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Technology calls for strategic master design plan for clinical setting

April 14, 2015 | By Susan D. Hall

Technology can pose a challenge healthcare when accommodating new tools in the clinical space, where providers must prioritize patient safety and workflow, according to an [article](#) at *Hospitals & Health Networks*.

Health systems must create a strategic technology master plan that aligns with their vision and mission, Debbie Gregory, R.N., a senior clinical consultant with engineering firm Smith Seckman Reid Inc., says in the article.

She urges organizations to create a technology governance committee to guide the process, to review technology investments and service contracts, and evaluate effectiveness and look for potential duplication. Providers should develop a manageable clinical communication strategy that encompasses nurse call, mobile devices and alarm management and focus on consolidating and streamlining devices.

In the patient room and operating room, a plan for interoperability and integration is imperative for successful clinical workflow and documentation, she says, urging organizations to include doctors and nurses in their planning and design conversations.

"When deploying several technologies at one time, many staff feel as though they are drinking from a fire hose," she says.

Follow-up classes, educational videos, best practice discussions, and re-evaluations are all part of a successful technology implementation strategy, she says.

Research from Northwestern University finds that when doctors spend time looking at electronic health records on a computer, it can [detract from patient communication](#). A paper from the American Medical Association board of trustees suggests that organizations [configure the room to allow the physician to maintain eye contact with the patient](#) and to allow the patient to see the computer screen as well.

Research has also shown that the color, shape and layout of a hospital room can directly [affect patient health and hospital savings](#), according to Blair Sadler, a senior fellow at the Institute for Healthcare Improvement and a former hospital CEO.

In addition, changes at UT Southwestern's Clements University Hospital in Dallas to create a ["W"-shaped building design](#) means nurses have to walk no farther than the length of eight patient beds.

To learn more:

- read the [article](#)

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