

# **SI 622**

# **Evaluation of Systems and Services**

**Winter 2007**



Organ Transplant Information System (OTIS)

## **Comparative Evaluation**

**March 12, 2007**

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# 1. Introduction

## 1.1. Overview of OTIS

The Transplant Center utilizes OTIS to evaluate potential transplant patients and monitor their lab results, diagnoses, and other medical data before and after transplant surgery. The types of transplants performed at the center include kidney, heart, lung, and pancreas. While people in many Transplant Center roles use OTIS (e.g., care coordinators, surgeons, nephrologists, inpatient and outpatient nurses, social workers). No one person uses all the add/edit features of OTIS, but all have the read security access to the patient record.

When one logs into OTIS, the staff home page gives the user the option to search for a patient. Once a patient is found and chosen, the record view defaults to the Timeline feature.

Our understanding of OTIS was based on an interview with the business analyst in charge of OTIS, and interacting with an OTIS marketing demo with a dummy database. We constructed a list of the features of the patient record system, and included that in Appendix C. Of those, the top-level features of OTIS's patient record application are described below:

Top Level Feature	Description
*Timeline	An icon-based chain, where each icon represents a chain of events.
Viewer	A full view of each patient contact by day, with medications, labs, open issues, and other detailed information in one large scrollable chart
Issue List	A queue of open issues by program clinic
Notes	Transplant-specific notes editing and viewing feature
*Demographics	Patient contact info, referring physician, and diagnoses
Flowsheet	
*Medications	Matrix of medications cross-referenced by date
*Labs	Detailed results of labs with a variety of filtered views
Diagnostic Study	Diagnoses that have been made by test results

Virology	Summary of virology and immunology results
Biopsy	Summary of biopsy results
Radiology	Summary of radiology test results
*DMI	Documents drawn from the Clinical Data Repository (these are in CareWeb too)

\*The features that we focused on are starred.

## 1.2. Target Audience

Our target audience includes care coordinators, surgeons, nephrologists, and inpatient and outpatient nurses, social workers.

## 2. Heuristic Evaluation

### 2.1. Evaluation Goals

Actual user testing is the ideal way of pinpointing the usability issues in a system. However, it is fairly expensive. Heuristic evaluation is a cheaper and quicker method that enables evaluators to identify some of the major usability problems of the system. Conducting a heuristic evaluation early on also helps decide which features of the system to focus on in the usability studies. The goal of this heuristic evaluation was to identify some of the single user and groupware usability problems in OTIS, and rate their severity.

The methodology section of this report presents the heuristics and rating scale used, as well as the procedure followed in conducting the evaluation. Next, the detailed findings from the single-user and collaborative heuristic evaluation are presented. Finally, a conclusion highlights the major findings, and the team's observations and interpretations.

### 2.2. Methodology

#### 2.2.1. Heuristics and Rating Scale

It is important in heuristic evaluation to consider heuristics that are appropriate for the specific system being evaluated. In our evaluation, the team decided to use both single user and groupware heuristics, since we believe both are important for the system to efficiently and effectively perform its intended functions. Not only is it essential that the system supports the individual user, but it is also necessary that it promotes and supports the overall collaborative workflow of its diverse target population.

A literature review was conducted to identify lists of heuristics that could be assembled and thereby customized towards evaluating both the single user and collaborative aspects of OTIS.

For the single user perspective, the team decided to use a combined list of heuristics by Judy Olson and Jakob Nielsen that were compiled by Mike Elledge and Panayiotis Zaphiris. These heuristics map to the following 10 major categories: Consistency, correspondence, error recovery, feedback, help and documentation, user's memory load, menu/command structure, system response time, training, and visual display. Please see Appendix A for the complete list of heuristics used. For the evaluation of the collaborative aspects of the system, a list of groupware heuristics were compiled from multiple sources. Please see Appendix B for the complete list of groupware heuristics used for this evaluation.

The following scale was used to rate the system -based only on the five top-level features chosen for the evaluation- in terms of the selected heuristics:

Severity	Meaning
Good	The system is excellent in this regard.
Low	The issue presents an annoyance but does not hinder task completion.
Medium	Issue causes some difficulty with respect to task completion, yet the user can still complete the task.
High	Issue causes substantial difficulty with completing the task or prevents its completion altogether.

## 2.2.2. Evaluation

OTIS is a fairly complex system with numerous functionalities. Since it was impossible for us to conduct an exhaustive heuristic evaluation of all of its features within the given timeframe, we decided to focus on five major ones based on an initial top-level GTN of the system. These were decided upon according to the research questions of the team, information obtained through previous methods such as user interviews, persona and scenario development, user survey results, and a product comparative evaluation, as well as the interests and questions of OTIS's actual developers at the MCIT. These top-level features include the following: Patient search; Timeline; Demographics; Medications; and DMI.

For the evaluation itself, one of our team members who had not seen an OTIS demo previously was chosen as the actual evaluator who walked through each of the features, commenting out loud as he conducted the evaluation. The team checked for each single user and groupware heuristic on the finalized list of heuristics for this evaluation. Three team members took notes during the evaluation, and one team member closely observed the responses and actions of the evaluator as he conducted the evaluation. The team discussed all heuristic categories, and then compiled notes. The rating for each heuristic was decided in a consensus. The evaluation was conducted from an administrator staff viewpoint.

### **3. Findings**

#### **3.1. Findings of Single-User Heuristic Evaluation**

##### **3.1.1. Overview of Findings**

We looked at the single-user heuristics from the following categories to see how well they meet the needs of the individual user. In addition to collaborative use of the system, we felt that each individual's needs should also be satisfied in order to ensure adoption of the system. The main goal here was to look at how well the interface addressed the heuristics designed to meet individual user goals.

##### **3.1.2. Detailed Findings**

<b>Issue</b>	<b>Severity</b>	<b>Description</b>	<b>Heuristic</b>
1	Low	In all pages, “edit” button is tucked off in the corner. Hard to be seen. (Figure1)	S1. The system should provide a consistency was of look, format information and notification when the mode changes.
2	Medium	When moving from Timeline, users are led to kidney list tab. Same window but new interface.	
3	Medium	Users keep closing the browser by mistake because not sure when a new window will be opened (no notification about changing mode).	

The screenshot shows a medical software interface for a patient named ASTER, CHARLOTTE MARIE. The top header includes fields for Name, Reg ID, Birthdate, Gender, and Study, along with search and navigation buttons. Below the header is a menu bar with tabs like Timeline, Viewer, Issue List, Notes, etc., and a 'HELP' link. The main content area is divided into sections: 'EVALUATION: 08/04/03 (Kidney)', 'General Info', 'Height, Weight, and ABO', and 'Critical Transplant Issues'. The 'Edit' button is located in the top right corner of the 'General Info' section. A large red watermark 'DO NOT USE PATIENT DATA' is diagonally across the page.

**Figure 1. Edit button location consistent but not proximal.**

Some serious problems are noticed by our team when evaluating the system. OTIS didn't provide notifications when the mode is changing (open a new browser windows). Users lose the sense of the status/ mode they are in thus might make serious problems.

Issue	Severity	Description	Heuristic
4	High	When users open evaluations by coordinator, they are led to other patients instead of evaluators.	S2. The system should provide corresponding information according to the status/ mode the users are in. It should also use the terms that users are familiar with.
5	High	The options at the left sometimes refer to the patient but sometimes refer to the whole system. (Figure 2)	
6	Good	The terms/ language used in the system are clear and suitable for users. Using standardized codes improves efficiency.	

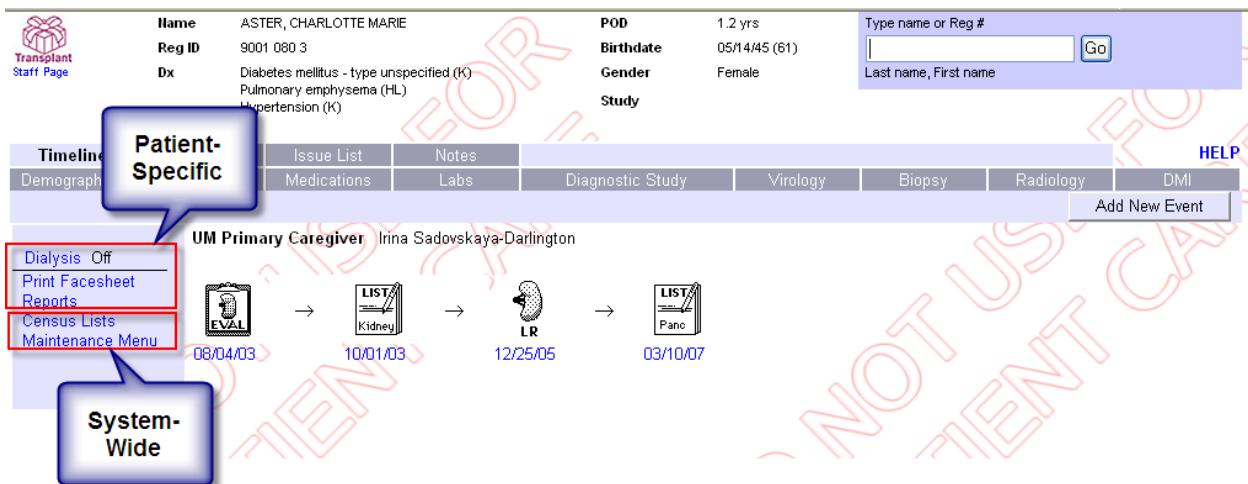


Figure 2. Options refer to different part of the system.

Generally, the language used by OTIS is understandable to its users. However, it failed to provide relevant information to the users. Moreover, it sometimes provides neither irrelevant information without any notifications nor necessary context information to users. Users might make wrong judgments based on the information.

Issue	Severity	Description	Heuristic
7	Good	Error message on trying to remove someone from the list. If a certain drug usage is on hold, giving the dosage will lead to an error message. (Figure 3)	S3. The system should provide error presentation mechanism to avoid fatal error. If an error occurs, the system should be able to provide system recovery options such as an “Undo” button.
4	High	No undo/redo button in the system. Users intuitively click on “back” button on the browser window and get a error screen.	
5	High	In diagnosis edit page, deleting record is serious enough that it should ask whether you really want to delete or at least have a Redo/Undo. But there is no warning messages at all	

One or more drugs have errors; make corrections and click Save again.

Date 03/08/07

TACROLIMUS  
Myfortic  
Colace

Either enter a "Dose" or check the "Hold" box

Dose 0 -UNITS-  
-ROUTES- -FREQ- Hold

Dose 320 mg  
PO BID Hold

Dose 100 mg  
PO BID Hold

Special dosage

Special dosage

Special dosage

**Figure 3. Error message when trying to remove an on hold medicine.**

OTIS has put some effort in error prevention and recovery. However, there are still several cases when critical decisions are being made, no warning messages for confirmation show up. Absence of Undo/Redo functions is also a serious problem. A system that manages medical records should be more cautious about error prevention.

Issue	Severity	Description	Heuristic
6	Good	Error message on trying to remove someone from the list. If a certain drug usage is on hold, giving the dosage will lead to an error message.	S4. The system should provide clear feedback on the process towards the goal that users want to achieve. It should also be able to identify the information users need to provide the access to it (a link or a pop-up window.)
7	Medium	The system doesn't tell the users what they are progressing. When users going through pages to find something or someone, they might lost the clues of where they are in the process.	
8	Medium	The system doesn't provide link to doctor/ patient information in the medical record.	

Although OTIS didn't provide very good feedback between actions, the outcome is not serious. User might have some memory load while no reference of context provided.

Issue	Severity	Description	Heuristic
	Medium	Missing of help documentation.	S5. The system should provide help documentation and it should be context sensitive.

Currently, OTIS has no help documentation provided. However, our group thinks that generally the system is easy to learn so a short training session should be enough for the users to be able to discover all the functionality and their usage.

Issue	Severity	Description	Heuristic Category
6	Low	Cognitive offloading in the system is well supported thus reducing user's memory load. In some cases, however, identifying a caregiver or referring physician requires some mental work.	S6. The system should minimize the user's memory load.

Overall, OTIS requires very little remembering between tasks to use. It provides a timeline with icons (figure x), which provides a chronological view of major events in a patient's care. The timeline facilitates easy recall and recognition of a patient's status. In some cases, for example in the referring physician search page in the Demographics section (figure x), it requires that one know the last name of the referring physician – this could be tasking on a user's memory.

The screenshot shows the OTIS software interface. At the top, there is a header with patient information: Name (ASTER, CHARLOTTE MARIE), Reg ID (9001 080 3), Dx (Diabetes mellitus - type unspecified (K), Pulmonary emphysema (HL), Hypertension (K)), POD (1.2 yrs), Birthdate (05/14/45 (61)), Gender (Female), and Study. To the right, there is a search bar with fields for 'Type name or Reg #' and 'Last name, First name' with a 'Go' button. Below the header, there is a navigation menu with tabs: Timeline, Viewer, Issue List, Notes, Demographics, Flowsheet, Medications, Labs, Diagnostic Study, Virology, Biopsy, Radiology, and DMI. The 'Timeline' tab is selected. Underneath the menu, there is a section titled 'UM Primary Caregiver' with the name 'Irina Sadovskaya-Darlington'. On the left, there is a sidebar with links: Dialysis (Off), Print Facesheet, Reports, Census Lists, Maintenance Menu. The main area shows a timeline of events with icons and dates: EVAL (08/04/03), Kidney LIST (10/01/03), LR (12/25/05), and Panc LIST (03/10/07). A red box highlights the first three events, and a yellow arrow points from the third event to the fourth.

Figure 2. Timeline.

**Figure 3. Referring Physician Search.**

Issue	Severity	Description	Heuristic Category
7	Good	OTIS provides an intuitive menu/command structure	S7.Menu/Command structure.

The menu/command structure is simple and easy to understand in OTIS. Instructions are clearly marked out, but in some cases exits are not clearly marked (figure x: tab button to get to timeline). The system does not provide means for short-cuts or simple/advanced user function distinctions; however, from our evaluation this does not seem to be a needed requirement.

**Timeline**

**Listing Information**

Name ASTER, CHARLOTTE MARIE	Reg Number	9001 080 3	Organ Kidney
<a href="#">Edit</a>			

**Listing Status Information**

Initial List Date	10/01/03
Coordinator	SMS
Total Days on List	1258
OPO Accession Number	
Functional Status	No activity limitations
Employment Status	Working Part Time Due to Disease

**Patient Information**

Original Listing Weight	69.9 kg (154.1 lb) 08/04/03
Most Recent Weight	68.0 kg (149.9 lb) 12/25/05
Most Recent Height	165 cm (5 feet 5 inches)
Body Mass Index	24.9

**Status History**

Date	Status Change	Reason	Add Status Change
12/25/05	Reactivated	for fun	

**Figure 4. Back Button obscurity in the Listing Information Page**

Issue	Severity	Description	Heuristic Category
8	Good	OTIS responded in a timely fashion through out test	S8. System Response Time

We experienced no time delays during our evaluations. Our evaluations, however, were done using local machine running a local copy of the application server. Due to regulation restrictions we could not run our tests in a typical environment setting, but we note here that this could be an issue the larger medical setting, and should be tested when possible.

Issue	Severity	Description	Heuristic Category
9	Good	Minimal training required to use system.	S9. Training

Overall, we found that minimal training is required to use OTIS. Exploration is sufficient to uncover how to accomplish tasks and retrieve necessary information.

Issue	Severity	Description	Heuristic Category
10	Good	Error Messages	S10. Visual Display
	Low	Familiarity – generally good, although at times may pose difficulties for new users as it requires too much familiarity.	
	Low	Proximity of buttons and navigational elements tend to be either too close or far apart	

OTIS presents an effective minimalistic visual display. The timeline feature uses icons that are easy to follow and understand (figure x: timeline). Error messages are fairly descriptive and close to the problem area (figure x: error for wrong date). Readability is good, but the use of whitespace and fonts sizes could be better implemented since sometimes it's difficult to ascertain if words are headings or not and, in addition, blank fields are difficult to identify (due to whitespace) (figure x: social worker clearance page).

## 3.2. Findings of Collaborative Heuristic Evaluation

### 3.2.1. Overview of Findings

OTIS and other EMR systems are multi-user record keeping systems. The records created in these systems form boundary objects between the variety of caregivers involved in the patient's treatment. In this collaboration, OTIS falls within the realm of computer supported cooperative work (CSCW). Baker, Greenberg, and Gutwin propose an additional set of heuristics for shared workspace heuristics (2002).

### 3.2.2 Detail Findings

Severity	Meaning
Good	The system is excellent in this regard.

Low	The issue presents an annoyance but does not hinder task completion.
Medium	Issue causes some difficulty with respect to task completion, yet the user can still complete the task.
High	Issue causes substantial difficulty with completing the task or prevents its completion altogether.

Issue	Severity	Description	Heuristic
1	Low	The system sometimes makes collaborators visible, but not reliably.	C1. The system should facilitate finding collaborators and finding contact.
2	Low	Authorship of documents is sometimes suppressed.	C4. The system should provide consequential communication of shared artifacts.
3	High	OTIS provides information about other members of the team but does little to indicate anyone's responsibilities within a record or to alert a user to another's presence.	C6. The system should provide awareness information that helps people maintain a sense of shared place and that keeps them informed about shared activity.
4	Low	A last modified date on sections such as demographics may help users know if they are working with current information.	C8. The system should provide protection of shared artifacts.

OTIS provides information about other members of the caregiving team in the evaluation view, authorship information for the DMI notes imported from CareWeb, and displays the primary physician on many pages. This information is not, however, displayed in all areas where the content is created through a caregiver's actions and so users must navigate back to the overview of the caregiving team in order to locate this information. Similarly, many documents do not have their editors' or author's name attached. This makes them seem less like communication and more like available resources, which decreases the meaningfulness of the communication.

We also recommend investigating the addition of presence or "last modified by" information to the OTIS system. While we acknowledge potential disadvantages such as information overload

or pollution, finding appropriate ways to build this into OTIS may help provide users with some context about when other users are accessing this system.

Issue	Severity	Description	Heuristic
5	High	When the system provides visibility of current and potential collaborators, it does not provide contact information.	C1. The system should facilitate finding collaborators and finding contact.
6			C2. The system should provide means for intentional and appropriate verbal communication.

In evaluation and other views, the user can see the other members of the caregiving team. The system provides only a name, though, and so users must rely on another system to identify the contact information. This can add substantial additional time and steps to the process of contacting a collaborator and it is not possible to complete this task using only resources provided by OTIS. We recommend integrating OTIS with UMOD for UMHS personnel and allowing the inclusion of third parties' contact information within the system.

Issue	Severity	Description	Heuristic
7	Good	OTIS is arranged with the pieces of EMR as boundary objects. This is a very effective organization style.	C4. The system should provide consequential communication of shared artifacts.
8	Medium	OTIS eschews explicit communication in favor of object-sharing. It does not support both fully.	C10. The system should allow people to coordinate their actions via explicit communication and the way objects are shared.
9	Area for future development	OTIS does not directly address communication but instead allows it to be a side effect of record keeping.	C2. The system should provide means for intentional and appropriate verbal communication.
10			C3. The system should provide means for

			intentional and appropriate gestural communication.
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OTIS handles explicit communication better than other forms. Even here, though, the communication is handled not as messages between users but as records that become boundary objects. Consequently we do not rate the system on these heuristics but wish to discuss them as a growth potential for OTIS.

We feel that this is appropriate when the paradigm for electronic medical record systems is that they are databases to which multiple users have access and can edit. Our previous literature review suggests that the growth direction for EMR systems is towards becoming a full-featured collaborative work environment in which the patient records are just the primary facet. Continued growth of the communication features in OTIS should be mindful of the cooperative heuristics dealing with communication.

C3, the heuristic regarding gestural and non-explicit communication is a canonical problem in the field of electronic medical records. There are many anecdotal stories of caregivers losing their ability to make quick assessments of a patient's condition based on the appearance (handwriting, weight, etc) of a physical flow sheet when the record keeping transition to a more sterile electronic system. Finding ways to bring back these subtle forms of communication in electronic systems is a major growth opportunity for OTIS and other EMRs.

Issue	Severity	Description	Heuristic
11	High	There is no way to review, at a glance, what has changed since your last visit to a patient's record.	C5. The system should alert the participants of incoming transmissions (files or messages).
12	High	There is no way to direct another caregiver's attention to a particular aspect of a patient's record.	C5. The system should alert the participants of incoming transmissions (files or messages).

Another side effect of OTIS treating records as just records is that there is no inbox system like one might find in CareWeb. Because messaging is not part of the application, OTIS users have no way of alerting others or being alerted to incoming transmissions.

While we find that the system does not comply with these heuristics, we are less convinced that this is a fault in the system. More interview data would help us learn if caregivers need pointers

to changed information or if it is best to not overwhelm them with information and to instead expect them to notice relevant information when reviewing a patient's record.

<b>Issue</b>	<b>Severity</b>	<b>Description</b>	<b>Heuristic</b>
13	Medium	Caregiver's roles are not represented in a way that adds context.	C7. To establish a shared context, the system should display people, artifacts and resources in relation to the central purpose of the communication.
14	High	OTIS better supports loosely coupled collaboration. During tightly-coupled work (eg, surgery), users switch to another system (Centricity) that is not integrated.	C9. The system should manage the transitions between tightly and loosely-coupled collaboration.
15	Good	OTIS's timeline view provides a good overview of the process that indicates where tightly-coupled events fall with respect to the entire, loosely-coupled process.	C9. The system should manage the transitions between tightly and loosely-coupled collaboration.

OTIS does communicate caregivers' roles for each patient, but it does so in a way that only sometimes provides context. A consequence is that OTIS provides marginal support for the transition between tightly coupled and loosely coupled collaboration. In the timeline view, a caregiver can quickly see in which phase the patient is – this is an excellent feature. If the patient is in one of the loosely couple phases, the EMR serves as a central resource while they progress towards the transplant or through the post-op process, and each team member's work gets added to the record and is available to other members of the team. During the tightly coupled phase of the transplant process (the actual surgery), OTIS is not used and Centricity is favoured at this point.

We do not disagree with the transition from OTIS to another system for the tightly coupled phases: this is likely better than attempting to use the same system in too many contexts. A recommended potential direction for OTIS is to better integrate with the other system so that the transition between the different forms of collaboration is more seemless and the records may be more complete.

<b>Issue</b>	<b>Severity</b>	<b>Description</b>	<b>Heuristic</b>
16	Good	Documents are protected and there is an audit trail.	C8. The system should provide protection of shared artifacts.
17	Medium	There is no undo feature.	C8. The system should provide protection of shared artifacts.
18	Medium	Previous versions of a document are not accessible.	C8. The system should provide protection of shared artifacts.

## 4. Summary

Our evaluation revealed that OTIS's interface passed most single-user heuristics, including clear feedback, low memory load for users, a decent visual display, and general error handling. Compared to our previous study of CareWeb's interface, we found OTIS more consistent across features and behavior. Both seem to require minimal training. Navigation could be improved by allowing a clearer path to previously visited pages.

Turning to collaborative heuristics, we find some problems. Many of these problems stem from OTIS's paradigm of using the electronic medical records as boundary objects. In doing so, OTIS presents problems with several shared workspace heuristics particularly as they relate to communication. While we note some of these as problems, we see them not as flaws in the design of OTIS but as an indicator of its growth.

As use of OTIS and other EMR systems becomes more prevalent, the systems have evolved from serving as a central database and into a form of shared workspace. Future efforts to improve OTIS may be optimally spent adding communication features appropriate for this use as a share workspace. This will involve finding ways to allow users to communicate explicitly and gesturally, as well as adding a deeper sense of presence and context to the system.

## 5. References

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3. Nilesen's Heuristics for User Interface Design
4. Nielsen, Jakob & Molich, Rolf. (1990). Heuristic Evaluation of User Interfaces. CHI '90 Proceedings (Seattle, WA, April), pp. 249-256.

## 6. Appendix A – Single-User Heuristics

Usability Checklist: Mike Elledge and Panayiotis Zaphiris

Number	Characteristic	Measure
1	Consistency	Actions (O) Back-up (O) Format (O) Obvious Action Available (W-2a) Obvious Goal Revision (W-6a)
2	Correspondence	Action Corresponds to User Goal (W-2b) Natural Order for Tasks (O) New Terms Metaphorical & Concrete (O) Simple & Natural Dialogue (N) User Terms/User's Language (O/N) User's Goal Described (W-1)
3	Error Recovery	Avoid Modes (N) Clear & Instructive (O)/Good Error Messages (N) Double Check Critical Operations (O) “Undo” Capability (O)
4	Feedback	Clear Progress Toward Goal (W-5a) Needed Information Provided (W-5b) Obvious Task Completion (6b) Response Time (N) System Failure (N)
5	Help and Documentation	Documentation Accessible (O) Documentation Explained (O) Help Accessible Everywhere (O) Help and Documentation Provided (N) Help Context Sensitive (O)
6	Memory Load	Minimize User Load (N)
7	Menu/Command Structure	Clear Instructions Provided (O)

		Clearly Marked Exists (N) Frequently Used Commands Accessible (O) Other Actions Less Appropriate (W-3) Problem-Free Execution (W-4a) Related Commands Grouped Together (O) Short Cuts (N) Simple/Advanced Options (O) Verb/Object/Modifier Sequence (O)
8	System Response Time	Computed Response (2sec) (O) Keystroke/Mouse (100msec) (O) Time Alerts (O)/Response Time (N)
9	Training	Training for Typical Tasks (O)
10	Visual Display	Error Messages (O) Familiarity (O) Less is More (N) Proximity (O) Readability (O) Screen Areas (O) Similarity (O)

**KEY**

O = Appears on J. Olson Checklist

N = Appears on J. Nielsen Usability Heuristics list

W = Appears on Walk-through Evaluation list (paraphrased; question # shown for reference)

## **7. Appendix B – Collaborative Heuristics**

- 1.** The system should facilitate finding collaborators and establishing contact.
- 2.** The system should provide means for intentional and appropriate verbal communication.
- 3.** The system should provide means for intentional and appropriate gestural communication.
- 4.** The system should provide consequential communication of shared artifacts.
- 5.** The system should alert the participants of incoming transmissions.
- 6.** The system should provide awareness information that helps people maintain a sense of shared place and that keeps them informed about shared activity. This information includes one person's awareness of others, the artifacts, where things are located, and how things are changing.
- 7.** To establish a shared context, the system should display people, artifacts and resources in relation to the central purpose of the communication. This view should evolve along with the people, the artifacts, and the purposes (of their communication) that define them.
- 8.** The system should provide protection of shared artifacts.
- 9.** The system should manage the transitions between tightly and loosely-coupled collaboration.
- 10.** The system should allow people to coordinate their actions via explicit communication and the way objects are shared.
- 11.** The system should support group process of selecting among alternatives.

## **8. APPENDIX C – Top Level System Feature Overview**

OTIS Top Level Features

START

Patient Search (by name)

### **PATIENT RECORD FEATURES**

Timeline – default view

Primary caregiver name (not clickable)

Dialysis History? (ON/OFF currently)

Print FaceSheet

Reports

OTIS Maintenance Menu

Census Lists

Event icons with clickable date

#### Evaluation

- General Info (default view)
- Evaluation Team
- Social History
- Social Work DMI
- Med/Surg. History
- Diagnostics Studies
- HLA Reports
- Dialysis History* (ON/OFF currently)
- Finance
- Living Donors
- Minutes
- Evaluation Report
- Open Eval Report

#### Donor List

- [Listing Information](#)
- Funny-looking button back to timeline

#### Kidney Transplant

- [Recipient Operative Information](#)
- [Recipient OR Info](#)
- [Donor OR Info](#)

See Labs screen link

#### Others?

### Viewer

Toggle – Hide all sections or individual sections

Previous 5, Next 5 dates in history

Per date, Review link

- [Review Visit, checkbox](#)
- [Save](#)
- [Cancel](#)

*Where are all the back buttons?*

Clinical Events – Mammogram

History for Mammogram – 1 available

Clinical events – Pap Smear

History for Pap Smear - none

Clinical events – Colonoscopy

History for Colonoscopy - none

Clinical events – Bone density

History for Bone density - none

### Issue List

Kidney Program Issue List - none

Radio button, checked by default - Go to program Issue List (already here though)

Radio button, Go to Personal Issue List

Notes

Broken link (!!)

Demographics (if you go into add/edit, can't go choose one level up even though text is there – not good)

Patient Info

Edit

Other Contacts

Edit

Save

Cancel

Add New

Save

Cancel

Referring Physician

Select physician

Save

Cancel

Checkbox – no longer following patient

Checkbox – do not send lab reports

Checkbox – delete

Labs & Pharmacies

Edit / Add

Save

Cancel

Change Lab

Cancel and Go Back

Checkbox - Delete Lab

Select Alternate Lab

Cancel and Go Back

Change Pharmacy