

CHAPTER 6

CONCLUSION

6.1. Conclusion

Most Indonesian hospitals are still dealing with a queueing problem that causes patient distress and medical complications, which can raise the cost of subsequent treatment and have negative health consequences. Furthermore, long lines make it impossible for patients to practice physical distancing, which is a serious issue in this pandemic era, since this circumstance might enhance the likelihood of COVID-19 spreading. One probable reason might be because there are even many hospitals in Indonesia that still use the traditional system. Although there are 16% of hospitals that have implemented online registration system, not all of them have also adopted scheduling system.

Adopting a scheduling system is one method to enhance the queue process. Effective scheduling would avoid patients and physicians from becoming disappointed and is thus an important factor of therapy. However, because the patient behavior is unpredictable, there is still a chance that they will arrive earlier or later than expected. It is critical for hospitals to develop a good estimating time schedule that takes patient punctuality into account in order to limit the risk of system disruption.

According to the analysis conducted in this research, it is proved that the implementation of scheduling system in hospitals brings a significant impact of queuing process improvement. With sufficient data, Indonesian hospitals will be able to calculate the optimum inter-arrival scheduling time which is beneficial for all stakeholders, including patients, medical personnel, and the hospital itself. As evidence, it was discovered that a five-minute scheduling period for patients in the psychiatric department of hospital X is regarded optimal, considering total time spent at the polyclinic, doctor utilization, and the number of patients can be served per day as the performance measures.

6.2. Suggestion and Further Study

As patient behavior is unpredictable, it is very likely that the distribution value of patient unpunctuality can change at any time for various reasons. Therefore, it is suggested that the hospital be aware of and reconsider the inter-arrival scheduling time if the patient unpunctuality has shifted drastically.

To support the implementation planning of online registration in Indonesian hospitals, it is suggested that further research considers and analyzes other factors that affect the queuing process in healthcare industries, such as doctor unpunctuality, patient willingness to wait, no-shows and cancellation of service, as well as the doctor authorization regarding interruption of service. In addition, it is also recommended for future research to investigate different types of patient scheduling, such as batch systems, and include consideration of penalties can be given for late patients in the study.



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