# DOME Designing Out Medical Error

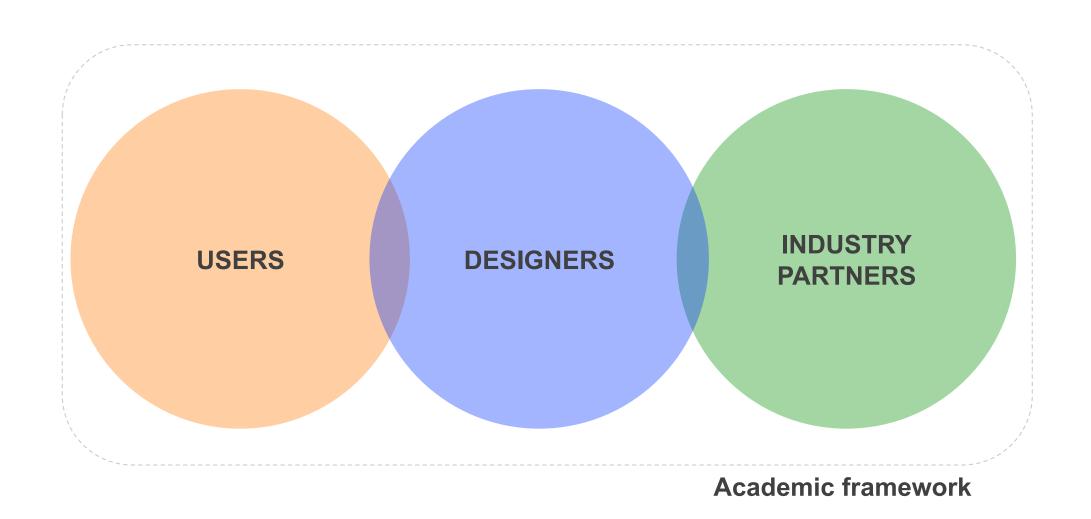
Ed Matthews World Congress on Design and Health, Boston, 8 July 2011



# 1963

RCA Design Research Unit

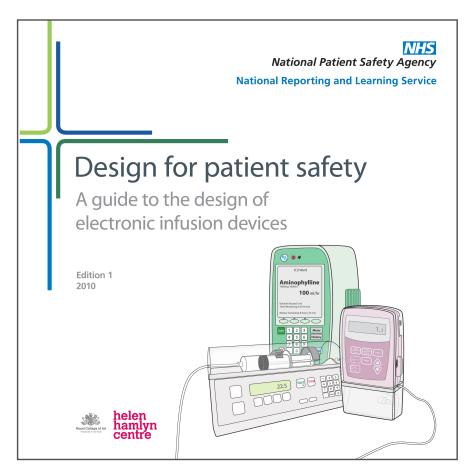


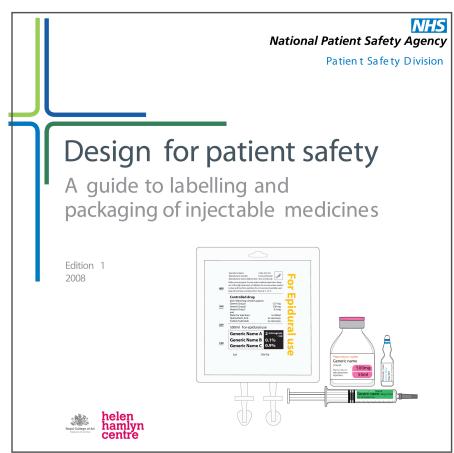




Age & Mobility

City & Workplace







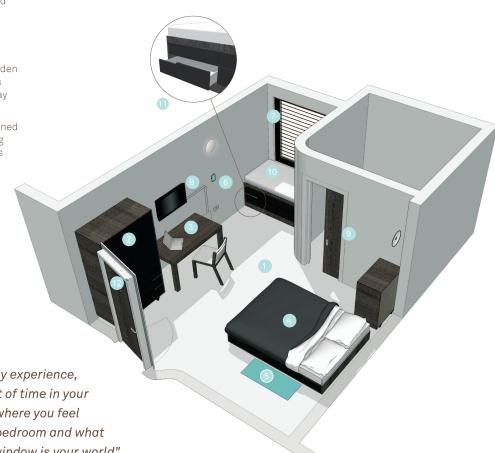
#### Bedroom Concept

Residents should be encouraged to choose the colour scheme, objects and furniture for their bedrooms. This concept shows a good-sized bedroom with en-suite facilities and a snug that provides views of the garden.

- 1 Carpeted floor for comfort
- 2 Movable storage affixed to wall once in preferred position
- 3 Wireless internet connection
- Bed positioned away from windows, radiators and entrances.

  Direct view from bed to we door
- 5 Mat with pressure sensor switches on low level lighting at night
- 6 Invisible, contactless light switch with dimmer function
- Window with integrated blind

- Media centre and TV screen recessed into wall, connected with concealed flat wire
- 9 Space saving pocket door to en-suite washroom and WC
- 10 Window seat with view of garden giving continuous awareness of the weather and time of day and year
- Built in storage. Drawers opened with cut-out feature negating potential issues with handles and fixings
- 12 Door sensor



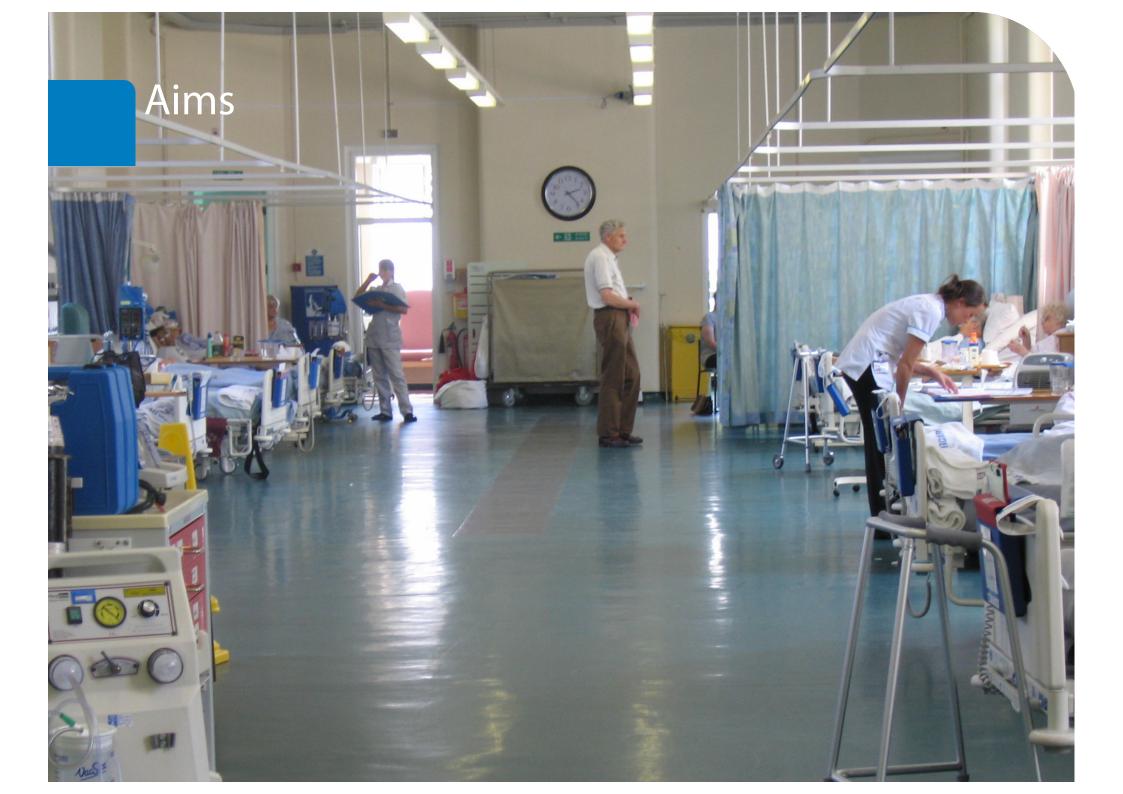


"if you've got autism, in my experience, you're likely to spend a lot of time in your bedroom because that's where you feel safest, so what's in your bedroom and what you can see through the window is your world"



### Introduction





#### Team & expertise







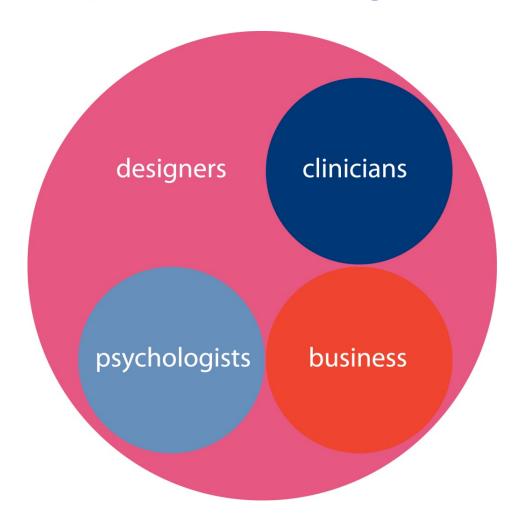




#### Roles of disciplines – co research



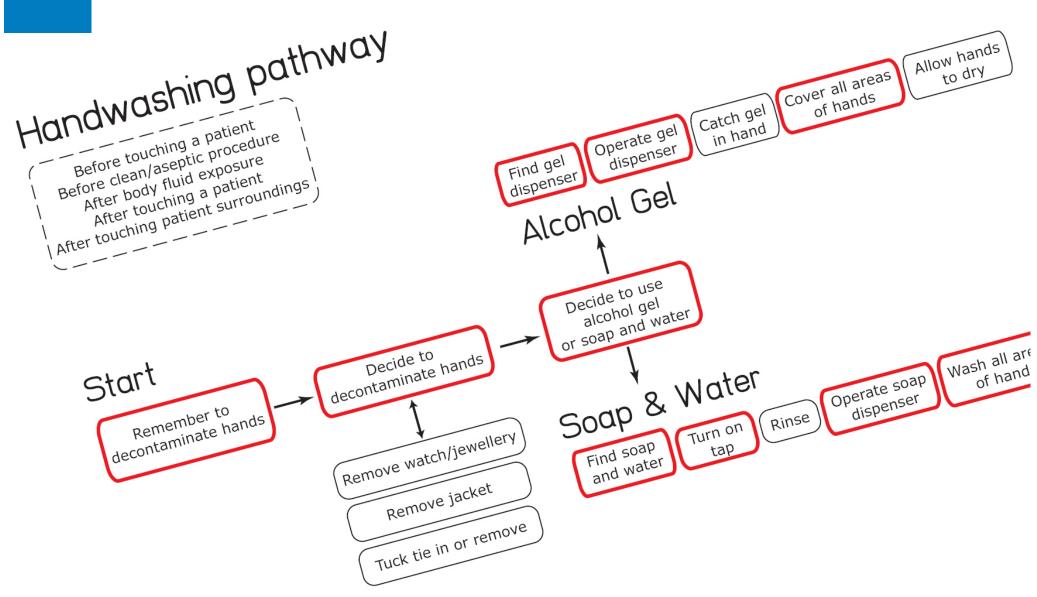
#### Roles of disciplines – co design



## Research



# Research – mapping and analysis





#### Research - FMEA

**Severity** Using a 1-4 scale, please rate the maximum severity of harm that could result from the *effects* of this failure mode.

Grade	Description	Score
Catastrophic	-Death -Permanent complete disability	4
Major	-Permanent incomplete disability -Increased length of stay or increased level of care for ≥3 patients	3
Moderate	-Increase length of stay or increased level of care for 1 or 2 patients	2
Minor	-No injury/increased length of stay or level of care	1

Room 3

**Frequency** Using a 1-4 scale, please rate the likelihood that the *effects* of this failure mode will result in harm of any severity.

Description	Score
Several times in 1 year	4
Once every 1-2 years	3
Once every 2-5 years	2
Once every 5-30 years	1

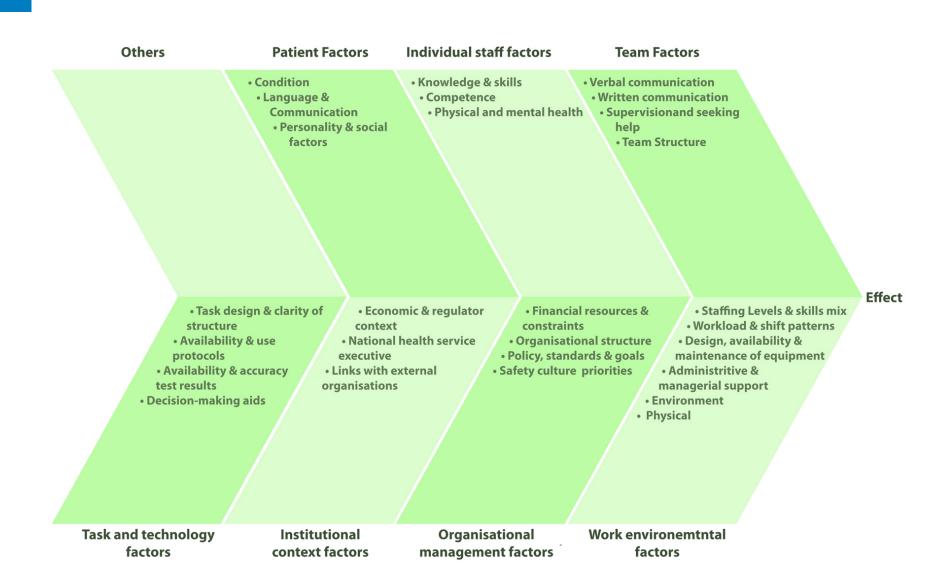
HANDOVER

\*Within the context of a general surgery ward.

**Detectability** Using a 1-4 scale, please rate the likelihood that the *effects* of this failure mode will be detected before harm occurs.

Description	Score
Remote	4
Low	3
Moderate	2
High	1

#### Research - causes



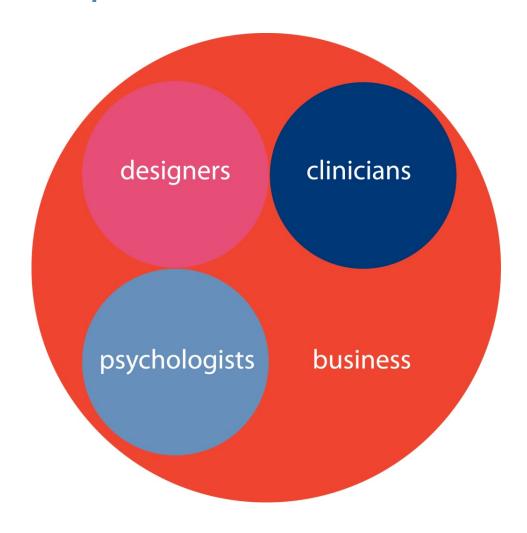
#### Research – triangulation



#### Summary hazard scores



#### Roles of disciplines – co research









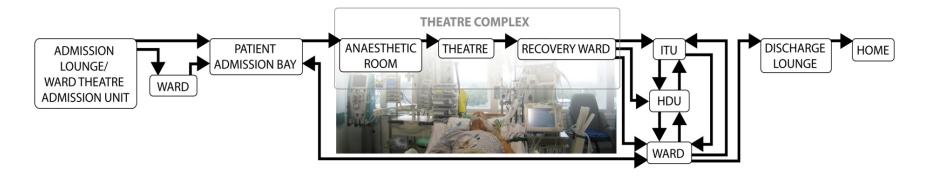




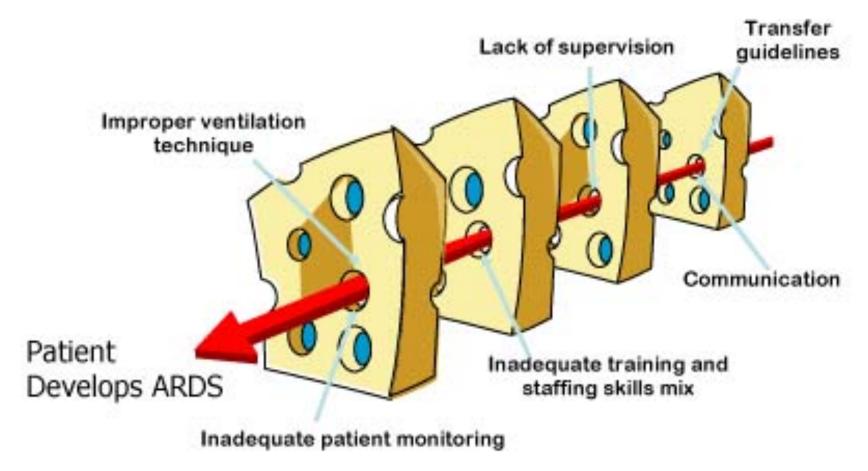
#### Mining process map



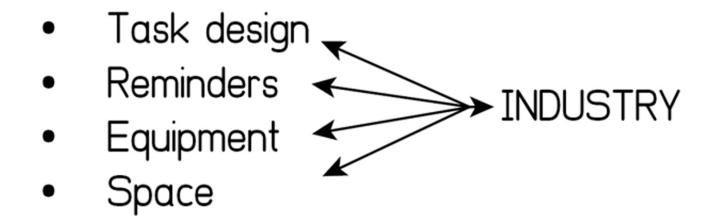
#### Elective surgical pathway process map





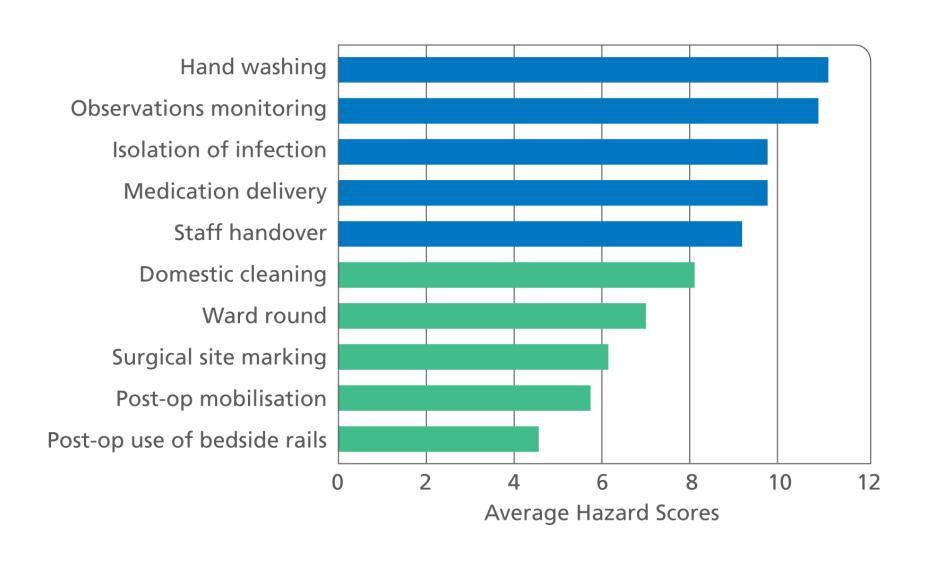


Holzmueller, C., P. Pronovost, and R. Branson. 2004. How can we learn from incidents? Critical Connections. 3(1).



# Design

#### Design | research forming design briefs



# Design | briefs







Isolation of Infection



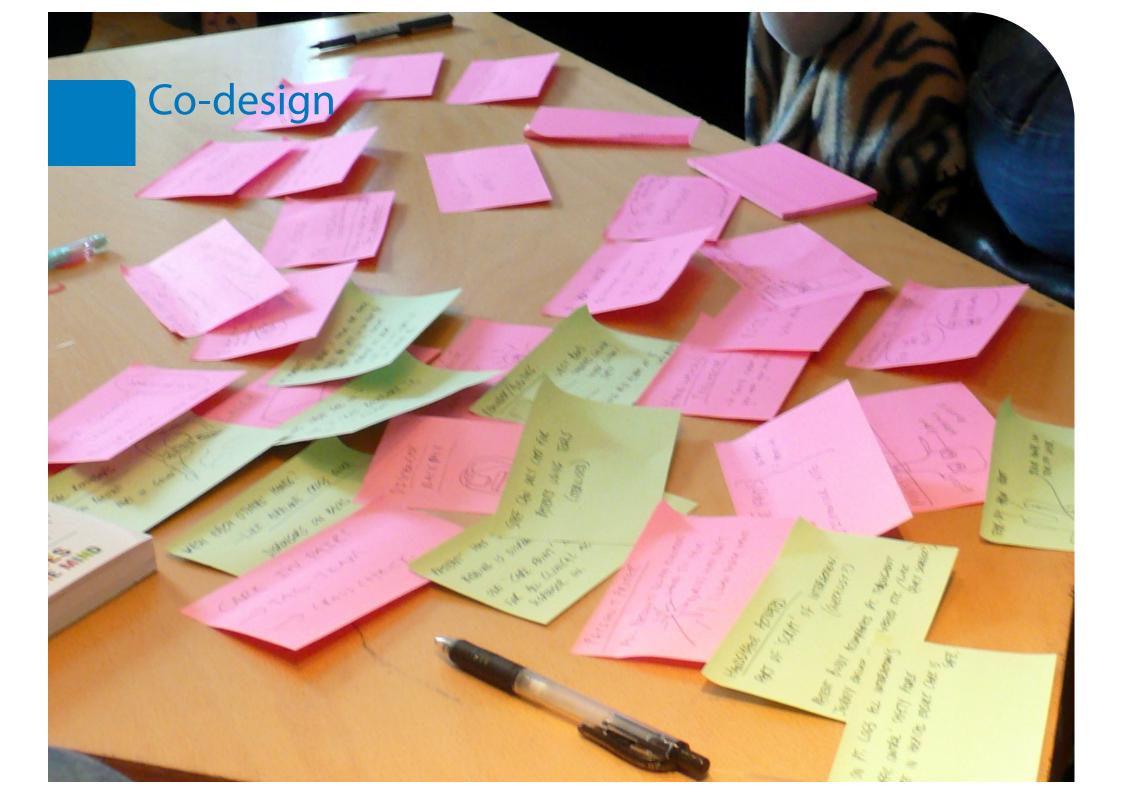
Vital Signs



Medication

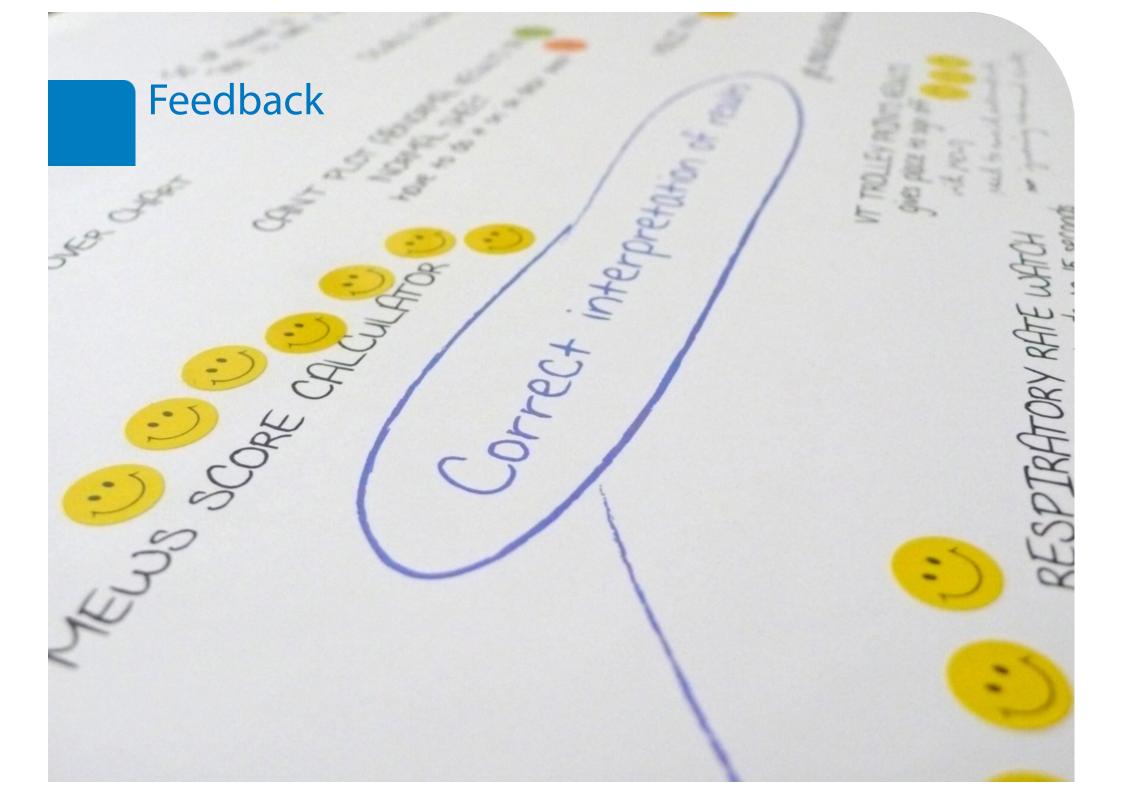


Handover



# Feedback







# **Design Interventions**



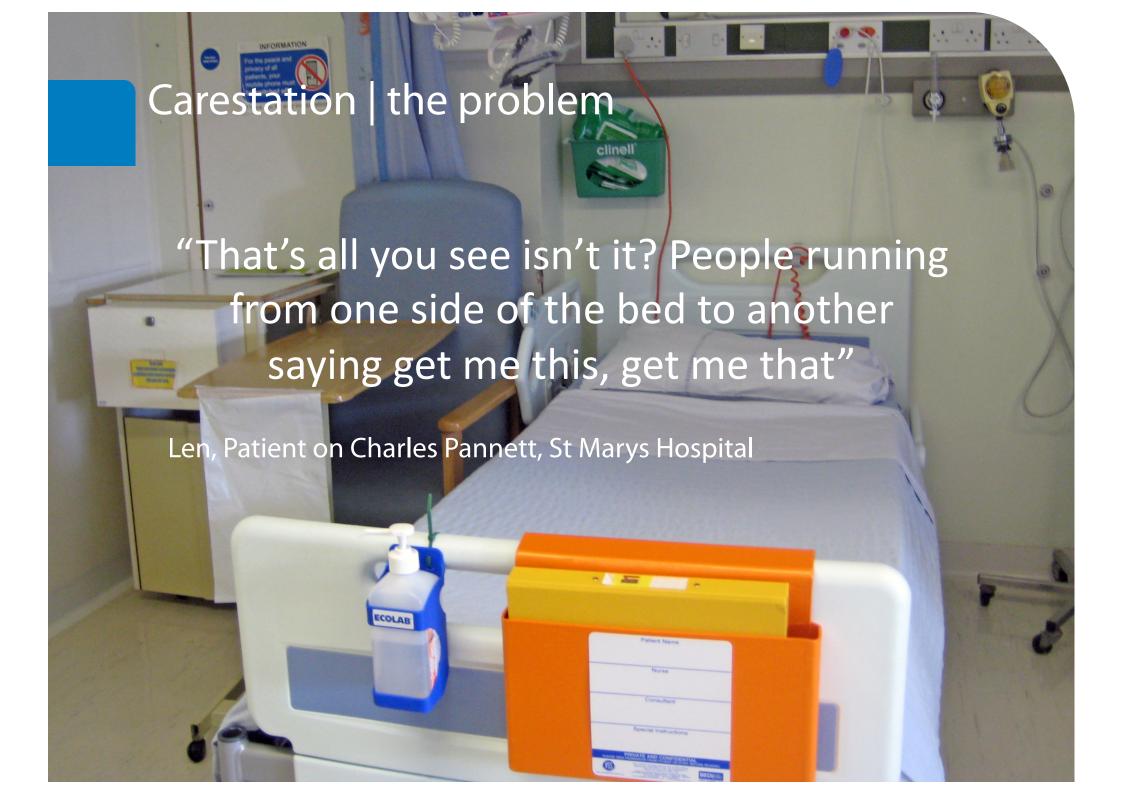














#### Carestation



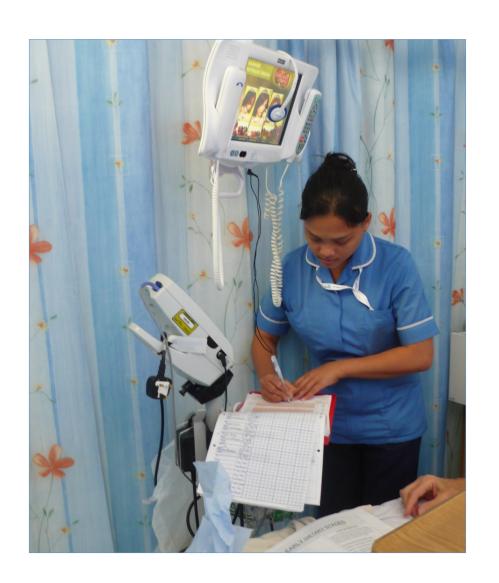






## Vital signs | the problem

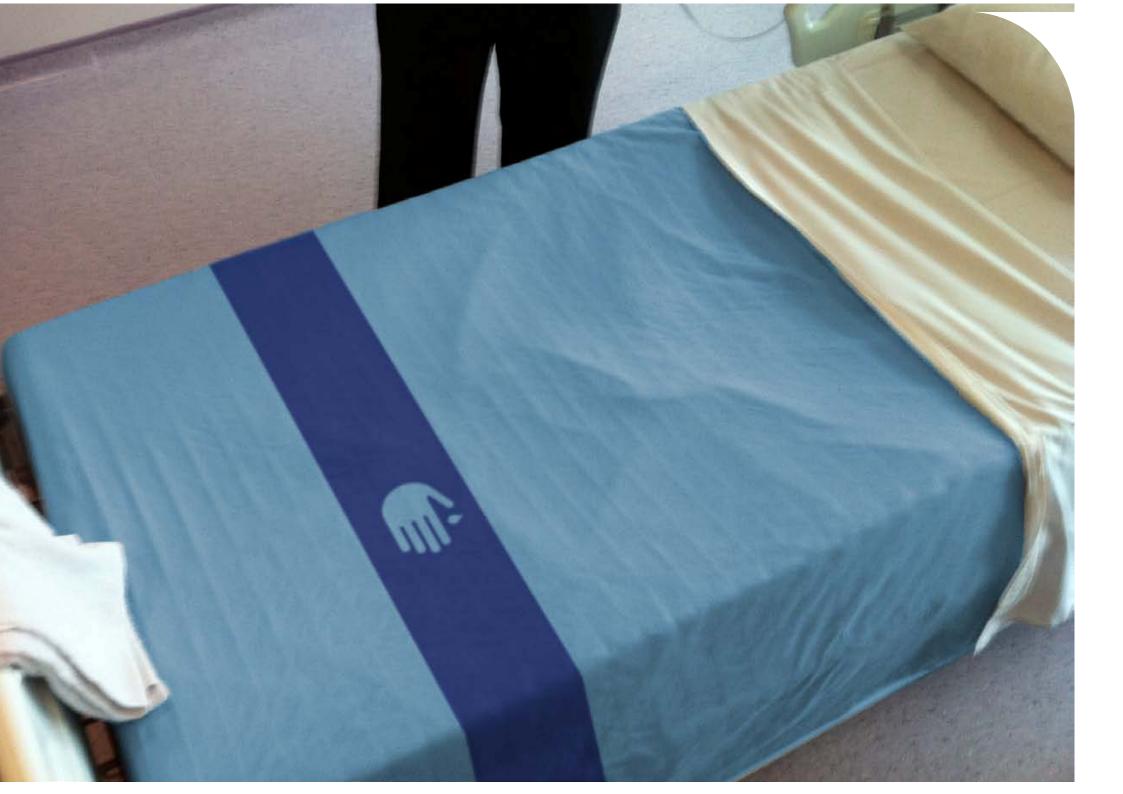
- Transcription errors
- Difficult to clean
- Inefficient cable management

























# Prototyping and Simulation

### Engagement with manufacturers



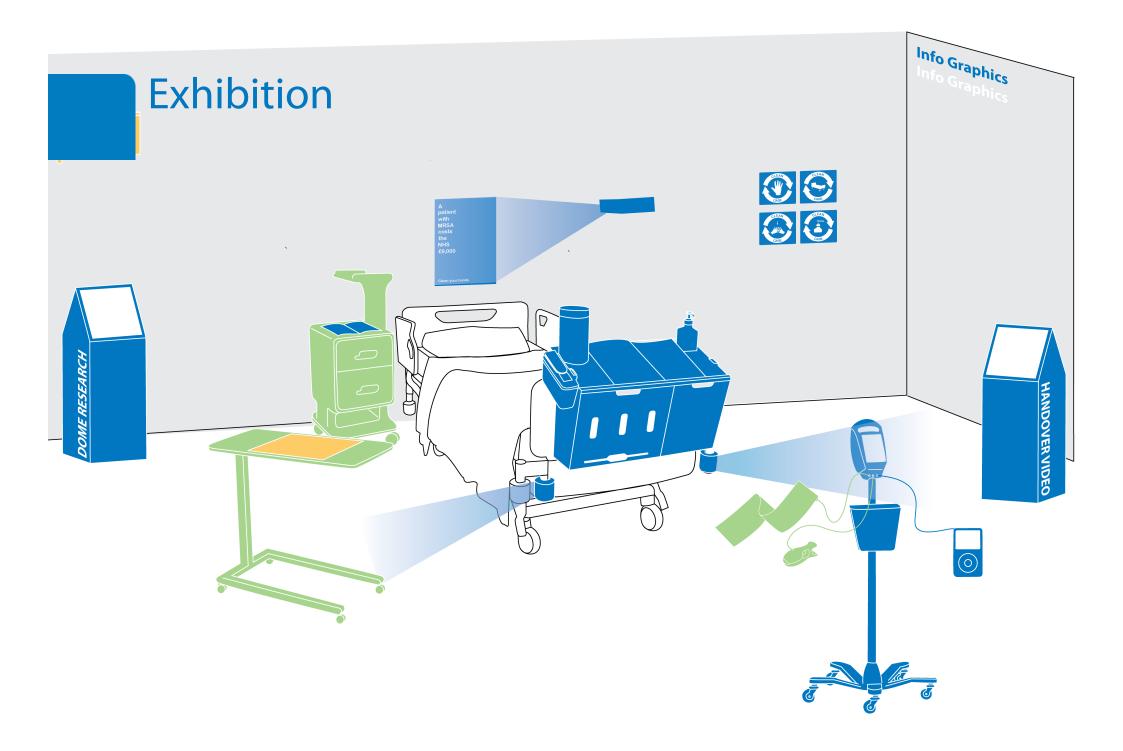




## Trials

# Next steps

- Further engagement with manufacturers
- Extended trials
- Cost benefit analysis and comparisons
- Further dissemination







www.hhc.rca.ac.uk

# DOME

Designing Out Medical Error

www.domeproject.org.uk