Best Practices for Implementing Kiosks

Kiosks should be thought of as an express option for those who are comfortable with self-service technologies and desire the convenience and/or privacy.

Compared to other key hospital technologies such as electronic medical records, computerized physician order entry (CPOE), and eprescribing, patient kiosks are relatively easy and inexpensive to implement.

Kiosks in ambulatory settings and emergency departments complement staff resources by enabling patient self-service. Their purpose is not to replace existing staff.

Several best practices for successful implementation emerged from the research. They are based on the experiences of numerous organizations that have led the way in introducing kiosks into health care delivery.

System Selection

• Select a kiosk with the physical location in mind. Countertop and wallmount kiosks may appear to take up less space than freestanding models, but can require just as much space if a carrel will be used for privacy.

• Consider purchasing more than one kiosk per area/department. While an incremental approach to deployment is wise, kiosks should not be under-allocated in the piloting phase. Vendors can supply a rule of thumb. For ambulatory settings, two kiosks equal about one FTE receptionist. For the ED, one kiosk per 25,000 patients seen per year is suggested.

• Take advantage of branding opportunities. Clear and consistent colors, design, and logos should be used on large enclosures and freestanding kiosks. This signals to patients that the kiosk is intended for their use. It gives users confidence that the kiosk is safe and secure, and reinforces the idea of a consistent patient experience. Ultimately, branding also increases use. Branding has less usefulness in countertop and mobile kiosks, which have far less surface area to work with. For these kiosks, clear and consistent print signage surrounding the kiosk will suffice.

Deployment

For more information on patient check-in services please contact CTS at info@connectedts.com
• Start in areas with high numbers of frequently returning patients. Patients who come for regular visits will be most attracted to the speed and convenience that kiosks offer. Departments like oncology, physical therapy, and rehabilitation are excellent places to start because the benefit is likely to be the greatest and the learning curve the shortest.

• Start with check in and payments. Although some hospitals enable consent forms and scheduling immediately, most organizations start with a basic set of transactions and add functionality later on. Kaiser Permanente, for example, started with basic checkin and copayments, and now has plans to enable patients to schedule future appointments.

• Use a greeter during the initial rollout. Even with signage, it is highly likely that patients will fail to notice the kiosks or will not understand that the kiosks are intended for checkin. Allocate a staff member for at least one or two weeks to greet patients, encourage them to use the kiosk, and to answer questions.

• Choose an obvious and convenient location. Patients who do not use a kiosk often state that they did not notice the kiosk, or did not understand that it was intended for their use. Locate the kiosks near the place where the patient would normally go to check in. Additional signage can be used to invite patients to try the kiosk.

• Enable as many languages as you reasonably expect to use. Support of foreign languages is a major benefit for patients who do not speak English. Most kiosks can support at least three languages, and some offer many more. Usually, there is minimal cost associated with offering additional languages. Organizations may be required by law to offer particular language options if a certain percentage of its clientele speaks that language. Backtranslations of all scripts must be done so that staff members receive arrival notes in English, regardless of what language the patient uses at the kiosk.

**Policies and Procedures**

• Make use of the patient kiosk optional. Making the kiosk mandatory will inflate use statistics, but it will not necessarily increase patient satisfaction. Patients with complex questions still need a receptionist to resolve their issues. Kiosks should be thought of as an express option for those who are comfortable with self-service technologies and desire the convenience and/or privacy.

• Assign basic oversight responsibilities. Although patient kiosks do not need to be fully attended, departments should still designate a staff member to periodically check the kiosks to ensure that they are clean and in proper working order. At Newark Beth Israel Medical Center in New Jersey, the hospitality officer wipes the kiosks with a disinfectant about once an hour, and hand sanitizer is kept nearby for use by patients. Following the vendor’s recommendation, the hospital reboots the kiosks once every 24 to 48 hours to maintain optimal hardware performance.

For more information on patient check-in services please contact CTS at info@connectedts.com
Before installing kiosks, organizations should record their baseline service levels to enable a clear before and after comparison. Some statistics, such as average time in line, may need to be collected by hand. This is well worth the effort, as it helps demonstrate the service level improvement and can be used to help other departments prepare their business cases for implementing kiosks.

Although many kiosk implementations meet and exceed their objectives, some deployments have not been successful.

For example, Parkland Memorial Hospital (Dallas, TX) deployed registration kiosks in its emergency department using funds that were donated to the organization’s affiliated medical school. Some patients found the kiosks very efficient and appreciated the reduction in wait time and increased privacy, but others found the touchscreens difficult to use. Many did not notice or did not want to try the kiosks, forcing the department to staff them with greeters at all times. This became inefficient, and the program was discontinued.

Another organization tried using mobile kiosks in its cancer center, where new patients were given tablet PCs to complete an initial patient profile. The electronic answer sheet improved legibility for staff, but the tablets were not integrated with the patient registration system, which forced staff to rekey the information into the system. The benefit of enhanced legibility was too small to justify continuing the program.

12 questions that every organization should ask itself before implementing kiosks.

**Making the Decision to Invest**

1. What service issues do we want to address with the kiosks?
2. Which metrics, statistics, or scores are we trying to improve, and how will we measure the
changes?
3. Who will use the kiosks? Which type of kiosk and which languages are a good match for our patient population?

**System Selection**

4. Does our current vendor provide a kiosk module?
5. Which type of kiosk should we use, and how will it change our workflows?
6. How important is branding?
7. Are there any functions that we do not want to implement right away, but may want to add in the future?

**Deployment**

8. Where will we deploy the kiosks?
9. How many kiosks do we need?
10. Should we pilot the kiosks first? If so, where?
11. How will we integrate the kiosks with the check-in or triage system?

**Policies and Procedures**

12. Who will monitor the kiosks on a daily basis, and who will provide ongoing technical support when changes need to be made?

For more information on patient check-in services please contact CTS at info@connectedts.com