Appendix B – Revised Hazard Manager Ontology

Hazard Manager	Common Formats
Usability	Contributing Factors (not HIT-specific)
 Information hard to find Difficult data entry Excessive demands on human memory Sub-optimal support of teamwork (situation awareness) Confusing information display Inadequate feedback to the user Mismatch between real workflows and HIT Mismatch between user mental models/expectations and HIT Other Data Quality IT contributed to entry of data in the wrong patient's record Organizational policy contributed to entry of data in the wrong patient's record Patient information/results routed to the wrong recipient Discrepancy between database and displayed, printed or exported data Faulty reference information Unpredictable elements of the patient's record available only on paper/scanned documents Lost data 	 Environment culture of safety management physical surroundings Staff qualifications competence training experience Supervision/Support clinical supervision managerial supervision Policies and Procedures, including clinical protocols presence or policies clarity of policies Equipment/device function design availability maintenance Data availability accuracy
 Inaccurate natural language processing Virus or other malware Other Decision Support Excessive non-specific recommendations/alerts Faulty recommendation Missing recommendation or safeguard Inadequate clinical content Inappropriate level of automation Other 	 legibility Communication supervisor to staff among team members staff to patient or family Human Factors Fatigue stress inattention cognitive factors health issues

Hazard Manager	Common Formats
Vendor Factors	HIT Contributing Factors
Sub-optimal interfaces between applications and devices Faulty vendor configuration recommendation Unusable software implementation tools Non-configurable software Inadequate vendor Testing Inadequate vendor software change control Inadequate control of user access Faulty software design (specification) Other Local Implementation Faulty local configuration or programming Inadequate local testing Inadequate project management Inadequate software change control Inadequate control of user access Suboptimal interface management Other Other Other Other Other Other Otherators Inadequate training Excessive workload (including cognitive) Inadequate management of system downtime or slowdown Unclear policies Compromised communication among clinicians (i.e., during hand-	
 Compromised communication among clinicians (i.e., during hand-offs) Interactions with other (non-HIT) care systems Physical environment (e.g., hardware location, lighting, engineering) Inadequately secured data Hardware Failure Use error in the absence of other factors Other 	