Organisation name Site or unit		STANDARD OPERATING PROCEDURE **Queue and Wait-Time Management**	
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Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Standards › Standard 2B › Standard operating procedures (SOPs)

Standard operating procedure (SOP) · ACC-SOP-001 · Version 1.1 · Approved by the ASF Expert Committee

Supports: 2B.2

At a glance

- Give every arrival a number for registration and triage, in the order of arrival, except for clinical priority.
- Post the expected wait at the desk and update it at least every 30 minutes.
- Call patients by number, with a second check if a patient does not come.
- Record arrival and seen times for every patient in the queue log.
- Review waits each month and act where they exceed the target.
- Stop and get help straight away if: a patient has waited beyond the target without an update, or a clinically urgent patient is waiting for the queue.

1. 1. Purpose

To make waiting for registration, triage or an appointment fair, visible and predictable, so patients know how long they will wait and are not forgotten [EC].

2. 2. Scope

Applies to	Reception, registration, triage and ambulatory appointment staff
Locations	Registration, triage and waiting areas at the facility
When	From arrival until the patient is registered, triaged or seen

Does not apply to	Emergency arrivals, who are seen according to the triage SOP (SOP-077)

3. 3. Definitions

Term	Meaning
Queue number	The number given to a patient on arrival
Expected wait	The time the team estimates the patient will wait, shown on the information board
Wait target	The maximum time set by the committee for each step (EC)

4. 4. Background

Patients who do not know how long they will wait feel forgotten, and this increases stress and complaints. A visible queue with honest information reduces both, and the queue log shows actual waits for the review.

5. 5. Responsibilities

Role	Responsibility	Competence
Reception lead	Runs the queue; updates the board; reviews the log monthly	Reception management
Reception and triage staff	Call patients in order; record times; update the board	Induction
Service heads	Review waits in their service and act on delays	Management training

6. 6. Materials and equipment

Item	Requirement	Condition
Numbering system	Printed numbers or electronic queue	Working; clear numbers
Wait information board	Shows current number and expected wait	Updated at least every 30 minutes
Queue log (ACC-FRM-001)	Current	Available at the desk

7. 7. Safety

- Clinical priority always overrides order. Triage any patient who looks unwell at once.
- Do not leave vulnerable patients (for example, older people or children) waiting without a check.

8. 8. Before you start

- Check the numbering system and the board are working.
- Check staffing matches the expected arrivals.

9. 9. Procedure

Step 1. Give a number on arrival.

- Give each patient a number in order of arrival.
- Ask the patient if they have any urgent symptom; triage them at once if so.
- Tell the patient the expected wait.

Key point: Asking about urgency at the door catches the people who should not wait.

Step 2. Update the board.

- Show the current number being called and the expected wait.

- Update at least every 30 minutes, and whenever the wait changes by more than 10 minutes (EC).

Key point: An honest wait is more useful than a fast promise.

Step 3. Call patients in order.

- Call the next number clearly.
- If the patient does not come within 2 minutes, call again, then move to the next and return them to the queue at the next open place (EC).

Key point: A clear call prevents people being missed.

Step 4. Record the times.

- For each patient, record arrival time, call time and seen time on ACC-FRM-001.

Key point: Times are the only way to see whether the queue is working.

Step 5. Review monthly.

- Calculate the median and the 90th percentile wait for each step each month.
- Compare with the target and report to the reception lead.
- Act on any step where the target is missed for two months.

Key point: Averages hide the long waits. Look at the 90th percentile.

10. 10. Decision points

- If the wait exceeds the target by more than 30 minutes, the reception lead adds staff or opens another point and tells the service head.

11. 11. Special situations

Situation	Action
Child or older patient waiting	Check at each board update and offer a seat or priority where needed (EC).

12. 12. Escalation

- Complaints about waits go to INC-POL-002.
- A patient who was not called and not seen is reported as an incident if harm may have occurred.

13. 13. Monitoring

Measure	Target	Frequency	Owner	If not met
Queue log extract (last 30 days) with arrival and seen times	100% of patients logged	Monthly	Reception lead	Re-train; review staffing
Board updated within the set interval (spot check)	100%	Monthly, 10 spot checks	Reception lead	Correct within the shift
Wait within target (90th percentile)	Set by committee (EC)	Monthly	Service head	Action plan after 2 months

14. 14. Records

Record	Kept in	Retention
ACC-FRM-001 Queue Log	Reception file	12 months, then archived for the period set by the facility's records policy.
Monthly wait review (ACC-REG-001)	Quality file	the period set by the facility's records policy.

15. 15. Training

- Reception and triage staff are trained in the queue, the board and the call process at induction (EC).
- Refresher each year.

16. 16. Related documents

ID	Title	Use
ACC-FRM-001	Queue Log	Used in steps 2 and 4
ACC-REG-001	Monthly Wait-Time Review	Used in step 5
SOP-077	Triage Protocol (generic)	Urgent patients
INC-POL-002	Complaints and Feedback	Route for complaints

17. 17. Evidence

Reference	Note
E-009	ASF Expert Committee consensus. Wait targets and update intervals are EC decisions.

18. 18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	Approved by the ASF Expert Committee
1.1	the date of approval	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee

19. References

Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)