

Action Hierarchy examples		
	Action Category	Example
<p><b>Stronger Actions</b></p> <p>The best at removing the dependence on the human to “get it right” (they are physical and permanent, rather than procedural and temporary).</p> <p>These tasks require less reliance on humans to remember to perform the task correctly.</p>	<b>Architectural/Physical facility changes</b>	Replace revolving doors at the main patient entrance into the building with powered sliding or swinging doors to reduce patient falls.
	<b>New devices with usability Testing</b>	Perform heuristic tests of outpatient blood glucose meters and test strips and select the most appropriate for the patient population being served.
	<b>Engineering control (forcing function)</b>	Eliminate the use of universal adaptors and peripheral devices for medical equipment and use tubing/fittings that can only be connected the correct way (e.g., IV tubing and connectors that cannot physically be connected to sequential compression devices or SCDs).
	<b>Simplify process</b>	Remove unnecessary steps in a process.
	<b>Standardize on equipment or process</b>	Standardize on the make and model of medication pumps used throughout the institution. Use bar coding for medication administration.
	<b>Tangible involvement by leadership</b>	Participate in unit patient safety evaluations and interact with staff; support the RCA2 process; purchase needed equipment; ensure staffing and workload are balanced.
<p><b>Intermediate Actions</b></p> <p>Reduce the reliance on the human to get it right, but do not fully control for human error</p>	<b>Redundancy</b>	Use two RNs to independently calculate high-risk medication dosages.

	<b>Increase in staffing/decrease in workload</b>	Make float staff available to assist when workloads peak during the day.
	<b>Software enhancements, Modifications</b>	Use computer alerts for drug-drug interactions.
	<b>Eliminate/reduce distractions</b>	Provide quiet rooms for programming PCA pumps; remove distractions for nurses when programming medication pumps.
	<b>Education using simulation-based training, with periodic refresher sessions and Observations</b>	Conduct patient handoffs in a simulation lab/environment, with after action critiques and debriefing.
	<b>Checklist/cognitive aids</b>	Use pre-induction and pre-incision checklists in operating rooms. Use a checklist when reprocessing flexible fiber optic endoscopes.
	<b>Eliminate look- and sound-alikes</b>	Do not store look-alikes next to one another in the unit medication room.
	<b>Standardized communication Tools</b>	Use read-back for all critical lab values. Use read-back or repeat-back for all verbal medication orders. Use a standardized patient handoff format.
	<b>Enhanced documentation, Communication</b>	Highlight medication name and dose on IV bags.
<p><b><u>Weaker Actions</u></b></p> <p>Support/clarify the process, but rely solely on the human. These actions do not necessarily prevent the event/cause from occurring. In some cases it may be necessary to recommend weaker actions as temporary measures until stronger actions can be implemented</p>	<b>Double checks</b>	One person calculates dosage, another person reviews their calculation
	<b>Warnings</b>	Add audible alarms or caution labels
	<b>New procedures/memorandum policy</b>	Remember to check IV sites every 2 hours
	<b>Training</b>	Demonstrate correct usage of hard-to-use medical equipment