SAMPLE REPORT · EXCERPT 1 OF 4

Meridian Health System

Medication Reconciliation Evaluation

Three user groups, 47 sessions, one hazard traceability matrix

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ENGAGEMENT
Healthcare UX Evaluation Toolkit

DATE
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CLASSIFICATION
Client confidential

HEADLINE FIGURE

58 / 100

BAND
Conditional

7 dimensions · 56 criteria · weighted

This is a real report structure with representative findings, included so you can see the shape of the deliverable before you buy. The client name and figures are illustrative; the structure, the scoring logic and the writing standard are the ones the kit produces.

EXECUTIVE SUMMARY

The short version

Medication reconciliation at Meridian is completed correctly in 61% of observed cases. The remaining 39% are not careless clinicians: they are interfaces that make the correct action slower than the incorrect one, under conditions the design never accounted for.

The evaluation covered three distinct user groups - hospital pharmacists, night-shift nurses and admitting physicians - across 47 sessions in context. Task success diverged sharply by group: 88% for pharmacists working uninterrupted, 54% for nurses reconciling during a shift hand-off, and 41% for physicians admitting after 10pm.

The dominant failure is representational. The reconciliation screen presents the home medication list and the inpatient list as two scrollable columns with no diff, no change highlighting and no indication of what has already been reviewed. Clinicians rebuild the comparison in their heads, then re-enter it - which is where the transcription errors originate.

> **What this report asks you to decide.** Alert volume compounds it. The median clinician in our sample dismissed 94% of interruptive alerts during the observation window, consistent with the published override range. Two of the highest-severity interaction warnings were dismissed in every observed instance.

DIMENSION PROFILE

Where the shape is lopsided

Each dimension is scored 0–4 and normalised to 100. The headline figure is the weighted mean. The lowest dimension is the constraint, and it sets the order of the roadmap.

DIMENSION	WEIGHT	SCORE /4	NORMALISED	READ
Clinical task fit	18%	2.3	57	Gap
User coverage	14%	2.5	62	Adequate
Representation & comprehension	15%	1.8	45	Gap
Function & error resilience	16%	2.4	60	Gap
Alert quality & cognitive load	12%	1.7	42	Constraint
Access & inclusion	13%	2.7	68	Adequate
Safety governance & traceability	12%	3.0	75	Strength
HEADLINE FIGURE	**100%**	—	**58**	**Conditional**

Reading the shape. The spread between the strongest and weakest dimension is 1.3 points on a four-point scale. A spread below 1.5 means the dimensions are moving together, so a single programme can lift several at once.

FINDINGS

What we found

Ranked by consequence, not by ease. Every finding carries the evidence that produced it and the consequence if it is left alone.

ID	FINDING	SEVERITY	EVIDENCE	CONSEQUENCE
01	**No visual diff between home and inpatient medication lists**	Critical	47 sessions, 31 observed errors	Clinicians transcribe manually; 9 wrong-drug selections
02	**Focus lost in the medication modal on 2 of 3 browsers**	Critical	Keyboard pass, 3 browsers	Keyboard users cannot complete reconciliation unaided
03	**94% of interruptive alerts dismissed in observation**	High	Alert log, 2,411 alerts	Alert fatigue; two high-severity warnings dismissed every time
04	**Task success 41% for post-10pm admissions**	High	Stratified by user group and hour	The design assumes a rested, uninterrupted user
05	**14 of 61 semantic colour pairs fail AA contrast**	High	Token audit against WCAG 2.2	Status conveyed by colour alone in 6 places

The remaining pages of the full report — method, scope and limitations, recommendations in payback order, the 30/60/90 roadmap and the appendix of evidence references — follow the same structure. The template ships as PDF and DOCX so you can rebrand it and write your own findings into it.