A STUDY ON PATIENT MANAGEMENT IN OUT-PATIENT DEPARTMENT AND THEIR LEVEL OF SATISFACTION

Presented By :- Aman Kumar Sah
Faculty Guide:- Dr Goutam Sadhu

INTRODUCTION

OPD patient management is the important part in Hospital on OPD basis. Overcrowding Hospital always suffer from this issue which ultimately leads to patient dis-satisfaction. Patient management not clinically but administratively. Patient management includes crowd management, Queue management and process flow. The main method for gauging how well healthcare is delivered now centres on patient-cantered outcomes. To assess the degree of patient satisfaction with OPD services by summarising patient experiences with medical OPD services and service accessibility among patients who visited the medical OPD of The Mission Hospital.

Patient satisfaction is an indicator of how well the patient is being treated at your medical practice. The "how well" refers not only to the quality of care but also to how happy a patient is with the treatment he or she received. It is a measure of care quality and gives healthcare providers valuable insights into various aspects of healthcare, including the effectiveness of their care and their level of understanding.

Patient satisfaction, while always a critical factor, has recently gained momentum in the healthcare space. In the wake of the patient-centered healthcare environment, patients are demanding a bigger role in managing their healthcare, and they expect a higher level of commitment and care from their providers. Healthcare providers are needed to adjusting their healthcare marketing strategies accordingly.

Increasing patients' satisfaction will lead to sustain the hospital in long run and make goodwill in the market.


Modern technique for investigation and treatment
Provide Quality of Care
Objective of OPD
Good Public relation
Facilities for total patient satisfaction

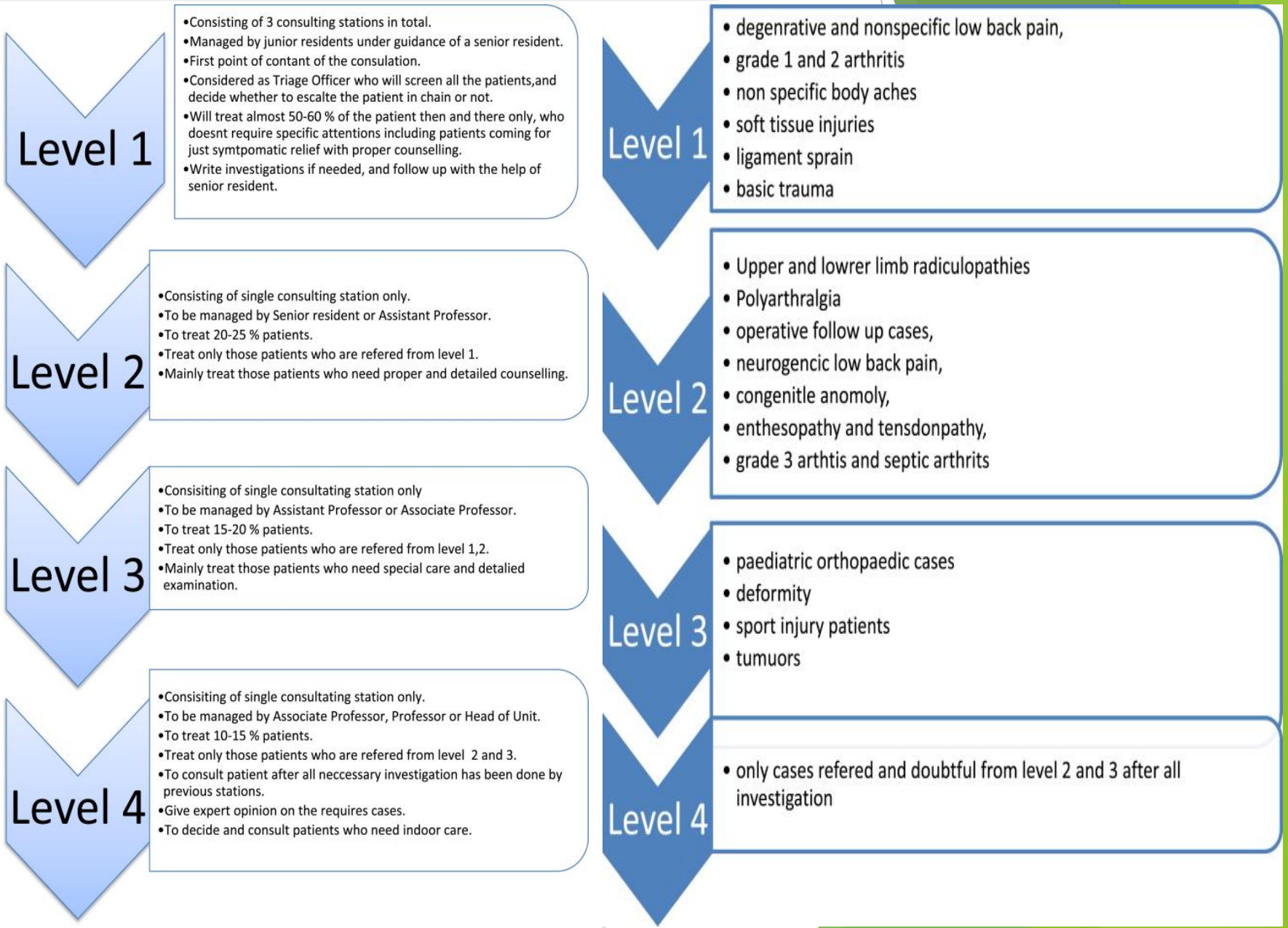
LITERATURE REVIEW

1. "OPD TRIAGE" - A novel concept for better patient management in heavily loaded orthopaedic OPDs

Nishant D Goyal [1], Rajesh Kumar Chavan [2], Anshul Pahwa [3], Vinay Kumar Gautam [4], Neeraj Mishra [5], Prashant Kumar Tripathi [6]

- In orthopaedic OPD they used triage method to identify and treat patient. They used 4 levels for triage. On triage days around 91% patients are satisfied with professional care, depth of relationship, doctor's attitude, counselling from doctor. While on non triage days, this figure is only 51%. Regarding treating doctors, around 93% percent of the time, the consultants were happier and more enthusiastic to consult patients on OPD triage days. While on non triage days it was only 32%.

- https://pubmed.ncbi.nlm.nih.gov/32774014/



2. Online OPD Management with Rating and Review System to Hospitals and Doctors

- Chaitanya Garware, Ruturaj Sutar & Krishna Londhe

- In this article it shows the importance of technology and level of patient satisfaction. The proposed system describes a generalizable method that systematically combines hospitals, doctors, patients, and medicals in a single system providing "patient's reviews and rating to hospitals and doctors" which leads to "online OPD management." Hospitals, doctors, patients, and chemists will first register themselves in this system with all the information. After the patient's check-up, the doctor will send the prescription of the patient's medicine to the chemist online. The patient will be able to give a rating and review to that doctor or hospital based on the quality of treatment experienced. This obviously means that physicians need to provide the best treatment to patients for good ratings and reviews. So, the proposed system can manage many tasks that are usually time-consuming and inconvenient with respect to doctors and patients also.

- https://link.springer.com/chapter/10.1007/978-3-030-86165-0_4

3. **OPD-PMMAS: Patient Management and Mobile Alert System for OPDs in Sri Lankan Hospitals-A Prototype**

- M.A.C. Akmal Jahan1, Subodha Rathnayake2 , Madhureka Kalansuriya3 & Faarija Subair4

- The project has been implemented in Base Hospitals at Dambadeniya, Mahaoya, Awissawella, District Hospital Dompe and Base Hospital Karawanella. The HHIMS is capable of doing functionalities such as patient registration when arriving at OPD, report generation (OPD registers, dispensed drugs) and retrieving patient information. To achieve the goals, the following objectives are performed: i. Development of patient information registration and management system for OPD. ii. Integration of the patient alert system using the mobile application with the patient management system.

- http://ir.lib.seu.ac.lk/xmlui/bitstream/handle/123456789/5808/35%20P_ICST2021%20Final%20v11_win_Done_sec_.pdf?sequence=1&isAllowed=y

RESEARCH QUESTION

What are the factor leading to increase the crowd in OPD?

What is the satisfaction level among the patients in the outpatient department and the possible reason for dissatisfaction?

OBJECTIVES

To smoothen the flow of patients in OPD.

To assess the satisfaction levels among the patient.

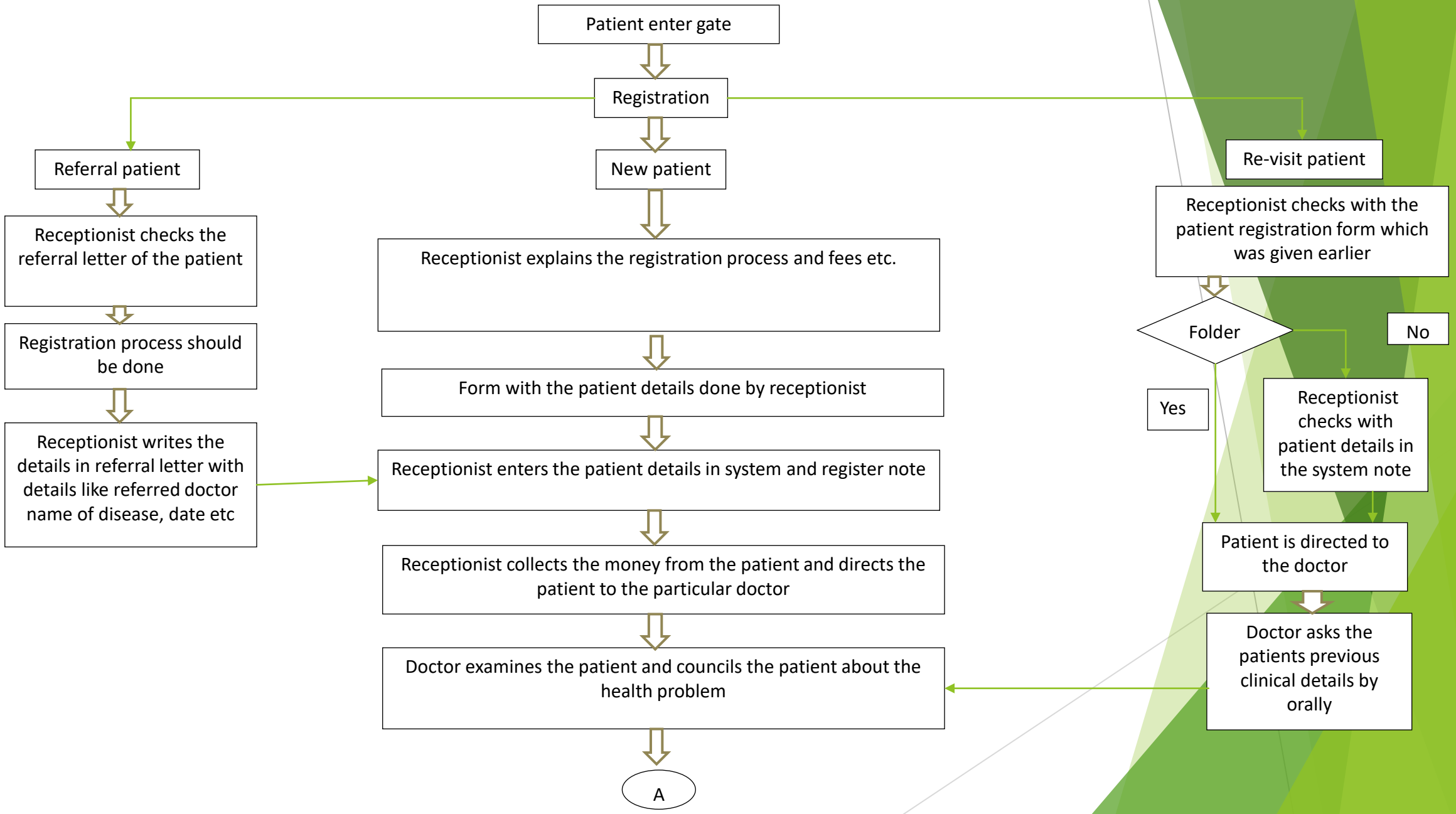
To identify the strategies to help the hospital increase their patient satisfaction levels.

Mode of Data Collection:-

- Primary data - Collected from records of each OPD consultants.(interaction with patient)
- Secondary data – Collected from Hospital Records

- STUDY DESIGN – Descriptive and Observational Study.
- SAMPLING TECHNIQUE – Simple Random Sampling.
- SAMPLE SIZE – 800 sample(per day 10 patients were questioned)

OPD PROCESS FLOW



Current Scenario- (Ground Floor)

1st Floor

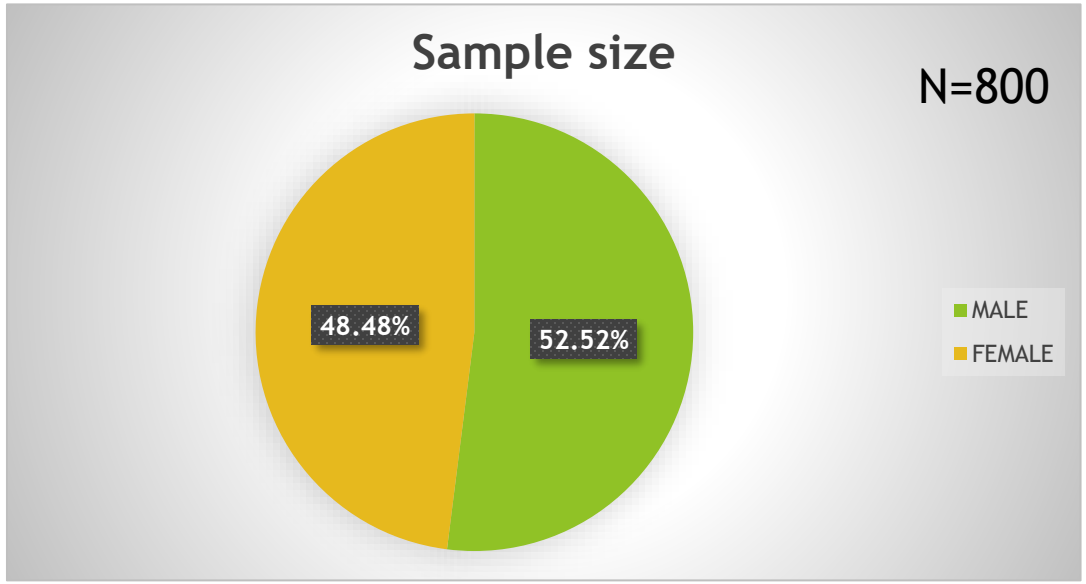

Reception
OPD
Sample Collection
Security Bay
Physiotherapy
Stairs
EXECUTIVE HEALTH CHECK UP
DIABETIC CLINIC

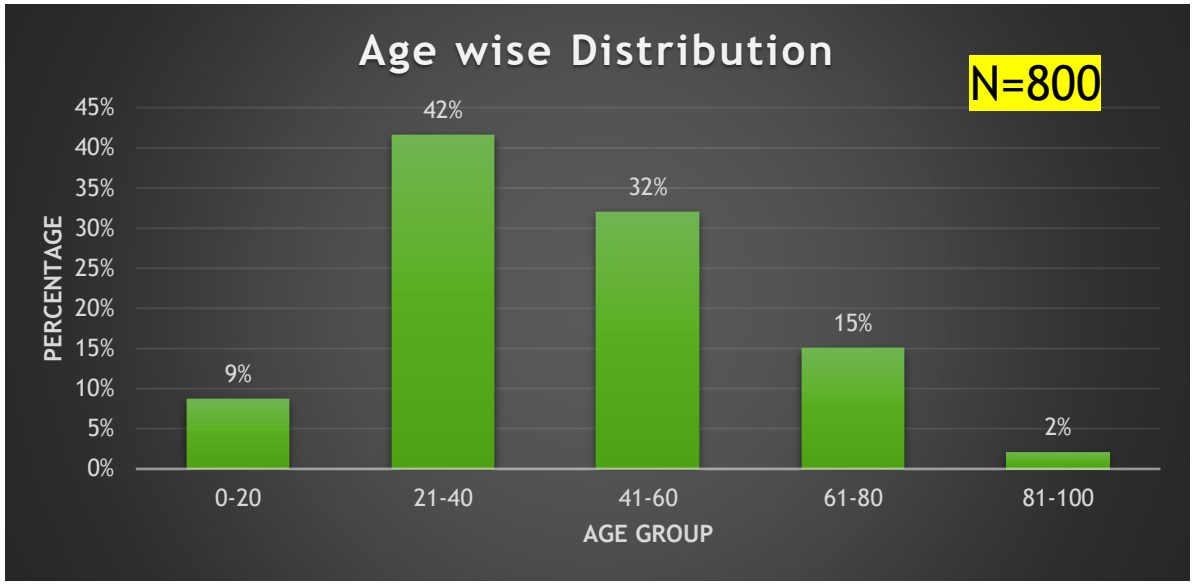
BASEMENT

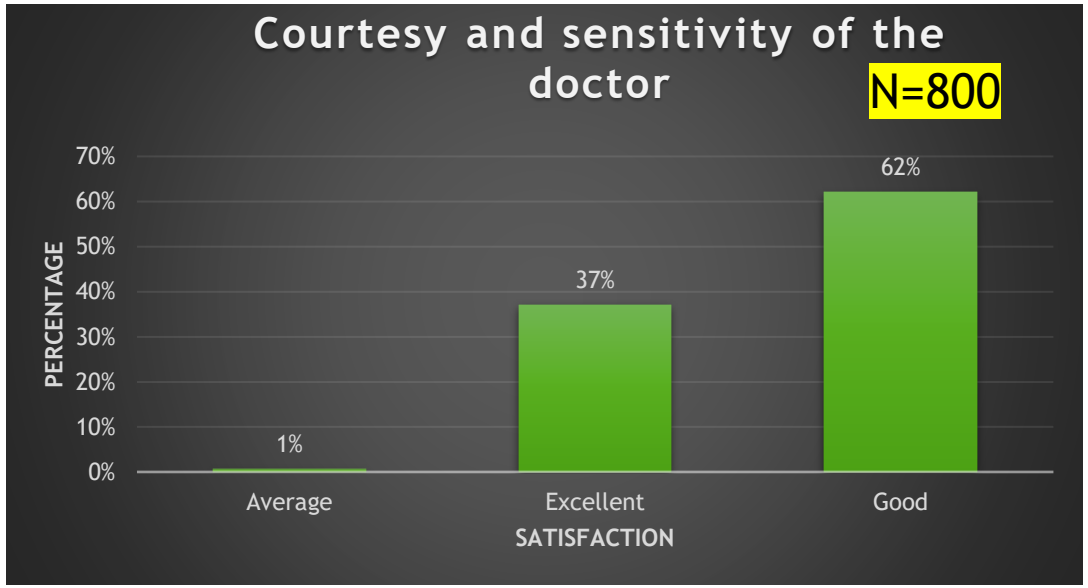
Emergency & Radiology Department waiting area.

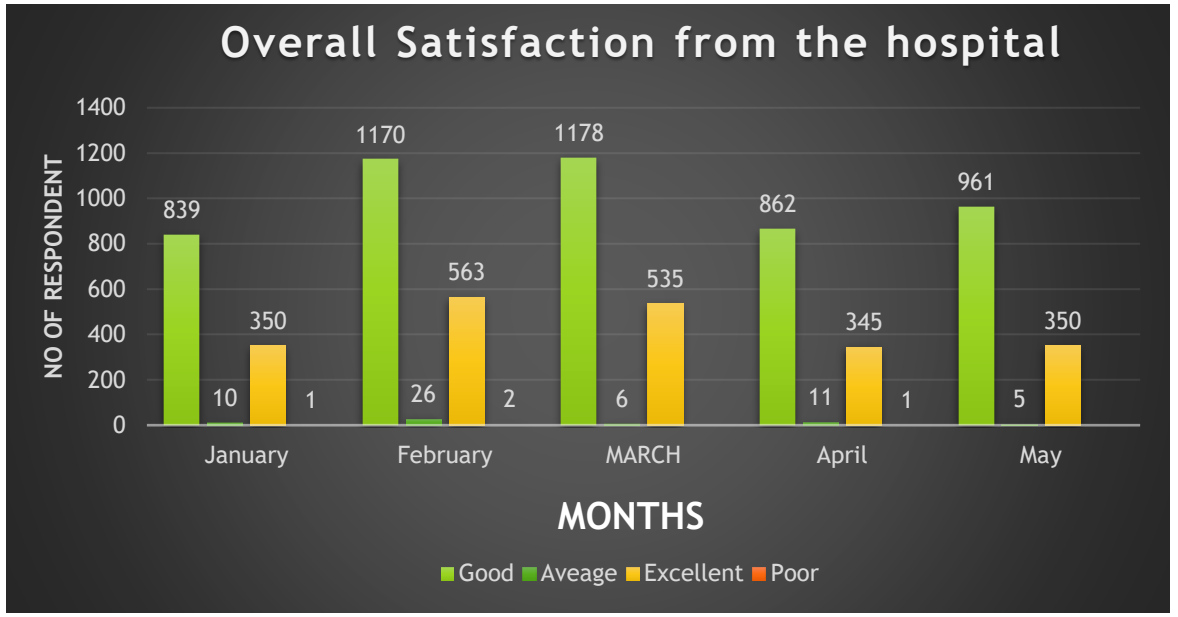
- Directional signage needed guiding toward admission cell and reception

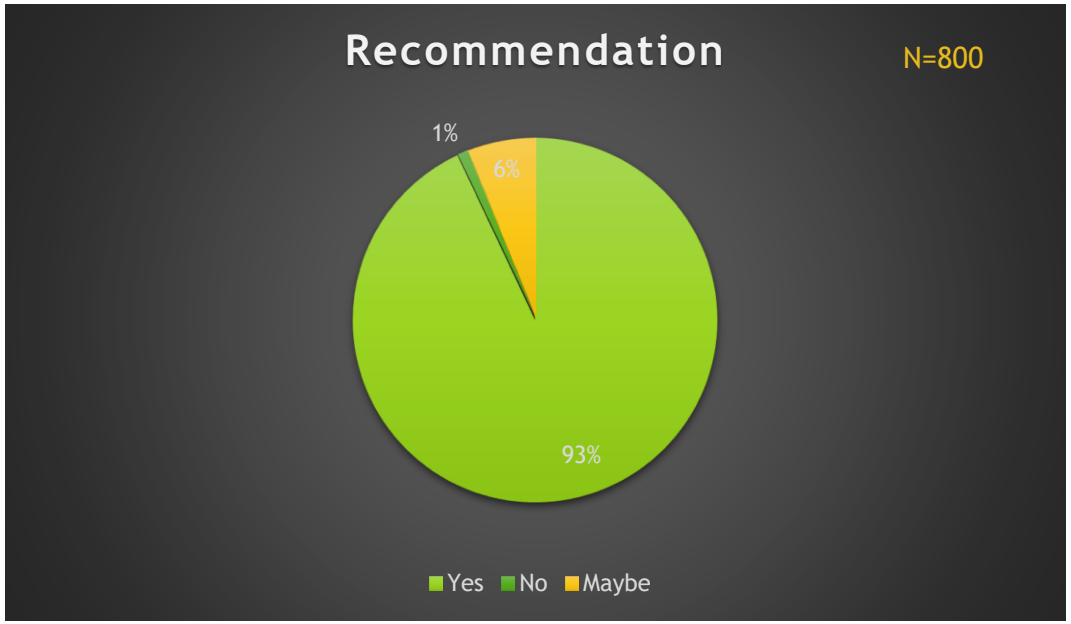
RESULTS


Sample size
N=800
48.48%
52.52%
MALE
FEMALE

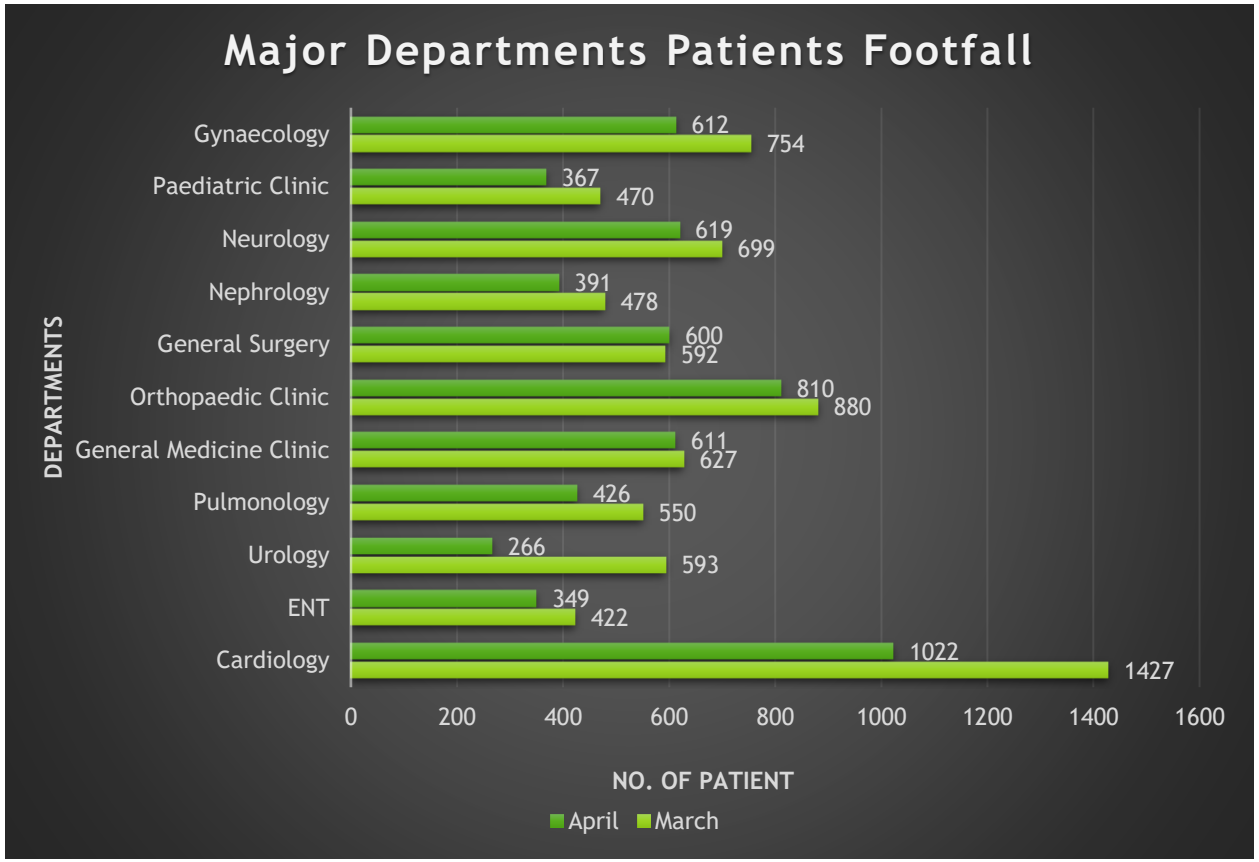

Age wise Distribution
N=800
PERCENTAGE
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
9%
42%
32%
15%
2%
0-20
21-40
41-60
61-80
81-100
AGE GROUP


Courtesy and sensitivity of the doctor
N=800
PERCENTAGE
70%
60%
50%
40%
30%
20%
10%
0%
1%
37%
62%
Average
Excellent
Good
SATISFACTION


Overall Satisfaction from the hospital
NO OF RESPONDENT
1400
1200
1000
800
600
400
200
0
839
10
350
1
1170
26
563
2
1178
6
535
862
11
345
1
961
5
350
January
February
MARCH
April
May
MONTHS
Good
Aveage
Excellent
Poor

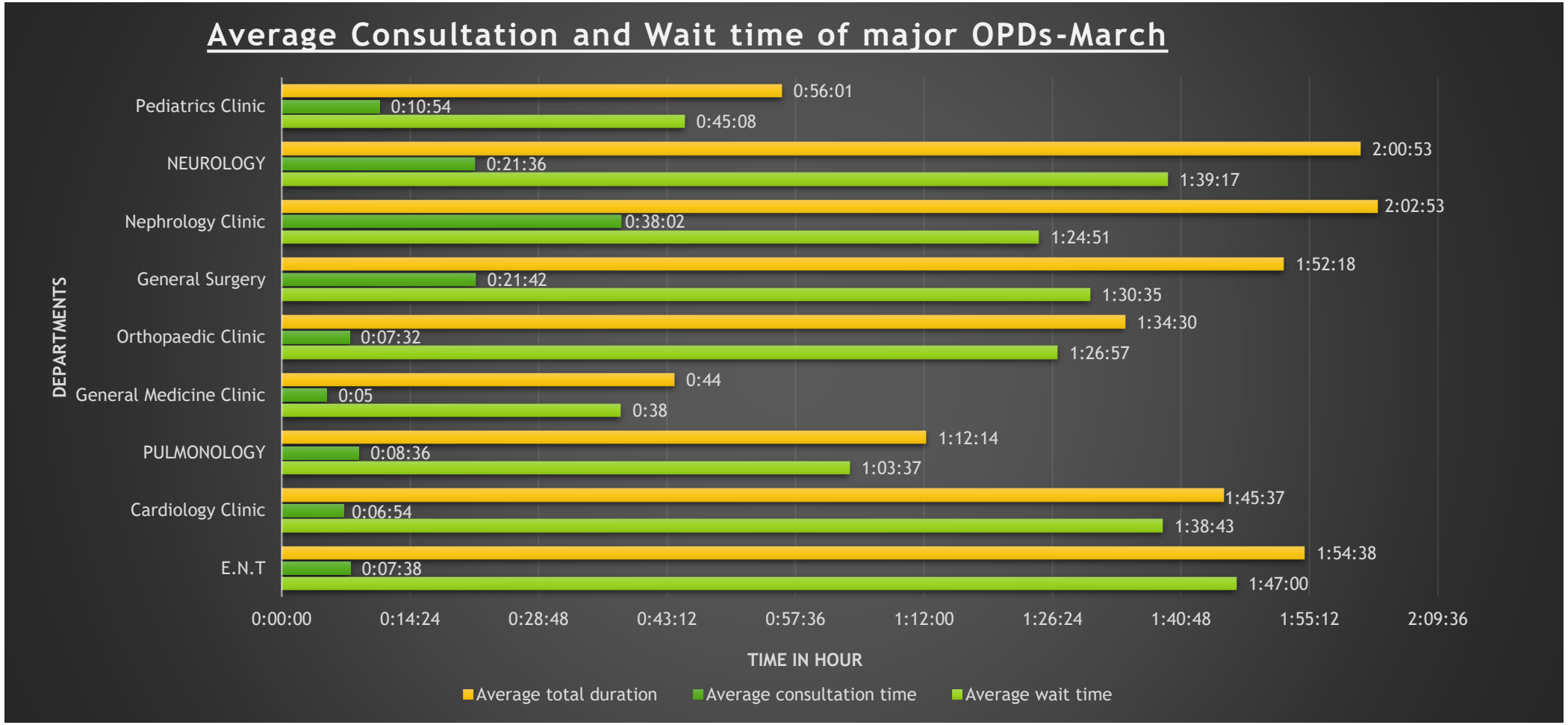


Almost majority of patients (93%) were willing to recommend the hospital to others whereas very less number of patients answered no or most likely.



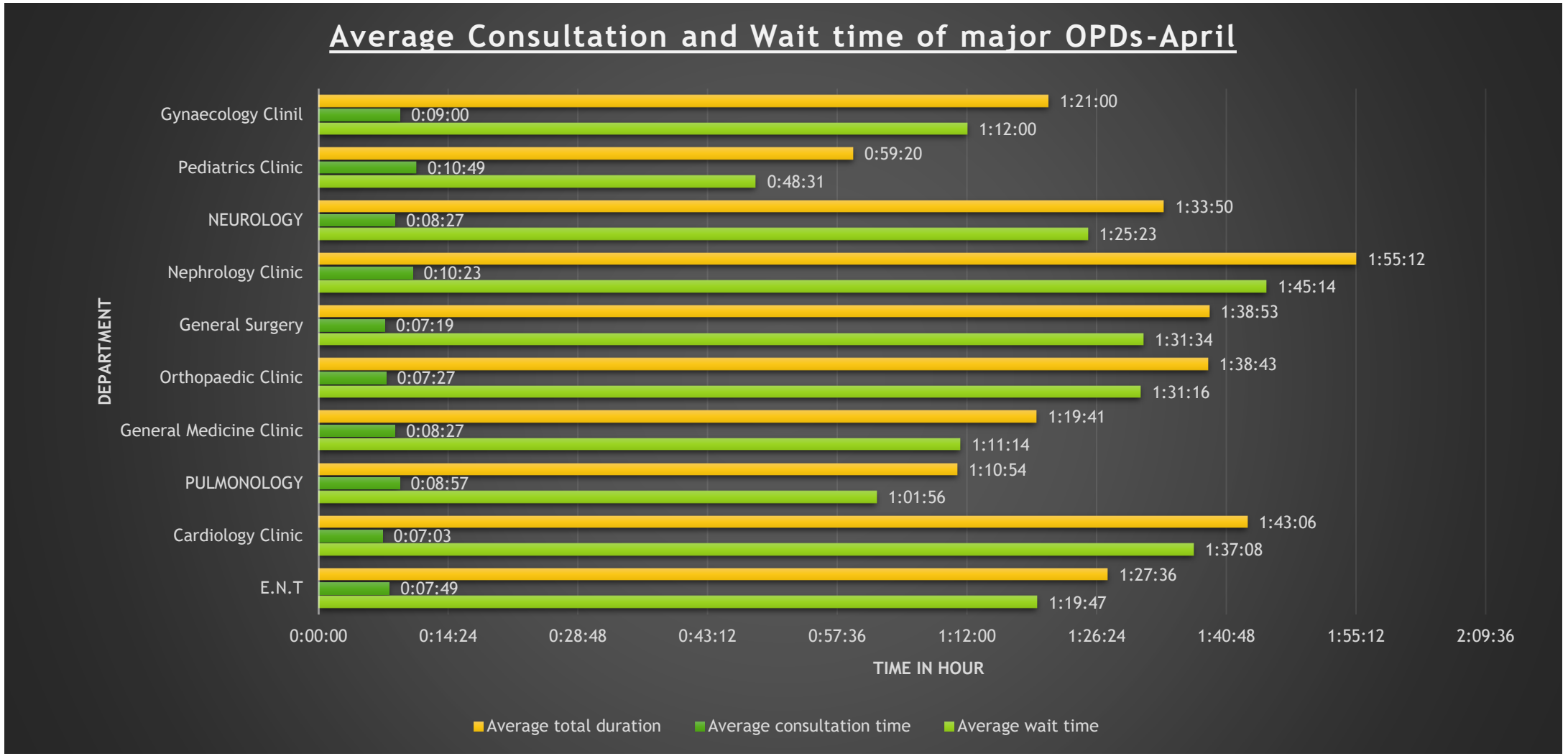
Interpretation : Footfall has decreased in almost all the OPD in the month of April as compared to March reason might be seasonal trend and holidays.

- It has been seen that Cardiology department has major footfall followed by Orthopedic and Gynecology.
- ENT shows the less no of patient foot fall.



- Ideal Average Consultation time is 10-15 Minutes.
- Ideal Average Wait time is 15-30 Minutes.

- Average wait time in total-01:21:12
- Average consultation time in total- 0:13:46



- Ideal Average Consultation time is 10-15 Minutes.
- Ideal Average Wait time is 15-30 Minutes.

- Average wait time in total- 01:53:57
- Average consultation time in total- 00:08:34

Interpretation

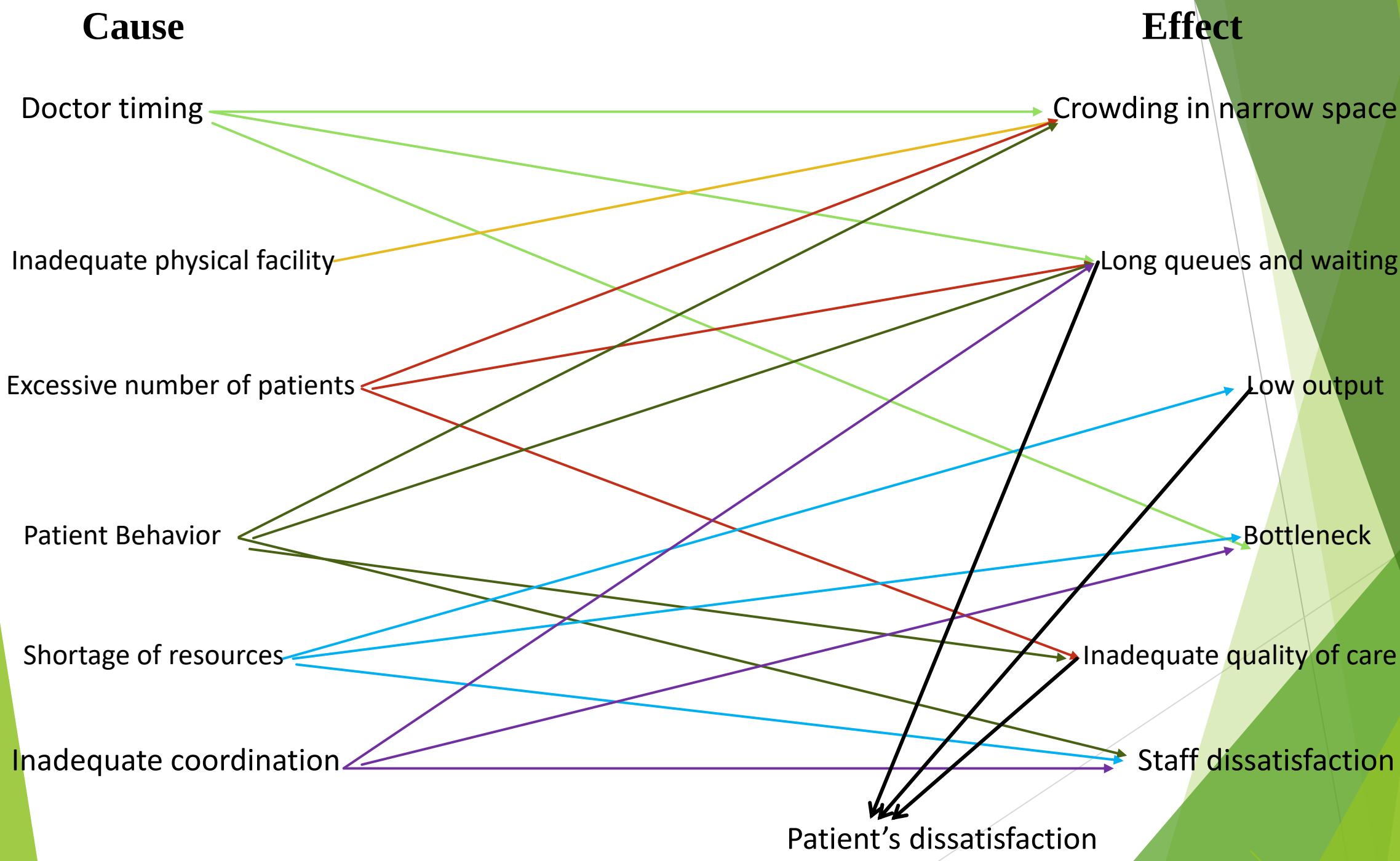
- ✓ Average wait time in March and April is 01:21:12 and 01:53:57 which is extremely high as considering the ideal time.
- ✓ Average consultation time in March and April is 00:13:46 and 00:08:34.
- ✓ It has been observed that in almost all the major OPD the Average time is above or near to 1 hour in both the month.
- ✓ This waiting time has been observed in past data also, waiting time is one of most important factor for any hospital to get judged.

Study Finding

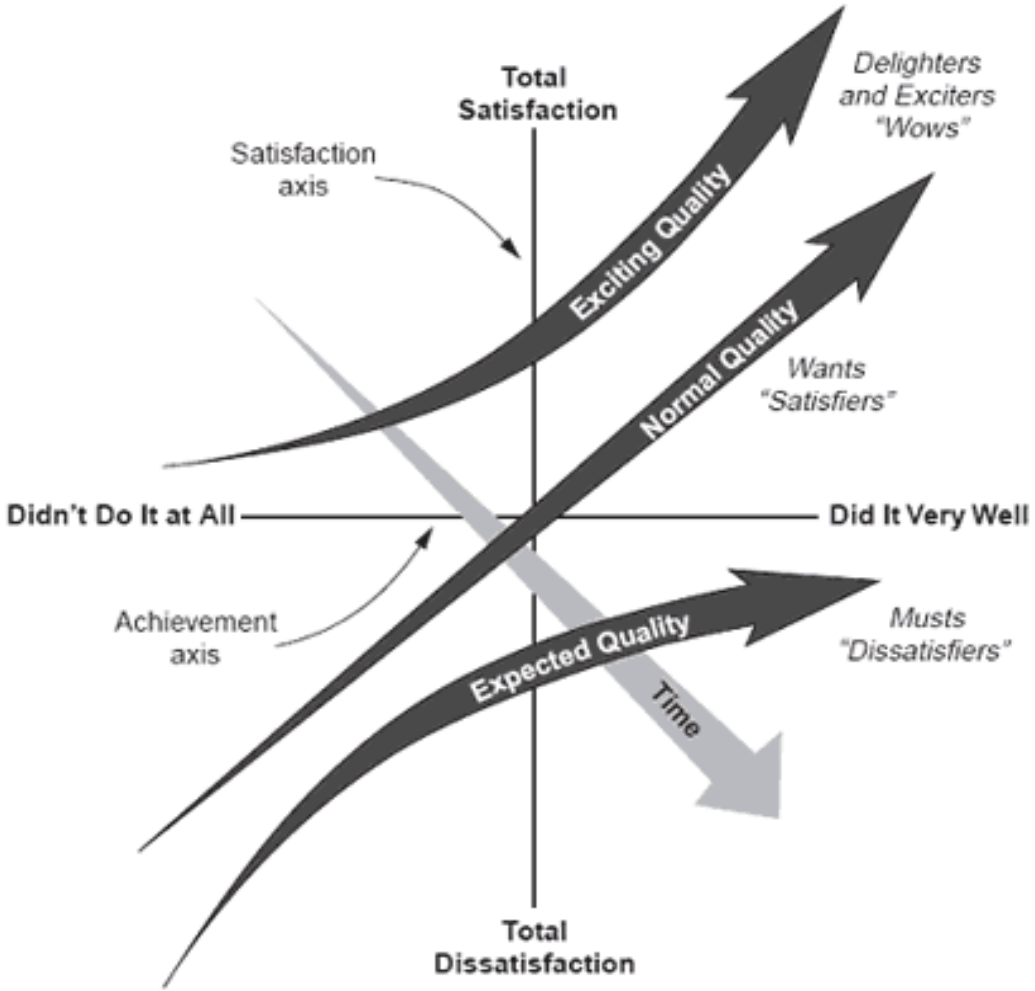
1. Patient is standing or sitting or lying on the stretcher on lobby waiting for doctor and there is no announcement or sign that doctor has come in the cabin there is no one to guide(Except GDA), its just the person accompanying patient is roaming and checking after all there is no place to sit.
2. No caretaker for patient as due to crowd AC runs in low temperature which lead to shiver the patient and search for blanket those who are in stretcher.
3. **Lack of availability of chairs and waiting space.**
4. Patients arriving 2 to 3 hours prior to the appointment schedule. (Mainly outside patient)
5. **Increased waiting time of patients due to non-availability of doctors** due to their rounds and OT schedule.
6. Confusion regarding the direction. Signages are not clear.
7. Confusion among patient to find the doctor chamber.
8. **More than one attendant with the patient for OPD consultation which ultimately increase the crowd.**
9. Monday and Friday has been observed that patient flow is excess. Delay in any process will lead to overcrowding heavily which happens every week.
10. No Proper Board of doctors List. (Digital Signage show 2-3 doctors at a time.)
11. Token Box is not highlighted/visible, Even person standing there cannot identify that it is token box though it has written above.
12. Arrangements for Sitting for patient party who wait for doctor advice during/after OT. (Sitting on the stairs.)

Solution/Suggestion

- Only one patient attendant allowed with the patient in OPD.
- Token system Should be introduced in basement and 1st floor OPD also. (Even in Pharmacy)
- Sample collection top board to guide near the basement entrance.
- The coordinators should coordinate on the doctor's arrival and the appointments of the patients, proper announcement should be made.
- The patients should be called in the hospital as per their appointment.(Tracking System)
- Patients with a confirmed appointment either walking or taking prior appointment would be allowed half an hour prior to the appointment inside the hospital.
- Adequate Sitting arrangements for patients and their relatives.(Outside Main building)
- Requirement of detailed signage speaking about the name of doctors and their room numbers on the entrance.
- Digital appointment with payment method should be introduced.
- Some signage or band for value patients. (IEC material).


Cause
Effect
Doctor timing
Inadequate physical facility
Excessive number of patients
Patient Behavior
Shortage of resources
Inadequate coordination
Crowding in narrow space
Long queues and waiting
Low output
Bottleneck
Inadequate quality of care
Staff dissatisfaction
Patient's dissatisfaction

KANO MODEL



- Must be/Basic level of satisfaction - OPD consultation Infrastructure, Washroom and drinking water facility, Best Doctor diagnosis, Sitting arrangement.
- Normal need/Performance/Satisfier – Pharmacy, Registration process, Queuing system, Support staff (GDA), Diagnostic services. Prioritization, identification of vulnerable patient, attention to special needs, staff behaviour.
- Exciting Quality/ Delighters - Early detection of disease (Advanced medical devices), Robotic Nurse, Transparent process, Tracker in Doctors(Optional), Digitalised tracking of process, least waiting time.
- Indifferent attributes – Hassle free registration process, single window policy, smooth transaction from one process to other, attention of care giver.

Reasons of Patient Dis-satisfaction

- Sitting Area problem in 1st Floor, Ground Floor and Basement (Lack of Chairs).
- Cafeteria services (sitting space) is insufficient.
- As per patient flow, washroom (mainly restroom) is very less, during peak hour patients have to wait for a long time.
- Very long queue and waiting time in pharmacy , **no separate line for senior citizen.**
- Issue for Parking area both Motorcycle and Car (mainly Car) for the patient and visitors.
- Proper information to patient party about diagnosis and revisit.
- **Rude Behaviour of Security.**
- **Delivery of reports are late.**
- Feeding room, diaper changing room is not there in OPD.
- OPD Appointment process is not satisfactory.
- There should be separate arrangement for the patient coming from outside the city. Many times beds are not readly available for the patient coming from other city and they have to suffer a lot.
- Drinking water facility is not there in every floor.
- When doctors come in OPD some announcement or some indication should be there for arrival of doctor.
- **Doctors are not present during OPD hours.**

Suggestion or changes of Patient Satisfaction

- At least there be sufficient chairs for the patient to sit.
- Increase rest room capacity, mainly in basement and ground floor.
- Token system in pharmacy should introduce.
- Appointment system should improve(self-registration and payment by portal).
- The infrastructure and Planning for the existing building was made way back in 2005 and hospital building was operational from 2008. The projection of the volume of Outpatient after 15 years does not match with the actual situation. This had let to the expansion of new building to meet the current scenario of patient flow and their expectation. Hope the new building will meet the expectation and decrease the overcrowding and waiting area related problem.

National Quality Assurance Standards for District Hospitals

Version: DH/02/19

Checklist for Outdoor Patient Department

2

Assessment Summary

Name of the Hospital	THE MISSION HOSPITAL	Date of Assessment	
Names of Assessors	AMAN KUMAR SAH	Names of Assessees	
Type of Assessment (Internal/External)	INTERNAL	Action plan Submission Date	

OPD Score Card

	Area of Concern wise Score		OPD Score
A	Service Provision	70%	83%
B	Patient Rights	67%	
C	Inputs	68%	
D	Support Services	93%	
E	Clinical Services	98%	
F	Infection Control	93%	
G	Quality Management	90%	
H	Outcome	50%	

	Major Gaps Observed
1	Department does not have adequate space as per patient load that why the outcome percentage is very low.
2	Patient amenities was not provided as patient load which decrease the patient satisfaction also the IEC material is very less in the departments which decrease the patient right percentage.
3	In few areas there was no demarcated clinics or rooms available.
4	Access to facility is provided without any physical barrier & friendly to people with disabilities.
5	Outcome measures are not calculated but registers are maintained.
	Strengths / Good Practices
1	Clinical services are the main strength of the hospital because of doctors' treatment and goodwill.
2	Support services are also good as their support services are divided into two segments one is GDA second is housekeeping.
	Recommendations/ Opportunities for Improvement
1	Structural changes at some area (waiting area) will lead to increase the efficiency of the hospital.
2	Demarcated clinics and specific room should be there for the better outcome as these are also considered important.
3	Awareness Signages and IEC material should be displayed.

THANK YOU