

TURNAROUND TIME FOR INITIAL ASSESSMENT OF INPATIENTS BY DOCTORS AND NURSES IN FORTIS HOSPITAL

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in

Hospital and Health Management

By

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Under the Supervision and Guidance of

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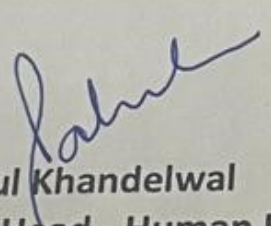
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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Ruby Devi Gautam D/o Mr. Santram Singh** has completed her "**Dissertation**" as a part of the course curriculum in the department of **Quality** at Fortis Hospital, Manesar, Gurugram from **April 01, 2024 to June 29, 2024**.

We wish her all the best in her future endeavors

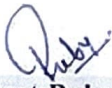
For Fortis Hospital, Manesar, Gurugram



Rahul Khandelwal
Unit Head - Human Resources

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "A Study on Turn Around Time for Initial Assessment of Inpatients by Doctors and Nurses at Fortis Hospital, Gurgaon" is the bonafide 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.



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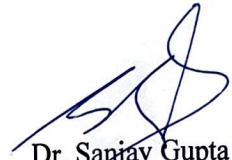
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CERTIFICATE

This is to certify that dissertation titled **“Turnaround time for initial assessment of inpatients by doctors and nurses in Fortis Hospital ”** is a record of the research work undertaken by **Ruby Devi Gautam** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.



Dr. Deepti Sharma
Faculty Guide
IIHMR University, Jaipur
Date



Dr. Sanjay Gupta
School Dean
IIHMR University, Jaipur
Date 02/07/2024.

ABSTRACT

INTRODUCTION:

Efficient and timely medical assessments are critical in the healthcare system, particularly for inpatients who require immediate and continuous care. The initial assessment conducted by doctors and nurses is a pivotal step in the patient care process, as it sets the stage for subsequent diagnostics, treatment planning, and therapeutic interventions. Specifically, this study intends to measure the TAT of these preliminary assessments, with particular emphasis on the time that doctors and nurses take to fill their assessments soon after a patient's admission. The importance of the current investigation centers on recognizing opportunities for delay and/or suboptimal performance in the first stages of evaluation because these can lead to poor patient care and children's experience as well as organizational efficiency in hospitals. The factors that prolong the TAT reported herein can be used to develop plans and measures that aim at increasing efficiency and effectiveness of patient assessment within healthcare facilities hence increasing the quality of service that is offered.

OBJECTIVE:

1. When the study is being conducted, the time will also be measured for doctors and nurses to complete inpatient initial assessments in the inpatient department.
2. Thus, it is crucial to identify all those factors that may have a potential impact on doctors' and nurses' tendency toward the delay in initial assessment. Developing and implementing an intervention that will reduce the time spent on initial assessments by doctors and nurses in hospitals.
 1. Identify the effectiveness of the intervention in reducing the initial assessment time by doctors and nurses in inpatient departments.
 2. Identification of challenges and barriers encountered during the implementation of the intervention and suggestions on how to overcome them.
 3. Recommend strategies for reducing the time of initial assessment by doctors and nurses in inpatient departments.

METHODOLOGY

A cross-sectional study was done at Fortis Hospital Gurgaon with a sample size of 100

active IP patients over a span of 2 months after taking relevant clearance from the concerned authorities. These samples were divided into 60 and 40 samples respectively as pre and post interventional samples. Data was collected by taking the relevant data of the patient and doctor/nurse along with the time when the patient had arrived at the bed of the ward (T1) and time of completion of assessment by doctors and nurses (T2). Turnaround time was calculated from the above taken data and relevant results and conclusions were drawn from them.

RESULTS:

Study results indicated that the average time for initial assessment (TAT) of 60 samples by doctors was 65 minutes, which exceeded the prescribed 60 minutes and the average time for initial assessment by nurses was 17 minutes which was well within the prescribed time of 30 minutes. Factors causing delays in cases where the TAT was more than 60 minutes included staffing and workload issues, communication difficulties, triage and prioritization problems, resource availability, documentation requirements, administrative procedures, organizational constraints, and doctors training.

Interventions implemented to reduce assessment time included streamlining triage processes, standardizing procedures, optimizing staffing and workflow, enhancing electronic health records access, improving communication among healthcare professionals, implementing point-of-care testing, training medical officers, using telemedicine, and promoting continuous quality improvement. These measures reduced the average Time to Assessment (TAT1) in the remaining 40 samples to 57 minutes in doctors and (TAT2) to 15 in nurses.

Challenges faced included workload constraints, communication issues, documentation management, training needs, resistance to change, staffing shortages, technological challenges, workflow design issues, patient factors, and external variables.

Proposed solutions included effective triage systems, simplified admissions, optimal staffing, technology use, standardized protocols, interdisciplinary collaboration, effective communication, ongoing training, process monitoring, and a culture of continuous improvement. The study highlighted the importance of addressing assessment delays to improve patient outcomes and healthcare efficiency.

ACKNOWLEDGEMENT

I would like to express my deepest gratitude to my esteemed organization guides and mentors Dr. Monika Patni (Head of The Quality Department) whose unwavering guidance, expertise, and encouragement have been instrumental in the completion of this dissertation thesis.

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I am humbly grateful to Dr. Deepti Sharma Mam for their leadership, critical feedbacks, and academic guidance that have encouraged me to work harder and aim high to achieve academicians' bench mark.

Besides, my appreciation goes to the entire faculty of IIHMR UNIVERSITY JAIPUR for enhancing my desire towards scholarship by the way they teach and in the discharge of their duties.

Last but not the least, I would like to take this opportunity to express my gratefulness to my family and friends for their support, motivation, and patience during my course work. Their constant support and belief in my abilities have been a source of strength and motivation, for which I am deeply grateful.

Thank you for your constant support, belief, and contributions.

Ruby Devi Gautam

MBA HM 27

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ABBREVIATIONS

- **MO** : “Medical Officers”
- **NABH**: “National Accreditation Board for Hospital and Healthcare Providers”
- **MS** : “Medical Superintendent”
- **ED**: “Emergency Department”
- **IPD**: “In-Patient Department”
- **IP**: “In– Patients”
- **KPI**: “Key Performance Indicator”
- **TAT**: “Turn Around Time ”
- **ISQua**: “International Society for Quality in Healthcare”

ABOUT FORTIS HOSPITAL GURGAON.

Fortis is one of the leading healthcare providers in Asia. Fortis Memorial Research Institute [FMRI] in Gurgaon is a multispecialty hospital with reputed doctors, surgeons, and nurses.

This facility is well equipped with the latest and ultramodern technology to serve the best patient care and healthcare. All the medical and non-medical staff in this hospital strive to contribute their best for the patient's wellbeing. FMRI is known for its Center of Excellence in Robotic Surgery and Neurosciences. This hospital has 330 beds along with 15 operation theaters.

FMRI is accredited from JCI & NABH and the labs of this hospital are accredited from NABL. In India, robotic-assisted Joint replacement surgery and laparoscopic left lateral donor hepatectomy were 1st performed by this hospital.

Their mission is to provide quaternary care to the community in a compassionate, dignified, and a distinctive manner

Fortis is the first JCI and NABH accredited Hospital in Gurgaon. Designed as one of the most advanced hospitals in India, Fortis provides a depth of expertise in the spectrum of advanced medical & surgical interventions, comprehensive mix of inpatient and outpatient services. Fortis has put modern technology in the hands of renowned doctors from across the country and abroad to set new standards in healthcare. The medical practices and procedures followed in the hospital are research oriented and benchmarked against the best in the world. Top-notch services, in a warm, open patient centric environment, clubbed with affordability, has made us one of the most revered hospitals in the country.

CENTRE OF EXCELLENCE AT Fortis HOSPITAL GURGAON.

- Fortis Emergency & Trauma Centre
- Fortis Heart Centre
- Fortis Cancer Centre
- Fortis Neurosciences Centre
- Fortis Joint Replacement & Orthopedics Centre
- Fortis Minimally Invasive & Bariatric Surgery Centre
- Fortis Transplant Centre (Liver, Kidney, Cornea & Bone Marrow Transplant)
- Fortis Women & Child Centre
- Fortis Pulmonology & Critical Care Centre
- Fortis Gastro sciences Centre
- Fortis Cosmetology & Plastic Surgery Centre

- Fortis Pain Medicine & Palliative care.

Fortis Hospital has other branches too in Gurgaon: Fortis Manesar (Gurgaon)

VISION

To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.

MISSION

To be a globally respected healthcare organization known for Clinical Excellence and Distinctive Patient Care.

CORE VALUES

a) Patient Centricity

- Commit to ‘best outcomes and experience’ for our patients.
- Treat patients and their caregivers with compassion, care.
- Our patients’ needs will come first.

b) Integrity

- Be principled, open and honest.
- Model and live our ‘Values’.
- Demonstrate moral courage to speak up and do the right things.

c) Teamwork

- Proactively support each other and operate as one team
- Respect and value people at all levels with different opinions, experiences and backgrounds
- Demonstrate moral courage to speak up and do the right things

d) Ownership

- Be responsible and take pride in our actions
- Take initiative and go beyond the call of duty
- Deliver commitment and agreement made.

e) Innovation

- Continuously improve and innovate to exceed expectations
- Adopt a ‘can-do’ attitude
- Challenge ourselves to do things differently.

INTRODUCTION

The initial evaluation of an inpatient is a vital step in determining the appropriate treatment plan. It includes assessing the patient's condition, medical history, and symptoms. The duration of this examination can vary based on several factors, such as the patient's health status and medical background. Typically, a medical officer should conduct the initial assessment of an inpatient promptly upon their arrival at the hospital. This is crucial because the information gathered during this evaluation will guide the patient's care and treatment and can identify any urgent or life-threatening conditions that require immediate attention.

According to standard guidelines, the initial assessment should be completed within 60 minutes of the patient's admission by doctors and within 30 minutes by nurses.

Some institutions may take shorter time than others because they will have laid down policy guidelines which highlight the procedures to be followed when conducting such assessments.

Sometimes, an assessment is done by a doctor, a nurse and a respiratory therapist of the patient. This makes it possible to gather all the aspects of the patient's illness, thus improving the diagnosis and the flowchart on the way forward.

Severity of the presented symptoms and the general state of the patient can also play a role in the duration of the first examination. For instance, if a patient is going through a critical or a serious illness that requires urgent attention, the period for the evaluation will take long. On the other hand, a patient with a less severe disease may be likely to need more tests and investigations to assess his/her condition and the most appropriate treatment plan hence affecting the time taken for the assessment.

Availability of resources can also be useful in identifying the amount of time taken for conducting the initial evaluation. If the hospital lacks the personnel or facilities, the process of the assessment shall take longer. Also, if the hospital has many patients, medical staff, in charge of giving the assessment, may not have ample time to do the assessment as fast as would be desired.

However, the medical staff should strive to conduct the initial assessment within the shortest time possible, more so for them to conduct a comprehensive assessment of the different aspects of the patient's health, with precision and accuracy. It is much safer for them because such an approach minimizes the risks of adverse events or complications and enhances the outcomes for patients.

However, two aspects of the evaluation become critical: specificity of assessment and the extent of the approach. Initial evaluation prior to admission should involve the patient's general health history, current state, family health history, social history, prior health history, operations, and possible risks among others. This may entail requesting further tests and/or imaging, getting in touch with other physicians or health care workers and very carefully scrutinizing the patient's chart.

Communication with the family or carers of the patient must also be adequately and efficiently managed. The existing relationship established through communication which was open will help foster trust and compliance with the recommended treatment plans and hence better results will be achieved.

The medical officer also needs to know if there is any insecurity or potential harm in case preventive measures are to be taken. Special considerations may include preparations for tests or for monitoring of the client, safety measures in case of need or consultations with other members of the health team.

In the medical record, the medical officer must write the patient's assessment and the plan of treatment brief and clearly. It helps in continuity of care, consistence in professional communication and in general enhances patient care as the medical record and or therapeutic plan is preserved for the future.

Inpatient general medical examination, medical officers need to give full play to their professional quality for detailed observation, and have clear and effective communication about the patient's past disease history and current state. Through the comprehensive and systematic approach in assessing and diagnosing the patients, medical officers are in the best position to guarantee patients' optimal health status.

In an environment that demands patient-centered care models and value-based care, this research will provide relevant information and suggestions on the elimination of ineffective practices and the enhancement of healthcare organizations' capabilities and efficiency to ultimately promote the well-being of patients.

REVIEW OF LITERATURE

Author (Year)	Study Location / Sample Size	Methodology	Salient Features	
			Objective	Results
Czaja et al. (2021)	Location: United States Sample Size: 27,836 patients	Study Period: 6 months Study Design: Retrospective Study Study Setting: Emergency Department Sampling Technique: Convenience sampling Study Tool: Data collected from HER	The objective of this research was to analyse the relationship between emergency department length of stay and physician evaluation time.	The study found that longer physician evaluation times were linked to longer emergency department stays. More specifically, an additional 1.5 minutes of stay were added for every minute that a doctor spent evaluating a patient.

Zhu et al. (2018)	Location: China Sample Size: 299	Study Period: January 2012 to December 2016 Study Design: Retrospective cohort study Study Setting: Acute Pancreatitis admitted to hospital. Sampling Technique: Used Electronic Medical Records	To investigate into how quickly individuals with acute pancreatitis were assessed by a doctor at the beginning and how it affected their clinical results.	The study found that hospital stays that are longer, pancreatic necrosis risks that are higher, and death rates that are higher were all related to a delayed time to initial physician examination. Particularly, patients whose initial Physician assessments were completed within 6 hours had a considerably lower death rate than patients whose initial assessments were completed more than 6 hours later.
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Sharma et al. (2018)	Location: India Sample Size: 1200 adult patients	Study Period: 6 months Study Design: Cross-sectional study Study Setting: Inpatient Department of tertiary care hospital Sampling Technique: Convenience sampling Study Tool: Structured Interview with patient, family members and attending physicians.	The objective of this research was to pinpoint the variables that influence how quickly hospitalised patients receive their initial physician assessment.	The study discovered a strong relationship between the patient's age, gender, sickness severity, day of the week of admission, and the time until the initial assessment. When compared to patients hospitalised on weekdays, those admitted on weekends experienced longer waits for the initial assessment. The study also discovered that individuals who were evaluated by a doctor later on had worse results, such as longer hospital stays
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Mirsaeidi et al. (2017)	Location: USA Sample Size: 119 patients	Study Period: Not mentioned Study Design: Retrospective cohort study Study Setting: Hospitalized patient with Community-acquired pneumonia Sampling Technique: Used Electronic Medical Records to identify eligible patients	To assess the effect of a delay in the initial doctor's diagnosis on how soon hospitalised patients with community-acquired pneumonia receive antibiotics.	According to the study, individuals with community-acquired pneumonia took longer to get antibiotic treatment when their initial physician assessment was delayed. When compared to patients who got antibiotics beyond 4 hours from presentation, patients who received antibiotics before 4 hours of presentation had a considerably reduced death rate.
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Bhagat P, Gupta R, Sharma D. (2016)	Location: India Sample Size: 147 patients	Study Period: 6 months Study Design: Retrospective study Study Setting: Inpatient and Emergency department. Sampling Technique: Convenience sampling	The study's goal is to find out the timing of initial assessment and emergency department disposition of patients who were admitted to the hospital with a stroke.	The study found that the time of the initial medical assessment was longer for patients who were admitted during the night hours as compared to those who were admitted during the day hours, and a longer time for the initial medical assessment was linked with a higher risk of poor outcomes.
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Lee JH, Wu MY, Chiu YW, et al. (2014)	Location: Taiwan Sample Size: 8,502 patients	Study Design: Retrospective cohort study Study Setting: Emergency Department Sampling Technique: Convenience sampling	This study examined the relationship between the length of the initial assessment by doctors and other performance indicators for the emergency room, such as the wait times between patients being seen by a provider and being taken to the imaging or laboratory.	The research discovered a link between lengthier door-to-provider, door-to-imaging, and door-to-laboratory times and longer time to physician initial evaluation. A door-to-provider time increase of 0.19 minutes, a door-to-imaging time increase of 0.13 minutes, and a door-to-laboratory time increase of 0.14 minutes were all directly correlated with each extra minute until the physician conducted the initial assessment.
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RESEARCH OBJECTIVE

1. To assess the time for initial assessment of IPD patients by doctors and nurses in inpatient department.
2. To identify all those factors that significantly contribute to the delay in initial assessment by doctors and nurses.
3. Developing and implementing an intervention that will reduce the time spent on initial assessments by doctors and nurses in hospitals.
4. Identify the effectiveness of the intervention in reducing the initial assessment time by doctors and nurses in inpatient departments.
5. Identification of challenges and barriers encountered during the implementation of the intervention and suggestions on how to overcome them.
6. Recommend strategies for reducing the time of initial assessment by doctors and nurses in inpatient departments.

MATERIAL AND METHODS

- **Study Design:** Cross-Sectional Study
- **Study Duration:** 2 Months
- **Study Sample:** 100 Elective Inpatients (Pre-Audit -60 and post -audit -40)
- **Sampling Technique:** Convenience
- **Sampling Study Tool:** Real time tracking and data documented in MS Excel
- **Inclusion Criteria:** Wards
- **Exclusion Criteria:** ICUs and other areas

Data was collected from all possible in-patient wards of the hospital.

RESULT AND DISCUSSION.

Objective 1: To assess the time for initial assessment of inpatients by medical officers in inpatient department.

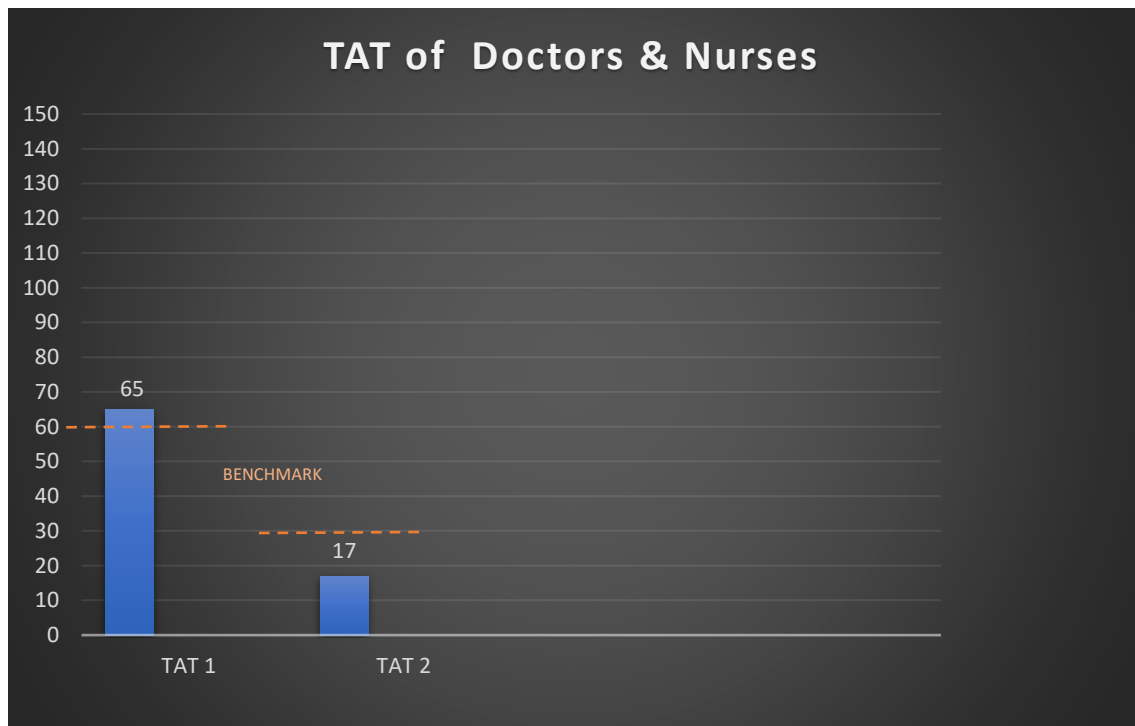


Fig 1.1: Average Turn Around Time of Initial Assessment by Doctors and Nurses

The study's first objective was to determine how long it takes medical officers in the inpatient department to assess patients initially. A total of 100 patients were included in the study, where 1st 60 samples were taken from second half of April till May and the remaining 40 samples were taken in the month of June.

I made sure to properly choose particular parameters while obtaining data for the initial assessment in order to guarantee thorough information gathering. The criteria chosen were the patient's unique identity (Patient ID), the name of the practitioner who conducted the examination, and the timestamps indicating the patient's arrival at the bed of the ward (T1) and the doctor's assessment of the patient (T2). Same was done for nurses as well. The time required for the evaluation procedure was computed using the assessment's duration ($T3 = T2 - T1$). TAT1(DOCTORS) and TAT2(NURSES) was calculated by considering the above-mentioned criteria. I hoped to gather crucial information that would allow for a thorough study of the timeframe for the initial evaluation.

It was found that the average Turnaround Time (TAT1) for doctors of initial assessment was 65 minutes for the initial assessment in April and May, which was more than that of the benchmark of 60 minutes. The average Turnaround Time (TAT2) during the same period for nurses was 17 minutes, which was well under the prescribed benchmark of 30 minutes. According to this, the assessment process was above the

benchmark, suggesting lacunae in the current work flow in cases of doctors and a good workflow in cases of nurses.

There is a need to address the factors contributing to this TAT and implement measures to improve the timeliness and effectiveness of the initial assessment process. Reduced TAT leads to improved patient care, optimized resource allocation, and improved efficiency in the inpatient department.

Objective 2nd - To identify all those factors that significantly contribute to the delay in initial assessment by medical officers.

i. Staffing and workload:

High patient volumes, increased workloads, and inadequate staffing levels can delay medical officers' initial assessment. In the event of limited availability of doctors, their resources were stretched and they were not able to respond to patients promptly.

Medical officers experience greater stress and workload as a result of inadequate staff members. This could reduce their effectiveness and judgement, which would lengthen the initial evaluation procedure. The Nursing staff to patient ratio at the hospital is 1:6 which in case of our study gave us good results in terms of the TAT that was calculated.

Hospitals must make sure that staffing levels are sufficient for patient demand or workload to address this problem and this was something I recommended to the concerned department. Hospital may shorten wait times for the initial patient evaluation, increase the precision of assessments, and quicken reaction times by having a suitable number of medical professionals on duty. The negative consequences of heavy patient traffic can also be reduced, and assessment efficacy can be increased, through offering medical officers with the support systems and tools they need to lessen their workload.

ii. Communication Challenge:

During my rounds in the wards I had noticed inefficient handover processes, poor communication between different healthcare teams, and delays in relaying critical information caused delay the initial assessment. Timely responses can be hindered by

inefficient communication channels or a lack of standard communication protocols.

The timely completion of initial assessment by medical professionals is significantly hampered by communication problems. . Due to poor communication and inadequate handoff practices, important information could be transferred slowly between different healthcare teams.

Communication of important informations concerning patients and the organization of the procedure for examination itself can become problematic when there are no adequate lines of communication or standard communication protocols. The time that was possibly spent by the doctors in some cases hunting for more information from several sources or defining blurred issues, might have lead to the delays.

Furthermore, the work poor communication may have made it hard for healthcare personnel to change over between one shift or different shifts. If there is no clean and clear communication in terms of the patient's status, history, and any of the emergent problems, it might have occurred in form of missed information or even misconceptions. Thus, while doctors try to collect the required information and fill the gap in communication the first assessment can be delayed.

Measures should be taken to eradicate communication challenges and enhance proper communication methods and standards in the healthcare institution. This could entail such things as details standardised handover formats, specially designed online resources for care handovers and communication patterns that are clear and precise among the health care teams.

Healthcare facilities might offer easier and productive first assessment experiences by developing the most appropriate approaches to communication as well as by safeguarding that refined and precise information transfer occurs.

Almost all the medical officers said that they would have input accessibility on the information they need for assessment in order to admit patients for a treatment.

In this respect, it is necessary to address the challenges that create gaps in the communication: To minimise delays to the initial assessment and to improve the results of patients' treatment, the communication issues should be resolved. When it comes to essential communication with other health care professionals it means that the communication is effective and there is smooth flow of information thus leading to response to the patient's needs.

iii. Triage and Prioritization:

Those with severe conditions may not receive the right attention if assessments that inform their triage are wrong or slow. Hypertensive patients who need further clinical evaluations for further management can be missed and proceeded to the next step without the attention of the medical officer.

Physicians and other health care workers must organize and prioritize their patients in order to meet their initial assessments on schedule. The staff, especially the doctors attending to critical patients, may not attend to them as they should when triage procedures are flawed or unsynchronized.

In turn, this implies that delays in the medical officers' evaluation may arise, for example through a triage system that does not assess and expeditiously refer those patients who require immediate attention from the medical officers. This may have very negative consequences for the patient in need of urgent medical care and under severe circumstances.

There can be several causes which make choices in triage inaccurate such as insufficient training of triage personnel, lack of procedural protocols, or many patients to sort through and prioritize. Under such conditions, people who need acute care are likely to suffer avoidable and lengthy wait due to lack of proper diagnosis and management of their diseases.

In order to address this problem, hospitals ought to focus more on improving their triage and making sure that several patients' classification is precise and efficient. This may require taking triage staffs through orientation, implementing standardized protocols on triage, and in some cases reviewing and updating them to reflect on the changes in practice.

Critical issues can be diagnosed by medical doctors within the shortest time possible since triage procedures can be shortened while at the same time ensuring that patients with such issues have been properly prioritized. This reduces the probability of negative impacts and allows efficient management of ailment.

If the first assessment is to be as fast as possible, then some triage and priority questions will have to be answered. This way, healthcare institutions may ensure that patients with urgent issues are promptly referred to medical officers for initial evaluation and required treatment through proper education and training in triage strategies. Therefore, accrual benefits are gained for all patients and the evaluation method is enhanced in general.

iv. Resources and equipment availability:

Lack of equipment needed for diagnosis, laboratory services, or imaging may result in delay in the initial assessment. The assessment process takes long time especially when medical officers are waiting for test results or availability of equipment. The prompt completion of initial assessment by medical officials is significantly influenced by the accessibility of resources and equipment. Delays in the evaluation process may result from insufficient access to crucial diagnostic tools, laboratory services, or imaging facilities.

They are used in the health facilities, by the medical personnel to gather relevant information and make decisions about patients' management. However, it might greatly add to the time-frame of the evaluation process and delay critical treatments if the patient has to wait for his tests results or availability of certain equipment.

Inconclusive test results might be If there is limited access to diagnostic tools or if there are delays in the delivery of laboratory services, the capacity of the medical personnel to receive quick results might be impaired. This may delay the whole evaluation process and compromise the patients' care.

It is recommended that the stakeholders in healthcare institutions should make it a priority to ensure adequate stocks of required items to address this problem. This may mean more efficient of resources and staffing, improvement to the imaging and testing equipment and maintenance, and greater coordination with the related departments.

Furthermore, there might also be possibilities of outsourcing specific tests or using telemedicine systems for remote consultations that could also help to ease the resource constraints and reduce the time needed for assessments.

This way, medical officers can make an initial assessment faster and treat patients providing them with correct and efficient care, eliminating the problems related to resources and equipment supply. This in turn benefits the patient by producing better results and contributes positively towards the management of evaluations in general.

To eliminate delays in the first assessment of the patients, one must ensure adequate access to these alms and equipments. Probably, more organisations within the sphere of healthcare could improve the process of evaluation and patient care by searching for the ways of efficient resource allocation.

v. Documentation requirements and administrative procedures:v.

Documentation requirements and administrative procedures:

Some degree of a delay in accessing a patient's record or chart can contribute to a possible delay in the initial assessment. This would make it virtually almost impossible for the medical officers to easily finish any of the prescribed forms, not to mention gaining easy access to vital information.

Medical officers have to perform initial assessment and treatment promptly; thus, there is a need for efficient note-taking and minimal bureaucratic procedures. Great difficulty and even a significant impact on the evaluation process is observed when Patient Information/Charts is accessed at a slow rate, thus hampering the work of medical officers in providing comprehensive fast care to the patients. Doctors may find it difficult to compile crucial data regarding a patient's medical history, prior treatments, and any current ailments if they are unable to obtain patient records or charts in a timely manner. Due to a lack of knowledge, proper diagnoses and effective treatment strategies may take longer to create. Also, routine procedures and paperwork may limit the actual evaluation as it takes a considerable amount of time. Irrespective of the type of examination, the medical officers might be unable to focus well on actual examination if they are burdened with lots of paper work or other steno tasks.

These are some matters, which should be addressed by hospitals with focus on development of efficient documentation systems and improvement of the main administrative processes. Use of EHR systems that can easily and quickly provide information about the patients as well as reducing paperwork burden so as not to overload the medical officers can for this purpose play a vital role.

Also, providing medical officers with proper instruction and support in using the EHR systems and related administrative tasks enhance the capacity of these officers in the preparation of necessary documents.

To give medical officers the opportunity to spend more time travelling through patients' records and making a detailed first analysis of patients' conditions, it is necessary for hospitals to ensure that these officers have an immediate access to the records and to optimise the requirements and procedures regarding documentation.

This enhances the care patients receive while at the same time making the aspect of evaluation to be much easier and effective.

Concerning the delays, it has been ascertained that there are areas related to paperwork and the internal functioning of the organization that need improvement in order to optimize the time that medical officers spend on the initial assessment. Healthcare organization may enhance patient's health and assess the program to be effective by implementing documenting system and minimizing the procedural work.

vi. Organizational Constraints:

The quick assessment and triage by the medical officers may be confined by inefficiency in the organizational actions. It can be due to; scheduling delays, coordination or else due to administrative regulations.

First responses of officials in the medical sector require efficient organisational procedures. Inability to let go is also likely to be restricted by organisational constraints that could slow down the evaluation process. Some of these elements might make it difficult for medical officers to conduct efficient evaluations at the right time and these include; Poor organization on the schedule of duties, poor collaboration between other health care providers and stringent bureaucratic measures.

Problems of time management in the allocation of patients to the medical officers for assessment including client quota or insufficiency of medical workforce. What this could lead to is just longer waiting time and equally poor quality of patient treatment. Further, there are requirements which when not put into practice may lead to delays in the initial evaluation procedure

Interdisciplinary collaboration is a crucial aspect when it comes to the management of healthcare since it's fundamental in ensuring that appropriate care is provided by the involved interdisciplinary teams. Patients' needs may be left undecided and intact for a long time due to the confusion on communication protocols and roles and duties of personnel involved.

At the same time, it is possible to note that production factors might also influence the relevance and efficiency of initial assessment through administrative barriers that can slow down the assessment process due to various regulations and procedures. Some of the samples collected could have been contaminated by medical officers who may

have been overwhelmed with a lot of desk work at the expense of promptly doing examinations.

These are the critical organizational restrictions that will require attention in attempting to design and enhance the effectiveness of the general internal environment of hospitals: It would be pertinent to focus on refining and enhancing the quality of scheduling processes, the management of resources, and communication processes between healthcare teams within hospitals. This is a problem that can be partly addressed in an organization by ensuring that administrative regulations and processes are some occasions to alleviate pressure on medical officers on evaluations.

These components suggest that there must be a positive organizational culture within the firm, which stresses efficiency and timely evaluation outcomes. This implies providing adequate choice to medical officers in tools as well as instructions and support in order to enhance productivity and thereafter, eliminate prospects of organisational interference.

Also, schedule conflicts, lack of coordination, and strict rules might threaten the proper completion of initial assessment by medical officers within organisational constraints. This leads to improved patient care results and reduces the healthcare facilities' drawbacks of encouraging fast and efficient evaluations as an organisational culture.

vii. Knowledge and Capabilities:

This is actually linked with the problem of lack of training or competence deficiencies to enable medical officers reach a conclusion of the patients' condition swiftly. Possible deficiencies in variables that come from assessment errors might be caused by ineffective provision of integrated information or expertise that is required for numerous health conditions.

In order to complete the gaps in education and perform continuing education, which must be carried out for medical personnel to be informed of the latest breakthroughs in the field, the continuous continuing education programs should be made.

Medical authorities would also be assisted by the availability of corresponding data and assets. For them to make the right decisions all through the examination, this entails providing them with the ability to use medical records, protocols, and decision-support tools.

Hospitals should undertake regular training and education programmes to address the lack of medical professionals with the required skills and abilities. These courses could concentrate on cultivating a deeper comprehension of diverse medical disorders, improving their clinical skills, and improving their diagnostic abilities.

It might also be possible to bridge skill gaps by encouraging a collaborative and sharing information culture among medical officers. Peer learning, interdisciplinary talks, and routine case reviews can all improve information sharing and boost medical officers' all-around proficiency.

Medical professionals must be properly educated and skilled in order to conduct assessments quickly and accurately. Healthcare organisations may help medical officers by investing in training programmes, giving them access to pertinent resources, and encouraging a culture of collaboration. This will help them fill up any skill gaps and carry out evaluations effectively, which will lead to better patient outcomes.

Objective 3rd - Developing and implementing an intervention that will reduce the time spent on initial assessments by medical officers in hospitals.

i. Streamline Triage Process:

Amongst the first things that were done was to sort the patients depending on the severity of their conditions, to reduce congestion through ranking them well. This ensured that any person in need of attention for emergent issues receives an assessment without delay.

In the hospital it was suggested that the planning and execution of the triage process could be more streamlined by developing guidelines on how to categorize patients according to the level of urgency as well as the symptoms they are suffering from, history of diseases if any, and their physiological status. There is a way of resolving a bottleneck of patients that medical officials can employ to quickly determine which patients need medical attention urgently.

Adding to the improvement of the given procedure is the issue of correct training of the triage staff. However, skillful assessment, proper communication and proper

utilization of the available trainings should all need to be stressed during training.

Other ways of reducing the time it takes to discharge a patient can also be alleviated through the implementation of technology including triage technology. These technologies enable a rapid flow of the patient to the right healthcare professional, an assessment of the adjacent risk, and data gathering.

Hospitals would ensure that patients receive assessment promptly and reduce the amount of time taken to conduct preliminary assessment through functional changes in triage department. By doing this, resource usage was as optimal as it could be, patient flow is enhanced, and medical officers' overall level of care is improved.

Reducing the time required for initial assessment by doctors required the implementation of initiatives to simplify the triage process, which was advised to the concerned department. Hospitals should efficiently prioritise patients, resulting in more thorough assessments and better patient outcomes, by creating clear criteria, offering training, and utilising technology.

ii. Standardized Assessment procedures:

Creating checklists or procedures that are used consistently and efficiently to direct medical personnel during the first assessment phase which was in place but was not being done efficiently by the staff.

Standardised assessment practises are yet another crucial intervention to cut down on the time medical officers spend performing initial assessment. Medical professionals can be efficiently directed through the initial assessment phase by developing checklists or processes that are regularly followed.

Creating a thorough checklist that encompasses all necessary components of the assessment, such as the patient's history, symptoms, vital signs, and certain diagnostic tests, is required for developing standardized assessment methods.

The doctors as well as the other concerned staff were advised to utilize fully the checklist proposed in the process and ensure that none of the aspects is omitted which are supposed to be assessed and, on the contrary, all assessments are performed on time.

Apart from that, the implementation of guidelines on how the medical officers should perform the assessments will enhance standardization and reduce variations in time taken to complete the assessments. Medical officers were requested to emphasize work according to various protocols whereby tasks that are deemed to be of importance are given top priority.

Implementation of training programs was carried out to educate the medical practitioners on how to go about using the checklists and the protocols in a way that aids in the efficient conduct of standardized assessment processes. By the end of this training, the need to adhere to the laid down procedures and the benefits of following them was made clear.

Thus, early assessment can be improved by having standardised methods of organisations such as hospitals to follow. Lists of items and results enhance the decision-making process by increasing the rate at which reviews are done together with a decrease in the likelihood of omitting important aspects.

It offers an organised plan in the initial assessment part through the application of standardised assessment procedures. Medical officers can help reduce time spent on first evaluations and provide improved patients' care, by creating efficient checklists or protocols.

iii. Optimise Staffing and Workflow:

It is vital to walk through operations and optimise them in an attempt to decrease the number of unneeded steps as well as eliminate points that cause delays. There has to be adequate staffing to attend to the number of patients that will be presenting at the hospital or clinic to reduce on the waiting time.

One precursory spot that benefits from this theoretical innovation substantially to reduce the time taken by medical officers at hospitals spend performing initial assessments is to optimize personnel and workflow. Processes may be examined and rearranged, and bottlenecks can be removed to improve the workflow of the evaluation process.

Hospital must make sure they have enough medical officers on hand to efficiently manage the patient load to maximize staffing. Based on patient demand, this can include adding personnel, changing shifts, or shifting resources. Patient wait times are decreased and assessments may be completed quickly with sufficient manpower.

Reorganizing processes entails locating inefficiencies and putting preventative measures in place. The patient flow may be redesigned, departmental communication may be improved, and technology that increase efficiency, such as computerized systems for appointment scheduling and record-keeping, may be implemented.

It was advised to the concerned departments that Hospitals can make the initial assessment process more streamlined and effective by maximising manpower and workflow. With the aid of this intervention, delays are reduced, professional coordination is improved, and prompt evaluations of patients are guaranteed.

Hospital should thoroughly evaluate their present personnel numbers and workflow procedures before implementing this intervention. By identifying areas that need improvement, this evaluation will make it possible to execute focused solutions. The workflow optimisation practises will be continuously evaluated and monitored to verify their efficacy.

To reduce the time spent by medical officers doing initial assessment, personnel and process must be optimised. Hospital may remove bottlenecks, increase efficiency, and improve the general standard of patient care by reviewing and rearranging processes. This intervention was implemented, which called for a thorough analysis of workforce levels and workflow procedures, followed by focused initiatives to address identified improvement areas.

iv. Improve Information Accessibility:

Improve information availability by developing and implementing strategies that allow patients' records to be easily retrievable through electronic health record technologies. They may be completed more quickly because the need to locate records manually, whereby their status needs to be verified before they can be evaluated and released, may be removed.

By enhancing information availability, an aspect of this theory, one can minimize the time that medical officers spend in hospitals in doing admission assessments. Information of patients may be made easily available through the use of information technology through implementing EHR, thus eliminating the process of manual search and expediting the assessment process.

Information about the patient such as health history, test results and previous

treatments are made available through electronic health records, which is a convenient location for all records of a particular patient to be stored. It may be easily accessed and retrieved by the various medical professionals hence facilitating better and informed prognosis.

These attending physicians and other participating healthcare professionals can speak and work with one another more fluently via EHR systems. Electronic data acquisition allows immediate access to patients' information; this means that there will be little or no time wastage when it comes to data sharing and appraisal.

To define EHR technology in hospitals, organizations need to spend on proper and secure computerized systems that meet privacy and data protection legislation. Substantial training should be given regarding the EHR system to the staff employees for using it effectively.

To conclude, it is true that individual acute care hospitals may cut down initial assessment time rather significantly if EHR information is enhanced. Since patient data is available at the moment of care, efficiency and quality as well as evidence-based decisions are promoted.

When it comes to the successful implementation of such an intervention, a hospital must assess its current state regarding record keeping and determine further improvement. It is crucial to reflect every hospital's specificity and the means it has at its disposal when selecting and introducing an EHR. The EHR system will be further assessed and modified over time to guarantee the best of information availability.

The one practical approach to mitigating the extent of time needed to undertake initial assessment is to make information easily available by adopting e-health records.

. EHR systems improve professional communication, provide rapid and simple access to patient data, and support more effective assessments. Hospitals should spend money on reliable EHR systems, train their employees, and routinely assess how well these tools are working.

v. Enhance Communication and Collaboration:

Enabling proper interaction and collaboration between the various healthcare professionals involved in the first stage of assessment. To expedite the evaluations, the health teams and we at the hospital supported the prompt sharing of information and discussion.

Thus, another strategy of releasing the time of medical officers spent on initial assessment in hospitals is the coordination of staff involved in the delivery of healthcare services. A common understanding of the assessments could be promoted and the patient care could be accelerated and made better by insisting on good communication and cooperation.

We endeavored to get the party of the healthcare team that was involved in the first phases of assessment to dissipate information early and to familiarize themselves with efficient and unambiguous means of communication. Doctors on duty should be able to easily refer to the important information of the specific patient they are attending too through frequent communication to be able to respond appropriately while informed.

The workers including the medical practitioners should also be encouraged to have mutual discussions where such matters like observation, probable concerns or fears that patients have regarding their diseases among them. This is so since this sort of framework facilitates an understanding of patients' needs and allows for the development of appropriate treatment plans due to its interdisciplinary nature.

Hospital also provided solutions such as checking and improving the frequency of their team meetings, stated example of proper communication protocols which were set, and recommended to use information and communication technologies as well. Such technologies could be the same electronic platforms for creating and sharing real-time information or the secure methods of communication.

Contributes to building and sustaining of communication within the healthcare team. It's agreed that plans and discussions including talks with patient and the patient's family will help understand the patient's problems better. That in turn strengthens patient-orientation.

For this intervention to succeed, the hospital should set and emphasize on the importance of interprofessional collaboration right from the initial assessment stage. Training efforts were conducted to improve interpersonal communications, promoting effective team work and as it is commonly said 'multi-disciplinary cooperation is paramount'.

The effectiveness of communication and collaboration strategies should be regularly assessed, with mechanisms for responding accordingly. Next, once problem areas are recognized more analysis can be done suggesting how to further improve these

practices.

One important way to do this is to facilitate better communication and coordination amongst healthcare professionals, as they often spend time on initial assessment of a patient before arriving at the right diagnosis. By facilitating quick information exchange, promoting multidisciplinary consultation and involving patients/families, the hospital can expedite assessments as well as improve care. Key elements of addressing this cleavage among those responsible for the intervention included promoting a communication strategy, providing training, and implementing feedback mechanisms.

vii. Our Current Strategies: [Educate and Train]

Training of Medical Officers: Regular education and training sessions for the medical officers (MOs) on more effective assessment strategies, how to provide timely feedback, Time management skills as well technology tools that can aid in making the Clinical assessments process minimal.

Continuing education and training of medical officers could reduce the time required for initial assessment considerably. Medical officers can benefit from regular educational opportunities to enhance their knowledge of structured assessment methods, working efficiently under pressure and utilizing technology for more effective assessments.

During education and training buy valium Roche 10mg, as well, it competence equipped medical officers orderly on the road to play leading assessment effectively. This may encompass education in standardised assessment techniques, expert physical examination and history taking skills, knowledge of diagnostic thresholds.

The use of time management - to help medical officers identify the most important tasks and obtain resources more accurately, as well as ensuring efficiency during assessment process

Technological tools that can be of assistance in the evaluation process should also be discussed in the training sessions. This might mean education in the use of telemedicine platforms, clinical decision support software, electronic health record applications or interfaces, and other tools in digital care that can enhance the availability of information, data documentation, and communication among the healthcare personnel. Hospital should foster and encourage their medical personnel to perform initial assessments better and efficiently by putting emphasis on the educational system and production of competent medical officers. The enhancement

of the assessment procedure is encouraged by training education so as to ensure the medical officers embrace current standards, policies and advanced practices in the business. As to the proper administration of this intervention, hospitals need to set up and organise a dedicated training programme with regular sessions, workshops, or online courses. The following educational opportunities were offered into the medical officers' PDPs and designed to meet their needs.

Hospital also ensured that it had some funds to enable it provide the relevant instructional materials, technologies, and or trainers/facilitators. For the assessment of the effectiveness of the education and training sessions as well as identification of training needs, it is necessary to incorporate the mechanisms for evaluation and feedback.

Every time medical officers were educated and trained on the process of initial assessment, hospital enhanced their skills, knowledge and confidence. This particular intervention helps to reduce the time taken on the evaluations by making certain that there is adequate skills and requirement for the medical officers for the optimization of the same.

Objective 4th - Identify the effectiveness of the intervention in reducing the initial assessment time by medical officers in inpatient departments.

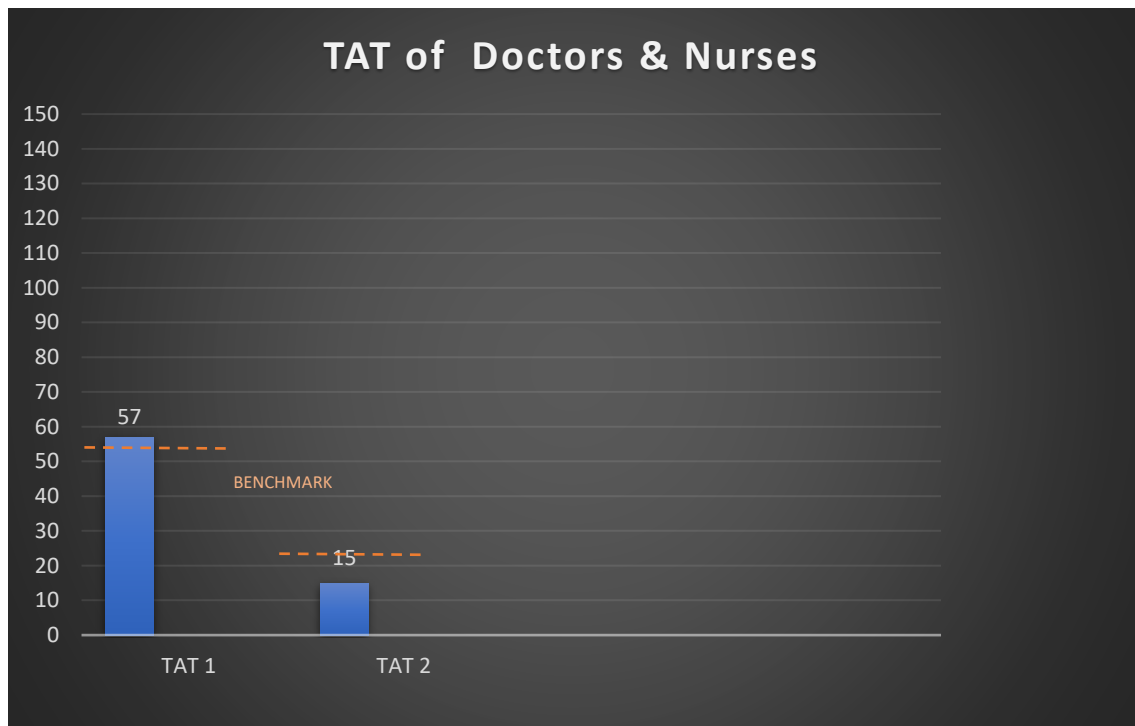


Fig 1.2: Average Turn Around Time of Initial Assessment by Doctors & Nurses post interventions.

The aforementioned interventions resulted in a reduction in the time doctors spent conducting initial assessments in inpatient units. The average assessment time in April and May was 65 minutes prior to the interventions. A careful implementation of the identified strategies, resulted in a decrease in assessment time, reaching 57 minutes on average in the month of June. The Average TAT for nurses decreased to 15. This decrease in assessment time not only showed how well the interventions had improved productivity and sped up the process of assessment.

The reduction in assessment time not only fell below the benchmark of 60 minutes but also showed how well the interventions had improved productivity and sped up the process of assessment. The triage procedure was streamlined to make sure that patients who required care right away were given top priority and examined right away. A systematic method was made available to doctors and nurses with the development of standardised assessment processes, allowing them to carry out evaluations effectively and consistently. By streamlining staffing and procedure, unwanted holdups and bottlenecks were removed, enabling quicker and more efficient evaluations.

By enhancing information accessibility through electronic health record technology, manual record retrieval was removed and the data retrieval process was automated,

which led to speedier assessments. Medical professional' emphasis on teamwork and communication encouraged effective information sharing and cooperative conversations, resulting in more simplified evaluations. Point-of-care testing technology integration gave medical professionals instant access to diagnostic information, allowing them to choose the best course of action.

Additionally, the regular delivery of instruction and training gave medical officers the information and skills they needed to improve their time management and evaluation methods. By permitting remote assessments and removing the requirement for physical presence, the use of telemedicine platforms for early evaluations, particularly in non- emergency instances, has sped up the assessment process.

Overall, the time required for the first evaluation performed by medical officers in the inpatient departments was significantly decreased as a consequence of the effective implementation of these interventions. The attainment of an average assessment time of 57 minutes and 15 minutes respectively not only reveals the possibility for continued improvement in the assessment process' efficiency, but also shows the usefulness of the interventions. Organisations may improve and optimise their practises, guaranteeing prompt and efficient treatment for inpatients, by regularly monitoring and evaluating the assessment.

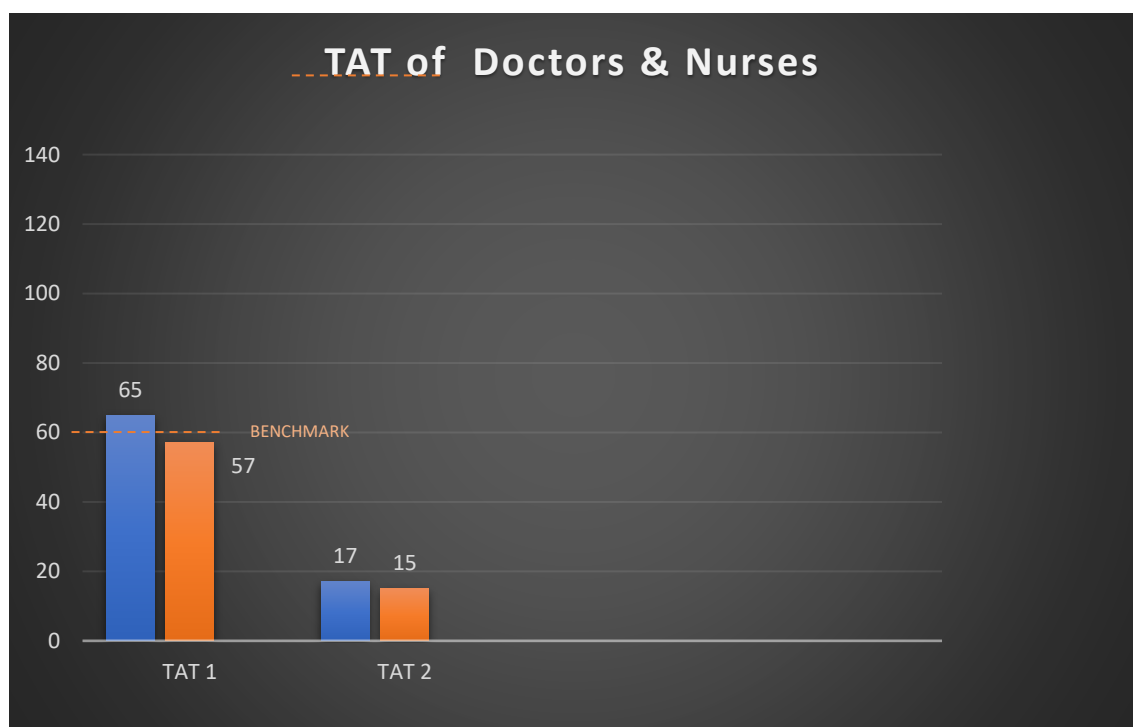


Fig 1. 3: Mean Duration of Time Doctors and Nurses Takes to Conduct the Initial Assessment of a Patient and the Duration of Time They Takes to Intervene.

Thus, the aim of the given study was to look into how the initial assessment period in the inpatient department can be reduced. From the above-financed results, it has been noted that the time taken in the evaluation procedure has significantly reduced to 57 minutes from the previous 65 minutes seen in April & May.

The reason for this outcome can be attributed to the better organization and several efforts applied, which is the following: triage process; assessment; staffing and working; information; communication; point of care; education and training; purpose of the study was to identify how to decrease the average inpatient initial assessment time. The outcomes depict that the evaluation procedure in total takes 57 minutes for doctors in contrast to 65 minutes in May and takes 15minutes rather than 17minutes for the nurses.

This result could be because of the smoother execution of multiple interventions like focusing on the proper triage technique, enhancing the assessment process, appropriate staff and work assigning, the availability and quick access to information, proper communication, and interdisciplinary relationships, combining the Point of Care Testing, education, or training, mainly use of.

Objective 5th – Examination of the problems faced and obstacles encountered when working with clients and their families while implementing the chosen intervention and possible recommendations on how to address them.

i. Word load and Time Constraints: I. Word load and Time Constraints:

The normalcy of workload and time pressed under which medical officers operate become an issue when it comes to the launching of measures that seek to cut down initial assessment time. Owing to many calls and limited available hours, the medical officers lack enough time to set aside for the passing timely assessment.

To some extent medical officers end up with a hectic timetable and they have a number of responsibilities and therefore can afford adequate time to do prompt examinations.

- The following suggestions can help hospitals overcome this challenge: - The following suggestions can help hospitals overcome this challenge:

Workflow Optimization: Eliminate unnecessary tasks and streamline workflow by evaluating and reorganizing existing processes. Reducing administrative burdens or

reallocating non-essential duties to other healthcare professionals will allow medical officers to focus more on assessments.

Staffing Optimization: To ensure effective patient management, assess the staffing levels and make sure adequate resources are available. Redistributing workload among medical officers or hiring additional staff if necessary would alleviate time constraints and ensure adequate coverage.

Time Management Training: Training in effective time management should be provided to medical officers. In order to optimize their productivity, these strategies might include prioritizing tasks, setting realistic goals, and managing interruptions.

Delegation and Teamwork: Develop a collaborative environment in which medical officers can delegate certain tasks to other healthcare professionals, such as nurses or physician assistants. Medical officers may experience fewer constraints on time if healthcare teams are encouraged to work together and communicate well.

Evaluation and Feedback: Create a feedback mechanism to learn more about the difficulties medical officers confront during the evaluation process. Determine how well the treatments you've deployed are working on a regular basis, and then change as needed depending on the input you get.

i. Communication and Collaboration:

Medical officers' communication and collaboration barriers presented another difficulty when implementing interventions to shorten initial assessment times. Delays in acquiring the essential data for evaluation may result from ineffective teamwork and communication.

The suggestions that follow might be taken into consideration in order to get beyond this obstacle:

Standardization of Communication Protocols: To enable effective and clear information transmission among healthcare professionals participating in the evaluation process, consistent communication protocols and processes should be put in place. To encourage efficient communication, this might involve adopting standardised forms, internet communication tools, or scheduled team meetings.

Interdisciplinary Teamwork: Promote interdisciplinary working in the health care settings by always emphasizing on cooperation and teamwork among the health

care staff. Encourage daily meetings or huddles where medical officers, nurses, technicians and other related employees should be allowed to discuss patient status, share information and be able to accelerate the process of patient evaluation.

Clear Responsibilities and Roles: Provide clear expectations of work responsibilities to all the stakeholders involved while conducting the assessment in the healthcare setting. This helps to enhance working relations and timely production of data since all people are well informed of their tasks.

Communication training: An effective training session concerning appropriate communication ought to be provided to medical officers. Examples of this that can be categorized are active listening skills, easy documentation methods, and proper ways of relaying information. Medical officers could also be in a more favorable position to amass data and conduct the assessment within less time because of the superior communication skills.

Continuous Feedback and Improvement: Ensure there is a feedback process through which the medical officers can provide feedback regarding any problems with the communication they experience when conducting the assessments. To increase efficiency of cooperation, it is also necessary to evaluate the effectiveness of the applied communication strategies and, based on the results of the feedback, make necessary changes regarding communication and cooperation problems. Hospitals may also create effective context for the exchange of the information and sharing of the tasks through eliminating the existing communication and collaboration challenges. This will indeed reduce the time taken in data collection and enhance the initial assessment procedures conducted by medical officers.

• **Documentation and Information Management:** Documentation and Information Management:

There are indications that initial assessments could be time-consuming due to bureaucratic procedures and problems of obtaining patients' data.

• **Resistance to Change:**

There are cases when some medical officials might not be ready to adapt to new practices or modifications of the existing practices that could increase assessment time.

• **Staffing and Resource Availability:** • Staffing and Resource Availability:

It means that time-bound evaluation may be an endangered activity because many organizations do not have enough employees or resources for having a large number of evaluations.

- **Technological Challenges:**

Technical issues and limitations related to e-Health system or other technological instruments used for efficiency evaluation may negatively impact such efficiency assessments.

- **Workflow and Process Design:** Assessments of initial patients may be delayed due to organizational problems as well as extreme poor working patterns and procedures.

- **Patient factors:**

It is possible that the Thorough and timely evaluations may be limited by patients' multiple medical conditions, communication, and informational barriers.

- **External variables:**

This may be due to a high turnout of patients, a change of incidence or event, or any other impediment which may keep the evaluative work off schedule.

Routine 6th – Suggest measures to help decrease the time taken by the medical officers to make preliminary evaluation in units of inpatient care.

- **Effective Triage Process:**

The first general system management would be putting in place an efficient triage system that helps the separation of patient improving their categorization based on disease severity. This ensures early treatment and assists in identifying persons, who require first examination.

- **Simplified admissions process:**

Admission details should be made more flexible and reduced as much as possible to avoid more time wastage whenever patients are being transferred from the ER or other units to the inpatient one. Discussion with team members and members of operation teams, as well as quick handover processes contribute to the speeding of the procedure.

- **Appropriate Staffing:**

Ensure that there is an adequate staff in the sentiment in the patients area of nursing especially in the busier admissions. Thus, the first evaluation times could be lessened by closely distributing medical officers depending on the number and severity of patients.

- **Application of Technology:**

Utilize it to improve the efficiency of the first assessment process. Improve communication between medical personnel by using electronic health records (EHRs) and other digital technologies to speed up patient information access and data collection.

- **Standardized Assessment Procedures:**

To be followed during the first assessment process, provide standardized assessment guidelines or suggestions. These protocols should outline the evaluation's pertinent components as well as completion dates. As a consequence, medical officers conduct assessments efficiently and consistently.

- **Collaboration Across Disciplines:**

Encourage the medical officers, nurses, and other healthcare professionals who took part in the initial assessment to collaborate across disciplines. Encourage teamwork and effective communication to reduce delays and speed up the process.

- **Systems for Effective Communication:**

Quick communication between medical officers, nurses, and other healthcare team members inside the inpatient department will be made possible by the establishment of effective communication technologies. Utilize extra technologies to enhance communication, such as secure messaging platforms.

- **Continuous Learning and Training:**

Provide medical officers frequent teaching and training in time-management techniques, efficient evaluation techniques, and technology usage. This provides them with the resources they require to optimize the first assessment process.

- **Process review and monitoring:**

To identify bottlenecks and possible development areas, regular process monitoring and assessment is necessary. Obtain feedback from patients and medical personnel to gain knowledge and implement the necessary modifications.

- **Constantly Improving Quality:**

By constantly examining and revising practices, policies, and procedures, you may create a culture of continuous quality improvement. Encourage medical professionals to share their ideas and recommendations to enhance the assessment procedure.

CONCLUSION

Based on the study titled ‘A Study on Turn Around Time for Initial Assessment of Inpatients by Doctors and Nurses at Fortis Hospital, Gurgaon’ the objective was to evaluate the time taken for medical officers to assess inpatients as well as factors contributing to delays.

Study results show that the average time for initial assessment was 65 minutes in the initial samples taken in the month of April and May, which is more than the benchmark of 60 minutes. There were several factors contributing to the delay in initial assessment in the case where the TAT was more than 60 minutes, including staffing and workload, communication difficulties, triage and prioritization issues, equipment and resource availability, documentation requirements, administrative procedures, organizational constraints, and medical officer training and competence.

These issues were addressed with several interventions in order to reduce the time spent on initial assessments. These initiatives included streamlining triage processes, implementing standardized assessment procedures, streamlining staffing and workflow, enhancing information accessibility through electronic health records, enhancing communication and collaboration among healthcare professionals, implementing point-of-care testing, educating and training medical officers, implementing telemedicine solutions, and promoting continuous quality improvement.

The average Time to Assessment for doctors (TAT1) was decreased as a result of the intervention by 8 minutes (57 minutes) , and average time of assessment for Nurses (TAT2) was decreased by 2 minutes (15), both of which were within the prescribed benchmark of 60 minutes and 30 minutes respectively suggesting a very good work flow.

The workload and time constraints, communication and collaboration problems, documentation and information management issues, education and training requirements, resistance to change, staffing and resource availability, technological

challenges, workflow and process design problems, patient factors, and external variables were all identified as challenges and barriers encountered during the implementation of the intervention.

Strategies like effective triage systems, simplified admission processes, ideal staffing, technology use, standardized assessment protocols, interdisciplinary collaboration, effective communication systems, ongoing education and training, process monitoring and evaluation, and a culture of continuous quality improvement were suggested as solutions to these problems.

The study's findings emphasized the need to resolve the delays in medical officers' initial assessments of inpatients.

The traits and behaviors that were discovered offered insightful analysis and suggestions for cutting down on the time needed for initial assessment, upgrading patient outcomes, and boosting healthcare system effectiveness. The use of these tactics may result in quicker and more accurate medical evaluations, which will ultimately be advantageous to both patients and the hospital as a whole.

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