Reducing Patient Waiting Time

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**Abstract**

The key objective of any healthcare centre is to make sure that such value is needed to be provided to the patient to make sure that they are provided high quality patient care. One of the major components of this system is that how the management of the waiting time for the patient is supposed to be carried out. There are different ways through which this time can be cut down. For instance, by integration of the technology as well as better time management and staff allocation, there can be some degree of control in terms of how patient waiting time turns out.

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Reducing Patient Waiting Time

One of the major purposes of any healthcare establishment is to make sure that the provision of the quality healthcare is supposed to be provided to the patient (Zhu et al, 2017). Effort must be made to make sure that the patient satisfaction has to be provided and it is needed to be made priority of the whole process. One of the major issues that any healthcare establishment is likely to be facing is that how the waiting time they have to face before they find their way into the doctor’s office. The increase in the waiting time is one of the major challenges for any healthcare centre. Even though, there are instances when the longer wait times are inevitable, but there are certain ways through which it can be made sure that the waiting time can be brought down. Following are some of the methods through which it can be made sure that the waiting time is decreased (Chen et al, 2017).

# Discussion

 Even though there are going to be some unexpected circumstances in which the waiting time is bound to increase, the effort can be made that some sort of amendment in the healthcare operation has to be made possible to ensure that there is decline in the waiting time (Oche & Adamu, 2013). During this paper, some of the ways through which waiting time can be brought down are discussed (Cayirli & Veral, 2018).

## Understanding Difference Between Supply and Demand

 The first thing that is needed to be done by the healthcare workers is that they must understand the supply and demand of the healthcare centre. By doing that, they are able to make sure that they are able to allocate their time in an effective manner (McCarthy et al, 2017). The balance has to be there in terms of the number of the appointments and the supply of the appointments that are happening at the healthcare centre. Not only that, the other thing that evaluation of the supply and demand would do is that it would make sure that the healthcare staff is able to prioritize their work in an appropriate manner (Cayirli & Veral, 2018). As stated earlier, there are a number of accidents and emergencies that can occur throughout the day, which can throw anyone's agenda off. To play it safe, Bola Oyeyipo, MD, a board-certified family physician and geriatrician recommended encouraging your patients to schedule their appointments for the early morning slots.

## Bring About Better People on Board

 One of the major problems that the healthcare workers tend to face is that they have to juggle between lot of responsibilities, and even though it brings about the increase in their utilization, the ideal thing that has to be done is to make sure that the delegation has to be carried out effectively to make sure that the level of control is achieved in this regard (Cayirli & Veral, 2018). The idea must be to make sure that there has to be dedicated staff for each of the corresponding activity as it would allow much more streamlined provision of the healthcare service to the users at the given point of time (Fetter & Thompson, 2016).

## Gathering Patient Information beforehand

 The other thing that is needed to be done is to make sure that the all the information that is needed to be acquired with regards to the patient has to be done beforehand. The reason that it is an important factor is due to the fact that how the improvement has to be there in terms of the way waiting time is needed to be determined (Aeinparast et al, 2018). For instance, the gathering of the information about the insurance of the patient has to be done. The other thing that is quite important is to make sure that how the referrals and how the patient records in terms of the way ready and waiting time lags are supposed to be managed at the given point of time. Not only that, patients must be asked beforehand to make sure that they have send all the necessary forms so that the time is not wasted in the complications. It has to be noted that how this situation is not going to be relevant in every situation and every situation might require different situational analysis among the part of the user (Cayirli & Veral, 2018). So, this aspect is quite important in terms of how decision is supposed to be made at the given point of time (Mardiah & Basri, 2013). The other thing that can be done is that the core medical staff has to be refrained from carrying out the documentation and instead effort has to be made to make sure that the documentation, paperwork and other such office formalities are being kept for the other staff so that the core medial staff is able to take care of the responsibilities are needed to be taken care off (Anderson et al, 2017).

## Usage of the Secure Messaging

 If an HER system is being used in the organization, then the likelihood is quite high that the secured messaging feature in terms of the way alternative way of communication the information in terms of how the stakeholder management is needed to be done (Anderson et al, 2017). The impression might be this is that how this whole thing goes a long way towards making sure that the secure messaging and other corresponding decision is being made at the end of the stakeholders. It also makes sure that physicians are able to make sure that they are able to ensure that the prompt response is being provided to the all the stakeholders in a good manner (Anderson et al, 2017). Not only that, the patients love is also going to be increased in terms of the way accessibility has to be there in terms of the way treatment for the doctor is needed to be carried out. The communication would also take much less time as compared to the other instances where such issues are witnessed (Leddy et al, 2018).

## Carrying out the Survey for the Identification of the Bottlenecks

 At times, it is quite appropriate to make sure that the employees are themselves being asked about the issues that are faced by them at the official level in terms of the way identification of the bottlenecks is being done (Aeinparast et al, 2018). The hospital management must create a survey, and there are two purposes for which this survey is going to be used. The employees must be expected to know that what are some of the daily activities, and how they are spending most of their times. It has to be noted that some level of honesty is needed in this regard (Aeinparast et al, 2018). There are going to be instances when the workload is going to be quite on the higher side, whereas, there is an instance when the identification of the bottlenecks is going to be an issue (Aeinparast et al, 2018). Not only that, the employees themselves must be asked what are some of the things that are needed to be done on their end to make sure that the level of control is there in terms of how they are managing their activity at the given point of time and how the level of control is needed to be achieved in this regard (Harper & Gamlin, 2018). The other thing that is needed to be done that when the results have been achieved, some concrete steps can be done to make sure that how the staff allocation is needed to be done (Aeenparast et al, 2014). The idea must be to make sure that how many hours the employees are spending at their workplace, and instead, it should be about how productive they are during the course of their shift and how the right balance is being achieved in terms of the management of the timing in their regard (Aeenparast et al, 2014). For that to happen, they should be allowed certain level of flexibility in terms of the start time. It should not be about when they have started, but idea must be to make sure that each of the respective staff member is managing their things in an appropriate manner at the given point of time (Klassen & Rohleder, 2016). Technology has a way of making many of life's daily tasks easier. It's especially beneficial in the healthcare industry, for physicians, administrators and patients alike. Beyond EHRs and patient portals, doctors can take advantage of web-based technology like an online check-in system that allows patients to wait for an appointment at a location of their choice.

## Encouraging Patients for Scheduling Early Appointments

 As discussed in the earlier section, not everything has to be blamed at the end of the workers of the healthcare centre, but the patients must also be briefed about how they are going to be in the position to make sure that they are saving their own time as well as the time of the other healthcare workers (Aeinparast et al, 2018). The idea is that how some of the formalities regarding the paperwork and the appointment are needed to be carried out beforehand so that the last-minute hassle, which is one of the greatest contributors to the waiting time can be managed. There has to be some impetus and realization at the end of the patients as well that how the whole process has to be managed, and thus they can bring on their part to make sure that the healthcare provision is being managed in an appropriate manner (Gijo & Antony, 2014). With the integration of technology these things have become much easier (Aeinparast et al, 2018).

## Encouraging Stakeholders to Use Technology

 One of the things that can be done by the different stakeholders is to make sure that they are encouraging all the stakeholders to make sure that they integrate technology during the way healthcare processes are supposed to be carried out. And that is not limited to the way treatment is supposed to be carried out but instead there are some other ways as well through which it can be made sure that the technology can be used to ensure that some sort of value is being brought into the life of the patient (Kaandorp & Koole, 2017). For instance, they should use the online check in systems when it comes to the way management of the bookings and some of the other subsequent systems is supposed to be carried out (Aeenparast et al, 2014). Not only that, it goes beyond EHR’s as well, like how the patient doctor portals can be taken advantage of in terms of how it can be made sure that the lag time that goes between reporting and other such issues can be managed in an appropriate manner at the given point of time (Aeenparast et al, 2014). According to Physician's Practice, patients have the opportunity to fill out paperwork, submit insurance information and gain access to updates using the patient portal. This will cut the amount of time they spend in the waiting room filling out such information, or placing a call to the practice only to be put on hold. Healthcare professionals who wish to motivate their patients into using the portal should make sure it's simple to use - certain individuals may be reluctant if the application isn't user friendly.

# Conclusion

 In the hindsight, it can be said that it is quite simple to make sure that the patient lag time is needed to be improved in terms of how the patient management is needed to be carried out. The idea is to make sure that how the allocation of the resources is supposed to be done (Aeenparast et al, 2014). Not only that, the integration of the technology and how the usage of the technology can be used to make sure that how value systems can be differentiated at the different point of time (Aeenparast et al, 2014).

**References**

Aeenparast, A., Tabibi, S. J., ShahanaMohebbifar, R., Hasanpoor, E., Mohseni, M., Sokhanvar, M., Khosravizadeh, O., & Isfahani, H. M. (2014). Outpatient waiting time in health services and teaching hospitals: a case study in Iran. *Global journal of health science*, *6*(1), 172.ghi, K., & Aryanejhad, M. B. (2013). Reducing outpatient waiting time: a simulation modeling approach. *Iranian Red Crescent Medical Journal*, *15*(9), 865.

Aeinparast, A., Tabibi, S. J. A. D., Shahanaghi, K., & Arianezhad, M. B. (2018). Estimating outpatient waiting time: a simulation approach.

Anderson, R. T., Camacho, F. T., & Balkrishnan, R. (2017). Willing to wait?: the influence of patient wait time on satisfaction with primary care. *BMC health services research*, *7*(1), 31.

Cayirli, T., & Veral, E. (2018). Outpatient scheduling in health care: a review of literature. *Production and operations management*, *12*(4), 519-549.

Chen, B. L., Li, E. D., Kazunobu, Y., Ken, K., Shinji, N., & Miao, W. J. (2017). Impact of adjustment measures on reducing outpatient waiting time in a community hospital: application of a computer simulation. *Chinese medical journal*, *123*(5), 574-580.

Fetter, R. B., & Thompson, J. D. (2016). Patients' waiting time and doctors' idle time in the outpatient setting. *H*Kaandorp, G. C., & Koole, G. (2007). Optimal outpatient appointment scheduling. *Health Care Management Science*, *10*(3), 217-229.*ealth services research*, *1*(1), 66.

Gijo, E. V., & Antony, J. (2014). Reducing patient waiting time in outpatient department using lean six sigma methodology. *Quality and Reliability Engineering International*, *30*(8), 1481-1491.

Harper, P. R., & Gamlin, H. M. (2018). Reduced outpatient waiting times with improved appointment scheduling: a simulation modelling approach. *Or Spectrum*, *25*(2), 207-222.

Kaandorp, G. C., & Koole, G. (2017). Optimal outpatient appointment scheduling. *Health Care Management Science*, *10*(3), 217-229.

Klassen, K. J., & Rohleder, T. R. (2016). Scheduling outpatient appointments in a dynamic environment. *Journal of operations Management*, *14*(2), 83-101.

Leddy, K. M., Kaldenberg, D. O., & Becker, B. W. (2018). Timeliness in ambulatory care treatment: an examination of patient satisfaction and wait times in medical practices and outpatient test and treatment facilities. *The Journal of ambulatory care management*, *26*(2), 138-149.

Mardiah, F. P., & Basri, M. H. (2013). The Analysis of Appointment system to reduce outpatient waiting time at Indonesia’s public hospital. *Human Resource Management Research*, *3*(1), 27-33.

McCarthy, K., McGee, H. M., & O'Boyle, C. A. (2017). Outpatient clinic waiting times and non-attendance as indicators of quality. *Psychology, health & medicine*, *5*(3), 287-293.

Oche, M. O., & Adamu, H. (2013). Determinants of patient waiting time in the general outpatient department of a tertiary health institution in north Western Nigeria. *Annals of medical and health sciences research*, *3*(4), 588-592.

Zhu, Z., Heng, B. H., & Teow, K. L. (2017). Analysis of factors causing long patient waiting time and clinic overtime in outpatient clinics. *Journal of medical systems*, *36*(2), 707-713.