

Improving the out-patient environment / Department of Health.

Contributors

Great Britain. Department of Health

Publication/Creation

[United Kingdom] : Department of Health, [1990]

Persistent URL

<https://wellcomecollection.org/works/jkq5rusm>

License and attribution

You have permission to make copies of this work under an Open Government license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



IMPROVING THE OUT-PATIENT ENVIRONMENT



F O R E W O R D

Out-Patient Departments in Great Britain deal with around 45 million appointments every year at a cost of some £1,200 million. Many factors help to shape people's views of the NHS but few can be more important than the experiences of these out-patients and their relatives.



Quiet and pleasant waiting and other public areas are important in helping to reassure patients, making them feel valued and important, and setting the right atmosphere for personally orientated care by staff. This booklet looks at how the physical environment can contribute to the effectiveness of the Out-Patient Department (OPD). It highlights the need to consider the environment as an integral part of any overall plan to improve the quality of service for patients.

In tracing the pattern of a typical visit to an OPD, and using good practices already adopted by some hospitals as examples, it is hoped the booklet will provide a starting point for managers to encourage improvements in their own facilities and practices.



FIRST IMPRESSIONS



"WHERE CAN I PARK?"

Well signposted car parking close to the OPD entrance reduces the chances of getting lost as well as helping the less mobile. A dropping off point at the entrance is also needed together with some parking under cover for disabled people.

"WHERE DO I GO?"

Appointment letters may be informative but their effect is reduced if signs are confusing. Multiple signs can take a long time to read and also cause delay. Large uncluttered signs placed and lit so that they can be easily seen are the ideal.

↑ Out-patients

← Enquiries

Accidents →

Wards →



THE INTERNAL ENVIRONMENT

ENTRANCE

Out-Patients may come in by the main entrance to the hospital or direct into the OPD. In either event, the entrance sets the tone for the visit.

It should be welcoming and clean even at peak periods.

Entrance doors should minimise inconvenience for the disabled, for the elderly and for mothers with young children and should be able to take a lot of traffic.



“HOW WELCOMING IS THE RECEPTION AREA?”

The reception area is the focal point of the OPD. Key questions to be asked include:

Is it sited so that it is quickly seen and accessible on arrival?

Does the position and lighting assist in making the reception desk the focal point?

Does the reception desk present a friendly and efficient appearance rather than a hostile barrier between the patient and receptionist.

Even the best trained receptionist is likely to be less effective if the physical environment is off-putting or intimidating.



INTERNAL DIRECTIONS

In those hospitals where it is not possible to site the OPD or clinics near the main entrance, or each other, or adjacent to associated departments, an enquiry point for patients can be helpful.

Clear and simple signposting where possible displaying the name of clinic or consultant also helps. Handwritten directional signs and notices can give an unkempt look as well as causing confusion. A management policy which allows only essential information to be placed in designated areas and tidied regularly is needed.



“HOW COMFORTABLE IS THE WAITING AREA?”

Waiting areas should always allow easy contact with a receptionist to whom questions can be put or from whom information can be expected.

Even where appointment systems are efficient and sensitive to patients' needs, a short wait can be inevitable and waiting areas should be comfortable and relaxing to allow patients to arrive for their consultation in the least stressed state possible.





Some aspects of a well designed waiting area are shown in the photographs:

A colour scheme and floor covering which create a less institutional atmosphere.

Comfortable and informally arranged seating.

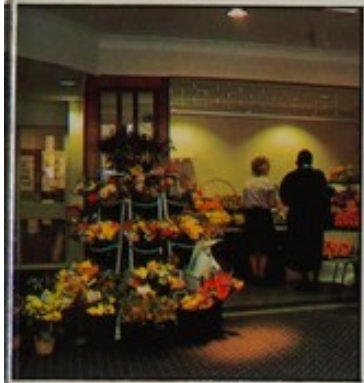
Making best use possible of daylight or focussed lighting.

Refreshment, shopping and telephone facilities.

Well marked and close lavatories.

Children's play area and specialised facilities for disabled people.

Professional advice on interior design is desirable but users' views may often inspire innovative solutions.



ART



Many possibilities exist in waiting areas and corridors for paintings, photographs, plants or other works of art to be displayed. Local artists, photographers and art colleges may often be interested in contributing work. The British Healthcare Arts Centre based at Duncan of Jordanstone College, Dundee has recently been set up to co-ordinate and facilitate hospital art and would be glad to help or advise individual hospitals. The photograph above shows a decorated wall in a children's waiting area.

ADDENDUM

The two photographs at the bottom of page 5 are the copyright of Hospital Arts, Manchester and were taken by Helen Kitchen.



CLINIC WAITING AREAS

Overcrowding is often most acute in clinic waiting areas and needs particular attention. Careful thought is required about the type and amount of health education material on display in clinics. Patients' needs for information on their condition has to be balanced against worrying or hard hitting posters and literature.



“ARE CONSULTING, EXAMINATION, INTERVIEW AND TREATMENT ROOMS COMFORTABLE?”

Patients will feel more at ease if the furnishing and decor are comfortable and reassuring. Functional considerations have to be taken into account but the personal nature of the consultation should be reflected the way rooms are set out and furnished. Other things which will help achieve the right atmosphere are:

Comfortable temperature, ventilation and lighting levels.

Avoidance of separate changing cubicles and where appropriate provision of combined consulting and examination rooms.

Sufficient sound proofing to maintain privacy.

Equipment not in use put away.





MANAGEMENT AND STAFF

To achieve an effective OPD that puts the needs of patients first the environment must be considered as an integral part of the service provided. A team approach involving general management, clinicians, estate managers and others involved in the OPD is the best means to plan and provide a high quality of service. A pleasant working environment can also help motivate staff and provide an atmosphere which encourages effective communications and positive attitudes. For example adequate office space and staff rooms are often overlooked.

However, it is also true that a good physical environment will never compensate for a lack of attention to organisational and staffing issues, such as an effective appointments system.



MAINTAINING STANDARDS

Regular monitoring and review are needed if standards of service are to be maintained and opportunities for further improvements identified. Data from patient satisfaction surveys coupled with the views of staff working in the department can provide useful information on environmental issues and how these help or hinder the effectiveness of the OPD.

In relation to the estate it is particularly important that even minor maintenance and day to day cleaning is carried out quickly with the minimum of disruption if standards are not to slip. A named contact point in the Estates Department with responsibility for the Out-Patient Department may help in this respect.

C O N C L U S I O N

This booklet highlights the positive contribution the environment can make to patient and staff attitudes and expectations of the quality of service they provide or receive. Further guidance on design can be obtained from the Building Notes referred to in the Bibliography and more practical advice on refurbishing existing departments will be issued on completion of the Department of Health sponsored demonstration projects later this year. It is hoped that this brochure will provide an initial starting point for managers wishing to improve the environmental quality of their Out-Patient Department.

B I B L I O G R A P H Y

Other publications which might be useful are:

Health Building Note 1
Buildings for the Health Service
(available from HMSO. ISBN 0 11 321080 9).

Health Building Note 12
Out-patient Departments
(available from HMSO. ISBN 0 11 321266 6).

Action on Out-patient Services
Time to Move
(published by the Institute of Health Services Management.
ISBN 0 90 100344 1).

Putting People First. A guide to Good Practice in
South Tees Health Authority
(available from Dawn Ellis, South Tees Health Authority, District
Offices, Poole Hospital, Nunthorpe, Middlesbrough TS7 0NJ).

Role of Nurses and other non-medical staff in OPDs
by the NHS Management Executive Value for Money Unit
(available from HMSO. ISBN 1 85 197512 8).

Reducing Waiting Time in Out-patient Departments -
Strategy and Tactics, by the DoH Operational Research Service
(available from 151 Great Titchfield Street, London W1P 8AD.
Tel. 071-636 1696 ext 3173).



Thank you to the following for their assistance in putting together
this brochure:

The Advisory Group on Estate Management
Client/User Relations Working Group.

Davies Design Ltd.

Illustrations by Andy Bylo.

Bill Murray and South-Tees Health Authority.

Welsh Health Common Services Authority.

Central Nottingham Health Authority.

Design Team Partnership.

South West Hertfordshire Health Authority.

North West Hertfordshire Health Authority.

Hospital Arts, Manchester.

North Manchester Health Authority.

Maidstone Health Authority.

Bristol and Weston Health Authority.



22503550831