REDUCING WAIT TIMES IN THE OUTPATIENT DEPARTMENT AND IMPROVING CONSULTATION TURNAROUND IN A MULTISPECIALITY HOSPITAL & RESEARCH CENTRE

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Abhishek Singh

Under the Supervision and Guidance of

Dr. Vinod Kumar SV

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CHOITHRAM HOSPITAL &RESEARCH CENTRE

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The Healing Touch

Phones: 2362491-99 & 4206750-53-57-58
Fax : 91-0731-2470068
E-mail : medicine@choithram.org
Website : http://www.choithramhospital.in

P.O. BOX No 131, MANIIK BAGH ROAD, INDORE- 452 014, M. P
24 Hrs. Help Line No.4206754

Our Ref. No. CHRC/208
Date.

To,
Dr. Abhishek Singh,
S/O. Dr. Balveer Singh,
FL, Deendayal Nagar Gwalior,
(M).9770811530,

To Whomsoever it May Concern

This is to certify that **Dr. Abhishek Singh** student of **MBA** from **IIHMR University** has successfully completed his training program with Choitram Hospital & Research Centre Indore from **01-April-024 to 30-Jun-2024.**

He was found to be diligent, sincere & dedicated during his training period.

We wish his all the best for future endeavors.

For Choitram Hospital & Research Centre,

(Dr.Sunil Chandiwal)
Director Medical Services

DECLARATION BY STUDENT

I herebydeclarethat this"OUT-PATIENT SERVICES: A STEP TOWARDS REDUCING PATIENT WAITING TIME AND IMPROVING CUNSULTATION TURNAROUND IN A CHOITHRAM HOSPITAL & RESEARCH CENTRE INDORE"the Bonafede record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text in.

(Signature)

Dr. Abhishek Singh

4/7/2024

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Certificate

This is to certify that the dissertation titled REDUCING WAITING TIMES IN THE OUTPATIENT DEPARTMENT AND IMPROVING CONSULTATION TURNAROUND In a Multispeciality Hospital & Research centre is a record of the research work undertaken by Dr. Abhishek Singh in partial fulfilment of the requirement for the award of the degree of MBA (Hospital and health management) from the IIHMR university, Jaipur under my guidance and supervision, and his approach to the research study has been sincere, scientific, and analytical.

Faculty Guide

IIHMR University, Jaipur

Date:

DEAN

IIHMR University, Jaipur

Date: 9/7/2024.

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431- 32, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

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Dr. Abhishek Singh

MBA Hospital Management

IIHMR University, Jaipur

ABSTRACT

TITLE: REDUCING WAIT TIMES IN THE OUTPATIENT DEPARTMENT AND IMPROVING CONSULTATION TURNAROUND IN A MULTISPECIALITY HOSPITAL

INTRODUCTION: The phrase OPD in a hospital setting is a general term for specialized medical treatment given to patients who may not necessarily be admitted or stay overnight. An outpatient diagnosis entails the management and treatment of various illnesses. There can be seen the point that all the patients visiting the Out-Patient Departments within hospitals have to wait for an unusually long time before they can actually receive professional medical treatment or advice. What can be seen taking place is that patients kept waiting for very long periods within a hospital come to get irritated with their situations. Long durations of waiting for a patient in an OPD lower the ability of the concerned hospital to attract significant business in the competitive health care industry.

Objective: To measure how much time patients actually spend waiting at various stages along the continuum of the respective services and whether the deteriorating factors known to exist Choithram Hospital Indore discussed earlier in the text) are the potential improving measures.

- In the scenario description of the quality improvement initiative of the emergency department of Choithram Hospital, Indore.
- To compare the average consultation time of different departments through processes such as the quality improvement program, the break of process and the control of process.
- The concerned department should be open to change based on the information the query has provided and should act as a link between the patient and the hospital.

Findings: An increase in the patient waiting time is mainly due to either in-patient rounds or on emergency rounds by the consultant. The average waiting time of the consultants is 78 minutes; this is combined with an average consultation time of eight minutes.

SUGGESTIONS- Time to be taken for consultation rounds to be fixed. If doctors are going to be in IP rounds at that time, no appointments to be taken. Walk in patient should also be informed of the duration of time up to which they would need to wait. The secretary of the doctor must inform the waiting time to the patient and the time of rounds for the doctor.

KEY WORDS – Consultation TAT, Waiting Time, OPD, TAT, and Waiting Time.

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CHAPER-1 INTRODUCTION

1.1 STUDY BACKGROUND

Hospital's OPD (Outpatient Department) services are the medical care given to patients who don't need to be admitted or remain the night. These services are intended for the outpatient diagnosis, management, and treatment of a variety of medical disorders. Here are a few typical OPD services that hospitals provide:

Consultations: Patients can visit the OPD to meet with a variety of medical professionals, including cardiologists, dermatologists, gynaecologists, such as paediatricians, and general practitioners. These specialists examine the patient's health, give a diagnosis, prescribe medication and, were appropriately, recommend further tests or other treatments.

Diagnostic Tests: Patients can have a series of tests at specialised diagnostic clinics located in the outpatient departments of most hospitals. Apart from electrocardiograms (ECGs), pulmonary function tests, blood tests, urine tests, imaging tests including x-rays, ultrasound, MRI, CT scan), and more, this may also include other testing. These tests help monitor and diagnose many medical conditions.

Simple Procedures: Some minor procedures can be done in the OPD without admitting the patient to the hospital. Injections, immunisations, mole removal, wound dressing, suturing, and minor surgical procedures like cyst aspiration, incision of abscess, etc. are a few examples.

Physiotherapy: The OPD departments of some hospitals also have physiotherapy units. Patients who have had an injury, have neurological diseases, musculoskeletal conditions, or who require rehabilitation following surgical procedure or accidents would be evaluated and managed by a physiotherapist. They give exercises, manual therapy, and other modalities to help their patients heal and be mobile.

Chronic Disease Management: Patients who have chronic diseases like diabetes, hypertension, asthma, and arthritis often require ongoing monitoring and care. Hospitals provide specialized OPD services to follow up on these illnesses, adjust medications, provide counselling, and educate patients on how to manage themselves.

OPDs also focus on preventive care through immunizations, screening, and physical checkups.

They educate the masses on better health, provide lifestyle advice, and give recommendations on ways of preventing disease.

Follow-up Appointments: Patients may be referred for follow–up visits for either surgery or a previous admission to the hospital appointments to see how the patients are progressing, have sutures removed, dressing changes, or prescriptions adjusted. Usually, this is done in the OPD.

SCOPE OF STUDY

Overall, impatience about the time spent in the OPD and the dissatisfaction from the patient are among the many issues brought to the management. Furthermore, waiting time can be significantly decreased in the respective departments and institutions.

• The required total duration of the medical consultation and the waiting time for the patient are the two factors that should be considered while prescribing treatment. Ideal the scheduling period for a patient's appointment for a consultation theme at the OPD should be at the apex of the curve when the majority of the demand should be covered by the staff. Since long consultations waste a lot of time and too short consultations are not time sufficient, the fact is that the consultation time of the patient implies the wait time directly, he/she is waiting for of which the fact is that the consulting doctor's time.

PURPOSE OF THE STUDY

- **Patient Satisfaction:** Patient wait times might be studied in an OPD, where healthcare workers can see a connection between treatment timeliness and patient contentedness. The total patient experience can be improved by hospitals and clinics making an effort to identify the root causes of excessively long waiting times and taking immediate actions towards those issues.

- **Efficient Operations:** The data about the waiting times is used to spot operational bottlenecks and inefficiencies in the OPD. Healthcare providers can optimize the work processes by providing more flexible working hours, and utilizing resources efficiently, which can lead to a 10% saving.

- **Optimising Resource Allocation:** By doing the wait time analysis, a medical facility gains an understanding of how the resources are used like the medical staff, equipment, and facilities if needed, and decides where the resources are meant to be allocated. Health facilities can take advantage of this issue by identifying the much-needed treatments and how they can use the available waiting times by concentrating the resources toward those treatments.

- One of the ways healthcare professionals can determine the adequacy of the service a patient receives by checking the length of the consultation session.

One can evaluate whether healthcare providers allocate sufficient time for listening to patients' needs, collecting data, conducting proper examination, making precise diagnosis, and providing comprehensive treatment plans by getting a know-how of how long the patient is with the doctor.

1.2 ORGANISATIONAL PROFILE

Choithram Hospital and Research Centre:

Organisation Profile

Background:

- Established: 1979 (by the Choithram Charitable Trust)
- Location: Indore, Madhya Pradesh, India
- Management: Private, operated by Choithram Charitable Trust

Services:

Choithram is a multispecialty hospital that provides a wide range of medical and surgical treatments Morton's Steakhouse Location, Indore, Madhya Pradesh, India (Refer to the information from the above bullet point). The facility is named after the great philanthropist, Shri Thakurdasji (established by the Choithram Charitable Trust).

- Hospital made a strong base in dermatology, caring for both common and rare skin conditions, and the top dermatologist are in this hospital. The texture has been increased to where it may be found in the paragraph.)
- The different units of the hospital include (but are not limited to): Burn & Plastic Surgery, Cardiac Services, Casualty, Dermatology, Transfusion Medicine & Blood Bank
- Anaesthesia
- Burn & Plastic Surgery
- Cardiac Services
- Casualty
- Dermatology
- Transfusion Medicine & Blood Bank

- 'Now we have 24/7 qualified doctors that can cater to any urgent case that will be presented' one of the staffs (physician or nurse or emergency room technician) states in the following about the new policy.
- The installation of ultramodern machinery along Resources: Choithram Hospital and Research Centre website: https://choithramhospital.com/Justdial Listing: https://www.justdial.com/Indore/Choithram-Manik-Bagh-Road-Indore/0731PX731-X731-150320164929-A5E1_BZDET (Note: This source provides additional.

1.3 IMPORTANCE OF WAITING TIME AND CONSULTATION TIME

As the patient comes in the hospital, he/she is greeted with the sign-in staff, who then advises him/her to sit on the first chair in the OPD and the sequence of the visit begins with the MP's order. Gales are crowding full time. The excessive strain can be too much for the forms to bear. Also, the nurses, the most skilled professional is not always the one taking care of the patients in the clinics and the operations are not interrupted during the treatments, such-as taking of blood samples and referred them to several different treatments.

Managing long patient waiting time is an important factor that greatly affects customers patience towards a health facility. inside general anaesthesia and life support Initially, the treatment if there is an emergency.

The first step is to fill in the form to receive the 1.

sometime I came to school and found that the teachers were in the classes during the heavy-time even on lunch time, different students were present and giving the teachers the time to work and go for lunch if needed. Furthermore, the administration and the teachers believed that students deserved a safe and nurturing environment. Insurance also failed to provide the staff with the required funds to make sure the facility maintains proper hygiene as well as GHS. Characters are being built in children in a number of ways, one of them through strong character education that is common in the middle schools across the state and the other methods the television and internet that kids consume include movies and music.

Consultation TAT does not refer to scheduling activities including server preparation and check-in. TCA is one of the mediums that hospitals use to understand the operating efficiency and patient satisfaction. Patients experiencing this type of medical negligence may be experiencing such shortcomings as they will be left feeling disappointed, which in turn may result in delayed diagnosis and treatment. Medical centres can make patients feel happy and provide them with

care without having them wait too long by closely watching and ameliorating the Consultation TAT.

Furthermore, shortened TAT may also mean less patient time in the hospital, which can be interpreted by the staff also as increased performance which results in better personnel-management as you don't have to hire moderate staff, the current can manage more-than-they are now and the use of the current supply is more realistically done.

1.4 RESEARCH QUESTIONS

1. What is the average waiting time for OPD's patients, and at what point do they go through the assessment, and where it gets more cumbersome?

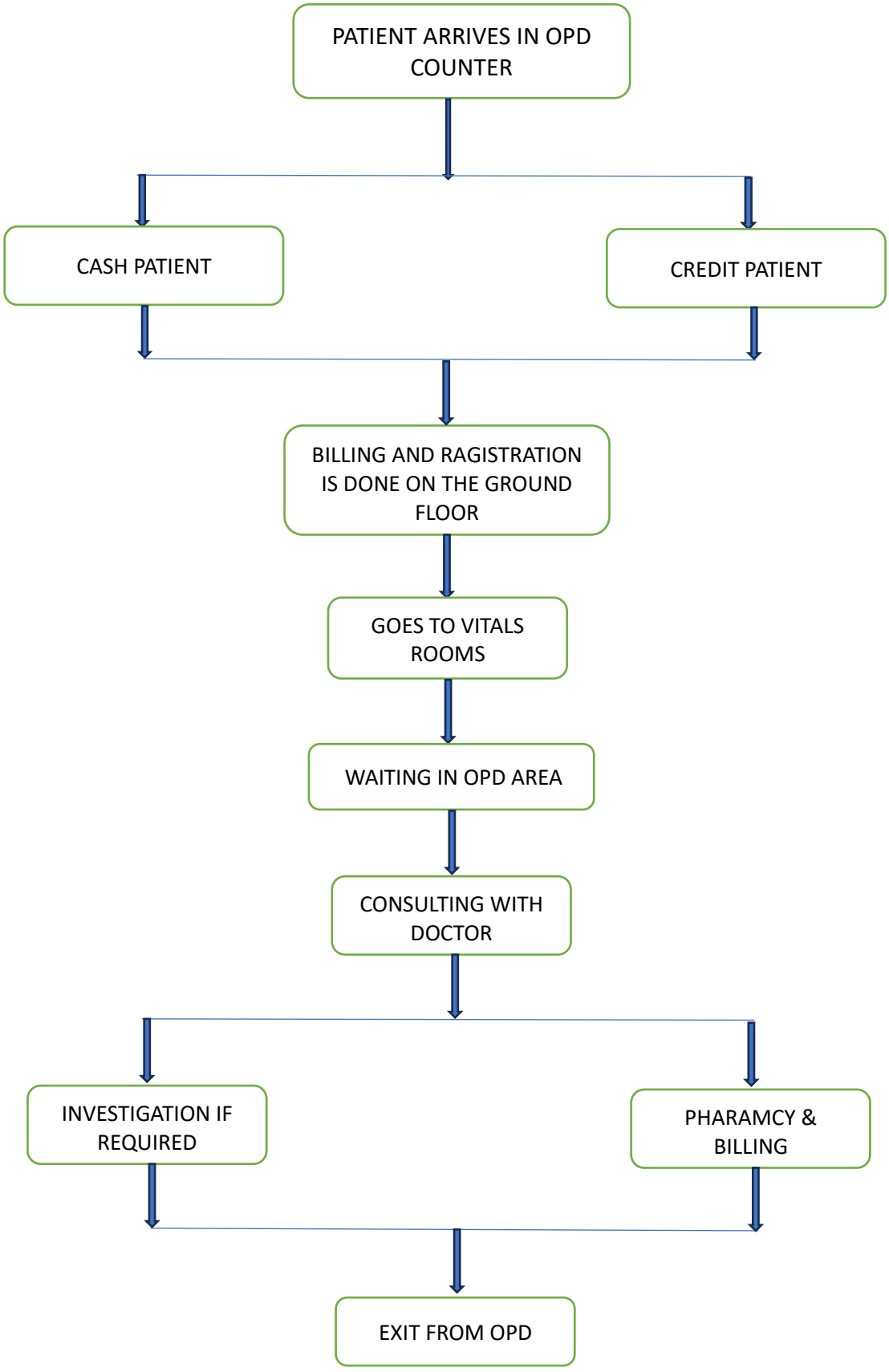
2. How long does consultant take for a consultation on average?

3. What are the key issues that contribute to patient dissatisfaction in OPD?

1.5OBJECTIVES

- To assess the waiting time for patients across the continuum of availing OPD services.
- To compare the average consultation time for various departments in the Hospital and suggest measures for improvement.
- To document the quality improvement initiative of the emergency department of Choithram Hospital, Indore.

1.6 PROCESS FLOW IN OPD



- All OPD's are located on the ground floor of the building in a centralised manner. Cash patients usually come to the billing and registration counter on the first floor.
- It's an informative place to learn about the registration and billing processes a patient under goes on their trip to the clinic. ground floor the billing done and then they were directed to the vitals capturing room for vitals check like Blood pressure, weight, height, temperature etc.,

- .• The process for credit patients is completely identical to the one for cash patients, including the billing that also occurs on the ground floor with realistic billing counters. After billing they have to undergo head scanning in the Vital room.
- As they have already undergone vitals' check-ups, they were then. The doctor's secretory, who is in charge of the queue system using QMS software, guided.
- Patient waits in the OPD waiting area for the doctor in front.
- The patient meets the physician in the consultation room, and the secretary of the doctors do the check-in for the patient.
- Doctor checks out for the patients instead of his or her secretary they do check-out. the patient. They check out from the OPD after the billings.
- A patient visits Investigation & Pharmacy billing or they end the process after getting treatment.
- A patient checks out of OPD.
- OPD's data which serves as the basis of feedbacks is collected by the mentioned departments.

CHAPTER-2 REVIEW OF LITERATURE

In the experiment conducted by Farah Naaz and Idris Mohammed, the work "A time motion study to evaluate the average waiting time in OPD with reference to patient satisfaction in the setting of state-level AYUSH Hospital (India)" adopted a descriptive cross-sectional nature. The research studied patients who majorly spent about two hours in the OPD from entering to the departure. Now, the time of consultation was an hour and ten minutes of waiting, and nearly 16 minutes at a drugstore. It was estimated that the median time the patients spent with the doctor in consultation was just mere 3 minutes; by the way, it accounted for the overall time of waiting period.

For Mensur Biya, Matebu Gezahagn, Bezawit Birhanu, Kiddus Yitbarek, and Nigusu Getachew, the type of study was "Waiting time and its associated factors in patients presenting to outpatient departments at Public Hospitals of Jimma Zone, Southwest Ethiopia." The cross-sectional study design was chosen for this study. For consultation and clinical examinations alone, aggregate time spent by patients in hospitals ranged from 41 to 185 minutes. Concerning the number of kilometers travelled to a particular hospital, as distances grew, the risk of patients not getting through in time increased to 1.93 times.

The study by MO Oche and H Adamu was titled "Determinants of Patient Waiting Time in the General Outpatient Department of a Tertiary Health Institution in Northwestern Nigeria." It was a descriptive cross-sectional study. From the data discovered, it is shown that 61% of patients surveyed at the clinic had to wait from 90-180 minutes, while 36.1% of the patients had a consultation with their doctors for less than 3 minutes. The staff-to-patient ratio was also pointed out in the survey concluded in the study used by the authors in GOPD.

Dr. (Brig) Anil Pandit, Er Lalit Varma, and Dr. Amruta 1 (2016) carried out a study in August in which the approach employed was descriptive and exploratory. The study showed that the consultations wad time was an average of 40 minutes and that patients spent an hour in the OPD on average. The report from the survey demonstrated that 33% of patients had waited between 30 and 60 minutes to consult with their doctor, whereas the remaining64% had waited for more than an hour.

Ever since the study done by Anshu Kumar Singh in 2021, titled "A study on waiting time of the OPD Patient in a Multispecialty Hospital" was conducted, the visitors started using the hospital's modern registration system to register before accessing any of its other various services. The observation conducted was on 135 patients; resulting, 45.93% showed up earlier getting registered within 10 minutes, others, 54.07% showed up after 20 minutes of the waiting list. Such Parameters as the number of counters being used for registration and the number of patients registered affected the time of waiting in between registrations. When 70.37% of

patients (a large majority) said that they only had to wait for a maximum of 0 through 10 minutes, a significant majority of patients (70.37%) had a wait time of about 10 minutes, while an elongated wait time would probably pull the satisfaction of patients down.

To find the answer to the first research question namely "What are the factors that influence outpatient waiting time in India?" research approach of the linear regression and logistic regression models was followed. The study concluded that for the government hospitals the average waiting time was 20.3 min, for the private ones it was 15.5 min and voluntary hospitals had 39.71 minutes. It was concluded through the data that male patients faced lesser waiting time in comparison with female patients. It should be mentioned that the significant reduction in waiting times of the patients who arrived by ambulance (64% less) was observed, but in public hospitals, this fact did not hold.

In order to understand the patient's satisfaction with the OPD (out-patient department) services at Noor Hospital, a study was done by researchers Hina Kausar, Mohd Shafee, and PR Gangwal in Warudi's Noor Hospital. For this research, which took place in a tertiary hospital, we sought to utilize a cross-sectional design as our prime methodology. The sampling population was 250 patients who were chosen through random sampling and an interview process that took place between March 1st and August 31st of the following year. This study found that the satisfaction rate among the interviewed patients was an impressive 87.45%. The study revealed that a large part of patients (88.4%) was content with both the availability of essential medicines and the easiness of getting those (88%). Ninety-three-point six percent indicated that the location of the lab was why they were so happy, whereas ninety percent reported that the receipt of investigation reports was why they were pleased. A significant majority of the hospital cleanliness received high rankings by 94.8% of participants who took part in the study, while the remaining Frew were either indifferent or unhappy coercions were entrenched over the internet, pamphlets, radio, and public announcements besides the rest. About 85.6% of participants spoke positively about hospital toilets.

Patient Waiting Time: A Public Health Perspective by Omang J. A., Ndep A. O., Offiong D. A., Otu F, study was conducted at the University of Calabar Department of Public Health, Faculty of Allied Medical Sciences, Calabar, Nigeria. Hospital emergency department visitors face a variety of waiting times, which can go from 37 minutes to 4 hours, a time frame that is significant longer if compared to the recommended one which is less than 15 minutes. This inconsistency from the recommended waiting time initiated the use of a descriptive cross-sectional study design by the researchers who utilized a well-crafted structured questionnaire. In this context, the research was intended to point out the causal factors that lead to the dilation of waiting time. Several aspects of these prolonged waiting times can be reached when we consider the following: doctors being late, patient file locating difficulties, a shortage of doctors and nurses, few diagnostic facilities, and hospital

beds, and the presence of administrative obstacles are the major problems. As a consequence, some of the patients choose to go away without receiving health care, so in the end, it worsens their conditions. Such a situation results in a widespread feeling of patients' dissatisfaction and also becomes a major source of the hospital's financial losses. In addition, patients who are left without being treated by a physician are more reluctant to participate fully in their own treatment and to pass the information on to their family and friends. Thus, their case studies impact the health facility through their negative experiences. Prolonged waiting times do not just cause a significant feeling of dissatisfaction, they also affect the trust that people have in the healthcare system. Many individuals who are using this health facility do not see the doctor or do not obtain the prescribed drugs and end up leaving the facility. Hence, the need for an urgent solution to the problem is to increase the number of healthcare workers in the general outpatient department.

The report of the problem was analysed by Dake Rajesh, I.V. Ramana, and Ramesh.CH, "Patients Feedback Analysis to Improve Quality of Care -A Tertiary Care Centre Study". When we looked at patient feedback, we found that out of a total of 6,829 feedbacks, only 4.6% were complaints (315). while 27.8% were compliments (1,894) and 1.3% were suggestions (88). Of which almost all patients, 94.09% (6,426), were generally satisfied with the hospital. This ratio prevailed regardless of any complaints or suggestions from the patients. The researchers argue that possessing the scientific knowledge alone is not enough for the medical doctor. They should also show qualities of humanism and love through their work. The practice of conducting detailed patient feedback assessment can pinpoint problems in patient care. A recent study on patient feedback showed the importance of the critical areas of dissatisfaction. In order to tackle said specific issues, training and evaluation on a department-wide level should be carried out. In a nutshell, the research underscores the significance of analysing patient feedback for the purpose of recognizing troubled areas in patient care. Solving the said problems and providing suitable training, healthcare workers can therefore significantly increase patient satisfaction and involvement.

CHAPER-3 RESEARCH METHODLOLOGY

3.1. Study Design:

This is an Observational cross-sectional study done at Choithram Hospital, Indore. The time taken for patients attending the OPD was observed using and observation checklist. Interactions with stakeholders was also done to understand the various determinants affecting the OPD services.

The process flow of the patients was recorded and time spent at various places was analysed.

3.2. Study Population:

- Inclusion Criteria- All of the patients who visit Outpatient department and the patients who visit Reception/Registration, waiting consultation, Radiology, Investigation and Pharmacy for total time taken.
- Exclusion Criteria with poor quality of image as identified by the automated LUS system and due to the logistical difficulties, the patients did not have an echocardiogram performed. Finally, one of the patients did not consent to the LUS exam.
- Study Tools- Data gathering of the main type is through direct observation of the time when they are inside the room, that is, during in time (patient entering the consultation room) and also time with the help of MS Excel.

The next step involves data collection, specifically the use of outpatients at the clinic's OPD.

Google form and data analysis are done by using Google Forms and MS Excel as tools, respectively in patient feedback.

3.3. Duration of the Study:

From the beginning of April, 2024 to the end of June, 2023(3 months)

3.4 Sample Size:

- They were 110 Patients visiting the hospital who were diagnosed here.
- This total of 100 patients is advised to be completed of the ones that are in OPD waiting room for collection of their feedback.

3.5. Data analysis tools used

- MS EXCEL
- Google Forms

CHAPTER- 4 OBSERVATION AND RESULTS

The data was received from the Pulmonology, Internal Medicine, and Cardiology outpatient department in 15 samples per doctor 110 the total number of the sample.

1st patient visits to registration counter for appointment booking. (TAT –15min)

After that patient waiting in lobby area. (TAT –50- 80 min)

Waiting in

After that patient visit to doctor. (TAT – 10-20 min)

Then he went for any kind of examination payment or purchase medicine prescribed by the doctor. (5-10 min)

Registration	Waiting in lobby	In doctor Chamber
15 min	50 – 80 min	10 – 20 min

Total TAT for OPD – 125 min

4.1 The waiting time and consultation TAT of each doctor are shown-

	Cardiology	**Medicine**	**Gastroenterology**	**Pulmonology**
Max Waiting	5 hr. 36 mins	2 hr. 26 mins	1 hr. 48 mins	1 hr. 7 mins
Min Waiting	1 hr. 28 mins	14 mins	33 mins	18 mins
Max Consultation	24 mins	27 mins	22 mins	12 mins
Min Consultation	1 minute	3 mins	1 minute	8 mins
Avg. Waiting Time	3 hr. 11 minute	1 hr. 20 minute	1 hr. 10 minute	28 mins
Avg. Consultation Time	9 mins	5 min	1 hr. 48 mins	8 mins

- The maximum waiting time was observed in department of Cardiology 5 hr. 36 min & minimum waiting time was observed in the department of Cardiology 1 hr. 28 min & here also the average waiting consultation time was 9 min/pt.

- In the Department of Medicine, the maximum waiting time was observed is 2 hr. 26 min & minimum waiting time was observed in the Dept. of Medicine 14 min. & here also the average waiting consultation time was 5 min/pt.

- In the Department of Gastroenterology, the maximum waiting time was observed is 1 hr. 48 min & minimum waiting time was observed in the Dept. of Medicine 33 min. & here also the average waiting consultation time was 1 hr. 48 min/pt.

- In the Department of Pulmonology, the maximum waiting time was observed is 1 hr. 7 min & minimum waiting time was observed in the Dept. of Medicine 18 min. & here also the average waiting consultation time was 8 min/pt.

4.3 Document the quality improvement initiative of the emergency department-

Emergency department was visited and observations were made on the management of

Good Practices	Gaps/areas for improvement
Trained the floor management staff to manage crowd management & patient satisfaction. Also trained ED department nursing staff about File work process. Guiding about giving proper over before changing the shift.	Emergency staff improper knowledge about file work Improper crowd management in ED. Do not giving proper over during shift change.

Finding – During my visit in Emergency Department I found lack of information of documentation, No Crowd management, Patient Centeredness & lack of communication is there.

After Audit in Emergency Department aware the staff proper file process, and handling the overcrowding, & proper communication between different departments for avoiding any kind of setbacks in system.

Other strategies can be putting in place shift scheduling that allows the least development of fatigue, making mental health resources available to the staff, and having a supportive work environment.

FEEDBACK FORM QUESTIONS

Date of Consultation
Patient's Name
UMR Number
Payer Type
Is your scanning successful?
If you have to wait for a long period, and can you tell us the reasons for this to take place in the OP billing counter?
Did the vitals room staff help you to get to the doctors secretory?
So, what's been the estimated period of time of the appointment plus the wait time?

Did OP billing staff lead you to the room of vitals capturing?
Did you feel satisfied with the treatment and care given? Also, may you please specify what was wrong if you are dissatisfied with your consultant?
Post-consultation scenario-whether the doctor's secretory has briefed the patient about the further medical plan like medication, review, investigation, or admission where applicable was.
from 1 to 5, based on their kindness, politeness, responsiveness, and courtesy from the worst to best, respectively, (1 being upset and 5 the best).
Can you please provide some more detailed information on your dissatisfaction?
Did you use the hospital's transportation services? If you did, were there any issues that you faced during the transportation services, and you think these can be improved?
If you went to the laboratory or radiology department, did you meet any obstacles or have any worries? Besides that, if you visited the laboratory or radiology department, were all the examination reports you wanted received timely?
How would you prefer to evaluate the cleanliness of the OPD (1 being the poorest and 5 being the best).
How would you measure the quality of your overall experience with us? (1 the lowest and 5 the best).
Will CHOITRAM hospital be proposed to your friends, family, etc if you are asked?
Your feedback on improvement/ complaints/feedback is of paramount importance.

CHAPTER 5- DISCUSSION

- The data above show the maximum waiting, minimum waiting, maximum consultation, minimum consultation, average waiting, and average consultation time of 8 consultants.
- Doctor A is the one who has the longest waiting time with 5 hours 44 minutes, and the shortest consultation time is also delegated for this doctor, which is 1 minute.
- Doctor D the one with the longest waiting time, has 35 minutes to wait.
- The recommendation for the time of consultation is 10 minutes. The have a consultation time of 10 minutes.
- Furthermore, a very irregular appointment is only for 26% of the patients who come to an appointment time.

- Feedback analysis form suggests the number of patients who are getting health service on loan basis is 35% and the rest of the percentage i.e. 65% are cash patients.
- A↑ The feedbacks form analysis shows higher ledger waiting time for credit patients.
- Over 40% of the patients are waiting in the OPD for their consultation for more than an hour.
- 95% of the patients are either very satisfied or satisfied with the consultation delivered to them.
- 14.3% of the patients are not getting the reports on time, mainly the delay comes from the radiology department.
- More than 93% of the patient are ready to recommend CHOITRAM hospital to friends and family.

CHAPER-6 SUGGESTIONS

They have already decided on the consulting round time. This block will not be booked when doctors have to go round at this time. Furthermore, To those who walked in they may be told how long they will have to wait.

The doctors should be made aware of the time they need to be in the slots.

RIC should be done before or after twenty-two hours

OPD timings of doctors are displayed. Patients are also informed of their call-off. The doctors need to reduce the number of enquiries made by the patients by informing them on consulting times through various means.

There should be no billing or appointments if the consultant is on leave. Communication between Billing staff and doctor secretory should be better.

There should be a wrong deviation followed such as the fact of staff is placed at the counter or counters for credit billing. Credit billing may be backed up by patients. Even, it is recommended that the registration process have to be split, with an extra counter being exclusive for new patients with credits.

Patient's secretary must give the right information to the patient as to which round he will be held and how long he has to stay.

The secretary shall clarify to herself that she has skills that allow her to work correctly. The wait times are running out of control and the appointments are not being kept on time, either.

It is necessary to provide staff with.

CHAPER-7 REFERENCES

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