

Document Information Cover Sheet

ASITE DOCUMENT REFERENCE: BSUH-CL-SW-PO-B92

DOCUMENT TITLE: WHP PATIENT CHECK-IN, RECEPTION & WAITING

REVISION: VERSION 1.2

PUBLISHED BY: Gary Speirs

PUBLISHED DATE: 04/04/14

OUTLINE DESCRIPTION/COMMENTS ON CONTENT:

This policy has been updated to bring it in line with the current design, to incorporate actions agreed at 1:50 (Local Repeat/Unique) Room reviews (Submission 1) with LOR/BDP in March 2013.

It includes amendments relating to Trust Action/s:

A013

(See Trust schedule BSUH-CL-SW-SH-0047 for further details)

Brighton and Sussex University Hospitals NHS Trust

Whole Hospital Policy

Patient Registration, Reception & Waiting Areas

Version Control

<i>Document Location</i>	<i>Version</i>	<i>Date</i>	<i>Author / Editor</i>	<i>Action</i>
Policies provided to LOR>Original Documents	1.0	2010		Original draft version (Patient Registration, Reception and Waiting Areas)
My Documents	1.1	Aug 2013	Gary Beacham	Update template - no significant content change
Capital Planning	1.2	Apr 2014	Gary Beacham	Template update Title update Content update

Contents

- 1.0 Executive Summary
- 2.0 Introduction
- 3.0 Purpose
- 4.0 Evidence Base
- 5.0 Scope
- 6.0 Definitions
- 7.0 Patient Flow
- 8.0 Arrival
- 9.0 Self-Registration
- 10.0 Reception
- 11.0 Queuing
- 12.0 Waiting Areas
 - 12.1 Displaying Information & Patient Call System
 - 12.2 Furniture and Layout
 - 12.3 Natural Light
 - 12.4 Distractions
 - 12.5 Art
 - 12.6 Plants
- 13.0 Post-Appointment
- 14.0 Other Trust Policies
- 15.0 Bibliography

Appendices

1. Executive Summary

[Back to Contents](#)

This document recommends principles to inform the design of patient registration, reception and waiting areas across the 3Ts development. These requirements are based on an extensive review of literature on the subject, site visits to other recently built hospitals, consultation with patients and members of the public through the Patient & Public Design Panel, and through the undertaking of a patient survey in Imaging and Nuclear Medicine which focussed on the experience of patients whilst waiting in these departments. The key design principles are as follows:

- Departmental entrances will be welcoming and comforting, using colour and materials to reassure and assist patients who may be anxious or distressed.
- Registration of attendance for appointments will be through the use of a self-registration kiosk or by speaking to a receptionist. 'Meet and greet' staff or volunteers will be on hand to support patients in using the self-check-in kiosks if required.
- Reception areas will also be welcoming and will be easily seen from the entrance to the department. They will be near the self-registration kiosks, and will have a line of sight to the waiting area. Receptionists will be on hand to assist patients with self-registration, register patients at reception, book follow-up appointments and to deal with any other patient concern.
- Queues will be by exception only and will be managed through effective space planning, interior and flooring design and the layout of furniture, which will assist in demarcating of activity zones and the guiding of queuing behaviour.
- Waiting areas will be designed to minimise stress and anxiety levels for patients. This will be achieved through the use of natural light, the use of art, music, plants, distraction techniques and effective display of waiting time information.

2. Introduction

[Back to Contents](#)

Research¹ has shown that patients and the public tend to come into contact with the NHS when they are at their most vulnerable and emotional, which makes their feelings (particularly negative) stronger. The most commonly identified negative feelings were confusion, disappointment, annoyance and frustration. The main causes were poor communication, long waiting times, patronising staff attitudes and feeling lost in the system.

The same research asked patients to articulate what a positive patient experience would feel like. They said they wanted to feel reassured, confident, cared for, informed, safe and relaxed. When asked how this experience might be possible, they focussed on how patients are communicated with (in both quality and quantity) and changes to the environment, particularly waiting rooms.

The design of the operational processes and the physical environment within reception and waiting areas in 3Ts is therefore of fundamental importance in promoting a positive experience for patients and visitors. This is not only a matter of providing a kind and compassionate environment; it has further benefits to the Trust. Research has shown that where rooms are colourful, well lit, warm and professionally furnished, patients reported a higher perceived quality of care.

*"When patients perceive that a physician (or someone connected to him or her) has put time, thought and care into the environment of the waiting room, it suggests that the physician must put the same quality in to the care that is given to patients."*²

¹ Department of Health, December 2005 'Now I feel tall' What a patient-led NHS feels like;
<http://www.scie.org.uk/publications/guides/guide15/files/nowifeeltall.pdf>

² Devlin, A.S., Arneill, A.B. Health care environments and patient outcomes: A review of the Literature(2003) Environment and Behaviour, 35(5); 665-694

3. Purpose

[Back to Contents](#)

The purpose of this policy is to establish a set of design principles to implement in reception, self-registration and waiting areas across 3Ts. These principles, and guidance as to how they can be realised, are intended to provide a consistent and supportive design for the outpatient arrival and waiting environment.

4. Evidence Base

[Back to Contents](#)

As part of the 3T's Programme, research and consultation on the subject has been undertaken to inform the design of patient and public waiting areas, the reception function and the patient registration or 'self-service' check-in areas. Consultation has been undertaken with the Patient Public Design Panel, through a patient survey in Imaging and Nuclear Medicine and a public consultation workshop.

A literature review has been undertaken; the evidence base from the review and the findings from consultation have been incorporated into the requirements set out within this policy.

The draft of this Design Policy was circulated to key users in 3Ts services as part of the consultation process.

5. Scope

[Back to Contents](#)

This policy sets out the best practice to inform the design and furnishings in the outpatient departments across 3Ts in terms of reception, self-registration and waiting areas.

The principles set out in the document have been created for new building projects. This design policy reflects best practice methods for improving patient experience whilst attending the hospital and, where possible and practical, efforts should be made to implement this policy in the existing environment when refurbishment projects are undertaken.

Information systems which will be applied to manage patient registration and patient information are covered within this policy. However, due to the fast evolving nature of the technology industry, and the NHS' appetite to generate improvements and cost savings through the integration of technology, the information enclosed should not be considered exhaustive but rather the best known to the author at the time of writing.

The main entrance and associated public waiting area are not within the scope of this policy as these areas will have a different functionality (not for patients waiting to attend a clinic or diagnostic). The 3Ts interior design strategy and arts commission will cover these areas.

6. Definitions

[Back to Contents](#)

'Patient Self-Registration' or 'check-in' means the way in which patients can indicate that they are in attendance for their pre-booked appointment without direct contact with reception staff.

'*Reception*' is the area where staff will be based to register attendance should the patient not want to use the self-registration kiosks, monitor the waiting area, meet and greet patients and visitors and provide administrative support to the department.

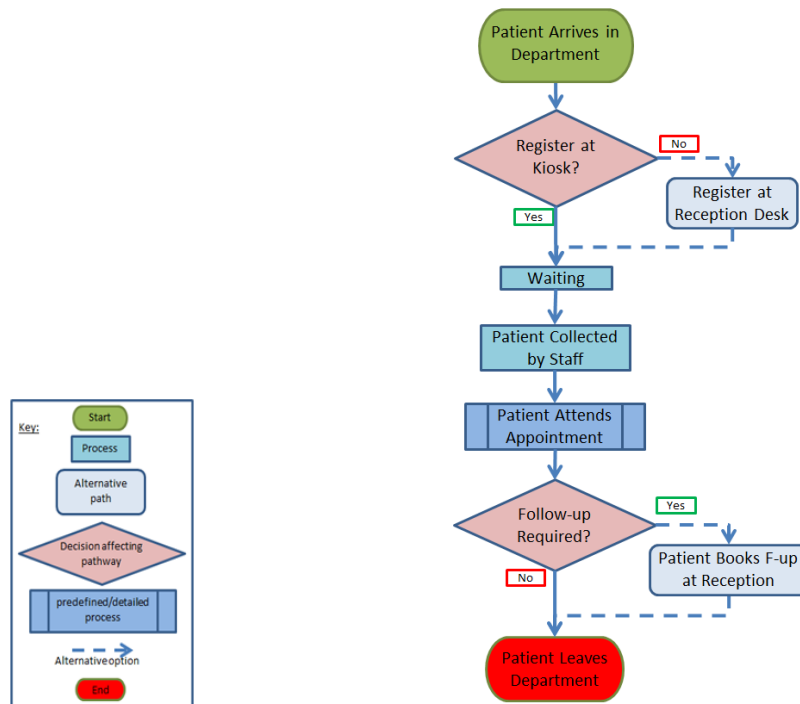
'*Waiting Area*' is a place where patients will wait before an appointment and where visitors, relatives and carers not accompanying the patient, will wait until the consultation/treatment/procedure is completed.

7. Patient Flow

[Back to Contents](#)

Patients, relatives and carers will make their way to the respective department from level 1, via the main entrance if arriving by public transport, via lifts from the 3Ts car park or via the level 6 link corridor if arriving from the multi storey car park or any other building.

The diagram below represents the typical patient flow once they have arrived at the desired department.



8. Arrival

[Back to Contents](#)

Signposting and wayfinding to the department will be in line with the 3Ts Wayfinding Strategy, with input from the 3Ts Art Strategy, Wayfinding commission and Interior Design Strategy.

- The entrance to the department will be open and welcoming to patients, staff and visitors. The route to the departmental entrance will be signposted effectively.
- When patients arrive there will be a clear point of greeting. Artwork or graphic design will be used to create a strong sense of identity for the department, so people are reassured they have arrived in the right place.
- The entrance area will be comforting and welcoming, using colour and materials to reassure and assist patients who may be anxious or distressed, to easily find their way, register and wait for their appointment.
- Once patients have arrived in the department, it will be obvious where to register their attendance. The layout and interior design should direct patients to the self-registration kiosks primarily and the reception desk only when necessary.

9. Self-Registration

[Back to Contents](#)

Self-Registration kiosks have been introduced into numerous new and refurbished hospital buildings and use a similar model to the self-check-in kiosks now used in major international airports. The kiosks play a key role in reducing or removing queues at reception and smoothing the patient's pathway through the department.³ Self-registration kiosks can also improve the service received for patients for whom English is not their first language as they will be able to select from numerous language settings.

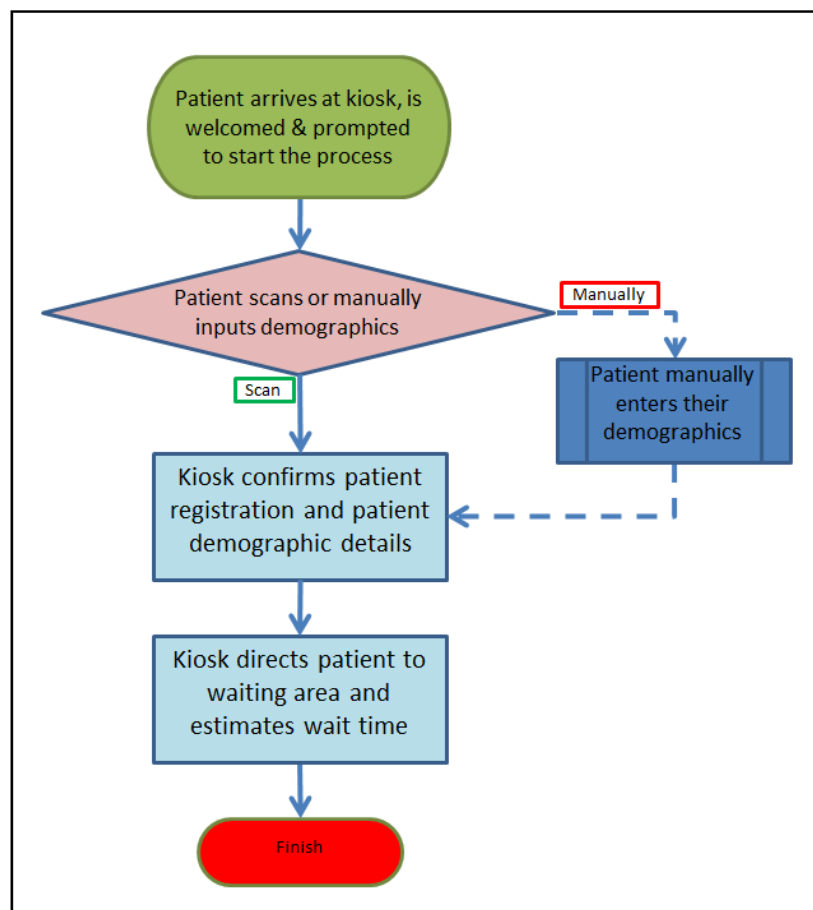
Patients will have a choice as to how they would like to use the kiosks. There will be the opportunity for patients to scan a barcode on their appointment letter or to manually input their data using the touch screen to register their arrival for their appointment. Both options will require confirmation of the patient's demographics held on the trust's PAS. If the details shown are correct, the patient will simply

³ <http://www.midtech.org.uk/2010/11/intouch-patient-check-in-kiosks-at-uhb-2>

need to press a button to confirm. If the details need amending, changes can be made on a keyboard that will be displayed on the screen or the patient can go to the receptionist.

- Patients will be encouraged to register for their appointment using a self-service registration kiosk. Volunteers or staff will be available to 'meet and greet' patients and to assist them with using the kiosk.
- The self-registration area will be situated in such a place that it is easily visible from the departmental entrance and within sight of the reception desk, so that the receptionist can assist if no volunteer is present.
- The self-registration area will accommodate enough touch screen kiosks to meet the services' demand.
- If English is not their first language, patients will be able to select their preferred language on the kiosk touch screen.
- Patients who are hard of hearing can select a British Sign Language option. This will use adjusted syntax in line with BSL, and may also include videos of people signing instructions on how to check-in using the kiosk.
- Kiosks also allow the Trust to efficiently obtain demographic information and monitor patient satisfaction with the ability to ask the patients questions during the check-in process.

An example of a self-registration process can be seen below:



Additional questions or information pages can be added to this process as required and the patient can be assisted by the volunteer or receptionist at any stage.

Self-service registration kiosks can also be linked to the patient call system software. Patients who have registered either at the main entrance or in the local department reception can be called for their appointment when appropriate via a display screen. This enables a patient the freedom to move around the site as they can be called from anywhere on the site where the call system display screens are located. They may for example choose to wait in an onsite café until their name is called. This can be especially beneficial in managing anxiety and improves the overall patient experience.

10. Reception

[Back to Contents](#)

Patients will still have the option of checking in at the reception. The receptionist will use the patient's appointment letter with barcode to check-in the patient, informing him/her of the estimated waiting time at the end of the process.

In the event that the patient has lost their appointment letter, the receptionist will be able to access a copy on the trust PC. A reprinted letter would allow the patient to check-in using the self-registration kiosk if preferred.

- The reception area will be solely for receiving patients, dealing with their enquiries and making follow up appointments. Where hybrid reception/office accommodation is provided, there should be a distinct split between the two areas and the receptionist should be based at the reception desk.
- Reception areas will be welcoming and situated in a location that will be visible from the entrance to the department, near the self-registration kiosks and having line of sight to the waiting area.
- In order to promote a welcoming environment, there will not be a glass barrier between the receptionist and the patient.
- To maintain staff security, the area will be covered by CCTV and a staff panic alarm installed under the counter linked to a rapid response security team.
- At very least, a section of the reception desk will be at a height suitable for wheelchair users or disabled people and will meet the requirements of Building Regulations Part M and the Disability Discrimination Act.
- Eye contact between the patient and receptionist will be achieved upon arrival at the desk regardless of whether the receptionist is seated or standing or the patient is in a wheelchair or not.
- There will be an audio induction loop for the hard of hearing fitted at every reception desk. The loop will ideally cover the whole waiting area, so patients who use hearing aids can sit anywhere and still be called for their appointment.

11. Queuing

[Back to Contents](#)

It is expected that patient queuing will occur only by exception. Queues should be avoided through good operational planning and administrative management. This will require significant buy-in from services and operational policies should be written with this in mind.

In the design, effective space management and use of technology, e.g. self-check-in kiosks and patient call software, will further assist in managing patient flow.

To prevent exits from being blocked, and to support the management of fire routes, the interior design strategy should specify interiors, furniture layout and floor coverings which demarcate activity zones where required.

Linear queue control barriers such as a Tensabarrier[®]™ will be used where queues are unavoidable. Where used, linear barriers should map the route for patients to take, minimising confusion and ensuring the patient is greeted by the right person, first time. This method of queue control offers a flexible solution which can be tailored to the demands of the service.

12. Waiting Areas, Design Principles

[Back to Contents](#)

“Where patients perceive that a physician (or someone connected to him or her) has put time, thought and care into the environment of the waiting room, it suggests that the physician must put the same quality into the care that is given to patients”⁴

Waiting areas designed in accordance with the design principles outlined below will provide a welcoming place for patients, relatives and carers to wait. The principles have been developed to minimise the causes of anxiety and stress for patients.

12.1 Displaying Information and Patient Call System

[Back to Contents](#)

Patient experience and satisfaction levels increase when they are kept informed of their estimated waiting time and progress.⁵ Patients are also more likely to tolerate a delay if they are kept informed and given a reason for it. There are different information systems that can be implemented to address this.

The self-registration kiosk will provide an initial estimation of the waiting time when the patient checks in. The estimated waiting time will be based on any current delays within the department, availability of staff and real time PAS information. The ability of the kiosk to provide real time information is dependent on the Trust migrating to a fully integrated electronic patient record system (EPR) or implementing an electronic clinic management module within PAS. It is assumed that an EPR will be implemented by 2015, in time for 3Ts.

- An appropriately sized display screen, based on the size of the waiting area and the required viewing distance, will be installed in positions that cover the entire waiting area. It is intended that the screen will be linked to PAS and the self-registration kiosk system to provide live progress updates for patients by indicating their place in the ‘queue’ and an estimated waiting time.
- The patients name will be displayed with the estimated waiting time displayed alongside. Representatives from the Patient & Public Design Panel thought that this format for displaying patients’ names was acceptable and was preferred to calling patients by an assigned number, which was felt to be too impersonal.
- An information zone will be created within the waiting areas. This will accommodate a large notice board and will be where any relevant patient notices will be displayed. Feedback from surveys undertaken and the Patient & Public Design Panel requested that there should be fewer posters and leaflets affixed around the waiting areas. The information zone will provide a concentrated area where all notices will be affixed without affecting the aesthetics of the rest of the waiting area.
- To ensure footfall, the information zone will be positioned by the drinking water dispensers.
- An Environmental Policy will be developed which sets out the roles and responsibilities of staff in displaying information, aimed at minimising visual clutter. There will be a named responsible owner for the area who will ensure out-of-date notices are removed and the board is kept clean and tidy.

⁴ Devlin, A.S., Arneill, A.B. Health care environments and patient outcomes: A review of the Literature(2003) *Environment and Behaviour*, 35(5); 665-694

⁵ Naumann, S. & Miles, J.A. Managing waiting patients’ perceptions: the role of process control (2001) *Journal of Management in Medicine*, 15(5); 376-386

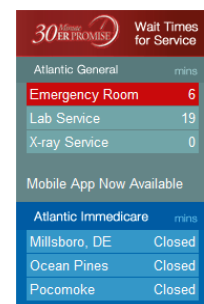
Patient Call System

Feedback from the Patient & Public Design Panel suggests that ideally, patients would be physically collected by a member of staff, perhaps a volunteer 'meet and greeter' or the member of staff they are coming to see, when it is time for their appointment. Departments should call patients in this manner at every possible opportunity.

If patients wish to leave the departmental waiting area, for example, if a long waiting time is anticipated, there will be a system in place to allow them to do this. This will be through the placement of additional display screens around the trust which are linked to the PAS, or through an additional pager call system. The chosen system or combination of systems will:

- Link to the registration and queue management software.
- Enable the patient to move freely throughout the trust.
- Call the patient back to the relevant department, giving them sufficient time to travel from their chosen waiting point.
- Offer a solution for patients with sensory impairment(s).

It has been recognised that mobile technology is rapidly advancing and should the opportunity become available, the ability to obtain real time information on the patient's appointment and its status on phones/devices running IOS or Android OS should be provided. A number of healthcare providers in the USA, including the Bartow Regional Medical Centre in Florida⁶ and the Atlantic General Hospital in Maryland⁷ have introduced online waiting time status updates for their Emergency Room via their website and the ability to download an iPhone application, as seen in the screen-shot to the right.



Service	Wait Time
Atlantic General	mins
Emergency Room	6
Lab Service	19
X-ray Service	0

Mobile App Now Available

Location	Status
Atlantic Immediatecare	mins
Millsboro, DE	Closed
Ocean Pines	Closed
Pocomoke	Closed

12.2 Furniture and Layout

[Back to Contents](#)

The literature review revealed that careful consideration of the layout of seating within waiting rooms is required. The ability of waiting areas to promote social interaction is important in providing a source of support to waiting patients who wish to access it.

*"...social interaction is reduced considerably when chairs are arranged side-by-side, especially along the walls of the room. Also, heavy unmoveable furniture usually inhibits social interaction. These studies indicate that the interior design can considerably increase social interaction among patients by specifying comfortable, moveable furniture that can be arranged in small, flexible groupings."*⁸

However, it is important that patients are offered a choice of seating. Patient feedback not only highlighted the need for spaces that assist in social interaction, but also more private areas for those who wish to sit on their own. Effective planning, selection of furniture and the layout of that furniture must enable a choice of social and private spaces to be provided.

- When planning and designing waiting areas, analysis should be undertaken to ascertain the correct size for the department, using the latest guidance figure per person (1.7m² per place⁹).
- The arrangement of seating furniture should respect the patient's privacy, dignity, cultural feelings and prevent confrontational occurrences. Patients will be given a choice of social and private seating areas.

⁶ <http://www.bartowregional.com/Calendar/News/NewsDetail.aspx?a=3669&ReturnUrl=/Calendar/News>

⁷ <http://www.atlanticgeneral.org/Main/DownloadYourWaitTimesApp.aspx>

⁸ Ulrich, R. (1991) 'Effects of Interior Design on Wellness: Theory and Recent Scientific Research' *Journal of Health Care Design*, vol. 3, pp97-109

⁹ Department of Health, 2010. *Core Elements : Health Building Note 00-03 - Clinical and clinical support spaces*

- Careful consideration should be given on the type of furniture purchased for these areas. The look, feel, comfort and ability to use the furniture will reflect on the patient's perception of their visit and the quality of care they receive.
- A selection of different seating options will be installed so as to provide seating of different heights. This will ensure that there will be suitable seating for different types of patients (e.g. those who may find it hard to sit at a low level and require 'bar stool' type seating).
- The Head of Occupational Health has recommended use of a variety of different seating types ranging from a standard minimum of 17" (43cm) from the floor to the front of the seat and a range of heights above that including seating at a height of 21" (53cm) for taller people (above 6'). This will inform the choice of chairs within the Interior Design Strategy.

12.3 Natural Light

[Back to Contents](#)

Access to natural light positively affects the wellbeing of patients in health care settings.¹⁰ All waiting areas should therefore be located with direct adjacency and access to natural light. However, light levels need to be carefully managed to minimise discomfort to some patient groups who may be light sensitive, e.g. patients with cataracts or those who may find it uncomfortable in areas with high levels of natural light or glare.

- There needs to be access to natural light in areas where patients and the public will be present for prolonged periods of time.
- When refurbishing areas where it is impossible to access natural light, consideration needs to be given to other methods of creating light and creating a link between inside and outside either through 'borrowed' light or through the use of art.
- The design of waiting areas will provide a choice of seating away from direct sunlight or glare for patients who find it uncomfortable.

12.4 Distractions

[Back to Contents](#)

Findings from the Patient & Public Design Panel and the Imaging & Nuclear Medicine waiting areas patient survey indicated that effective distractions, such as reading material and music, are sought by patients. Respondents of the Imaging and Nuclear Medicine survey commented on the need for up-to-date reading materials including books, magazines and newspapers (13%) and the desire to have background music (8%) rather than television programmes.

Television

- No television for the purpose of entertainment will be provided within waiting areas in 3Ts.

The principle that the waiting areas will not include a television for entertainment is based on the evidence base that watching television programmes, particularly those with advertisements breaking up the programme, can increase a patient's perception of their waiting time¹¹. In addition, inclusion of a television would create operational issues on choosing the right channel to broadcast. Lack of control over your environment is an identified cause of stress for patients and so inability to control what is being displayed on the television or its volume could increase patient stress levels rather than decrease them.

Reading Material

- Appropriate, good quality and current reading material should be provided in each waiting area within 3Ts.
- Consideration must be given to the demographics of the patient population and departments should ensure that there is a sufficient quantity and variety of reading material for patients and that it is up-to-date.
- Subscription to daily newspapers or appropriate monthly magazines is recommended. This will support provision of up-to-date material. The source of funding for subscriptions will need to be considered (e.g. perhaps through charitable sources or approaching magazine publishers for donations).

¹⁰ Joseph, A. The Impact of light on outcomes in healthcare settings (2006). The Centre for Healthcare Design. http://www.healthdesign.org/sites/default/files/CHD_Issue_Paper2.pdf [accessed 5th April 2010]

¹¹ Bailey, N., Areni, C. When a few minutes sound like a lifetime: Does atmospheric music expand or contract perceived time? (2006). Journal of Retailing 82 (3,2006) 189 - 202

- A named member of staff will be responsible for the selection, availability, maintenance and cleanliness of the magazines and newspapers. Infection Control guidance is that as long as a member of staff is identified to manage the reading material, it will not pose an infection risk.

Music

The introduction of background music has been proven to reduce anxiety and stress levels¹² of patients when waiting for their consultation or treatment.

- Consideration needs to be given on the type of music chosen, so that it does not please one patient group but upset another.
- It should not be in the form of short 'pop' music or radio broadcasts, as short songs emphasise waiting time by regularly marking the passing of time. It is recommended that long music pieces are used.
- Patients should have a choice as to whether they would like to listen to the background music or not. Where possible, a 'quiet zone' should be created within the waiting area where background music is minimised.

Research has found that relaxing or 'sedative' music, which is characterised by having a slow tempo, repetitive rhythm, gentle contours and strings is typically used. In a study conducted by Tansik and Routhieaux (1997), the following classical compositions have been recommended by a clinical psychologist as being appropriate for this setting:

- Ensemble Amati, "Rossini: Complete Sonatas for Strings"
- Bob James, "The Scarlatti Dialogues"
- Jenoe Jandoa, Schubert: Impromptus (Complete)
- Cho-Liang Lin and the Chicago Symphony Orchestra, "Bruch Violin Concerto No. 1 Scottish Fantasy"
- John O'Connor, "15 Nocturnes of John Field"
- Murray Perahia and Radu Lupu, "Mozart: Sonata for two pianos in D major"

Internet Access

In 2010, 30.1 million adults in the UK (60%) accessed the Internet every day or almost every day. This is nearly double the estimate of 2006 which predicted 16.5 million. Public Access Wi-Fi internet networks in public buildings, retail areas and health care settings are increasing at a fast rate. London is the Wi-Fi hotspot capital of the world with 1.3% of the global total of hotspots and an annual growth of 156%.¹³

Having access to the internet will allow patients to bring their tablets, laptops or smartphones and log on whilst waiting for their appointment. This could prove useful for patients who have taken time off of work to attend and will serve as a good distraction for other individuals.

- The implementation of a public Wi-Fi internet network is recommended for patient and visitor use whilst waiting. This is reliant on the IT infrastructure and funding availability.

12.5 Art

[Back to Contents](#)

Although clinical functional requirements and infection control are of primary importance, the arts have an important role in the development of the 'therapeutic landscape'. The arts can be used in clinical areas to distract or reassure patients at times of high anxiety, immersing "people in feelings and sensations of calm, relaxation, escape, and even pleasure in a way that shifts attention away from the very real 'goings on' within the hospital at large"¹⁴. It has been suggested that patient-doctor interaction improves when the patient has lower stress levels. The patient is likely to be more open in discussions with the health care professional if they are less stressed or anxious.

The Patient & Public Design Panel, responses from a survey on waiting areas in Imaging & Nuclear Medicine departments and the evidence base; recommend using art to increase patient satisfaction of their time spent within the hospital setting. Inclusion of art will therefore be a key element in the design of any new reception or waiting area.

- At least one wall in each waiting area should be kept free for art to be installed. This will be identified within the 1:50 design.

¹² Ulrich, 1979, 1981, 1991

¹³ <http://www.ispreview.co.uk/news/EkpVVZkluuBnGsepDG.html>

¹⁴ Evans, J.D., Crooks, V.A., Kingsbury, P.T. Theoretical Injections: on the therapeutic aesthetics of medical spaces (2009) Social Science & Medicine, 69; 716-721

- Where this is not possible, sufficient wall space should be protected for display of artworks without interference from other wall-mounted elements, e.g. clocks, hooks and switches.
- Appropriate lighting will be considered within the Interior Design Strategy to ensure artworks are optimally displayed.

Integration of artworks within the waiting areas in 3Ts will be taken forward through the Arts Strategy, which includes a photography project, which will create a body of photographic works for display. Photographic themes will be carefully selected to ensure they are appropriate for the hospital setting.

“Art and posters can indeed have important effects on patients; appropriate visual distractions can have positive influences, but inappropriate ones can be stressful”¹⁵

12.6 Plants

[Back to Contents](#)

“Several investigations have found that exposure to nature such as trees, grass and flowers can effectively reduce stress”¹⁶

Results from the Imaging & Nuclear Medicine Survey and Patient & Public Design Panel consultation suggested that people would like to see more plants in hospital waiting areas. However, these must be adequately maintained, as plants which are uncared for would convey a negative impression to our patients.



- Where live plants are to be used, a named member of staff must be responsible for their upkeep. Staff will be supported in plant care advice through the creation of staff gardening club. Where a member of staff cannot be identified to manage the plants, artificial plants will be used.
- Selection of plants will be in line with infection control guidance.
- Plants will be present in all waiting areas within the hospital. Planting can be used to split up large waiting areas to create more relaxing and intimate zones.

13. Post Appointment

[Back to Contents](#)

After the patient has seen the health professional, he/she will either leave the department and hospital, be directed to another department e.g. imaging, or need to book a follow up appointment.

It is anticipated that the electronic patient record (EPR) system will have been implemented before 3Ts opens. This will allow electronic clinic management to take place which will remove the need for patients to attend reception to hand in their outcome sheet.

If the healthcare professional requires the patient to book another appointment, they will update the electronic patient record at the end of the consultation. The patient will then attend the reception desk and the receptionist will book the follow up appointment.

14. Other Trust Policies

[Back to Contents](#)

- 3Ts Wayfinding Strategy.
- 3Ts Interior Design Strategy.
- 3Ts Art Strategy.
- CCTV (3Ts WHP)
- Call Systems (3Ts WHP).
- I.T. Strategy (3Ts WHP).
- Transport (3Ts WHP).

¹⁵ Ulrich, R. 1991. Effects on Interior Design on Wellness: Theory and Recent Scientific Research. Journal of Healthcare Interior Design

¹⁶ Ulrich 1979, 1981, 1991

15. Bibliography

[Back to Contents](#)

- Akalin-Baskaya, A., Yildirim, K. Design of circulation axes in densely used polyclinic waiting halls. (2007) *Building and Environment*, 42; 1743-1751
- Ayas, E., Eklund, J., Ishihara, S. Affective design of waiting areas in primary healthcare. (2008) *The TQM Journal*, 20(4); 389-408
- Bailey, N., Areni, C.S. When a few minutes sound like a lifetime: Does atmospheric music expand or contract perceived time? (2006) *Journal of Retailing*, 82(3); 189-202
- Barlow, G.L. Auditing Hospital Queuing (2002) *Managerial Auditing Journal*, 17(7); 397-403
- Becker, F & Douglass, S.J. The ecology of the patient visit: Physical attractiveness, waiting times and perceived quality of care. (November 2006) *Healthcare Design* <http://www.healthcaredesignmagazine.com/ME2/dirmod.asp?sid=9B6FFC446FF7486981EA3C0C3CCE4943&nm=Articles&type=Publishing&mod=Publications%3A%3AArticle&mid=8F3A7027421841978F18BE895F87F791&tier=4&id=8F4EDE6994FA4ACC965D95871F27C455>
- Cattell, V., Dines, N., Gesler, W., Curtis, S. Mingling, observing and lingering: everyday public spaces and their implications for well-being and social relations (2008) *Health & Place*, 14; 544-561
- Cohn, E.S. From waiting to relating: Parents' experiences in the waiting room of an occupational therapy clinic. (2001) *The American Journal of Occupational Therapy*, 55; 167-174
- Cooke, M., Chaboyer, W., Hiratos, M.A. Music and its effect on anxiety in short waiting periods: a critical appraisal (2005) *Journal of Clinical Nursing*, 14; 145-155
- Cooper, L., Foster, I. The use of music to aid patients' relaxation in a radiotherapy waiting room(2008) *Radiography*, 14; 184-188
- Dalke, H. et. al. Colour and lighting in hospital design (2006) *Optics & Laser Technology*, 38; 343-365
- Daniel-Aharonson, L., Paul, R.J., Hedley, A.J. Management of queues in out-patient departments: the use of computer simulation(1996) *Journal of Management in Medicine*, 10(6); 50-58
- de Kort, Y.A.W., Meijnders, A.L., Sponselee, A.A.G., Ijsselsteijn, W.A. What's wrong with virtual trees? Restoring from stress in a mediated environment (2006) *Journal of Environmental Psychology*, 26; 309-320
- Devlin, A.S., Arneill, A.B. Health care environments and patient outcomes: A review of the Literature(2003) *Environment and Behaviour*, 35(5); 665-694
- Dijkstra, K., Pieterse, M.E., Pruyn, A.Th.H. Individual differences in reactions towards color in simulated healthcare environments: The role of stimulus screening ability (2008) *Journal of Environmental Psychology*, 28; 268-277
- Evans, J.D., Crooks, V.A., Kingsbury, P.T. Theoretical Injections: on the therapeutic aesthetics of medical spaces (2009) *Social Science & Medicine*, 69; 716-721
- Fornara, F., Bonaiuto, M., Bonnes, M. Perceived hospital environment quality indicators: a study of orthopaedic units (2006) *Journal of Environmental Psychology*, 26; 321-334
- Hunter, W. 'Nanny' state keeps design feeling poorly (14th March 2008) *BD Magazine* <http://www.bdonline.co.uk/story.asp?sectioncode=719&storycode=3108586>
- Jones, P. & Peppiatt, E. Managing perceptions of waiting times in service queues (1996) *International Journal of Service Industry Management*, 7(5); 47-61
- Kaiser, D.L., Better care by design (October 2009) *Imaging Economics* http://www.imagingeconomics.com/issues/articles/2009-10_01.asp?SkipInterstitial=TRUE
- Kutash, M & Northrop, L Family members' experiences of the intensive care unit waiting room(2007) *Journal of Advanced Nursing*, 60(4); 384-388
- Kweon, B-S., Ulrich, R.S., Walker, V.D., Tassinary, L.G. Anger and Stress: The role of landscape posters in an office setting (2008) *Environment and Behaviour*, 40(3);355-381
- Leather, P., Beale, D., Santos, A., Watts, J., Lee, L. Outcomes of environmental appraisal of different hospital waiting areas (2003) *Environment and Behaviour*, 35(6);842-869
- McGrath, B.R. & Tempier, R.P. Is the waiting room a classroom? (Letter to the Editor) (2003) *Psychiatric Services* 54(7); 1-43
- Naumann, S. & Miles, J.A. Managing waiting patients' perceptions: the role of process control (2001) *Journal of Management in Medicine*, 15(5); 376-386
- Nicholas, D., Huntington, P., Williams, P. An evaluation of the use of NHS touch-screen health kiosks: a national study (2002) *Aslib Proceedings*, 54(6); 372-384
- Oermann, M.H., Webb, S.A., Ashare, J.A. Outcomes of videotape instruction in clinic waiting are (2003) *Orthopaedic Nursing*, 22(2); 102-105
- Panik, A. et. al. Research on the frontlines of healthcare: A cooperative learning approach (2006) *Nursing Research*, 55(2S); S3-S9
- Pruyn, A. Smidts, A. Effects of waiting on the satisfaction with the service: Beyond objective time measures (1998) *International Journal of Research in Marketing* 15; 321-334
- Rogers, R.L. It's a waiting room that keeps patients busy (20th November 2005) *The New York Times* http://www.nytimes.com/2005/11/20/realestate/20sqft.html?_r=1&pagewanted=print
- Severt, D., Aiello, T., Elswick, S., Cyr, C. Hospitality in hospitals? (2008) *International Journal of Contemporary Hospitality Management* 20 (6); 664-678
- Tansik, D.A. & Routhieaux, R. Customer stress-relaxation: the impact of music in a hospital waiting room (1999) *International Journal of Service Industry Management* 10(1); 68-81
- Toleti, C. Patient Self-Service: Health Care Comes of Age (January 2009) *Group Practice Journal* 58(1); 42-45 http://www.ncr.com/documents/GPJ_NCR_Article.pdf
- Ulrich, R. Effects of Interior Design on Wellness: Theory and Recent Scientific Research (1991) *Journal of Health Care Design*, vol. 3, pp97-109
- Ulrich, R. & Zimring, C. The role of the physical environment in the hospital of the 21st century: A once-in-a-lifetime opportunity (September 2004) *Report to the Center for Health Design for the Designing the 21st Century Hospital project* http://www.healthdesign.org/research/reports/pdfs/role_physical_env.pdf
- Ulrich, R.S., Simons, R.F., Miles, M.A. Effects of environmental simulations and television on blood donor stress (2003) *Journal of Architectural and Planning Research* 20(1); 38-47