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Patients Willing to Wait: Arrival Time, Wait Time and Patient Satisfaction in an Ambulatory Urology Clinic

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Abstract

Introduction: We evaluated the relationship of patient satisfaction to arrival and wait times. We also sought to determine factors that patients considered important to the visit experience.

Methods: A total of 361 participants completed a survey in clinic to record wait times in various areas of the clinic and then rate satisfaction levels with these times and with the care received. A total of 211 participants ranked 6 factors related to the patient experience in the order considered important.

Results: Early, on time and late arriving patients spent 26.0, 15.5 and 17.1 minutes in the waiting room and had a total visit duration of 82.5, 67.9 and 72.0 minutes, respectively. Significant differences existed between these times when the early group was compared with the on time and late groups. Early patients were significantly more satisfied with wait time in the waiting room and total clinic visit time compared to late patients. Receiving treatment or relief from a medical problem was the most important factor valued by this population.

Conclusions: Surprisingly, patients with longer waits were more satisfied with the time in the waiting room and overall visit duration, indicating that other variables influence patient satisfaction with perceived wait times. This study provides evidence that wait time might not be as important to patients or impact patient satisfaction as previously thought. On average wait time was ranked fifth in regard to what was important. Longer wait times did not seem to impact patient satisfaction when asked about overall satisfaction with the care received.

Key Words: urology; practice management, medical; time factors; patient satisfaction; surveys and questionnaires

The PPACA (Patient Protection and Affordable Care Act) influences many aspects of medicine with its focus on improving access, enhancing quality and reducing the cost of the American health care system. The law values a patient centered approach to health care that encompasses the entire patient experience.[1] Patient satisfaction is an important metric used for quality assurance, tracking progress and predicting future trends. The PPACA even

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authorizes a percent of Medicare reimbursement to be directly linked to patient satisfaction.[1] Patient satisfaction has also been linked to better treatment compliance and outcomes[2,3] as well as to lower rates of malpractice suits.[4,5]

Many aspects of the patient experience can affect patient satisfaction with the care received. Studies have shown that time spent with the provider[6] and the degree to which the provider explains the disease process are significantly predictive of patient satisfaction and outcomes.[2] Additional studies have shown that continuity of care,[7] adequate access to primary care[8] and a strong patient-provider relationship[2,9] are strong indicators of perceived patient satisfaction.

Wait time has also been found to have a role in predicting patient overall satisfaction with care.[10–13] While wait time is an easily observed and quantifiable variable, it is multifactorial in nature, which increases the complexity of its analysis. For example, a study of wait times at an academic ambulatory center concluded that exam room wait times had a more pronounced negative effect on satisfaction scores than time spent in the waiting room.[14] The investigators speculated that this may have been due to a lack of engaging materials in the exam room, disappointed expectations of quicker service and less comfortable surroundings.

Patient arrival time relative to the scheduled appointment may also impact patient satisfaction. In an outpatient otolaryngology clinic it was reported that patients arriving late were seen more quickly, waited less and reported higher overall satisfaction than patients who arrived early or on time.[15] This was true even though there were no significant differences in how long the provider spent with each individual patient.

The purpose of this project was to further examine the relationship between arrival times and wait times, and whether these times might impact patient satisfaction. Additionally, demographic variables and opinions regarding various factors in the patient experience were collected and reviewed for possible influences on arrival time and patient satisfaction. As health care reform continues to take shape, providing high quality medical care will increasingly demand a consideration of the patient overall health care experience.

Methods

This was a cross-sectional, observational study performed at an academic adult and pediatric urology outpatient clinic, where approximately 7,000 patients are seen per year. The clinic is staffed by 5 attending urologists, 1 mid-level and 4 urology residents. In 2014 the clinic had a patient payer mix of 27% private insurance, 30% Medicare, 19% Medicaid, 8% self-pay/other, 7.4% government, 4.7% Texas Department of Criminal Justice, 3% indigent program, and less than 1% undocumented, child health insurance program and worker compensation patients. Surveys were distributed and collected on 39 days spanning 3 months.

The university institutional review board concluded that this project fell under the quality assurance category and granted it exemption from the review process. Data were collected at the point of care through self-administered anonymous surveys. At check-in any patients who agreed to participate were given oral instructions on how to complete the survey and record wait times and satisfaction levels. The forms also collected patient age, gender and travel distance in miles to the clinic. Patients did not receive any form of incentive for participation.

The survey divided the visit into 6 phases, including 1—check-in time, 2—time that the patient is called back by nurse, 3—time that the patient enters the exam room, 4—time that the physician enters the exam room, 5—time that the exam is finished and 6—checkout time. Staff members recorded the scheduled time of the appointment and the check-in time. For the next 4 phases the survey asked the patient to record the time for each transition and to indicate a satisfaction level with the wait time incurred between each phase. Upon checking out staff members recorded this final time for the patients. The survey then asked the patient to indicate an overall satisfaction level with the wait time for the entire visit as well as an overall satisfaction level with the care received. The scale for the satisfaction level was very dissatisfied, dissatisfied, satisfied, mostly satisfied and very satisfied.

Lastly, the survey asked patients to rank certain aspects in the order believed to be most important to the experience, including availability of appointments, duration of wait times, time with physician, receipt of a diagnosis, receipt of treatment or relief and socializing with staff and other patients. The incremental scale used was 1—most important to 6—least important.

Statistical analysis was performed with VassarStats (http://www.vassarstats.net). The Kruskal-Wallis and Mann-Whitney nonparametric tests were used to test for significant differences between the distributions of each group of patient satisfaction scores based on arrival time. The Kruskal-Wallis and Mann-Whitney nonparametric tests were also used to determine differences between the different wait times, examination times and total visit durations depending on patient arrival time. Means and medians were calculated for the data sets to detect possible outliers.