Waiting Room Liaison Implementation Guide

June 2022

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A. What is a Waiting Room Liaison?

A waiting room liaison (WRL) is a specialized role/position within a Ryan White HIV/AIDS Program-funded clinic that makes clients feel welcome and comfortable, helps manage the atmosphere of the waiting room, acts as liaison between patient and clinic staff, and helps improve the overall flow of the clinic by preparing each client for their visit.

B. Target Population

The WRL assists all clinic clients and generally focuses on:
- New (first time) clients
- Clients who have been lost to care or who have been in and out of care
- Clients who have questions about their upcoming visit
- Clients who may not feel comfortable at a busy clinic
- Clients who may make others feel less comfortable

C. Core Elements of the Intervention

An effective Waiting Room Milieu Manager strategy contains the following core elements:

1. **Job Description** (see sample Job description in Appendix 1)

- Clearly outlining the specific role, duties and tasks of the WRL.
- Outlining the qualifications and qualities for this position.
- Showing how the role fits within the workflow of the clinic and relates to other clinic staff.
- Defining how the role will receive supervision and professional development.

2. **Specific Duties and Tasks**

- Welcoming each patient as they enter the clinic.
  - An authentic, personal welcome to each person who enters the clinic.
  - Ensuring they understand how to sign-in.
  - Answering any immediate questions.

- Helping all first-time patients.
  - Ensuring patients understand what the first visit will entail.
  - Preparing them to see their primary care provider and/or other members of the care team.
  - Assistance filling out any needed paperwork.

- Assisting patients with answering questions on any requested paperwork/forms.
  - Knowing answers to frequently asked questions.
  - Helping patients get answers for questions they can't answer themselves.

- Helping administer questionnaires/surveys to better understand patient experiences and improve services.
  - Conducting surveys before and/or after visit with primary care provider.

- Providing educational material, including decision aids in the patient's preferred language.

- Monitoring the environment of the waiting room to help ensure that all patients feel safe and welcome.

- Encouraging patients to write down any questions or items they want to cover with the provider in advance of the visit.

- Acting as a peer health coach
  - Training peers to serve as peer health coaches.
  - Using evidence-based and culturally appropriate materials (scripts, guides, brochures, etc.) to assist patients in making decisions on their care.
  - Ongoing training, supervision, and professional development of peer coaches.

- Relating the needs of patients to clinic staff.

- Providing patient triage services for other members of the clinic team.

- Providing status updates to patients (especially if there has been a long wait).

- Otherwise helping to ensure that the patient feels comfortable and prepared for their visit.

3. **Waiting Room Liaison's Position as Part of the Overall Clinic Team**

- Clearly articulated.

- Included in the clinic workflow.

- All clinic staff understand the role and how it interacts with their role.

4. **Method for Assessing and Improving the Effectiveness of the Waiting Room Liaison**

- Making patients feel welcomed (patient survey).

- Preparing patients for their visits (patient survey).

- Making the visit with provider(s) more efficient (provider survey).

- Making the visit with the provider(s) more productive (provider survey).

- Leveraging use of time and resources (provider survey).

5. **Trained Peers are used as Waiting Room Liaisons when Feasible**

- Clinic actively recruits people with HIV to serve as WRLs.

- Clinic has or has access to a comprehensive training program for people with HIV to serve as WRLs, peer health coaches and/or similar roles.

D. Adaptable Elements of the Intervention

This is not yet an evidence-based intervention. While the high-level elements are likely sound and should not require adaption (e.g., 2: Specific (Duties and Tasks the detailed sub-elements (e.g., 2.1: Welcoming each Patient as they Enter the Clinic) have not been thoroughly tested. Because of this, CQII recommends trying to implement the core elements as outlined in this implementation plan, while noting any adaptions you make and then using continuous quality improvement methods to improve upon the effectiveness of a WRL over time.

Should you see improved results from one or more adaptations, CQII would be interested in hearing about the adaptations made and the results achieved (see section on contact information in this guide).

E. Length of Time the Intervention is Delivered to each Patient

WRLs are available to patients as they wait for appointments and immediately after their appointments. The interaction between a WRL and a specific patient and the length of this interaction will vary based upon the needs of the patient and their time in the waiting area.

F. Staffing Requirements: Roles and Responsibilities

This intervention requires the following staffing:
- One or more WRLs (a clinic could have WRL coverage for all hours of operation or just during "peak" hours)
- A WRL Supervisor (often a Social Worker or Nurse) to provide ongoing training, supervision and professional development to all WRLs

G. Staff Training

WRLs require comprehensive and ongoing training to be effective. This training should, at a minimum, include the following:
- Client confidentiality/Health Information Portability and Privacy Act (HIPAA)
- Cultural humility and cultural affirming practices
- Implicit bias

- Outreach and engagement
- Intake forms and other paperwork required by the clinic
- Clinic, patient and staff safety (including de-escalation techniques)
- Harm reduction principles and practices
- Motivational interviewing principles
- Clinic scheduling and flow policies, procedures and practices

If the WRL will also be serving as a peer health coach, the initial and ongoing training should include a comprehensive training for peer health coaches.

H. Resources Required for Implementing the Intervention

To successfully implement a WRL program requires:

- Training for WRLs (see Section G: Staff Training)
- Orientation for all clinic staff on the role of WRL
- Clinic sign-in, intake forms and other forms the clinic uses
- Peer education materials (if the WRL is serving as a Peer Health Coach)
- A method for assessing the extent to which having a WRL improves patient experience and viral suppression rates (see Section J. Data Collection and Reporting)

I. Implementation

Each clinic's actual implementation plan will be different, but the core pieces of the WRL implementation are listed below.

- Develop a draft flow chart to visualize:
    - What the workflow (from the time a WRL begins their shift until they end their shift) looks like.
    - How the work of a WRL will be embedded into the day-to-day workflow of the clinic, including the overall care plan for each client.
- Develop a draft iterative work plan to have a WRL fully implemented at the clinic in approximately 6-8 weeks. Among the items to be included in the work plan are the following:
    - How the work of the WRL will be integrated into the workflow at the clinic.
    - How the clinic will train WRLs.
    - How the clinic will orient all clinic staff on the work and role of WRLs.
    - How the work of the WRLs will be integrated into the electronic medical record and/or related systems.
    - How the information gleaned from patients during both formal and informal interactions will be shared with other clinic staff.
    - How the clinic will keep track of scheduling WRLs.
    - How the clinic will assess the effectiveness of WRLs.
    - How the clinic will improve the effectiveness of WRLs.
- Start small testing of intervention with a training 1-2 WRLs to determine:
    - What pieces of the training clear.
    - What parts of the training require more clarification.

- o What works.
- o What needs to be improved.
- After training, test having a WRL work a 2-hour shift with close supervision to determine:
  - o What works and needs improvement in terms of:
    - Work carried out by the WRL (e.g., how they interact with patients).
    - The workflow and integration of the WRL into the broader clinic.
    - The reaction of patients to a WRL.
- Continuously get feedback from Milieu Managers and other clinic staff on what is (and isn't) working.
- Continuously improve the system, process, procedures, and forms used based on the feedback from staff.
- The next steps of the implementation plan are based on what is learned from the previous step (regardless of what your draft iterative work plan says) as the clinic gradually trains more WRLs and has them work more hours with less supervision.

CQII recommends that clinics test components of the WRL training and role in as limited in a way as tests are feasible before rolling out a WRL program at full scale. This incremental, evidence-based approach is much more likely to become well integrated into the overall workflow of the clinic, make the change process easier for clinic staff and result in better outcomes for clients.

J. Data Collection and Reporting

CQII recommends clinics develop systems to collect and analyze the following data:

Process Measures
- % of patients who answer with a "yes" to the following question "Did you interact with/talk with a WRL during your most recent visit to the clinic?"
- % of patients that complete brief survey related to the effectiveness of the WRL (can be integrated into a large survey)

Outcome Measures
- **%** of patients that agree or strongly agree that the WRL (or similar) makes me makes me feel comfortable"
  - o Overall patient population
  - o Segmented by race, gender identity, housing status, substance use status, and other relevant sub-populations
- **%** of patients that agree or strongly agree that the "[name of clinic] WRL (or similar) makes me makes me feel better prepared for my visit"
  - o Overall patient population
  - o Segmented by race, gender identity, housing status, substance use status, and other relevant sub-populations
- **%** of providers/clinic staff that agree or strongly agree that the "[name of clinic] WRL (or

similar) makes the visit more productive"
- % of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year

K. Assessing Fidelity to the Intervention

As mentioned previously, the core elements of this intervention have not yet been sufficiently tested to ensure that fidelity to them will result in better viral suppression rates for the target population. The core elements, have, however, been developed in consultation with a range of experts including people with HIV and are believed to be best practices.

L. Suggestions for Improving Effectiveness

As you begin implementing a WRL Program at your clinic, it is likely to be beneficial to conduct brief surveys of clients and staff to assess their satisfaction, identify areas for improvement based on this feedback, and ask for ideas for improvement from patients. Monthly surveys (taking 5 minutes or less to complete) for the first six months of implementation and then quarterly or semiannual surveys thereafter (these questions could be embedded into a larger survey) can help ensure that staff and patients are seeing value in a WRL Program.

As you identify an area for an improvement and a change idea you think might result in improvement, unless you have a high degree of belief that the change idea will result in improvement, CQII recommends that you test the change idea at the smallest increment possible. This could be testing the change idea for one client in the waiting room, testing the change idea with one WRL, or testing the change idea during one shift of a WRL. As you develop evidence that these small tests of change appear to be working (with or without modifications) you can scale them up over time to be a formal part of your WRL program.

M. Tips and Tricks

- There are other potential names for this position (e.g., waiting room concierge)
- Making effective use of a WRL takes time, testing, and refining before going to scale, using continuous quality improvement methods.
- Ongoing, brief surveys of patients can help you determine if you are on the right track and can provide specific ideas for improvement
- The Boston Health Care for the Homeless Program has successfully used WRL to make the waiting room (and sometimes some fairly substantial waits to see a provider) more welcoming and comfortable.

The following additional resources may be useful:
- **Center for Care Innovations: Create a Waiting Room Concierge**

- **The Waiting Room "Wait": From Annoyance to Opportunity**

- Boston Health Care for the Homeless **- Sample Job Description for the Milieu Manager**

N. Contact information

Center for Quality Improvement & Innovation
New York State Department of Health
AIDS Institute
90 Church Street, 13th floor
New York, NY 10007-2919
212.417.4730 (main)
www.CQII.org

O. References
- Boston Healthcare for the Homeless Program

P. Appendices

Appendix I: Sample Job Description

Boston Health Care for the Homeless Program
JOB DESCRIPTION

Position Title: Milieu/Behavioral Manager

Program/Site: JYP

Reports to: Director of Respite Operations

Exemption Status: Non-exempt

Hours: Full time, Tuesday – Friday, 9:00am to 5:30pm, Saturday 6:00am-2:30pm

Grade: 13CM18

Summary of Position:
Since 1985, the mission of Boston Healthcare for the Homeless has remained to provide or assure access to the highest quality health care for all persons experiencing homelessness in the greater Boston area. Our dedicated clinical and non-clinical staff work hard to bring the mission alive. To do that, an environment of dignity and respect where patients and staff feel safe and welcomed is vital.

The Milieu/Behavioral Manager, in collaboration with the security staff and a multidisciplinary team, is responsible for creating such an environment. You will greet patients when coming into the building to help them navigate an array of services across the program. Given the complexity of the environment, you'll help identify patient concerns and needs to determine the

most appropriate services. You will also help identify patients under the influence of substances and work in conjunction with security and/or medical staff to avoid behavioral escalations and keep everyone safe.

Essential Duties:

- Work as part of the multidisciplinary team to assure provision of appropriate services
- Greet patients at the lobby area as they arrive and assess needs for various services such as case-management, nurse triage, appointments, need for use of phone, etc.,
- Assist the security staff in realizing a safe and dignified space through de-escalation of conflict and the management of the lobby, clinic/pharmacy waiting areas and front sidewalk
- Monitor patients in the lobby and clinic/ pharmacy waiting areas for adherence and compliance to program rules while provide on-going support services
- Interact with team members to assure consistent communication across teamwork and ensure that events, issues and/or problems in the assigned areas are documented
- Management of HER clinic milieu
- Case management support for Oasis clinic and undocumented patients seeking support – adherence to the case management guidelines of documentation for BHCHP
- Assist in maintaining positive community relations
- Act as a role model for patients by demonstrating appropriate professional boundaries with patients and staff
- Respond appropriately to emergencies by contacting appropriate staff, interacting with police, fire, and medical personnel as needed
- Respond to patient requests in a professional and courteous manner
- Adhere to patient confidentiality standards/policies
- Other duties as assigned

Other responsibilities/accountabilities (marginal functions):

Duties and responsibilities may be added, deleted or changed to meet program needs, at the discretion of the Director of Operations

Qualifications:

Experience, Skills and Education:
- Knowledge of the network of services available to homeless persons, and experience working with homeless persons preferable
- BA/BS preferred, a behavioral/social services related degree preferred
- Experience working with people experiencing homelessness, behavioral health issues and/or substance use, 3-5 years preferred
- Excellent verbal and written communication skills required
- Strong problem-solving skills required
- Demonstrated interest in working with an underserved population
- Narcan training preferred
- Knowledge with Motivational Interview and Trauma Informed Care models
- Bilingual (English, Spanish) preferred

Teamwork Competencies:
- Displays concern and demonstrates initiative
- Observes and supports program policy

- Cooperates and maintains good rapport with BHCHP staff, patients, and visitors.
- Ability to work cooperatively in an interdisciplinary team
- Ability to learn and adapt

Physical Requirements:
- Able to lift 5-10 pounds on a regular basis
- Able to lift 10-15 pounds occasionally
- Able to stand up for long periods of time
- Able to climb stairs
- Able to bend and stoop
- Phone and computer work constitute 35% of job
- One on one interaction with patients constitutes 90% of job

Job descriptions are not intended, and should not be construed, to exhaustive lists of all responsibilities, skills, efforts, or working conditions associated with a job; they are intended to be accurate reflections of those principal job elements essential for making fair pay decisions about jobs.

Rev. 12/06/18, 12/09/19

I have reviewed my job description.

_____   _____
Signature   Date