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Erratum to human factors in mental healthcare: A work system analysis of a community-based program for older adults with depression and dementia applied ergonomics 64 (2017) 27e40

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The publisher regrets the formatting of Table 3. The left column heading should be Outcomes, with subheadings Patient care outcome and Work outcome.

The publisher would like to apologise for any inconvenience caused.

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Table 3

Patient care and work outcomes of the Aging Brain Care (ABC) program.

Outcome	Example
a. Patient care outcome	
Improved quality of life	Reduction in symptoms of depression and dementia for patients and reduction of caregiver stress for informal caregivers.
Unscheduled acute care avoided	Hospitalization or emergency room visit avoided due to change in medication.
Improved mental health (mood, anxiety) for patient and informal caregiver	Mood improves over time as patient and caregiver receive counseling and social interaction during visits.
Improved access to transportation	Staff enrolled patient in transportation service.
Improved medical coverage	Staff helped patient apply for Medicaid.
Improved mobility	Staff provided patient a mobility aid through a community service.
Basic needs (e.g. feeding, washing, housing) addressed	Staff collectively identified alternative housing options to present to patient.
Improved home safety	Staff assessed home for safety and provided shower chair.
Improved access to healthcare	Staff helped patient reschedule an appointment based on the patient's schedule and transportation needs.
Decrease in medication errors	Staff provided patient with a pill organizer (pillbox).
b. Work outcome	
Variability	Staff used different scheduling and documentation methods.
Travel inefficiencies	Staff performed unnecessary travel when assigned patients who were not geographically clustered.
Delays	Staff were late to a visit due to being delayed by a talkative patient.
Distractions from direct care	Self-scheduling visits took staff away from direct care.
Duplicate work	Staff entered same patient/visit data into multiple EMR applications.
Frustration	Staff experienced difficulties with eMR-ABC and missing information in the system.
Emotional demands	A patient in the care of a staff member died.
Job satisfaction, fulfillment	Staff felt trusted and valued by patients and informal caregivers, allowing staff to make a difference in their lives, especially with problem solving.
Job satisfaction, working conditions	Staff enjoyed being in the community, not confined to an office.
Safety risks	Staff feel uncomfortable traveling alone to a potentially dangerous home or location.
Improved teamwork	Staff perceived and demonstrated mutual respect for teammates and team-based problem solving.