


# RECEPTION *101*

A woman with dark, curly hair, wearing a white lab coat, is smiling and talking on a black telephone. She is in a medical office setting, with a calendar and a computer monitor visible in the background. The image has a blue tint.

Patients spend an *average of 4 times* as long in the waiting room, than with a provider.

It is the *first impression* of the organization, setting the norms, tone and dynamics of the relationship between the patient & healthcare team.







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

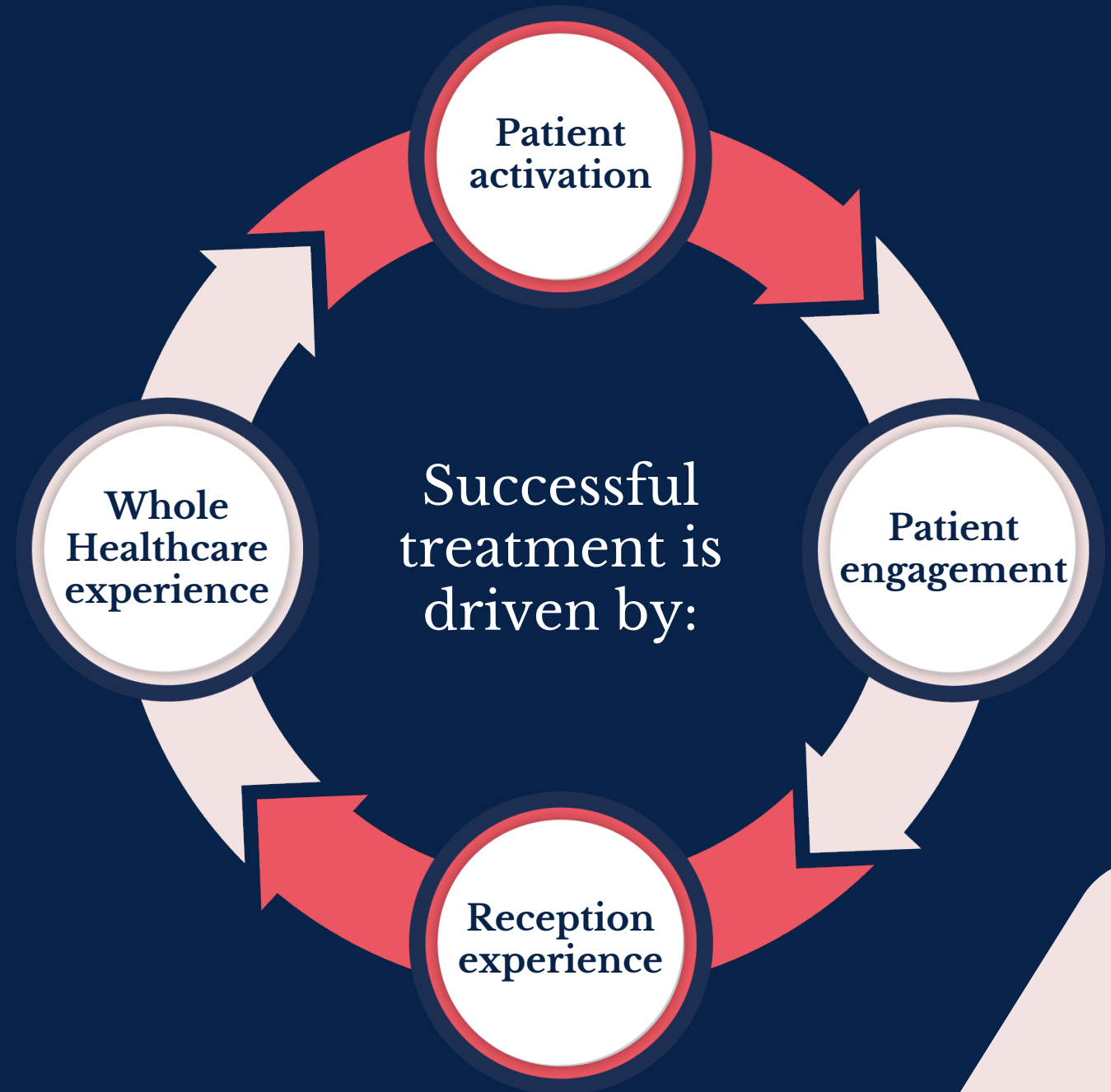


# Treatment begins when patients call us, and walk into our building.

Receptionists and the waiting room experience greatly impact patient experience, which means they both influence *patient health outcomes*.

Research demonstrates that receptionists, their interactions with patients, and the patient's experience in the waiting room influence *medication adherence, health behavior changes, missed appointment rates, and more*.

New paradigm:



# Reception Area Wounds:

---



# Command Signs:



NO food or  
beverage in  
waiting area



NO CELL  
PHONES!



NO  
SMOKING!

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

A photograph of a pharmacy reception area, viewed through a glass partition. The image is overlaid with a blue tint. In the foreground, a reception counter is visible with a circular logo on top. Behind the counter, a glass partition separates the reception area from the pharmacy. Several notices are posted on the wall. One notice reads: "EFFECTIVE SEPTEMBER 01, 2018 ONLY THE PATIENT WITH A CALIFORNIA ID WILL BE ALLOWED TO PICK UP THE NARCOTIC PRESCRIPTION". Another notice reads: "PLEASE CONTACT YOUR PHARMACY FOR ANY REFILL REQUESTS AND ALLOW UP TO 24-48 HOURS FOR MEDICATION REFILLS!!". A third notice reads: "OFFICE POLICY". A fourth notice reads: "Medical Doctors are Licensed and Regulated by the Medical Board of California (916) 433-2322 www.MBC.ca.gov".

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



Glass partitions are  
ineffective for safety.  
Research indicates they  
*actually increase* escalations.



Old, torn or inappropriate  
magazines in the waiting  
room *impact confidence*  
in care, adherence &  
healthcare outcomes.



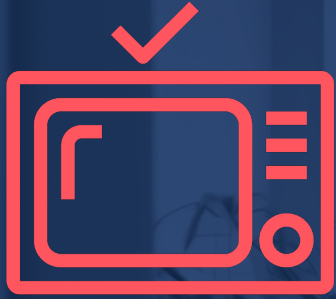
Chairs backed up to the wall around a room is a design for increased anxiety & social isolation.





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

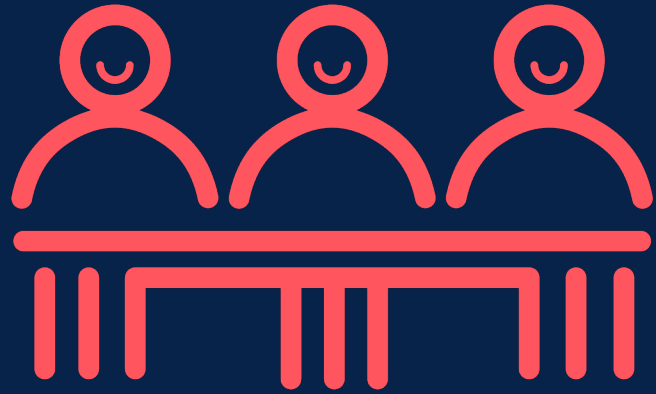
# Reception Area Salves:

---

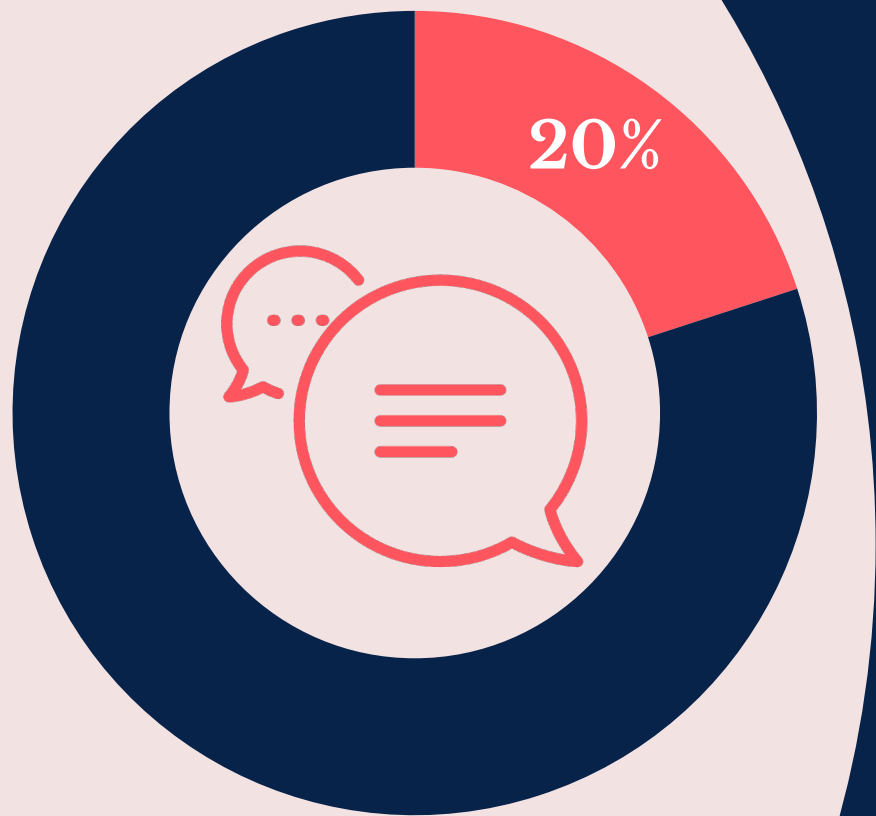
*Positive* distraction options that are *self-paced* such as a variety of new, appropriate & uplifting reading materials, an office newsletter, Wi-Fi availability, etc.





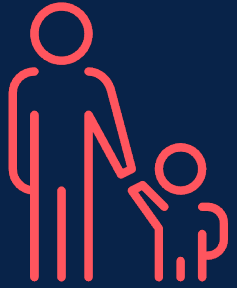


Responsive waiting rooms are tailored to the population served.



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

then we should have  
substantial Spanish language  
reading materials.



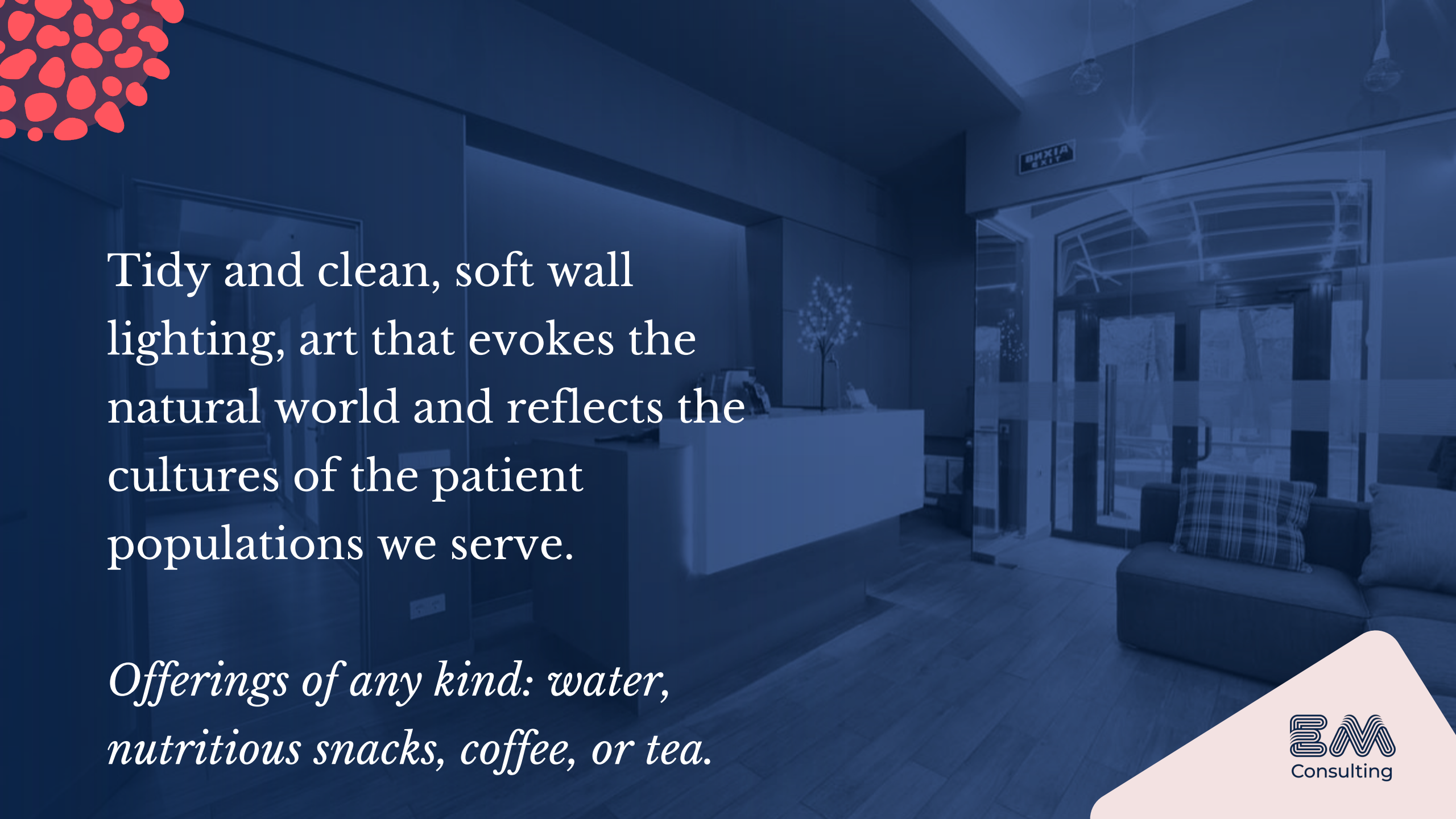
If half of our patients are children or bring children, *we should have a children's table, books, & toys.*







Chairs placed to create  
smaller sitting areas of  
*6-10 people each*



Tidy and clean, soft wall  
lighting, art that evokes the  
natural world and reflects the  
cultures of the patient  
populations we serve.

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



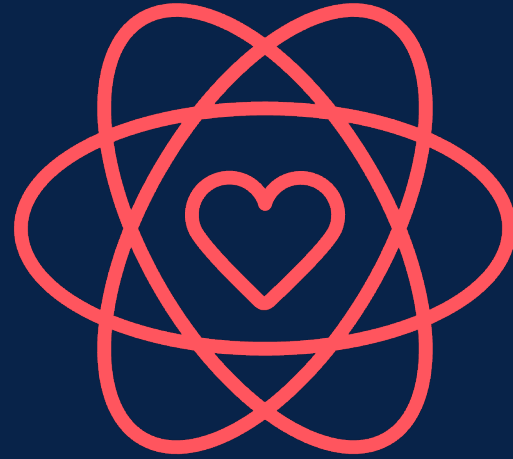


All of us who work in this  
field have a dual role;  
*we are patients* as well  
as *health care workers*.



We know what we appreciate and prefer in the reception experience, and we also know what dislike, what is ineffective, tiring & irritating.





We can decide right now that we will work to transform the waiting room of our organizations, into a waiting room we would *like to be in ourselves*.

For more useful resources  
please visit:



[www.emorrisonconsulting.com](http://www.emorrisonconsulting.com)