Wait time

Student’s Name

Institution

Date

**Introduction**

 Wait time and pending is a common practice within the United States’ healthcare sector. It is common among the outpatient and discharge and therefore, it negatively affect the healthcare practice hence causing a lot of public outcry. According to Xie and Calvin (2017), 90% of patients spend much time than expected in the waiting room to be attended by a doctor. Therefore, the time spend is more than the recommended time and this has been affecting the healthcare provision. Most hospitals keep patients in waiting for 47 to 229 minutes, which is above recommended time of 120 minutes. As stated by Weiner (2013) even the discharge period or duration is always extended, which is a common practice in private hospital. These issues affect the provision of healthcare and therefore, it should be addressed as a matter of agency. The study, therefore, look into the waiting and pending cases at the healthcare facilities and how its affect the healthcare provision. It is also discusses the best way to solve the problem of waiting in order to improve the provision of healthcare services in the country.

 McCarthy (2015) stated that most patients at the waiting room usually wait for a doctor to serve other patients. Most countries have stipulated wait time, which should be observed and in most cases, hospitals and other healthcare facilities do not observe it. In most western nations wait time is supposed to be 120 minutes while in China and some Asia countries the wait time is 98 minutes (Weiner, 2013). Wait time is a period used to register, make payment and seek doctor’s appointment, which most patients under dire need of medication cannot afford to wait. As a result minor case could lead to fatal incidents and therefore, it requires a special attention to be addressed. Research also indicates that wait time also exist even in discharge (Xie & Calvin, 2017). In some cases, patients wait for signature when in a cummer for even years. For instance, a sister confessed that her brother waited for year in a cummer to be given a LTC. It is therefore, evident that patients wait in the hospital for various reasons and this problem can be addressed to ensure that the waiting time is reduced (Hoot NR, 2015). According to a study conducted by Toronto healthcare and management, the best wait time should be less than 90 minutes. This would allow hospital to reduce fatal cases and build patient confidence in the hospitals.

 In Australia, the wait time is 120 minutes similar to the United Kingdom and United States but few hospitals have kept to the standard. However, to solve the problem of wait time, healthcare provision needs to address the problem of inefficient number of doctors and introduce a CASS system to all hospitals. Research indicated that wait time is due to registration and payment, which take longer time (Hopkins, 2014). With CASS, payment and registration would be faster and efficient and therefore, the wait time would reduce drastically.

**Methods**

The study was conducted though qualitative research method. In this case, clients at the hospital were interviewed and then recorded for analysis. More than ten people were interviewed patients, doctors and relatives and audience of the patients. The questionnaire and survey were also used to get the perception of both patient and doctors regarding waiting time and pending, which is common in hospitals across the country. The data or information used in this study was gathered through secondary research method. Secondary research method is where data related to the study are used to complete the research. In order to get relevant detailed data, journal, articles and peer review were used. These journals and other material were obtained through Google Scholar, ESBCO and PMC, which are some of the know database for research. The search was then conducted using some of the key words such as wait time, pending, healthcare and nursing wait time. In order to get detailed and more information, the advanced search was used and several journals and article were obtained as a result. The journals and other articles obtained were then analyzed based on the relevancy to the topic, accuracy and the year of publication. It is also important to point that more than 50 articles and journals were obtained and only 10 was used to complete the study.

**Result**

The analysis of the data revealed that 60% of the participants revealed that waiting time affect the provision of healthcare. It is also obtained that 10% of patients usually die as a result of prolong waiting. It is also established that the waiting time of most patients are longer than expected and it goes beyond the required waiting time. Descriptive statistics revealed a negative perception of patient regarding waiting time, with 60% of patients who participated agreed that hospital do it purposely to advertise their services.

**Discussion**

The study established majority of patients have negative feelings against the wait time. It is also established that patient have died as result of wait and therefore, it is important to address the deficit in the system to reduce the wait time across hospitals. Many patients interviewed narrated that the waiting time can be disastrous and it can go up to a year. For instance, a sister to one of the patients they have waited for TGH for years without any positive respond from the hospital. They narrated that they have submitted application but declined leaving without any hopes of getting medical attention. The study also revealed that to get an appointment is not easy and it could result to death or serious injury of a patient. The study revealed that Mon Sheong and Yee Hong applied LTCH and waited for almost 5 years but still did not manage to get an appointed resulting to multiple injuries resulting to death of the patients.

The data analyzed also revealed that wait time is longer due to assessment, which usually being conducted by hospital to establish the financial capability of a patient. Result shows that 60% of patients feel that doctors and management of hospitals do it intentionally to advertise their hospitals without considering the risk they put patients. It would be important space and allocate time systematically and this could be achieved by using an elaborate and a good ICT system. Patients should be able to allocate time and data by themselves at their homes without waiting time coming to the hospital for appointment without prior booking.

**Conclusion**

Wait time is a serious issue in the healthcare sector worldwide and therefore, it should be addressed. Study has established that wait time is due to lack of enough doctors, nurses, and CASS system to facilitate faster registration and process of discharge from the hospitals. This forces patients to wait for a longer time to receive treatment. In order to address the issue of wait time, it is important for the government address the issue of shortage of doctors and nurses in the country. With efficient and better hospital system the wait time would be shorter and hospital would be able to provide better services to patients.

# References

Hoot NR, A. (2015). Systematic review of emergency department crowding causes, effects, and solutions. *Ann Emerg Med* , 23-18.

Hopkins, A. (2014). registered nurses: on the front lines of wait times - CNA. *Internationa Journal of Nursing and healthcare* , 2-14.

McCarthy, K. (2015). How to improve patient wait times in your practice. *Journal of Healthcare and nursing* , 2-15.

Wallace, E. (2018). Healthcare Legislation: What Nurses Need to Know in 2018. *https://www.travelnursing.com/news/nurse-news/healthcare-legislation-what-nurses-need-to-know-in-2018/* , 2-15.

Weiner, S. G. (2013). Advertising Emergency Department Wait Times. *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3628484/* , 2-18.

Xie, Z., & Calvin, O. (2017). Associations Between Waiting Times, Service Times, and Patient Satisfaction in an Endocrinology Outpatient Department: A Time Study and Questionnaire Survey. *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5798665/* *, 12* (5), 2-15.