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***Observational Study***

**Effect and satisfaction of outpatient services by precision valuation reservation registration**

Jin HJ *et al*. Precision valuation reservation and waiting time

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**Abstract**

BACKGROUND

Due to improvements in living standards, people are now paying more attention to their health. In China, more patients choose to go to large or well-known hospitals, which leads to constant crowding of outpatient clinics in these hospitals.

AIM

To establish precision valuation reservation registration aimed at shortening waiting time, improving patient experience and promoting the satisfaction of outpatients and medical staff.

METHODS

On the basis of the implementation of a conventional appointment system, more reasonable time intervals were set for different doctors by evaluating the actual capacity of each doctor to receive patients, and appointment times were made more accurate through intervention. The change in consultation waiting time of patients was then compared. Correlations between the consultation waiting time of patients and the satisfaction of patients or satisfaction of medical staff were analyzed.

RESULTS

After precision valuation reservation registration, the average consultation waiting time of patients reduced from 18.47 min to 10.11 min (*t* = 8.90, *P* < 0.001). The satisfaction score of patients increased from 91.33 to 96.27 (*t* = -8.62, *P* < 0.001), and the satisfaction score of medical staff increased from 90.51 to 96.04 (*t* = -10.50, *P* < 0.001). The consultation waiting time of patients was negatively correlated with their satisfaction scores (γ = -0.89, *P* < 0.001). The consultation waiting time of patients was also negatively correlated with medical staff satisfaction scores (γ = -0.96, *P* < 0.001).

CONCLUSION

Precision valuation reservation registration significantly shortened outpatient waiting times and improve the satisfaction of not only patients but also medical staff. This approach played an important role in improving outpatient services, provided a model that is supported by relevant evidence and could continuously improve the quality of management. Precision valuation reservation registration is worth promoting and applying in the clinic.

**Key Words:** Precision valuation reservation; Shorten waiting time; Effect on outpatient service; Satisfaction; Outpatients; Medical staff

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**Core Tip:** Following precision valuation reservation registration, we obtained waiting times of patients and satisfaction scores of patients and medical staff. The average consultation waiting time of patients reduced and the satisfaction scores of patients and medical staff increased. The consultation waiting time of patients was negatively correlated with satisfaction scores. This approach played an important role in improving outpatient services, provided a model that is supported by relevant evidence and could continuously improve the quality of management.

**INTRODUCTION**

Due to improvements in living standards, people are now paying more attention to their health. In China, more patients choose to go to large or well-known hospitals, which leads to constant crowding of outpatient clinics in these hospitals[1,2]. The long existing phenomenon of "three long and one short"[3], long registration, medical treatment and payment queue waiting time, and the short time of seeing a doctor often cause anxiety in patients. The degree of satisfaction of seeing a doctor is reduced, and it can cause medical disputes[4-6]. It not only wastes patients’ time but also reduces the efficiency of hospital management[7]. This problem exists internationally, and the World Health Organization has identified consultation waiting times for medical services as one of the key metrics in health systems[8]. Patient waiting time is the amount of time spent in a medical unit before consultation or treatment[9]. The British government has set a series of standards that require all patients to be seen within 30 min of an appointment[10]. To solve the phenomenon of three long and one short appointments, since 2009, China has called on major hospitals to adopt the mode of appointment, diagnosis and treatment[11]. Short waiting times and good order are important signs of modern hospitals[12]. Appointment, diagnosis and treatment can not only shorten the waiting time for consultation but also improve the order of outpatient services[13-15]. Therefore, the most effective measure is to carry out appointment, diagnosis and treatment. At present, most hospitals adopt the subperiod registration booking service, and the interval between the outpatient number is mainly 45-60 min[16]. The patient waiting time is still approximately 40 min, and the consultation waiting time remains long. Since 2017 and 2018, the medical clinic of a third-class hospital has been able to make a consultation within half an hour after making an appointment; however, the monthly questionnaires still reflect the problem of long wait times for consultations. To better address this problem, precision valuation reservations have been used and fully documented since August 2018. This provides reliable results for clinical practice, further reduces the wait time for consultation, improves the satisfaction of patients and obviously improves the feeling of seeking medical treatment. It also enhances the satisfaction of medical staff.

**MATERIALS AND METHODS**

***Methods***

From January 2017-July 2018, serial number intervals were generally set at intervals of 5 min or 10 min.

From August 2018-February 2020, by evaluating the ability of each doctor to receive patients, information technology was used to set more reasonable intervals for different doctors to make the appointment times more accurate.

The specific methods were (1) Calculating the difference between the appointment registration time and the doctor's actual consultation time; (2) Monitoring doctors' real-time workload through information systems; and (3) Conducting a field investigation of outpatient visits by all physicians in the internal medicine clinic. Using the above methods, we mastered the outpatient consultation of each doctor. For example, some doctors had assistants and worked quickly, so in this case, the interval was set slightly shorter. Some older and experienced doctors had more patients with complications, so the interval was extended appropriately. Some diseases needed to be assessed by laboratory tests in the morning and diagnosed in the afternoon. Therefore, we set a shorter interval in the morning and a longer interval in the afternoon. After continuous evaluation, improvement and commissioning, each physician in the internal medicine clinic had a precision valuation reservation time tailored to them. There was no longer a general 5-min or 10-min reservation mode but multiple appointment intervals of 3, 4, 5, 6, 7, 8, 9 or 10 min. The working time was fully utilized, the diagnosis and treatment were more efficient and the wait time for consultation of patients was shortened.

Fifteen questionnaires prepared by the internal medicine clinic were distributed to patients daily (except holidays), and the patient satisfaction score was calculated. We used a Likert scale, and each statement had five responses: "Fully agree", "agree", "not necessarily", "disagree" and "very much disagree", which were recorded as 5, 4, 3, 2 and 1, respectively. The sum of scores with "very satisfied" and "satisfied" was divided by the sum of scores of all five scales ("very satisfied", "satisfied", "general", "dissatisfied", and" very dissatisfied"). This index was then multiplied by 100 to obtain a satisfaction score of which the highest score was 100.

Monthly questionnaires were distributed to all physicians and outpatient paramedics in the medical clinic, and the satisfaction score was calculated. We used a Likert scale, and each statement had five answers: "Fully agree", "agree", "not necessarily", "disagree" and "very much disagree", which were recorded as 5, 4, 3, 2 and 1, respectively. The sum of scores with "very satisfied" and "satisfied" was divided by the sum of scores of all five scales ("very satisfied", "satisfied", "general", "dissatisfied", and" very dissatisfied"). This index was then multiplied by 100 to obtain a satisfaction score of which the highest score was 100.

This research was approved by the Shandong Provincial Hospital Ethics Committee.

***Evaluation methodology***

We evaluated the consultation waiting time of advanced appointment patients, patient satisfaction and medical staff satisfaction from January 2017 to February 2020. Consultation waiting times were specific to the minute. The highest satisfaction score was 100.

***Statistical methods***

Differences in measurement data were compared by independent samples t-tests. The correlations between the consultation waiting time of patients and satisfaction of patients or satisfaction of medical staff were analyzed with linear correlation. The correlation coefficient (γ) ranges from -1 to 1. γ > 0 indicates a positive correlation, whereas γ < 0 indicates a negative correlation.

**RESULTS**

The wait times for consultations after precision valuation reservation registration were obviously shortened (*t* = 8.90, *P* < 0.001).Patients’ consultation wait times before and after precision valuation reservation registration are shown in Tables 1 and 2.

Patient satisfaction significantly improved after precision valuation reservation registration (*t* = -8.62, *P* < 0.001). Patient satisfaction before and after precision valuation reservation registration is shown in Tables 3 and 4.

The correlation between patient consultation waiting time and patient satisfaction (Figure 1) was negative (γ = -0.89).

The satisfaction of medical staff was obviously improved (t = -10.50, *P* < 0.001). The satisfaction of medical staff before and after precision valuation reservation registration is shown in Tables 5 and 6.

The correlation between patients’ consultation waiting time and the satisfaction of medical staff (Figure 2) was negative (γ = -0.96).

**DISCUSSION**

Long wait times are the main cause of patient dissatisfaction and reduce patients' satisfaction with hospital services. Even though hospitals provide free medical care, patients are less satisfied with their experience[17-19]. It is important not to waste patients’ time and complete the matters related to their visit in the shortest possible time. By making full use of hospital information medical resources, the application of information systems can shorten the wait time for outpatient consultations, improve patient satisfaction and enhance the efficiency and quality of medical treatments[20-23]. In this study, the use of precision valuation reservation registration effectively shortened the wait time for patients’ consultation, improved patient satisfaction, and greatly enhanced the patient experience. It also improved the efficiency and satisfaction of medical staff and enhanced the staff's work happiness[24].

***Patients’ registration time decreased to zero***

Patients can make an appointment for a specific time using precision valuation reservation registration. They receive the corresponding information after the appointment is successful, and the reservation information clearly informs them of the specific time and place to sign in and pick up their number. Patients only need to arrive at the corresponding department to check in according to the specific time or sign in on their mobile phone. We need to enhance patient diversion in specialist clinics and avoid the peak of registration in the morning[25]. Precision valuation reservation registration solved the problem of patients’ gathering in the morning at the outpatient clinic and solved the problem of a long registration queue. After using precision valuation reservation registration to make an appointment for a specific time, patients did not need to wait for registration.

***Research showed that precision valuation reservation registration significantly reduced the wait time of patients***

Wait time is an important factor influencing outpatient satisfaction[26-28]. According to reports[29], the average wait time for patients to visit specialist clinics in hospitals is more than one hour. If the appointment time is accurate to the hour, the wait time is still approximately 40 min on average. On the basis that the wait time in our hospital was steadily reduced to 30 min from January 2017-July 2018, we carried out precision valuation reservation registration in August 2018, and patients’ wait time was reduced to 15 min or even within 10 min. The patients’ wait time was further shortened, and the effect was remarkable.

***Patients’ satisfaction was improved***

After precision valuation reservation registration was adopted, patient registration wait times and wait times after triage were almost zero. The patient arrived at the hospital, was checked in and could then hear a radio call. It effectively alleviated patient irritability and anxiety caused by long wait time. The number of medical disputes was reduced to zero, and patients’ were more appreciative. Although the wait time of on-site appointment patients was still long, patients could also learn about the consultation time by the consultation waiting time on the registered ticket. Through our explanation, patients also knew that not making an appointment in advance was the reason for their long wait time for consultation, which reduced the tension, anxiety and dissatisfaction of patients. Patient satisfaction and the patients' sense of receiving medical attention were greatly improved.

***The satisfaction of medical staff was improved, and the treatment was in good order***

The patients registered at the designated place according to the appointment time. The incidence of medical disputes caused by the long wait time for consultation was reduced by considering the patient's own situation. It also eased the relationship between medical staff and patients and resulted in a peaceful and efficient treatment[30]. Precision valuation reservation registration basically achieved the effect of the patient’s immediate visit after arriving at the hospital, so the treatment was in good order and the patient was not in a bad mood. It eliminated the time and effort of medical staff to maintain good order and even the abuse and dissatisfaction of patients. Precision valuation reservation registration saved the manpower of maintaining order, gave the medical staff time to provide health guidance to patients, greatly improved the medical staff's satisfaction with their work and enhanced their work happiness at the same time.

***The sustainability of precision valuation reservation registration was ensured***

At present, the reservation rate of our hospital has exceeded the 50% qualified rate set by the State Health and Family Planning Commission. To maintain or improve the reservation rate, we must improve the reservation awareness rate in various ways. Through questionnaires and on-site interviews, some patients were aware of the reservation. However, they did not know all the types of convenient reservations in the hospital. For example, some elderly patients said that they knew to make an appointment but did not know how to go online. This means that they did not know that they could make an appointment by telephone. As a result, the reservation was restricted. Therefore, we should increase the publicity for various reservation methods so that patients know the hospital provides suitable reservation services for all types of people. In addition to strengthening the publicity for reservations through the media, department staff should also make full use of patients’ wait time to share information about reservations by making a video to explain how to make an appointment and playing the video intermittently. Department staff need to focus on the patients who need to return and who do not register on the spot successfully to explain the process. We should continuously improve the reservation rate, ensure the sustainability of precision valuation reservation registration and improve the patients’ experience.

The waiting area of the outpatient clinic is where most patients spend most time during their visit, and its environmental comfort is particularly important for patients' experience[31]. Patients arrive at the hospital according to their appointment time, which effectively alleviates congestion in the waiting room. Patients previously had no place to wait before the hospital carried out reservations. After implementing precision valuation reservation registration, although the number of outpatients has increased year on year, patients have a place to wait, and even the walkway in the waiting room is not blocked now. It has obviously improved the environment, met the requirements for epidemic prevention and control, increased the environmental comfort of medical staff and patients and effectively alleviated the anxiety of medical staff and patients.

**CONCLUSION**

In summary, precision valuation reservation registration can significantly improve the effect of outpatient diagnosis and treatment and has achieved significant results. To consolidate the effect of precision valuation reservation registration, hospitals should increase the publicity and reservation awareness rate of patients. On the other hand, it is necessary to let patients know and experience the convenience of appointments so that they can pass this information on to others and raise their awareness of appointments. They could make an appointment when they return for a visit, and others could also benefit from appointments[32,33]. The study found that some patients, although booked, still arrived early. Therefore, hospitals should make full use of information to increase publicity on the spot and let patients arrive at the hospital according to their appointment time to save patients’ time and reduce the effect of crowding. Therefore, hospitals should continue to strengthen publicity among patients, informing them once the appointment is successful that it has been sorted according to the timepoint selected and that there is no need to line up again in advance in the hospital. The hospital has also established strict management rules and regulations, such as an expert outpatient management system, formulated a reasonable outpatient leave and replacement system and strictly enforced it to reduce the rate of doctors' breach of contract and continuously improved the quality of appointments. Doctors should be regularly inspected, supervised and assessed, and summaries should be timely. According to the information system, doctors who arrive early should be encouraged, and latecomers should be reminded of the comprehensive objectives of the department and informed through the office platform and other measures. This can effectively shorten the wait time for consultation, reduce disputes between doctors and patients, continuously improve patients' feelings of seeking medical treatment and continuously improve the satisfaction of medical staff and patients. Precision valuation reservation registration is worth popularizing in the clinic.

**ARTICLE HIGHLIGHTS**

***Research background***

Due to improvements in living standards, people are paying more attention to their health. In China, more patients choose to go to large or well-known hospitals, which leads to constant crowding of outpatient clinics in these hospitals.

***Research motivation***

To better address this problem, precision valuation reservations have been adopted. This system can provide reliable results for clinical practice.

***Research objectives***

To establish precision valuation reservation registration aimed at shortening waiting time, improving patient experience and promoting the satisfaction of outpatients and medical staff.

***Research methods***

Information technology was used to set more reasonable consultation time intervals for different doctors. Questionnaires on satisfaction were distributed to patients and medical staff to calculate the satisfaction score. Differences in measurement data were compared by independent samples t-tests. The correlations between consultation waiting time for patients and the satisfaction of patients or medical staff were analyzed with linear correlation.

***Research results***

The wait times for consultations after precision valuation reservation registration were obviously shortened. Patient satisfaction significantly improved after precision valuation reservation registration. The correlation between patient consultation waiting time and patient satisfaction was negative. The satisfaction of medical staff was obviously improved. The correlation between patients’ consultation waiting time and the satisfaction of medical staff was negative.

***Research conclusions***

Precision valuation reservation registration significantly shortened outpatient waiting times and improved the satisfaction of not only patients but also medical staff.

***Research perspectives***

It is understood that this is the first study to reduce the wait time for outpatient consultations, improve patient satisfaction and enhance the efficiency and quality of medical treatments by setting personalized appointment intervals. This approach played an important role in improving outpatient services, provided a model that is supported by relevant evidence and could continuously improve the quality of management. Precision valuation reservation registration is worth promoting and applying in the clinic.

**REFERENCES**

1 **Cui HB,** Ji YR, Zhang BS, Gui L, Xi SH. Patients Flow and Degree of Crowdedness of Emergency Department in A Magnet Hospital. *Huli Xuebao* 2013; **30**: 13-15 [DOI: 10.3969/j.issn.1008-9993.2013.18.005]

2 **Cao XJ,** Yang XF, Lin X. Based on Paying with Bank Card Reform the Work Flow of Hospital Clinic Service. *Xiandai Yiyuan* 2010; **10**: 143-144 [DOI: 10.3969/j.issn.1671-332X.2010.11.071]

3 **Shi YH.** Quantitative Statistics and Analysis of Waiting Time for Outpatients in General Hospital. *Zhonguo Yiyuan Tongji Zazhi* 2008; **15**: 261-263 [DOI: 10.3969/j.issn.1006-5253.2008.03.027]

4 **Li HQ,** Zhang QL. Effect of Diversified Service Measures on Waiting Time and Satisfaction of Outpatient Consultation. *Xiandai Huli Xuebao* 2013; **19**: 87-88 [DOI: 10.3760/cma.j.issn.1674-2907.2013.01.031]

5 **Zhan HC,** Liu ZX. 2012 National Health Conference in Beijing Chen Zhu.:Significant Progress in the Triennial Health Reform. *Zhonghua Yixue Zazhi* 2012; 009: 1

6 **Li P,** Ou WB, Ye L, Chen Y. Strengthen Outpatient Management, Improve Work Efficiency. *Zhongguo Yiyuan Guanli* 2012; **32**: 33-34

7 **Mu YQ,** Li GR, Li GX. The Design and Application of “One-Card Pass” System in Hospital. *Chongqing Yixue* 2005; 18-19

8 **Valentine NB,** Silva A, Kawabata K, Darby [C](https://xueshu.baidu.com/s?wd=author%3A%28C%20Darby%29%20&tn=SE_baiduxueshu_c1gjeupa&ie=utf-8&sc_f_para=sc_hilight%3Dperson), Murray CJL, Evans DB. Health system responsiveness: concepts, domains, and operationalization. Health System Performance Debates Methods & Empiricism 2013. [cited 25 January 2021]. Available from: http://citeseerx.ist.psu.edu/viewdoc/summary?doi=10.1.1.378.4499

9 **Silva A.** A Framework for measuring responsiveness. GPE Discussion PaperSeries: No. 32. EIP/GPE/EBD. Geneva: World Health Organization; 2010. [cited 25 January 2021]. Available from: https://www.researchgate.net/publication/265280238\_A\_FRAMEWORK\_FOR\_MEASURING\_RESPONSIVENESS

10 **Harper PR,** Gamlin HM. Reduced outpatient waiting times with improved appointment scheduling: a simulation modeling approach. *OR Spectr* 2003; **25**: 207–222 [DOI: 10.1007/s00291-003-0122-x]

11 **Ministry of Health of the People's Republic of China.** Views of the Ministry of Health on the Implementation of Appointment Services in Public Hospitals. *Zhonghua Renmin Gongheguo Weishengbu Gongbao* 2009; 8-10

12 **Ma GL,** Lin M, Yu XL. The Practice and Effect of Improving the Quality of Triage Nursing in Outpatient Department. *Huli Guanli Zazhi* 2008; **8:** 21—22. [DOI: 10.3969/j.issn.1671-315X.2008.08.009]

13 **Tao MF,** Qin Y, Liu W. Time of Outpatient Appointment Service in Our Hospital. *Zhongguo Yiyuan Guanli Zazhi* 2012; **2:** 37-41

14 **Lin YX,** Zhou LZ, Chen Y. Effect of Multiple Appointment Services on Satisfaction of Outpatients. *Huli Shijianyuyanjiu* 2017; **14:** 143-144 [DOI: 10.3969/j.issn.1672-9676.2017.18.063]

15 **Cayirli T,** Veral E. Outpatient scheduling in health care: a review of literature. Production & Operations. *Management* 2010; **12**: 519-549 [DOI: 10.1111/j.1937-5956.2003.tb00218.x]

16 **Lei Y,** Zhao YL, Li BH, Duan J. Hospital Outpatient Appointment Registration Status Quo Investigation of Beijing City. *Zhonguo Yiyuan Guanli* 2015; **35:** 40-41

17 **Wang KY,** Gong SM, Yang R. Effect of Self-appointment Registration System in Outpatient Department on Improving Patients' Satisfaction. *Huli Xuebao* 2017; **34:** 56-58 [DOI: 10.3969/j.issn.1008-9993.2017.04.014]

18 **McMullen M**, Netland PA. Wait time as a driver of overall patient satisfaction in an ophthalmology clinic. *Clin Ophthalmol* 2013; **7**: 1655-1660 [PMID: 23986630 DOI: 10.2147/OPTH.S49382]

19 **Kallen MA**, Terrell JA, Lewis-Patterson P, Hwang JP. Improving wait time for chemotherapy in an outpatient clinic at a comprehensive cancer center. *J Oncol Pract* 2012; **8**: e1-e7 [PMID: 22548015 DOI: 10.1200/JOP.2011.000281]

20 **Zhang XY,** Zhang PY. Role of Information Construction in the Reform of Public Hospitals. *Zhonguo Yiyuan Guanli* 2016; **36**: 76-77

21 **Huang XQ,** Wang L, Zhang PH, Chen J, Chen YY. Application on wechat platform in hospital treatment. *Zhongguo Yiyuan* 2015; **19**: 36-37 [DOI: 10.3969/j.issn.1671-0592.2015.03.018]

22 **Li W.** The Application of Hospital Informatization Construction in Hospital Management. *Jishu Chuangxin Yu Yingyong* 2013; **12**: 265-265

23 **Almomani I**, AlSarheed A. Enhancing outpatient clinics management software by reducing patients' waiting time. *J Infect Public Health* 2016; **9**: 734-743 [PMID: 27663518 DOI: 10.1016/j.jiph.2016.09.005]

24 Zhang Y. The Effect of High Quality Nursing on the Quality of Nursing Care and Satisfaction Degree of Patient. *Zhongguo Weisheng Biaozhun Guanli* 2016; **22**: 233-234

25 **Zhang M,** Ye LG. Accelerate the Diversion of Emergency Patients, Relieve Emergency Room Congestion. *Xiandai Shiyong Yixue* 2013; **25**: 361-362 [DOI: 10.3969/j.issn.1671-0800.2013.04.001]

26 **Liang Y,** Bao Y. Analysis of waiting time in medical visits of Shanghai residents. *Shanghai Jiaotong Daxue Xuebao* 2012; **32**: 1368-1372

27 **Bar-dayan Y**, Leiba A, Weiss Y, Carroll JS, Benedek P. Waiting time is a major predictor of patient satisfaction in a primary military clinic. *Mil Med* 2002; **167**: 842-845 [PMID: 12392252]

28 **Anderson RT**, Camacho FT, Balkrishnan R. Willing to wait?: the influence of patient wait time on satisfaction with primary care. *BMC Health Serv Res* 2007; **7**: 31 [PMID: 17328807 DOI: 10.1186/1472-6963-7-31]

29 **Yu GJ,** Liu B, Huang C. Difficulty and high cost of getting medical service:an evidence-based analysis from patient perspective. *Zhongguo Yiyuan* 2007; 30-33 [DOI: 10.3969/j.issn.1671-0592.2007.09.010]

30 **Yi M.** Application effect of quality service in outpatient nursing management. *Zhongguo Xiandai Yixue* 2016; **23**: 143-144

31 **Zhu XM,** Su RN, Liu YY, Ai JB, Zhang T, Huang QT. Study on humanized environment design of hospital waiting space——Based on environmental behavior. *Fujian Jianzhu* 2018; **36**: 32-35

32 **Lei Y,** Li BH, Wei X, Zhang FC. Survey of the Satisfaction and Influence Factors of Registration Booking in One Grade 3 First-class Hospital in Beijing. *Zhongguo Yiyuan Guanli* 2012; **32**: 29-30 [DOI: 10.3969/j.issn.1001-5329.2012.02.012]

33 **Wang H,** Xu CH, Liu LX, Shan HW. Analysis of Influencing Factors of Expert Outpatient Appointment Registration. *Zhongguo Yiyuan Guanli* 2013; **33**: 33-35

**Footnotes**

**Institutional review board statement:** The study was reviewed and approved by Shandong Provincial Hospital Affiliated to Shandong First Medical University Institutional Review Board, SWYX: NO. 2021-067.

**Informed consent statement: I**nformed consent was waived.

**Conflict-of-interest statement:** All authors have nothing to disclose.

**Data sharing statement:** Technical appendix, statistical code, and dataset available from the corresponding author at tanghuanmei2021@126.com.

**STROBE statement:** The authors have read the STROBE Statement—checklist of items, and the manuscript was prepared and revised according to the STROBE Statement—checklist of items.

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**Figure Legends**



**Figure 1 Correlation between patients’ consultation wait time and patients’ satisfaction.**



**Figure 2 Correlation between patients’ consultation wait time and satisfaction of medical staff.Table 1 Patients’ consultation wait time before and after precision valuation reservation registration**

|  |  |  |
| --- | --- | --- |
| **Time** | **Number of appointments** | **Consultation wait time (min)** |
| 2017-012017-022017-032017-042017-052017-062017-072017-082017-092017-102017-112017-122018-012018-022018-032018-042018-052018-062018-072018-082018-092018-102018-112018-122019-012019-022019-032019-042019-052019-062019-072019-082019-092019-102019-112019-122020-012020-02 | 7025936110713100951124810393104711238510289103861040511385126951010814299125381406213194134361460011078136341311013508142131107515211145021522613783158641548514240149461433815285111442815 | 19.4316.6518.1816.5517.0117.5919.418.2316.8417.5717.9620.6121.7118.7218.8718.8818.8618.9918.8914.3114.1215.6916.7415.0713.0310.167.276.475.825.694.845.766.59.129.329.99.5612.75 |

**Table 2 Comparison of the mean wait time before and after precision valuation reservation registration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** | **Total appointments** | **Average wait time (min)** | ***t* value** | ***P* value** |
| 2017-01 to 2018-07 | 214488 | 18.47 | 8.90 | < 0.001 |
| 2018-08 to 2020-02 | 254057 | 10.11 |  |  |

**Table 3 Patient satisfaction before and after precision valuation reservation registration**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Very satisfied1** | **Satisfied1** | **General1** | **Dissatisfied1** | **Very dissatisfied1** | **Satisfaction score** |
| 2017-012017-022017-032017-042017-052017-062017-072017-082017-092017-102017-112017-122018-012018-022018-032018-042018-052018-062018-072018-082018-092018-102018-112018-122019-012019-022019-032019-042019-052019-062019-072019-082019-092019-102019-112019-122020-012020-02 | 130178160137187155151270205178157112127133162149159176172223200295207244241184262282281250289242231178230257201206 | 1277214011483146160569062144167162741221071431031321017062102587534312715294880607772623474 | 2116251426242917121122283613262322192220121017111256534769141210518 | 52554422846534543121332211110212011001 | 22000130001321023120002011001000000100 | 90.1892.5990.9192.9690.0091.2189.2194.4993.6594.1291.2188.5787.5892.0090.1689.8291.5293.0092.1293.9194.7495.1993.6495.8795.7696.8997.6798.1098.6797.8997.6897.5897.0094.4495.8796.6797.9293.67 |

1The “Very satisfied”, “Satisfied”, “General”, “Dissatisfied”, “Very dissatisfied” columns in the table are the number of patients.

**Table 4 Comparison of the mean satisfaction score before and after precision valuation reservation registration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** |  **Copies** | **Mean satisfaction score** | ***t* value** | ***P* value** |
| 2017-01 to 2018-07 | 5775 | 91.31 | -8.62 | < 0.001 |
| 2018-08 to 2020-02 | 5730 | 96.26 |  |  |

**Table 5 Satisfaction of medical staff before and after precision valuation reservation registration**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Very satisfied1** | **Satisfied1** | **General1** | **Dissatisfied1** | **Very dissatisfied1** | **Satisfaction score** |
| 2017-012017-022017-032017-042017-052017-062017-072017-082017-092017-102017-112017-122018-012018-022018-032018-042018-052018-062018-072018-082018-092018-102018-112018-122019-012019-022019-032019-042019-052019-062019-072019-082019-092019-102019-112019-122020-012020-02 | 6074687764697169776871555367767973636484878777102108119125120125124128124118110113115122112 | 5543494253494345394745585947424044535235323240272212914911810142019241725 | 141013101210101210121114151210911121198810753233323365556 | 11000110100010111010000001000000100101 | 00000020000100000000000010000000000000 | 88.4691.4190.0092.2590.7091.4789.7690.4891.3490.5591.3488.2887.5090.4891.4792.2590.7090.6390.6392.9793.7093.7092.1394.8595.5997.0498.5397.8197.8197.8398.5597.8197.0695.5996.3595.8696.5395.14 |

1The “Very satisfied”, “Satisfied”, “General”, “Dissatisfied”, “Very dissatisfied” columns in the table are the number of patients.

**Table 6 Comparison of the mean satisfaction score of medical staff before and after precision valuation reservation registration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** | **Number of medical staff** | **Mean satisfaction score** | ***t* value** | ***P* value** |
| 2017-01 to 2018-07 | 2434 | 90.51 | -10.50 | < 0.001 |
| 2018-08 to 2020-02 | 2581 | 96.04 |  |  |