



USER EXPERIENCE & WAITING TIME

At The Louis Stokes VA Medical Center

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Course: Design as Entrepreneurship:
Connections and Innovative Practices
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Phase I
Fall Semester

PURPOSE

The purpose of this project is to holistically understand patient experience of the Louis Stokes VA Medical Center.

The Medical Center is a system with complex relationships between patients, staff and visitors



VISION STATEMENT

“Our vision is that the Cleveland VA will be a Department of Veterans Affairs innovative leader in providing health care and other services to our Veteran patients and other constituents.” (Louis Stokes Cleveland VA Medical Center)

MISSION STATEMENT

“To provide high quality, technologically current health care services in a compassionate, humanitarian and ethical manner within a multi-centered environment which promotes strong research and educational programs, in affiliation with Case Western Reserve University School of Medicine.” (Louis Stokes Cleveland VA Medical Center)

John Dewey, “Art as An Experience.”

AN EXPERIENCE

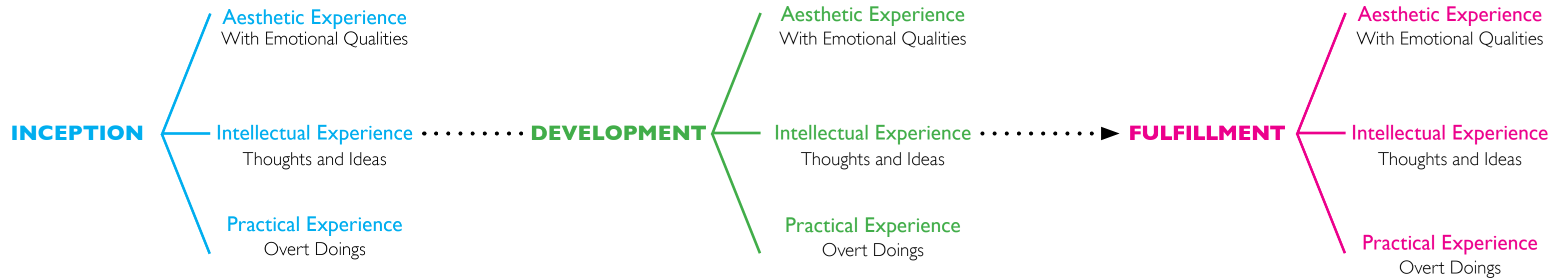


Figure 1: John Dewey, “Art as An Experience.

”Our understanding of An Experience based on “Art as an Experience”.

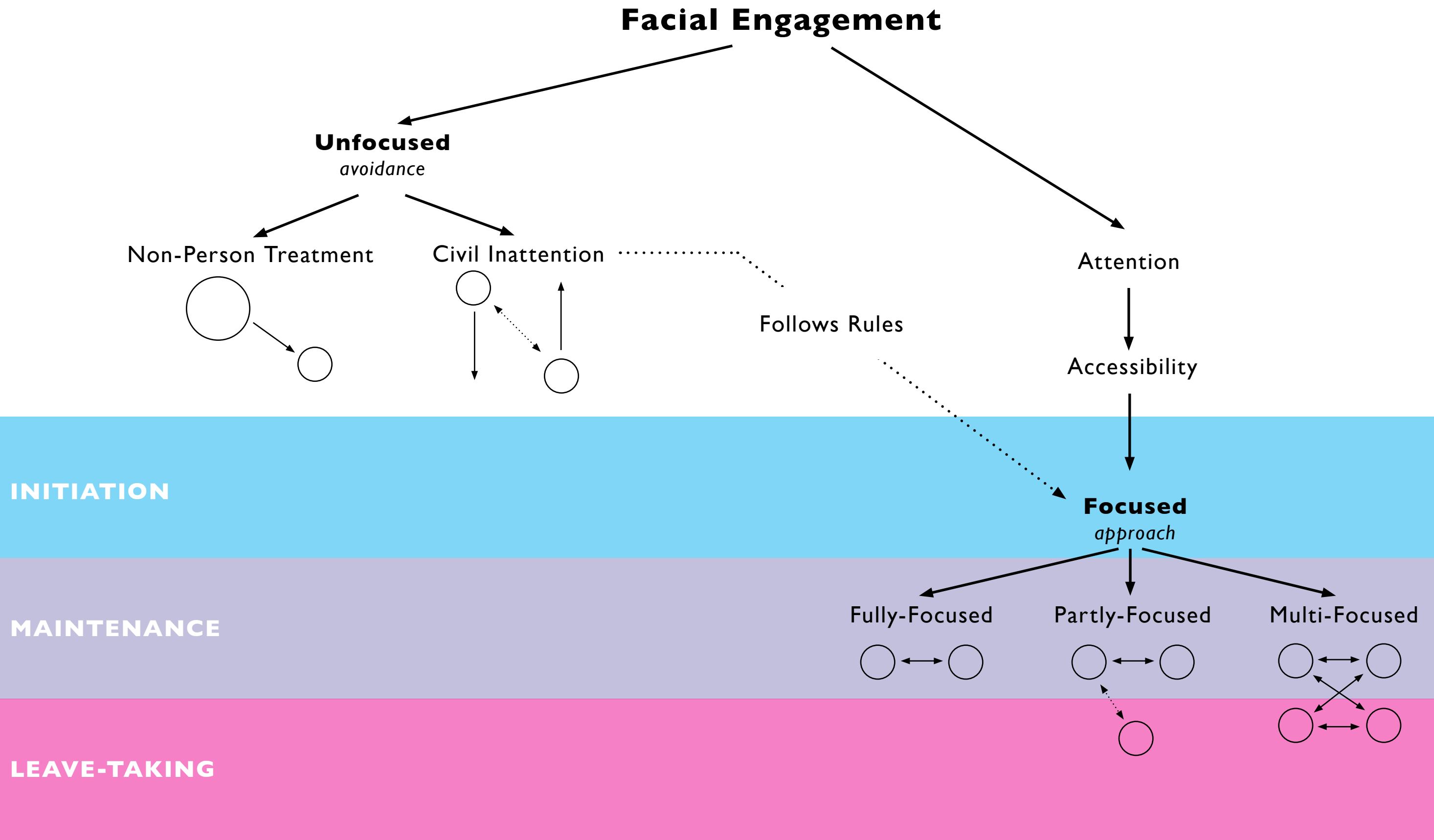


Figure 2. Erving Goffman, "Facial Engagements."

Interpretation of how people interact with one another based on Erving Goffman's "Facial Engagements".

Research Method: Phenomenological Observations

Purpose - To understand user experience from the perspective of patients, medical staff, and visitors within the entranceways of hospitals.

Phenomenological Observations at Respective Hospitals

The Cleveland Clinic

Danielle: 8 times = 10 hours total

Rob: 5 times = 12 hours total

University Hospitals

Nora: 3 times = 6 hours total

Julie: 3 times = 6 hours total

Louis Stokes VA Medical Center

Chris: 4 times = 11.5 hours total

Evan: 5 times = 13 hours total

Rob: 1 time = 2 hours total

Total Observations:

47.5 hours as of Nov. 10, 2013



Phenomenological Observations provide a method to distinguish objective evidence, removed from cultural and historical context.

I. LACK OF INTERACTIONS AND MOBILITY

Findings based on observations and feedback from veterans led to issues concerning interactions and feelings of immobility. The wheelchairs had an overwhelming presence within the vestibule, at times appearing to block one's way and observations of staff having difficulty "unnesting" them. The revolving door can impede ones' actions by intermittently stopping, without notice, causing users to feel **intimidated**, **frustrated** or even **frightened**. Overall these issues lead to difficulty navigating within the interior space.

REFLECTION

Rearrangement of wheelchairs would allow for more interaction by activating the space.



II. AESTHETICS WITH EMPHASIS ON EMOTIONS

The smell of smoke pervades the immediate interior of the vestibule from the designated forecourt smoking area. Further inside, the dysfunctional Heroes Memorial Fountain can be disheartening to patients, visiting relatives and friends. Sonic and visual noise contribute to the emotional state of the patients, visitors and staff in the environment. Wheelchair placements lead to feelings of sadness, loneliness, isolation, emptiness, being unwelcome, and immobile.



III. INSTITUTIONAL IDENTITY AND PROFESSIONAL IMAGE

Smoking is an unhealthy habit, unintentionally made a prominent feature of the institution that dedicates itself to excellence in health care. Similarly, wheelchairs connote ill health amongst other negative connotations. Through direct interactions, staff appear to be unaware of what may seem to be basic protocol. The Heroes Memorial Fountain's not functioning can be seen as subtly disrespectful towards those that served, and their families or beneficiaries.



Problem Statement:

The user experience of the Louis Stokes VA Medical Center, specifically the entrance area, does not convey an effective, health-promoting institution; inattention to aesthetics, including sensory qualities and interactions within the specified environment creates unsuitable connotations, impeding users' emotional, intellectual, and practical experiences.

Phase I
Fall Semester

Preliminary User Profiles

Primary User Profile: Patient

Age 45 - 75
Gender Male (nearly 100 %)
Place of Residence Northeast Ohio
Marital Status Married (with children)
Current Military Status Veteran (other than dishonorable discharge)
Marine Corps, Army, Navy, Air Force, or Coast
Guard
Branch of Military 0 - 4+
Deployments High School Diploma, Undergraduate, Graduate
Education or/and Doctoral Degree

Secondary User Profile: Medical Staff

Age 25-65
Gender Male/Female
Place of Residence Northeast Ohio
Work hours 35 - 60 hours per week
Education Undergraduate Degree, Graduate, and/or Doctoral Degree
Occupation Medical Doctor, Nurse
Income \$30,000 - \$235,000
Family Single or Married
Technology Moderate to Advanced Experience

Tertiary User Profile: Visitors + Families

Age 25-65
Gender Male/Female
Place of Residence Northeast Ohio
Work hours 20-40 hours per week
Education Parents-Bachelor's or Higher; Children - None to Higher Ed.
Income \$20,000 - \$75,000
Family Single or Married
Technology Moderate to Advanced Experience
Relation to Patient Friend or Family

Phase 2
Spring Semester

Preliminary User Profiles

Primary User Profile: Patient

Age 45 - 75
Gender Male (nearly 100 %)
Place of Residence Northeast Ohio
Marital Status Married (with children)
Current Military Status Veteran (other than dishonorable discharge)
Marine Corps, Army, Navy, Air Force, or Coast
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Transition

REFOCUS TO WAITING TIME

**CHANGING
DEMOGRAPHICS**

**OBAMACARE
INSURANCE**

**WAITING
EXPERIENCE**



Phase 2
Spring Semester

PURPOSE

To improve the quality of waiting time from the perspective of the patients, family members, and visitors within the primary care process at the Louis Stokes VA Medical Center.



“Waiting is necessary: time to plow, time to sow, time to harvest.”

- J. Hampton Keathley II

תקווה	TEEK-VAH	‘hope’
ב'תחון	BEET-AH-KHON	‘trust’
דממה	D'Mah-Mah	‘silence/stillness’

CONCLUSION

Alters the perception of waiting time as being a negative term, into being a necessary and positive term

WAITING TIME

Waiting time is a necessary interval connecting events with an expectation of a future event, within which internal and external factors influence the temporal experience.

WAITING

A necessary period connecting events with an expectation (trust) or hope of future action.

TIME

The indefinite continued progress of existence and events in the past, present, and future regarded as a whole.

... come to those who wait"

WAITING

... of endurance ... to endure discomfort with out complain ... er difficult circumstances - with ...

... 'mean as an action?

... "waiting" waiting word associations

... interval, interlude, intermission ... stay, cessation, suspension ... ption, lull, respite, recess ... hiatus, gap, rest -google

BIBLICAL WAITING

... bind together, hope, expect, look patiently ... wait, hope, trust, wait expectantly ... to be dumb, silent, be still ... to long for ... wait on one who is expected, patience, confidence

TO WAIT

- : DELAY ACTION SOMETHING ELSE
- : INACTIVE IN ONE
- : to remain tempo

WAITING IS DIFFICULT

WAITING VS. Immediate

WAITING IN RELATION TO

WAITING & TECHNOLOGY

PROGRESS

WAITING IS A VITAL ELEMENT OF LIFE

EMOTIONS OF WAITING: impatience, anger, frustration + confidence, trust, hope -

AS AN ACTIVITY: things we are waiting for

QUESTIONS OF WAITING

- What does it mean to wait? (what's involved)
- how are we to wait?
- who and what are we waiting for? (waiting on vs. waiting for)
- Why should we wait?
- How long do we wait?
- Bible on

TIME TO FLOW, TIME TO SOUL, TIME TO LEAP

DOESN'T HAPPEN AT THE SAME TIME

WAITING

TIME

THE SYSTEM OF THOSE ... that any event has past, present, or future; ... continuous duration ... which events succeed

"Temporal Relations"

- The relationship between people and time
- ... + brooding
- Theories on Time
- ... may not live in the ...
- ... the higher you live, the faster you age.
- The faster you go, the slower time moves.
- Time doesn't run at the same speed for everyone.

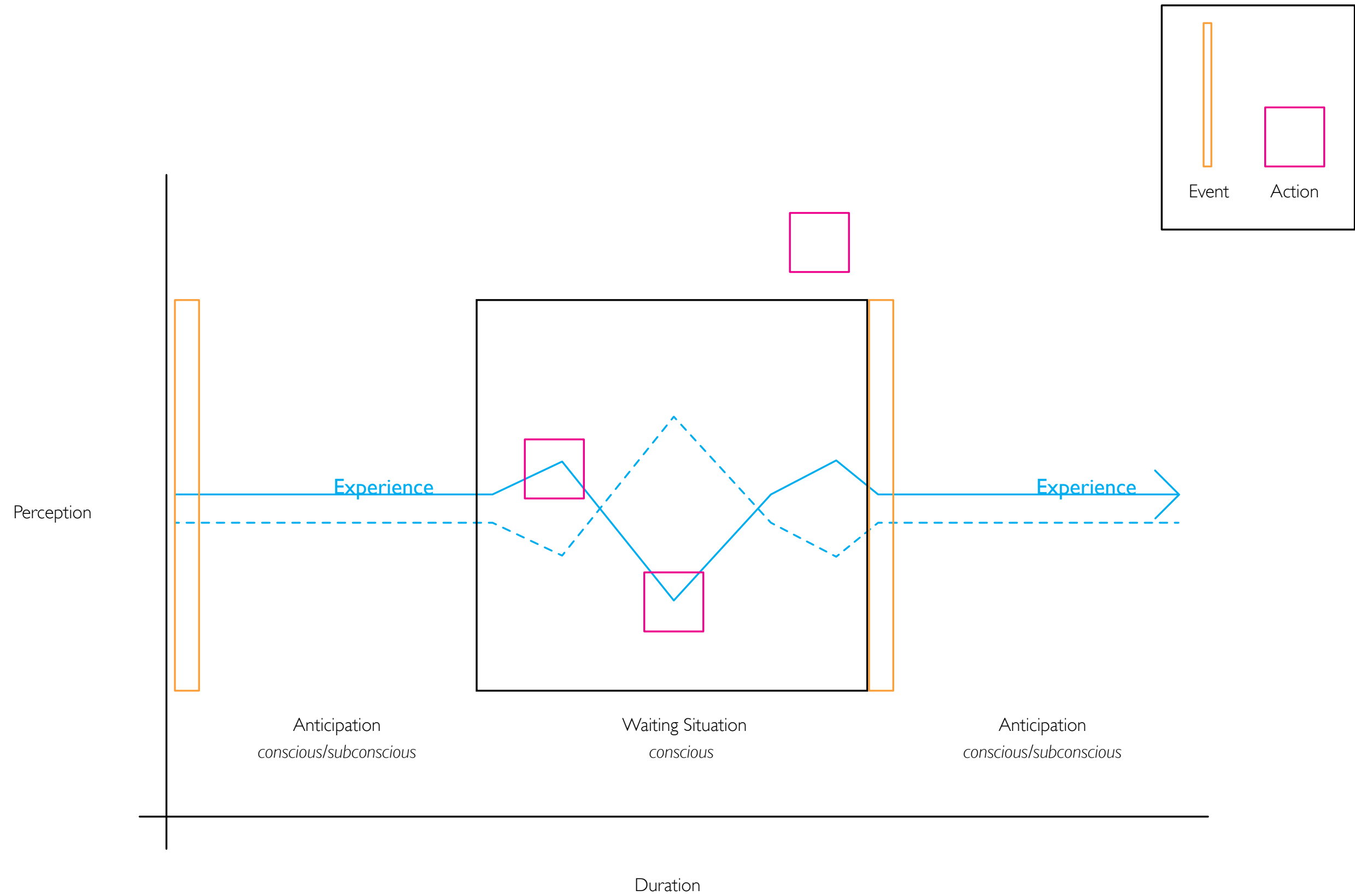


Figure 3. VA Team, Understanding of Waiting Time Before Research
 Actions and Events change perception of progress of time and experience

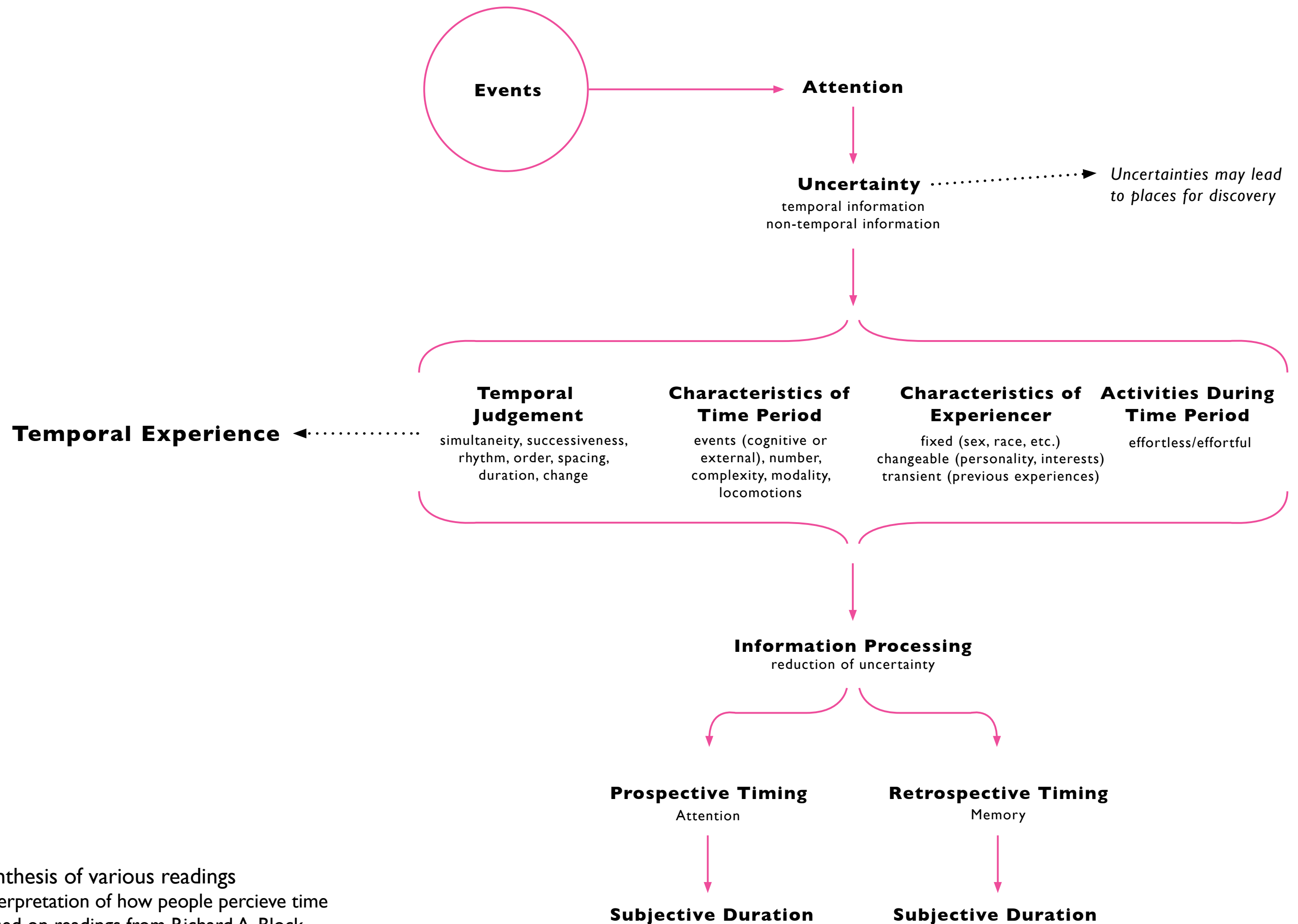


Figure 4. Synthesis of various readings
 Interpretation of how people perceive time
 based on readings from Richard A. Block.

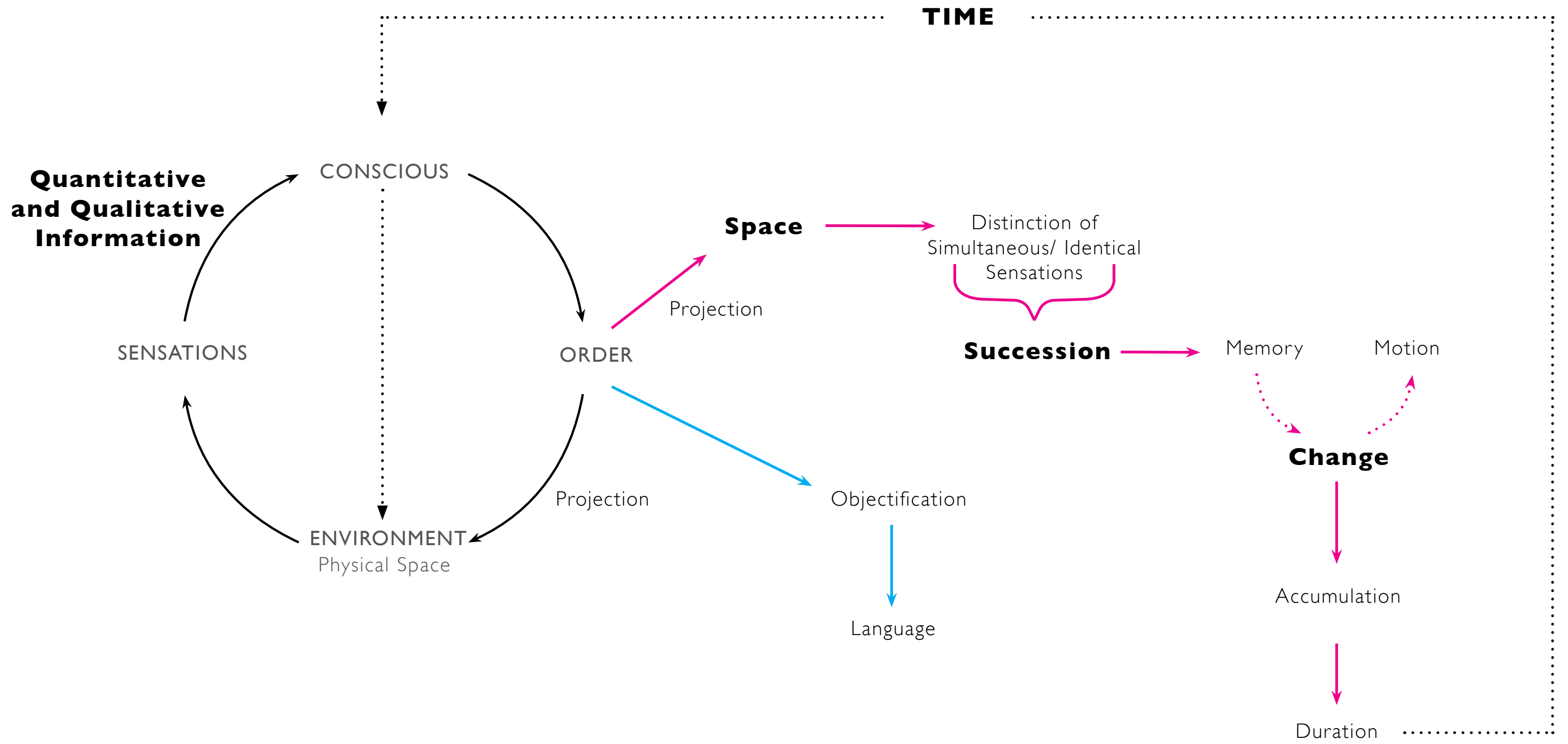


Figure 5. Henri Bergson, "Time and Free Will."
 Understanding of how people perceive time.

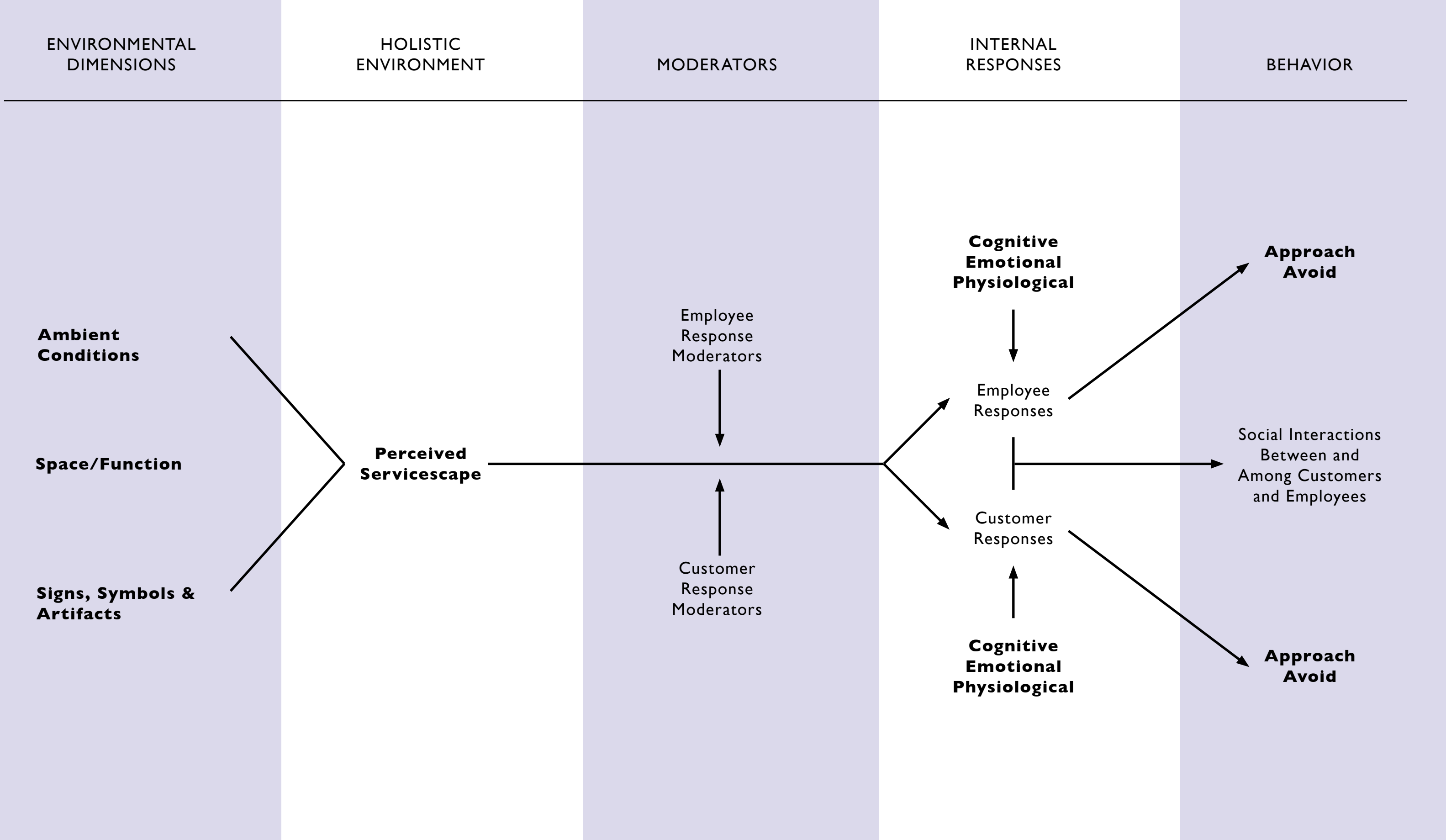


Figure 6. Mary Jo Bitner, "Servicescape: The Impact of Physical Surroundings on Customers and Employees." Interpretation of a perceived service environment and the factors that influence it.

Strategic Framework

Experience of Waiting Time within an Environment

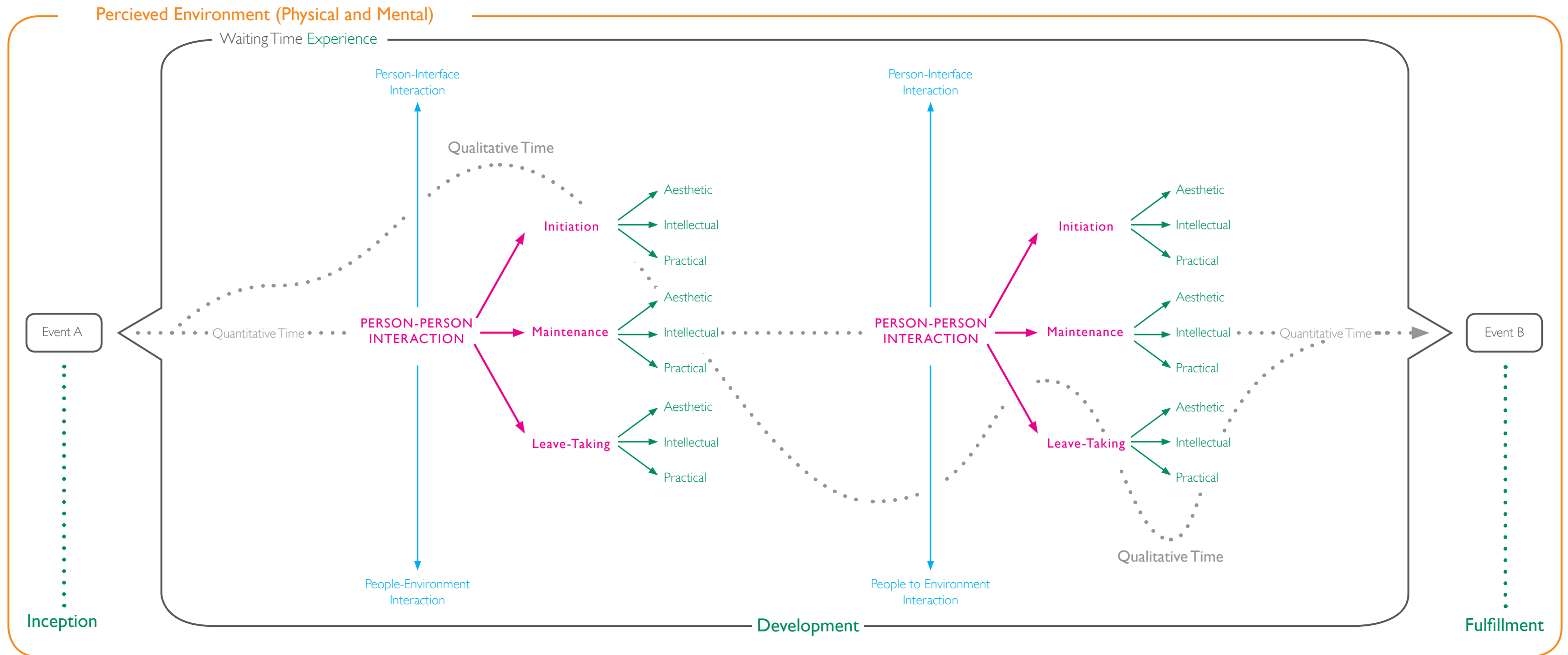
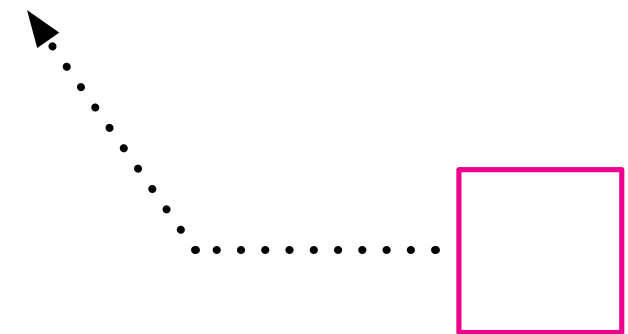


Figure 7. VA Team, Strategic Framework Map.

This framework is synthesized from previous theories. It provides specific aspects to observe that can affect waiting time within the atrium moving forward.



Action



AREAS OF ISSUES

I. SPATIAL CONSIDERATIONS AND OBSTRUCTIONS

The VA Medical Center provides a place for waiting instead of a place for an opportunity for patients, visitors and staff to socialize. They provide an environment that creates obstacles for interactions and activities to occur while waiting. These interactions and activities take attention away from temporal information.

II. LIMITED PHYSICAL AND INTELLECTUAL ACTIVITIES

The VA Medical Center provides limited activities for patients and visitors. This may cause patients and visitors to come to the VA Medical Center unprepared to wait. Patients and visitors not participating in activities that provide stimulation or information will negatively affect the quality of waiting time.

REFLECTION

Activities might provide emotional distractions for patients and visitors.



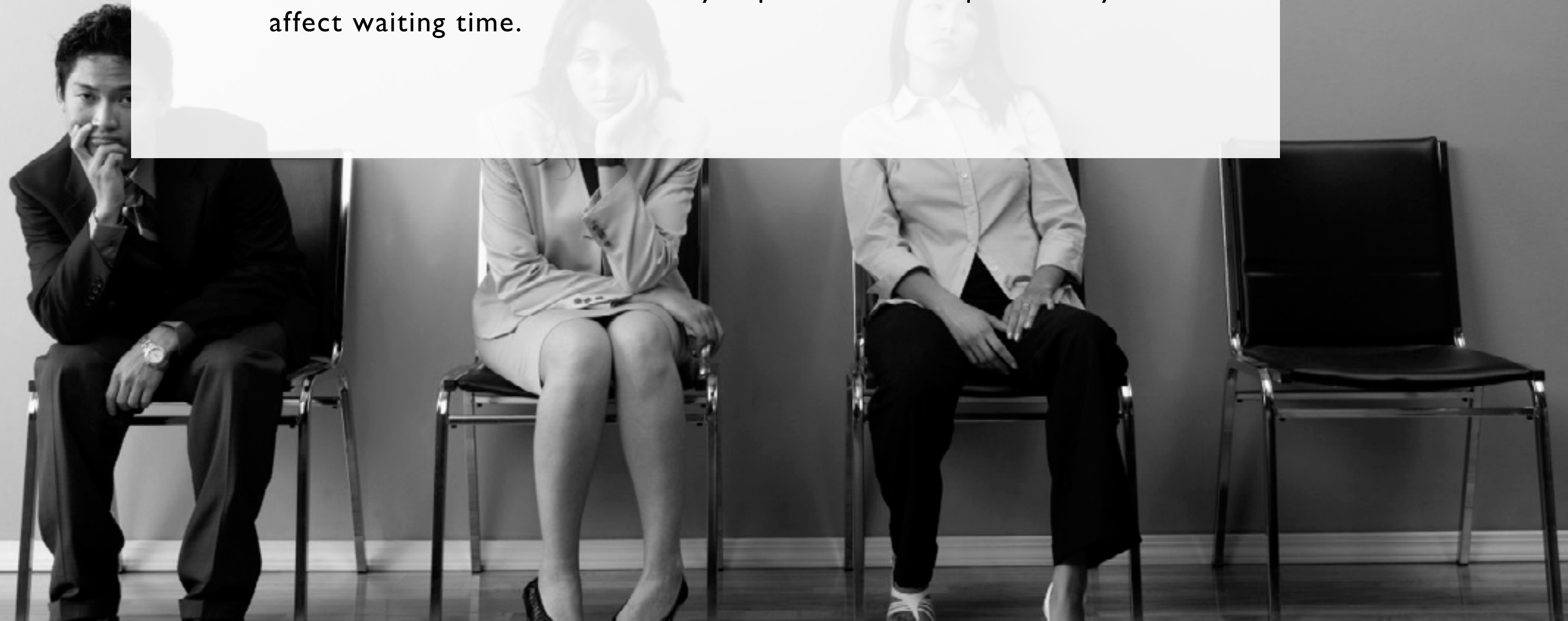
III. PRIMITIVE FORMS OF COMMUNICATION

The VA Medical Center uses primitive methods of communication between staff, patients, and visitors. This primitive communication forces the patients and visitors to wait within a confined space, limiting the activities available to them. The flow of qualitative time is also disrupted through the repetition of communication. These two factors bring temporal information to the forefront of the mind with negative impact on the experience of waiting time.

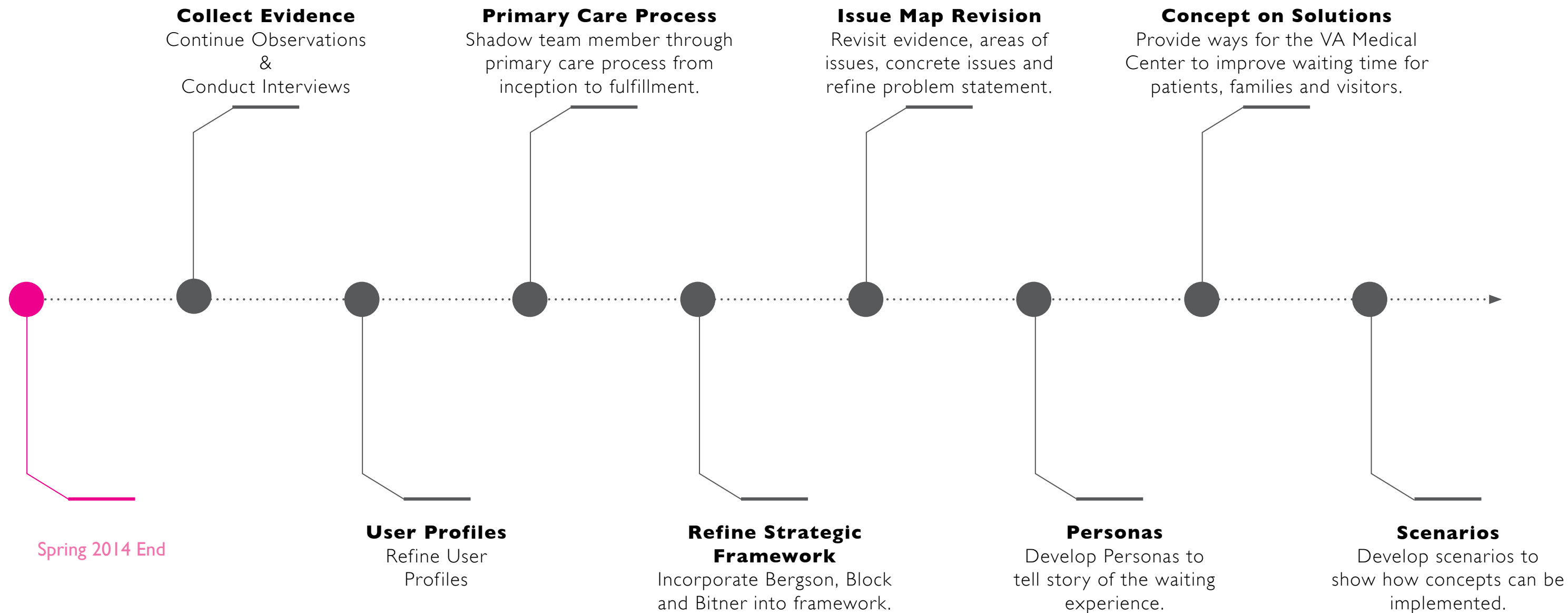


IV. UNINITIATED SOCIAL INTERACTIONS

Despite similar military backgrounds, quality interactions between patients, visitors and staff are not being initiated. Uninitiated social interactions create unsatisfactory experiences that qualitatively affect waiting time.



MOVING FORWARD





CONCLUSION

The community of veteran patients, families/visitors, and staff make the Louis Stokes VA Medical Center unique compared to other healthcare facilities. Creating a system that initiates social interactions between them are essential to improving the quality of waiting time during the primary care process and the overall success of the Louis Stokes VA Medical Center.