



Putting heart in your Waiting Room(s)

| Baseline Questions - 6 Key Indicators                       |   |             |
|---|---|-------------|
| Waiting Room – Reception Area                               |   | Exam Room ♥ |
| Y<br>N  | <b>Do you know ...</b>  | Y<br>N      |
|   | 1. How long your patients wait?   |             |
|   | 2. How satisfied are your patients with their wait <i>experience</i> ?                  |             |
|   | 3. How your patients feel about the <u>physical environment</u> in the waiting area(s)? |             |
|   | 4. If patients would appreciate certain <u>amenities</u> in the waiting area(s)?        |             |
|   | 5. If patients are satisfied with <u>things to do</u> in the waiting area(s)?           |             |
|   | 6. How patients feel about the <u>communication/processes</u> used as they check in?    |             |
| <b>GOAL</b><br>Achieve 100% affirmative on 6 key indicators |   |             |

| Y<br>N   | 4 Dimension Assessment  |   | Y<br>N |
|--|---|---|--------|
|  | <b>1. Positive Distractions</b> (things to do) An environmental feature that elicits positive feelings and holds attention for the patient. |   |        |
|  | 1.  | Do you know that most patients experience significant anxiety while in a health care setting?                         |        |
|  | 2.  | Do you have opportunities for patients to learn about their illness, healthy behaviors, importance of eating healthy? |        |
|  | 3.  | Do you have opportunities for your patient to relax like ambient healing music or aromatherapy?                       |        |
|  | 4.  | Do you use the waiting time to help the patient prepare for his/her appointment with their physician?                 |        |
|  | 5.  | Do you have space or provide an opportunity for reflection?   |        |
|  | 6.  | Is your waiting room set up such that it encourages relating with other patients, creating a sense of community?      |        |
|  | 7.  | Do you have a TV monitor and use comedy or pictures of nature to calm your patients while they wait?                  |        |
|  | <b>2. Communications/Processes</b> All verbal interfaces with patients/how patients are “processed” throughout the visit.                   |   |        |
|  | 1.  | Are patients taken to exam room in the order they signed in?  |        |
|  | 2.  | Do you have a process to let patients know when the physician is running behind?                                      |        |
|  | 3.  | Are patients welcomed in a friendly manner?   |        |
|  | <b>3. Amenities</b> A desirable or useful feature including, coffee, tea, water, health snacks, sani wipes.                                 |   |        |
|  | 1.  | Do you have coffee or tea available for patients as they wait?  |        |
|  | 2.  | Is WIFI available?  |        |
|  | 3.  | Are there sani wipes available?   |        |
|  | <b>4. Physical Environment</b> How the environment looks, smells, feels, sounds.  |   |        |
|  | 1.  | Does the environment smell like a doctor’s office?  |        |
|  | 2.  | Is there ambient healing music?   |        |
|  | 3.  | Are there pictures of nature on the walls?  |        |
| <b>GOAL</b><br>Acknowledge that anxiety exists and commit to identify ways to make your patient’s wait restorative by increasing your YES responses above in alignment with culture, finances and most importantly your patient preferences. |   |   |        |

♥ Research shows that the Exam Room waiting experience has more impact on patient experience than the reception area.



## Putting heart in your Waiting Room(s) by Creating a Restorative Waiting Experience

Congratulations! You have taken the first step to address an untapped way to improve patient experience.

Many research studies <http://bit.ly/21zC6rZ> show that long waiting times negatively impact patient experience scores. Long waiting times aren't necessarily bad, they actually pose a unique opportunity to build a relationship with your patients. Many organizations focus their quality efforts on reducing the time spent. While there is nothing wrong with this approach it tends to be resource and time intensive. There is an easier, more inexpensive way. Research on waiting has found that:

- Known wait times feel longer than unknown wait times
- Unoccupied time feels longer than occupied time
- Anxiety increases the perception of time spent waiting
- It is the perception of time spent waiting, not the actual time spent waiting that irritates people
- People respond better to waiting when the waits are "fair", that is people are taken in the order they arrive

This evidence provides a compelling reason to evaluate and address the time your patients wait. Triage is a quick assessment that can be completed to identify your opportunities to create a restorative waiting experience focused on four dimensions: positive distractions, communications/processes, amenities and physical environment.

In order to know how much time you have to create interventions and which ones will be appreciated by your patients, you first have to know how long your patients wait and how they feel about it. WaitWell has an in depth online assessment that will provide statistically significant direction in this regard, but we realize everyone doesn't have the desire to do an in depth assessment, this is why we created Triage.

It is important to find out what your patients want and then provide it for them. Importantly, our work with organizations shows that patients have needs for positive distractions beyond the typical magazines (which can carry germs) and Jerry Springer or CNN on the TV monitor. Interestingly, in 1998, Pruyn and Smidts (1998) found that

- TV as a source of explicit distraction did not lead to shorter perceived waiting times, in fact, people viewing TV perceived the wait time as longer
- People only started viewing TV after initial small talk or other self paced distractions like magazine reading had been exhausted

Clearly, the common approach to waiting distractions is outdated and ineffective.

### HOW TO USE Triage:

Have 3-4 people in your organization complete the Triage assessment and compare notes. Brainstorm on dimensions to implement, remembering that positive distraction has yielded the most interest from patients we have assessed.

Implement some different interventions in different exam rooms and evaluate the impact. A quick paper and pencil assessment given to patients before they leave the exam room can let you know how you are doing. Reassess and generalize the interventions across the waiting continuum to create a restorative waiting experience across the board. Remember to tell patients why you are implementing the changes, that you care about them and their entire experience. Ask them how they're doing; ask if your attempts are making a difference for them, let them know you care.