

For the Hospital the Intention of Medical Examination and Treatment Reservation System

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Resume

Introduction

This study is to make maximum use of the resource and treatment ability in the hospital. As for the patients, it is to shorten or solve the waiting time and, be treated at the time that the patient wishes. The hospitals for research are hospitals those operate a computer system that shuts down after the fixed number of patients are reserved. That is because the reservation service has been progressed by estimating as a whole hospitals ability, such as the number of people applying for treatment every hour, producing and finding numbers of medical records and the time and ability of doctors, the treatment department and the helping department get to do the same job and also, the actual number of untreated patients are, if you add the untreated to the unreserved, as a result you get twice the number of untreated patients whatsoever and this is an example that leads to economical loss for the hospital and social loss for patients not treated. Therefore occurrence of untreated patients not only has problems of patients decreasing but also administration things. Thereupon to control rationally we decided the purpose as, improving the reservation service of medical centers after understanding the peculiarity of reservation dishonor of medical centers by using the basic statistics and examining the relation between causes.

Materials and Methods

1) subject of investigation

To understand the peculiarity causes of untreated patients of outpatients and untreated patients during one month, of a university hospital located in Choong-Nam, we collected data on all reserved day patients. As for the distribution for each departments subject of investigation, between 25,736 as a whole, it appeared as 24,397(94.8%) were normally treated patients and 1,339 (5.2%) were untreated patients. To see by departments internal department (14,446, 55.2%) showed a higher distribution than the surgery department (9,951, 40.8%).

2) method of investigation

We consisted the information gathering head of variables that come under the common head of both information of outpatients and patient discharge summary since the patient first visit in USA

As for the variables connected to general specificity we consisted it of two heads of gender and age.

For variables related to treatment reservation we composed it of three heads of reservation time, schedule and treatment day.

As for the variables related to peculiarity of patients we downloaded the computerized information of 5 heads, which are department, first medical examination state, reservation treatment expenses paid, type of insurance, existence and nonexistence of specific treatment. We download total 10 heads of computerized information from main database as a fixed text form. Also we collected the reasons of non-treated patients not on the computer by phone.

3) method of analysis

For the significance of the subject of investigation depending on general peculiarity and treatment state of normal helped patients and not treated day patients, we carried

2-test in effect. We did the making-decision technique to look into reasons of day-patients and untreated patients and we used statistical software SAS (ver 6.12) and Answertree Enterprise Miner(ver 3.01) which is the data mining tool of SAS for the analysis and dealing with materials used in the research.

Results ;

1. As for the distribution for each departments subject of investigation, between 25,736 as a whole, it appeared as 24,397(94.8%) were normally treated patients and 1,339, 5.2% were untreated patients. To see by departments internal department (14,446, 55.2%) showed a higher distribution than the surgery department (9,951, 40.8%).

2. As for the untreated rate as a whole was 5.0% for each department of professional physician treatment. The internal and surgery department showed a similar distribution as 5.5% for internal department and 5.0% for the surgery department, but for the whole untreated rate under general physician treatment was 5.7%. Here the surgery department showed higher rate of untreated than the internal department as 3.7% for the internal department and 9.0% for the surgery department.

3. As for the daily reservation treatment untreated state reserving a week before showed the highest distribution of 6.1%, reserving 4 weeks before was 5.3%, 4.7% for reserving 3 weeks before and the lowest distribution for reserving 5 weeks before as 3.9%.

4. For the reason for untreated patients absence and missing number had the highest distribution of 44.2%, self change showed 22.7%, personal reasons 14.2% and medicine left over showed the lowest distribution as 0.8%.

5. The rate of untreated patients between all patients showed as 5.2%, but the type of patients influenced this. Especially, when it was for general physician treatment and car insurance the rate of untreated patients was 30.1% and for where treatment sections was anesthesia, Dermatology, Otorhinolaryngology, Ophthalmology, Surgery, Internal medicine, Obstetrics and Gynecology, Pediatrics, the rate of untreated was 67.9% and it showed that when a type of patient gets a general treatment the rate is influenced by the 76.8%.

Conclusion

We examined the peculiarities and reasons of untreated patients closely by applying them into making-decision statistical ways. Because of the peculiarity of overall professional medical treatment center, the feature of each section is clear, we will be able to draw up a plan for each departments reserved but untreated patients by examining the reasons closely applying this statistical technique. Also we are looking forward that the statistical model practiced in this research would be applied for improving and managing medical centers reservation service.

