somewhat valuable</td> <td colspan="2" style="text-align: center;">Indispensable</td> </tr> </table>	○	○	○	○	○	1-----	2-----	3-----	4-----	5	No value	Somewhat valuable		Indispensable	
○	○	○	○	○												
1-----	2-----	3-----	4-----	5												
No value	Somewhat valuable		Indispensable													

**SPECIALTY CODES***MMM. Unknown***Generalist Physicians\***

101. Generalist/Primary Care (includes: Internal Medicine, Hospitalist, General Practice, Family Practice, General Primary Care)

**Specialist Physicians\***

201. Cardiology	212. Geriatrics
202. Hematology/Oncology	213. Genetics
203. Nephrology	214. Occupational Medicine
204. Neurology	215. Physical Medicine & Rehab/Psychiatry
205. Rheumatology/Immunology	216. Obstetrics/Gynecology
206. Gastroenterology	217. Anesthesiology
207. Dermatology	218. Pediatrics/Neonatology
208. Endocrinology	219. Radiology/Imaging
209. Pulmonary Disease	220. Pathology
210. Infectious Disease	221. Emergency Medicine
211. Intensive Care	222. Psychiatry

**Surgeons\***

301. General Surgery	306. Vascular Surgery
302. Orthopedic Surgery	307. Neurosurgery
303. Cardio/Thoracic Surgery	308. Plastic Surgery
304. Ophthalmology	309. Urology
305. ENT	

**\*For Fellows list relevant 3-digit code and place “F” in 4<sup>th</sup> box, for Residents list relevant 3-digit code and place “R” in 4<sup>th</sup> box, and for Interns list relevant 3-digit code and place “I” in 4<sup>th</sup> box.**

**Nursing Professionals**

401. Registered Nurse  
 402. Licensed Practical Nurse  
 403. Nurse Practitioner/Clinical Nurse Specialist  
 404. Nurse Midwife  
 405. Nurse Anesthetist

**Other Professional Services**

501. Dentistry/Oral Surgery	510. Naturopathy (by MD/DO)
502. Substance Abuse Treatment	511. Naturopathy (by non-physician)
503. Physical Therapy	512. Massage Therapy (by MD/DO)
504. Occupational Therapy	513. Massage Therapy (by non-physician)
505. Speech Therapy	514. Homeopathy (by MD/DO)
506. Acupuncture (by MD/DO)	515. Homeopathy (by non-physician)
507. Acupuncture (by non-physician)	516. Physician Assistant
508. Chiropractic (by MD/DO)	517. Pharmacist
509. Chiropractic (by non-physician)	518. Patient Care Assistants
	519. Other health professional

**Trainee**

601. Medical student  
 602. Nursing Student (graduate or undergraduate)  
 603. Student of other health profession