ABSTRACT

Outpatient Waiting Time Management as an Indicator of Efficiency and Service Quality at Klinik Kusuma

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Background: Waiting time reflects access, efficiency, and quality in outpatient care. Permenkes 30/2022 does not list it among clinic quality indicators, so clinics must manage it internally. The ≤60-minute hospital Minimum Service Standard (Kepmenkes 129/2008) was therefore adapted as an internal benchmark.

Objective: To analyse attainment, variation, trend, and determinants of outpatient waiting time at Klinik Umum dan Bersalin Kusuma.

Methods: This retrospective study used secondary service-minute records (1 January 2025 to 30 June 2026; 10,329 visits; General and Maternal and Child Health [KIA] units). Analyses comprised medians, benchmark attainment, non-parametric tests, Spearman correlation, and logistic regression with date-clustered robust standard errors.

Results: Median waiting time was 34 minutes (IQR 11-60); 75.3% of visits met the benchmark. Waiting accounted for 71.4% of total clinic time, versus medians of 3 minutes for consultation (possibly affected by recording practices) and 6 minutes for medication waiting. Median waiting differed among examiners (15-52 minutes; $p<0.001$); two achieved 86-88% attainment, the other three 59-67%. Monthly attainment fell from 93.1% (January 2025) to 62.0% (October 2025), then recovered to 82.1% (June 2026). Each additional 10 visits per examiner per day increased the odds of waiting >60 minutes (OR 3.71; 95% CI 3.02-4.55); service unit (KIA vs. General) was not significantly associated after adjustment (OR 1.10; 95% CI 0.97-1.25).

Conclusion: Most patient time is spent in passive queue waiting, linked to workload and examiner assignment. We recommend internal indicators and targets, load balancing, improved time recording, and PDSA cycles. Efficiency gains should target passive queue time, not shorten physician-patient interaction; consultation quality was not measured.

Keyword : outpatient waiting time; clinic efficiency; workload; examiner variation; PDSA