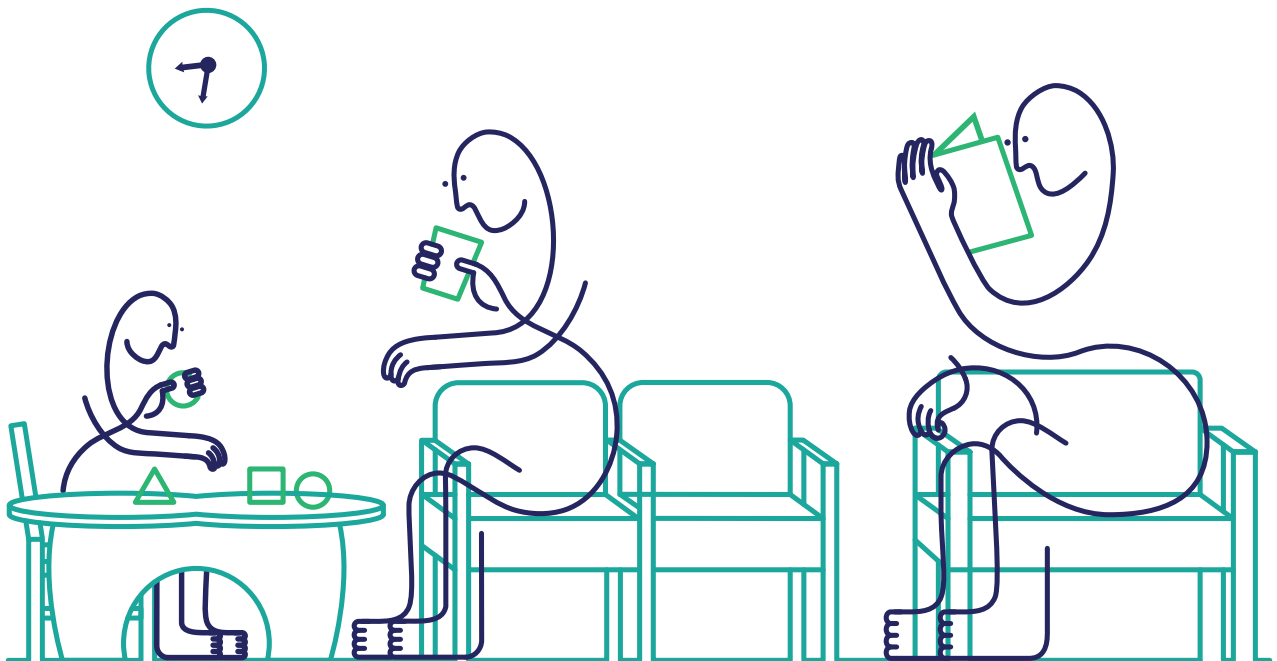


Winning Strategies for Waiting Rooms



Key Insights

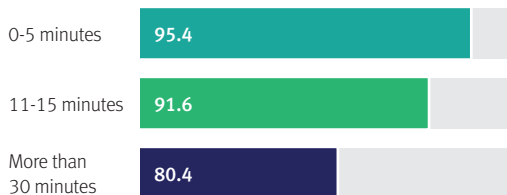
- The experience of waiting is an important component of overall patient satisfaction.
- To improve the experience, waiting room furniture should fit the bodies of the people who use it, including children and high-weight individuals.
- Furnishings should accommodate diverse postures, behaviors, and levels of privacy.
- Thoughtful space planning is another tool that can reduce anxiety during the wait.
- Updated queuing models can also improve patient perceptions of waiting time.

The first thing most patients do in a healthcare setting in the U.S. is to wait. The number of minutes (or hours) depends on the situation, but the average time patients spend waiting to see their providers is 22 minutes.¹ Until recently, researchers have rarely focused their attention on this part of the healthcare experience, but Nemschoff, a Herman Miller company, has begun studying the ways people wait to improve the process for patients, visitors, and the professionals who interact with them.

Why should we be interested in waiting?

The Toyota Production System has classified waiting as waste—and that’s something any healthy organization strives to eradicate. According to Roger Call, Director of Healthcare Kaizen Architecture at Herman Miller Healthcare, “The goal of a lean continuous improvement approach is to reduce and eliminate waste, while recognizing that it may be very difficult to eliminate all of it.” For example, a patient’s family members or driver may still have downtime during the appointment or procedure. Unscheduled emergencies and other situations can also extend waiting times. Whenever patients are forced to wait, that experience influences their perception of quality of care. As public zones where people with illnesses gather, waiting rooms are sometimes seen as places where germs abound. This impression can create a sense of discomfort and urgency to leave the space as soon as possible—making it more difficult to tolerate service delays, errors, and inefficiencies—and lowering patient expectations.²

Medical Practice Satisfaction by Time Spent in the Waiting Area



Press Ganey Associates. 2013

Not surprisingly, research has shown that as wait time goes up, patient satisfaction goes down. Those who waited five minutes or less expressed 95.4 percent satisfaction with their experience, and satisfaction dropped steadily along with wait time, all the way down to just 80.4 percent satisfaction for those who waited more than 30 minutes.³ One study even suggested that perceived wait time is a more compelling indicator of patient satisfaction than actual wait time.⁴ A wait that “feels” long due to crowded, noisy surroundings or a lack of positive distractions like art, aquariums, or windows can lower satisfaction scores even more. This suggests that focusing on the emotion-related component of waiting may be an important part of improving the patient experience.⁵

How can we improve the experience of waiting?

From the environment to the way we monitor lines, there are many ways to make waiting more compatible with people’s wants and needs.

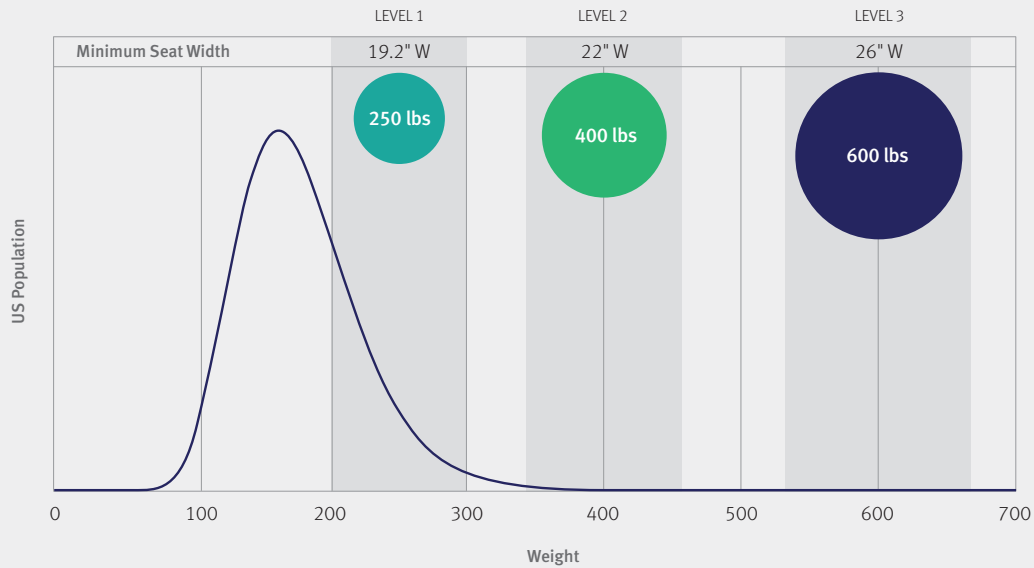
Consider the furniture.

1. Does it fit the bodies of the people who are using it? We can make waiting rooms more inclusive by providing seating that accommodates everyone who’s likely to use it. While most waiting rooms are equipped for average-sized adults, there are several other populations that deserve to be addressed. For example, furniture scaled for children and designed to support their play can improve their experience. Research has shown that waiting in healthcare settings can be anxiety-provoking for children and their families, but positive distractions have been shown to reduce this anxiety, leading to positive health outcomes.⁶

Providing space for people with disabilities is also an important consideration. In a recent Herman Miller study of a pharmacy waiting room, researchers noted that fitting wheelchairs and strollers along the edge of seating felt forced, and they were not properly accommodated before the room was renovated.⁷ As the U.S. population ages, more people may be using adaptive aids to move around, suggesting that waiting rooms provide spaces that include—instead of marginalizing—this growing population.

Another group that deserves consideration is high-weight users—an area where scientific knowledge is currently evolving. Current design recommendations suggest that a minimum of 10 percent of seating adjacent to bariatric areas should accommodate people up to 600 pounds.⁸ However, researchers at Herman Miller recommend that each institution should assess the weight of their own population through their electronic medical records to determine the load rating and percentage of high-weight seating needed in their waiting rooms.

Until now, furniture for this population has been focused on weight capacity alone. However, that is about to change. According to a new analysis of data, Herman Miller researchers have determined that seating design should focus on the patient’s body size first, and the patient’s weight second.⁹ Because getting in and out of a chair exerts variable loads, static loading tests alone cannot guarantee a chair’s strength or durability. In fact, a chair designed to hold a 700-pound person is no use if the seat width is too small to accommodate the person’s body.



99.99% of the US population weighs less than 440 pounds.
The average bariatric patient weighs 292 pounds.

“Plus, Not Bariatric”

Why is Nemschoff replacing the term “Bariatric Seating” with “Plus Seating”? Bariatrics is a branch of medicine that deals with the causes, prevention, and treatment of obesity.¹⁰ The clinical definition of obesity is based on body mass index (BMI)—a calculation derived from a person’s height and weight. However, when BMI is the only measurement used to identify bariatric patients, most of the people in that group would not exceed Nemschoff’s standard weight rating of 350 pounds—making the current 700-1,000 pound weight capacity which is found on most high-weight seating excessive and unnecessary. While obesity rates are rising across the U.S., it is important to understand that 99.99 percent of the US population weighs less than 440 pounds, and that the average bariatric patient weighs 292 pounds. An analysis of data from the Civilian American and European Surface Anthropometry Resource (CAESAR) and Mississippi State University have shown that the higher the weight of an individual, the larger the hip breadth is and the more it varies.^{11,12}

This makes the distance between the arms of a chair an important factor in serving high-weight individuals. To support the people who are actually using waiting rooms, we recommend a new approach with three levels of seating in healthcare settings. Each level would have a minimum seat width requirement to make sure the chair fits the users it can support.

New standards for heavy users are pending from the Business + Institutional Furniture Manufacturers Association (BIFMA).¹³

Finally, because sitting requires getting into and out of a chair, waiting room seating should be designed to support graceful, confident ingress and egress. Nemschoff has incorporated features, including ergonomically designed armrests, into many of their chairs to assist people in the transition between sitting and standing. These features can be especially helpful for elderly or ill patients or people with disabilities or injuries.

2. Does it make people feel comfortable?

Naturally, furniture in waiting areas should support the people who use it, encouraging healthy postures and providing long-lasting comfort. However, helping patients feel comfortable in their surroundings goes deeper than ergonomic design. In a survey where patients were asked to evaluate different healthcare environments, they favored images of The Jay Monahan Center for Gastrointestinal Health, which offers a “spa aesthetic” complete with colorful contemporary furnishings and artwork and many sustainable finishes and materials, along with The Iris Cantor Center for Women’s Health, which features pastel colors, artwork by contemporary female artists, and modern furniture. These environments nearly doubled their perceptions of quality of care, feeling cared for, and the likelihood of recommending the practice to others, and reduced anxiety.¹⁴

This hospitality approach is considered so important that it has made its way into healthcare design guidelines. Planetree, the organization for patient-centered care, advocates the use of domestic-inspired aesthetics, art and warm home-like, non-institutional designs that are familiar and welcoming, and valuing patients over technology. The organization’s guidelines recommend the use of wood and natural colors and materials to reduce some of the anxiety that patients frequently associate with medical visits.¹⁵

According to Nicole Allis, Portfolio Lead at Nemschoff, paying attention to aesthetic details is an important part of communicating comfort. “At Nemschoff, we insist on fine tailoring and craftsmanship to help create a sense of hospitality,” she said. “We also specialize in wood furniture, which provides a warm and welcoming environment.” Choosing furniture that is designed to withstand high-traffic environments without showing wear and tear that would detract from aesthetics or comfort can help maintain this sense of hospitality long after the furniture is installed.

3. Does the furniture support all of the different types of groups and postures in the waiting room?

Due to the diversity of individuals, illnesses, and family groupings, there is no single seat or seating configuration that will work for everyone who visits a waiting area.

“The dynamics of patients and their guests vary greatly,” according to Nicole Allis.

“Having only the standard rows of tandem seating fails to meet the needs of patients who may need to recline or gather in larger family groupings.”

– Nicole Allis

Furthermore, seating arrangements with closely packed chairs and no personal space could be expected to increase stress and anxiety and perceived waiting time.¹⁶

4. Does the furniture allow people to do what they want while they wait?

In one study of a waiting room, the most common behaviors were getting out of a seat, talking, watching TV, watching other people, talking on cell phones, and dozing. Eating, drinking, and using a laptop were also observed.¹⁷ Another study identified several activities that functioned as positive distractions during the wait, including mobile devices, artwork, educational materials, views to the outdoors, TV programming, and electronic monitors to inform patients about waiting time.¹⁸ These observations suggest that an ideal waiting area should provide conversational groupings, charging stations for mobile devices, places to watch TV, and tables between or near seating to hold food and drink.

Consider space planning.

Appropriate furniture alone is just one of the keys to creating a positive environment. The arrangement of the furniture and design of the space can also enhance the experience. Here are several techniques to consider:

1. Create natural divisions.

In Herman Miller's pharmacy waiting area study, a pair of seats that was isolated from the main area of the waiting room was among the most popular places to sit.¹⁹ Already under stress or experiencing symptoms, some patients may not want to sit next to strangers who could be ill or overhear conversations. Because hospital visits often bring relatives together who don't get along or disagree about their loved one's care, even members of the same family may appreciate seating options that don't force them to sit next to each other or face-to-face.

2. Face seats toward the check-in area.

Researchers found that people are often concerned about being forgotten while they wait.²⁰ When they can maintain eye contact with the staff and monitor the queue from their seats, these concerns may be eliminated.

3. Provide more rows of fewer seats.

In Herman Miller's study of the pharmacy waiting room, the seats along the edges were used most often.²¹ Creating multiple short rows can support this preference.

4. Arrange furniture in ways that identify boundaries and help with wayfinding.

The layout and design of waiting rooms, including seating, lighting, and sound, have been analyzed to predict patient satisfaction and experience of pain.^{22,23} Examples that improve the patient experience include spatial boundaries that distinguish waiting areas clearly from circulation paths²⁴ and clustering exam rooms in a pod-like configuration.²⁵

5. Invest in the sensory qualities of the waiting area.

One study found that the physical attractiveness of a waiting room affected anxiety levels and perception of quality of care to a larger degree than actual waiting times.²⁶ Even simple environmental changes such as adjusting room temperature to patient mix, providing glare-free lighting, playing soft music, and choosing energetic warm colors or calming cool colors can make a difference.²⁷

Consider new queuing models.

Even in a perfectly supportive atmosphere, waiting in line can be stressful. One study showed that the most profound source of anxiety in waiting is wondering how long the wait will be, and when there is no visible order to the line, people feel nervous about whether their place in line is preserved.²⁸

Of course, healthcare organizations aren't the only places where people wait to be served. By looking to other industries that have experimented with innovative queuing methods, healthcare organizations may find new approaches that make "getting in line" less stressful.

Some of these models include:

1. Early check-in.

Mayo Clinic is taking cues from the airline industry to let patients interact with one of three systems when they arrive. Regular visitors go to an automatic kiosk, guests who visit less frequently come to the front desk, and a roving facilitator with a tablet greets guests when lines back up or people need help filling out forms.²⁹ A recent study found that implementing self-serve kiosks to speed up the registration process was associated with higher patient satisfaction.³⁰

2. Posted waiting times.

Displaying department waiting times enables people to relax while waiting, rather than having the anxiety of constantly wondering when their names will be called.³¹ In one study, patients who periodically received information regarding emergency department process and medical procedures on devices such as TV monitors perceived significantly shorter stays and were more satisfied.^{32,33}

3. Pager or mobile phone updates.

Commonly found in restaurants, these tools give people the option to wander when wait times are long and return when their check-in time nears.³⁴

4. Progressive check-in.

While overall wait time may or may not be shorter, research found that zoning the waiting area can aid understanding and the feeling of progression.³⁵ The Stanford University Medical Center has divided its waiting areas into activity rooms that resemble a home, including a dining room and living room where patients and family members can watch TV.³⁶ This approach may help people feel that they're getting closer to being served and ward off boredom.

The healthcare industry's understanding of waiting continues to expand all the time. By considering the changing demographics, behaviors, activities, and expectations of waiting spaces, Nemschoff is dedicated to improving the waiting experience.

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