CHAPTER V
CONCLUSIONS AND RECOMMENDATIONS

The aim of this study was to identify strategic issues for improving out-patient waiting time and satisfaction with services using the OPD of 1st Affiliated Hospital, Kunming Medical College as a case study. A sample of 710 out-patients in the OPD, and 22 medical staff and hospital leaders were studied using a questionnaire instrument and in-depth interviewing respectively.

The findings from this study raised many questions. The highlights of the findings of this study were the related six strategic issues for improving patient waiting time and satisfaction with services. All these issues can be addressed from two perspectives: Demand-Smoothing Strategies and Supply-Matching Strategies. The findings clearly stated the need for strategies by hospital managers to improve the existing problems of out-patient suffering. For the hospital, it was revealed that if it wanted to reduce the out-patient waiting time and improve satisfaction with services, it should be concerned with all the strategic issues. However, considering the limited resources of the hospital and the procedures of strategy implementation, we should consider the priorities of these strategic issues based on their efficiency. From our study, the scheduling system for appointment patients and the forecasting system for walk-in patients should be the first focus of attention by the hospital. In fact, according to the research findings and discussion mentioned above, a systematic review of the six strategic issues could prompt the management intervention appropriate to the situation. Although hospital care providers are likely to interpret congestion as indicating a need

for additional resources, effective capacity management requires both demand-altering and supply-controlling strategies in order to identify a coordinated set of interventions. Even though the problems identified in the Outpatient Department are by no means entirely resolved, monitoring the impact of an integrated set of strategies should permit additional refinements which will, in turn, benefit the health care organization's effectiveness, patient satisfaction and clinical personnel productivity.

We found that waiting time and patient dissatisfaction with some aspects of service problems existed at the OPD. The results confirmed that patient waiting time, and the relationships between patients and medical staff have important impact on patients' overall opinion of hospital services. If the two problems could be remedied, patient satisfaction with the hospital service should increase.

In the face of an increasingly competitive environment, the hospital should continue to adopt strategies designed to enable it to respond to and to influence the environment, to enact its multiple missions, to protect its market position, to secure needed resources, and to satisfy key stakeholders. Matching the hospital's environment to its needs to respond to threats and opportunities may be a key for effective hospital performance. Adaptation to a changing environment recuires that the hospital to assess the environment, evaluate its strengths and weaknesses, and consider strategies in light of competitive advantages and disadvantages.

The following recommendations were made based upon the findings of this study:

1. The competitive position of public hospitals is severely

weakened by the financial restrictions imposed on government-owned institutions and by their lack of freedom, which reduces the hospital's efficiency and their responsiveness to the changing needs and expectations of the market. Efforts by university hospitals to increase efficiency often focuses on improving operations in personnel and purchasing. But these support services often are controlled by state and university offices and, as a result, efforts to increase efficiency in these areas may be hindered. Health planners, policy makers and the administration of these hospitals should concern themselves seriously with finding ways to improve the financial, administrative and political independence of these hospitals. We have argued that increased hospital autonomy is not an end in itself but rather a means to improve hospital performance.

2. Concerning alternative scheduling methods to optimize patient waiting time and satisfaction with services, the following factors are among those which should be considered: personnel requirements, staff-fellow interaction, patient load, and appointment sheet time increments. Computer simulation could be used to pretest the efficacy of various alternatives.

3. Further research should be conducted to continue the search for systems and procedures of patient and information flow. It is important to note that the successful implementation of the strategic issues for improving patient waiting time and satisfaction with services are, to a large extent, dependent on personnel support. Therefore, improvements in the personnel situation must accompany any and all changes in systems and procedures. A patient flow information data bank is recommended. A systematic training of existing clerical staff in systems and procedures should be

established.

4. Another recommendation included increasing staff motivation and job satisfaction for the people providing services and assisting in overall service quality improvement in a sustained and systematic way. There will probably always be a need for significant resources to be invested in improving hospital conditions and performance, so that the patient waiting time and satisfaction with services will be improved.

5. We should acknowledge that the limitations of this study due to time and budget limitation. To overcome the problem of bias, data should be collected on all patients attending the out-patient department, and not only during one week, but repeatedly every three or four weeks at random. This could provide information on different departments of the OPD during variable periods. On the other hand, the patient response rate for the questionnaire was 91 per cent, and the subjects were excluded if more than 20 per cent of item responses were missing, leaving a total of 83.5 per cent for analysis. We have to consider what biases might have occurred. So we suggest that further study should be done to reduce the limitations and overcome the possible biases.