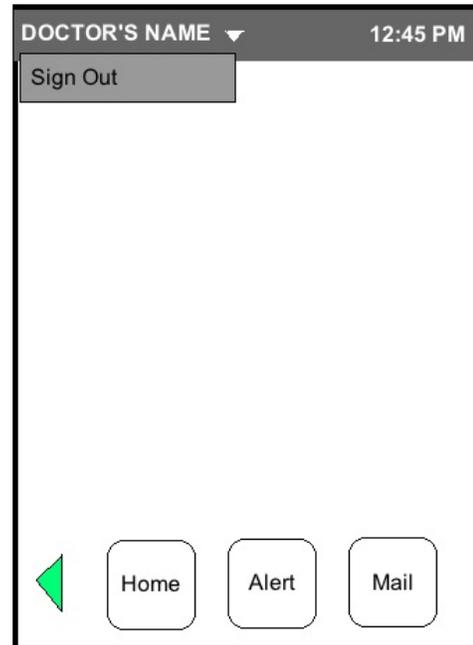


## Interface redesign notes & suggestions

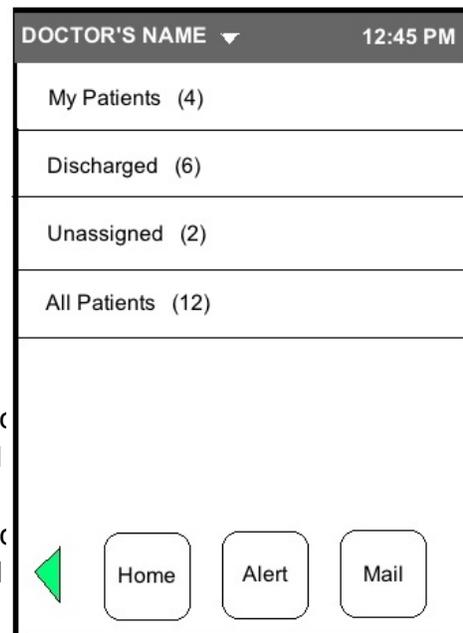
### *General*

1. Move doctor name to the top status bar that contains time. (Replace “cronos” with doctor name).
2. There should be a sign out button as an option when clicking on doctor name (make it obvious it is a button)
3. Combine “inbox” and “compose” as one button: “mail”
4. Include a triangular “back” button as bottom, left-most button (where “home” is located now), distinct from the other buttons (home, alert, mail--these should be centered) which are square.
5. Transitions: when clicking on the bottom buttons, except for the back button, the transition to the page should be instant rather than a “slide.” Conversely, clicking through options on the patient pages, orders, etc., should be slide transitions to indicate going “deeper” into the system.
6. Poor indication of whether there are further details for a certain menu item. An arrow should appear after menu items that have depth



### *Home Screen*

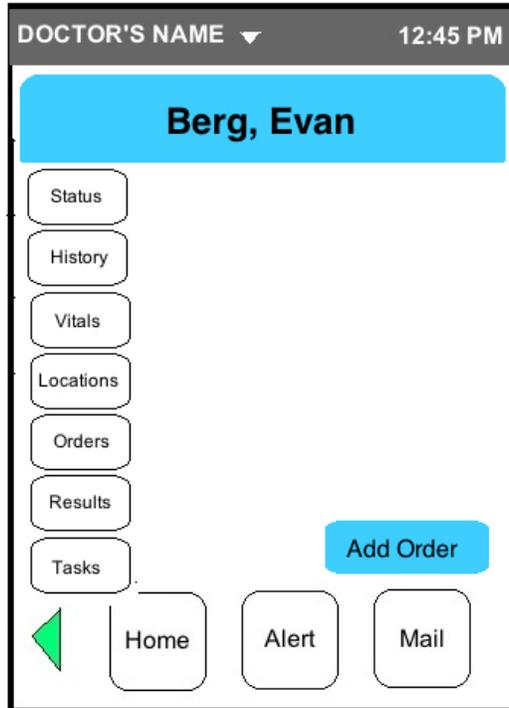
1. Home screen should be a list of patient categories, rather than as something you scroll through at the top
  - a. my patients (# indicating how many)
  - b. discharged (#)
  - c. unassigned (#)
  - d. all patients (#)
2. Within each patient category, group patients into different sections based on location. Having them group immediately which patients are located in each ward each trip to that specific location.
3. Status icon indicating “assigned,” “unassigned” (the patient name) should be omitted. It is redundant and instead indicate a newly added patient.
4. Omit target symbol and “total tasks” symbol, and instead always show percentage completed tasks (the ratio symbol) in its place. Also, the colors of the ratio symbol are difficult to read. Consider making the text white.
5. Include ability to sort patients based on a certain category that suits the doctor’s needs



for best keeping track of them

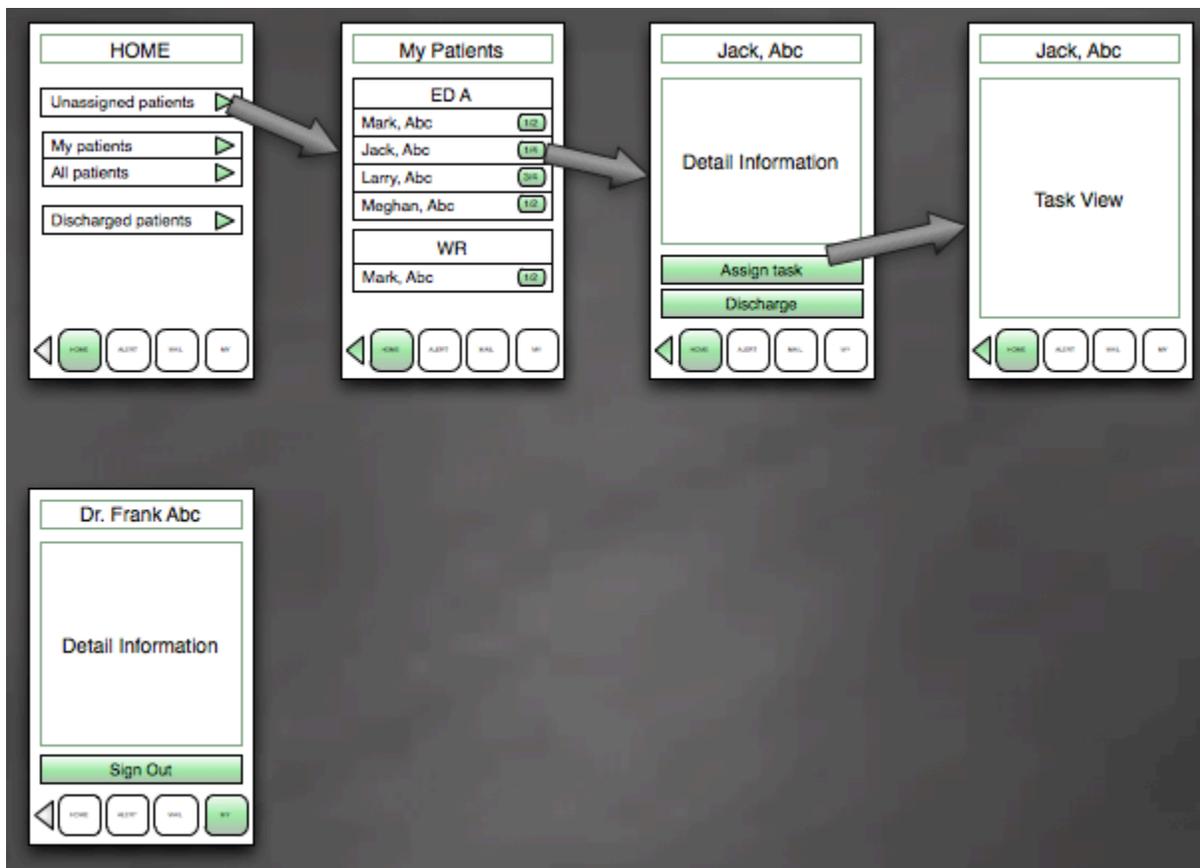
*Task*

1. Omit task button from the bottom of the screen. Make it a sub-option once you've already selected a patient (like how orders, status, etc. are now listed in the patient



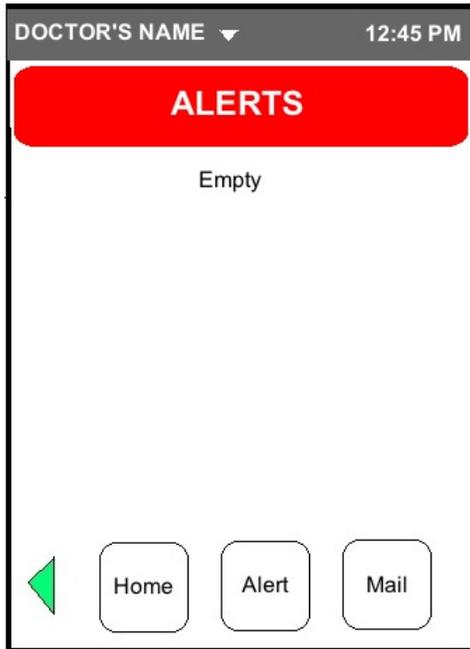
page)

2. Put patient name in the title bar to prevent doctors from assigning tasks to the wrong patients by mistake
3. Both expand buttons should be on the left to maintain consistency
4. Remove the slide-in transition animation when items in a category are reloaded



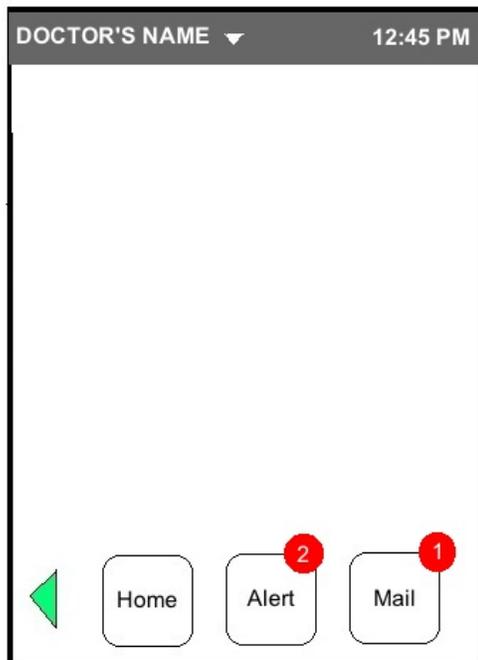
### Alerts

1. Should be able to click this tab even if there aren't alerts, and should be small icon on the tab to show the number of unseen alerts (same as inbox)



*Inbox/Compose/Mail*

1. Should have a small icon on the tab showing the number of unread messages (as with alerts)



2. Reply button should be more specific to a certain message, not just at the bottom of the

screen- when you click on it, it should take you to a compose screen with the recipient already entered in (should not do exact same thing as hitting compose button).

3. Should prevent duplicate recipients
4. Minor bug: must tap recipient name to get out of keyboard mode, should be able to just tap text area to get out
5. Messages can be color coded by patient to help doctors group patients

## Shopping For Tasks

A UI Designed for Adding Multiple Tasks at Once



This is a modification of the current task selection system. When you click on the assign task button in the patient page you will be taken to this view. The top level of this view shows the current tasks assigned to this patient that have yet to be fulfilled. (Completed tasks would be in a different tab under the detailed patient view) Upon clicking + Task you would be taken to the categorical list you see currently in the application. However the main difference here is that you cannot see two levels at once. You can still navigate to any previously selected hierarchy by clicking on the tabs that appear above the selection window. Tasks are added by double clicking rather than selecting and pressing add tasks which reduces the number of unnecessary UI components on the screen. This approach lets the doctor see how tasks fit into what he has already assigned easily which ensures he is not

issuing any conflicting or redundant tasks. The first screen of this view could contain several intuitive mechanisms for editing tasks: deletion by pulling the task outside of the task window, or prioritization by dragging one task above another. By clicking update tasks this acknowledges that the doctor is ready to apply the changes and presents him with a last minute notification that he's editing the tasks of patient X.