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Patient Satisfaction by Design, presented in partnership with Seminars in Hearing

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Course Objectives

- Participants will be able to identify the differences between Evidence-based Design and Practice-based Design as they apply to design decisions for a hearing healthcare practice.

- Participants will be able to identify 3 key EBD components of an exceptional patient experience in a hearing healthcare practice.

- Participants will be able to identify design components that facilitate mutual participation through Interpersonal Sensitivity, Egalitarian Presence and Shared Decision-Making.
Participants will be given ideas on how to use design cues to …

- Facilitate Patient-Centered care.
- Optimize efficiency
- Reflect Practice values
- Improve Employee accuracy
- Improve Employee satisfaction
- Increase closure rate (Really?!)
Here’s what we know about our patients...

- It costs upwards of $300 to attract a new patient (Glaser/Traynor)
- Patients have increasingly higher expectations of service for healthcare (AARP)
- Boomers are looking for services from businesses that are easy to find, easy to navigate, safe, familiar and good customer service. (AARP – healthcare specifically)
- It is only the HIGHLY SATISFIED customer who makes the referral Kotchkin)
- 88% of patients admit appearance influences their level of confidence with a healthcare provider. (Ganey Press)

So why should we care what color the walls are?

- Facility design can increase patient safety, lower stress, improve compliance with recommendations, improve outcomes, reduce staff stress and fatigue (Ulrich and Zelwig)
- 20-34% of a patient’s satisfaction is based on office appearance and aesthetics (JD Powers, Press Ganey, AARP)
- Patients perceive higher quality of care (staff interaction, courtesy, competence, communication, responsiveness and expertise) when service is provided in an attractive environment. (Powers, Bendall-Lyon)
- 60% of Patients won’t disclose how their (hearing loss) affects them if they do not feel your office is private enough. (Press Ganey)
Marketing research and scientific studies have shown that up to 95% of what influences a consumer’s conscious choice is the unconscious interpretation of sensory cues.

“The tangible attributes of a product or service have far less influence on consumer preferences than the subconscious sensory and emotional elements derived from the total experience”

Lou Carbone
Sensory Cues affect Emotions which shape Attitude and Drive our Behaviors

Evidence Based Design
- Its origins stemmed from primarily hospital environments and precipitated to medical practices and application can be seen in other Patient-centered ancillary health settings like Audiology Practices
- EBD relies on data that shows the relationship between design decisions and positive patient outcomes.
- It uses large sample sizes to determine the degree and scope of influence.
- It is not setting specific
- It typically includes long term data gathering
- EBD is applicable and predictive across settings
Examples of EBD

- Using elements of nature lowers blood pressure in patients and staff
- Positioning chairs in conversational groups as opposed to rows relieves anxiety
- Using natural lighting increases accuracy and elevates mood.

Practice Based Design

- It is a more immediate, less rigorous and less formal approach to determine the affect of design decisions
- It is facility or practice specific
- PBD covers small areas of investigations with small sample sizes
- The time frame is short taking a few days or a week
- PBD is used to gather supporting evidence as opposed to just relying on an impression or preconception
- It can also reflect regional attitudes and preferences that impact patient preferences and ultimately, patient satisfaction.
Examples of Practice Based Design

- Using décor colors that represent a local sports team promotes familiarity
- Design a coat and boot station for a practice in a cold/snowy climate improves safety
- Having a play room to accommodate younger patient population
- Use lighted signage to increase practice visibility, reducing stress

Design needs provide patients with …

- Control
- Privacy
- Safety
- Familiarity
“You never get a second chance to make a first impression”

Will Rogers

Your Patient’s impressions of you starts at first contact.
Easy Access, Familiar, Navigable

WELCOME
Evidence Based Design – coffee commits
Use Colors that Appeal to your Market

Colors for 60+

- Neutral colors for floors and walls provides a sense of space and neutrality. Accomplish mood with accents and artwork.
- Yellow is the least favored color of this target market, unless it is a pale butter yellow.
- Preference for clear colors such as fresh blues, pinks, greens.
- Preference for cleaner colors such as blue-greens rather than olive greens.
- Are generally more comfortable with the calming colors of blue, green, pink and purple, than the bright, stimulating colors of red, orange and yellow, although some will choose muted blue based reds and pale yellow.
- Many females often choose colors in the purple range, varying from deep purple and violet, to mauve and lavender, and plum colors, as they grow older.
Proxemics Zones
noun, (used with a singular verb)
Pro-SEE-miks

1. Sociology, Psychology. the study of the spatial requirements of humans and the effects of space on behavior, communication, and social interaction.

Hall’s Proxemics Zones of Control

- 0 - 1.5 Feet = Intimate space
- 1.5 – 4 Feet = personal space
- 4 – 12 Feet = social distance
- 12+ Feet = Public Space
Waiting

The patient experience is most stressful...

- When they are called into the evaluation room.
  - Do not enter their personal space unless invited
  - Patient must sub-consciously relinquish control
Television and Music Positives

- Waiting room TV can serve as an opportunity to educate with informational programming.
- TV can entertain but make viewing “optional” through room design
- Music can serve to relax and entertain
- Research shows that music promotes the release of endorphins making patients more receptive to suggestions and recommendations
- Music can help ensure privacy by masking conversation
- Music can be a moral booster for staff

Television and Music Negatives

- Television can induce stress in pre-visit waiting
- Lack of control over program and volume
- Feel bombarded by educational information they don’t necessarily believe pertains to themselves.
- Music is highly subjective
- If music is used make sure to prescreen music selections, keep volume low, use music that has limited dynamics.
- Music can be distracting to staff if volumes are high and if there are breaks in programming (radio/advertising)
Privacy
Privacy

- Use walls, alcoves and hallways to create private areas for discussion between staff-patients and staff-staff.
- Using noise generators, water features and soft music can increase privacy.
- Use acoustic tiles, carpets, acrylic panels or walls to define spaces and manage noise.

Make it Memorable.

- Consider Geographically inspired theme or incorporate colors from logo or meaningful colors represented in the community.
- Reception area should prominent in the entry and waiting areas with minimal barriers.
- Use colors and design that support your message: modern, fresh, unique, family.
- Use furnishings that are functional and appropriate for your market.
- Offer small food item or beverage.
- Allow for points of control
- Use Design cues to give patients the feeling of competency
- Use conversational setting arrangements and variable seating options
- Use design elements that reflect nature like stone, natural lighting, water feature, plants, artwork
- Keep it neat and clean

They may forget your name but they will never forget how you made them feel.

Maya Angelou
The History of Patient/Provider Relationship

- **Activity-Passivity** – Care providers were often more like a Priest to Supplicant. Care was provided with NO input from the patient. Information was not shared.

- **Guidance – Cooperation** – Care providers held the knowledge which was shared on a “need to know” basis increasing patient interaction. Patients were cooperative with recommendations because they were not given choices. Patients followed recommendations blindly or did nothing.

- **Mutual Participation** – Care providers and Patient have mutual power. Each participant gathers information through mutual inquiry and observation. The interaction needs to be viewed as mutually satisfying. The patient assumes more responsibility for outcomes in exchange for sharing of information and development of a partnership.

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Mutual Participation – Patient-Centered Care

- 3 dimensions that must be satisfied in order to transform the patient experience into a Highly Satisfying experience.

  - Interpersonal Sensitivity – encourages familiarity
  - Egalitarian Presence – encourages participation
  - Shared Decision Making – encourages exchange of knowledge
Interpersonal Sensitivity

- Encourage Familiarity

To Plaque or not to Plaque
Messy vs. Neat

Let your Design Do the Talking

- Encourage Familiarity
  - Design Conversational areas to utilize prior to testing
    - Boundary Free, 4-6’ apart

- Use design in your office to tell patients who you are
  - Add 3-5 personal indicators like family photos or unique items
    - Plaque cautiously. 4-7 credentials

- Keep it clean and uncluttered
Egalitarian Presence
Say it with spatial relation

- Investigation

Investigation and Evaluation
Shared Decision Making
Expertise
Teamwork

Consultation
The “Halo Effect”

Design and Décor impacts staff
- Increases efficiency – floor plan, desk space,
- Reduces errors – lighting, comfortable work space, reduced distraction,
- New paint or decorative feature – up lifts energy, improve employee attitude, implies inclusion = importance

Design and Décor impacts patients indirectly
- Happy employees raise engagement and promote interpersonal sensitivity, fostering relationship building and patient loyalty.
- Better efficiency means patient needs are addressed more accurately and more immediately
- Using staff ideas for design demonstrates their importance in the practice, which fosters a shared sense of responsibility for patient satisfaction ultimately improving willingness to engage.
Tell me your story (and send me your pictures)

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