Author's response to reviews

Title: A web-based appointment system to reduce waiting for outpatients: A retrospective study

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Author's response to reviews: see over
Dear Dr. Calumpita,

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript. We appreciate you and reviewers very much for the positive and constructive comments and suggestions on our manuscript entitled “A web-based appointment system to reduce waiting for outpatients: A retrospective study”. (Manuscript ID: 1999781502542989).

We responded the reviewer’s comments point by point as listed below, along with a clear marked in red of the revision places in the updated manuscript. We also included ethic information in the manuscript and adopted the suggestion to polish the manuscript by Edanz (http://www.edanzediting.com/bmc1).

We hope that the revised manuscript is acceptable for publication and look forward to your response.

Best regards,

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Reply to reviewer Zhecheng Zhu

We thank you very much for the constructive comments and suggestions on our manuscript. We have corrected our manuscripts according to the comments.

1- The two approaches (web-based and queuing pattern) are not well explained in the paper. The workflows of both approaches are not clear. It is better to illustrate the workflow in details. Maybe a flowchart could be helpful.

Reply: We appreciate your suggestions. We used the following flow chart (figure 1) to describe the two methods used in the study, and the manuscript was updated as follows:

We evaluated the performance of two different approaches: the WAS, and the usual queuing method (Figure 1). Using the WAS, patients are given an appointment number. At the designated appointment time, patients arrive at the hospital and get the registration that is allotted to their appointment number. These patients need not queue at the registration window. The patients using the traditional queuing method waste much unnecessary waiting time standing in line at the registration window to ensure a successful registration with a certain physician.
2-According to the paper, the waiting time of the web-base system seems to be the duration between login and getting an appointment time. While the waiting time of a queuing pattern is the duration between patient arrival and registration. Both terms are not the conventional definition of consultation waiting time, which denotes the duration between patient arrival and seeing a doctor. Why compare this two terms? Is this a fair comparison? More justification is needed.

Reply: The reviewer makes a sound point. We have added the definition of the waiting time in the introduction part to make it clear and revised the manuscript accordingly. Furthermore, two additional references were cited. Below we described briefly.

When considering outpatient waiting time, it can be divided into two types: waiting
before consulting, and waiting after consulting. Time spent waiting before consultation has attracted much research attention, and can be further separated into waiting time for registration, and waiting time for consultation. Because of China’s limited medical resources, long waiting times for registration are common in the health care system, and the registration waiting time is generally much longer than the consultation waiting time. Long registration waiting times for outpatients have already become a long-festering healthcare problem in China. Our survey investigated that some subjects even waited all night long (13.5 hours) in line to ensure a successful registration. For this reason, it has been one of the items needed to be changed in the current health reform in China. Therefore, in the study, we concerned mainly about the waiting time for registration, and examined the efficiencies of two different approaches aiming to make registration.

Two references which have been added:


3-The author claims that the WAS is effective in balancing the patient load in different time period. Need data to back it up.

Reply: We agreed that this is an important issue and it might be caused by the unclear expression of the meaning. For the distribution of the registration rate using WAS reminded us that the majority of subjects wanted to see a doctor on Monday or Tuesday, of them over 70% prefer to in the morning (Figure 2). Furthermore, if the patients are aware of the situation, some of them might change their schedule to avoid the rush hours. To address this problem, we suggested that the WAS can help the patients to avoid crowd period through getting the registration information and
making aware of the rush hours, which will lead to balancing the patient load. This is just an anticipation, for the WAS has not been widely used, and its efficiency will be checked in the further studies. We have revised the expression of the related part in the resubmission manuscript, and it is now made clear.

![Figure 2. Distribution of registered patients using WAS on different days of the week and different hours of the day.](image)

4-Quality of written English: Needs some language corrections before being published.

Reply: Have adopted the suggestion and the manuscript had been polished by Edanz (http://www.edanzediting.com/bmc1), which was suggested by the editor of the journal.
Reply to reviewer Aviv Goldbart

We thank you very much for your positive comments and suggestions on our manuscript.

1- There is a need to perform language editing!

Reply: Have adopted the suggestion and the manuscript had been polished by Edanz (http://www.edanzediting.com/bmc1), which was suggested by the editor of the journal. Meanwhile, we made further revision to make improvement on the paper.