Dissertation Report

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About the organization

- Name: Rajiv Gandhi Cancer Institute and Research Centre
- Type: “Not for Profit”, Hospital.
- Established in 1996
- Branches: Rohini west & Niti Bagh
- Capacity: 500 beds with 51 Bedded surgical ICU, 21 bedded Medical ICU and 22 bedded Bone Marrow Transplant

VISION, MISSION & VALUES

VISION

To Provide Affordable Oncological Care Of International Standard And Help To Eliminate Cancer From India Through Research, Education, Prevention & Patient Care.

MISSION

To be the premier cancer care provider in India and be the preferred choice of Patients, Care Givers, Faculty and Students
By Offering comprehensive services at an affordable price
And excellence of our personnel leveraging best technology

VALUES

We hold our patients in high esteem and work with ethics and compassion
We care and function with mutual respect, trust and transparency
We deliver accurate diagnosis, correct advice and effective treatment.

Objective:

- **Major objective:**

To Study Turnaround time and to identify bottlenecks in the OPD that causes higher Turnaround Time

- **Minor objective:**

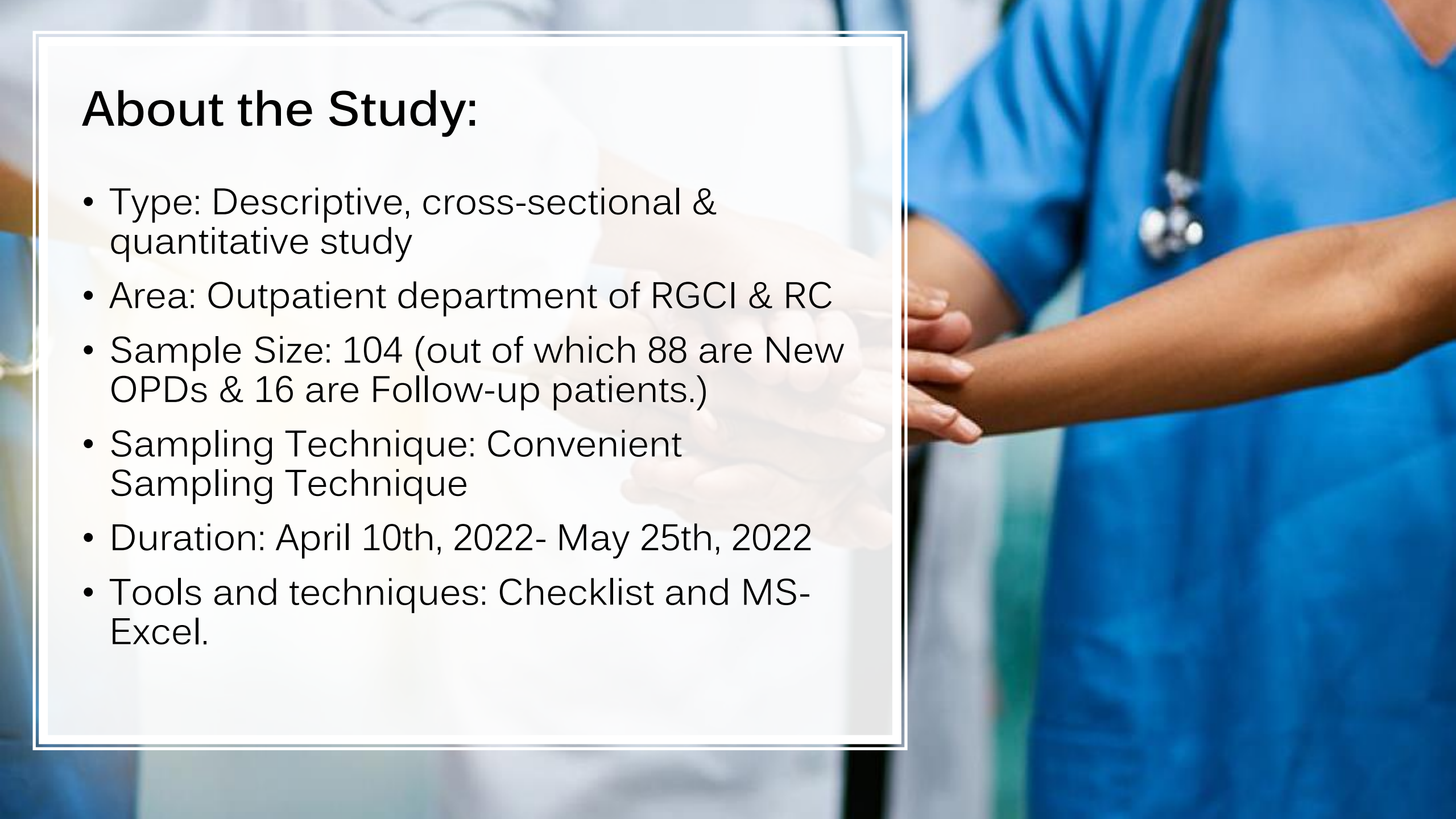
To analyze the Time motion study at OPD.

To perform the gap analysis of the department.

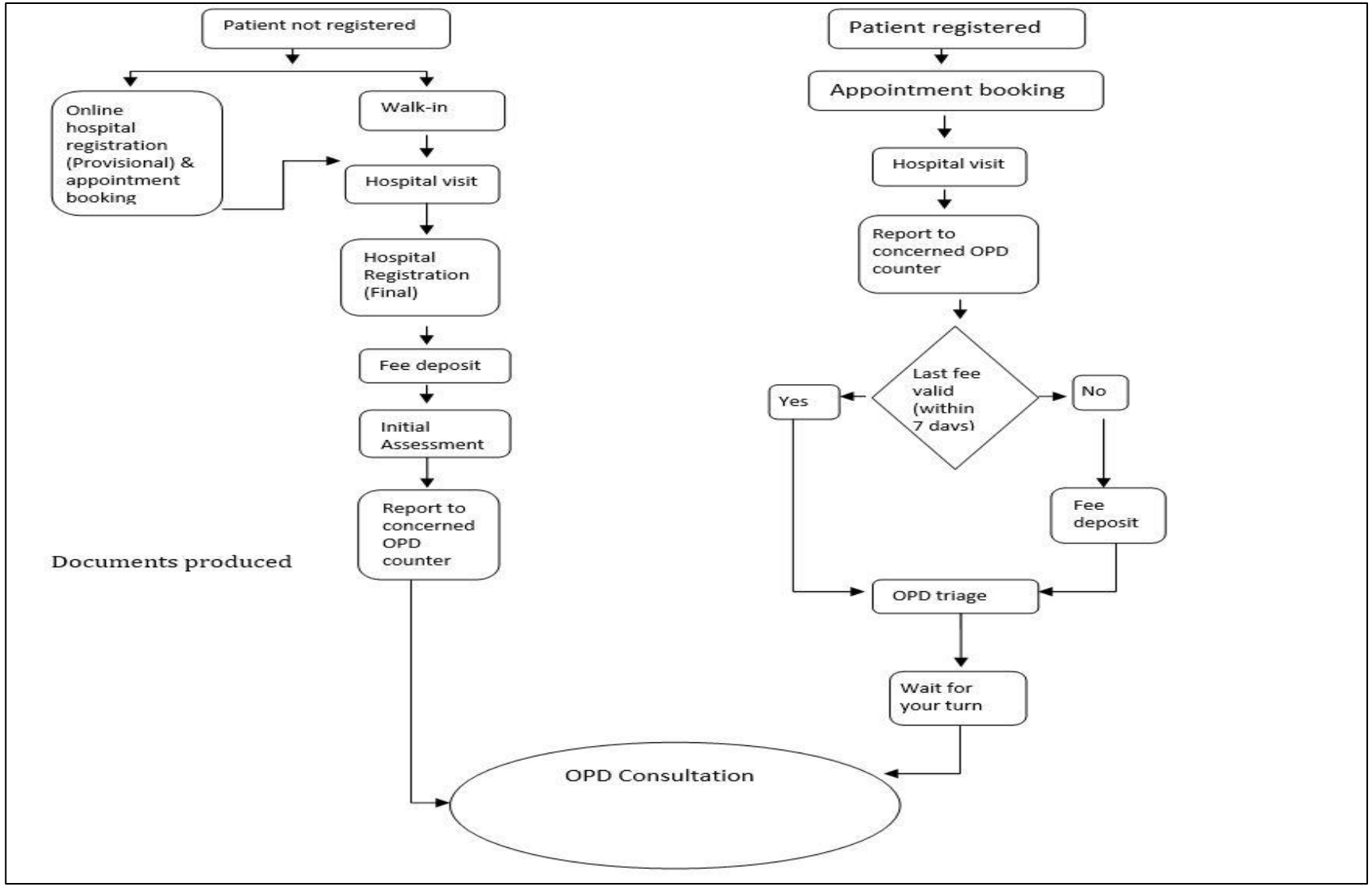
To provide ways to overcome challenges causing gaps in the process flow

About the Study:

- Type: Descriptive, cross-sectional & quantitative study
- Area: Outpatient department of RGCI & RC
- Sample Size: 104 (out of which 88 are New OPDs & 16 are Follow-up patients.)
- Sampling Technique: Convenient Sampling Technique
- Duration: April 10th, 2022- May 25th, 2022
- Tools and techniques: Checklist and MS-Excel.



Process Workflow



Methods:

Using a Convenient sampling technique, about 104 patients were selected for the time–motion study (TMS)

Then they are accompanied using checklist to collect data regarding the processes at different levels.

Data entry and analysis were done using Microsoft Excel 2010.

Percentages and proportions were calculated for descriptive statistics.

For TMS, time was noted with the help of a digital watch and detected at each station by an observer with the help of the same watch.

The time difference was calculated and analyzed for every station.


DATA
ANALYSIS

Description:

1

For the purpose of data analysis, the sample size of 104 is divided into two parts that is 61 and 43.

2

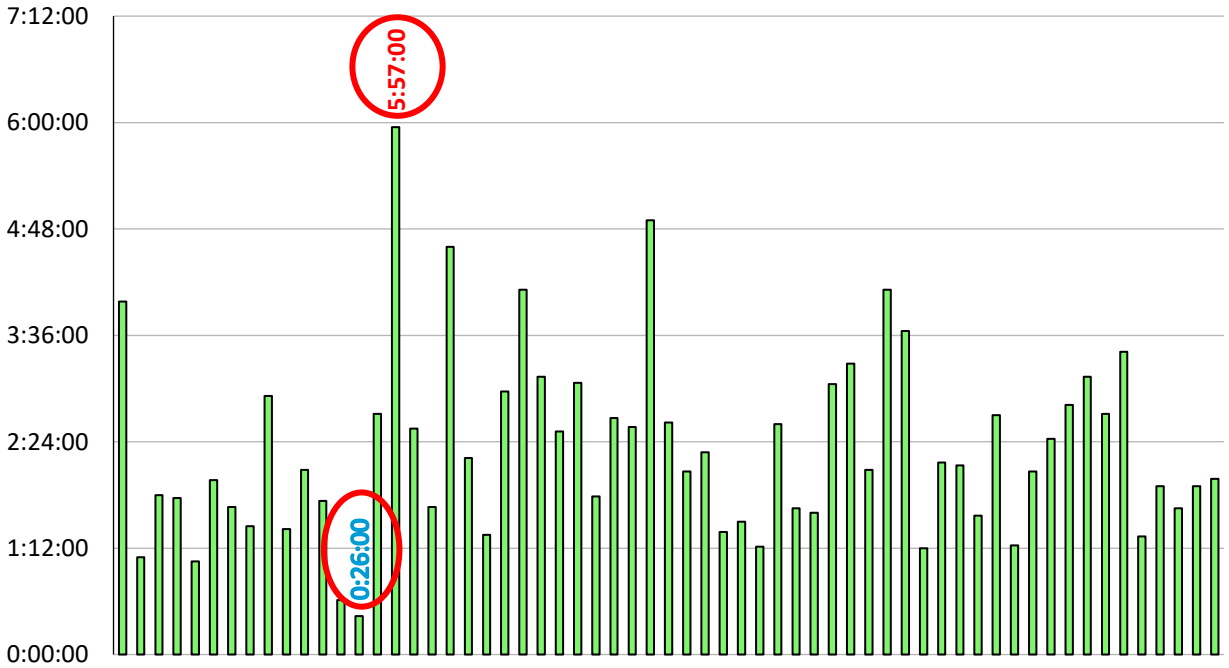
The purpose is to categorize the patients into two different segments the one who exit the hospital immediately after consultation.

3

The other patients are those who availed other available services in hospital after consultation.

Total TAT - Help desk to Consultation V/s Help desk to Procedure

Help desk to Consultation



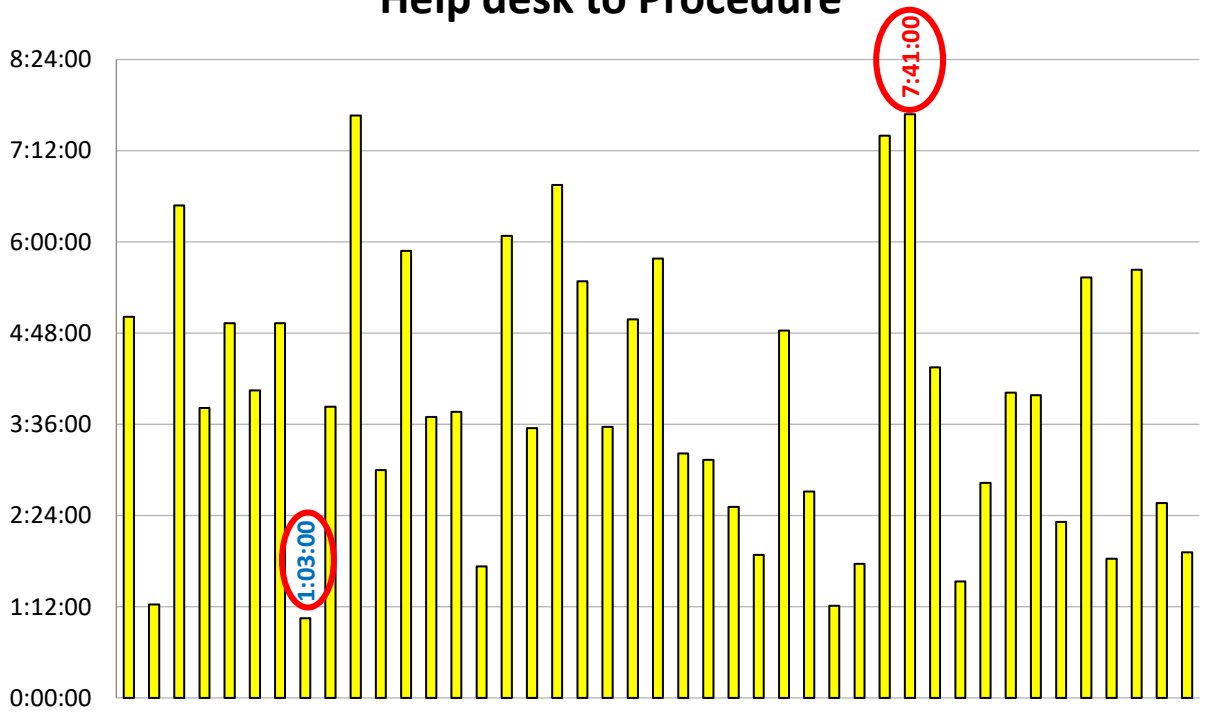
Average TAT

- **Average TAT: 02:19:52.**

Possible Reasons for high Peaks:

- Patient condition was Critical, Admitted to Emergency.

Help desk to Procedure



Average TAT

- **Average TAT: 03:57:28.**

Possible Reasons for high Peaks:

- Patient made to wait for 2 hours after 3:05 pm at the ECG/PFT UNIT to perform TMT test on empty stomach.
- The test had to be done on empty stomach this was not informed to the patient in advance and hence resulted in excessive waiting time.

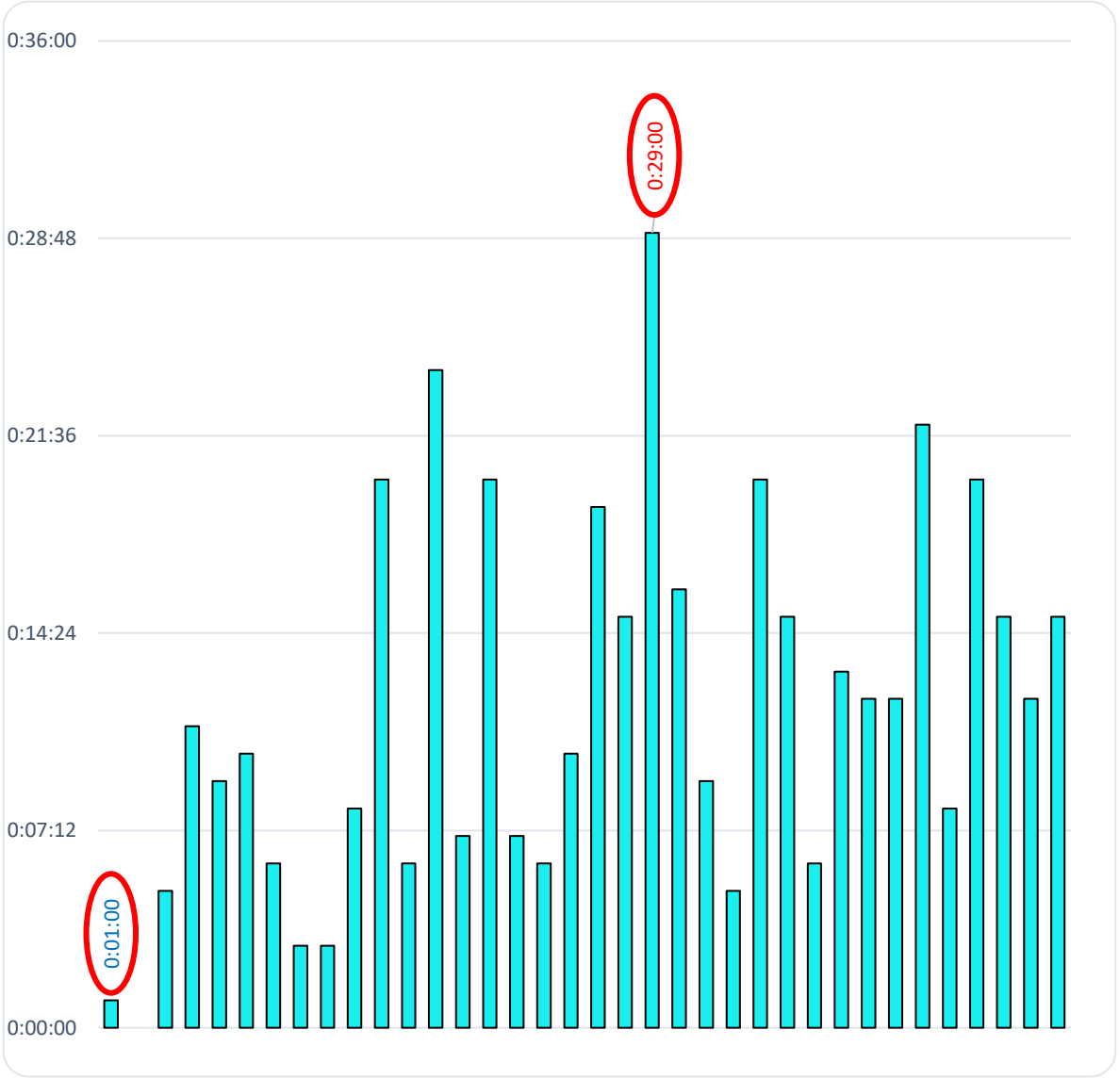
Total Time at Help Desk

Average TAT

- **Average TAT: 00:11:49.**

Possible Reasons for high Peaks:

- Patient was not given proper instructions regarding process in help desk.



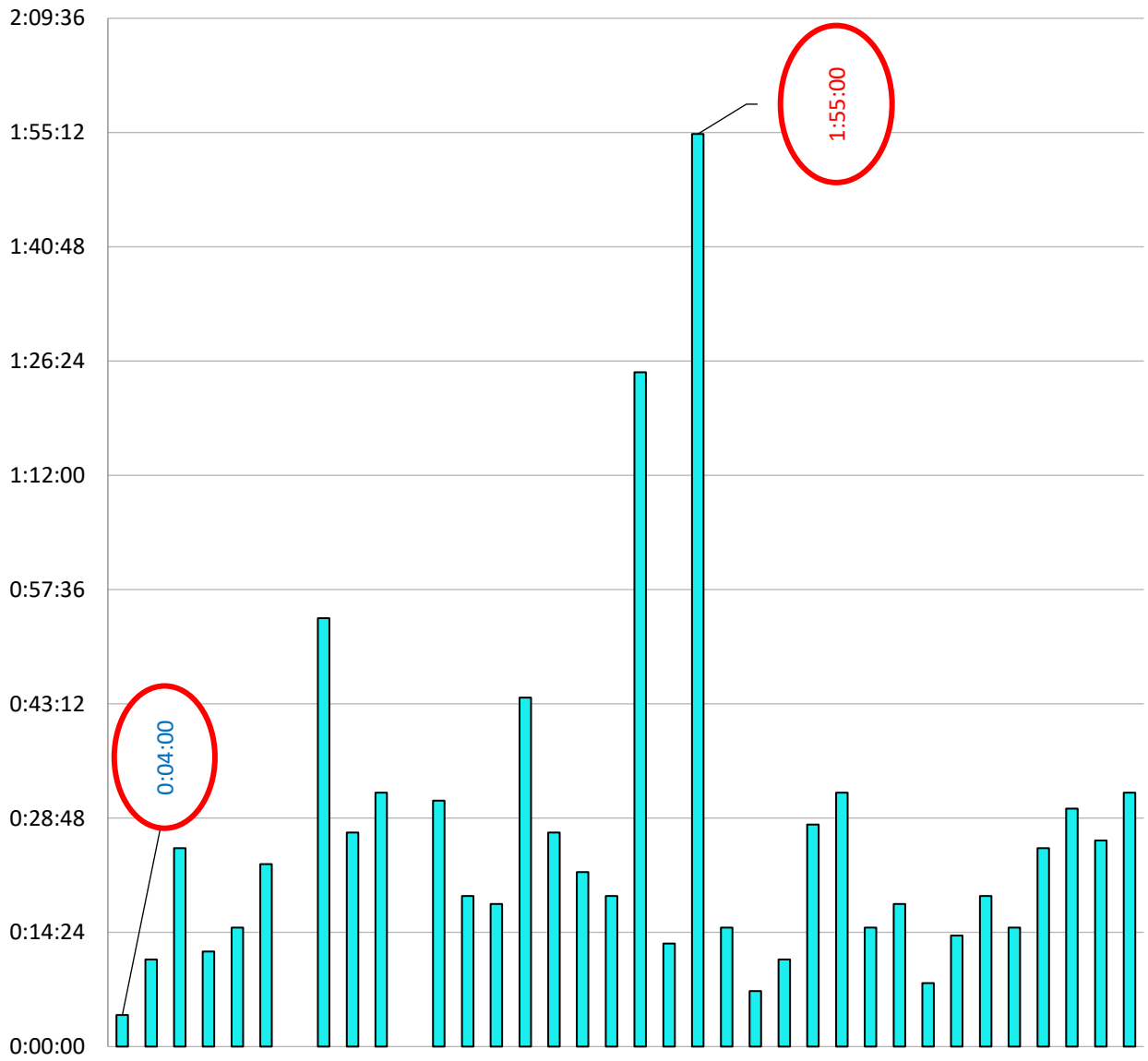
Total Time at Registration

Average TAT

- **Average TAT: 00:22:02.**

Possible Reasons for high Peaks:

- Patients requires assistance in form filling.
- Long waiting time for form filling.



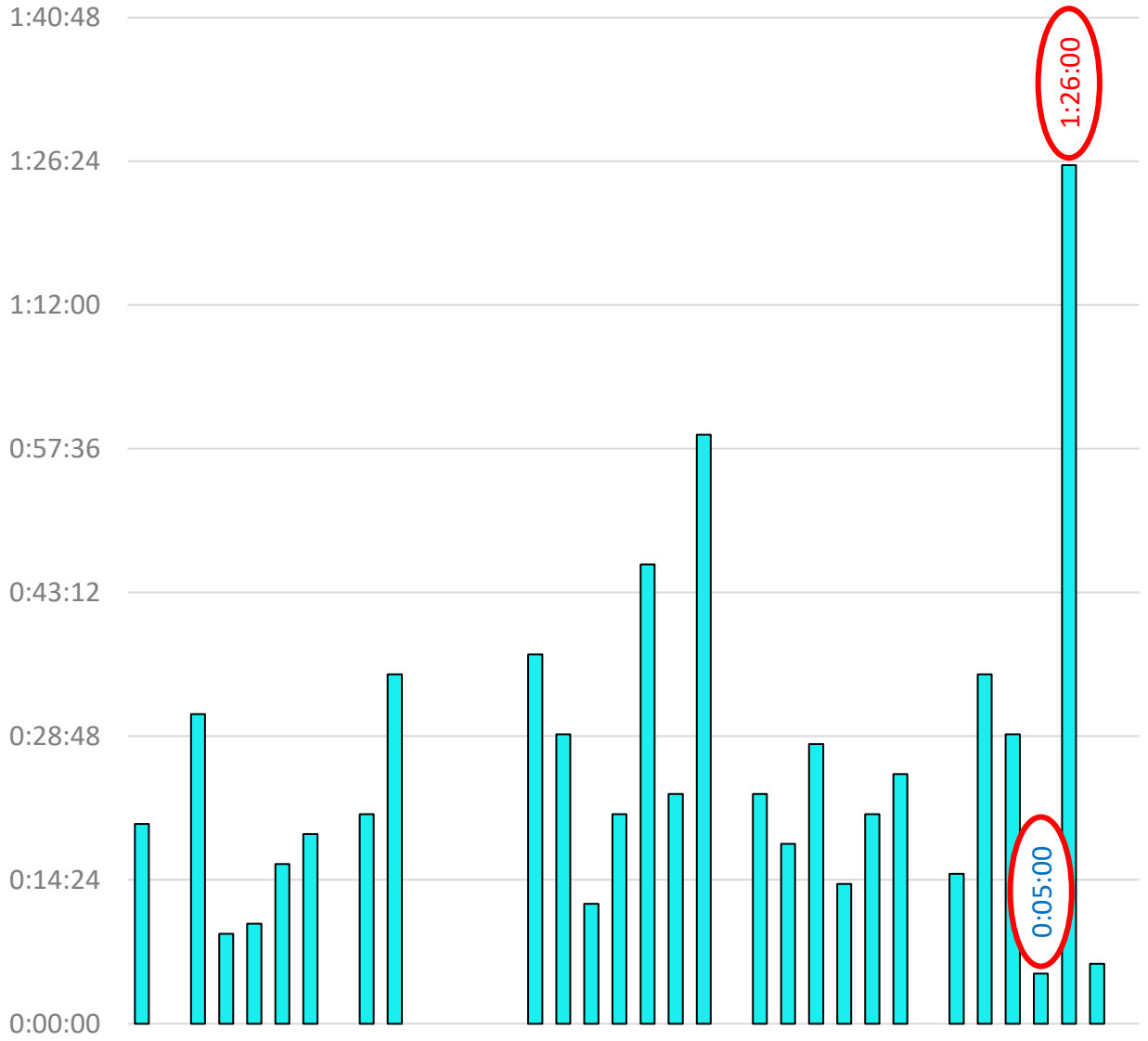
Total Time for IAU (Initial Assessment Unit)

Average TAT

- **Average TAT: 00:17:33.**

Possible Reasons for high Peaks:

- Long waiting hours before Initial Assessment unit.



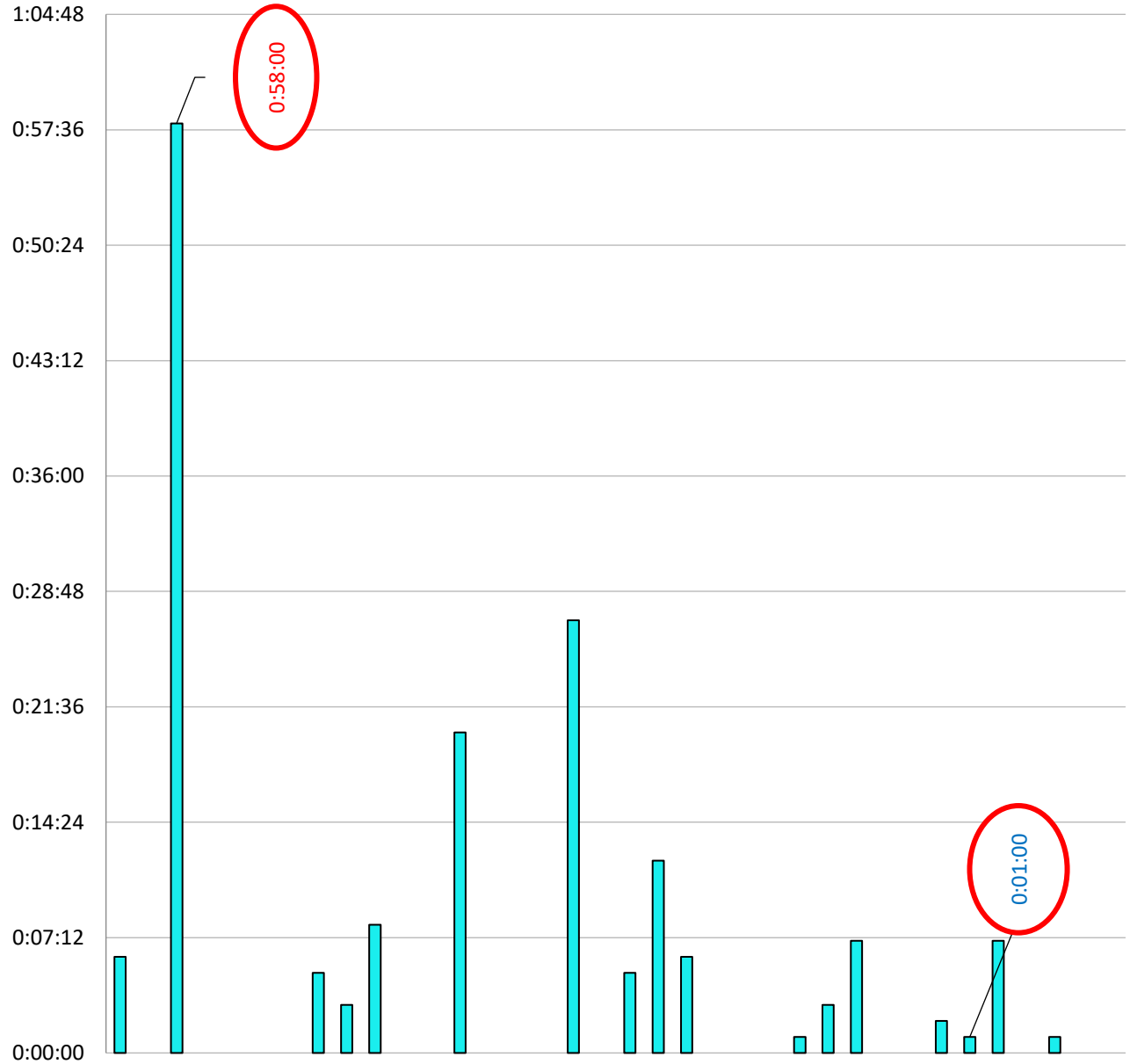
Total Time for OPD counter.

Average TAT

- **Average TAT: 00:11:42.**

Possible Reasons for high Peaks:

- Patient was not informed about the availability of token service.



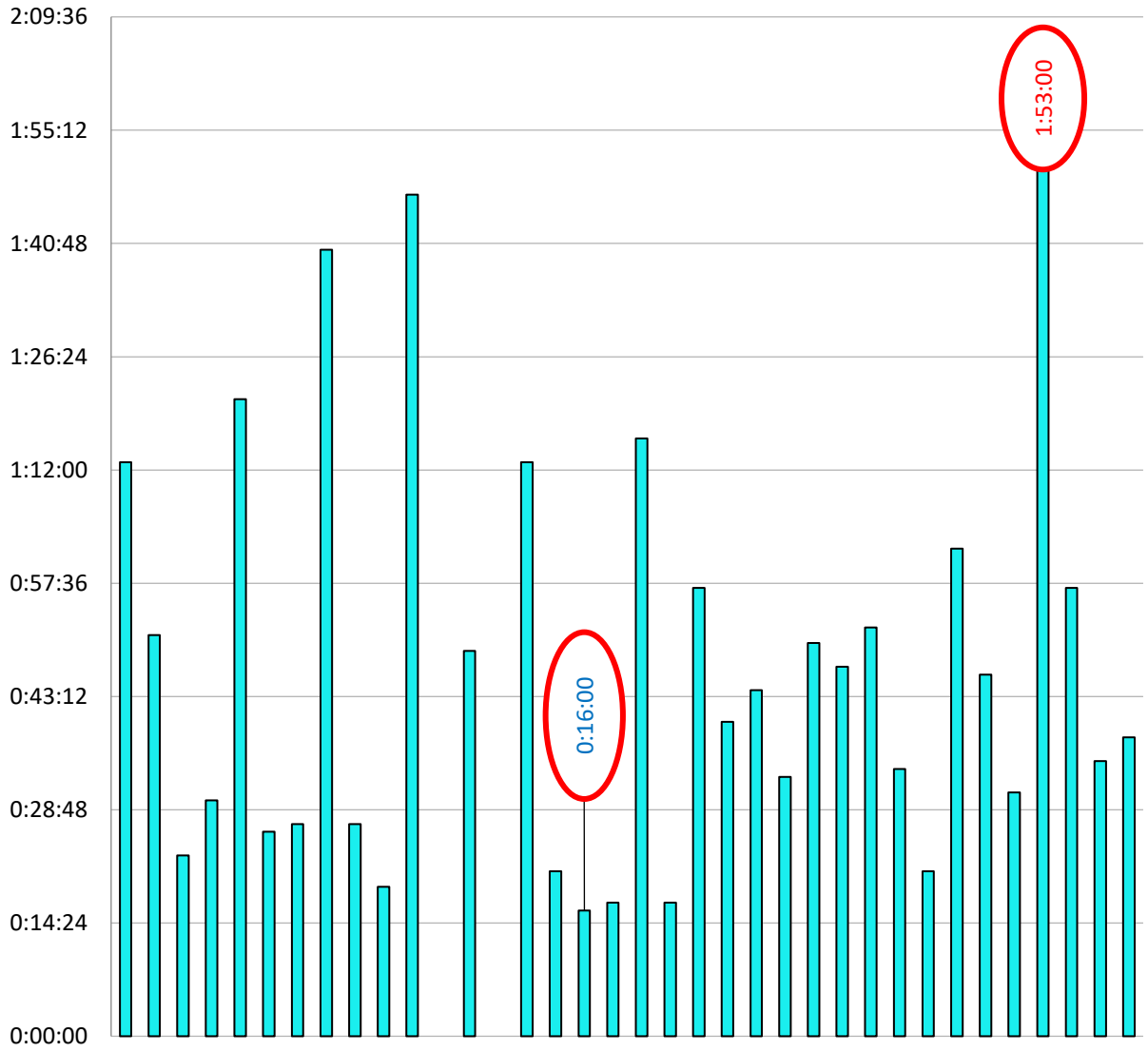
Total Time for Consultation

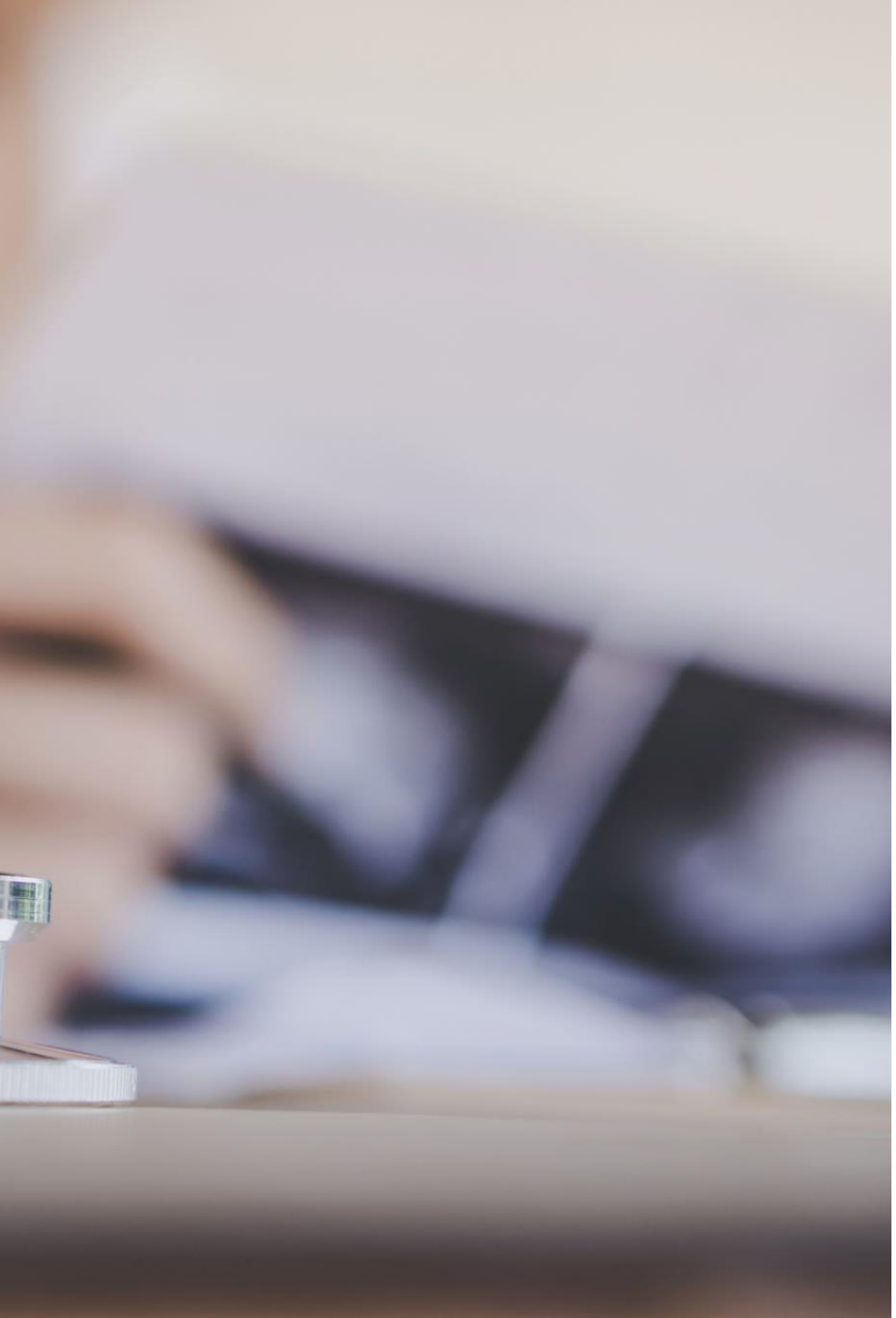
Average TAT

- **Average TAT: 00:52:20.**

Possible Reasons for high Peaks:

- Long waiting hours before consultation and approximate waiting time was 2 hours.

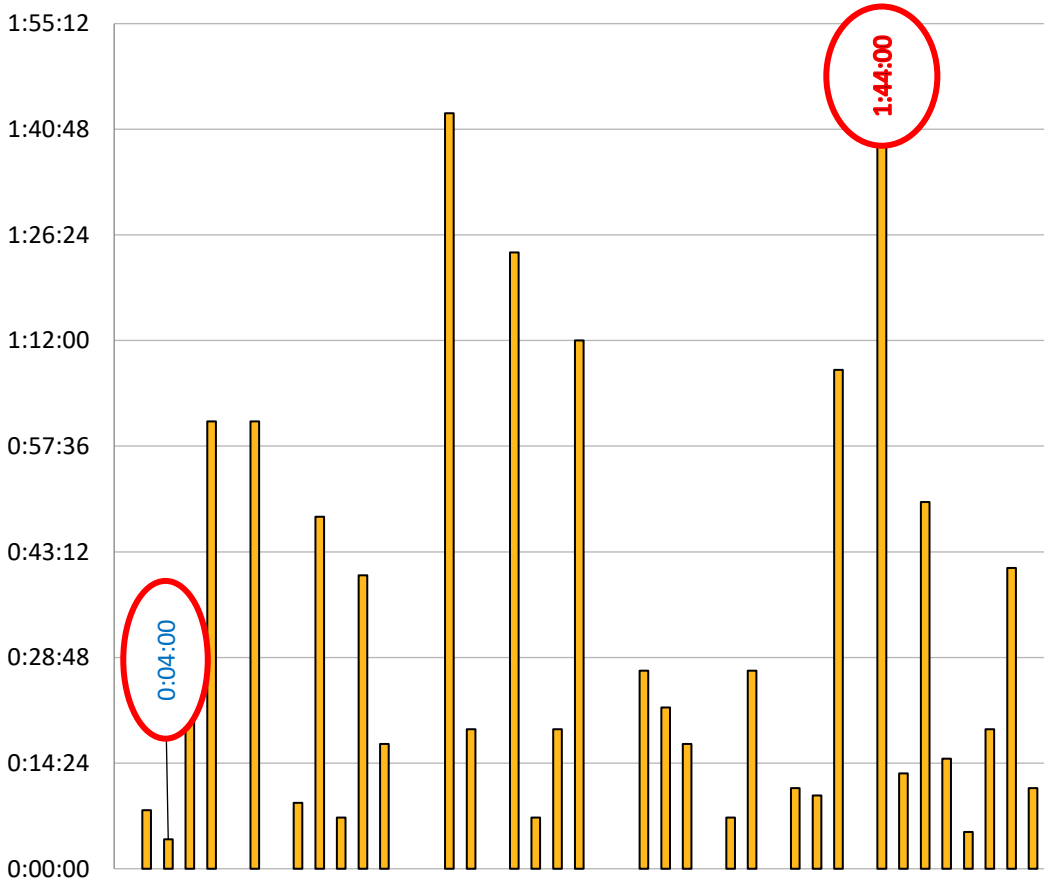




Process post Consultation

- After consultation patient will visit their respective departments based on their requirements and referral by the doctor.
- According to data out of 104 patients only 43 patients stayed in the hospital for further examination as per the requirements and remaining 61 visited hospital just for consultation.

Time taken for cash counter



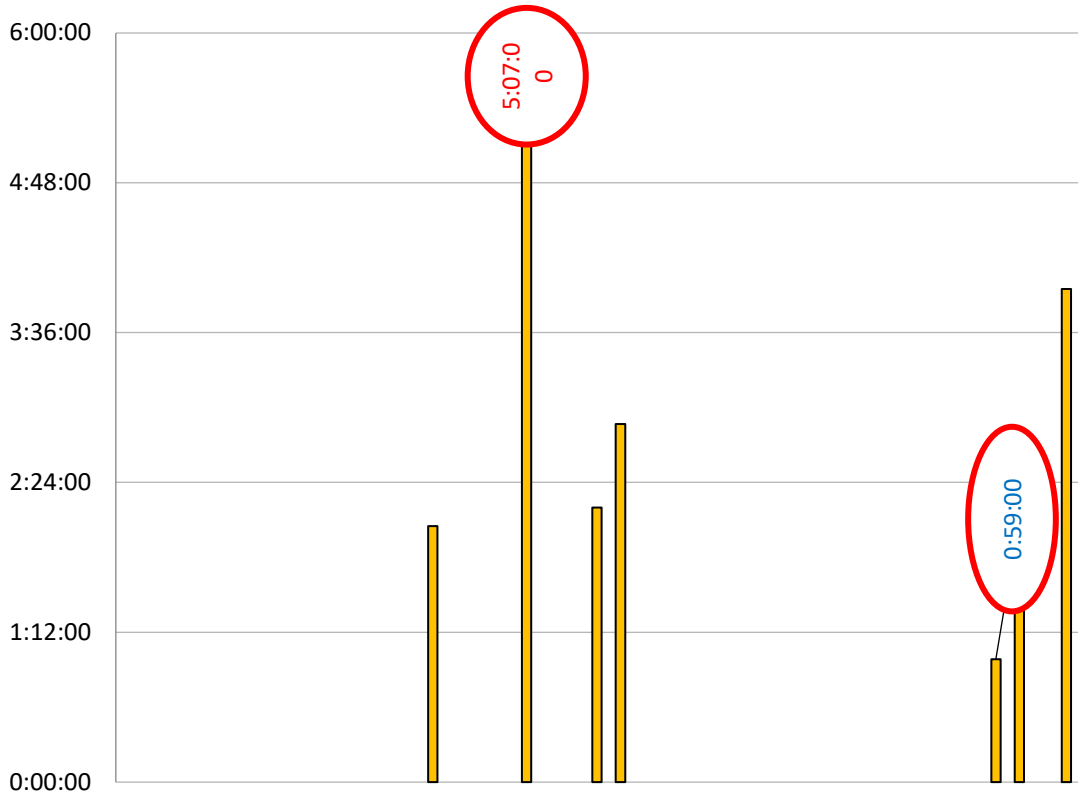
Average TAT:

- **Average TAT: 00:31:55.**

Possible reasons for high peaks:

- The reason for the long waiting is that only ground floor Cash counter is functional most of the times rest other cash counters divert their crowd to the ground floor.

Time taken at minor OT



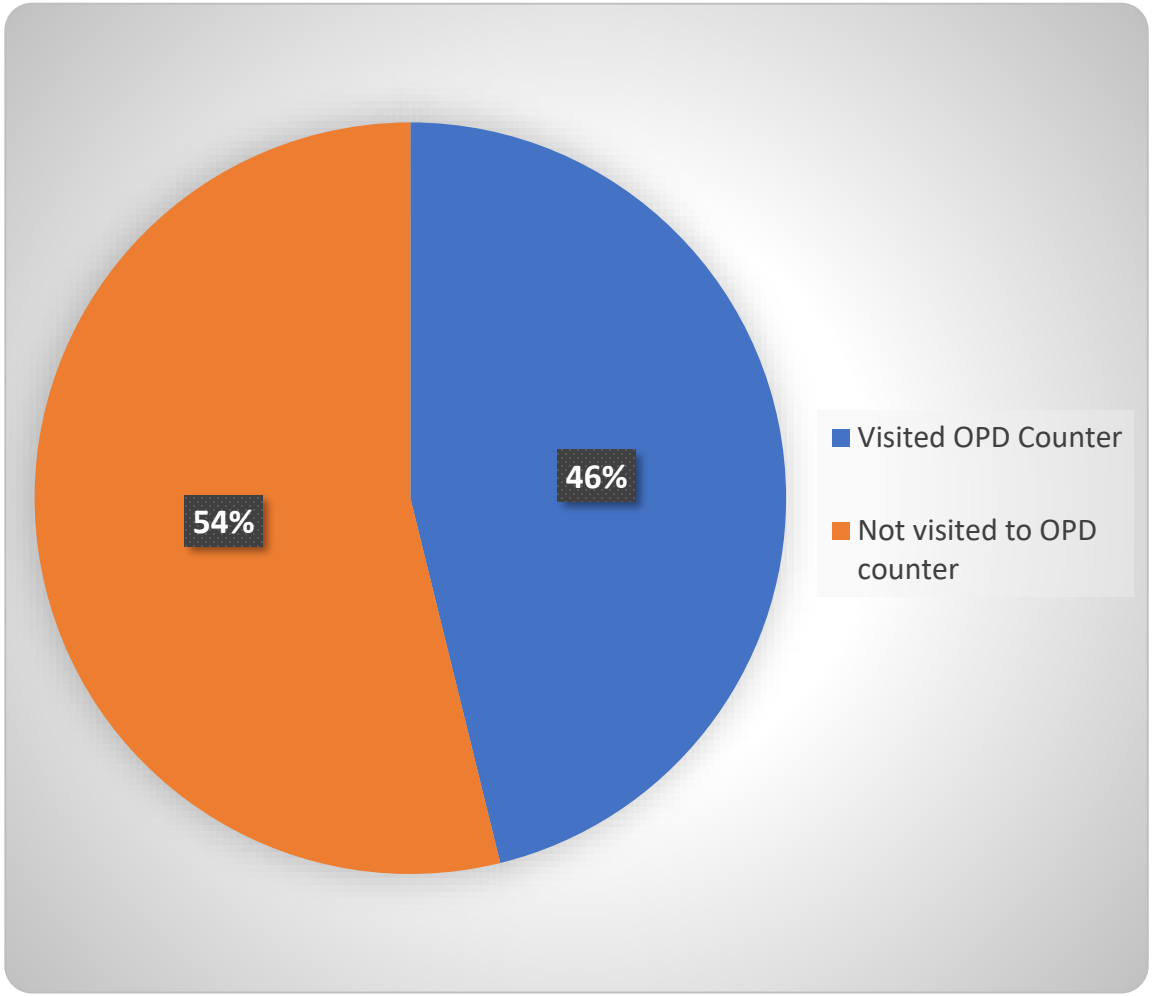
Average TAT

- **Average TAT: 02:25:37.**

Possible reasons for high peaks:

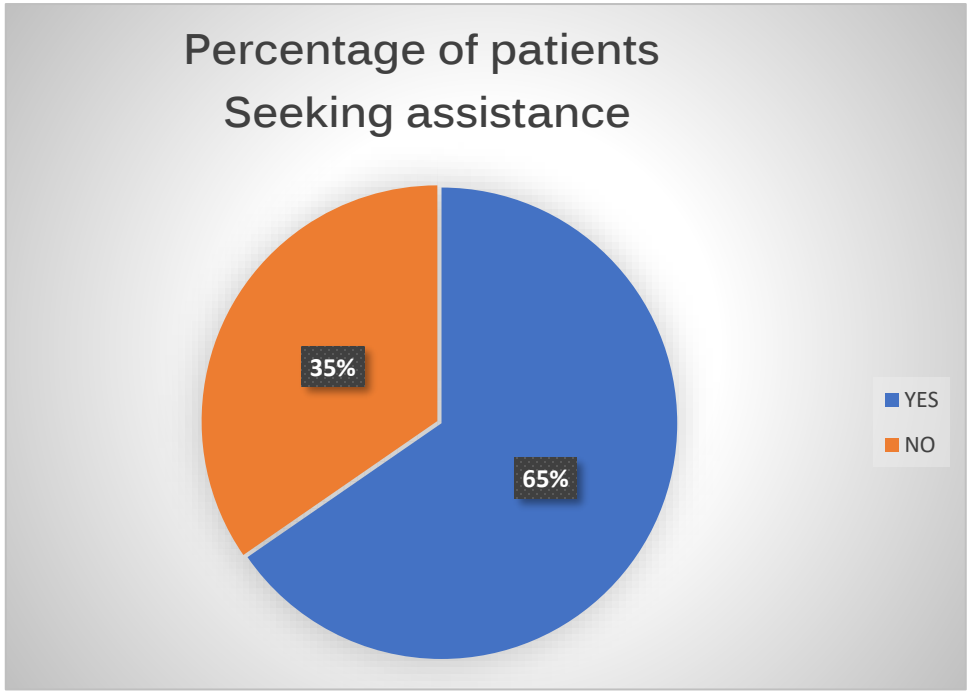
- However only 7 patients out of 104 sample size visited the minor OT, still the process time of minor OT is approximately 5 hours.
- Reason behind this is mostly unavailability of doctors,

Percentage of patients visiting OPD counter

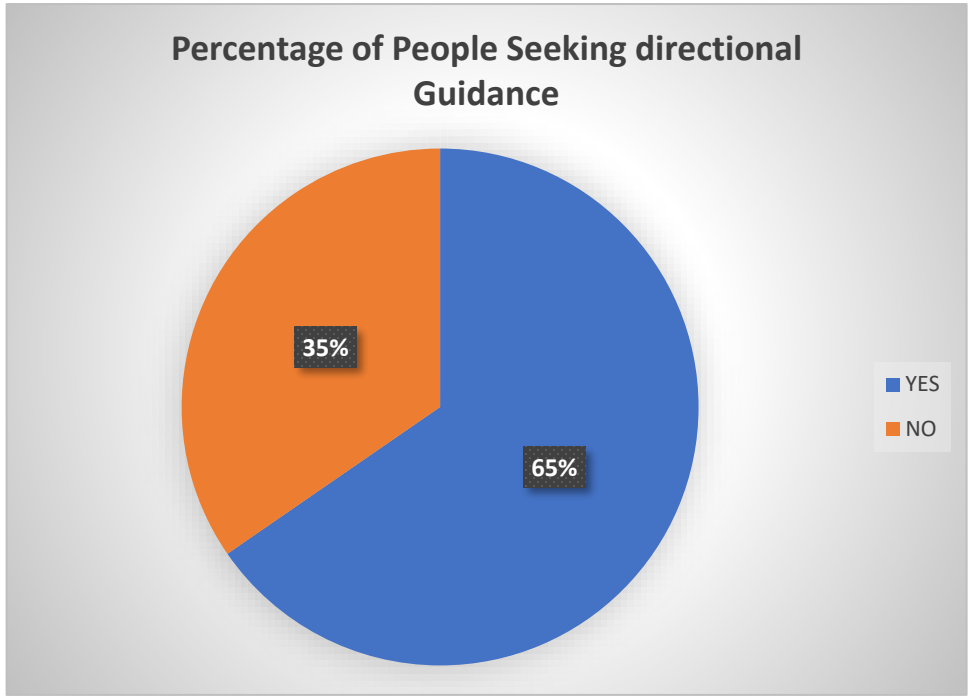


Category	Number	Percentage
Visited OPD Counter	48	46%
Not visited to OPD counter	56	54%
Total	104	100%

Challenges faced by patients



- Out of 104 sample size 71% of patients in hospital requires assistance (Wheelchair/stretcher).

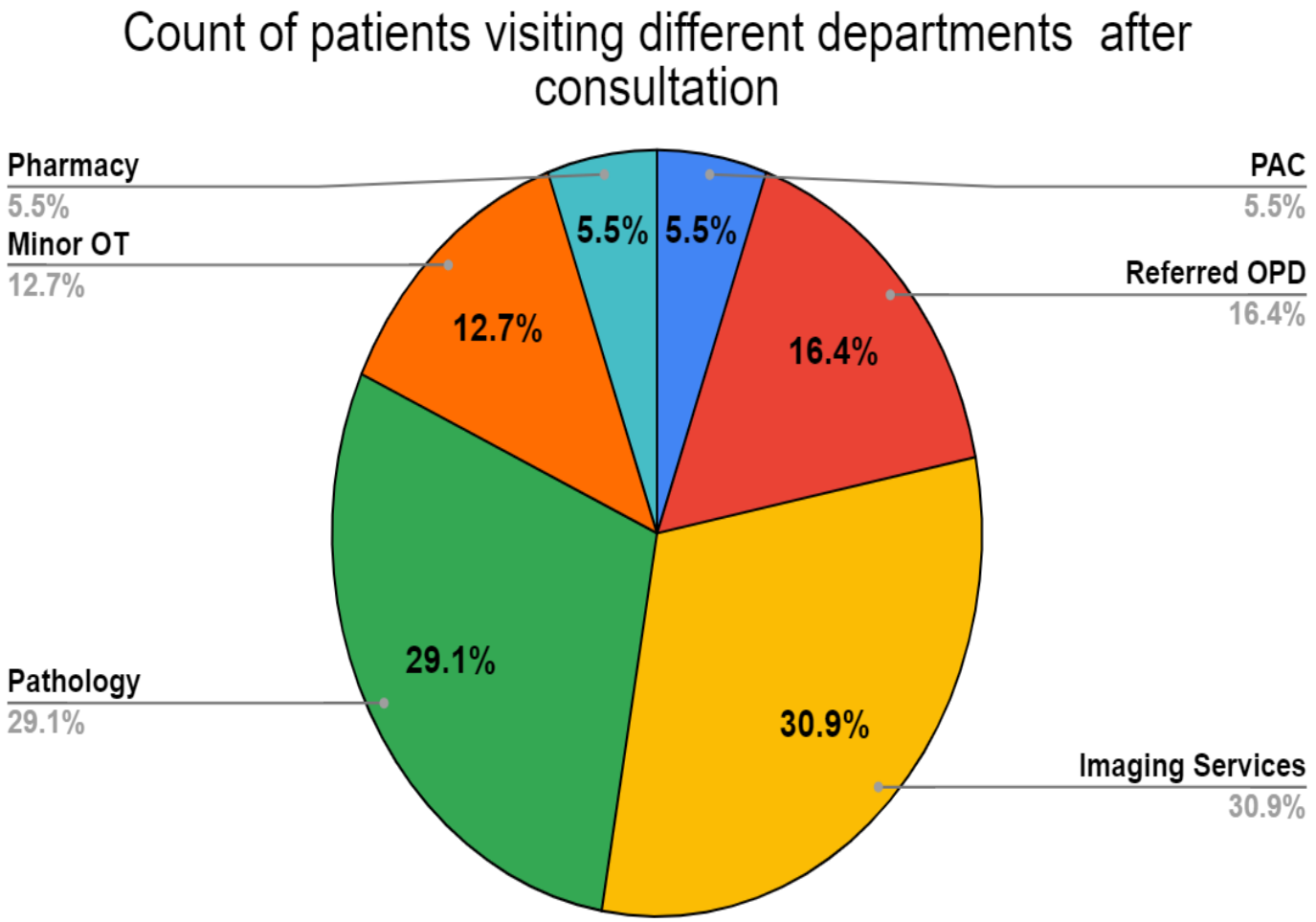


- Out of 104 sample size 65% of patients in hospital requires directional assistance.

Scenario after consultation

Interpretation:

- The graph shows the patients load in different departments after consultation the maximum load is in the imaging services that is 30.1% this means out of 43 patients 17 visits imaging services followed by pathology.



Challenges:

HELP DESK

- Help desk not visible.
- Lack of manpower at the help desk- There are only 2 people at the help desk which are not sufficient when the patient load is more.

REGISTRATION AREA

- Registration process is time consuming & the patients are made to wait at the OPD waiting area & then called once the file is ready,
- The scanning process of documents is slow & at times the IT service crashes due to heavy load.
- There is no provision for cost estimation for patients prior to treatment
- Patients find difficulty in reaching to referred OPDs due to inadequate signages & less manpower for guidance (GDA staff)

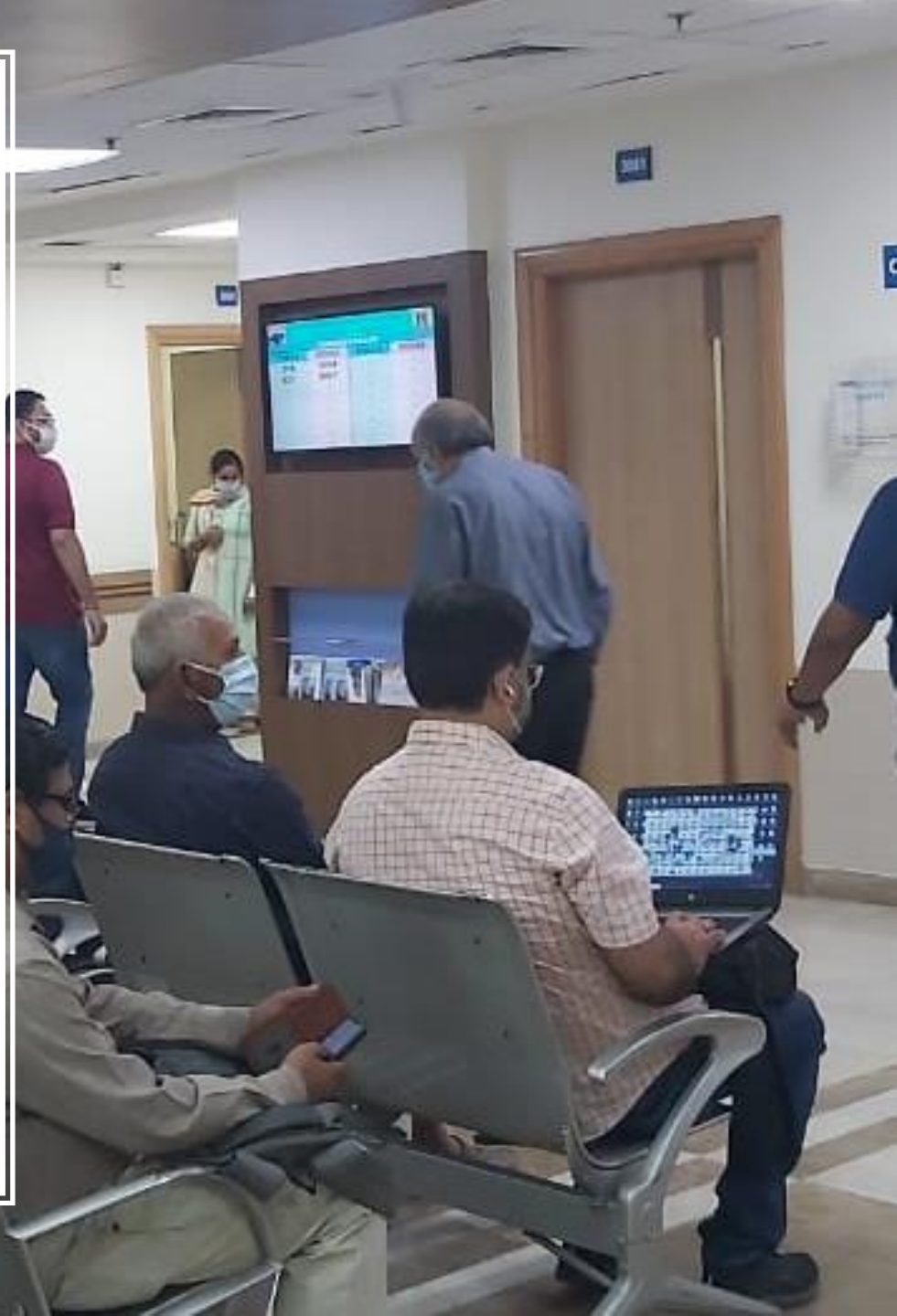
Challenges:

SERVICES

- Inappropriate staff training
- Staff at the counter are not aware of the Portal (PARAS) & App (RGCI-RC CARE APP)
- The staff is not empathetic towards the patient as they are meant to be specially with cancer patients

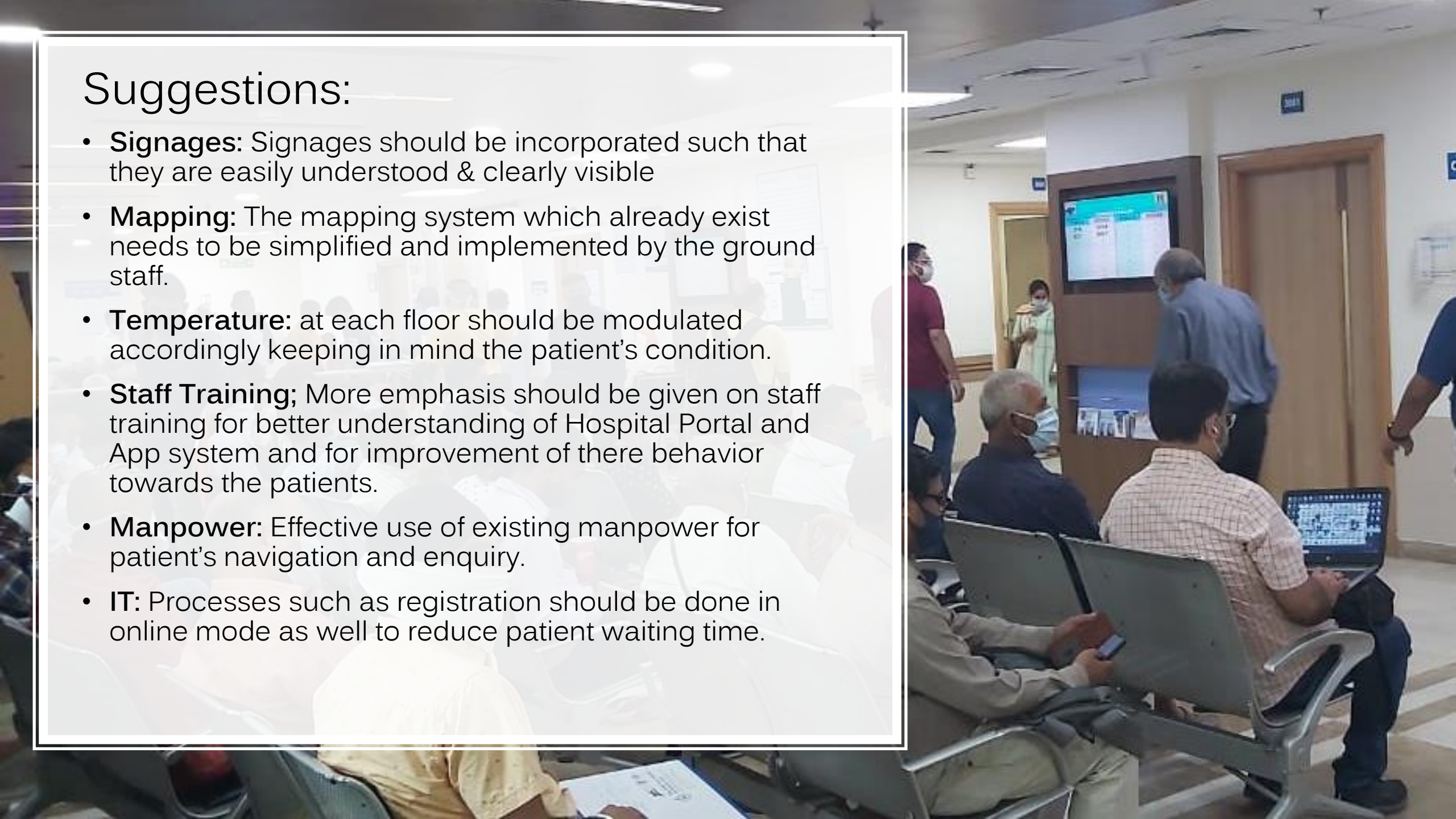
OPD AREA

- Display for token number isn't working half of the time due to technical issues & staff incompetency
- The system for calling names of the patient for OPD is inaudible in case of high patient load
- Long waiting hours at the OPD for consultation
- Patient is not informed at the earliest regarding the Doctor's absence & are made to wait for long hours & at times the whole day
- As the Doctor in the Cardiology department is on call basis so the waiting time is more for ECG, EBUS & 2D-Echo.



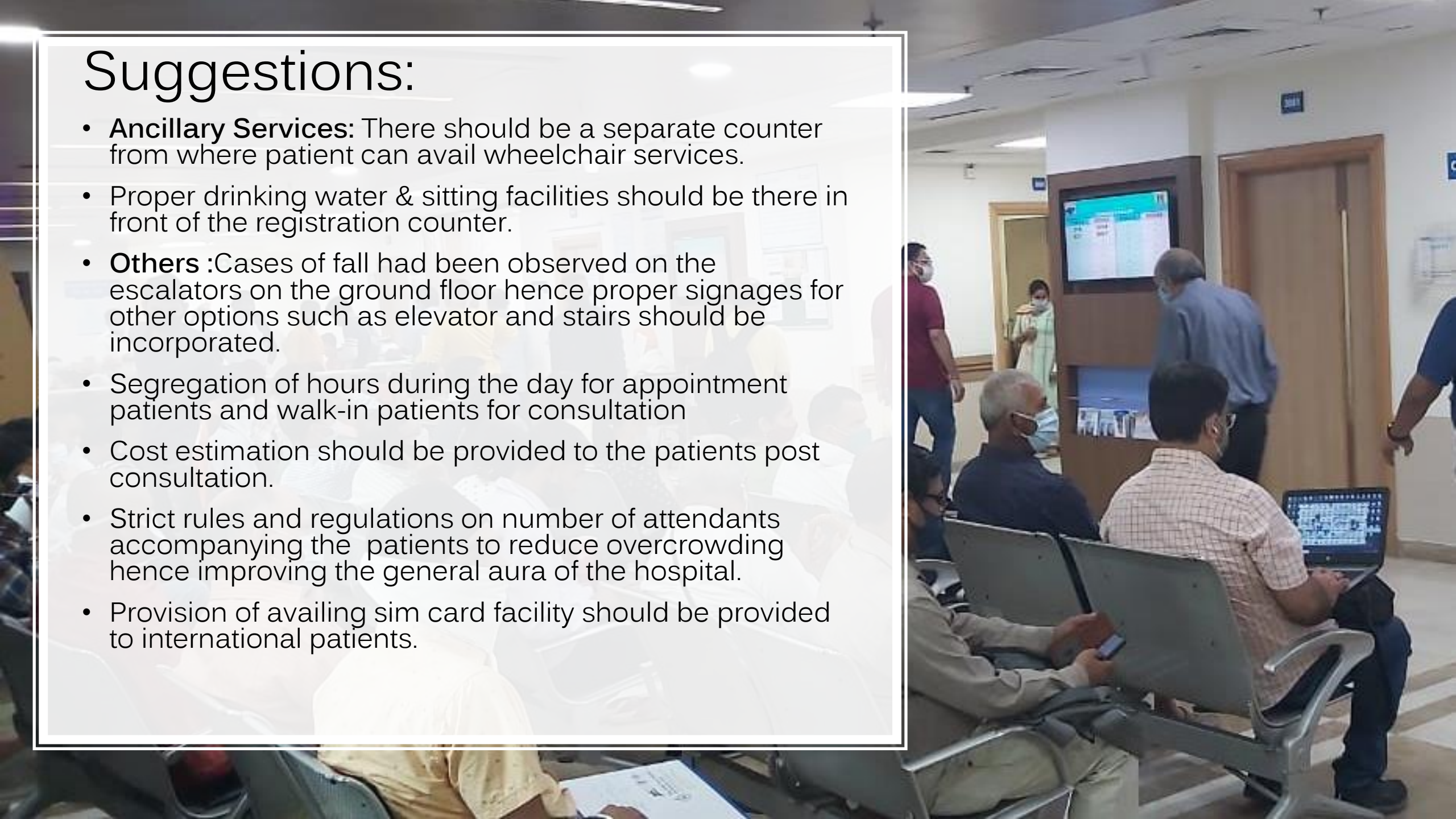
Suggestions:

- **Signages:** Signages should be incorporated such that they are easily understood & clearly visible
- **Mapping:** The mapping system which already exist needs to be simplified and implemented by the ground staff.
- **Temperature:** at each floor should be modulated accordingly keeping in mind the patient's condition.
- **Staff Training;** More emphasis should be given on staff training for better understanding of Hospital Portal and App system and for improvement of there behavior towards the patients.
- **Manpower:** Effective use of existing manpower for patient's navigation and enquiry.
- **IT:** Processes such as registration should be done in online mode as well to reduce patient waiting time.



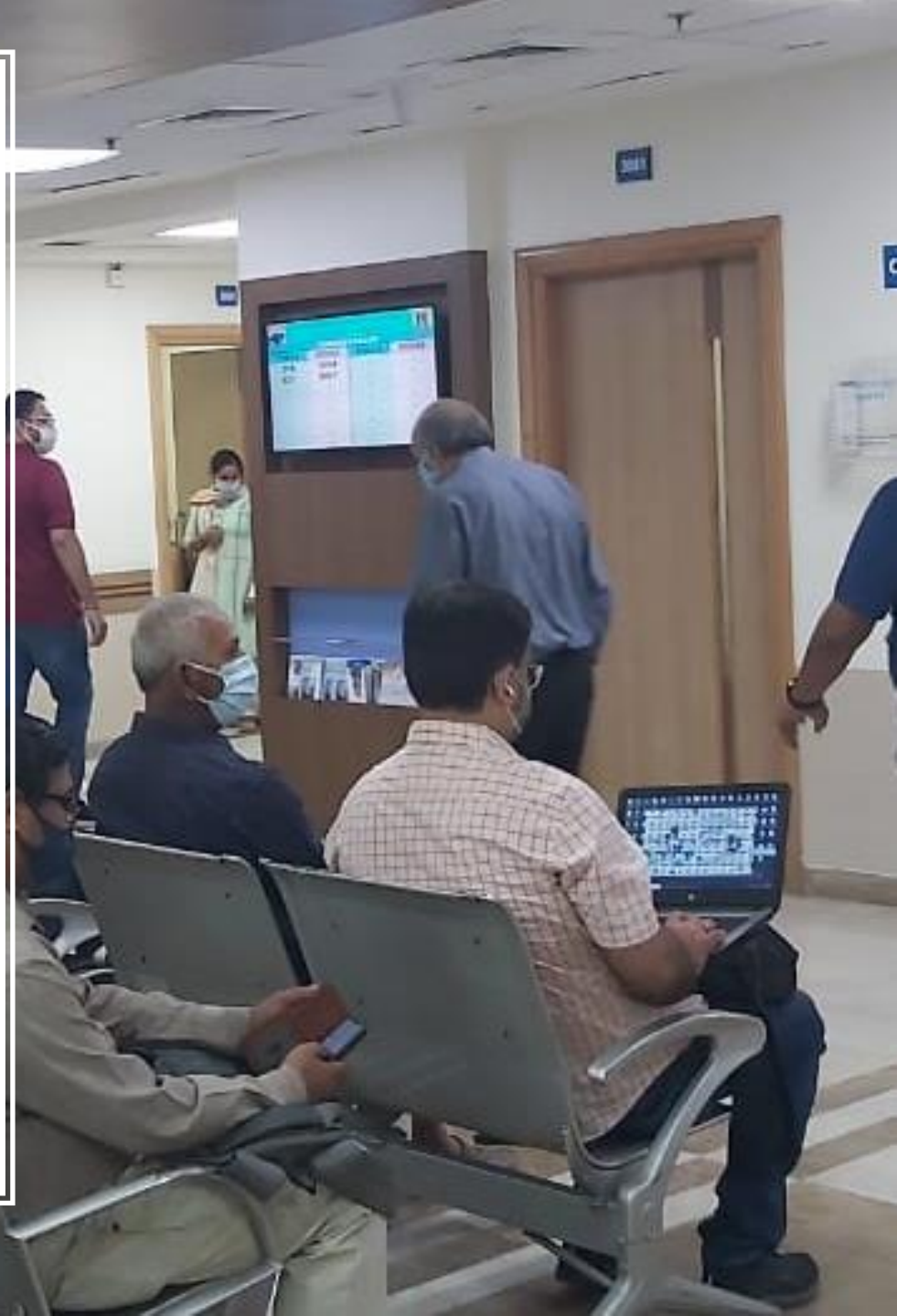
Suggestions:

- **Ancillary Services:** There should be a separate counter from where patient can avail wheelchair services.
- Proper drinking water & sitting facilities should be there in front of the registration counter.
- **Others :**Cases of fall had been observed on the escalators on the ground floor hence proper signages for other options such as elevator and stairs should be incorporated.
- Segregation of hours during the day for appointment patients and walk-in patients for consultation
- Cost estimation should be provided to the patients post consultation.
- Strict rules and regulations on number of attendants accompanying the patients to reduce overcrowding hence improving the general aura of the hospital.
- Provision of availing sim card facility should be provided to international patients.



Conclusion:

- In this study our objective was to find out the turn-around-time for the various processes of OPD & the challenges faced by the patients during the processes.
- By the end of the study, it is concluded that maximum waiting time calculated is for Consultation(**0:52:20**) & minimum is at the OPD counter(**00:11:42**) which are common for all the patients.
- After consultation , once the patient is referred to their respective department, the maximum waiting time observed is for PAC(**1hr:54mins:40secs**). As fewer number of patients visited this department comparatively, so this is the Outlier according to the study.



Thank you