TO STUDY THE TURN AROUND TIME OF NEW OPD PATIENTS

Dr . Garvit Gupta

1098

INTRODUCTION

- Out Patient services are the most important service provided by the hospital as it provides services to a large number of patients at affordable cost. The utilization of many of the other services provided by the hospital, often depend on how satisfied the patient is with the outpatient services provided. It is also well- established that 8-10 per cent of OPD patients need hospitalisation. When well organised and professionally run, not only can such OPDs help avoid confusion, frustration and overspending by fearful patients but can also regulate the flow of inpatients to the hospitals.

- Patients waiting time has been defined as “The length of time from when the patient enters the outpatient department to the time the patient actually leaves the OPD”.

- Usually, it is observed that patients at the hospital OPDs have to wait for a disproportionately long time before they can get medical treatment or advice by professional healthcare workers. Long waiting time in hospitals causes discontent among patients. In a positively managed healthcare environment, long waiting time of patients in an OPD adversely affects the hospitals’ ability to attract

- new increased business. It is difficult to sell services if individuals are dissatisfied with the delayed process and increased waiting time. Because of great volume of ambulant patients in most communities, an efficient outpatient department (OPD) in hospital is clearly of critical importance. This is more because of lower cost of outpatient services compared to inpatients.

- There are many indicators of quality assurance in hospitals. In outpatient departments, one of the important indicators of quality assurance for patients is “waiting time”. Hence it is detrimental for a hospital on the whole to have long OPD waiting time.

Aim:

1. To analyse the waiting time in the OPD and assess its impact on patient satisfaction.

Objectives:

1. To determine the average time spent by the patient in the OPD.
2. To identify the factors responsible for prolonged waiting time in the OPD.
3. To study the causes of the delays and suggest interventions
4. To assess the patient’s satisfaction with the OPD services provided.

Scope:

1. The immediate and major cause for increased waiting time can be assessed and rectified.
2. The idle time of OPDs can be ascertained and means to schedule OPDs accordingly with a view to reduce peak workload can be done.
3. Patient's satisfaction regarding OPD services can be measured.

Limitations:

1. Corporate patients and those visiting multiple doctors were excluded.

PATIENT OPD JOURNEY

- **May I Help You**
- Patient helpdesk is located at the centre of reception and is manned by front office executive eager to familiarize the patient with the processes.
- These are executives posted to guide you, address your queries and assist you in all possible ways at the main Reception. In case of query contact Front Office Coordinator +91 9319089903
- **Registration**
- Please fill in your details at the main reception/registration counter on your first visit to the Institute. For registration, you need to provide Photo id proof and address proof along with Pan Card / Aadhar Card along with INR 150/= registration fee.
- For International patients, you need to provide a photocopy of your passport (First page, Last page and Visa page).
- You will receive a Smart/cash card from cash count with Central Registration Number (CR No.)

- **Initial Assessment**

For all new patients' post-registration, you will be directed to Initial Assessment Unit at Ground Floor where our doctors and nursing team will take a medical history, do a physical examination and check weight, height and vitals etc.

- **OPD Consultation**

After the initial assessment you will be directed to the concerned OPD where Super specialist doctor will do further assessment of your condition and will accordingly advise you investigation I treatment on OPD or IPD basis as may be the case. It is advisable to take prior appointment for OPD consultation which is available at Main Reception or telephonically +91-1 1-47022071 or online at our website (www.rgcirc.org).

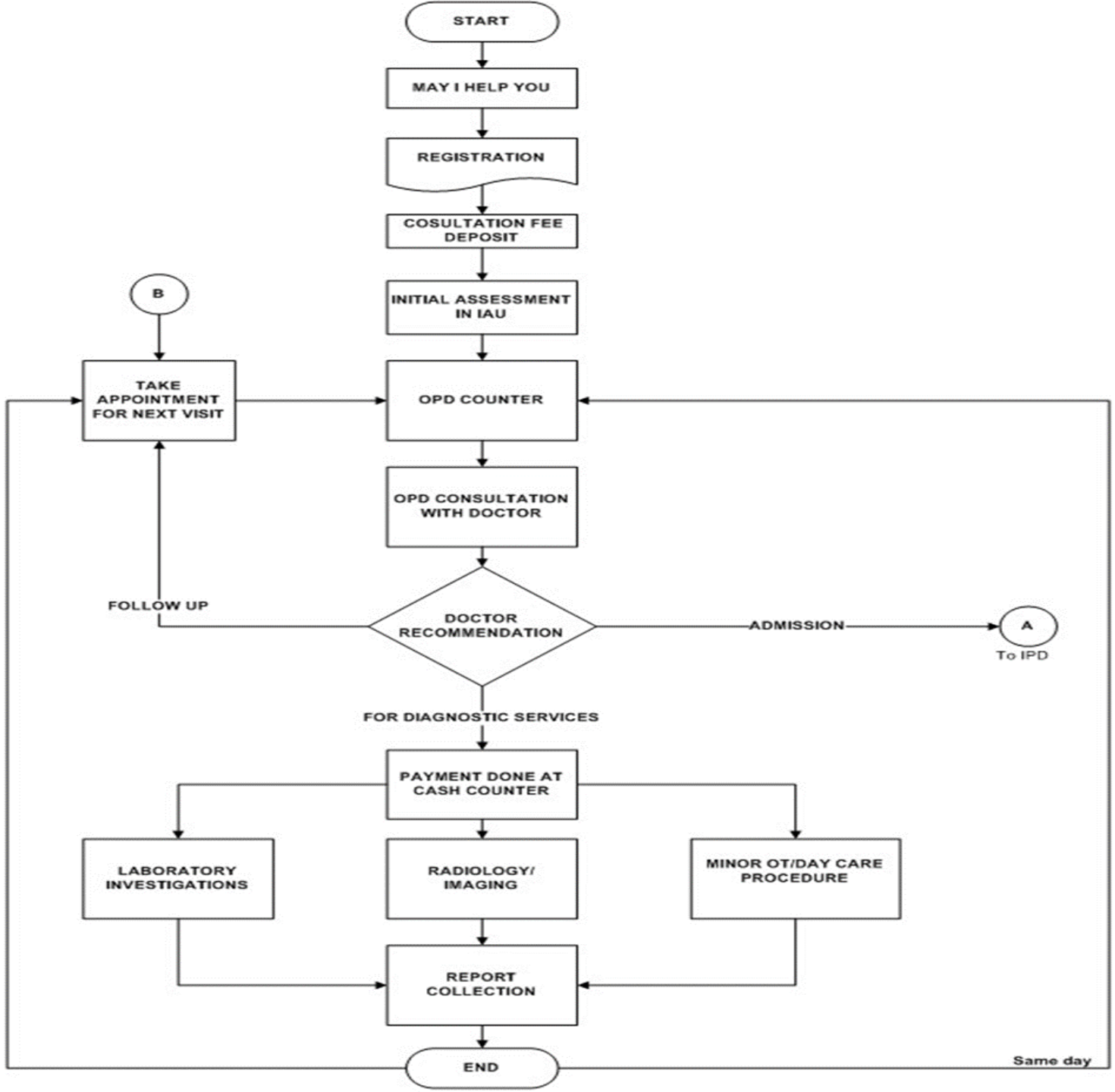
- **Revisit**

For revisiting, you will be required to make an appointment for the particular doctor at the Appointment Desk or online. Please confirm your time of appointment and make sure you reach hospital 10 minutes before your allotted time.

- **OPD Timings**

General OPD: 02:00 pm to 05:00 pm (Tue& Fri) (last card is made till 04:45 pm)

Regular OPD: 09:00 am to 05:00 pm (All weekdays)


START
MAY I HELP YOU
REGISTRATION
COSULTATION FEE DEPOSIT
INITIAL ASSESSMENT IN IAU
B
TAKE APPOINTMENT FOR NEXT VISIT
OPD COUNTER
OPD CONSULTATION WITH DOCTOR
FOLLOW UP
DOCTOR RECOMMENDATION
ADMISSION
A
To IPD
FOR DIAGNOSTIC SERVICES
PAYMENT DONE AT CASH COUNTER
LABORATORY INVESTIGATIONS
RADIOLOGY/ IMAGING
MINOR OT/DAY CARE PROCEDURE
REPORT COLLECTION
END
Same day

PROJECT CHARTER

- The following project charter defines the project Reduction of Turnaround time of Out Patient Department and its goals, objectives and scope :

- **The Organization's Name**- RGCIRC

- **Name of the Project**-to study the TAT of new OPD patients.

- **Problem Statement**- There is a delay in services to out-patients, which delays the turnaround time of OPDs.

- **Sample size:** Total 70 Patients was evaluated step by step for this study to observe every single aspect for the need of improvement and development in management.

- **Data analysis:** At the end of the data collection procedure the data 70 patients which was filled in excel sheet now get analysed by calculating the average TAT of every process . In the end a graph was created to easily observe the result that where we need to improvise the work flow of the management . On the basis of these analysis recommendations are suggested.

DATA COLLECTION PLAN

- **Measurement Method:** The physical entry time and OPD Completion time of out-patients was recorded using the data collection sheet. One of the team members was assigned with the responsibility for data collection.

- **Measurement System Analysis:** The chances of repeatability error avoided by using a standard data collection sheet by one operator/data collector.

- **Sampling Method:** A simple random sampling method is used for the data collection. Patients are picked up randomly as patient enters the hospital premises, the patient or the attender who accompanies the patient are provided with the Registration form to fill the information such as Patient Name, Address, Aadhar number, etc. After that data collector will follow the patient and note down the time consume in each step and note down the timings.

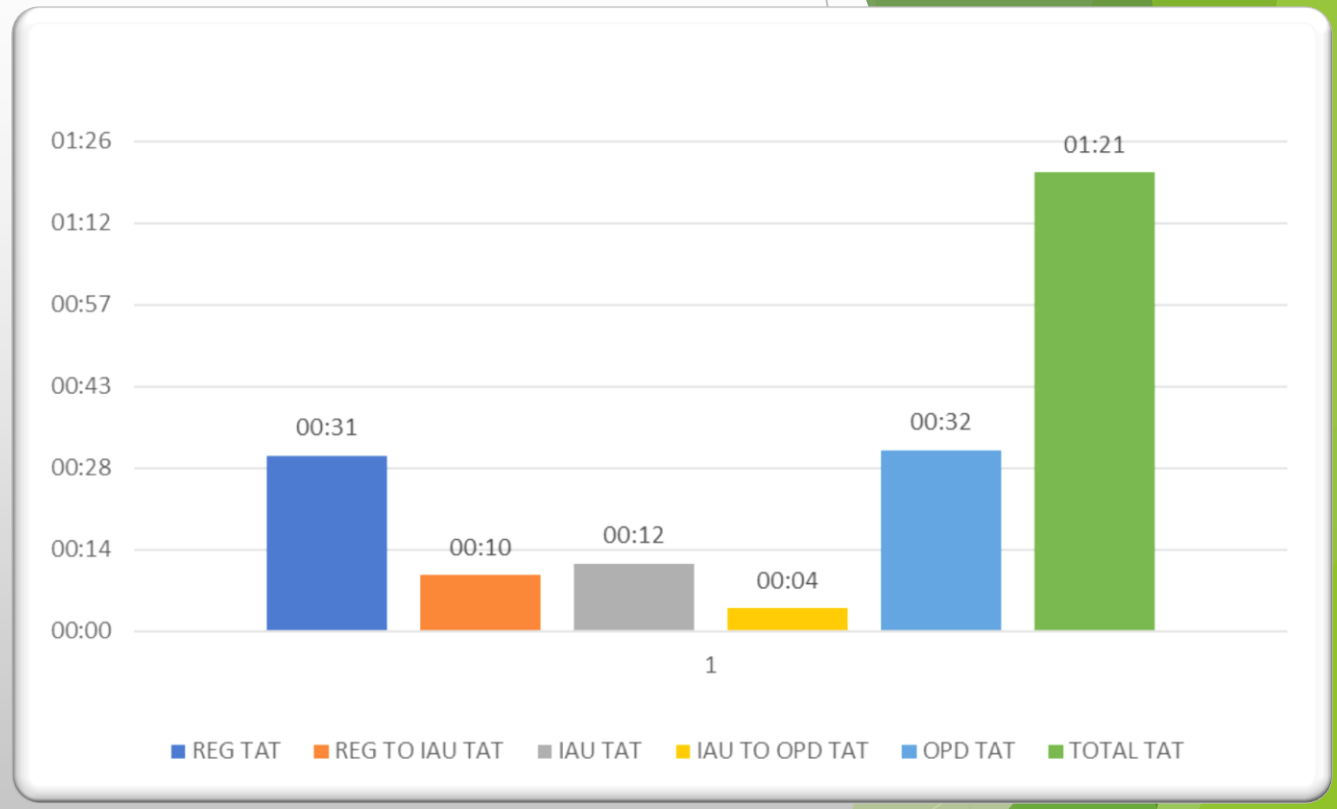
- **Sampling Timeframe:** May 10th 2021- July 10th 2021

- **Sample Size:** 70 Patients sample were collected.

RSEULT AND FINDINGS

INTERPRETATION:-

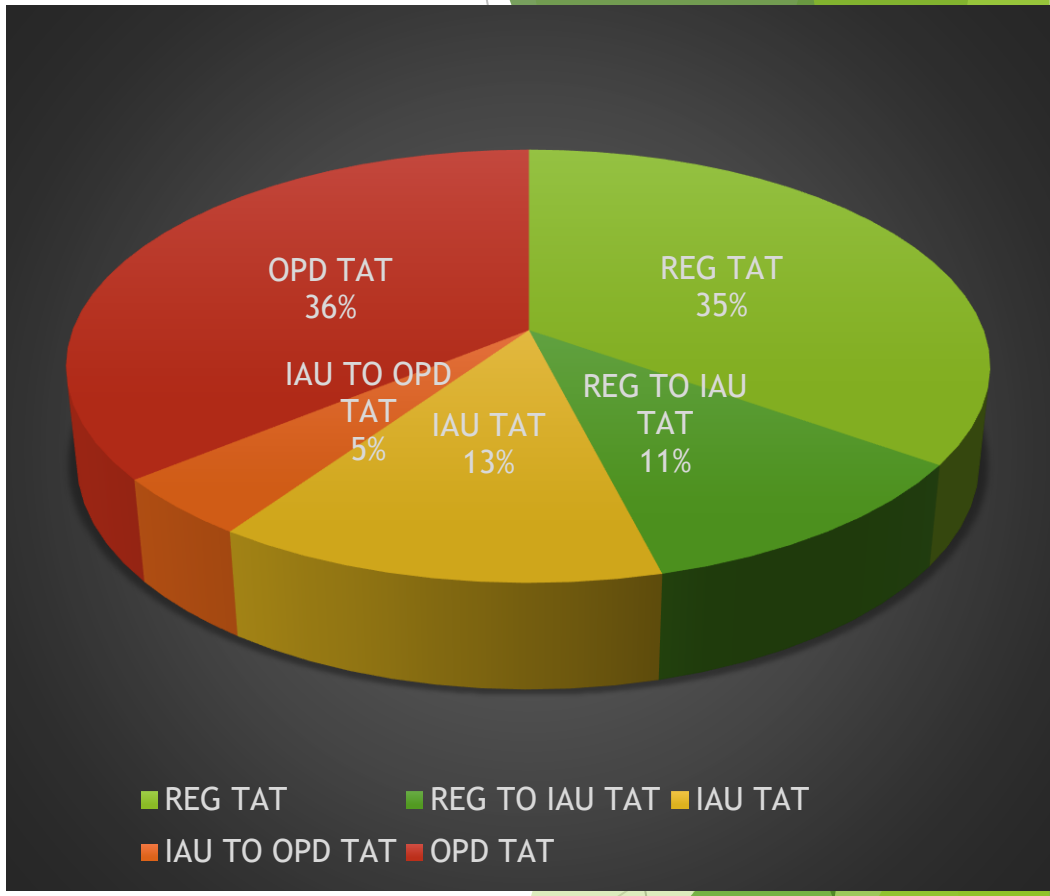
- The average waiting time for registration process to be 31 minutes.
- whereas the average waiting time between the registration process to IAU to be 10 minutes.
- The average waiting time for IAU where nurse takes the history from patient for 12 minutes.
- The mean waiting time for IAU to OPD (where the patient waited for the doctor) was 4 minutes.
- However, the average time given by doctor to the patient i.e, OPD consultation was 32 minutes .



AVERAGE WAITING TIME PERCENTAGE

INTERPRETATION

- The average waiting time percentage from entry of the patient to registration completion is 35% of total TAT is the second highest of all .
- The average waiting time percentage from registration to file received in IAU ids 11% of total TAT..
- The average waiting time percentage of IAU completion is 13% of total TAT .
- The average waiting time percentage of file received in opd from IAU completion is 5% of total TAT, it is the least time consuming step from all the steps.
- The average waiting time percentage of the completion of opd consultation is 36% of the total TAT which is the highest of all .



RECOMMENDATION

1. Create a standard operating procedure for the out-patient treatment process; train all employees and execute it throughout the out-patient department.

2.Provide registration staff with training and orientation.

3.Appoint new junior level workers to handle inquiries in order to lessen the pressure on admission staff and hence the registration time delay. Recruit new ward boys and train all the ward boys.

4.Train the personnel in charge of updating patient status information on computer systems. Demand that patient status information on computer systems be updated on a regular basis.

5.Provide an adequate number of wheel chairs and stretchers.

6.Improve the operation theatre scheduling process to reduce the length of time patients wait in the OPD .

7.While waiting in the opd block, patients may be guided about the preventive aspects of common diseases via videos.

CONCLUSION

- The objective was to determine the various causes of increased waiting time in the OPD and do a root cause analysis of the same, thus reducing the bottlenecks in the entire process. The two major bottlenecks were found to be waiting for ward boy (hospital's attendant) for taking patient in OPD and second is waiting for wheelchair. Rescheduling of the various OPDs would help in reducing the waiting time and thus reduce peak workload for the staff. The patient experience feedback was done to assess the satisfaction level among the OPD patients and look for improvements that can be made. This will bring about efficiency in healthcare delivery and increased patient satisfaction.