

The opinion in support of the decision being entered today was **not** written for publication and is **not** binding precedent of the Board.

UNITED STATES PATENT AND TRADEMARK OFFICE

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BEFORE THE BOARD OF PATENT APPEALS  
AND INTERFERENCES

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Ex parte HAROLD E. CRANE

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Appeal No. 2006-0479  
Application No. 10/309,274

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HEARD: March 21, 2006

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Before FRANKFORT, MCQUADE and BAHR, Administrative Patent Judges.  
MCQUADE, Administrative Patent Judge.

DECISION ON APPEAL

Harold E. Crane appeals from the final rejection (mailed September 9, 2003) of claims 6-10, 12, 13, 15, 16, 18, 19 and 21. Claims 11, 14, 17 and 20, the only other claims pending in the application, stand withdrawn from consideration.

THE INVENTION

The invention relates to a method for directing patients through a medical facility. Representative claims 6 and 12 read as follows:

6. A method for directing patients to proper locations within a medical facility, comprising:

a) providing room number signs for each of a plurality of rooms within the medical facility, the medical facility including: i) a main corridor that extends in a substantially straight manner from an entrance to an exit of the medical facility, and ii) a plurality of hallways that extend substantially perpendicular off of the main corridor at different locations of the main corridor;

b) sequentially numbering the rooms in the medical facility based on a relative location of each of the rooms with respect to the entrance;

c) providing at least one sign adjacent to the entrance to the medical facility, which directs a patient to a counter;

d) determining, based on real-time information as to locations of medical facility staff, whether or not the patient can be treated by one of the medical facility staff;

e) if it is determined that the patient can be treated, providing the patient with an electronic card at the counter so as to monitor a current location of the patient, and directing the patient to a first particular room within the medical facility so that the patient can be treated; and

f) directing the patient from the first particular room in which the patient has been treated, to a second particular room in which the patient will be treated next,

wherein the step f) comprises:

determining a room number of the second particular room in which the patient is to be treated, as compared to a room number of the first particular room in which the patient is currently located; and

wherein the patient goes to the main corridor and travels in a first direction if the room number of the second particular room is higher than the room number of the first particular room, and the patient goes to the main corridor and travels in a second direction opposite the first direction if the room number of the second particular room is lower than the room number of the first particular room.

12. A method for directing a patient to a treatment room within a medical facility, comprising:

a) providing room numbers for each of a plurality of rooms within the medical facility starting with a room closest to an entrance of the medical facility, in such a manner that the room

numbers either sequentially increase or decrease to thereby signify a relative location of each respective one of the rooms with respect to the entrance, an exit of the medical facility, and each of the other rooms in the medical facility, wherein the medical facility includes: i) a main corridor that extends in a substantially straight manner from the entrance to the exit of the medical facility, and ii) a plurality of hallways that extend substantially perpendicular from the main corridor at different locations off the main corridor;

b) providing all patients in the medical facility and all medical staff within the medical facility with electronic cards that are used to determine a particular location of each of the patients and each of the medical staff within the medical facility at any particular moment in time;

c) providing all of the rooms within the medical facility with card receiving devices that are capable of reading electronic card information to thereby provide information to a specific site in the medical facility with regards to which persons, if any, are currently located in each of the rooms of the medical facility;

d) providing a plurality of room number range signs on a wall of the main corridor adjacent to each of the plurality of hallways, wherein each of the room number range signs includes a room number range for all rooms that are directly accessible by way of the corresponding one of the hallways that is adjacent to the corresponding one of the room number range signs;

e) receiving a patient in a receiving area located adjacent to the entrance of the medical facility, and providing the patient with an electronic card to be carried by the patient at all times within the medical facility;

f) based on the information obtained in step d), determining if any of the rooms in the medical facility is available to provide a particular treatment required for the patient, and if one of the rooms is available, directing the patient to go to the one of rooms in the medical facility and providing the patient with the corresponding room number of the one of the rooms,

wherein the patient is able to travel from the receiving area to the one of the rooms based solely on the corresponding room number of the one of the rooms provided to the patient in step f) and the room number range signs provided on the wall of the main corridor that the patient views when traveling along the main corridor to determine which of the room number range signs has a room number range that includes the corresponding room number that the patient is traveling to.

THE REJECTIONS

Claims 6-9, 12, 13, 15, 16, 18, 19 and 21 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent Application Publication No. 2002/0165733 to Pulkkinen et al. (Pulkkinen) in view of U.S. Patent No. 5,748,907 to Crane and Official Notice.

Claim 10 stands rejected under 35 U.S.C. § 103(a) as being unpatentable over Pulkkinen in view of Crane, Official Notice and U.S. Patent No. 6,283,761 to Joao.

Attention is directed to the main and reply briefs (filed November 26, 2003, December 15, 2003 and April 20, 2005) and the main and supplemental answers (mailed June 18, 2004 and April 8, 2005) for the respective positions of the appellant and examiner regarding the merits of these rejections.

DISCUSSION

Pulkkinen discloses a system for tracking and monitoring activities in a health care facility. As summarized by Pulkkinen:

[0019] . . . In a preferred embodiment, the tracking environment is a health care facility; the monitored activities include medical treatment and operational process events, such as physiological measurements, patient and caregiver locations, patient, caregiver and medical equipment proximity information, and evidence of interventions or actions between a caregiver and a

particular patient; and the schedule is a patient care event schedule, such as a clinical care pathway, including medical treatment and operational process events which a caregiver selects for the patient and includes predetermined criteria which are utilized to identify variances from the scheduled events.

[0020] In a preferred embodiment, the system includes a controller coupled by a wireless, wired or combination wired and wireless network to sensors, identification badges, physiological output data monitoring equipment and portable or fixed interfaces, each of which is located within a tracking environment. . . . The badges can be located or carried directly on or adjacent to patients, caregivers and fixed or portable diagnostic or medication dispensing equipment. . . .

Crane also discloses a system for tracking and monitoring activities in a health care facility. The system controls, among other things, the flow of patients and employees within the facility based on real time inputs from "sensed I.D. card codes, sensed selected test information, sensed test result information, final diagnosis information, prescription confirmation, insurance verification, standardized testing program information, health maintenance program information, patient appointment information, and requests for patient data exchange" (column 9, lines 29-35).

With regard to the manner in which the patients are directed through the facility, Crane teaches that:

The clinic building must be designed so that the patient is controlled efficiently where the patient has few steps to go to the prescribed rooms and where the rooms are on the same floor. As part of the design,

hallways have one way traffic wherever possible, to make sure the patient goes in the right direction, and colored lines that the patients can follow to rooms with doors of the same colors.

Reference is made to FIG. 27, illustrating an embodiment of a Clinic Layout. The lobby of the clinic is where patients will wait before the coordinator calls them in. It is a simple room with rest rooms and an entrance to the coordinator room. The patients can either go to the rest room or enter the clinic via the coordinator room.

The building aids the patient flow through signs and color markings, referred to as patient flow indicators. If instructed at the coordinator room to proceed to diagnostic room 703, the patient goes through the single brown door from the coordinator room to the diagnostic room. Above the brown door is a sign displaying "To Diagnostic Room". . . .

If tests have been decided upon, the diagnostic nurse instructs the patient to proceed to test room 801. The patient walks up to a door 66 marked with all the Test room numbers and colors (test room 801 is marked in orange). The patient goes through the door and follows the orange line on the hallway floor to test room 801 (see FIG. 27). At the end of the orange line is a sign advantageously stating "Test Room 801 Enter". The patient's name is displayed at test room 801 electronically, as well. All testing and sampling is performed in this test room. . . .

Once the tests are completed, the patient is instructed to proceed back to the same diagnostic room 703 by following the orange line back from the test room 801 to the diagnostic room. . . .

After the session with the diagnostic nurse, the patient may be instructed to proceed back to the coordinator room through the pink door advantageously marked "To Coordinator Room" or through the yellow door to the pharmacy if medication was prescribed. If the patient takes the yellow door advantageously marked "Out to Pharmacy", (FIG. 27 shows clinic layout), the patient takes a one-way yellow hallway into the pharmacy, where medication is picked up. From the pharmacy the patient is instructed to proceed to the

coordinator room through the pink door marked "To Coordinator Room".

Once all invoicing and paperwork have been taken care of, the patient takes the door advantageously marked "Lobby" to exit the coordinator room [column 36, lines 6-61].

As conceded by the examiner (see pages 7, 12 and 13 in the answer), the combined teachings of Pulkkinen and Crane do not respond to the limitations in claim 6 relating to the main corridor, the plurality of perpendicular hallways, the sequential numbering of rooms and the entrance sign, or to the limitations in claim 12 relating to the sequentially increasing or decreasing room numbers, the main corridor, the plurality of perpendicular hallways and the number range signs. To cure these evidentiary shortcomings, the examiner takes Official Notice of the existence of two methods respectively encompassing the features in claims 6 and 12 admittedly missing from Pulkkinen and Crane and concludes that it would have been obvious to combine these officially noticed methods with Pulkkinen and Crane to arrive at the subject matter recited in these claims.

In response to a challenge made by the appellant in the briefs and a remand from this Board (mailed February 10, 2005), the examiner proffers three separate items (see Appendices A-C in

the supplemental answer<sup>1</sup>) as documentary evidence to support the officially noticed methods. Suffice to say, however, that the three items fall far short in this regard. Arguably, the items do not even substantiate the existence in the prior art of the individual features for which they are respectively cited, and they certainly do not demonstrate the existence of the purported methods which actually were officially noticed by the examiner.

Thus, the evidence advanced by the examiner does not justify a conclusion that the differences between the subject matter recited in claims 6 and 12 and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art.

Accordingly, we shall not sustain the standing 35 U.S.C. § 103(a) rejection of independent claims 6 and 12, and dependent claims 7-9, 13, 15, 16, 18, 19 and 21, as being unpatentable over Pulkkinen in view of Crane and Official Notice.

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<sup>1</sup> The supplemental answer identifies the three items as (1) "Floor B1, pages 1-2, of: Finding Your Way Inside St. Luke's. St. Luke's Episcopal Hospital website. 18 October 2002" (Appendix A), (2) "Figure 1 of: Bligh, U.S. Patent Application Number 2002/0057204" (Appendix B), and (3) "pages 1-2 of: No More Mazes, Research about Design for Wayfinding in hospitals. DIAGLOG(R) File 148: Gale Group Trade & Industry DB. 02336780. SUPPLIER NUMBER: 03585116. Progressive Architecture, v66, pl56(2). Jan, 1985" (Appendix C).

Appeal No. 2006-0479  
Application No. 10/309,274

As Joao does not overcome any of the above noted flaws in the examiner's evidentiary showing, we also shall not sustain the standing 35 U.S.C. § 103(a) rejection of dependent claim 10 as being unpatentable over Pulkkinen in view of Crane, Official Notice and Joao.

SUMMARY

The decision of the examiner to reject claims 6-10, 12, 13, 15, 16, 18, 19 and 21 is reversed.

REVERSED

CHARLES E. FRANKFORT	)	
Administrative Patent Judge	)	
	)	
	)	
	)	
	)	BOARD OF PATENT
JOHN P. MCQUADE	)	APPEALS
Administrative Patent Judge	)	AND
	)	INTERFERENCES
	)	
	)	
	)	
JENNIFER D. BAHR	)	
Administrative Patent Judge	)	

Appeal No. 2006-0479  
Application No. 10/309,274

JPM/gjh

FOLEY AND LARDNER  
SUITE 500  
3000 K STREET N.W.  
WASHINGTON, DC 20007

**Comment [jvn1]:** Type address