



Patientricity and the Triangle of Care: The Partnership



THE BEST INTEREST OF THE PATIENT

Think about the last time that you visited the doctor, whether for a cough, a cut finger or a more involved diagnosis. Chances are that you were not sitting there analyzing whether or not your caregivers were keeping you, the patient, at the center of care administrations. Most likely you were greeted with new technology that allowed quick and easy access of patient information through one of the new applications designed to bring you and your healthcare providers closer together. With innovative web-based systems like MyChart,[®] you may have viewed detailed medical history, reviewed your lab test results, or even watched as your prescription was sent to the pharmacy of your choice—all from the same computer in the room where you were being examined. And no doubt, whatever ails you aside: the experience was actually surprising, efficient and pleasing on some level.

This is the ideal vision for healthcare, patient-centered care at its best, ensuring the transitions between settings that caregivers and patients move through during the course of a visit are coordinated, healthy and focused. Add to this mix sophisticated advancements in healthcare technology, and both patient and caregiver experience an agreeable side benefit—increased efficiency and an improved patient experience. When technological advancements are carefully planned and implemented in the healthcare facility, both the patient and caregiver experience significant gains in overall experience, treatment facilitation, improved safety, reduced medical errors and more.

In Crossing the Quality Chasm, the Institute of Medicine (IOM) named “patient-centered care” as one of the six fundamental aims of the US healthcare system. The IOM defines patient-centered care as: “Healthcare that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients’ wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care.”



**PATIENTRICITY
IS NOT
A NEW APPROACH
TO HEALTHCARE,
IT IS
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PERSPECTIVE**



In an attempt to define the key attributes of patient-centered care, the Picker Institute, an independent non-profit organization who sponsors research and education for patient-centered care, identified the following as six core elements for defining patient-centered care:

1. Education and shared knowledge
2. Involvement of family and friends
3. Collaboration and team management
4. Sensitivity to non-medical and spiritual dimensions of care
5. Respect for patient needs and preferences
6. Free flow and accessibility of information

Devising an effective patient-centered plan of bringing technology into all aspects of the healthcare environment to address these key attributes may be daunting at first. The challenges facing administrators, IT directors, physicians, and nurses are diverse. Stakeholders are grappling with issues pertaining to EMR, eMAR, PACS and CPOE, issues like how to:

Create a paperless and filmless office with better organization using fewer staff

Cut costs inherent in the US healthcare system today

Provide immediate access to complete, consolidated information by anyone in the clinical and caregiving team

Facilitate better communication of medical information between healthcare facilities, due to common clinical terminology and codes, for instance, the SNOMED-CT system owned by the College of American Pathologists

Stay compliant with a growing number of state and federal regulatory agencies and initiatives, such as HIPAA, JCAHO, DHHS and the FDA

For this reason, it is vital that from inception, adoption committees quantify stakeholder requests in order to ensure that rudimentary requirements are not sacrificed. Whatever the solution, creating a patient-centered environment must be done with sensitivity to the needs of the patient and medical staff alike, whether documenting at the bedside or reviewing radiology reports in the lab. Creating an environment where both parties' needs are met and satisfied is something Ergotron calls Patientricity.™

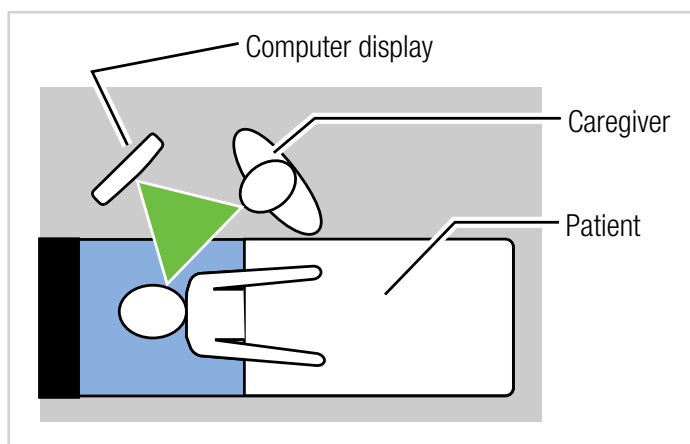
PATIENTRICITY IN THE TRIANGLE OF CARE

As we know, patient-centered guiding principles have been foundational to healthcare from the beginning.

Patientricity, built from the words "patient" and "centric," is defined as moving the patient, the caregiver and technology together into a Triangle of Care. This fresh perspective extends the principles of patient-centered care to address this balance of technology and the critical players.

The central component of the Triangle of Care is the technological means to bring patient and caregiver together, to promote increased interaction, satisfaction, safety and efficiency.

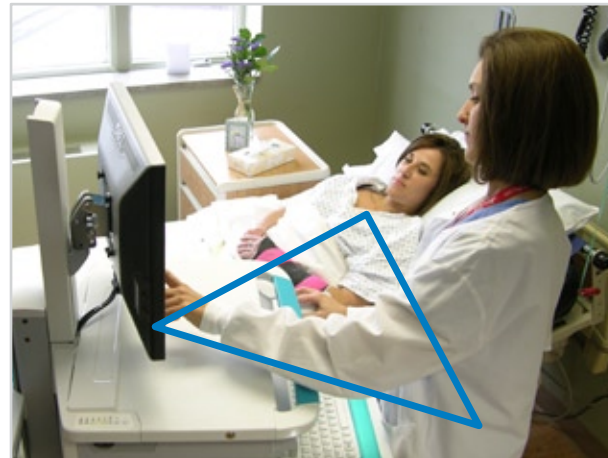
In the Triangle of Care, a sophisticated healthcare IT system must be integrated into the design. When technological advancements are carefully planned and implemented in the healthcare facility, both the patient and caregiver experience significant gains in access to data, treatment facilitation, improved safety, reduced medical errors and more.



The Triangle of Care infrastructure should be transparent to the patient. The nuts and bolts activities of the healthcare facility can contribute to the overall sense of well-being a patient experiences during their stay at the medical institution when Patientricity is factored into the strategy. In this infrastructure, data must always be at hand and never in the way. This involves a combination of computer technology and display mounting and mobility solutions that allow caregivers to easily interact with the patient and electronic data.

For instance, implementing an ergonomically designed wall mount, desk mount or mobility cart enhances the caregiver experience, allowing them to work more productively and comfortably. Providing an environment where each user has the ability to personalize the location of the display, keyboard, laptop or tablet PC creates room for increased visibility and comfort, which studies show increase accuracy and productivity. Furthermore, point-of-care carts offer mobility of data access to the bedside or the nurses' station. All important to the Triangle of Care.

Adding to the discussion of ergonomics is the importance of evaluating space constraints to determine whether fixed, permanent and dedicated equipment is required, or whether a mobile solution best serves the care-giving requirements of that space. Also, careful evaluation of the various types of rooms (critical care, pre-op, post-op, emergency, long-term, children's ward, maternity, etc.) and the various levels of care given in each room must be considered. Evaluating and understanding the human interaction that needs to take place in the area is the first prerequisite to this decision. By placing these Patientricity considerations at the forefront of the deployment team's decision-making process, the healthcare facility has a better chance to meet its patient-centered objectives.



There is no doubt that Patientricity is a sustainable activity when accompanied by sound business practices. Healthcare in the US, like any leading corporation today, must consider how their practices address "customer" needs in addition to how well they offer a sustainable competitive advantage. The technology, allowed to play its proper role, becomes much less disruptive and more supportive of the patient and caregiver's overall needs and objectives.

The story does not end here.

KEEPING CAREGIVERS HEALTHY

Patientricity also takes into consideration the fact that healthcare professionals are people, too. The health of caretakers should not be compromised in the course of their care for others. Keeping healthcare workers comfortable, content and free from untoward risks benefits us all. With that in mind, the following section puts forward some of the common ergonomic issues faced by medical workers at every level of patient care.

The challenge of moving inert patients has gained the attention of the medical field, insurance companies and the United States Occupational Safety and Health Administration (OSHA). The increasing percentage of obese patients in the US and UK means this issue will continue to put healthcare workers at risk of on-the-job injury.

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In the course of their work healthcare stakeholders encounter a wide range of user forces—from microscopic surgical instruments to back-wrenching mechanical floor cleaners which could lead to injury and disability claims.

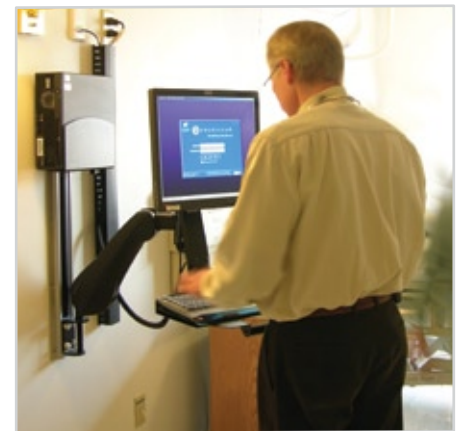
photo courtesy CNC Prague

Hospitals, clinics and laboratories that give their staff an option to sit or stand while charting are much preferable to facilities that provide either one or the other. Current ergonomic research on computer use supports either choice—depending on the health needs of the user and contingent upon a well-designed work space. Carts or mounts that give caregivers the choice of sitting or standing while accessing or inputting data may be ideal, offering a new level of work flexibility. By enhancing caregiver comfort, the result is greater efficiency and accuracy.



Ergonomic considerations should be discussed in terms of sitting and standing eye levels, sitting and standing data entry heights, and ease of manipulating the equipment in and out or up and down. Interactive online tools such as “Ergonomic Workspace Planners” can be extremely helpful in achieving these goals. Is the equipment human-centered and does it meet the personal requirements of the individual user? Is it capable of delivering the most ergonomic computing functions on tablets, notebooks, or full CPU computers with monitors and keyboards?

Stakeholders come in all shapes, sizes and temperaments. The equipment they use must accommodate them all. Minimally, equipment should be designed to be used intuitively and should be easy to adjust. Stakeholders should be trained to understand the full potential of the equipment in the accomplishment of their job, and beyond that they should be taught the mechanics of their own bodies so that they know what to expect of themselves. The goal is to encourage optimum performance of both machine and person.



CONCLUSION

Making equipment easily accessible is of primary importance. The integration team may determine that a combination of equipment types is appropriate: whether fixed in one location and dedicated to the patient inhabiting that location, or mobile, supporting many patients and moving with the stakeholders as they cross the hospital unit, floor or entire facility.

Better interaction with the patient while gathering critical information is the goal of using the equipment. Just as important, equipment must not compromise the human interaction between patient and caregiver. Experientially, this process must be as “noninvasive” as possible; alternatively, the experience should be respectful of the patient’s illness, recovery and pain levels, respectful of their ability to respond and participate, and respectful of their privacy in what is arguably one of the least private of human experiences: being ill and confined through a hospital stay.

The concern at the heart of the Triangle of Care extends beyond the welfare of the patient. Attention must also be directed toward the health of medical stakeholders. With the introduction of computers in healthcare settings, along with the wide variety of often large mechanical medical devices, caregivers are sometimes risking their own health in the care of their patients.

Equipment used during this process must be flexible enough for the caregiver to respond to patient preferences during interaction: caregivers might sit next to patients, side by side or face to face while in discussion and fact gathering; or it might be acceptable to stand next to or over the bedside during this process. In some circumstances, equipment should be flexible enough so that the caregiver can share electronic information and images with the patient. Allowing the patient to view without exertion and physical strain is not a nice-to-have option, it is a must.

Hippocrates and Dr. Mayo knew that it is a basic human need to be cared for. As physicians, both men were concerned with the health of the patient, but at the same time, they placed a premium on the inherent value of humans in general. No matter which part of the Triangle of Care a person may experience, at any given point they must be assured that the system exists for their benefit. Ultimately, this is how good healthcare and good business practices coalesce into an environment where Patientricity is possible.

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THE ROOTS OF THE PATIENT-CENTERED ETHIC

The recommendations attributed to Hippocrates and directed to his colleagues in the 4th century B.C. are no less meaningful today. They are echoed in the mission statement of a modern American healthcare institution—the Mayo Clinic—whose founder, Dr. William Mayo, famously said, “A sick person is not like a wagon, to be taken apart and repaired in pieces, but should be examined and treated as a whole ... The best interest of the patient is the only interest to be considered.”

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