

## SECTION II ADMINISTRATIVE PROCEDURES

### UNIT 4 INTEGRATED ADMINISTRATIVE PROCEDURES

#### CHAPTER 10

#### CREATING THE FACILITY ENVIRONMENT

##### Overview

Medical assisting students are encouraged to analyze the physical environment of the ambulatory care setting to determine its effectiveness and efficient use of space, as well as its user friendliness for patients. Students become consciously aware of the patients' subliminal but forceful emotional response to the physical environment of the medical facility. A professional, welcoming attitude from the receptionist or administrative medical assistant reinforces the positive impact of a comfortably designed reception area. The patients' positive reaction to the staff and the physical environment of the medical facility will enhance the patients' positive experience of treatment and strengthen the relationship between patients and the health care team. Students learn the importance of compliance with the Americans with Disabilities Act (ADA) to create equal access to health care for all patients. Students identify physical changes to a medical facility necessary to comply with regulations of the Health Insurance Portability and Accountability Act (HIPAA) on confidentiality. In addition, the section on Safety identifies emergency evacuation procedures, fire safety, and response to natural disasters.

##### Lesson Plan

I. LEARNING OUTCOMES	ABHES	CAAHEP
<ul style="list-style-type: none"> <li>A. Define, spell, and pronounce the key terms as presented in the glossary.</li> <li>B. Illustrate a comfortable, welcoming, and pleasing reception area.</li> <li>C. Demonstrate important personality characteristics the receptionist should possess.</li> <li>D. Determine cultural aspects to consider in the reception area.</li> <li>E. Discuss the needs of children in the reception area.</li> <li>F. Identify how the reception area can be used for educational purposes.</li> <li>G. Explain the benefits of lighting, music, color, nature, and water in a facility.</li> <li>H. Interpret the role of HIPAA in patient privacy and the facility environment.</li> <li>I. Determine the number of patients a reception area should accommodate.</li> <li>J. Recall essential elements of the Americans with Disabilities Act.</li> <li>K. Evaluate the facility for safety and emergency preparedness.</li> <li>L. Develop a personal and patient safety plan.</li> <li>M. Explain the components for an evacuation plan of a provider's clinic.</li> <li>N. Demonstrate proper use of a fire extinguisher.</li> <li>O. Review steps to take in case of a natural disaster.</li> <li>P. Outline the role of the medical assistant in emergency preparedness.</li> <li>Q. List at least three tasks to perform on opening and closing the facility.</li> <li>R. Outline future characteristics of the ambulatory health care environment.</li> <li>S. Analyze the professionalism questions and apply them to this chapter's content.</li> </ul>		<ul style="list-style-type: none"> <li>IX.C.11.</li> <li>XI.C.8.</li> <li>XI.P.3.</li> <li>XI.P.7.</li> <li>XI.P.5.b.</li> <li>XI.C.11.</li> <li>XI.C.13.</li> </ul>

## II. PROFESSIONALISM QUESTIONS

- A. Communication
  - 1. Did you introduce yourself?
  - 2. Did you listen to and acknowledge the patient?
  - 3. Did you allay patients' fears and help them feel safe and comfortable?
- B. Presentation
  - 1. Did you attend to any special needs of the patient?
  - 2. Did you assist the patient if help was needed?
  - 3. Were you courteous to the patient?
  - 4. Did you display a positive attitude?
  - 5. Did you display a calm, professional, and caring manner?
- C. Competency
  - 1. Did you pay attention to detail?
  - 2. Did you display sound judgment?
  - 3. Did you remain calm in a crisis?
  - 4. Were you knowledgeable and accountable?
  - 5. Did you ask questions if you were out of your comfort zone or did not have the experience to carry out the task?
  - 6. Did you apply appropriate risk management principles?
  - 7. Did you demonstrate self-awareness in responding to emergency situations?
  - 8. Did you take necessary safety precautions?
- D. Initiative
  - 1. Were you proactive?
  - 2. Did you develop a strategic plan to achieve your goals?
  - 3. Were you respectful of others?
- E. Integrity
  - 1. Did you work within your scope of practice?
  - 2. Did you demonstrate sensitivity to patients' rights?
  - 3. Did you demonstrate respect for individual diversity?
  - 4. Did you protect and maintain confidentiality?

## III. REFERENCES

- A. Lindh, Wilburta Q., Pooler, Marilyn S., Tamparo, Carol D., Dahl, Barbara M., & Morris, Julie A., *Delmar's Comprehensive Medical Assisting: Administrative and Clinical Competencies*, 5e
- B. See text Chapter 10, References/Bibliography
- C. Any other teacher-preferred reference material

## IV. VISUAL AIDS

- A. Computer access to identified Internet resources
- B. Any other teacher-preferred visual aids (PowerPoints, etc.)

## V. EQUIPMENT AND MATERIALS

- A. Computer, TV monitor, and Internet access
- B. Various props to make a portion of the classroom resemble a medical reception area: plants, magazines, patient information brochures, and whatever else you feel would be appropriate and available
- C. See IV: Visual Aids

## VI. SAFETY

- A. Basic classroom procedures
- B. Plan for a classroom evacuation to occur
- C. Fire safety, use of extinguisher, disaster preparedness

## VII. PREPARATION

- A. Arrange for visual aids equipment.
- B. Collect materials.
- C. Review Chapter 10 in the text, the Study Guide, the Competency Manual, and the Instructor's Manual.
- D. If possible, arrange furniture in classroom to resemble a pleasant reception area.

## VIII. INTRODUCTORY REMARKS/ACTIONS

- A. Read Learning Outcomes in the text with students to introduce the chapter.
- B. Before students arrive, arrange desks and chairs in a mock reception area. Display magazines, patient information brochures, toys for children, and any other props available to make the room resemble a reception environment. Arrange a desk area to represent the desk where patients are received. As students enter, greet them in a pleasant manner with a smile.
- C. Ask, “Why did I rearrange the classroom? What kind of atmosphere do you think I am trying to create?”
- D. Discuss how the atmosphere of a medical facility can affect the patients.
- E. If your classroom design and use prevents rearranging your classroom, you can accomplish nearly the same effect by having students role-play or identify what constitutes a welcoming reception environment or classroom. Then ask yourself and the class, “Why not do it this way all the time?”

## IX. PRESENTATION

- A. Creating a Welcoming Environment
  - 1. Colors, lighting, easy entry access
  - 2. Friendly, warm greeting
- B. The Reception Area (Figure 10-1)
  - 1. Is not a “waiting room”
  - 2. Respects cultural biases by proper seating placement
  - 3. Is a welcoming, warm environment that can make the patient feel secure and comfortable, even when quite busy
  - 4. Should accommodate one hour’s patients per provider or 2.5 seats for each examination room
  - 5. If clinic sees children, a safe, clean, colorful children’s area is a must
  - 6. Windows to garden area or cascading water may be seen in some facilities
  - 7. Current magazines, plants, perhaps a professionally maintained built-in aquarium help to set a welcome tone
  - 8. Have a table with a “puzzle in progress,” an entertainment center, or a juice bar if appropriate (Case Study 10-2)
  - 9. Provide educational materials, such as patient information brochures
  - 10. Refer to Critical Thinking Box in text
- C. The Receptionist (Figure 10-2)
  - 1. Sets the tone for the remainder of the visit
  - 2. A smile and friendly greeting is a must
  - 3. Gives a calm and reassuring attention to patient
  - 4. Maintains and sanitizes reception area
  - 5. Provides masks for patients who may be contagious
  - 6. Explains any wait (See Critical Thinking Box in text)
  - 7. Cultural Considerations
    - a. Some do not like to be touched by strangers; others prefer closeness
    - b. Some ethnic populations bring relatives with them to the clinic
    - c. Most are comfortable in close quarters primarily with individuals of the same gender
  - 8. Children as Patients (Figure 10-3)
    - a. Special children’s area is helpful
    - b. Away from doors that swing or hazards that can injure
    - c. In sight of the receptionist
  - 9. Education in the Reception Area
    - a. Patient brochures can be displayed
    - b. Medical information brochures appropriate for clientele
  - 10. Clinic Design and Environment
    - a. See it from patients’ point of view
    - b. Allow full view of reception area (Figure 10-5)
    - c. Area should empower rather than intimidate patients (Figure 10-4)
    - d. Provide privacy (HIPAA note in text)

11. Ventilation and Infection Control
  - a. Air and surface contamination is high
  - b. Proper ventilation will remove offensive odors
  - c. Diligent surface cleaning is necessary
  - d. Provide alcohol-based hand-rub dispensers
12. Lighting (Figure 10-5 and Figure 10-6)
  - a. Allow as much natural light as possible; lessen use of fluorescent lights
  - b. Sunlight boosts serotonin and helps lessen pain and depression
13. Nature, Music, Water, and Color (Figure 10-7)
  - a. Large windows overlooking a garden or fish pond are peaceful
  - b. Some melodious music enhances healing
  - c. Indoor waterfall or aquarium is beneficial
  - d. Use color to establish inviting environment
  - e. Add accessories and artwork
  - f. Consider use of professional designer
14. Noise Reduction
  - a. Provide a “quiet withdrawal” from the outside world
  - b. Sound-absorbing ceiling tiles, telephone with a pleasant ring, and loud laughter and talking kept at a minimum
- D. Legal Compliance in the Facility
  1. HIPAA
    - a. Mandates certain building features
    - b. Reception desk must provide privacy, yet accessibility (Figure 10-5)
    - c. Small conference room close to reception may be a solution (Figure 10-6)
    - d. Examination rooms are to be private without conversations being overheard
  2. Americans with Disabilities Act (ADA)
    - a. Passed by Congress in 1990
    - b. Provides mandate to end discrimination against individuals with disabilities and bring them into economic and social mainstreams of life
    - c. Establishes accessibility regulations
    - d. Provides employment protection for persons with disabilities
    - e. Applies to businesses with 15 or more employees
    - f. May be accompanied by stricter legislation in some states
    - g. Barrier-free environments
    - h. Consult with professional designers
      - i. Doors and hallways to accommodate wheelchairs
      - j. Appropriate bathroom facilities available
      - k. Signage in Braille (Figure 10-8)
        - l. Elevators if more than one level
    - m. 10% of total parking spaces must be accessible
- E. Safety
  1. Regular safety inspection of facility for hazards
  2. Every employee is responsible for safety
  3. Creating a Safe Environment
    - a. Strict adherence to ADA
    - b. Some facilities provide wheelchair assistance or parking attendants
    - c. Exit signs clearly indicated and easily seen
    - d. Restrooms with safety bars, emergency pull cord
    - e. Nonslippery floors
  4. Evacuation Procedures
    - a. Carefully identify procedures
    - b. When disaster threat is known in advance, cancel appointments and direct patients already on site to a safe location if not enough time to get home
    - c. Emergency Codes—Used especially in large health care facilities
      - (1) Red – Fire emergency
      - (2) Blue – Adult medical emergency

- (3) Pink – Infant/child abduction
  - (4) Gray – Combative individual/assault
  - (5) Green – Bomb threat
  - (6) Yellow – Hazardous material spill
  - (7) White – Immediate evacuation necessary
5. Fire Safety
- a. Periodically check for frayed electrical cords, etc.
  - b. Make certain lint screen is emptied after each use of the dryer (if linens are washed/dried on site)
  - c. Understand evacuation procedures
  - d. Know location of fire alarms and extinguishers
  - e. Any evacuation requires checks to every examination room, restroom, and procedure area
  - f. Assist patients who need help in ambulation
  - g. Stop all procedures underway as quickly and as safely as possible in order to evacuate if necessary
  - h. Turn off oxygen and any compressed gas systems
  - i. Use stairs and close all doors when area is vacated
  - j. Fire Extinguisher Safety – Use of a Fire Extinguisher
  - k. Remember emergency actions; RACE
    - (1) **Remove** patients and personnel from immediate fire area
    - (2) Activate the **Alarm** at the fire alarm box and/or call 911
    - (3) **Contain** the fire and smoke by closing all doors to the fire area
    - (4) **Extinguish** with proper fire extinguisher *only* if it is safe to do so, or **Evacuate** as necessary
  - l. Refer to [http://www.osha.gov/SLTC/etools/evacuation/portable\\_about.html#Types](http://www.osha.gov/SLTC/etools/evacuation/portable_about.html#Types)
  - m. Fire Extinguisher Safety – Inspection and Maintenance
    - (1) Check periodically, usually monthly; fire department will make inspections on regular basis, also
    - (2) Clear hoses and nozzles of any insects or debris
    - (3) Extinguisher casing should be clean and show no dents or signs of damage
    - (4) Replace immediately after use
6. Response to Natural Disaster or Emergency
- a. Can strike without warning
  - b. Can cause evacuation or confinement to an area
  - c. See <http://www.ready.gov/are-you-ready-guide>
  - d. Prepare a disaster kit to last as long as 3 days
  - e. Kits should be available at work, at home, in the car
  - f. Decide on a “communication contact” and how you will reach others
  - g. Have a list of emergency phone numbers
  - h. Know how to turn off gas and water valves (See Critical thinking Box)
7. The Administrative Medical Assistant’s Response to Disaster Preparedness
- a. Take initiative and keep a calm attitude
  - b. Perform CPR as necessary
- F. Opening the Facility
- 1. Everything should be in readiness
  - 2. Conduct a visual check of each room:
    - a. Comfortable temperature
    - b. Well-organized
    - c. Pleasantly illuminated
    - d. Spotless
    - e. Equipment ready
  - 3. Check answering machine for messages; prepare daily activity sheet
  - 4. Review and retrieve (if paper) patient charts for the day
- G. Closing the Facility
- 1. Check each room and area for the next day
  - 2. Secure all doors and windows
  - 3. Shut down all equipment

4. Secure confidential materials and records in locked cabinets
  5. Comply with Controlled Substances Act
  6. Prepare day's receipts and bank deposit
  7. Consult local law enforcement officers for safety measures
  8. Notify answering service that the clinic is closed and where and how to contact medical staff in case of emergency
- H. The Future Environment for Ambulatory Care
1. Patients who are 85 years or older will grow in number, 40% of provider's time is likely to be spent with elderly patients
  2. Medicare reimbursement will continue to be a struggle
  3. The older population will seek medical care close to bus lines and where they can take care of as many medical needs in one place as possible
  4. Family members of the elder adult will be involved with their parents' care
  5. Elder adults' frustration with medical care can be lessened when you
    - a. Provide clear/concise written instructions
    - b. Create an environment allowing ease of movement from one department to another
    - c. Make certain that patients understand prescription instructions and directions
    - d. Remind patients of when they are to report back to the provider for follow-up
  6. The AMA predicts an increase in online treatment for patients
    - a. E-prescribing of provider orders is now common
    - b. With electronic medical records, errors will be decreased
  7. Patients are more sophisticated in their knowledge and arrive for appointments with information downloaded from the Internet
  8. The goal is continued "partnership" between patients and practitioners
- X. APPLICATION
- A. Use the Learning Outcomes at the beginning of Chapter 10 in the text as the basis for questions to assess comprehension.
  - B. See the Classroom Activities section below for numerous application activities.
  - C. Assign students to complete Chapter 10 in the Study Guide.
  - D. Complete the Procedures in Chapter 10, using the Competency Manual to evaluate.
- XI. EVALUATION
- A. Evaluate any assigned application materials.
  - B. Evaluate student participation during presentation.
  - C. Grade responses to Chapter 10 in the Study Guide.
  - D. Evaluate student performance on Chapter 10 Procedures.

## Classroom Activities

1. Invite a professional in health care design to speak to the class. Ask the speaker to bring sketches or pictures of various designs that would be suited to a medical practice and to explain what factors are considered when a building will be used for a medical practice.
2. Invite an administrative medical assistant to speak to the class. Ask this individual to share information about what role is played in the ambulatory care setting and how that work place would be evacuated if necessary. Ask the medical assistant what is liked best about the design of the facility.
3. Have students design and decorate an ambulatory care setting.
4. Display health care reception areas that can be found on the Internet.
5. Have a motivational speaker relate to the students how important attitude, communication, and safety are in the workplace and elsewhere.

## Answers to Critical Thinking Boxes

Discuss the difference between the idea of a "waiting" area and a "reception" area. Which term is used more frequently by patients? Explain your response.

A waiting room is just that—a place where people must wait to be attended to. No one likes to "wait" for anything or anyone. To be "received" in a reception area has a far different meaning. To be received is to be accepted, to be made comfortable—even if there is waiting for the health care professional.



With a fellow student, role-play a situation in which a frustrated and angry patient must be calmed by the receptionist. Assume the patient is angry because of a long wait in the reception area.

Answers will vary here, but remind students that remaining calm in the presence of an angry patient is especially helpful. Using a soft voice, making an apology for the wait, and letting the patient know about how much longer the wait will be can help. To avoid the situation, any wait beyond 10–15 minutes should be voluntarily explained to patients and they should be allowed an alternative—to reschedule, see another provider, or return later in the day.

Visit the websites indicated in this section to identify what you need to establish a disaster plan. What will you need to purchase for your supply kit for your home or car? What will be readily available to you or easy to supply? Identify special supplies you may want for any additional needs such as medications, pets, etc. Estimate the cost of any purchases as well as any other action to be taken in a safety plan.

The specifics to any disaster plan, including supply kit contents are too numerous to appear here, but students will need to identify family members, their contact, and their responsibilities. They should have enough water and nonperishable food for 3 days, first aid kit, flashlight, battery powered radio and extra batteries, and any necessary medications for everyone and their pets. The cost to be identified depends upon how much of what is necessary they already have available to them.

## Answers to Case Studies

### Case Study 10-1

Refer to the scenario at the beginning of the chapter.

1. What is your first reaction to the environment in the medical facility described? Justify your response.

Answers will vary, but most students will reply that they believe that the clinic is trying to comply with all rules and regulations and keep patients uppermost in their decisions. They complied with ADA and are now seeking better compliance with HIPAA.

2. List as many solutions as you can to address the lack of privacy and confidentiality in the reception area. Begin with simple solutions and then move to the more complex ideas that surface in your planning.

Lack of privacy occurs when the physical arrangements of the reception area make it possible for confidential information to be overheard by others. A sign might be placed about 5 feet from the reception area asking patients to wait there until called to the front desk. Reception-area chairs might be placed at a greater distance from the reception desk. Assistants can be reminded to keep their voices low. Sensitive information should not be repeated. Having patients present their insurance cards, which include such data, is far more private than asking patients to repeat their addresses, Social Security numbers, telephone numbers, etc. A glass window might increase privacy.

3. How do you think patients will be affected by each of your solutions?

Once patients understand the reason for any changes, they will be pleased to know that their privacy will be protected and that they will be afforded greater confidentiality than in the past.

4. What other improvements might be considered in the updating of the clinic?

Any time a clinic update is necessary consideration should be given to new paint (with or without a color change), pictures or posters for walls, furniture replacement, and updated lighting fixtures. If possible, the addition of a water feature, either indoors or outside and visible from windows, is appreciated by patients.

### Case Study 10-2

The eighth-floor orthopedic surgery department in a large metropolitan clinic has an interesting approach to patient dynamics. Providers and their assistants see patients for diagnosis and preparation for surgery. Patients likely are seen in this department three to five times before and after their procedures. The staff involves their patients to relieve any anxiety they might have.

Addison Burton approaches the reception desk; he is immediately greeted and asked to wait a moment until the administrative medical assistant clears a previous patient. There is a huge box filled with slightly used tennis shoes that patients and staff are collecting for needy children and the homeless. Addison remembers he has a couple of pairs at home he could bring. After checking in, he is directed to a counter where coffee, tea, and water are available, as well as the daily newspapers. Addison can take a seat in a chair, on a couch at a window that allows him to put his feet and legs up, or at a table with chairs. The window seat gives a view of the city and a terrace garden

four floors below. At the table there is an unusual puzzle being put together, and Addison takes a seat there. He is able to put four to five puzzle pieces together before being called for his appointment.

1. When Jorja Anderson, CMA (AAMA), calls Mr. Burton to the examination room, what might the conversation be? Would this conversation help to dispel anxiety?

The conversation between Jorja Anderson and Addison Burton is likely to be related to the puzzle that is being put together. Any conversation other than the main purpose of the visit will help dispel anxiety, especially when they find the puzzle piece on the bottom of Addison's shoe.

2. When the surgeon sees Mr. Burton for his hip problem, everyone has a good laugh—on the bottom of Addison's shoe is a puzzle piece. What kind of mood has been established for this visit?

The mood that has been established is welcoming, warm, friendly, and caring.

### Case Study 10-3

Even though she appears collected on the outside, Abigail Johnson, who is about 75 years old, is quite nervous about having her annual physical. Clinical medical assistant Audrey Jones senses her patient's underlying tension and wants to do what she can to help Abigail relax. She knows that this patient has hypertension, suffers from occasional dizziness, and says she feels guilty about going off the diet that was designed to help manage both her high blood pressure and her diabetes. At this moment, Audrey is helping Abigail get ready to see Dr. King, her provider. She does not want to intrude on her patient's privacy but does want her to relax a bit.

1. What are some of the actions Audrey can take to ensure her patient's privacy?

Audrey should greet the patient in a warm, responsive manner and then assist Abigail to the extent that she wants or needs assistance. In the examination room, privacy is especially important to patients. Space should be provided for patients to hang their clothes and undergarments. Mirrors are useful when dressing. Rooms should be soundproof so that conversations are not overheard. Audrey can ask Ms. Johnson if she would like help disrobing. Staff should always knock before entering a room.

2. In what ways can the physical environment itself become a calming influence for Abigail?

Environments that give patients as much control as possible are preferable. These empower patients and make them feel comfortable with the circumstances. Harmonious surroundings can be created with color; types of lighting; fresh, clean odors; and avoidance of unnecessary clutter and equipment.

3. How will Audrey's sympathetic attitude affect her patient?

Because Audrey is obviously sensitive to Ms. Johnson, this patient is likely to feel less nervous about her physical exam. Audrey's warm yet unobtrusive manner should put Ms. Johnson at ease and, in the end, create the circumstances in which patient and provider can honestly and openly communicate.

### Answers to Certification Review

1. d. live or silk plants
2. a. to give them as much control as possible
3. c. extremely bright, contrasting patterns
4. b. providing access and opportunity for individuals with physical challenges
5. c. greet patients in a friendly, warm manner
6. d. b and c
7. c. 2.5 seats for each examination room
8. b. 10%
9. b. increasing numbers of elderly patients
10. d. all the above

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