

Creating a Client-Friendly Waiting Room



Impress your clients and enhance your image

by Jack Sommars

Photo courtesy of Richard Rauh /
Rauhaus Freedenfeld & Associates

The routine is the same every morning. The boarding staff at Meadow Hills Veterinary Center in Kennewick, Wash. check in at 6:30 a.m. They attend to each animal, dispensing hugs and happiness, along with bowls of food and fresh water.

Then they bake the cookies.

“Our clients are crazy about them,” says Brian Conrad, CVPM, practice manager. “If we ever run out, they’ll ask, ‘Where the heck are my cookies?’”

Handing out fresh-baked cookies is just one amenity in what has to be one of the nation’s most client-friendly waiting rooms.

Visitors at Meadow Hills are also offered chilled bottled water; juice, soda; fresh-brewed coffee and tea; and, during the winter months, steaming hot chocolate.

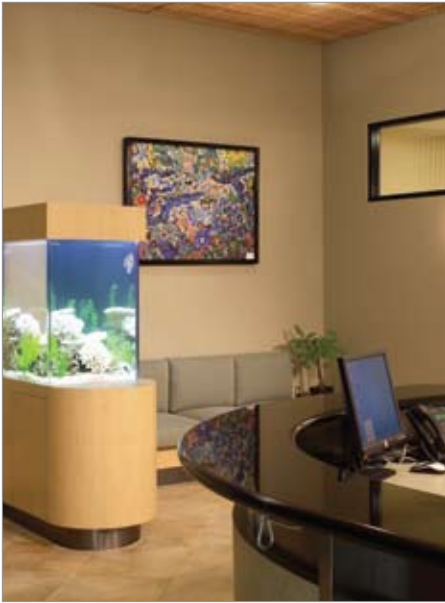
A large, flat-screen TV is tuned to “Animal Planet,” while the kiddies enjoy cartoons in the playroom.

The waiting room has partition seating with half-walls. That way, an anxious cat might be 18 inches away from a curious Doberman and still be out of each other’s line of sight.

But there’s one major element that separates Meadow Hills from typical veterinary hospitals.

The smell.

“That’s what we’re most proud of,” says Conrad. “The staff goes to great



Waiting rooms are taking on a “living area look” with the use of natural materials, colors, and lighting

lengths to make sure this place stays scrubbed. You’d be surprised at how many of our clients notice the difference.

“It’s really hard for clients to judge a veterinary hospital based on medicine,” Conrad says. “Obviously, they know if their pet’s getting better or is healthy. However, it’s difficult for them to weigh the difference between doctor to doctor or clinic to clinic.

“But when they walk into an environment that is so welcoming, that really lays the groundwork for the type of experience they’re going to have at our hospital.”

Setting the mood

John Copich, AIA, an architect whose Youngstown, Ohio, firm has designed veterinary hospitals for almost 50 years, says, “Waiting rooms are taking on a ‘living area look’ with the use of natural materials, earthy colors, and natural and indirect lighting to achieve a peaceful environment to reduce the stress for both clients and their animals.

“Amenities you would find at home, such as a fireplace, plasma TV, or a coffee bar, reinforce that warm, family environment,” Copich adds. “If all variables are equal between your practice and the one down the street, your waiting room can be the competitive edge that gets the public through your doors.”

“Walt Disney realized the importance of making the experience of waiting in line for an amusement ride a special attraction within itself,” says Rich Rauh, AIA, whose California-based firm has designed more than 300 veterinary facilities.

“Disney now provides added entertainment while patrons wait their turn in queue lines. This forward thinking is found in today’s modern veterinary hospital with the introduction of client educational LCD monitors, outdoor customer patios, coffee bars, aquariums, finish grooming displays, cat condo display walls and other attractive amenities intended to both stimulate and educate.”

“If I see there’s a choice of seating areas, that it’s a neat, uncluttered space and easy to maneuver through with a large dog on a leash, and the owner has added small touches such as leash holders at the check-in and discharge areas, then I know that he or she ‘gets it,’” says Copich.

“One thing I do when educating doctors about the importance of this area is to show them photos of different waiting rooms,” says Carin Smith, DVM, a consultant and author of *Client Satisfaction Pays: Quality Service for Practice Success* (AAHA, 1998).

“Then I say, ‘Tell me about the doctors who work here.’ Without hesitating, they respond with ‘progressive... friendly... up-to-date... cozy...’ and so on. This exercise really illustrates how important first impressions are and how quickly people make them.”

Not surprisingly, the staff at Meadow Hills have a simple, straightforward approach to measuring clients’ attitudes about their waiting room experience: They ask them.

“We do an awful lot of surveying to make sure we understand what the client wants,” says Conrad.

Two questions they routinely ask are:

Were our facilities welcoming, comforting and clean for you and your pet?

Were our receptionists warm and cheerful, hospitable, and able to answer your questions?

“I’m sure a lot of people will think, ‘Gee, they’re spending money on cookies and beverages and we just can’t afford that,’” he says. “This is part of our client service budget and costs us around \$50 a week. We get our bottled water at Costco. A case of 36 bottles costs \$5.99.

“We’re trying to make it impressive for our clients and a big deal,” Conrad says. “But, at the same time, we’re not spending thousands of dollars.

“We want our waiting room experience to make a statement for us,” he continues. “We’re going to be more on the high end in terms of the level

of medicine we're practicing. The level of customer service, technology, compassion, we push it as far as we can go. When clients first walk in, the environment really dictates that. We're not going to be the cheapest clinic in town. We don't want an environment that sends mixed messages."

Keep it simple

What are some simple, inexpensive ways practice owners can make their waiting rooms more inviting?

"Introducing new finish materials will always give a clean, fresh appearance," says Copich. "Simple changes, such as updated flooring, a new coat of paint, adding indirect or natural lighting or new, high-end lighting fixtures and removing clutter can achieve promising results with very little investment."

Rauh is currently renovating the waiting room of a client on a shoestring budget. The client is his wife, Melissa Byers, DVM, who owns the Lake Forest Animal Clinic in Lake Forest, Calif.

"We designed the hospital about 15 years ago and it's in need of an interior facelift," he says. "We are also on a limited budget and don't have the luxury of closing the facility because we need to maintain that revenue stream. So we're looking at different materials, not only from a cost standpoint, but from an installation standpoint, making sure we can install those materials after hours."

"We're considering a vinyl floor that can be installed over a weekend for about three to four dollars a square foot. Then we'll probably spend \$2,000 to \$3,000 for paint."

Meadow Hills has plans to build a second facility that will take its client-friendly approach to an even higher level.

"We'll be elevating the cabinetry in the reception area so our staff will appear as if they are standing," says Conrad. "We feel this will be much more welcoming compared to a sitting position."

Seven Signs Your Waiting Room Isn't Friendly

by Carin Smith, DVM

1. It is difficult to find seating.

Older people need chairs with arms so they can get up. There should be dividers, so dogs and cats don't have to look at each other, and there should be ample space so dogs don't have to be nose-to-nose.

2. There's nowhere for kids to go.

Whether you like them or not, everyone agrees it's great for kids to have a place, a little nook with some quiet toys or nifty vet-related stuff to play with.

3. It is difficult to move around with a pet in one hand.

Can you open the front door easily with one hand? Consider installing a handicapped access device so people can simply push a button to open your door.

4. There are no pet-restraining aids.

Are there leash hooks at your checkout counter for your clients to use while they write checks and fill out paperwork? Hooks should be waist high and strong enough to hold a large dog.

5. Your senses are bombarded.

Get rid of the clutter and frame your posters. Be aware that "backstage" conversations can sometimes be heard up front. Avoid using strong-smelling disinfectants and personal care items, such as perfume or scented deodorant. You shouldn't be able to smell it from three feet away.

6. It doesn't feel like a doctor's office.

Make sure the overall look is that of a doctor's office, not a pet store, a family room decorated with vacation pictures, or a teenager's room filled with posters.

7. I can't find the bathroom.

Where is the bathroom and what does it look like? If you don't have a dedicated client bathroom, then your primary one should always look like it is for your clients. Make sure you have a seat cover dispenser.

SLENTROL®

dirlotapide

Oral solution for use in dogs only.

CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

INDICATIONS: SLENTROL (dirlotapide) Oral Solution is indicated for the management of obesity in dogs.

CONTRAINDICATIONS: SLENTROL should not be used in cats. SLENTROL increases the risk of producing hepatic lipidosis during weight loss in obese cats. SLENTROL is not recommended for use in dogs currently receiving long-term corticosteroid therapy. Do not use in dogs with liver disease.

WARNINGS: Not for use in humans. Keep this and all drugs out of reach of children. Adverse reactions associated with humans ingesting dirlotapide include: abdominal distention, abdominal pain, diarrhea, flatulence, headache, increased serum transaminases, nausea, and vomiting.

SLENTROL may cause eye-irritation. If accidental eye exposure occurs, flush the eyes immediately with clean water.

PRECAUTIONS: Safety in breeding, pregnant, or lactating dogs has not been established. Caution should be taken when considering any weight loss program in growing dogs, including treatment with SLENTROL. SLENTROL has not been evaluated in dogs less than 1 year of age.

All dogs should undergo a thorough history and physical examination that includes laboratory tests to screen for underlying conditions. Pre-existing endocrine disease, including hyperadrenocorticalism (Cushing's disease), should be managed prior to use of SLENTROL.

SLENTROL may produce a mild to moderate elevation in serum hepatic transaminase activity. If the elevation in alanine aminotransferase (ALT) activity is mild, continue SLENTROL and monitor as needed. If there is a marked elevation in ALT activity above the normal reference range or there is a simultaneous increase in aspartate aminotransferase (AST), alkaline phosphatase (ALP), γ -glutamyl transferase (GGT), or total bilirubin, discontinue treatment with SLENTROL. Elevations in hepatic transaminase activity usually decrease when SLENTROL is discontinued.

The safety of SLENTROL use in dogs has not been evaluated beyond 1 year.

ADVERSE REACTIONS:

The adverse reactions associated with treatment with SLENTROL include vomiting, loose stools/diarrhea, lethargy, and anorexia. These adverse reactions were mainly observed during the first month of treatment or during the week after a dose increase. Vomiting was usually mild in severity, of short duration, and resolved with continued SLENTROL treatment. The SLENTROL-treated dogs generally had an increased frequency and duration of vomiting and diarrhea compared to the control dogs. The control dogs received corn oil.

Adverse Reactions During Weight Loss:

Treatment	Percentage of Patients with Reported Signs	
	Control n = 88	SLENTROL n = 170
Vomiting	21.6%	24.7%
Diarrhea	6.8%	12.4%
Lethargy	3.4%	9.4%
Anorexia	2.3%	7.6%
Constipation	1.1%	2.4%
Dehydration	0%	1.2%

In addition to the adverse reactions listed above, there were other abnormal findings. Many control and SLENTROL-treated dogs had dental disease, abnormal skin and ear findings, and lameness/arthritis. The incidence of these findings were similar in both control and SLENTROL-treated groups and most dogs had similar lesions noted pre-treatment. Two dogs in the SLENTROL treatment group developed corneal ulcers. One SLENTROL-treated and one control dog developed signs consistent with pancreatitis. One treated dog developed inappropriate urination and defecation and another treated dog developed polyuria and polydipsia.

A 5-year-old Beagle with no medical history of seizures in the SLENTROL treatment group had a seizure on Day 52 of the study. The dog continued to receive SLENTROL until additional seizures occurred 11 and 12 days later. The investigator referred the case to a neurologist and the seizures continued approximately twice weekly. The neurologist found no lesions that support the causality of the seizures.

A 5-year-old Dachshund developed a hepatopathy after 82 days of treatment and was withdrawn from the study for vomiting, increased hepatic enzymes, and anorexia. Vomiting continued for a few days after stopping treatment and the dog was hospitalized due to the anorexia. ALT activity levels continued to rise after all clinical observations resolved.

During weight stabilization, vomiting (16.1%) and lethargy (4.8%) were the most frequent adverse reactions associated with treatment with SLENTROL. Other adverse reactions included diarrhea (1.6%), anorexia (1.6%), and ataxia (1.6%).

In the post-treatment period, a 6 year old spayed female Chihuahua, was found dead by the owner 7 days after stopping dirlotapide therapy. The cause of death was not conclusive but did not appear to be related to the dirlotapide therapy.

Some dogs treated with SLENTROL displayed a mild to moderate elevation in serum hepatic transaminase activity early in treatment that decreased over time while treatment continued. Hepatic transaminases generally returned to normal when treatment was discontinued (See Precautions for further information).

Serum Chemistry Results:

Serum Analyte	Percentage of Dogs			
	Control n = 88		SLENTROL n = 170	
	Pre ^d	Post ^e	Pre ^d	Post ^e
ALT ^a > 120 IU/L	3.4%	6.0%	4.7%	9.9%
AST ^b > 60 IU/L	0%	4.8%	3.5%	9.2%
ALP ^c > 125 IU/L	11.4%	16.9%	17.6%	9.9%
Cholesterol > 320 mg/dL	14.8%	9.6%	14.7%	4.6%

^a ALT = serum alanine aminotransferase activity.

^b AST = serum aspartate aminotransferase activity.

^c ALP = serum alkaline phosphatase activity. Dogs with ALP activity > 325 IU/L were excluded from the study.

^d Pre = % of dogs with values above the laboratory reference range at pre-treatment.

^e Post = % of dogs with values above the laboratory reference range after 4 months of treatment.

To report a suspected adverse reaction call Pfizer Animal Health at 1-800-366-5288.

For a copy of the Material Safety Data Sheet (MSDS) for SLENTROL oral solution call 1-800-733-5500.

STORAGE INFORMATION:

Store in original container at room temperature 15° to 30° C (59° to 86° F).

HOW SUPPLIED:

SLENTROL is available in 20, 50 and 150 mL bottles containing 5 mg/mL of dirlotapide in solution.

U.S. Patent No. 6,720,351

NADA #141-260, Approved by FDA



820 600 000

October 2006

“We’ve also incorporated three different entry and exit points because we want the staff to be able to jump right around the counter to actually welcome these pets as they come in.”

But one aspect of the welcoming experience at the new Meadow Hills facility will not change. You won’t find it among the AAHA protocols, but the procedure is remarkably simple: “Bake in a 350-degree oven for 10 to 12 minutes or until golden brown. Serve warm.” ■

Jack Sommars is a Denver-based freelance writer.



How client-friendly is your waiting room?

by Rich Rauh, AIA

Your answers to these questions can serve as a checklist as you evaluate your waiting room space.

- How is your client greeted and made comfortable prior to visiting the exam room?
- Do your clients have options for where to sit?
- Is the atmosphere comfortable, friendly and inviting?
- Is there sufficient circulation space and separation between seating and traffic flow routes?
- Does your reception station invite interaction or does it resemble a barricade? Have you provided convenience and educational features for clients?
- Does the design of the space energize the feel of entire clinic or dampen it?
- Is it socially stimulating so clients will come back and refer their friends?

Richard Rauh, AIA, is a partner at the commercial architecture firm of Rauhaus Freudenfeld & Associates in Boston, Mass.