

Examining the Usability of a Machine Learning Enhanced Patient Safety Event Reporting System

Background

- Patient safety events (PSEs) describe **instances of avoidable harm** in healthcare [1]
- 1 in 17 hospital stays results in a harmful event [2]
- Most hospitals have implemented PSE reporting [2]
- **Issues:** 50-96% of PSEs go **underreported** [3], **misclassification** & errors are common [4,5,6], **barriers** due to time constraints & usability [7,8]
- Results in **delays, burdens** of reclassification, and hindered learning [9]
- **Machine learning (ML)** can be used to automate classification of event types, & has been successful with increased accuracy [10,11,12]
- **Human-AI collaboration (HAIC)**, which describes humans and AI complementing each other to enhance decision making, can enhance PSE reporting [10,13]
- **Explainability** techniques can be integrated to build trust & transparency in ML [14]

Goal: Evaluate the usability of a PSE interface with an integrated ML classifier for event types & LIME explainability

Methods

System Development

- Used 861 obstetric PSE reports (2019-2020) [10]
- SVM Roberta-base model (75.4%) accuracy [10]
- Integrated LIME explainability [14] to show highlighted words influencing ML classification
- Interface with 4 sections, built using Gradio [15]

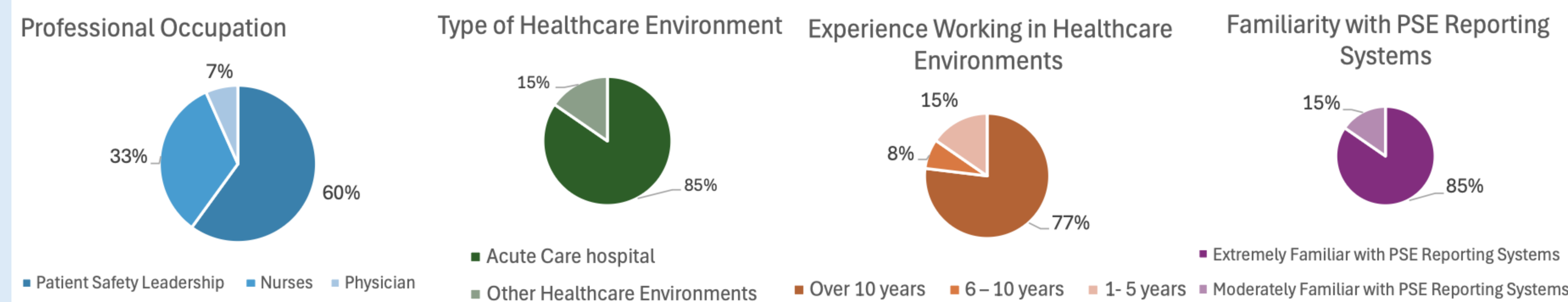
Usability Testing (3 parts, 2 scenarios each)

- Part 1 (P1): Full PSE report with ML
- Part 2 (P2): Classification with ML (50% reliability)
- Part 3 (P3) : Manual classification

Measures

- Reporting & classification time (min), classification accuracy (%), agreement with predictions & recommendations selected (%), SUS scores [16], qualitative debriefing interview feedback

Results & Key Points



Measure	With ML (P1, P2)	Without ML (P3)
Completion Time (min)	5.66 min (SD = 1.80)	N/A
Classification Time (min)	1.96 min (SD = 0.90)	1.19 min (SD = 0.59)
Classification Accuracy (%)	P1: 92.3%, 92.3% P2: 23.1%, 46.2%	31%, 62%

- **Mean SUS Score:** 87.9
- **High confidence:** mean 4.54/5 on SUS question about confidence
- **Agreement with ML predictions:** 76.9–100%
- **Explainability:** relevant in 7.7–38.5% of cases in P1, 0% in P2
- **Speed-accuracy tradeoff:** increased classification time was manageable, support of ML predictions worth minor time cost [17]
- **Calibration of trust issue:** some users agreed with incorrect predictions, however others responded to the shift in reliability accordingly
- **Explainability gaps:** LIME is often unstable [18]
- **HAIC improved classification accuracy and user confidence**

Section 4: Incident Description & Analysis

1. Incident Description

Please provide factual description of the incident.

Incident description field

Event type recommendations

Associated probabilities

Top two recommended event types

Event type

Probability (%)

2. Event Type (Select one or more)

Selected event type(s)

3. Do you agree or disagree with recommended event types?

Agreement with recommendation

4. Patient Harm Level

Harm level field

5. Contributing Factors (Select one or more)

Contributing factors field

6. Recommended Solution

Recommended solution (optional)

Please recommend solutions to prevent further occurrence.

7. Please upload all relevant documents for this incident.

Document upload field (optional)

Submit button

Figure 1. Event description & analysis section of PSE interface (Section 4)

Limitations & Next Steps

- Trained with a small dataset
 - LIME feature not robust
 - Small participant group
 - Some scenarios possibly easier to classify
- Future directions:
- Expand ML integration other PSE reporting categories & text generation
 - Test alternative explainability methods
 - Conduct additional usability testing

Conclusion

- Integration of ML into PSE reporting systems is a relatively new area of research that has potential to optimize & streamline the reporting process through HAIC
- This study demonstrates the integration of an ML classifier in PSE reporting systems shows potential to mitigate challenges related to the completion & quality of reporting

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