

Current Projects

For more information,
please visit

www.patientcentereddesign.org

Research Fund

The Institute is currently raising funds for a research project on the subject of lactation space design. Full or partial sponsors of research projects will be acknowledged in the Institute's published research report.

Patient Toolkits

As a courtesy to patients who participate in research studies and surveys, we offer complimentary tools. Kits may include promotional items, such as pens, notebooks or journals for recording patient history/experience, bags for packing personal items for a hospital stay, water bottles, etc. If your organization is interested in providing helpful items that may be offered to patients, or a monetary donation to purchase such items, please visit <http://www.patientcentereddesign.org/sponsorship>



Patient-Centered Design Online™

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Simple Technology Makes a Huge Impact

Written by Elizabeth S. Jones

Hospital room design is often associated with patient recovery. But, what about patient care beyond the hospital stay? Many patients battling cognitive disability as a result of Alzheimer's disease and dementia are unable to return to their homes once released from hospital care. These patients may transition to assisted living facilities and nursing homes. According to the Assisted Living Federation of America, one third of residents in assisted living facilities have a diagnosis of Alzheimer's or another form of dementia (AFLA, 2011).

It is often difficult to cope with the reality of a new home. Some residents become disconnected and require medication to help them manage daily tasks. Thanks to relatively new technology, there is a way to reverse the effects of memory loss associated with aging and disease without the use of medication.

SimpleC, a behavioral technology company designed the *SimpleC Companion*. This product is as simple as a touch screen computer yet complex enough to increase daily activity, meal consumption and even create closer interpersonal connections in residents.

The *SimpleC Companion* was created about 5 years ago. This product uses audio and visual therapy to help restore memory and assist residents with daily activity. Their non-drug therapy is grouped into four categories: reminiscence, music, orientation and trusted voice (SimpleC, 2011). The *Companion* has proven results and is currently used in about 10 facilities throughout Georgia, including Emory University's Wesley Woods Senior Living facility.

Jason Zamer, cofounder of SimpleC says this technology is different from other products on the market because "we have one plug and it is all touch screen (Interview, Zamer, April 5, 2011)." The simplicity of the product makes troubleshooting easy. The functions and icons on the touch screen are very large and easy to see. Staff members load pictures and sounds to a centrally located computer. Zamer's grandfather struggled with Alzheimer's. This was part of the inspiration behind the product that is similar to a scrapbook, only better because it shuffles pictures so

they are viewed in a different order each time.

Howard Bradley, account executive with SimpleC describes the *Companion* as, "empowering" and "engaging (Interview, Bradley, April 5, 2011)." It gives residents a sense of empowerment when they are able to remember important events from their past. It is engaging because it breaks away barriers between facility staff members and residents. All members of the staff, from directors to nurses to maintenance staff are trained on the *SimpleC Companion*. This ensures that any person who comes in contact with a resident is able to activate the device when entering the room to administer treatment, cover administrative tasks, or even change a light bulb. "We focus on humanizing the direct care worker and the patient, in order to build trust and build a community (Zamer, 2011)," says Zamer.



The *SimpleC Companion* also functions as a form of prompted voiding which involves scheduling reminders in order to alleviate incontinence. "This technology is a way to implement the care plan," explains Bradley. It is also a "fun way to personalize care (Bradley, 2011)."

Designers play a significant role in the success of SimpleC. Currently, each room in a facility is equipped with a freestanding touch screen monitor. Staff work spaces and common areas are typically equipped with at least one monitor. With designers' help, a freestanding monitor could be strategically

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integrated into each room as well as common areas. This could potentially play a role in how residents' families perceive the product. Zamer says there are three categories of people they encounter when introducing the product: engaged families, skeptics of the product and those who are simply overwhelmed by their family member's illness. For those who seem to be overwhelmed, they explain that the *SimpleC Companion* is simply a way to "try and make it a better visit when you come in (Zamer, 2011)."

SimpleC is in the process of collecting research in three areas: late life depression, restorative nursing and stabilization. Some of the universities collaborating with SimpleC on this research are Emory University, the University of Maryland and Johns Hopkins University. If you would like to learn more about this product, visit their website at www.simplec.com.

The Institute is delighted to share news of innovative products or services that improve the lives of patients. For newsletter archives, please visit www.patientcentereddesign.org/perspectives.

References

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Understanding the *Patient* in Patient-Centered Design™ Continuing Education Series

"Patient-Centered Design" is a principle that should be in the forefront of any health facility project. Often, designers find themselves working with limited information about patients. This series offers new lessons regularly that explain the commonly overlooked details of seeking medical treatment and how these factors may be influenced by the built environment. Written *by* designers and *for* designers, the lessons include valuable input from interviews with patients and clinicians. For more information on the series, please visit http://www.patientcenterreddesign.org/education_series/all_courses

Please feel free to contact the editor with your questions, comments, or concerns at editor@patientcenterreddesign.org

Calendar of Events

May 20, 2011

2011 SAR Academy of Architecture for Health Spring Conference Clemson, SC

<http://www.aiasc.org/displaycommon.cfm?an=1&subarticlenbr=32>

June 24, 2011

2nd Annual Southern California PFCC Conference Long Beach, CA

https://pfccpartners.com/Conference_Info.html

October 30-November 2, 2011

2011 Planetree Annual Conference Nashville, Tennessee

<http://www.patient-centeredcareconference.com/>

HEALTHCARE DESIGN CONFERENCE

HEALTHCARE DESIGN is "the Premier Conference that Informs, Engages and Shapes the Future of Healthcare Facility Design!"

[Register](#) for HEALTHCARE DESIGN 2011

November 13 - 16, 2011 | Nashville, TN

<http://www.hcd11.com>

Institute for Patient-Centered Design is proud to announce our association with the HEALTHCARE DESIGN Conference! This annual event engages the leaders in healthcare facility design on the most current, innovative, and evidence-based advances in the field. This year, we will hold a roundtable discussion entitled "Patient Empowerment" as well as a Patient-Centered Design Reception. We look forward to meeting you there! [Register now](#) for early bird rates!

As a courtesy to site users, we have listed information about upcoming events and links to related websites for more details. This does not necessarily constitute a relationship between Institute for Patient-Centered Design and any of the websites, events or organizations listed. Nor does this represent an endorsement or guarantee of any kind. While we strive to keep such information updated, we make no legal or otherwise binding commitment to do so. We do not guarantee any of the information on the websites listed. Nor do we guarantee the events themselves.

The views and opinions expressed in this newsletter do not necessarily reflect the views of Institute for Patient-Centered Design, Inc. We respect the rights of patients, family members and professionals to express their opinions and welcome comments on the topics published in this newsletter. We reserve the right to publish comments and letters at our discretion.

Letter from a Patient



Each month, we feature a letter from a patient or family member addressing a specific need or inquiry identified during a medical visit or stay. To submit a letter, please [click here](#).

Dear Institute for Patient-Centered Design,

Last month, I was seen in the emergency department [ED] for a problem that required admission to the hospital. I am a healthcare architect; so, I was pleased to see that accommodations were in place to move me from my private ED room into a private bay in what was called the "Preadmissions Center" and considered an extension of the ED. I waited in this space, which was separated, by walls on three sides and a curtain in the front, from other patient spaces. There, a nurse monitored my condition and completed preadmission paperwork. Ironically, she told me that my room was ready; but, my equipment was not. Since the monitoring equipment that was connected to me belonged to the ED, they were required to hold me in this space until there was a monitor available in my destination unit. I waited there for a few hours with a family member until my inpatient room and equipment were ready. I must say that this was a much better alternative to waiting in a corridor, which I've done in the past.

-Anonymous

Dear Patient,

Thank you for sharing your experience. We often hear from patients that they want to feel like the facilities treating them are prepared for them. Yours is a prime example that patients do not necessarily mind waiting for a room or even equipment to become available, as long as they are not treated like "afterthoughts" in the process. Having a private space to wait for admission processing is essential. For emergency departments that see a high volume of patients, the "Preadmission Center" that you describe offers an alternative to open waiting spaces for patients whose treatment has already started. Some planners may not consider the fact that many patients awaiting admissions from the ED have already been gowned, medicated or connected to equipment to start their treatment. These patients do not wish to be placed "on display" in public or open patient areas. Ideally, patients would experience minimal transfers in order to streamline care and reduce the potential of medical error. A private preadmission "lobby" is surely a welcomed option to patient holding in a corridor or other public space. Thank you for bringing this real life experience to the attention of designers. Designers may view [patient-centered design principles](#) for guidance in keeping the patient's needs in the forefront of the design process.