HEURISTIC EVALUATION DEFINITIONS & WORKSHEET

Evaluation heuristics:

- **Consistency** – Users should not have to wonder whether different words, situations, or actions mean the same thing. Standards & conventions should be followed.
- **Visibility** – Users should be informed about what’s going on with the system through appropriate feedback & display of information.
- **Match** – The image of the system perceived by the users should match the model the users have about the system.
- **Minimalist** – Any extraneous information is a distraction & slow-down.
- **Memory** – Users should not have to be required to memorize a lot of information to carry out tasks.
- **Feedback** – Users should be given prompt & informative feedback.
- **Flexibility** – Users always learn & users are different. Give users the flexibility to create customization & shortcuts to accelerate their performance.
- **Message** – The messages should be informative enough such that users can understand the nature of errors, learn from errors & recover from them.
- **Error** – It is always better to design interfaces that prevent errors from happening in the first place.
- **Closure** – Every task has a beginning and an end. Users should be clearly notified about the completion of a task.
- **Undo** – Users should be allowed to recover from errors. Reversible actions also encourage exploratory learning.
- **Language** – The language utilized should always be presented in a form understandable by the intended users.
- **Control** – Do not give users that impression that they are controlled by the systems.
- **Document** – Always provide help when needed.

Potential risk for patient care:

- **None**
- **Low** *Moderate Event* – rare instances of increased length of stay or increased level of care.
- **Medium** *Major Event* – permanent loss of bodily functioning – sensory, motor, physiologic, or intellectual), disfigurement, surgical intervention required.
- **High** *Catastrophic Event* – death or major permanent loss of function (sensory, motor, physiologic, or intellectual), suicide, rape, hemolytic transfusion reaction, surgery/procedure on the wrong patient or wrong body part, infant abduction.

Severity of usability problems to users:

- **Low** User delayed, feels annoyed.
- **Medium** Users can accomplish task with difficulty, through trial and error; may feel frustrated.
- **High** Users are unable to accomplish task; outcome could be failure.

Priority to redesign:

- **Low** This problem should be fixed when resources are available.
- **Desirable** This problem *should* be fixed.
- **Critical** This problem *must* be fixed.
- **Show stopper** Implementation can not proceed until fixed.
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Screen evaluating/Function attempting to accomplish

<table>
<thead>
<tr>
<th>Feature</th>
<th>Notes</th>
<th>Heuristic</th>
<th>Risk</th>
<th>Severity</th>
<th>Priority</th>
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CPOE Implementation in IUCs

-- Usability Evaluations of HIT

*Usability Evaluation worksheet*