RECEPTION AREA 101







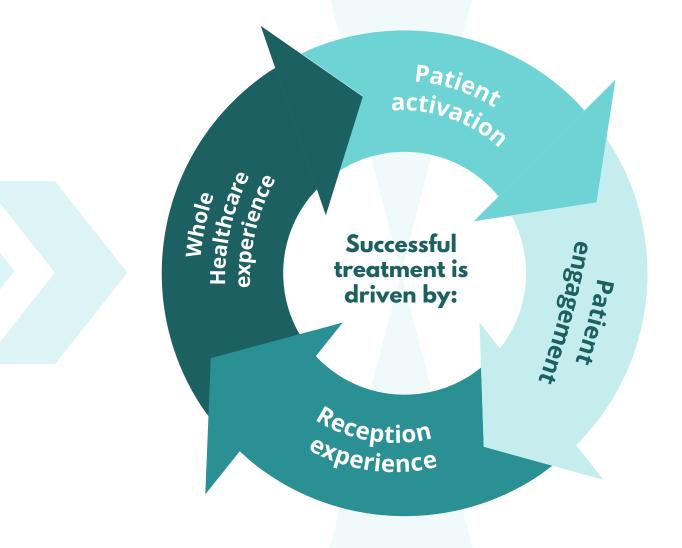
We have been conditioned to believe that 'treatment' is something the medical provider applies to the patient...

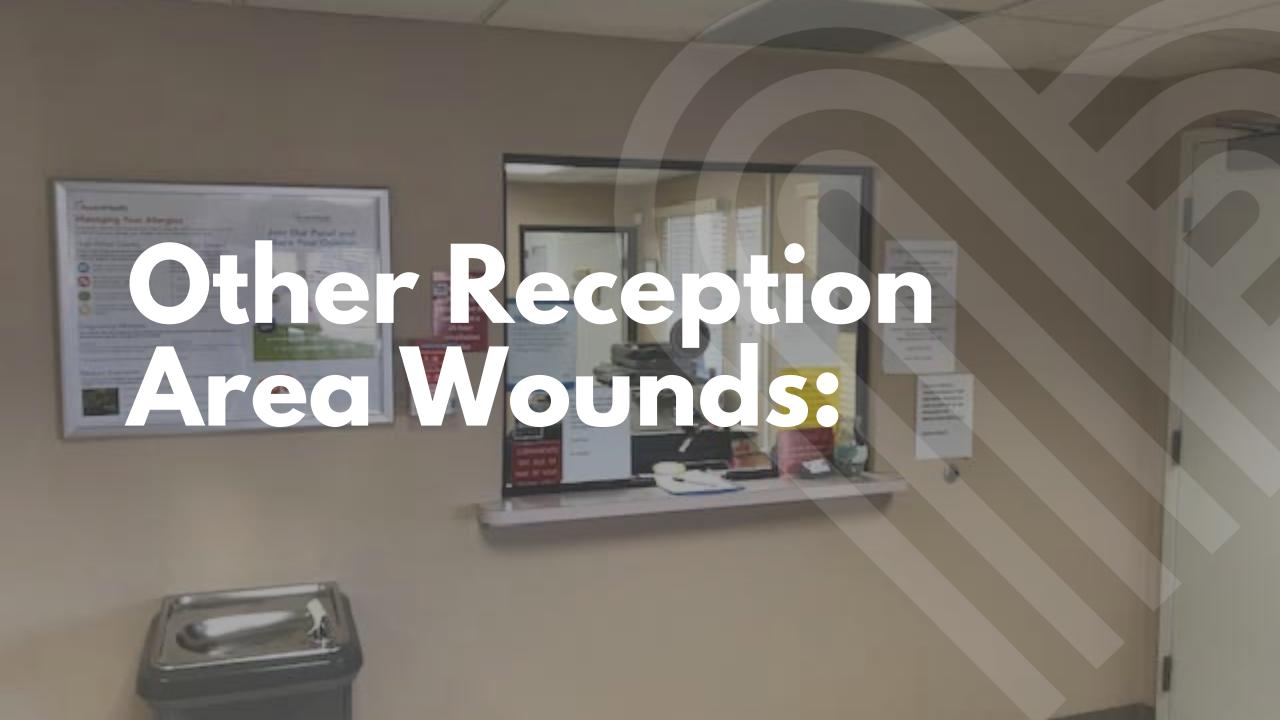




...and everything thing else before, after or around this interaction, is inconsequential.

New paradigm:





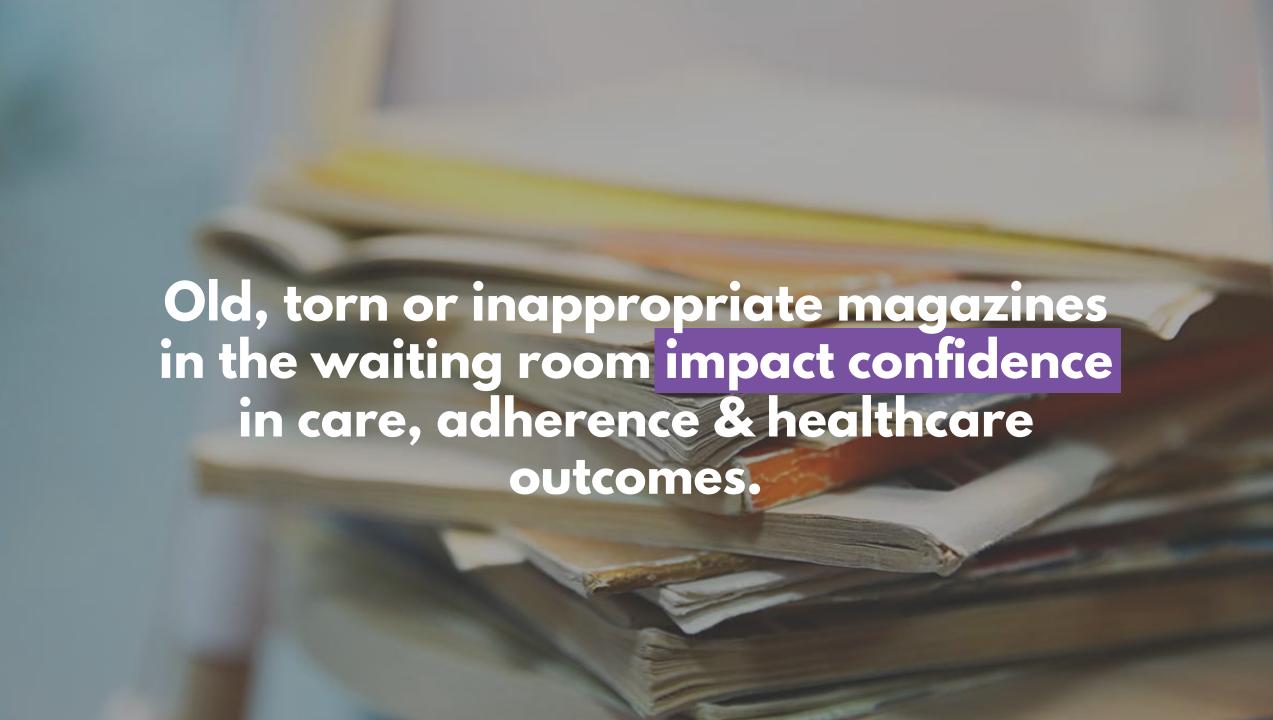
Command Signs:



these are all indicators that the organization is taking a power position over patients

Glass partitions between receptionists & the reception area, indicate to patients they are in a dangerous place, one where only receptionists are to be protected.







Other reception area problems, that demonstrate a disrespect of patients, and sow distrust of the healthcare team's competency:





Unattended TV, showing anxiety provoking programming (such as news) or inappropriate programming for children in the reception area

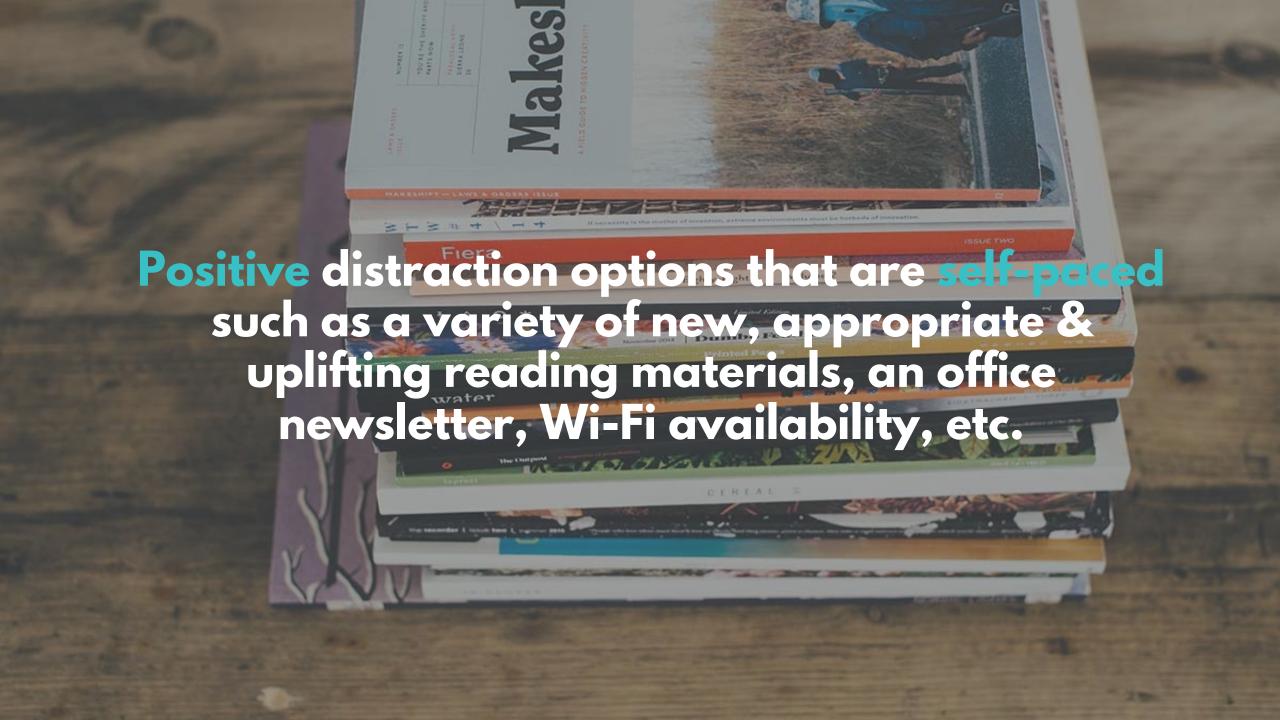


No patient control over the TV (another power-over indicator)

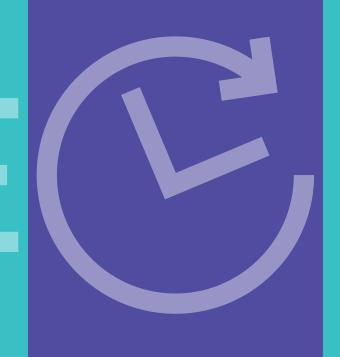


Old furniture, in disrepair; fluorescent overhead lighting; messiness; garbage on the floor; full garbage cans; wall hangings that are taped, torn, or directed at staff





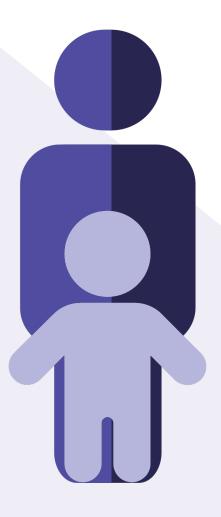
Responsive waiting rooms are tailored to the population served.





If 20% of our patients are monolingual Spanish speakers...

then we should have substantial Spanish language reading materials.



If half of our patients are children or bring children, we should have a children's table, books, & toys.





Tidy and clean, soft wall lighting, visuals or other art that evoke the natural world.

Offerings of any kind: water, nutritious snacks, coffee or tea.

All of us who work in this field have a dual role; we are patients as well as health care workers.



We could all decide right now that we will work to transform the waiting room where we work, into a waiting room we would like to be in ourselves.

For more useful resources please visit:

www.emorrisonconsulting.com

