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healthcare while trying to maintain the quality of service patients expect. A variety of studies have looked at various, non-orthopaedic surgical outpatient clinics and the factors involved in patient satisfaction and waittime. The purpose of this study was to identify if such a relationship exist between the environmental, patient, and social-demographic factors to patient wait-time and satisfaction at an orthopaedic follow-up clinic. Methods: Patients were tracked through the clinic at various time points: appointment time, registration time, time to diagnostic imaging, time to being called into an exam room, time to being seen by a trainee, time to being seen by the staff surgeon, and time of leaving the clinic were collected. Overall satisfaction scores were calculated as per the VSQ-9. Patients who presented for their two or six week follow-up appointment were compared to those presenting for their three, six, or 12 month follow-up appointment. Result: A total of 80 patients were enrolled in this study. There was a good distribution of age and level of education. Ethnicity was heavily weighted towards the white population (76.6%) with the next largest ethnic group being East/Southeast Asian (7.8%). The mean total wait-time in clinic was 126.7 ± 46.5 minutes and the mean total VSQ-9 score was 78.5 ± 14.6. The longest time interval experienced by the patients in clinic was waiting for a consultation room after completion of imaging investigations (46.3  $\pm$ 33.3 min). The shortest time interval occurred once patients were in the consultation room and waited to be seen by the trainee or surgeon (15.0 ± 9.7 min. There were no statistically significant differences between the total wait-time in clinic, total VSQ-9 scores and age, gender, ethnicity, education, location of injury and overall health. Environmental variables were analyzed and it was found that patients reported greater satisfaction when seen only by the surgeon and not the trainee. Conclusion: Measurement variables have focused on patient satisfaction and wait-time as markers for improving healthcare. Although our study showed that there appears to be no association between any of the variables studied and wait-time or patient satisfaction, interventions at the patient level like using a custom designed clinic traffic flow board to track the position of each patient throughout their follow-up providing patients with a visual estimate of their position relative to other patients in queue may improve patient satisfaction and wait-time.

## **KEYWORDS**

Wait Times; Orthopedic Consultation

## Cite this paper

K. Syed, D. Parente, S. Johnson and J. Davies, "Factors Determining Wait-Time and Patient Satisfaction at Post-Operative Orthopaedic Follow-Up," *Open Journal of Medical Psychology*, Vol. 2 No. 1, 2013, pp. 47-53. doi: 10.4236/ojmp.2013.21008.

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