Study on Process Reengineering in Outpatient Department to Improve Patient Waiting Time and To Smoothen the Process Flow

By

Satadru De

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

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TO WHOMSOEVER MAY CONCERN

This is to certify that Mr. Satadru De, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Dr. Virendra Laser & Phaco Surgery Eye Hospital, Jaipur from 1st February,2018 to 30th April, 2018.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific, and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Col (Dr.) Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Dr. S.D. Gupta (Chairperson)
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04/05/2018

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. Satadru De, student of IIHMR University Jaipur, has completed his internship & dissertation at Dr. Virendra Laser & Phaco Surgery-Eye Hospital Jaipur from 1st Feb 2018 to 4th May 2018.

During this period he has successfully completed his project on following topic

"A study on process reengineering in Out-patient department to improve patient waiting time & smoothening the process flow''

Besides this, he was also engaged in NABH implementation process for entry level accreditation at SHCO level.

His performance was satisfactory and we wish him success in his future endeavours.

Dr. Virendra Laser & Phaco Surgery Centre Pvt. Ltd.

Director

Dr. Virendra Agrawal

Managing Director

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled"A study on process reengineering in outpatient department to improve patient waiting time & to smoothen the process flow" and submitted by Mr. Satadru De Enrollment No IIHMR-U/01/2016-18/0488 under the supervision of Dr. S.D. Gupta for award of MBA in Hospital and Health Management of the University carried out during the period from 2016 to 2018 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similarinstitution of higher learning.

Signature

1.1 ABSTRACT

TITLE: A study on process reengineering in Outpatient department to improve patient waiting time & smoothen the process flow

Author: Satadru De

Background: Out Patient Department is the first point of contact of the hospital, which reflects the face of the organization. Outpatient departments of majority of the hospitals are facing long que and waiting time problems that is resulting into patient dissatisfaction & delay in various areas within the hospital. Pre-consultation procedures are some of determinants which causes delay in OPD process flow. Provision of quick and efficient services is only possible with optimum utility of resources through multitasking in a single window system in the OPD.

Objectives: The study was taken to identify the determinants which causes delay in consultation process, to bring transparency in process, to map the process& identify wastes in process& to provide a new process that can decrease patient waiting time.

Methods: A descriptive cross-sectional study was carried out in OPD from 1st Feb,2018 to 30th April,2018 to study the events in their natural settings & natural treatment, to analyse the behaviour, attitude and interaction with the staff, the physical setup, and their effect on patient. Primary data was collected through direct observations and verbal interviews with patients and staffs. A sample of total 500 patient was taken of which 100 samples were taken for the patients who were getting delayed only at registration process for process complexity and other 400 samples were taken for the patients to identify the delayed areas after the registration to till consultation time.

Findings:The data analysis shows that there was delay in the process of some major steps which are Waiting Time for the registration process, Waiting Time for Refraction and Time taken for dilating the pupil, Waiting Time for Consultation. Main factors contributing to long waiting time in OPD were process complexity, lack of internal communication system, and passion in the staff; lack of coordination and communication among the staff; shortage of staff (Optometrist and OPD assistants); not well-defined roles and responsibilities of the staff; SOPs, professionalism, corporate culture and absence of a proper appointment system.

Recommendations: The comprehensive strategy for OPD management is taking actions like departmentalisation of different departments,hierarchy formulation i.e., someone have to report to someone, defining the job responsibility of staffs, recruitment of trained and qualified staffs, develop internal communication system for better patient care facility.

. These activities will help in streamlining the processes in OPD and reducing the turnaround time of the patient at Dr. Virendra Laser & Phaco Surgery Eye hospital.

1.2 ACKNOWLEDGEMENT

With immense pleasure, I express my heart full gratitude to **IIHMR University** Jaipur, & our Dean **Dr. Ashok Kaushik**, and my mentor **Dr. S.D. Gupta** for having given me this opportunity to undergo this three months of dissertation.

I am thankful to the Medical Director **Dr. Virendra Agrawal** of Dr. Virendra Laser & Phaco Surgery- Eye Hospital for their great support and love.

I would like to thank Dr. Virendra Agrawal, our mentor for the internship and dissertation in DRVLPSC, without his help it would not have been possible for me to understand the hospital to the extent as have now.

The staffs of this Eye super-specialty hospital have helped me for my entire time span in all departments. I have learnt through day to day activities regarding NABH implementation procedures and policies.

It was my great opportunity to work beyond my department and to learn a lot about the single specialty hospital, how it works and how the policies can be formulated as per the need. I am also thankful to the DRVLPS staffs as they have supported me on my day to day work, for their love and trust.

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Organizational Profile at a Glance

2.1About the Hospital

"Dr. Virendra Laser&Phaco Surgery Centre is a Highly Equipped True Super Specialty Ophthalmic Care Centre of Rajasthan where super specialized and experienced team of Doctors provides total eye care".

"The aim of our medical team isto provide quality eye care to the patients that match international standards. To keep pace with the rapidly growing trends in eye treatments our center is equipped with the best and latest machines. This is the only center in Rajasthan where all the modern techniques for removal of glasses are available viz. Conductive Keratoplasty, Waska Laser, Lasik Laser, Epilasik and with refractive Cataract surgery by use of Multifocal and Accommodative Lenses".

The center caters to a wide patient base providing our services in almost all sub-specialties like Refractive Procedures, Cataract, Cornea, Glaucoma, Vitreo Retinal services, Uvea, Squint, Paediatric Ophthalmology, Vision Aids, Contact Lens etc.

The credit of bringing ultimate technology of removal of glasses and contact lenses by Laser goes to Dr. Anita & Dr. Virendra Agrawal.

The Centre has been honored by Medical Practitioners Society (MPS) and Private Hospitals & Nursing Homes Society (PHNHS), Jaipur for bringing most modern and advanced eye surgery facilities in Rajasthan (June 2005). The centre strive hard to bring the best eye care facilities at your doorstep and we emphasize on our mission statement" why compromise when you have option for the best".

2.2 OWNERSHIP AND MANAGEMENT

"Dr. Virendra Agrawal, the Chief Consultant of centre, is a post graduate from the premier medical institute of India, the Dr. Rajendra Prasad Centre for Ophthalmic Sciences, AIIMS, New Delhi. He was Awarded Dr. BodhRajSabarwal Gold Medal for being the best post graduate in Ophthalmology for year 1993. After post-graduation, he worked as Senior Resident Under renowned Strabismologist Prof. Dr. Prem Prakash to masterStrabismology. He is also awarded Diplomat of National Board. He is also life member of National Academy of Medical Sciences, American Society for Cataract and Refractive Surgery, All India Ophthalmic Society, Implant and Refractive Surgery Society of India, Strabismological Society of India, Delhi Ophthalmic Society, Rajasthan Ophthalmic Society, and Jaipur Ophthalmic Society".

The credit of bringing ultimate technology for removal of glasses and contact lenses by Laser first time in Rajasthan goes to Dr. Anita & Dr. Virendra Agrawal. We have done maximum Laser procedures for removal of glasses in Rajasthan.

Dr. Anita Agrawal Consultant Eye Surgeon is trained in USA to perform Lasik procedure. Dr. Anita Agrawal has done Fellowship in Anterior Segment Microsurgery from Arvind Eye Hospital, Madurai after her post-graduation in Ophthalmology. Dr. Anita Agrawal is Life member of All India Ophthalmic Society, Implant and Refractive Surgery Society of India, Strabismological Society of India, Delhi Ophthalmic Society, Rajasthan Ophthalmic Society, Madhya Pradesh Ophthalmic Society, and Jaipur Ophthalmic Society.

Dr. P. K. Mathur Senior Consultant Eye Surgeon. He is Ex. Sr. Professor & Head of Ophthalmology S.M.S medical college Jaipur. Technical advisor to State Blindness Control Committee of Govt of Rajasthan. He has W.H.O fellowship -Bascom Palmer Eye Institute Miami U.S.A. and Wills Eye Hospital. Fellow of National Academy of Medical Science. He is the Only Ophthalmologist to Received "STATE MERIT AWARD FROM GOVT. OF RAJASTHAN". Ex. Member Managing Committee AIOS; Past President Rajasthan Ophthalmology Society; Past Gen. Secretary ROS.

VISION:

TO LAY THE FOUNDATIONS OF A GLOBAL CENTRE OF EXCELLENCE IN AN OUTSTANDING AND EGALITARIAN EYE CARE INSTITUTION.

MISSION:

DRVLPSC IS A COMMUNITY ENTRUSTED SINCERE, VIGOROUS AND DEDICATED EYE CARE INSTITUTION WHICH PROVIDES INTERNATIONAL STANDARDS OF CARE WITH STATE OF THE ART TECHNOLOGY, TO ACHIEVE PATIENT DELIGHT AND CONTINUOUSLY ENHANCE OUR SERVICES.

OBJECTIVE OF THE ORGANIZATION:

1) The main objective of the center is to assure about the quality of treatment that goes beyond community's expectations through reliable and eminent healthcare services.

2) It is also to ensure about the effectiveness of treatment plan and services of the hospital.

3) To abide by all the legal and statutory prerequisites.

4)To nurture staff's knowledge and skills with the advancement of technology and time.

SCOPE OF SERVICES

Diagnosis and treatment facilities for

- Cataract
- Cornea
- Pediatric ophthalmology
  - Squint
  - Cataract
  - ROP
- Refraction error
- Glaucoma
- Vitreous and retina
- Squint
- Oculoplastic
- Uvea
- Ocular Surface
- Neuro ophthalmology
- General/routine ophthalmology

NOT IN THE SCOPE OF THE SERVICES

All the emergency cases after the working hours as per our Centre & Complex Paediatric cases.

Facilities available for the patient are:

- ✓ Topography, Pentacam, OCT- posterior segment, OCT- anteriorsegment, USG eye, angiography

Other Services of DRVLPSC:

- ✓ Pharmacy
- ✓ Optical shop

A QUICK TOUR:

The hospital is equipped with more than 20 beds and advanced machines responsible for the better eye care facility. It has two Operation theatres. It also provides night stay facility for the patients who are coming from far away. All the consultants are experienced and well known in Rajasthan as well as in neighbor states.

ORGANOGRAM

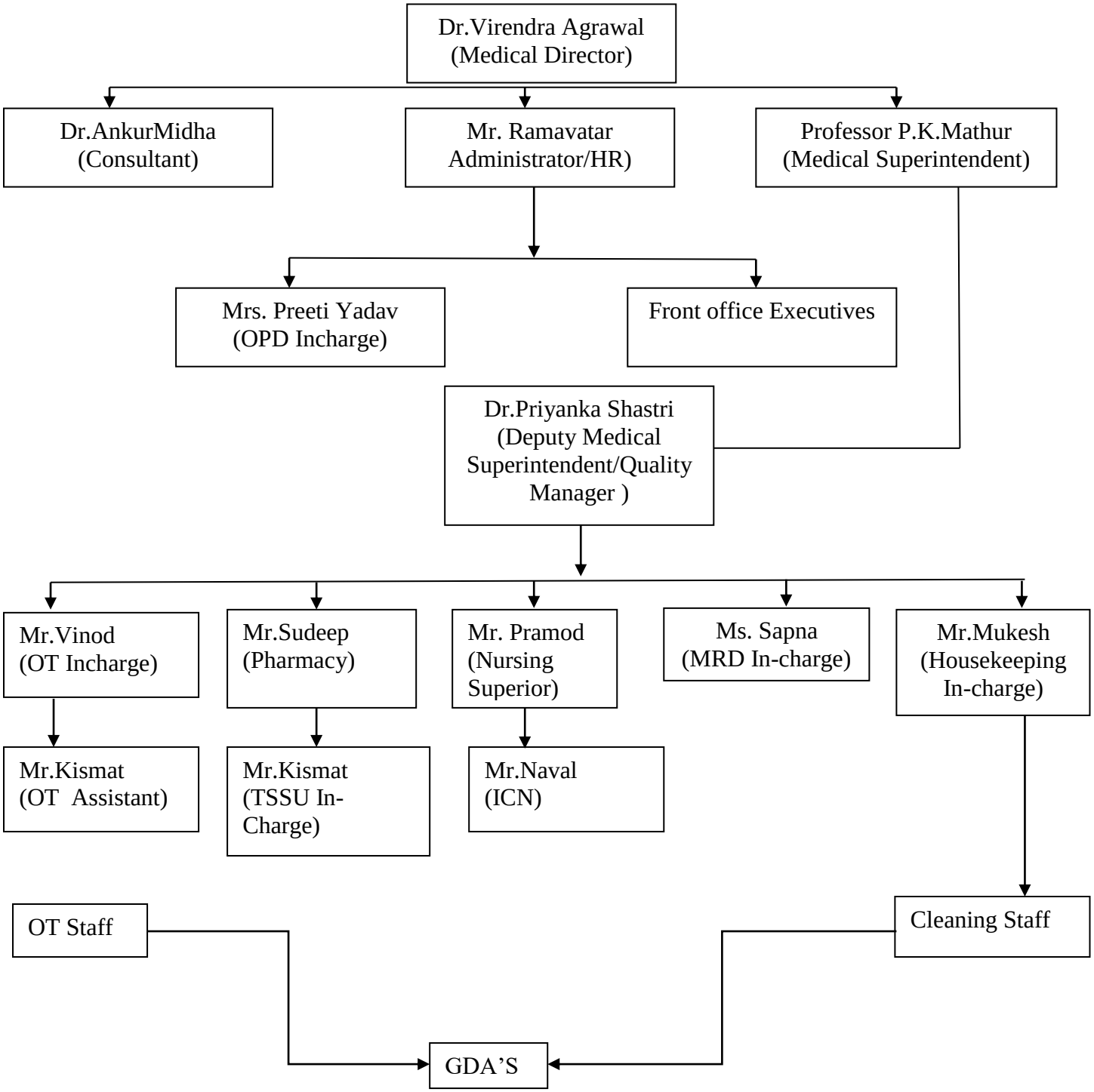


Figure 2.2.1

FLOOR DIRECTORY

- BASEMENT
  - Pharmacy
  - Fire exit
  - Optical shop

- GROUND FLOOR
  - Reception cum billing counter
  - Consultation rooms
  - Examination room
  - Waiting lounge

- FIRST FLOOR
  - Consultation rooms
  - Examination rooms
  - Waiting lobby
  - MRD
- SECOND FLOOR
  - Waiting lobby
  - O. T(2 NOs)

- TOP FLOOR
  - Waiting lobby
  - Office
  - CRM
  - Dining room

Internship Report

2.3About the Internship program

Internship is an integral part of two-year MBA programmed. The duration of internship is of 3 months (February- April 2018) and is started after completing second year course. It is an important phase during which we are given a chance to work with an Organization and learn about the proceedings and processes of different departments.
I have joined here at Dr.Virendra Laser &phaco Surgery Eye Hopsital, Jaipur. I am working here as an Operation Manager, responsible for the smooth function of OPD.

GOALS OF INTERNSHIP

I had the following Objectives for my internship:

- Learn about the Organization and its day to day procedures. I wanted to learn about various types of eye care specialties and facilities available here.
- Learning new terminologies used here to treat. Understanding various protocols for each department like documentation, finance, and other managerial proceedings.
- As this hospital was going to be an NABH accreditation phase, it was also a goal to do the gap assessment.
- Finding gaps in various stages of services and fulfilling them.
- To observe OPD process flow.
- Identifying difficulties and provide recommendations as per need

RESPONSIBILITIES

- Leave arrangement of the staffs
- Smooth functioning of OPD
- Employee ID cards designing and installation
- Signage design for the hospital and implementation
- Designing of Patient ID bands and implementation
- Summary of Corporate Tie-ups
- Follow-up of Billing department.

OTHER ASSIGNMENTS

- Training of staffs for NABH assessment.
- Gap Analysis of various departments
- Formulation and storage of HR files.
- Formulation of Doctor’s profile

DISSERTATION

3.1 Introduction

Healthcare Industry is under increased pressure from not only national political forces but also from the competitive market place to manage patient services more efficiently.

With the development of technology and advancement in medical care facility patients are now more aware about the healthcare services available to them and expect efficient and effective healthcare facility from the hospital and healthcare providers. Patients are more concerned about their time and money they are spending on healthcare facility. Failure in providing efficient and effective healthcare service leads to patient dissatisfaction. Patients prefer to visit clinics and hospitals who offer less waiting time for consultations and other Out-patient services.

It is a great challenge for the hospital to reduce their waiting times in OPDs that they can meet more number of patients per day. It's a challenge of bringing efficient and effective patient care service in OPD areas

Dr. Virendra Laser and phaco surgery eye hospital, situated in Tonk-phatak at Jaipur. It was established in the year 2010 and running successfully from last seven years. It is a renowned eye hospital in Jaipur which provides cataract, Lasik, VisuMax, squint, Keratoconus, Retina, Glaucoma care facility to a wide range of patients from Jaipur and surrounding areas and from neighbour states.

It has four consultants in OPD who seats regularly and in an average around 150-200 patient footfalls in a day. It has an average count of 10-15 OTs per day. It proves a huge work pressure in daily OPDs.

It provides mainly day-care services to all eye care procedures and provide accommodation facility for the patients coming for far away. Patient care services are moving more frequently towards homebased care facilities available in present day market. These facilities are getting popularity only because of less time consuming and fast healthcare facilities availability. Patients can do their health check-ups at their own residencies.

At present day market there are a huge number of healthcare agencies are available which are purely service oriented and those are also beneficial for the patients too. So, there is now an option for the patient to choose. It indicates that if patients are not getting satisfaction in OPDs than there is a big scope for the consultancies to grab those customers.

Therefore, hospitals can face a huge loss in their OPDs. So, it is becoming more competitive situation for the hospitals to make OPD patients satisfy through their OPD services. Efficient and strategic management process in OPD can bring satisfaction within OPD patient.

This study has been carried out to understand different bottlenecks in OPD that causes delay in OPD. It is also observed how we can redesign a new process for the OPD patients that looks something new and patient movement can be easier and most importantly we can make them satisfy through our process and also that should be easily understandable by all.

3.2 REVIEW OF LITERATURE

1. A study carried out at Rajas Eye hospital at Indore from 1st of August to 24th August. Data collected was regarding the arrival patterns of the patients and the processing times at various stages were collected over a period of two weeks. Another data was collected regarding the total time spent by the new patients in the system from the time of registration until the consultation by the director. After the data was collected it was discussed with them that they need to summarize total findings but unfortunately there was nothing any new insights. Only the crowding problem at ground floor area was very pronounced & that needed an immediate action.
   So as a conclusion of the study it was suggested that some of OPDs are shifted to another floor, they arrange of waiting area at a parking zone, new staffs like receptionist, optometrists were hired for increasing diagnostic area and to reduce waiting time. Another Suggestion was to introduce an ERP system in OPD to reduce documentation. (Managing the Outpatient Department Waiting Time at Rajas Eye Hospital, HarshalLowalekar and N. Ravichandran)

2. An Another study was carried out at Medical Retina Clinic with the aim to reduce patients' waiting time and to increase level of patients' satisfaction by improving patient flow pathway and service capacity in the medical retina clinic. This was conducted due to the high demand on this clinic as there is expanding need for the intraocular injection across the United Kingdome, resulting in long waiting time affecting patients' satisfaction.
   Thus, a need had been raised to enhance the capacity and utilize the provided services by analyzing the best ways to increase the number of patients receiving the intraocular injections per session and to reduce patients' waiting time with improving their experience. A total of 100 patients questionnaires which included information on waiting times and patient satisfaction were distributed during two times period in the retina clinic. Streamline patient's flow through process mapping along with time measuring and waiting time data were done after observing patient's journey in addition to Kirkpatrick Evaluation Model for training and informational session. In conclusion, the change project was successfully implemented in the retina clinic due to the strong management support and the effective collaboration between the stakeholders. (Improving Waiting Time and Patients' Experience in a Medical Retina Clinic Raghda Al Khani Royal College of Surgeons in Ireland)

3.3 Rationale

Out-patient Department in any hospital is considering being a shop window of hospitals. An Out-patient service is the most important service provided by all hospitals as it is point of contact between a hospital and the community and serves many patients at a low cost. Successful and efficient management of hospital can lighten the burden on the patient words.

Problem Statement

A key aspect of the patient's encounter at a hospital is how long he or she has to wait. As waiting time increases patient satisfaction decreases. Hospital needs visibility on the challenges faced by both clients and staffs at the eye care hospital (Jaipur based). Hospital is facing downtimes in improving waiting time in OPD and patient satisfaction rate.

Problem Justification

- Inappropriate time scheduling of consultations.
- Lengthy process in pre-consultation diagnosis.
- Confusion among patients about their turn.
- Lack of transparency in consultation process.

Aim

To identify bottlenecks and inefficiencies along patient pathways to improve patient waiting time at Dr. Virendra Laser and Phaco Surgery hospital.

Objectives

- To identify the determinants which causes delay in consultation process.
- To bring transparency in process
- To map the process and identifying wastes in process.
- To provide waste free process that can decrease patient waiting time.

3.4 StudyMethodology

- ✓ Study Area: Outpatient Department of Dr. Virendra Laser & Phaco Surgery-Eye Hospital

- ✓ Study Type: Quantitative& Observational study

- ✓ Period of Study: 3 Months (1st Feb,18 to 30th April,2018)

- ✓ Data collection method-

The data was collected using both by primary data collection methods as well as secondary sources.

- ✓ PRIMARY DATA:Information was gathered through primary sources. The method that was used to collect primary data are interviewing of the patients.
- ✓ SECONDARY DATA:secondary data was collected through:
  - Text Books
  - Magazines
  - Journals
  - Websites

- ✓ NUMBER OF RESPONDENTS:

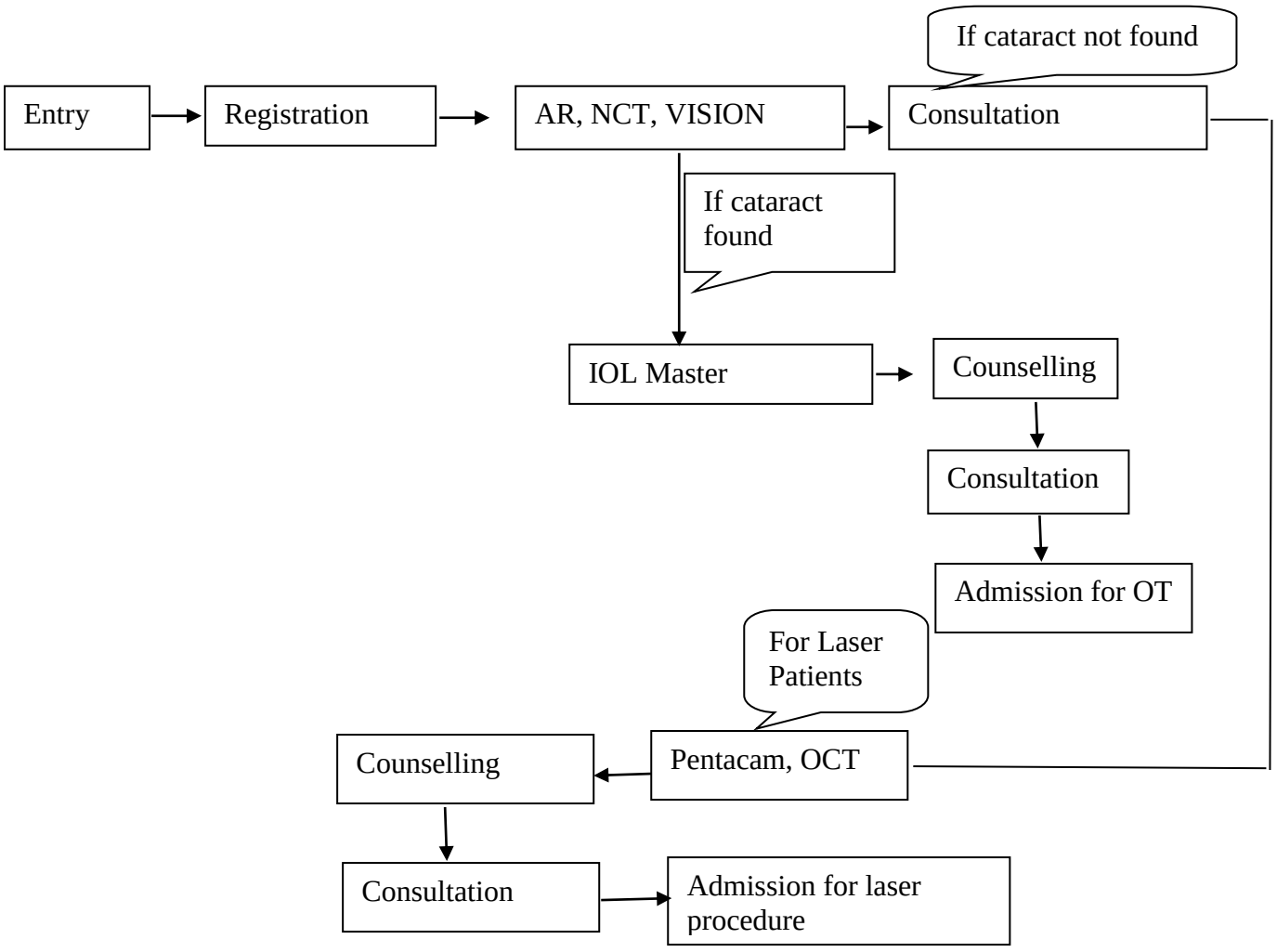
Total samples of 500 respondents was contacted who responded to the interview.

- ✓ SAMPLING TECHNIQUE:

The technique will be used for conducting the study will convenience sampling technique as sample of respondents will be chosen according to convenience.

OPD process flow

Patients are coming with their eye related problems at OPD, do their registration and wait for their turn in examination rooms. A diagram of process flow has been provided below to understand how patient moves from one corner to other.



OPD process is simple though there is a huge turnaround time in both the patients of cataract and laser. This is due to dilation procedure which involves a great amount of time before some specific examination like OCT, IOL MASTER, PENTACAM etc.

Figure 3.4.1

Turnaround Time

Turnaround time means the total time taken to fulfill the request. It is often used as key performance indicator which proves the service efficiency in OPD.

In this study a sample size of 500 patient has taken and data analysis is done using Microsoft excel to calculate turnaround time.

The data was taken based on following criteria:

- ✓ In-time: When patient comes to registration desk.
- ✓ Out-time: When documentation done at registration counter.
- ✓ Intime at Examination Room: When patient is done with his/her registration and wait for the call from examination.
- ✓ Out time: when patient finally consult with the consultant.

- Inclusion: All the patients coming for registration and consultation.
- Exclusion: Patient who are coming for their surgery and previously done their examinations.

Study tools used:

- ➢ Observational study was done to understand the process flow at OPD
- ➢ Microsoft excel was used to analyze Turn-Around-Time for the OPD patients

Turn Around Time

- ✓ TAT = Registration time – Patient's in-time in registration desk
- ✓ TAT= Consultation time – Patient's in time in investigation procedures.

Here delays are calculated for two separate areas in OPD.

- ➢ Patients have waiting time in registration process that is why it is calculated separately.
- ➢ And after registration patient must go through with some common investigations which are applicable to all, are calculated separately.

Ethical Considerations:

- ➢ Confidentiality of patient was maintained.
- ➢ Information which was received will not be mis-used.
- ➢ Data collected are only for the project purpose.
- ➢ The study was carried out with due consent of the medical director.

3.5Results

- Total average delay for Patient Vs Registration Time was 14.47 minutes. This is due to the complex process of registration.

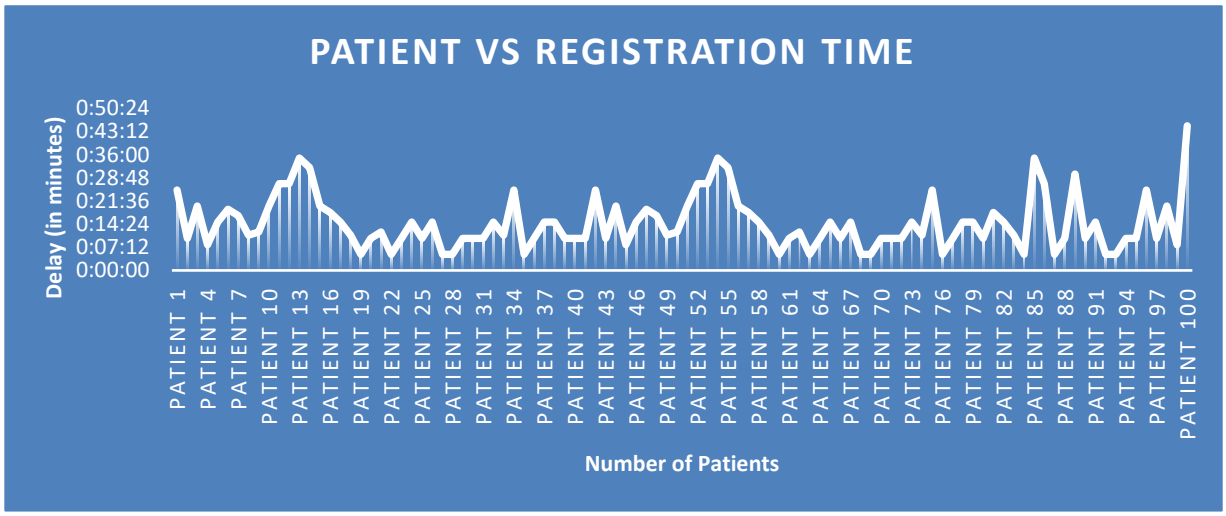
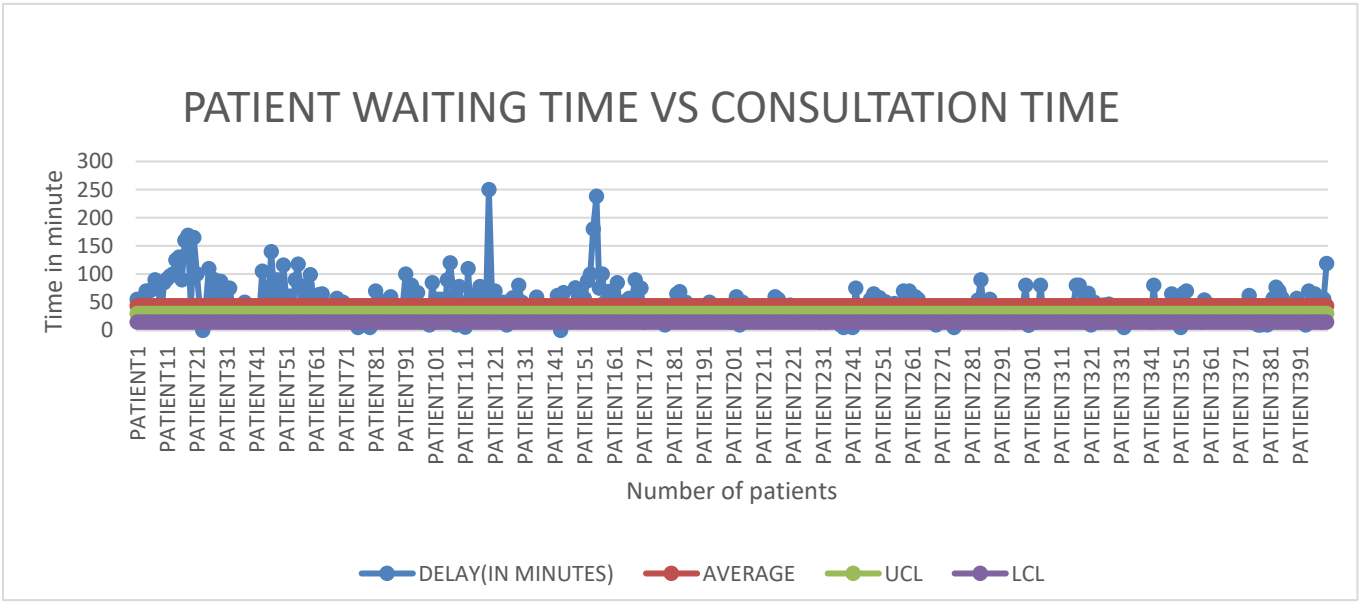


Figure 3.5.1

- Causes of delay that has found in the study are:
  - ✓ When patient arrives for registration, receptionist informs coordinator to bring card from the MRD located at first & second floor. He/She initiate to search according to the card number in MRD.
  - ✓ At that point of time some more patients are present at reception desk, causes delay
  - ✓ Sometime that card is lost for a reason & those coordinator are busy to search for that number which again causes delay.
  - ✓ After the registration process patient must move for some common investigations like AR, NCT & VISION test as it is a part of OPD procedure. During this tests patient waiting time is also increases
- After doing registration, patient has to wait for consultation because of some common investigations are performed which also contribute in delay.

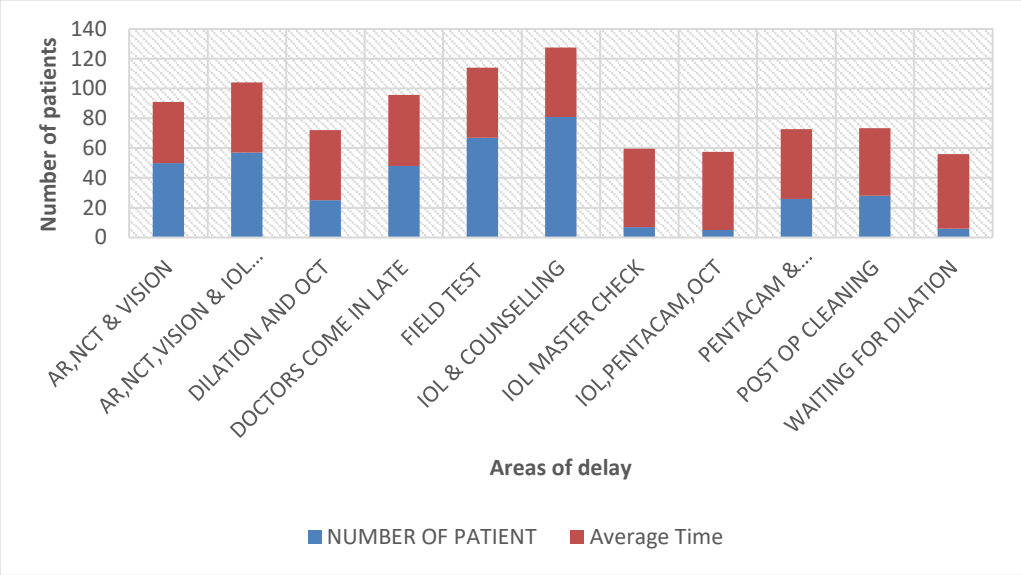
Figure 3.5.2



This graph is showing three colored parallel lines which are indicating average time, Upper Control Limit & Lower Control Limit.
The upper one indicates average waiting time for each patient in OPD
Second one is showing that maximum time is required for a patient to wait for consultation.
The last line is about the minimum time a patient should ideally wait for consultation.
In this graphical representation we can see maximum patients are waiting beyond their average waiting time which indicate that OPD process is not capable to make his/ her patients satisfy which indicates improvement is necessary.

❖ Different delayed areas

Figure 5



This is graph is showing different reasons or problem areas where delay has occurred with their average time for each reason for delay.

- AR, NCT & VISION:
  This are a set of tests done prior to the consultation. It makes easier to consult with patient as main vitals are already maintained by the Optometrists. Here delay arises because of the limited number of AR & NCT machine. Though there is a separate set of AR & NCT machine but that is not installed properly yet. As a result, that machine cannot be utilized. Thus, delay takes place.
- AR, NCT, VISION & IOL MASTER:
  IOL Master check is done after the detection of cataract to a patient at the time of vision test. Patient has to travel from ground floor to first floor and again have to wait as dilation is required for the test. It requires again 30 to 40 minutes. So here also delay occurs.
- Dilation & OCT:
  Dilation is also required for the OCT test depends on eye condition. Patients also has to wait here for the procedure which causes delay.
- Most of the patient use to come at morning time and as at that point of time crowd is less comparatively than of rush hours. But due to the unavailability of doctors in OPD patients have to wait.

- Field Test:

These tests are done specially for the glaucoma patients. There are no specified staffs for that particular test. That is why patient has to wait until another staff is arranged to do that test.

- IOL & Counselling:

After the IOL procedure patients are directed towards the counselling room where it is described to them as what & which type of healthcare services they are required for. Once this is done patients are moved to the consultation. So, patient comes for IOL have to wait 40 minutes for dilation and after that again for counselling. Thus, gap between registration time and consultation time increases.

- IOL, Pentacam & OCT:

Sometimes patients also have to move from one test to another which causes delay due to improper communication between staffs.

- Pentacam & OCT:

These tests are done for the laser patients and according to the doctor's advice OCT is done. But the problem is patient have to wait for their turn as dilation is also required here. On the other hand, patients are also in the que who have done their IOL check-up and waiting for their turn for pentacam test.

- Post-op Cleaning:

Post-op cleaning is done on the next day of surgery. Post-operative patient come on the next morning of surgery and get the cleaning of eye done. After that they are directed to the for the follow-up in OPD. Here, post-operative patients have to wait on que for the follow-up and cleaning purpose. There is no separate entry or follow-up system for the postoperative patient that they can do their follow-up easily. So again, patient have to wait. Besides this, Postoperative cleaning is done by two dedicated persons only. These two staffs are not sufficient enough to cater postoperative patients because they have to guide them also till ground floor. This is also a reason for long waiting time at postoperative cleaning zone.

- Dilation:

Dilation is required for a better view of back of the eye. According to the doctor's advice it is done. It requires around 40 minutes of time per patient as dosage are given once in 10 minutes for four times. After the dilation they again wait for consultation. So thus, patient waiting time for consultation includes post registration tests, dilation and then consultation.

In above discussion about the different areas where delay has occurred, it is found that if we can make changes in dilation system, patient waiting time will be much reduce.

Mapping of problem areas in OPD process flow

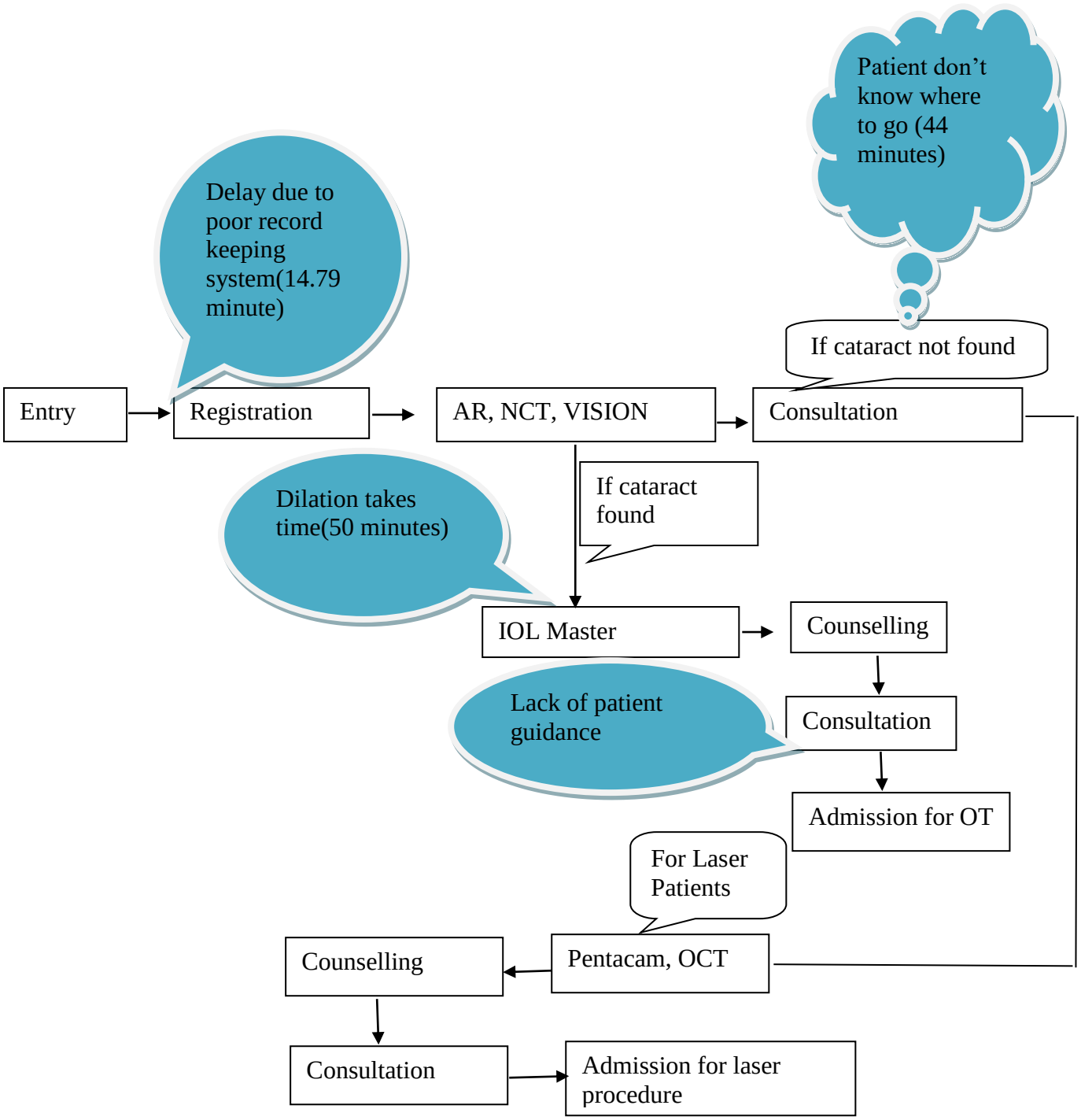


Figure 3.5.4

Causes Affecting Turnaround Time

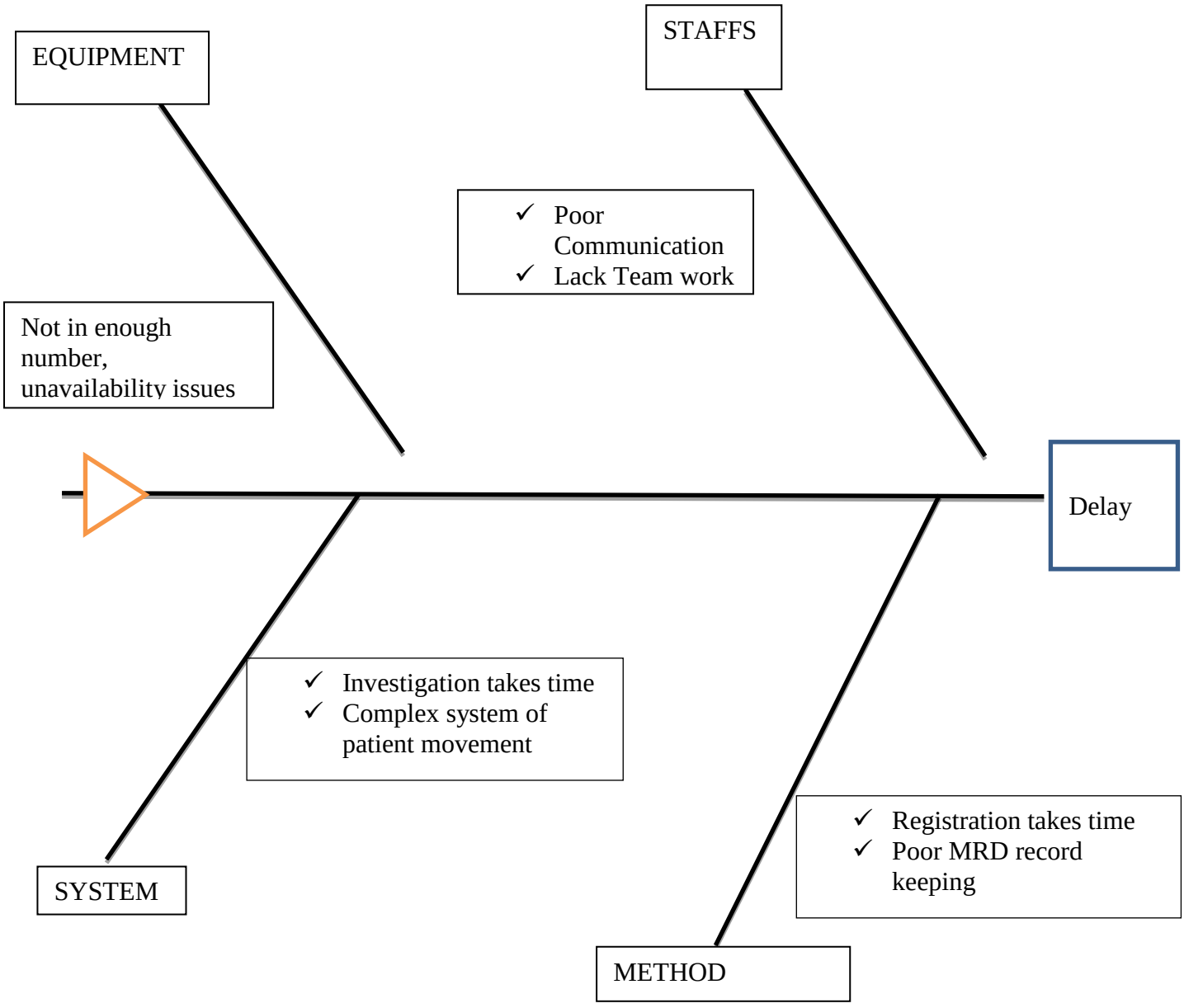


Figure 3.5.5

Determinants which are responsible for delay directly or indirectly in OPD

Determinant which have found during the study and day to day observation in OPD, following point has come out as triggering point for long waiting time, patient dissatisfaction and complexity in process flow:

- ✓ Reception staffs are not service oriented. Lack of soft skill issues have been found.
- ✓ Patient travelling from ground floor to first floor is huge.
- ✓ Patient care coordinators do not pass information to patient which creates confusion.
- ✓ Patients don't know about the consultants.
- ✓ AR, NCT, VISION machines are not enough to provide smooth process flow.
- ✓ Patient waiting time also increases due to dilation process. It takes 40- 50 minutes per patient before test.
- ✓ Sometimes consultants suggest for dilation for a better view of eye, this also includes high waiting time.
- ✓ Cataract patients moves for counselling before consultation after the IOL Master check. They are not clear about why they are moving around.
- ✓ Investigation reports are not provided to patient which causes patient dissatisfaction.
- ✓ Employees are not helpful to each other. As a result, patient has to suffer.
- ✓ Inappropriate hand-over of staffs creates confusion and because of this patient waiting time increases.
- ✓ Patients do not have any idea about the consultation time.
- ✓ Coordinators are not trained enough how to counsel patients.
- ✓ Staffs are reluctant to change.

3.6 DISCUSSION

Dr. Virendra Laser & Phaco Surgery Centre a well-known eye super specialty hospital in Jaipur cater a great number of people of Rajasthan as well as neighbor states. It is a well-known establishment because they believe in providing best eye care treatment facility with more advanced technology available in present market.

But the problem was with the systematic management process within the hospital. It is due to the structural issues and miss-management of OPD procedures that causes long waiting time in consultation process.

The entire study was carried out with the aim of reducing waste from the process, to smoothening the process flow and also to reduce OPD waiting time.

Suggestive measures that can be applied for systematic management in OPD area are:

- Departmental Division:

  It is necessary to break different diagnostic processes into departments to reduce internal conflicts for which patients are getting hampered. Departments will be led by the individuals who will be responsible for carrying out all the diagnostics and to deliver report to doctors on screen & patient.

- Hierarchy Formulation:

  Hierarchy defines each staffs responsibility to get a work done within someone's authority. Hierarchy indicates where and whom to report. It will bring accountability within the staff for which he/she is assigned.

- Divisions of work according to the responsibility:

  It is found during the study that some of employees are responsible for more than one specified job. For Example, an employee who is doing diagnosis is also engaged in Operation theatre which create dissatisfaction within the employees. It is due to the lengthy working hours. It is true that they are getting some extra learning, but the management is not appropriate.

  So, if we define each & every employees job description and specify them what all functions he/she are expected to do than they will be in a streamline process and they can think what all necessary changes can be done within their department.

- Trained & Qualified staffs:

  Trained and qualified staffs have knowledge & experience about their work and requires less training and can take charge easily. Moreover, it increases quality in healthcare service.

- Dilations rooms should near to the consultant's rooms for easy follow-up & less patient travelling.
- It should be segregated first by the optometrists that which patient requires dilation. So those patients can get dilated at the beginning and at other diagnosis procedure waiting time due to dilation will be less.
- Diagnostic services that are important to diagnose cataract and for laser procedure should be near enough to consultants for easy follow-up of reports and counselling.
- Information should pass to patient. It is observed that patients do not know which room they have to go, or which doctor is sitting inside or at when and where there counselling will be done by whom. So, it causes confusion among the patient and make them dissatisfy.
- Working culture should be develop that to wish each & everybody within the premises, to be on formals or in office uniforms that reflect the image of hospital.

3.7Conclusion

Dr. Virendra laser & Phaco surgery-Eye Hospital is a well-established eye hospital in Jaipur. During the study lots of improvements have already done and some of other improvement needs to be done.

Patients attending each hospital are responsible for spreading the good image of the hospital and therefore satisfaction of patients attending the hospital is equally important for hospital management. Various studies about outpatient service have elicited problems like overcrowding, delay in consultation, proper behavior of the staff etc.

The study reveals the average spend by the patients and expresses their view towards the hospital and hospital's services provided by the hospital and the total consumed on each activity. In this study, it was found patients constitute of all age groups and genders among which most of them were females. Study depicts that average no. of patients coming to OPD each day as walk-in is more in comparison to the appointment patients.

Turnaround time study reduces waiting time of patients in OPD and helps to find out gaps in our existing process. Patient will have less waiting time more satisfaction and we can bring efficiency in our services. We can meet more number of surgery per day by proper scheduling.

At present due to improper OT scheduling we are losing our evening time patients. So once if we can combine our all the facilities within a grip and can able to provide a smooth OPD service we can meet more number of patients.

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