

## Current Projects

For more information,  
please visit

[www.patientcentereddesign.org](http://www.patientcentereddesign.org)

### Research Fund

The Institute for Patient-Centered Design, Inc. seeks to partner with academic research projects that inform the patient-centered design process. 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.html>



## Patient-Centered Design Online™

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### Electronic Charting:

*A step forward, not "two steps back"*

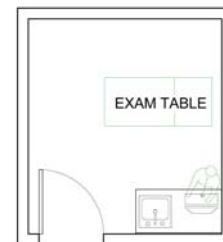
*By Tammy Thompson, AIA*

In a recent interview with a cancer patient, it was brought to my attention that her doctor's office visits have become impersonal since the office made the transition to electronic medical records. We talked about the location of the computer charting station in the exam room. The majority of computers in exam rooms are mounted on walls or placed on countertops. In both cases, this configuration normally requires the caregiver to turn his back to the patient in order to chart. Physicians traditionally write and make notes while the patient is talking. With the evolution from paper to electronic charting, physicians maintain the same procedure and have adapted to the new location of the chart. A handheld charting system, such as an electronic notebook would likely allow the most seamless transition from paper to electronic charting without changing the position of the caregiver; however, this option is not widely used in exam rooms.

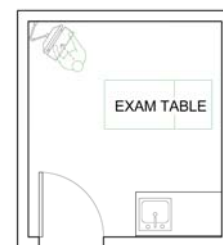
How then can the design and technology of a space support the function without changing the "familiar" dynamics of medical procedures? Should doctors continue to use paper charting and have their notes subsequently transcribed into computer entries? This solution is not recommended because not only does it require an extra step, more time, and additional FTE hours; but, it is also less efficient and presents more opportunities for mistakes to be made in the transfer of data from hand-written notes to computerized entries. It is also likely that this method would cause a delay in the availability of real-time information to ancillary services, such as the pharmacy or the lab, thus requiring additional time to process patients' orders and medical information. What is the solution? Should doctors share the computer screen with

patients, talking through all of their entries with patients alongside to ask questions? Would this make the patient feel more included in his plan of care? Taking the time to explain every detail and to translate clinical terms used in the chart into layman's terms could be viewed by caregivers as a drawback to this configuration.

We conducted a brief charrette to examine potential locations of electronic charting stations inside the exam room. The results are shown below.



*Placing a computer on the sink counter not only makes a valuable work surface unavailable; but, it also may force the caregiver to turn away from the patient.*



*Many options for wall mounting of charting stations may create communication barriers.*



*An electronic charting station mounted on the wall behind the head of the exam table would allow the caregiver to chart while facing the patient.*

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### Patient Collaborator (No Cost)

Available to Patients and Patient Advocates  
- Subscription to *Patient-Centered Design Online™*

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- Invitation to participate in user surveys, test groups, and provide feedback.
- Free patient-readiness kit (while supplies last)

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- Eligible for Partnership Collaboration

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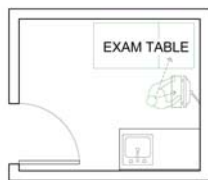
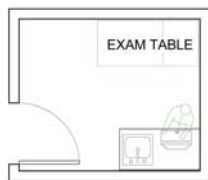
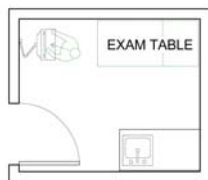
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From our graphic examination of this condition, we concluded that the most favorable wall-mounted position would potentially be on the headwall behind the exam table. This could allow caregivers to chart facing the headwall with patients directly adjacent to them. The caregiver would be close enough to the patient to ask and answer pertinent questions while charting. Having the caregiver at the side of the exam table instead of charting across the room may also encourage the patient to elaborate on any concerns or symptoms at a comfortable tone of voice (without the fear of being heard outside of the room). Wall mounted solutions on articulating arms may also free valuable counter space. According to 2010 Guidelines for Design and Construction of Health Care Facilities, a clearance of 2'-8" is currently required on three sides of exam tables. This provides the space to mount the electronic charting station on one side of the table; however, there are also options for existing exam rooms receiving electronic charting stations.

The following example shows the layout of a smaller existing exam room and the relationship of the charting station to the exam table. Although the free corner may appear to be the ideal location for installing an electronic charting station, this configuration creates a communication barrier between the caregiver and the patient. Wall mounting the station allows options for preserving floor and counter space, while identifying the ideal location for the computer in order to facilitate communication between the caregiver and the patient.



Designers should carefully consider the room's function, placing furniture and equipment to accommodate standard procedures so that the users are not required to deviate from best practices in delivering care.

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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 will offer 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.html](http://www.patientcenterreddesign.org/education_series/all_courses.html)

Please feel free to contact the editor with your questions, comments, or concerns at [editor@patientcenterreddesign.org](mailto:editor@patientcenterreddesign.org)

## Calendar of Events

**November 1-4, 2010**

*Hospitals and Communities Moving Forward with Patient- and Family-Centered Care Intensive Training Seminar*

Pinehurst, North Carolina

<http://www.ipfcc.org/events/seminars.html>

**November 13-16, 2010**

*Healthcare Design 2010*

Las Vegas, Nevada

[www.hcd10.com](http://www.hcd10.com)

**January 18, 2011**

*Continuing Education/Networking Event of AIA AAH of GA*

Atlanta, Georgia

<http://www.aiaatlanta.org/displaycommon.cfm?an=1&ubarticlenbr=91>

**March 13-16, 2011**

*2011 International Summit & Exhibition on Health Facility Planning, Design & Construction™ (PCD)*

Tampa, Florida

<http://www.ashe.org/PDC/>

**March 20-22, 2011**

*Environments for Aging.11*

Atlanta, Georgia

[www.EFA11.com](http://www.EFA11.com)

As a courtesy to site users, we have listed information about upcoming events and links to related websites for more details. This does not 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.

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Each month, we feature a letter from a patient addressing a specific need or inquiry identified during his or her hospital stay. Patients are encouraged to write letters to communicate their concerns to the designers and operators of healthcare facilities. To submit a letter, visit [www.patientcenterreddesign.org/perspectives](http://www.patientcenterreddesign.org/perspectives).



*Dear Institute for Patient-Centered Design, The nurses and doctors at my primary care office always wash their hands when entering the exam room, but then they shut off the faucet with their hands. Even though this makes me feel very uncomfortable, I'm too intimidated to say anything. What is the purpose of washing hands just to re-contaminate them before examining the patient?*

*-Anonymous*

Dear Patient,

Thank you for your letter. Many caregivers make every effort to prevent the spread of infection by using a paper towel to turn off the faucet after hand washing or by using other methods outlined by their facility's infection control team. Although primary care offices are not required to provide hands-free sink controls in exam rooms, many clinical areas in hospitals are subject to this requirement (2010 Guidelines for Design and Construction of Health Care Facilities).

As a patient, you have every right to ask caregivers to properly sanitize before examining you. If this practice is consistent among many caregivers, you may feel more comfortable approaching the office manager with your concerns prior to returning to the office for care. In 2002, The Joint Commission launched a program entitled, "Speak Up" to encourage patients to alert healthcare providers about this and other concerns. For more information, including free written material on the subject, please visit their [website](http://www.jointcommission.org).

Your letter places emphasis on the patient's concern for infection control, which should be a top priority of providers and their designers as they develop solutions for clinical environments.