

# DESIGN Interventions

*Redesigning a waiting room for a federally qualified health center* BY TAMA DUFFY DAY | PHOTOS BY WRAY WARD

One out of six Washington, D.C. residents receives medical, behavioral or social services from Unity Health Care, a local network of federally qualified health centers. D.C. residents are by no means alone in their reliance on such facilities. Across the nation, federally qualified community healthcare centers provide services to more than 24.3 million people in underserved and low-income areas, and many of those centers are considered by residents to be integral parts of their respective communities.<sup>1</sup>

To better serve one of those communities — the Brentwood neighborhood, in Northeast D.C. — Unity turned to design as a tool for creating transformational experiences. That led them to partner with Gensler, whose health and wellness practice I help lead, and fabrics company Sunbrella Contract, which served as a research partner. Together, the three organizations initiated research on the waiting area experience, which led to valuable key findings and targeted design interventions that helped the facility to better serve patients, enhance the staff experience and strengthen bonds with the Brentwood neighborhood.

## Defining the problem

With its unassuming mix of pre-war row-homes, retail strips and rail yards embroidered across the landscape, Brentwood bears little resemblance to the Washington of neoclassical monuments and K Street

office buildings. Yet the neighborhood sits three miles from the Capitol Dome. The demographic shifts and new developments that have spread across D.C. in recent years are only now brushing against Brentwood's edges. So for the time being, the community retains a considerable share of older, low-income and underserved residents, many of whom depend on Unity's services.

When those residents arrived at the previous incarnation of the Unity Brentwood waiting area, they were





greeted by a space featuring the usual signifiers of healthcare facilities: walls largely unadorned and neutral-colored; chairs upholstered in a vinyl-like material and arranged in a rigid, rectangular layout around a coffee table and an environment that spoke to institutional standardization.

"The waiting area is often an overlooked aspect of a healthcare facility," said Michael R. Crawford, chief of staff of Unity Health Care. "But it possesses enormous potential to enhance patient education, engagement and satisfaction."

As step one in helping the space reach

*From top:* Inspirational messaging installed as part of a quilt wall provides an added layer of humanity, warmth and soul at Unity Health Care's Brentwood Health Center in the Washington, D.C. area. > Designing conversational seating arrangements interspersed with community tables and small seating clusters to support families or groups simultaneously encourages communication.

that potential, a review of existing literature on waiting room design uncovered gaps and opportunities. Factors such as seating choice and arrangement, artwork, amenities, cultural relevance, lines of sight and wayfinding arose as elements ripe

for exploration. What flowed from those discoveries was the fundamental research question: Can a waiting area designed with intention and community engagement — with participation from patients, family, staff and providers — improve the patient experience and increase patient satisfaction?

That basic question led to formulating a range of hypotheses that touched on everything from how furniture arrangement impacts communication to how art inspired by the community affects how staff and patients feel about the space.

From left: During a community engagement event, inspirational messaging — such as “reach above awesome” and “grow” — was gathered to be incorporated into the revamped waiting area at one of Unity Health Care’s federally qualified health centers in the Washington, D.C. area. > Art representative of the community can enhance staff happiness.

### Collecting the data

To lay the groundwork for testing those hypotheses, we undertook a series of data gathering exercises geared toward informing design interventions. That effort began with a staff survey, which surfaced three key insights: the waiting area did not reflect the Brentwood Community, patients were displeased with the wait times and patients were unhappy with the unwelcoming environment.

Next, a behavioral mapping exercise uncovered how people used Unity’s waiting area. During the process, clear patterns began to crystallize around personal boundaries: patients often chose large bariatric-style seating, or they spread out belongings across two or three seats. Patterns also emerged regarding where people sat, with seating near the registration area and call points being preferred. Furthermore, the waiting area wasn’t set up to support the entire process; many people struggled to find space to complete forms and others paced across the room while waiting on their rides.

The mapping exercise also revealed it was hard for people to chat with other community members due to a less than optimal seating arrangement. But as discovered during the literature review, those seemingly inconsequential conversations between neighbors are, in actuality, quite important. It turns out that engagement between patients in waiting rooms can have a positive impact on health. Thus, we sought to better facilitate patient-to-patient communications.

There were larger issues regarding how the community could connect in and with the space. To address those matters, a community engagement event was held as the final step in data collection efforts. During the event, participants described Brentwood in their own words, generated specific ideas for improving the waiting room and voiced opinions on color and pattern preferences. Participants also embarked on an exercise where magnetic



cutouts of words were used to create inspirational messaging — such as “reach above awesome” and “grow” — that could be incorporated into the space.

### Developing design interventions

After sifting through the trove of data that emerged from collection exercises, five design-intervention strategies were devised: define personal space, encourage communication, clarify the process, support the

process and reflect the community.

To define personal space, new furnishings were brought in — with particular emphasis on providing additional wide seats — and a new seating layout was created that enabled the seat count to be raised from 40 to 47. Spacing between seats was increased and elements were incorporated such as fabric panels to define boundaries. Designing conversational seating arrangements interspersed

with community tables and small seating clusters to support families or groups simultaneously encourages communication.

In an effort to clarify the process, visual clutter was reduced and it was ensured that sightlines to call points were clear. To support the process, a perch was created near registration and tables were provided for work and play. Seating was placed in the lobby for those waiting for rides, and a clear place was devised for patients to queue.

The Brentwood neighborhood's role as co-creator manifested itself in numerous interventions. For starters, the community's preference for bright, saturated colors — particularly blues and whites — visually complex patterns and residential (rather than institutional) textures became key



to defining the character of the space. The inspirational messaging residents created during the community engagement event was installed as part of a quilt wall, thus providing an added layer of humanity, warmth and soul.

The experiences that resulted from design interventions enabled us to confirm a number of hypotheses. For example, art representative of the community

can enhance staff happiness; staff saw a happiness boost of 45 percent in this case. Woven upholstery in a waiting room is, in fact, preferred over vinyl upholstery — by a factor of 8 to 1 at Brentwood Unity. Furthermore, an enhanced waiting room can decrease complaints about wait times; in this instance, such complaints dropped by 25 percent. However, the perceived wait time did not change.

Ultimately, the Unity Brentwood project spotlights possibilities at the intersection of space, wellness and community. By giving community members a chance to actively participate in the creation of an environment tied to their wellness, the result can be an expression of that which is familiar, comforting and supportive.

"We partnered with two amazing organizations," said Unity's Crawford. "By employing design-thinking principles, we developed a dynamic waiting area that is truly reflective of staff and patient input. Co-creation was a powerful catalyst in this change effort, and we plan to replicate this model in the future."

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<sup>1</sup> Castellucci, Maria, "Community health centers venture into value-based care to increase access, decrease costs." *Modern Healthcare*, June 1, 2017.

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