



KEY POINT SUMMARY

OBJECTIVES

To describe the results of replacing patient waiting rooms with a system allowing patients to direct themselves to their examination rooms.

Are Waiting Rooms Passé? A Pilot Study of Patient Self-rooming

Kamnetz, S., Marquez, B., Aeschlimann, R., Pandhi, N., 2015 | *The Journal of Ambulatory Care Management. Volume 38, Issue 1, Pages 25-28*

Key Concepts/Context

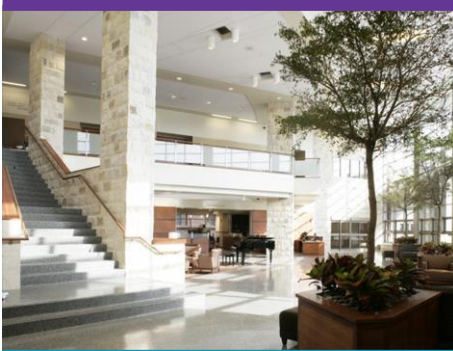
While the timeliness with which patients receive treatment continues to be a common source of patient complaints, little research exists investigating the issues affecting and ways to improve timeliness. In previous studies, improvements in timeliness within healthcare environments were associated with increased patient satisfaction and hospital cost benefits. Allowing patients to guide themselves to their examination rooms after check-in could save time and resources for both patients and healthcare providers alike; however, the efficacy of this intervention has yet to be studied.

Methods

Two different clinics were used to test out the intervention – clinic A and clinic B. 154 pre-intervention “acceptability” surveys asking patients whether or not they would prefer guiding themselves to their examination rooms were gathered from clinic A over a four-month period. The self-guiding patient intervention began in one physician’s office in clinic A before both clinics joined to feature the intervention in all of their offices for a five-month period. Post-intervention surveys were mailed to patients monthly during the five-month period where both clinics operated under the intervention procedures. Time and cost savings (annually) were calculated based on the amount of time saved by staff no longer traveling to and from the waiting room.

Findings

The pre-intervention survey showed that 95% of patients (146 out of 154) preferred checking in and finding their examination rooms themselves as opposed to sitting in a waiting room. This was seen as being easier, more time-efficient, and safer due to the lack of exposure to other sick patients. Patient satisfaction ratings regarding wait time were high both before and after the intervention in both clinics.



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Monthly time savings resulting from the self-rooming intervention were 6 hours and 46 minutes at clinic A, and 5 hours and 58 minutes at clinic B. Cost savings translated into \$1,612 and \$1,422 annually, respectively.

Limitations

The authors note that patient acceptance rates were not measured longitudinally, nor were provider satisfaction rates measured. The intervention described in this study was gradually implemented in two different clinics; the size and common patient population of these clinics may not be shared by other healthcare centers. Healthcare administrators and designers might consider these factors prior to implementing this process.

Design Implications

While waiting rooms offer a common space for entry, check-in, and relaxation, patients in this study showed significant support for a system in which they are allowed to find their own examination rooms following check-in. Considering this model might promote more streamlined hallway designs for patients to find examination rooms more easily, or added signage that focuses on patient populations navigating the hallways.

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