

**NATIONAL POLICY ON MANAGEMENT
OF PATIENT WAITING TIME IN OUT
PATIENT DEPARTMENTS.**

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National Department of Health, Pretoria

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DEPARTMENT OF HEALTH
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FOREWORD

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Executive Summary**

The National policy on management of patient waiting time takes into cognizance various legislations and principles that promote efficiency and responsiveness in the provision of health care services.

The policy prescribes measures for

- measuring patient waiting time
- managing patient waiting time and
- improving patient waiting time.

Successful implementation of this policy requires concerted efforts from staff members at all levels of health in particular front line staff, clinicians and their respective managers.

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Acronyms

CCMDD -	Central Chronic Medicine Distribution and Dispensing
EEDD -	existing event driven data
FTA -	Fail to Attend
OPDs -	Out Patient Departments refers to all facilities that provide outpatient services i.e. Out Patient Departments of hospitals, Community Health Centers and Clinics.
PWT -	Patient Waiting Time
SDI -	Service Delivery Improvement
TSIF -	Time Spent in the Facility
TSRS -	Time Spent Receiving Services
TTO-	Treatment to be taken out
TSWFS -	Time Spent Waiting for Services
WBPHCOT -	Ward based Primary Health Care Outreach Team

1. Background

Long patient waiting time for services is demonstrated by daily long queues of patients in hospitals' Out Patient Departments and Primary Health Care facilities. In their attempt to circumvent the long waiting, patients come to health facilities very early in the mornings mostly before the official opening time of a facility unfortunately some end up not receiving services, receiving incomplete services or receive complete package of services very late in the day when there are no more reliable means of transport back home.

In many health facilities demands for services is greater than the capacity at hand. Where the demand exceeds capacity, appointments are postponed – these postponements increase the queues. In instances where average capacity matches the demand, a mismatch between daily demand and daily capacity causes long queues.

Proper understanding of variations in the demand and management of existing capacity in health facilities is required to ensure optimum use of health resources unfortunately reliable data on patient waiting time is scanty and impedes efforts to find solutions for long patient waiting time.

This policy therefore, prescribes mechanisms to measure and improve patient waiting time.

2. Defining Patient Waiting Time

Patient Waiting Time is “the time that the patient spends waiting for service/s in a facility” per visit and is calculated from the time the patient enters the facility (*taking into consideration the official opening time of a facility*) to the time the patient leaves the facility¹.

The standard patient waiting time in Primary Health Care (PHC) facilities is two hours (120 minutes)².

The total time that the patient spends since entering the facility (*taking into consideration, the official opening time of a facility*) is comprised of the sum of the time spent waiting for services and the time spent receiving services and is therefore three hours (180 minutes) in Primary Health Care facilities².

The difference between the time spent in a facility (180 minutes) and the time spent waiting for services (120 minutes) is therefore an estimated service time. The estimated service time is any time spent receiving information, being under any medical observations, any procedure, etc and therefore may be in the region of one hour (60 minutes).

Due to complexity of services that are provided by various levels of hospitals in South Africa and through consultations across the public health spectrum, average patient waiting time per level of hospital is estimated to be as follows:

Level of a hospital	Patient waiting time (in hours) for service/s per visit	Total time (in hours) spent by a patient per visit
Specialized hospitals	1	2
PHC facilities	2	3
District Hospitals	2	3
Regional hospitals	3	4
Tertiary hospitals	3	4

Table 1: Standardized Patient waiting time in various levels of public health facilities.

Where there is challenge in accurately measuring patient waiting time in all service areas, the “total time spent by the patient in the facility per visit” is used as a proxy indicator for patient waiting time however this approach cannot pinpoint areas that require dedicated improvement of services.

3. Terms of reference

This Policy on waiting time for health services obtains its terms of reference from the following legislations of the Republic of South Africa:

- ✓ South African Constitution, Act 108 of 1996
- ✓ National Health Act of 2003, Act No 61 of 2003 as amended.
- ✓ South Africa Patients' rights charter
- ✓ Republic of South Africa's Presidential launch of Operation Phakisa: Health –17 November 2014
- ✓ Negotiated Service Delivery Agreement.
- ✓ A Policy on Quality Healthcare for South Africa: 2007
- ✓ National Core Standards for Health Establishments in South Africa: 2011
- ✓ National Development Plan - 2030
- ✓ National Archives and Records Service of South Africa Act (Act No, 43 of 1996).
- ✓ Improving Government Performance: A green Paper (“what gets measured, gets done”)
- ✓ National Quality Seminar outputs : 2009
- ✓ The National Health Promotion Policy and Strategy 2015-2019
- ✓ The National Ideal Clinic Program 2013-2019

4. Purpose of the policy

The policy on management of patient waiting time prescribes measures that ensure productive use of OPD resources thereby improve patient waiting time for services. The policy also outlines a bench mark through which efficiency can be measured and compared across various levels of facilities.

While the policy describes mechanisms of compliance with prescribed standard patient waiting time in Out Patient Departments, it:

Can	Cannot
<ul style="list-style-type: none"> • Measure patients' waiting time 	<ul style="list-style-type: none"> • Tell whether patient waiting time is reasonable.
<ul style="list-style-type: none"> • Identify areas of bottle necks 	<ul style="list-style-type: none"> • Provide best solution for long patient waiting time.
<ul style="list-style-type: none"> • Identify lapses in client contact time 	<ul style="list-style-type: none"> • Explain what various staff members are doing during any point in time.
<ul style="list-style-type: none"> • Identify missed contacts 	<ul style="list-style-type: none"> • Tell why contacts are missed
<ul style="list-style-type: none"> • Identify unscheduled client contacts 	<ul style="list-style-type: none"> • Tell why extra contacts were made
<ul style="list-style-type: none"> • Demonstrate the effect of changes in facility operations on patients' flow 	<ul style="list-style-type: none"> • Judge the quality of care at each service area.
<ul style="list-style-type: none"> • Demonstrate linkages between services within a facility 	<ul style="list-style-type: none"> • Explain whether such linkages produce desired effects.

Table 2: What measurement of patient waiting time can and cannot do

5. Guiding principles of managing patient waiting time

Successful management of patient waiting time is guided by the following principles:

- ✓ Availability of relevant health services that meet the needs of patients as they present in health facilities.
- ✓ Availability of reliable information on patient waiting time
- ✓ Visible leadership in all service areas of a facility.
- ✓ Prioritization of health conditions.
- ✓ Regular update of patients about standard waiting time, reasons for delay and measures taken to address the delay.
- ✓ A well coordinated referral pathway.

6. Management of patient waiting time in Out Patient Departments.

6.1 Efficient use of health services by patients.

6.1.1 Various mechanisms such as **health education** that empowers patient to understand their health conditions and subsequently take relevant precautions where necessary without the need to frequently visit facilities must be employed. Alternatively, partnering with local media and other public platforms should be used to provide relevant health education to the public.

6.1.2 Patients whose health conditions are stable and do not require regular observations and examinations in health facilities, should receive their chronic medications from their local Central Chronic Medicine Distribution and Dispensing (**CCMD**).

6.1.3 Taking into consideration the cost implications related to patients who fail to honour their appointments (FTA) due to variety of reasons, Ward Based Primary Health Care Outreach Teams (**WBPHCOT**) should be used to make relevant follow-up and where necessary distribute chronic medicines directly to patients in their homes and refer them to a nearby health facility.

6.1.4 **Appointments** should be made for patients who require regular follow-up. The clinician should, with involvement of the patient, determine the next follow-up date and time. Appointments of patients should be staggered across the entire operation time of a facility. There should be proper matching of capacity with the amount of demands for services. While honoring of patients appointments is encouraged, no patients should be turned away without

receiving services for having not honored their appointment time and or that they do not have an appointment.

Other methods of reducing the rate of failure to attend include the use of, depending on the capacity of the facility, any of the following:

- 6.1.4.1 Automated reminders in the form of SMS, WhatsApp messaging and electronic mail systems.
- 6.1.4.2 Reminder calls especially to those with high risk conditions that require close monitoring.
- 6.1.4.3 Telephone or physical notification of a facility by the patient in case the patient is unable to honour the appointment and requires alternative appointment.

6.2 Managing patient waiting time within the health facility

6.2.1 There should be a standard patient waiting time posted at every service area. Contact details of a manager who is to be contacted for issues related to waiting time must be also visibly displayed.

6.2.2 It should be ensured that **most health services** are provided throughout the entire operational time of a facility. Dedicating some services to certain days and or times is permissible in instances where such services are provided through outreach or visitation programs.

6.2.3 Facility managers must **avail sufficient staff** members during high pressure times. Tea and lunch breaks must be staggered throughout the day.

6.2.4 **Referral pathways** with functional mode of transport mechanisms should be locally determined so as to expedite easy access to required services.

6.2.5 The **infrastructural** design of new or renovated OPDs must ensure that service areas are in close proximity to one another to prevent time wasted through walking distance. The infrastructure design must provide for proper alignment of service areas for easy patient flow e.g. from entry, information, triage, patient registration, relevant stream of care, pharmacy and departure. Patient record storage room must be in close proximity to registry so as to prevent time lost through walking to a far storage to retrieve files.

6.2.6 **Signage** indicating the location of various service areas should be visibly displayed at strategic areas.

6.2.7 **Help / Information desk** should be consistently manned to provide relevant information and guidance to needy patients.

6.2.8 **Triage area** should be consistently manned by knowledgeable clinicians who will direct and prioritize patients in line with their health conditions to appropriate service areas.

6.2.9 **Patient records / files** must be properly managed and prevent loss and or physical damage as follows:

6.2.9.1 Redundant patient files must be managed in line with relevant legislations so that space can be created for active files.

6.2.9.2 Every patient, irrespective of having multiple health conditions, must have only one file in a facility.

6.2.9.4 Electronic patient record system will expedite retrieval of patients' records at registry and information desk / office.

6.2.9.5 Records of patients who have appointments, complete with relevant test results, must be retrieved at least 24 hours before patient patient's arrival at the facility and be prepared at registry.

6.2.9.6 There should be one stop service that caters for payment (where applicable), retrieving and receiving of patient file at one presentation at registry.

It should, however, be ensured that patients who do not have appointments are not delayed due to prioritization of those who have appointments.

6.2.10. A staff member should be assigned to monitor queues and ensure that patients who need urgent attention are attended to urgently.

6.2.11. Meetings and in-service trainings should be held during the time of the day when the influx of patient is low however; urgent notices may be communicated at handing over or commencement of duties. This should not take more than quarter of an hour.

6.3 Management of patient waiting time in clinics and Community Health Centers.

Patients should receive health care services from three main streams of care i.e. acute services, maternal and child care services and chronic care services. Every clinical service area should be prepared at end of service to ensure that enough stock and equipment are available before the services commence on the next day / time.

6.3.1 Once the patient has received the file, they should be directed to an area where vital signs are monitored then to appropriate stream of care. Alternatively vital signs may be monitored at every stream of care.

6.3.2 It should be ensured that every stream of care provides all services per patient consultation.

6.3.3 Patients, who have chronic conditions and only require collection of their treatment as per appointment, should go directly from reception to CCMDD area or medicine room to collect their treatment.

6.4 Management of patient waiting time in Out Patient Department of a hospital.

6.4.1 While it should be ensured that patients are discharged from wards as early as possible to create room for those that will be admitted during the day, it should be ensured that some doctors are assigned to commence duties in OPDs as early as the time it officially opens.

6.4.2 Flexi-time should be considered for pharmacy staff so to be responsive to high influx of patients.

6.4.3 Treatment to be taken out (TTO) should be dispensed to patients as they present at the pharmacy counter (one stop service).

6.4.4 Where there is a need for a new appointment, patients should obtain their return dates / appointments dates before going to pharmacy to obtain their medicines.

6.5 Measurement of patient waiting time.

There are various tracking technologies that may be used for measure patient waiting time. These technologies range from those that use real-time location system (RTLS) and those that use existing event driven data (EEDD). Alternative method of measuring patient waiting time is through manual capturing of patient waiting time in service areas. While all technologies are complementary, implications of their use should be considered before they are adopted.

Mapping of patient flow should be determined by the facility and be used to track / monitor patient's departure time from one service area to the next. It is in this regard that every system used for measurement of patient waiting time should be aligned to patient flow.

Data entry and analysis of patient waiting time should be determined as follows:

6.5.1 Data entry

6.5.1.1 Column 1: Particulars of patient visit are to be collected before capturing since this information is obtainable from the patient file. Alternatively, this can be entered at reception on arrival of the patient in a facility.

6.5.1.2 Respective service areas should thereafter enter entry (the time they commenced interacting with the patient) and exit time (end of service time before the patient leaves the service point) in a row titled "consultation".

6.5.2 Data analysis

At the end of the week, at least 5% of all patients that visited the facility must be randomly selected for analysis using the patient register at registry office.

6.5.2.1 Using the Waiting time monitoring tool, the patient waiting time is calculated by subtracting the arrival time at the current service area from the departure time from the previous service area.

6.5.2.2 The time spent receiving services (TSRS) is calculated by subtracting exit time from entry time per service area.

6.5.2.3 The sum of TSRS is in the row of the tool (TSRS). The sum of time spent waiting for services at relevant service areas is entered in the row titled Waiting time.

6.5.2.4 The sum of the time spent receiving services and time spent waiting for services are entered in the last column of the tool i.e. Total time spent in the facility.

NB! Once data is captured, the electronic patient waiting time measurement system calculates and projects the patient waiting time, time spent receiving service and time spent in a facility (column 12, row Waiting time and TSRS).

PATIENT WAITING TIME MONITORING TOOL FOR OUT PATIENT DEPARTMENTS.

NB! : 1. The tool to be left attached to the patient's folder.

2. Staff members at every service area must record time of the commencement of service and exit in the respective areas as outlined.

* Time spent receiving service = TSRS *PT WT = Patient Waiting Time

Service areas	1.Particulars of patient visit		2.Reception		3.Triage		4.Registry		5.Vital signs		6.General OPD		7.Surgical / Othorpedic OPD		8.Ophthalmology OPD		9.Oral health		10.Pediatrics		11.Pharmaceuticals		12.TOTALS		V. Total waiting time	W. Total Consultation time	X. Total time spent in the facility (V+W)	
	Date of PT's visit.	Has appointment?	Is this the first visit?	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	Leaves for ward or other				
Consultation																												
Waiting time			B-A:	D-C:		F-E:		H-G:		J-I:		L-K:		N-M:		P-O:		R-Q:		T-S:					TOTAL:			
TSRS				C-B:		E-D:		G-F:		I-H:		K-J:		M-L:		O-N:		Q-P:		S-R:						TOTAL:	V+W:	
Consultation																												
Waiting time			B-A:	D-C:		F-E:		H-G:		J-I:		L-K:		N-M:		P-O:		R-Q:		T-S:					TOTAL:			
TSRS				C-B:		E-D:		G-F:		I-H:		K-J:		M-L:		O-N:		Q-P:		S-R:						TOTAL:	V+W:	
Consultation																												
Waiting time			B-A:	D-C:		F-E:		H-G:		J-I:		L-K:		N-M:		P-O:		R-Q:		T-S:					TOTAL:			
TSRS				C-B:		E-D:		G-F:		I-H:		K-J:		M-L:		O-N:		Q-P:		S-R:						TOTAL:	V+W:	
Consultation																												
Waiting time			B-A:	D-C:		F-E:		H-G:		J-I:		L-K:		N-M:		P-O:		R-Q:		T-S:					TOTAL:			
TSRS				C-B:		E-D:		G-F:		I-H:		K-J:		M-L:		O-N:		Q-P:		S-R:						TOTAL:	V+W:	

Table 3 (a): Patient waiting time measurement tool for hospital OPD.

NB! : 1. The tool to be left attached to the patient's folder.

2. Staff members at every service area must record time of the commencement of service and exit in the respective areas as outlined.

* Time spent receiving service = TSRS *PT WT = Patient Waiting Time

Service areas	Particulars of patient visit	Reception		Triage		Registry		Vital signs		Acute care services		Chronic care services		Maternal and Child Health		Allied health service		Dental services		Pharmaceuticals		TOTALS				
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	V. Total waiting time	W. Total Consultation time	X. Total time spent in the facility (V+W)		
Date of patient's visit.																						V. Total waiting time	W. Total Consultation time	X. Total time spent in the facility (V+W)		
VARIABLES FOR PT WT	Has appointment?	Is this the first visit?	Time of entry at the PHC door	Triage desk	Exit	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit	Entry	exit	Leaves for ward or other	V. Total waiting time	W. Total Consultation time	X. Total time spent in the facility (V+W)	
Consultation																										
Waiting time			B-A:	D-C:	F-E:	H-G::	J-I:	L-K:	N-M:	P-O	R-Q	T-S	TOTAL:													
TSRS			C-B:	E-D:	G-F:	I-H:	K-J:	M-L:	O-N:	Q-P:	S-R:	TOTAL:			V+W:											
Consultation																										
Waiting time			B-A:	D-C:	F-E:	H-G::	J-I:	L-K:	N-M:	P-O	R-Q	T-S	TOTAL:													
TSRS			C-B:	E-D:	G-F:	I-H:	K-J:	M-L:	O-N:	Q-P:	S-R:	TOTAL:			V+W:											
Consultation																										
Waiting time			B-A:	D-C:	F-E:	H-G::	J-I:	L-K:	N-M:	P-O	R-Q	T-S	TOTAL:													
TSRS			C-B:	E-D:	G-F:	I-H:	K-J:	M-L:	O-N:	Q-P:	S-R:	TOTAL:			V+W:											
Consultation																										
Waiting time			B-A:	D-C:	F-E:	H-G::	J-I:	L-K:	N-M:	P-O	R-Q	T-S	TOTAL:													
TSRS			C-B:	E-D:	G-F:	I-H:	K-J:	M-L:	O-N:	Q-P:	S-R:	TOTAL:			V+W:											

Table 3 (b): Patient waiting time measurement tool for Primary Health Care facilities

6.5.3 Presentation and communication of results

Aggregated weekly, monthly and quarterly results depicting average time spent waiting for services, time spent receiving services and time spent in a facility is presented in graphic, tabular and narrative format and can therefore be posted and filed to guide service delivery improvement.

7. Conclusion

Successful management of patient waiting time is a collective effort from all service areas. Where there is improved patient waiting time staff members are able to provide dedicated quality care to patients with minimal possibility for errors. Minimal errors promote positive patient experience of care and improved health outcomes.