



MEDICAL

Design for the Point of Care



Everything Connected at the Point of Care



A fully connected point of care ecosystem balances new technology, connectivity and workflow to improve clinical **standardization**, realize greater **efficiencies**, enhance **patient-caregiver interaction** and contribute to **better clinical outcomes**. At Midmark we take an evidence-based design approach beyond treatment decision-making and care delivery to encompass the design and layout of the healthcare environment.



Table of Contents

06

DESIGN CONSIDERATIONS

7 design inputs for a better healthcare experience

08

BETTER BP™

Better care starts with better BP capture

10

REAL-TIME LOCATING SYSTEM

Correct costly bottlenecks in patient flow

12

CLINICAL PROCESS IMPROVEMENT

Create more value for clinicians with fewer resources

14

AMERICANS WITH DISABILITIES

Safe, equivalent care for all patients

16

VITAL SIGNS WORKFLOWS

18

TRADITIONAL VITAL SIGNS WORKFLOW

Common setup for family practices or physician offices

20

TRIAGE NOOK VITAL SIGNS WORKFLOW

Capture vital signs in a semi-private space

22

BASIC IN-ROOM VITAL SIGNS WORKFLOW

Capture all vital signs in the exam room

24

CONNECTED IN-ROOM VITAL SIGNS WORKFLOW

Automate all vital signs capture in the exam room

26

EXAM ROOM WORKFLOWS

28

TRADITIONAL EXAM WORKFLOW

The foundation for a basic patient-centered workflow

30

DUAL ACCESS EXAM WORKFLOW

Separate access for caregivers and patients

32

CONTINUOUS CARE EXAM WORKFLOW

Adds flexibility for ongoing patient monitoring

34

DEDICATED ZONES EXAM WORKFLOW

Clear separation between care and public zones

36

PROCEDURE ROOM WORKFLOWS

38

IN-OFFICE PROCEDURE WORKFLOW

Supports the increasing need for in-office procedures

40

DERMATOLOGY PROCEDURE WORKFLOW

Consultation, counseling and procedures in one space

42

PODIATRY PROCEDURE WORKFLOW

Functional efficiency and everything within reach

44

DESIGN SUPPORT

Let our in-house design experts help you



7 design considerations for a better healthcare experience

BETTER BLOOD PRESSURE (BP)

Blood pressure measurements are an important factor in point of care diagnosis, patient risk stratification and medication dosing. That's why it's so important BP measurements be as accurate as possible.

CLINICAL PROCESS IMPROVEMENT

Today's healthcare organizations must find ways to create more value for patients with fewer resources. To do this, they must rethink the entire patient experience. We can help.

EMR CONNECTIVITY

Fully connected equipment and devices at the point of care can save time, provide more accurate measurements and reduce the risk of manual transcription errors.

VITAL SIGNS

Vital signs measurements are an important factor in diagnosis and treatment. However, variables in the vital signs workflow can have a significant impact on costs, outcomes and the perceived quality of care.

AMERICANS WITH DISABILITIES

Accessibility in healthcare facilities is essential to providing a safer environment and equivalent medical care to all patients and staff. What do you need to know?

REAL-TIME LOCATING SYSTEM

Identifying and correcting bottlenecks in patient flow that create costly waste is an important step in designing and maintaining better care environments.

SINGLE PANE OF GLASS

Connect equipment and devices at the point of care and operate them all from one single pane of glass—the computer screen—to improve efficiency and simplify the process with fewer clicks.

See how these design considerations are being applied in the clinical space.



Better care starts with **better BP™**

While a patient's position during blood pressure (BP) capture may seem insignificant, variations in positioning and technique can lead to variable BP measurements. The American Heart Association recommends that during BP capture there should be **no talking** and the patient should be seated comfortably with their **back supported, arm supported** with cuff at heart height, **legs uncrossed, feet flat** on the floor, and the cuff should be placed on a **bare arm**.¹

WITH GROWING IMPORTANCE ON IMPROVING PATIENT OUTCOMES, EVERYTHING HELPS.



Nearly **1 of every 2** US adults have high BP.²



16% of Americans are at risk for errors in BP measurement of +/- 5 mmHg, leaving them vulnerable to the effects of missed diagnoses and misdiagnoses, including increased risk of stroke or heart attack and adverse drug reactions.³



30 million Americans would be affected by overestimating true blood pressure by 5 mmHg, leading to inappropriate treatment and unnecessary cost.⁴



\$46 Billion is the annual cost to treat high BP in the US.⁵





Real-Time Locating System

What if you could have a birds-eye view of colleagues, patients and equipment in your practice in real time? A real-time locating system (RTLS) allows health systems to do just that. Using badges (worn by people), tags (affixed to equipment), sensors (placed in the ceiling throughout the facility) as well as sophisticated software, an RTLS gathers location data and turns it into actionable insights to improve workflow and the delivery of care in outpatient and acute settings.



CHALLENGES

While varying in specialty and size, most health systems today struggle with these ongoing challenges:

- Decreasing patient wait times
- Increasing patient throughput
- Preventing burnout and staff turnover
- Locating equipment for care and maintenance

SOLUTIONS

By utilizing RTLS, health systems can make significant gains in efficiency and provide better care by:

- Showing patient, staff and equipment locations
- Providing data for process improvement
- Allowing caregivers to maximize time with patients

[View RTLS Workflow Solutions](#)



LOCATE EQUIPMENT AT A GLANCE

Find carts, ECG machines and other mobile equipment you use every day quickly and efficiently.



REDUCE WAIT TIME FOR PATIENT SATISFACTION

See patient status in real time to provide a prompt patient experience or eliminate the waiting room with self-rooming.



MAXIMIZE CAPACITY

Know the status of each room and its usage patterns to help provide care to more patients.



IMPROVE WORKFLOW

Collect operational data in the background to make data-driven process improvements for workflow efficiency.



Clinical Process Improvement

As healthcare continues to undergo significant change, many organizations are finding that they are understaffed and ill equipped to meet rising patient demand. But what about patient needs and wants? Simply put, healthcare organizations must find a way to create more value (e.g., accurate diagnoses and easier treatment/care plans) for patients with fewer resources.

The Quadruple Aim has provided a framework with focus placed on improving patient outcomes and the patient/provider experience while reducing cost and waste. However, it is easy to underappreciate the foundational work that goes into improving the point of care ecosystem. That's where clinical process improvement comes into play.

This is a real-life example of how one multi-specialty clinic managed the challenges of moving to a space 40% smaller than its previous location.

The University of Minnesota Health Clinics and Surgery Center is a multi-specialty health center, aiming to provide an exceptional patient and care team experience, despite moving to a smaller space.

THE CHALLENGE

Innovate care with less patient waiting and better care collaboration using less space than the prior facility.

- 40% less space
- 122 fewer exam rooms
- More than 2,400 patient visits a day
- Accommodate multi-specialty care
- A targeted 5% - 7% annual growth

[Read the case study.](#)

THE SOLUTION

Using real-time and retrospective data from Midmark RTLS, staff are creating processes to manage and distribute resources more effectively.

- Exam room utilization improved by 67%
- Patient time in the exam room reduced by 40%
- 19% clinic growth from 2016 to 2018
- Less than 10-minute patient wait time in the exam room



AVOIDING COMMON FORMS OF WASTE

INVENTORY

Eliminate excess inventory

OVERPRODUCTION

Reduce unnecessary diagnostic procedures, transcription errors and misdiagnoses/missed diagnoses

WAITING

Reduce patient wait times

CONVEYANCE

Eliminate unnecessary movement of patients or supplies

MOTION

Reduce unnecessary staff movement

UNDERUTILIZED TALENT

Staff talent, skills and knowledge utilized appropriately

OVER-PROCESSING

Avoid unnecessary or undervalued work



Designing for Accessibility

Since the inception of the Americans with Disabilities Act (ADA), accessibility has become a legal requirement. But more importantly, accessible design is instrumental in providing better care to all patients regardless of disability or other limitations. However, state regulations concerning spatial relationships in the clinical space can override Federal ADA regulations. As these lines become blurred, it can be confusing for healthcare systems to understand how to best provide accessibility and equal care. We can help.

Key Factors Impacting Spatial Layout in the Exam Space

Although these considerations are not all-encompassing, it is a good place to begin when considering accessible design in the clinical space.

- Size of the room
- Types of procedures conducted in the space
- Type of equipment used in the room
- State in which the room is built
- Types of mobility devices being used by patients or staff
- Increasing patient throughput
- Preventing burnout and staff turnover
- Locating equipment for care and maintenance

The information provided is not to be construed as legal advice. For more information about ADA guidelines, visit the ADA website at ada.gov or call the ADA information line toll-free at 800.514.0301 (voice) or 800.514.0383 (TTY).

Source: https://www.ada.gov/2010ADAstandards_index.htm

ACCESSIBLE EQUIPMENT

The US Access Board recommends an accessible exam chair with a seat height of 17"-19". Considerations should also be made for side chairs.

CLEAR FLOOR SPACE

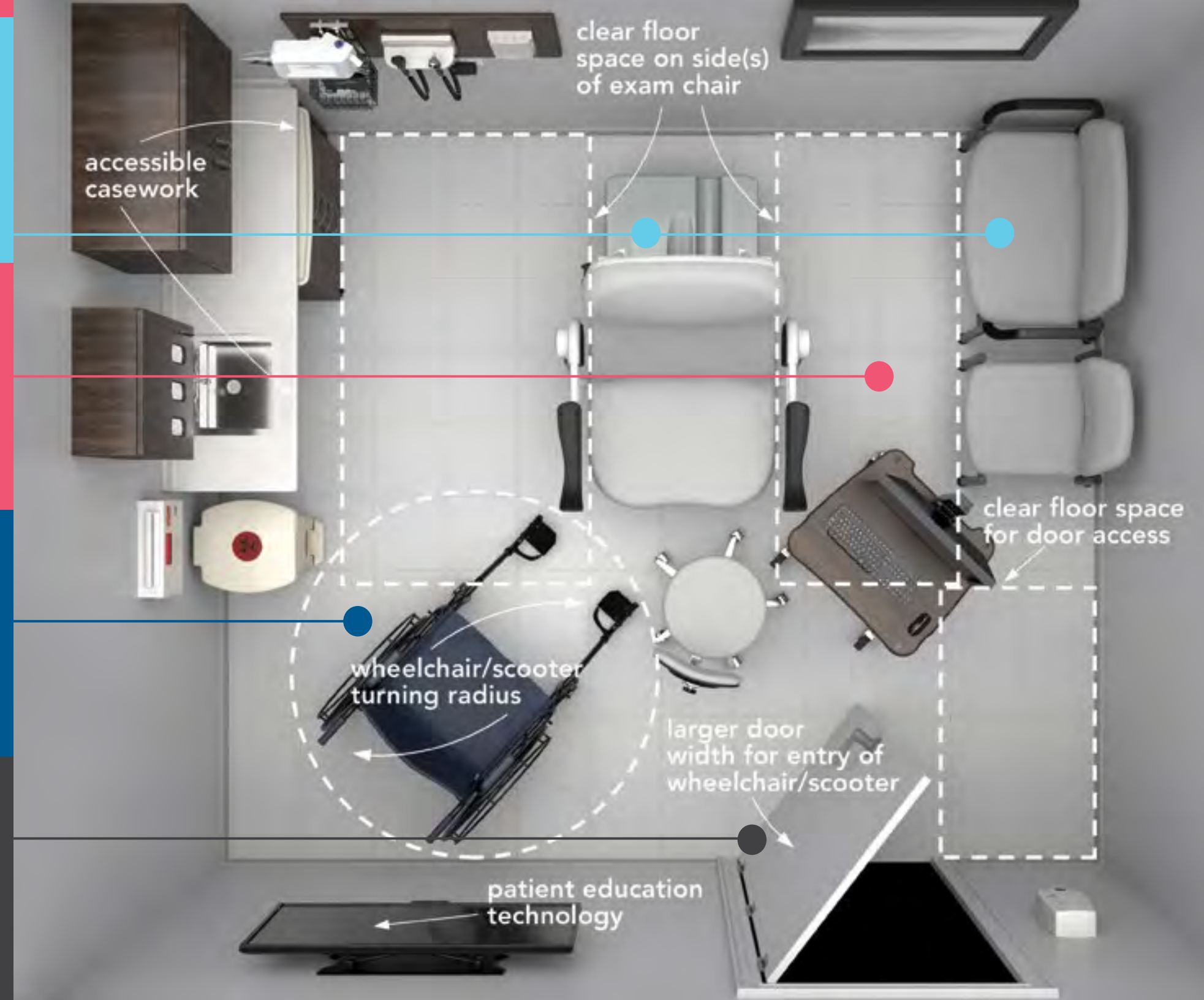
30" x 48" of clear floor space is required on one side of the exam chair for entry, exit, transfer or a portable lift device. An 18" x 60" clearance is required at a recessed door.

TURNING RADIUS

ADA guidelines require a turning area using a clear space of 60" in diameter for wheelchairs and scooters.

DOOR ACCESS

A 32" clear door opening is required to accommodate today's larger wheelchairs and scooters.





Vital Signs Workflows



Traditional Vital
Signs Workflow



Triage Nook
Vital Signs
Workflow



Basic In-Room
Vital Signs
Workflow

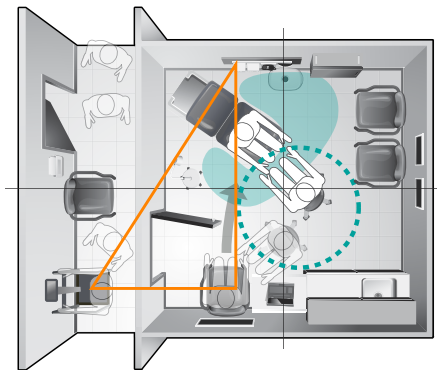


Connected In-Room
Vital Signs
Workflow



Traditional Vital Signs Workflow

The traditional vital signs workflow is a common setup for family practices or physician offices. Patient weight and height are captured manually while leading the patient to the exam room, which can cause delays with patient flow in the hallway. Pulse, temperature and blood pressure are taken manually inside the exam room.

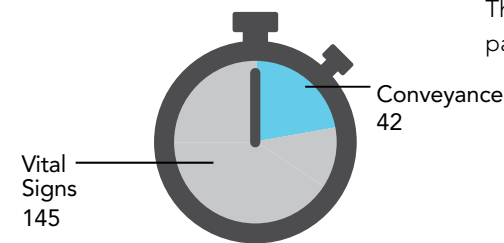


TRADITIONAL VITAL SIGNS

After weight and height are measured in the hallway, the patient is escorted to the exam room and directed to a side chair or the exam table. If the blood pressure cuff is manual and not attached to the wall, the patient is seated on a table or in a side chair next to the work surface for paper-based patient records.

TIME SAVINGS

The traditional workflow requires an average of 187 seconds from the time the patient is called through vital signs acquisition.



VITAL SIGNS

Vital signs measurements are captured in multiple locations manually, requiring 187 seconds per patient.

CLINICAL PROCESS IMPROVEMENT

Weight is captured outside of the exam space causing privacy concerns and bottlenecks.

SINGLE PANE OF GLASS

Disconnected devices require manual entry of patient data.

REAL-TIME LOCATING SYSTEM

Lack of RTLS or patient self-rooming workflow inhibits waste reduction efforts.

AMERICANS WITH DISABILITIES

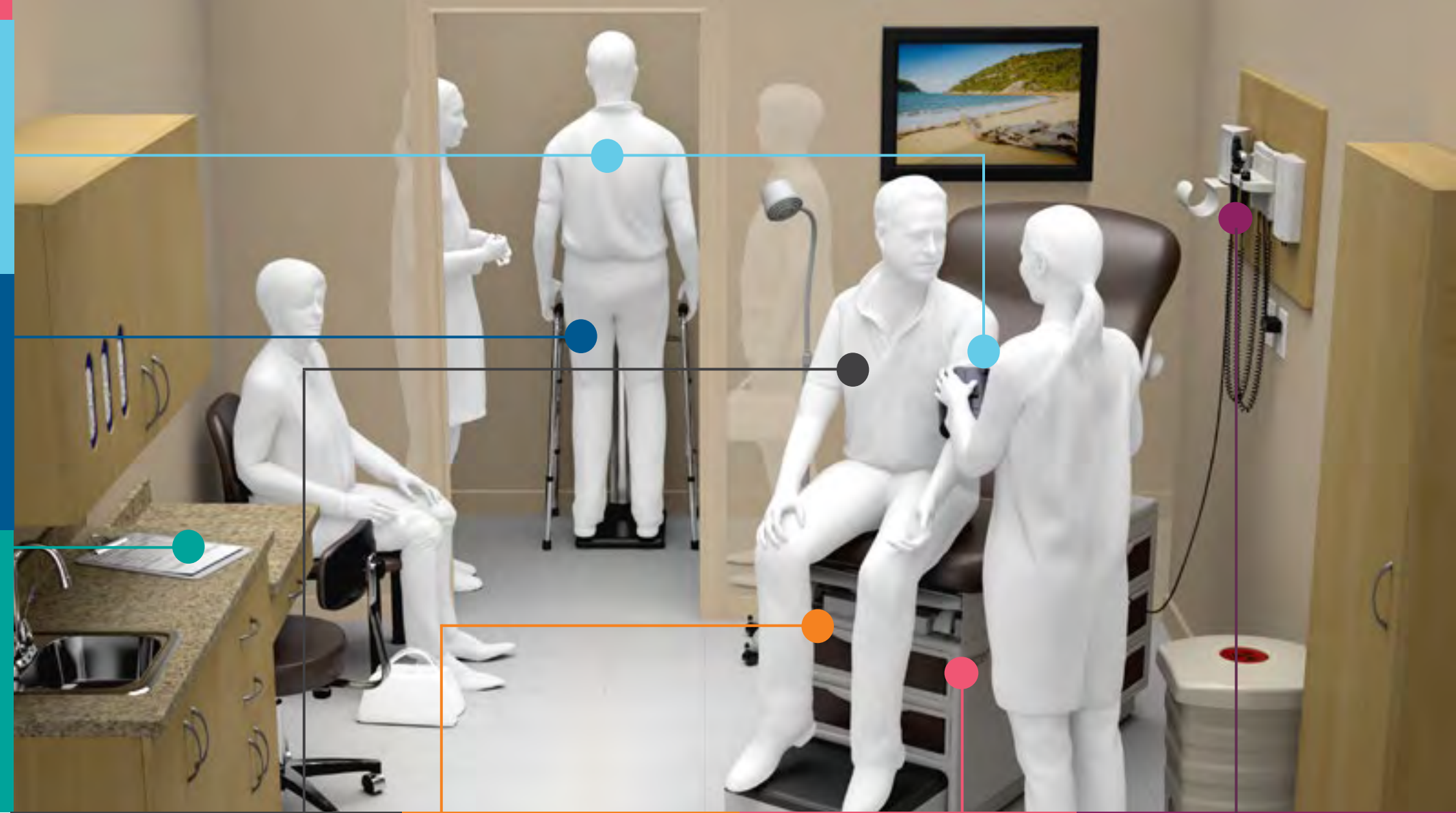
Inaccessible exam table poses patient and staff safety risks.

BETTER BLOOD PRESSURE

The non-adjustable exam table does not support proper patient positioning for accurate BP measurements.

EMR CONNECTIVITY

Disconnected equipment operates autonomously, increasing the likelihood of human error.

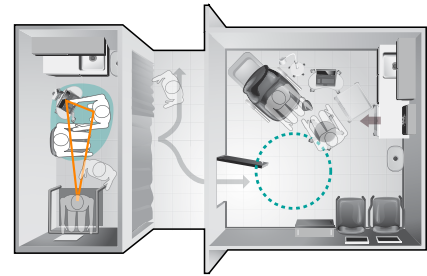




Triage Nook

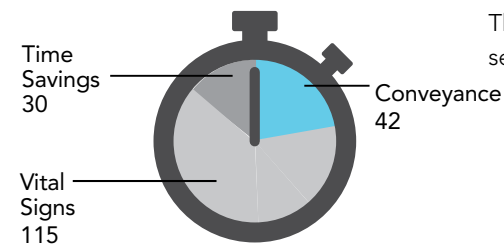
Vital Signs Workflow

The triage nook is a semi-private space designed to assess and capture vital signs. A curtain provides visual privacy, however patient health should not be discussed in this space due to privacy concerns. The nook may include a scale and automated blood pressure and pulse device. Optional equipment can include a wheelchair scale, a sink for proper hygiene and storage for supplies.



TRIAGE NOOK

All vital signs measurements can be taken in the triage nook. Patients are then escorted to the exam room and directed to a side chair or exam chair for capturing additional health data. Increased patient flow can lead to queuing in the hallway, and family members accompanying patients may also create congestion. There may be a single station or multiple triage nook stations supporting multiple exam rooms.



TIME SAVINGS

The triage nook workflow, when compared with the traditional, saves 30 seconds per patient by implementing automated vital signs acquisition.

CLINICAL PROCESS IMPROVEMENT

All vital signs measurements are captured in one location including weight using an automated device.

REAL-TIME LOCATING SYSTEM

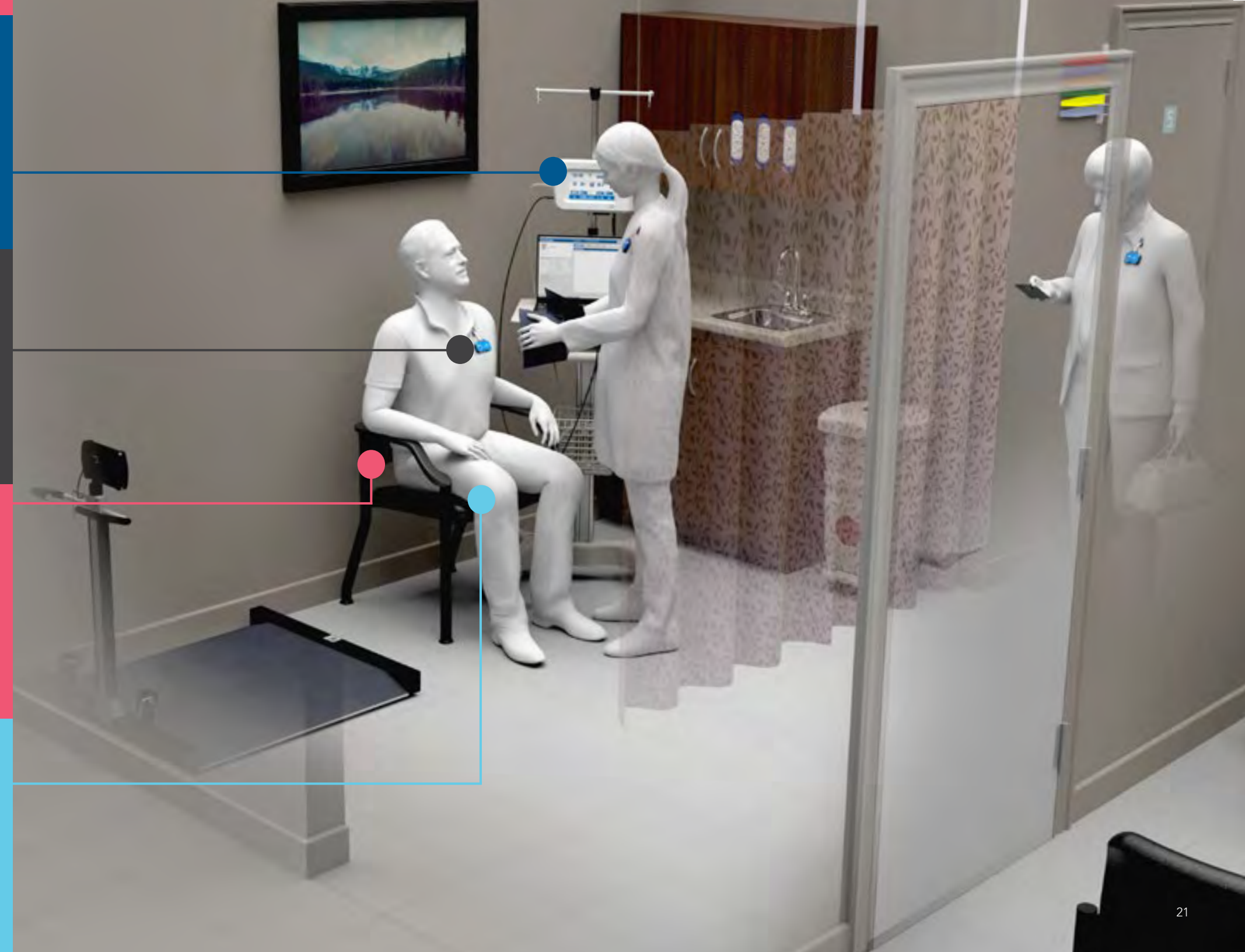
Use of RTLS for a patient self-rooming workflow can reduce waste and eliminate bottlenecks.

BETTER BLOOD PRESSURE

The side chair supports the patient's back and allows most patients to place their feet flat on the floor.

VITAL SIGNS

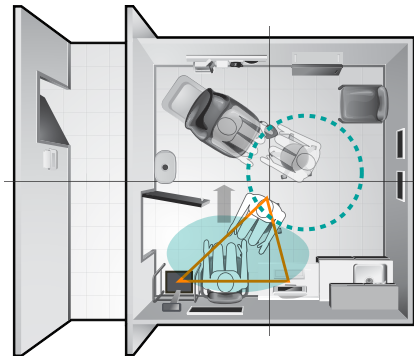
Compared to the traditional vital signs workflow, the triage nook workflow saves 30 seconds per patient.





Basic In-Room Vital Signs Workflow

The basic in-room workflow is set up to assess and capture all vital signs in the exam room and can include a scale as well as an automated blood pressure and pulse device. The patient is directed to a side chair to support proper posture. Depending on the design of the exam room, the patient is seated next to a work surface or workstation that has a computer and/or an automated vital signs device.

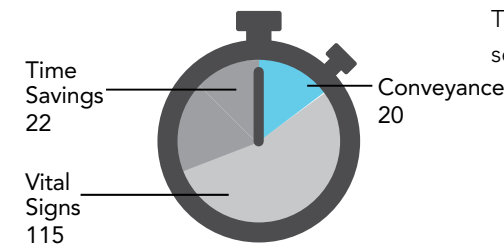


BASIC IN-ROOM VITAL SIGNS

Upon entering the exam room, weight and height are captured. The patient is then seated in a side chair to support proper posture next to a work surface or workstation to gather patient vital signs and health information. All patient-related health information can be discussed during this process.

TIME SAVINGS

The basic in-room workflow, when compared with the triage nook, saves 22 seconds in conveyance time by moving all vital signs capture to the exam room.



CLINICAL PROCESS IMPROVEMENT

As compared to the triage nook workflow, you save 22 seconds in conveyance time per patient.

VITAL SIGNS

Save close to a minute per patient simply by bringing all vital signs acquisition to the point of care including weight and using an automated device.

REAL-TIME LOCATING SYSTEM

Use of RTLS for a patient self-rooming workflow can reduce waste and eliminate bottlenecks.

BETTER BLOOD PRESSURE

The side chair allows close to 50% (according to BIFMA standards) of patients to place their feet flat on the floor with their back supported.

AMERICANS WITH DISABILITIES

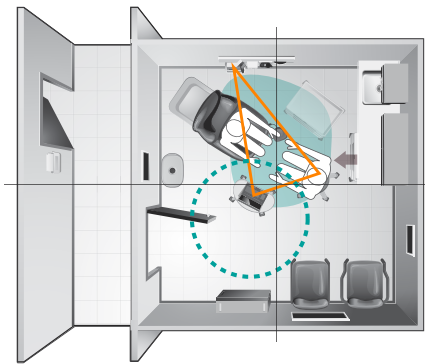
The height-adjustable exam chair decreases the need for manually lifting and repositioning patients.





Connected In-Room Vital Signs Workflow

While a patient's position during blood pressure measurement may seem insignificant, variations in positioning and technique can lead to fluctuations of 5 to 15 mmHg in systolic blood pressure.⁴ Reviews suggest that even a difference of 5 mmHg can affect close to 16% of patients, either inadvertently placing them on medication or missing a diagnosis of hypertension.³ This workflow illustrates how a fully integrated point of care ecosystem can help standardize and promote proper blood pressure capture as well as improve the efficiency and accuracy of other vital signs acquisition.

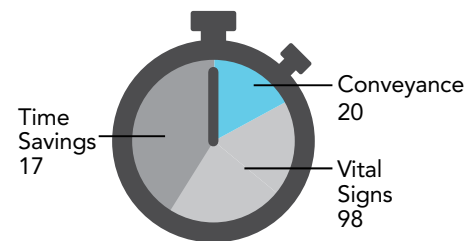


CONNECTED IN-ROOM VITAL SIGNS

The patient is directed to the exam chair to support proper posture for blood pressure measurement. Weight, temperature, pulse and blood pressure are captured via an integrated scale in the exam chair and a connected, automated vital signs device. All patient-related health information can be discussed during the process while the patient sits on the exam chair. All vital signs data can then be imported directly into the EMR, saving time and eliminating manual transcription errors.

TIME SAVINGS

The connected in-room vital signs workflow, when compared with the basic in-room workflow, saves 17 seconds by taking weight, temperature, pulse and blood pressure while the patient is seated on the exam chair.



EMR CONNECTIVITY

The automated vital signs device and exam chair with built-in scale is fully connected and integrated with the EMR.

VITAL SIGNS

Save over a minute per patient by bringing all vital signs acquisition to the point of care including weight and using an automated device.

BETTER BLOOD PRESSURE

The height-adjustable exam chair is designed to support proper positioning of the patient for blood pressure measurement.

AMERICANS WITH DISABILITIES

The height-adjustable exam chair decreases the need for manually lifting and repositioning patients.

REAL-TIME LOCATING SYSTEM

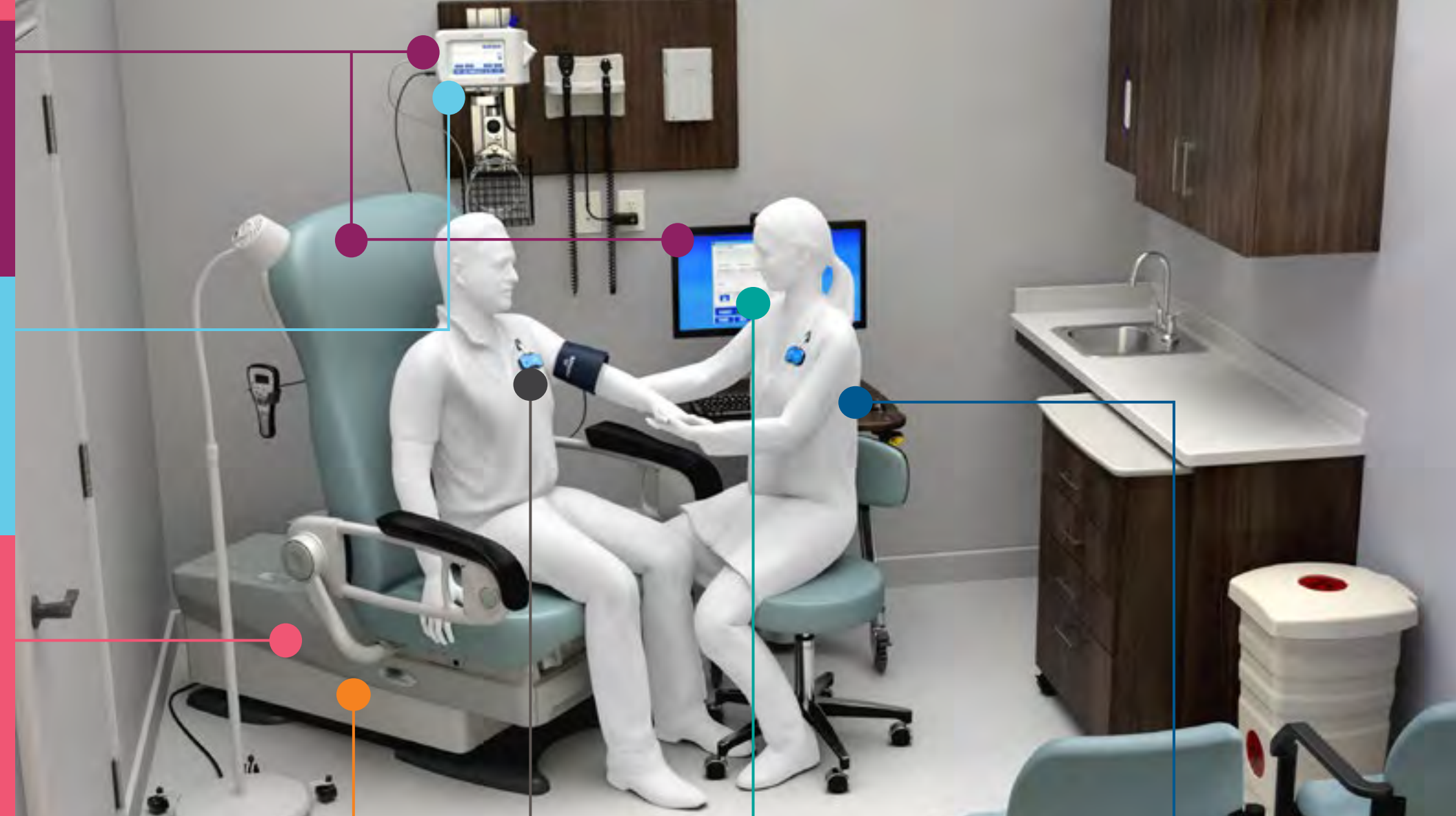
Use of RTLS for a patient self-rooming workflow can reduce waste and eliminate bottlenecks.

SINGLE PANE OF GLASS

Connected equipment and devices are operated from the computer screen.

CLINICAL PROCESS IMPROVEMENT

Saving a minute per patient equates to 5% of a medical assistant's time which can cost \$1,440 per year in wasted time for each medical assistant.⁶





Exam Room Workflows



Traditional Exam
Workflow



Dual Access
Workflow



Continuous Care
Workflow

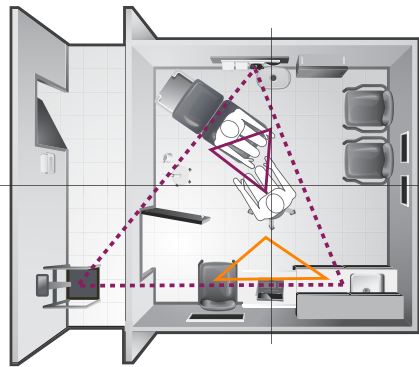


Dedicated Zones
Workflow



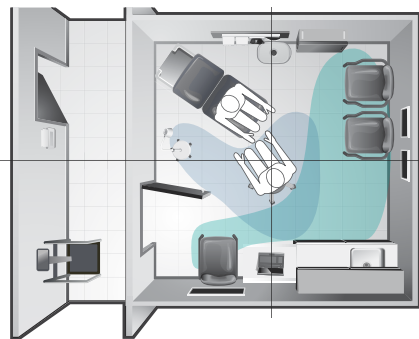
Traditional Exam Workflow

This traditional exam workflow illustrates how exam rooms have been set up for decades and highlights some areas of concern that can pose challenges to a health system when trying to improve the patient experience and outcomes.



TRADITIONAL WORKFLOW

Bringing the computer into the exam space enables the caregiver to remain in the room to retrieve information. Uninterrupted time with the patient is increased while the overall exam time is decreased. However, the computer should be positioned to allow patient access and ensure the caregiver and patient maintain eye contact.



PUBLIC/PRIVATE ZONES

The public zone includes side chairs to seat family/visitors as well as a dressing nook for patients. The private (or patient care) zone provides space for the initial patient interview including equipment, supplies and a work surface at the point of care. Overlap of these zones can lead to inefficiencies in the exam room workflow.

EMR CONNECTIVITY

Disconnected devices require manual entry of patient data.

VITAL SIGNS

Vital signs measurements are captured in multiple locations manually.

AMERICANS WITH DISABILITIES

Inaccessible exam table poses patient and staff safety risks.

BETTER BLOOD PRESSURE

The non-adjustable exam table does not support proper patient positioning for accurate BP measurements.

REAL-TIME LOCATING SYSTEM

Lack of RTLS or patient self-rooming workflow inhibits waste reduction efforts.

CLINICAL PROCESS IMPROVEMENT

Weight is captured outside of the exam space causing privacy concerns and bottlenecks.

SINGLE PANE OF GLASS

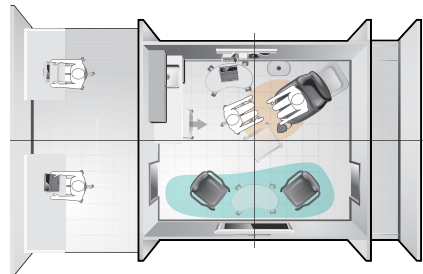
Disconnected equipment operates autonomously, increasing the likelihood of human error.





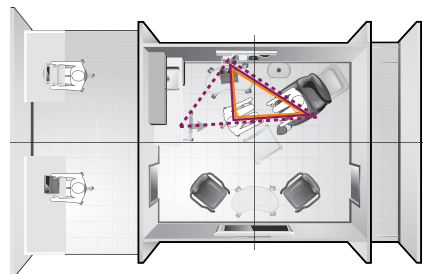
Dual Access Workflow

The culture in today's healthcare delivery systems is shifting to a lean, integrated care model to help improve collaboration between healthcare providers, medical technicians, schedulers and the patient. The use of two sliding doors in this dual access room design improves workflow by providing separate flow paths for the patient and provider while eliminating obstacles that could inhibit the integration of new technologies.



CONSULTATION ZONE

The consultation zone is easily accessible from both entrances and includes seating and a mobile work surface to exchange information. A display is incorporated to view patient-related information and educational information. The display is large enough to view patient information during the care exchange. A separate care team work area is free of patient interruption.



EFFICIENT CARE ZONE

With the patient seated on a barrier-free exam chair throughout the visit, there is no delay due to transfer or repositioning. All critical care elements are in close proximity, reducing the need to move away from the patient. A mobile supply cart can be retrieved from the adjacent cabinet to provide an additional work surface to organize instruments and supplies.

VITAL SIGNS

All vital signs measurements are captured at the point of care including weight using an automated device.

EMR CONNECTIVITY

The automated vital signs device is fully connected and integrated with the EMR.

SINGLE PANE OF GLASS

Connected equipment and devices are operated from the computer screen.

REAL-TIME LOCATING SYSTEM

Use of RTLS for a patient self-rooming workflow can reduce waste and eliminate bottlenecks.

BETTER BLOOD PRESSURE

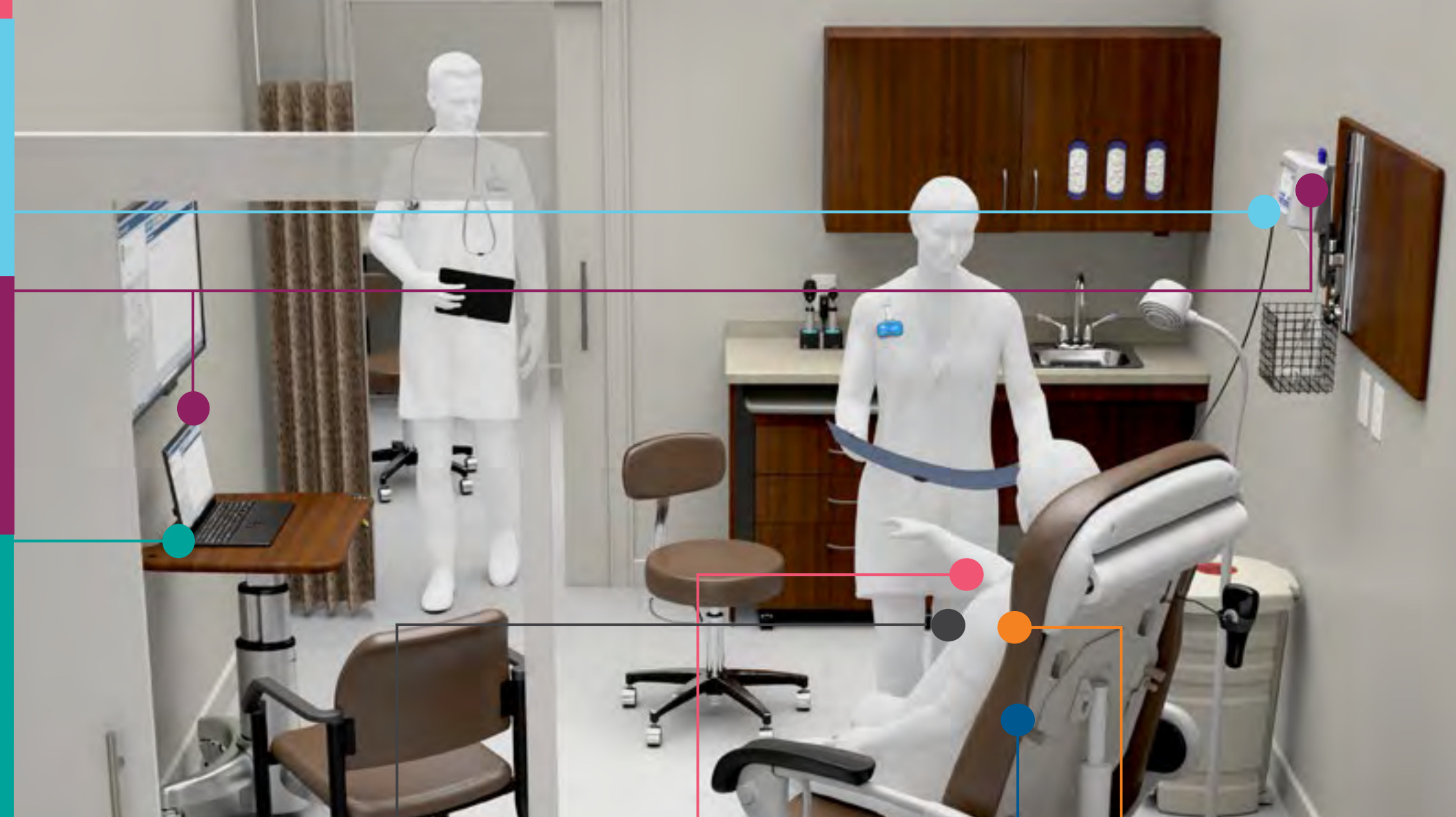
The 626 exam chair with Patient Support Rails+ can be positioned to properly support the patient's feet, back and arm.

CLINICAL PROCESS IMPROVEMENT

An exam chair with an integrated scale streamlines workflow and frees up space.

AMERICANS WITH DISABILITIES

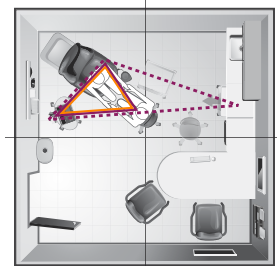
The height-adjustable exam chair decreases the need for manually lifting and repositioning patients.





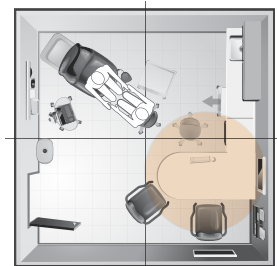
Continuous Care Workflow

Effective patient care extends far beyond the office door. Exam room design must be more flexible and functional, providing the means for ongoing monitoring of patients in addition to scheduled office visits. This design features a designated consultation zone that gives physicians the power to stay in contact with caregivers and to monitor the patient's health more closely. Remote diagnostic tools provide a means of feedback and ongoing monitoring, supporting the continuous patient-care relationship.



FLEXIBLE CARE ZONE

The care zone is designed to allow left- or right-sided access and the ability to retrieve instruments and supplies at the point of care. Flexibility and proximity are important for increasing caregiver efficiency and reducing the need to move away from the patient to retrieve instruments and/or supplies.



CONSULTATION ZONE

The consultation zone is designed around a shared interactive display for the caregiver and patient. It allows the caregiver to review medical records and educational materials as well as set schedules for medication, reinforcing a long-term care relationship.

TELEHEALTH

Communication is focused on engaging the patient beyond the visit by using online tools such as reminders, educational materials and a means of feedback to monitor progress. For maximum efficiency, the caregiver may use the consultation zone for remote communication between face-to-face visits, saving time and utilizing fewer exam rooms.

VITAL SIGNS

All vital signs measurements are captured at the point of care including weight using an automated device.

SINGLE PANE OF GLASS

Connected equipment and devices are operated from the computer screen.

BETTER BLOOD PRESSURE

The 626 exam chair with Patient Support Rails+ can be positioned to properly support the patient's feet, back and arm.

REAL-TIME LOCATING SYSTEM

Use of RTLS for a patient self-rooming workflow can reduce waste and eliminate bottlenecks.

CLINICAL PROCESS IMPROVEMENT

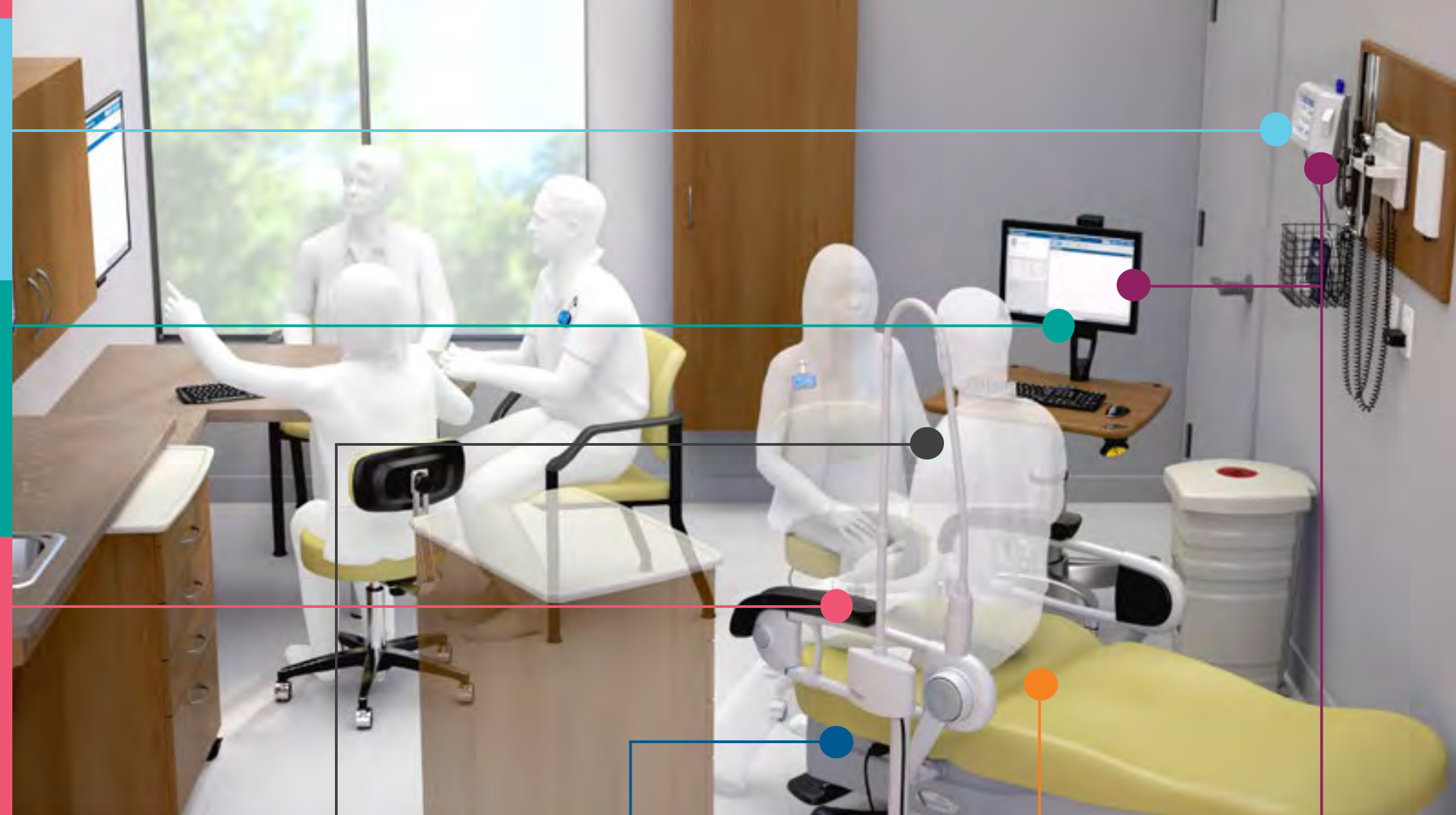
An exam chair with an integrated scale streamlines workflow and frees up space.

AMERICANS WITH DISABILITIES

The height-adjustable exam chair decreases the need for manually lifting and repositioning patients.

EMR CONNECTIVITY

The automated vital signs device is fully connected and integrated with the EMR.





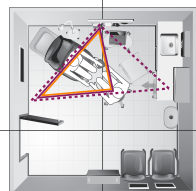
Dedicated Zones Workflow

This workflow design provides clear separation between the care zone for caregiver interaction and the family/visitor zone with guest seating. It features a full-function height-adjustable exam chair with integrated scale, an automated vital signs device and EMR connectivity for added efficiency and ease of patient handling. The computer workstation is located adjacent to the exam chair for optimal access of digital data at the point of care. In addition, supply storage is placed within arm's reach with a mobile cart unit for easily accessed supplies.



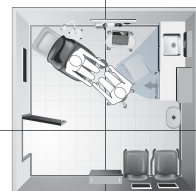
PUBLIC/PRIVATE ZONES

The family/visitor zone, also known as the public zone, is easily accessible from the entrance and includes seating as well as a dressing nook for the patient. It provides privacy, but does not infringe on the efficiency of the care zone, also known as the private zone.



EFFICIENT CARE ZONE

With the patient seated on the height-adjustable exam chair throughout the visit, there is no delay due to transfer or repositioning. Flexibility and proximity help increase the efficiency of the caregiver, reducing the need to move away from the patient to retrieve instruments and/or supplies.



SUPPLY PROXIMITY

A mobile supply cart with well-organized drawers can be retrieved from a dock in the adjacent cabinet to be in close proximity to the care zone. The supply cart can also serve as an additional work surface, positioned left or right of the caregiver.

VITAL SIGNS

All vital signs measurements are captured at the point of care including weight using an automated device.

EMR CONNECTIVITY

The automated vital signs device is fully connected and integrated with the EMR.

BETTER BLOOD PRESSURE

The 626 exam chair with Patient Support Rails+ can be positioned to properly support the patient's feet, back and arm.

CLINICAL PROCESS IMPROVEMENT

An exam chair with an integrated scale streamlines workflow and frees up space.

AMERICANS WITH DISABILITIES

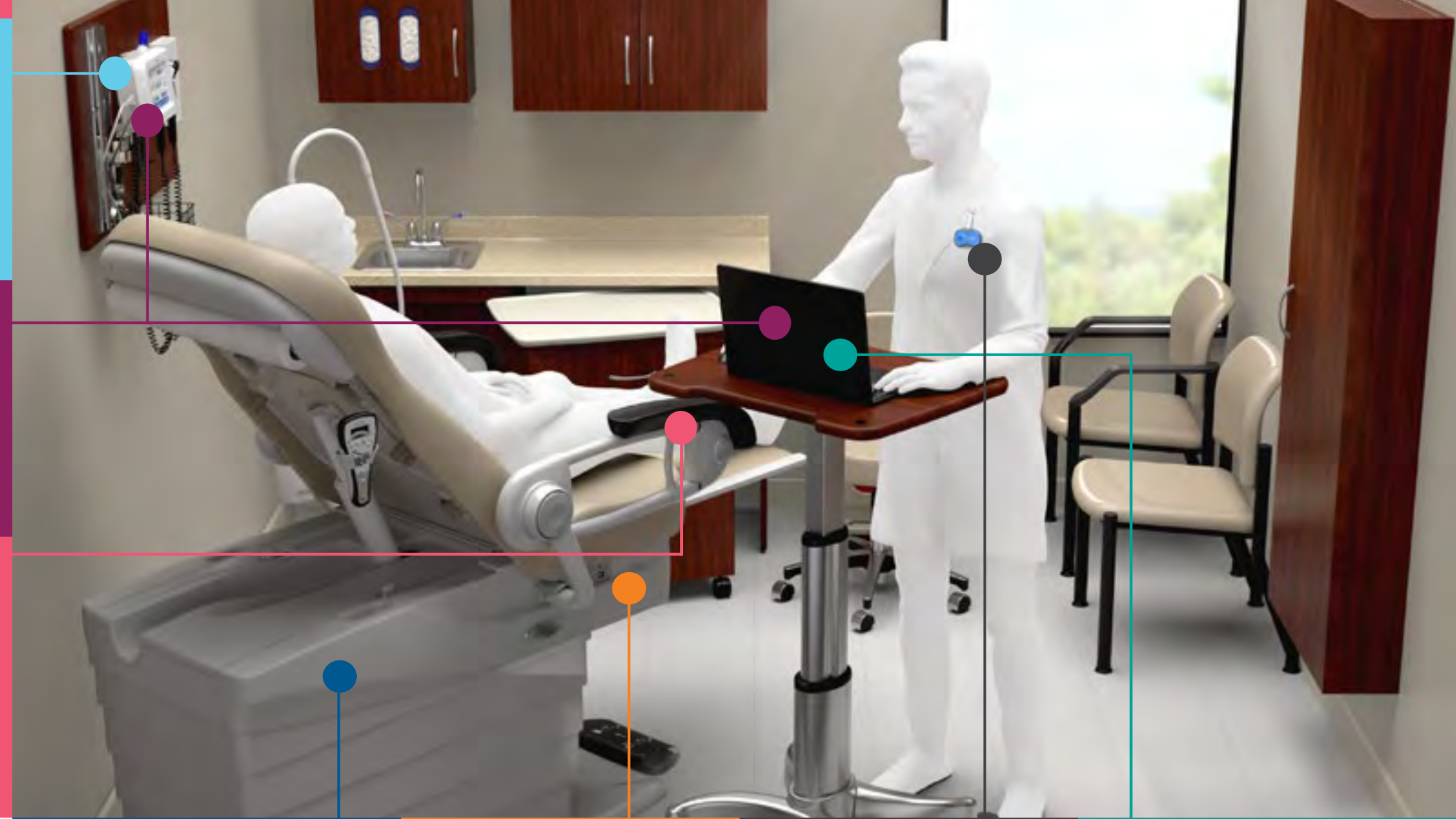
The height-adjustable exam chair decreases the need for manually lifting and repositioning patients.

REAL-TIME LOCATING SYSTEM

Use of RTLS for a patient self-rooming workflow can reduce waste and eliminate bottlenecks.

SINGLE PANE OF GLASS

Connected equipment and devices are operated from the computer screen.





Procedure Room Workflows



In-Office Procedure
Workflow



Dermatology
Workflow

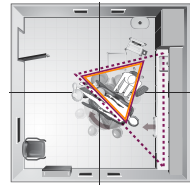


Podiatry
Workflow



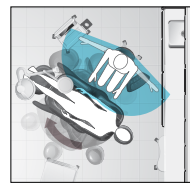
In-Office Procedure Workflow

The number of in-office medical procedures is increasing while there is growing pressure to control costs. This in-office procedure room was designed to enable physicians to better meet patient demands and contain procedure costs. Well organized storage puts instruments and supplies within arm's reach. Taking into consideration hygiene, primary storage and bulk storage zones can maximize efficiency and minimize traffic. The procedure chair also offers maximum flexibility in bringing the patient to the caregiver.



PROCEDURE CENTERED

Once the patient is positioned on the chair, the procedure zone is designed to support the caregivers. Mobile carts and mobile work surfaces (that are part of the storage system) create a more efficient procedure zone, helping the provider avoid excessive clutter before, during and after the procedure and limiting excessive steps.



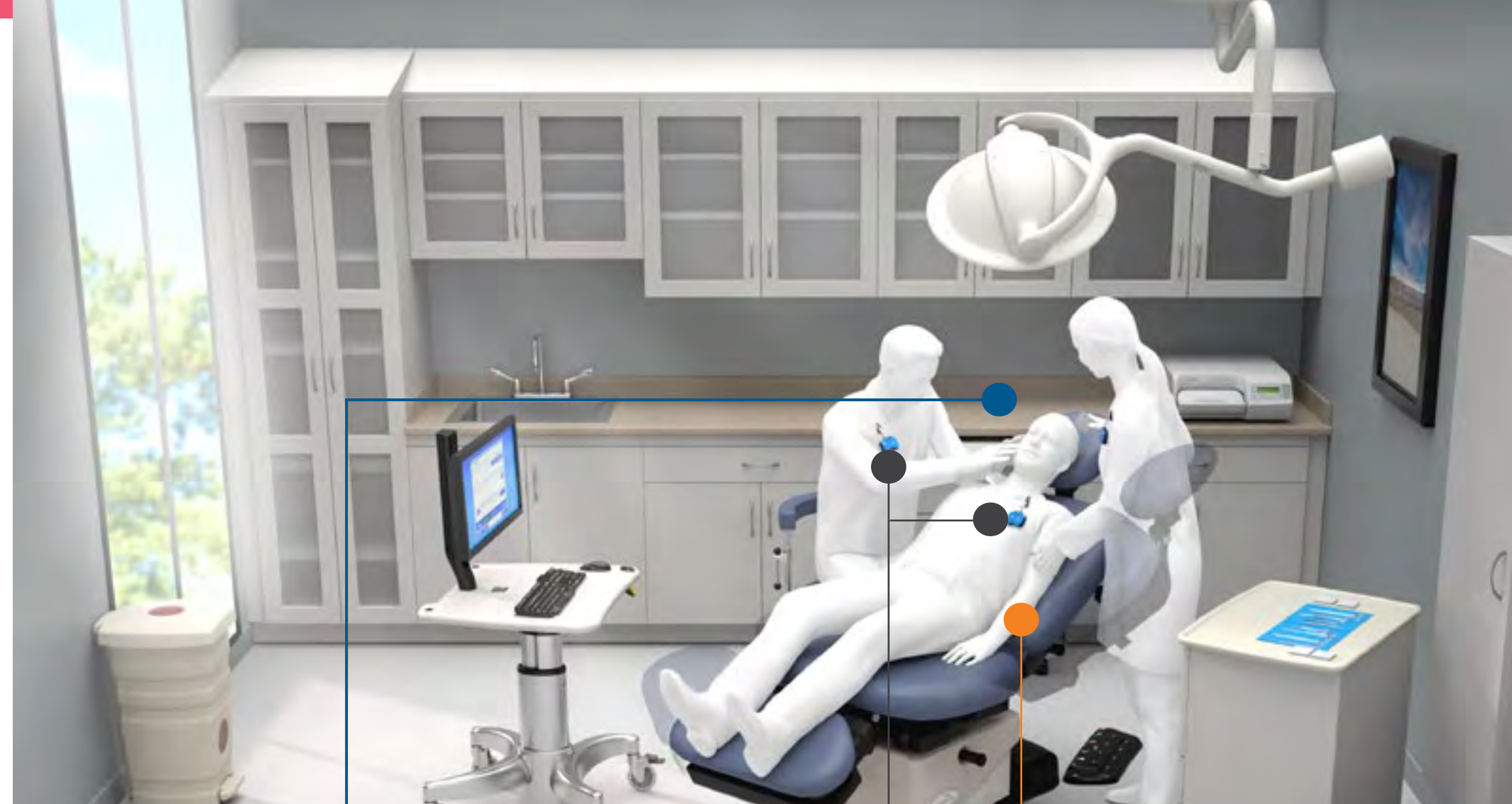
PROCEDURE ZONE EFFICIENCY

The procedure zone is designed around the caregiver, providing access to the patient, work surfaces and supplies. Rotation of the procedure chair allows the physician to efficiently reposition the patient as needed during the procedure for better access.



ENHANCED ERGONOMICS

Barrier-free access, eight-way adjustment, pre-programmed positioning and a large range of motion are key features that allow optimum positioning of the patient on the procedure chair. Better positioning of the patient improves access to care and ergonomic posture for the caregiver to avoid undue strain and fatigue.



CLINICAL PROCESS IMPROVEMENT

The procedure chair is positioned close enough to the cabinetry countertop for access to supplies. Mobile cabinets and supply carts can be moved in close proximity of the procedure chair as well. The adjustable positioning and rotation features of the procedure chair bring the patient to the caregiver for better access to the procedure site.

REAL-TIME LOCATING SYSTEM

Use of a real-time locating system or patient self-rooming workflow can assist in waste reduction efforts that help eliminate costly bottlenecks.

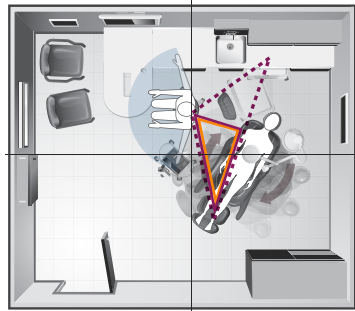
AMERICANS WITH DISABILITIES

The height-adjustable procedure chair decreases the need for manually lifting and repositioning patients. The center of the room is kept open to allow a 60-inch wheelchair turning area. There is also ample room for patient egress.



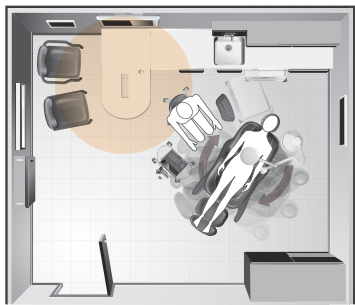
Dermatology Workflow

In this workflow, we have reengineered the dermatology room to combine three key activities effectively in one space—consultation, counseling and procedures. This seamless, flexible and efficient dermatology room design can help enhance the patient-caregiver relationship and ultimately improve outcomes.



ENHANCED ERGONOMICS

The enhanced ergonomic design helps divide the room into consultation and procedure zones with technology such as a large, interactive monitor to make the consultation more visual and engaging. Before the start of the procedure, the treatment room is well-organized, minimizing visual clutter while reducing patient anxiety. This is supported by ample storage along one wall with a vertical storage unit for larger equipment. Considerations should also be made to ensure that storage is organized in a manner that enhances ergonomic reach and efficiency.



CONSULTATION ZONE

The consultation zone is designed around shared communication between the caregiver, patient and guest. A large interactive screen makes information readily accessible, creating a more intimate dialogue between patient and caregiver and bringing needed educational information into the procedure room. The walls surrounding the family visitor zone have displays for related care products.



REAL-TIME LOCATING SYSTEM

Use of a real-time locating system or patient self-rooming workflow can assist in waste reduction efforts that help eliminate costly bottlenecks

CLINICAL PROCESS IMPROVEMENT

The procedure chair is positioned close enough to the casework countertop for access to supplies. Mobile cabinets and supply carts can be moved in close proximity of the procedure chair as well. The adjustable positioning and rotation features of the procedure chair bring the patient to the caregiver for better access to the procedure site.

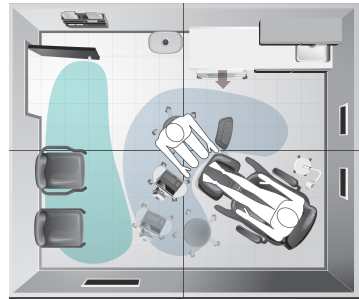
AMERICANS WITH DISABILITIES

The height-adjustable procedure chair decreases the need for manually lifting and repositioning patients. The center of the room is kept open to allow a 60-inch wheelchair turning area. There is also ample room for patient egress.



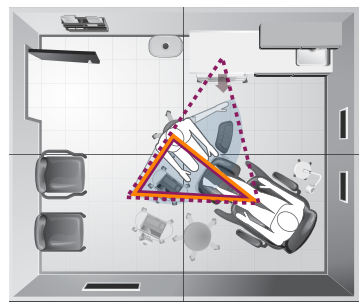
Podiatry Workflow

The integration of new technologies and advancements with in-office procedures are shaping the future of the podiatry practice. Function, efficiency and versatility are key to an effective podiatry room design—and at the center of it all is the procedure zone. The design of this workflow addresses the many needs of the podiatry procedure zone.



PUBLIC/PRIVATE ZONES

The family/visitor zone, also known as the public zone, does not encroach on the movement of the caregiver. It includes displays for educational brochures and related care products and is clearly separated from the procedure zone.



PROCEDURE ZONE FLEXIBILITY

The procedure zone puts the caregiver in the center. While the cart for primary instruments and supplies can be stored under the countertop and out of the way, during procedures it is moved to either side of the caregiver. This helps to maintain a short reach zone. An instrument tray attached to the procedure chair supports instruments and supplies or mobile devices.



CLINICAL PROCESS IMPROVEMENT

The podiatry chair is positioned at an angle, which provides more effortless access to the foot area for the caregiver—whether in a seated or standing position. The room also provides an abundance of streamlined, well-organized storage.

REAL-TIME LOCATING SYSTEM

Use of a real-time locating system or patient self-rooming workflow can assist in waste reduction efforts that help eliminate costly bottlenecks.

AMERICANS WITH DISABILITIES

The height-adjustable podiatry chair decreases the need for manually lifting and repositioning patients. The center of the room is kept open to allow a 60-inch wheelchair turning area. There is also ample room for patient ingress and egress.

DESIGN SUPPORT

Whether you are building a new practice or remodeling a space, the prospect can be overwhelming. Our in-house design experts are ready to help you every step of the way, including partnering with your preferred dealer and working with existing floorplans and designs. We can help you choose from a variety of space configurations, technology and clinical workflows specific to the needs of your facility. Let's design a better clinical environment together.

For more information, contact your Midmark representative or visit: midmark.com/contact-us



SOURCES

01 <https://wire.ama-assn.org/delivering-care/onegraphic-you-need-accurate-blood-pressure-reading>

02 <http://www.acc.org/latest-in-cardiology/articles/2017/11/08/11/47/mon-5pm-bp-guideline-aha-2017>

03 Calculated by 50,000,000 affected*/ 307,000,000 US 2009 population** Data from: *<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911816/> and **Census.gov

04 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911816/>

05 <https://www.cdc.gov/bloodpressure/facts.htm>

06 Assuming \$15/hour, 8 hours/day and 48 weeks/year



Colors + Finishes

Traditional Vital Signs:



Upholstery:
Latte

Countertop:
Milano Quartz

Cabinets:
Dune

Triage Nook:



Upholstery:
Black

Countertop:
Concrete Stone

Cabinets:
Henna

Basic In-Room Vital Signs:



Upholstery:
Curative Copper

Countertop:
Brazilian Brown Granite

Cabinets:
Radiance

Continuous Care:



Upholstery:
Citrus

Countertop:
Evening Tigris

Cabinets:
Path

Dedicated Zones:



Upholstery:
Sandy Retreat

Countertop:
Kalahari Topaz

Cabinets:
Acorn

In-Office Procedures:



Upholstery:
Soothing Blue

Countertop:
Bronze Legacy

Cabinets:
Frost

Connected In-Room Vital Signs:



Upholstery:
Healing Waters

Countertop:
Antarctica

Cabinets:
Storm

Traditional Exam:



Upholstery:
Curative Copper

Countertop:
Milano Quartz

Cabinets:
Dune

Dual Access:



Upholstery:
Robust Brown

Countertop:
Concrete Stone

Cabinets:
Henna

Dermatology:



Upholstery:
Lunar Gray

Countertop:
Arrowroot

Cabinets:
Storm

Podiatry:



Upholstery:
Branch

Countertop:
Green Tigris

Cabinets:
Flax



Designing better care.™

The color examples shown are the best representation of the original material. Actual color may vary slightly. We strongly recommend that you contact Midmark Customer Experience at 1.800.MIDMARK to request a sample before placing your order.

Midmark is an ISO 13485 and ISO 9001 Certified Company. Certain products are not included. See the complete list at: [midmark.com/ISO](https://www.midmark.com/ISO)

For more information, contact your Midmark dealer or call:
1.800.MIDMARK
Outside the USA call: 1.937.526.3662 or visit our website:
[midmark.com](https://www.midmark.com)

© 2020 Midmark Corporation, Miamisburg, Ohio USA Products subject to improvement changes without notice. Litho in USA.

007-10265-00 Rev. A1 (3/20)

