

Summer training

At

RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTER



**Rajiv Gandhi Cancer Institute
and Research Centre**

(May 2 – 10 July 2021)

Project Title

Estimation of Waiting Time and Associated Factors at Outpatient Department

And at Various Investigation Department in RGCIRC

By

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Under the guidance of

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MBA in Hospital and Health Management

(2020-2023)





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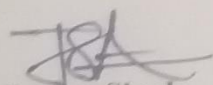
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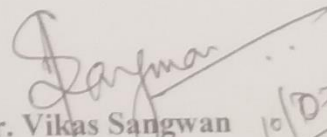
TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Akashi Gola, from IIHMR Jaipur, has completed her internship in this Institute, in the department of Patient Care Services from 10th May' 2021 to 10th July' 2021.

During the above period, her performance was good.

We wish her all the best for her future endeavor.


Jeevan Singh
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Dr. Vikas Sangwan 10/07/21
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I thank specially to the patients of Rajiv Gandhi Cancer hospital who helped me in completing my project, without their contribution it would not be possible, the have indeed been essential for the finalizing this project.

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ABBREVIATIONS: -

ABBREVIATIONS	FULL FORM
CATH LAB	Catheterization laboratory
CSSD	Central sterile service department
CT SCAN	Computed tomography scan
HISTO LAB	Histology laboratory
IAU	Initial assessment unit
IPD	In– patient department
MRD	Medical record department
OPD	Out– patient department
OT	Operation theatres
PATH LAB	Pathology laboratory

OBSERVATIONAL LEARNING:

OVERVIEW OF HOSPITAL:

RGCIRC



INTRODUCTION: -

RGCIRC is a visionary project of Indraprastha Cancer Society and Research Centre meant to providing the best of cancer Care to those who need it. On top of that, the level is the Governing Council for governance and management committee for managing affairs of the institute.

The Institute became operational on 1st July 1996 when a soft opening was done by Hon'ble Smt. Sonia Gandhi. It started out as a 152 bedded hospital, it has been growing steadily and has never looked back. A sprawling campus of nearly 2lacs square feet area has the potential of adding 348 more beds taking the total bed strength of 500, since its inception 1996. The hospital handles close to 2.75 lakh patients coming from India and abroad.

The Institute offers highly specialized tertiary care services in Medical, Surgical, and Radiation Oncology. RGCIRC super Specialists to practice in an organ-specific multi-disciplinary approach to diagnosis and treatment of cancer, including Tumour Board acting as a second opinion clinic for cases that are more serious than others.

VISION MISSION AND VALUES: -

- **VISION**

To Provide Affordable, International- Standard oncological care and to aid in the Elimination of Cancer in India Through Research, Education, Prevention & Patient Care.

- **MISSION**

By providing comprehensive treatment at an reasonable price and leveraging the best technology, we want to be India's preeminent cancer care provider and the chosen choice of patient's caregivers, faculty and student.

- **VALUES**

-  We hold our patients and work with integrity and compassion
-  We care for them and operate with mutual respect, trust, and transparency and
-  We provide an accurate diagnosis, accurate guidance, and effective treatment.

GENERAL WORKING OF DEPARTMENT: -

DEPARTMENT	GENERAL WORKING
Administration	To enhance the hospital staff's ability to manage and organize hospital effectively and professionally.
HRD	HR managers oversee employee administrative affairs in organization. Arrange training programs for the staff.
Finance Dept.	This dept. monitors and controls the hospital finances and setting of budgets on an annual basis.
In-patient reception	After being seen by a physician, the patient or their proxy must fill out an admission form at this reception as directed by the physician
CSSD	The department of CSSD works on 24hrs shifts all 365 days. All the processes of cleaning, disinfection and sterilization is done under total aseptic condition in house.
Medical Records	Documentation of a single patient's medical history and care over time within the jurisdiction of a single health care provider.
EWS OPD	This OPD is for the poor people of Delhi. Made compulsory by Delhi Govt. In this doctor sees patients for free who are below poverty line, and free medicines

	are given to these patients.
Staff canteen/F&B	This includes the hospital's food and beverages. The hospital kitchen prepares patients' meals based on dietician recommendations, while also constantly calculating material requisitions for the cafeteria, fast food center, kitchen, and so on. It properly tracks essential inventory such as utensils and cutlery.
Medical coordinators	Following the physician's indication that the patient is ready for discharge, coordinating patient discharge planning and after-care services.
Admission center	Obtain basic information, provide vital information about your hospital stay, and respond to your questions before scheduling your doctor's appointment.
Linen/Laundry	Linen management has a significant impact on patient satisfaction, infection rates, and operating expenses, as well as physician satisfaction.
CT Scan	Each checkup is tailored to the patient's unique needs, and radiation exposure is minimized thanks to the staff's efforts.
Quality Department	Assure responsibilities and team expertise at departmental level.

Information& Technology	To aid in providing you with the highest and most complex level of care possible, we use the most advanced and appropriate Information Technology available.
Reception	The reception serves as the initial point of contact for patients and their attendants, providing assistance through the reception counter and 'MAY I HELP YOU' desks.
Registration	Patient registration specialists gather information about patients and execute a variety of administrative tasks, such as verifying insurance and completing admissions, transfers, and discharge procedures
Cash counter	All cash and credit bills of hospital cash account management will be centralized controlled and settled by the cash counter module. It increases financial discipline and successfully creates checks and balances to control all cash activities connected to receipts and payments, obviating the possibility of hospital finance manipulation.
OPD	A consultant clinic's outpatient department is a department dedicated to allowing consultants and members of their teams to see outpatients. It includes of one or more consulting rooms as well as supporting facilities such as a nurses station, treatment rooms, and waiting areas.

ECHO/ECG/TMT	An electrocardiogram (ECG) is a test that looks for issues with your heart's electrical activity.
X-ray	The Radiology Department uses X-rays and Ultrasound scans to provide a high-quality diagnostic service to in-patients, out-patients, day care, and emergency patients. These radiological services produce images that can help with patient diagnosis and therapy
Specimen collection	The process of gathering tissue or fluids for laboratory analysis or near-patient examination is known as specimen collection. It's frequently the initial step toward selecting a diagnosis and treatment plan.
CCU	A coronary care unit (CCU) or cardiac intensive care unit (CICU) is a hospital ward dedicated to treating patients with heart attacks, unstable angina, cardiac dysrhythmia, a range of other cardiac illnesses that require continual monitoring and treatment.
Cath lab	A catheterization laboratory, often known as a Cath lab, is a room in a hospital or clinic that is equipped with diagnostic imaging technology for examining the heart's arteries and chambers and treating any stenosis or abnormalities that are identified.
Emergency	A medical treatment facility that specializes in emergency medicine, or the acute care of patients who arrive without an appointment, either on their own or

	via ambulance, is known as an emergency department (ED), also known as an accident and emergency department (A&E), emergency room (ER), or casualty department.
OT	An operating theatre, often known as an operating room, is a medical facility where surgical procedures are performed in a sterile environment.
ICU	Patients that require constant monitoring are admitted to the Intensive Care Unit (ICU). Patients may be suffering from a severe illness or have been involved in an accident that resulted in major and life-threatening injuries.
Pharmacy	In comparison to community pharmacies, pharmacies typically stock a wider selection of pharmaceuticals, including more specialized and exploratory medications (medicines that are being tested but have not yet been approved). It usually solely delivers pharmaceuticals to hospitalized patients and is not a retail store.
General ward	When medical staff determines that patients no longer require such close monitoring and one-on-one care, they are transferred from the critical care unit to a normal ward. For many people, this is a vital stage in their journey from critical illness to recovery.
Ward (Semiprivate)	A very basic curtain that is somehow filled with the magic of privacy creates privacy. But this room is the temporary home for two patients—you and a 14-

	year-old stranger who is also recuperating, together with their medical team and any entourage they bring with them.
Dietician	A dietician (or dietician) is a professional who specializes in dietetics, or human nutrition and diet regulation. A dietician adjusts a patient's diet based on their medical condition and unique requirements. Dietitians are the only certified healthcare practitioners who can examine, diagnose, and treat dietary issues.
Physiotherapy	Physical therapies such as massage, heat treatment, and exercise, rather of medications or surgery, are used to treat sickness, injury, or deformity.
Biomedical Engineering	. The engineering department conducts a wide range of responsibilities that can be assigned to multiple departments. It is responsible for the operation of all equipment, machinery, and repairs. Maintenance of building operations, mechanical and electrical maintenance, and preventive maintenance
Infection control & Prevention	Infection control is a practical (rather than academic) sub-discipline of epidemiology focused with preventing nosocomial or healthcare-associated infection. It is an important aspect of the health-care infrastructure that is often overlooked and undervalued

PART B
PROJECT REPORT

Estimation of Waiting Time and Associated Factors at Outpatient Department & at Various Investigation Department in RGCIRC

ABSTRACT: -

Background: OPD is ordinarily one of the underlying resources among patients and the medical clinic, OPD are referred to as the "face" of any hospital. With the growth in outpatient volume, patient flow, and unexpected equipment breakdowns, there may be an increase in bottlenecks, which raises OPD and other investigative department waiting time.

Aims & objectives: (1) To estimate the average waiting time of patients in OPD and at various investigation departments of the hospital. (2) To find out the factors responsible for long waiting time.

Methods: This report is based on an observational study at RGCIRC for 2 months & 50 patients were reviewed and data is collected by monitoring the patient at every department of the hospital.

Results: It was tracked down that the normal measure of time that a patient spends in the registration process (form +desk) is 32minutes , holding up time in OPD for consultation is 19 minutes though time given by specialist is 21 minutes and for radiology department is 32 minutes and for laboratory department holding up time is 30 minutes The significant bottleneck causing this high holding up time was discovered to be the holding up time in OPD and investigation department. This is one of the fundamental reasons among the disappointment of patients with OPD, accounting for the number of OPD.

Conclusions: Many patients face the challenges in tracking down the different offices. On a normal 21 minutes of holding up time outside the OPD'S and 58 minutes waiting for overall investigation (radiology and laboratory) department. And the reasons for this long waiting are preference given to scheduled patient than walk-in patients, sometimes doctor may be in the OT during his OT hours and unexpected equipment's breakdowns.

Key words: OPD, waiting times, investigation

INTRODUCTION: -

The OPD is regarded as the front door to hospital services, and it is here that a patient's first impression of the hospital is formed. This first impression has a significant impact on the patient's sensitivity to the hospital, so it is critical to ensure that OPD services deliver the greatest possible experience for the patient.²

Patients spend a significant amount of time in clinics, waiting for physicians and other allied health professionals to provide treatments. The quality of the waiting experience is significantly linked to how satisfied health consumers are with the service they receive.

The length of time between when a patient enters the hospital and when the patient actually departs the hospital has been characterized as the patient's waiting time.³

The time a patient waits at the clinic before being seen by one of the clinic's medical personnel is referred to as waiting time.² Patient clinic wait times are an important indicator of a hospital's service quality. It is frequently one of the most aggravating aspects of the health-care delivery system. As a result, it is critical to decrease OPD patient wait time.

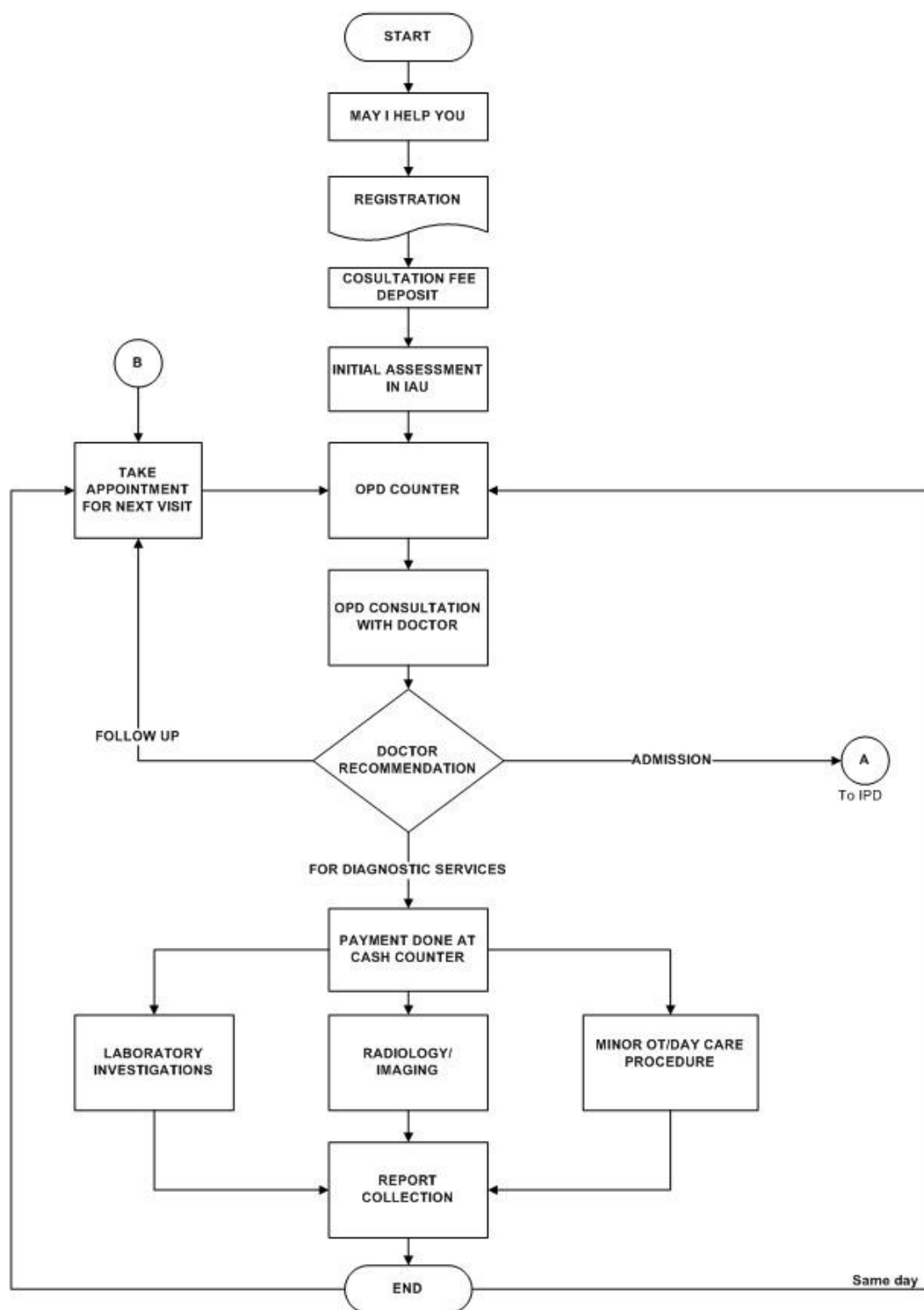
To identify inefficiencies and bottlenecks in the delivery of patient care in the OPD and other investigational departments.

As the patient flow expands, there may be more bottlenecks, giving the patient a negative overall impression. To avoid this, the causes of an increase in waiting time are investigated to improve patient satisfaction.

The purpose of this study was to learn about the challenges patients have when searching for various OPDs/departments, waiting times at OPDs, various investigative departments, patient satisfaction, and to encourage comments on the service offered at RGCIRC Hospital.

Fig-1- FLOW CHART OF RGCIRC HOSPITAL: -

A flow chart was created to identify key process in the OPD and various investigation department to examine the different steps involved in patient care.¹



LITERATURE REVIEW: -

1. Naaz and Mohammad (2019), conducted a descriptive study done on the waiting time for OPD at Ayush Hospital, New Delhi showed that, the mean waiting period was 1 hr 10 min 38 sec. Studies have recommended that to reduce patient overcrowding, the types of causes, their contact time and frequency of visits needed to be identified. Efficiency has been improved by increasing the efficiency and quality of service delivery.
2. According to Ravikant Patel, Hinaben R. Patel (2018) conducted, "The goal of "A study on patient waiting and satisfaction at Gujarat Hospital's medical education hospital" is to investigate the length of time patients wait in the OPD and various investigations, as well as the availability of various hospital departments and patient satisfaction with hospital procedures. According to research, many patients are experiencing problems discovering a location for numerous departments.
3. According to k Aparna sharma, anshu Yadav et al (2019), Reduce the average time between the first appointment and the start of infertility therapy for patients who visit the gynaecological outpatient department (OPD). The main reason for the delay in initiating infertility therapy was that the HSG date was only set after the endometrial aspiration report was received.
4. Krupal joshi et al (2013), In a cross-sectional survey of patients who visited the OPD in a civil hospital in Gujarat, it was discovered that 68 % of study participants thought the time between arriving at the hospital and seeing a doctor was too long. Almost majority of the patients in the pharmacy service were satisfied with the drugs they received.
5. Ks Prasanna et al (2015). The research focused on waiting times and clinical care. The respondent was found to be more satisfied with this. The most common source of discontent was the waiting time on the pharmacy for medicines to arrive, though when the waiting time in the pharmacy was examined, it was shown that it was not particularly satisfying.

RESEARCH QUESTION: -

What is the average waiting time in OPD and at various investigation department?

What are factors affecting long waiting times of patients in the OPD and at various investigation department?

OBJECTIVES OF THE STUDY: -

Broad Objective

- To estimate the mean waiting time of patients in OPD and at various investigation departments of the hospital.

Specific Objective

- To find out how much time patients need to wait at the registration counter and compare it with other operations.
- To estimate the average waiting time of patients in OPD of different departments and at various investigations department.
- To find out the factors responsible for long waiting time.

RESEARCH METHODOLOGY: -

This report is based on an observational study conducted at RGC Hospital. In which primary data was collected, on waiting time at OPD and various investigations department.

Type of study: An observational cross-sectional descriptive study

Location of study: Rajiv Gandhi cancer hospital

Duration of study: 2 months

Study subject: walk-in patients

Sample size: The following sample size formula was used to calculate sample size:

$$n = \left(\frac{1.96 \times SD^2}{\text{Confidence limit}} \right)^2$$

Mean waiting time = 12.16 minutes and Standard deviation = 2.35 and Confidence limit ± 2.4 and putting these values in the above formula, the sample obtained was 78 and considering 10% non-response the final sample size was 86. Finally, we have selected 50 patients considering on an average 2 selected patients was observed daily at different stages of consultation for 25 days.

Sampling method: We are using the probability sampling method for choosing the patients in the research process.

Purposive sampling: -

Any 2-3 patients visiting OPD at a particular day and giving consent were selected to follow starting from arrival time and waiting time were calculated with time track tool e.g., watch at each step of consultation/ receiving different services.

Study tool: The study was conducted using structured questionnaire by taking consent of patient to follow him/ her while moving from one department of hospital to another and note down time taken at every step. questionnaire was consisting of question on background information of patients like place of residence, age, gender, and education qualification. a question to capture time at each stage of consultation and a question to capture reason for waiting and open-ended question to note the observation.

METHOD OF DATA COLLECTION: -

Data is collected by monitoring the patient at every department of the hospital and note down the timing that subject spend at each stage of consultation.

DATA ANALYSIS PLAN: -

The average waiting time of patients at each stage of consultation was calculated using the time motion technique. The origin of the long wait time was discovered using a technology called fish bone analysis. The mean and standard deviation were used to summarize quantitative data, whereas proportions were used to summarize qualitative data. Statistical data analysis software was used to analyse the data.

RESULT & ANALYSIS: -

In this section the results are presented. The total patients reviewed were 50. The section presents results on actual patient waiting time at various steps of consultation and factors that are associated with overall waiting time.

TABLE :1 PERCENTAGE DISTRIBUTION OF SELECTED PATIENTS ACCORDING TO THEIR AGE

Age	n (%)
Less than 20	4(8%)
20 – 39	19(38%)
40-59	17(34%)
60 and above	10(20%)
total	50(100%)

INTERPRETATION: -

It reveals that the most of patients attending OPDs are between the age group of 20 - 39 (38 %), followed by 40-59 is (34 %), and 40-60 is (20 %), with the remaining patients being under the age of 20 years old (8%).

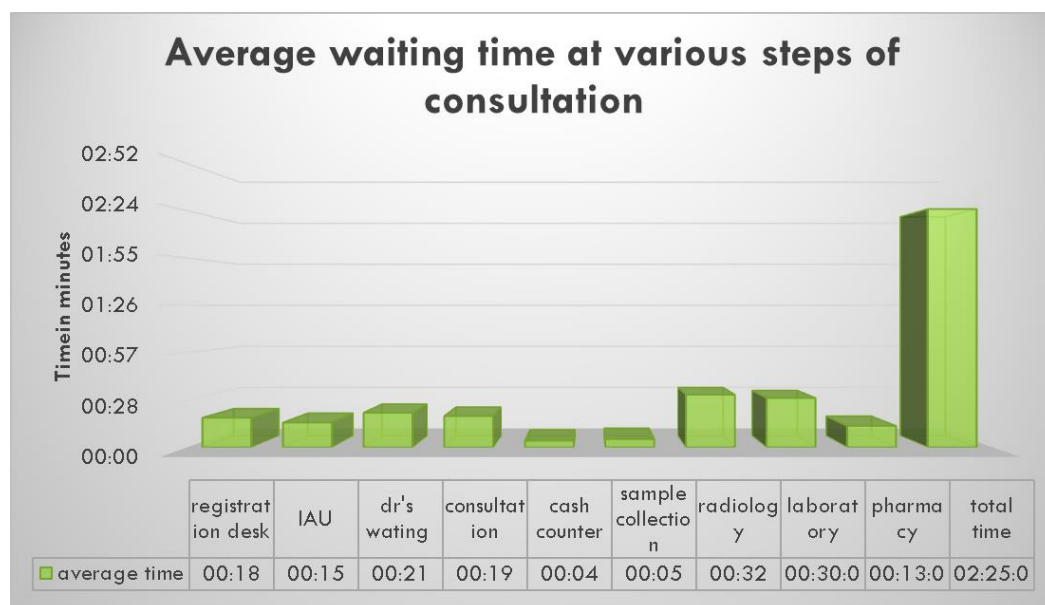
Table 2: **PERCENT DISTRIBUTION OF SELECTED PATIENTS ACCORDING TO THEIR GENDER**

GENDER	n (%)
Male	27 (54%)
Female	23 (46%)
Total	50 (100%)

INTERPRETAION: -

Male participants form the majority of OPD patients (54%) compared to female patients 23 (46 %).

AVERAGE TIME SPENT AT VARIOUS STEPS OF CONSULTATION: -



INTERPRETATION:

In the present study, the average waiting time at the counter for the process of registration desk and obtaining OPD file was calculated to be 18 min. The mean waiting for IAU where nurse takes history from the patient to be 15 minutes, whereas the mean time for OPD consultation, that is, the time given by doctors to each patient was calculated to be 40 mins. The mean waiting time was 5 minutes for sample collection. On average, a patient spent about 32 mins in the radiology department and 30 mins in the laboratory. However, the average time

consumed by each patient at the pharmacy counter was 13 min. On average, a patient spent 2 h 25 min from his/her arrival in the hospital to exit from the Hospital.

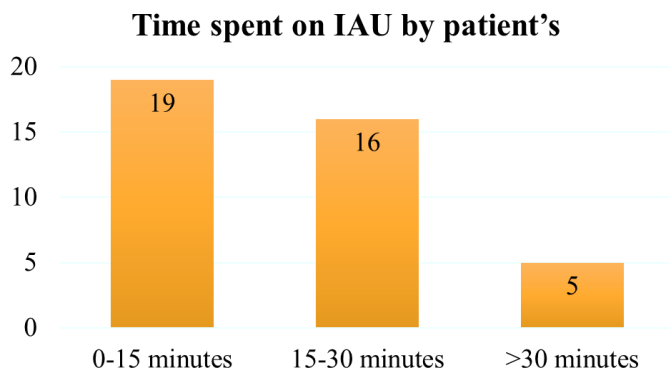
TIME SPENT ON REGISTRATION DESK: -

Time spent on registration desk	
Time	Numbers (%)
0-10 minutes	4
11-20 minutes	58
21-30 minutes	26
>30 minutes	12

INTERPRETATION: -

In a study of 50 patients, 4% registered within 10 minutes and 58 % by 20 minutes. The remaining 38% of patients took longer than 20 minutes to register. The length of time it takes to register is determined by the time you arrive at the counter, the volume of patients in the hospital, the scanning of patient reports, and the number of registration counters.

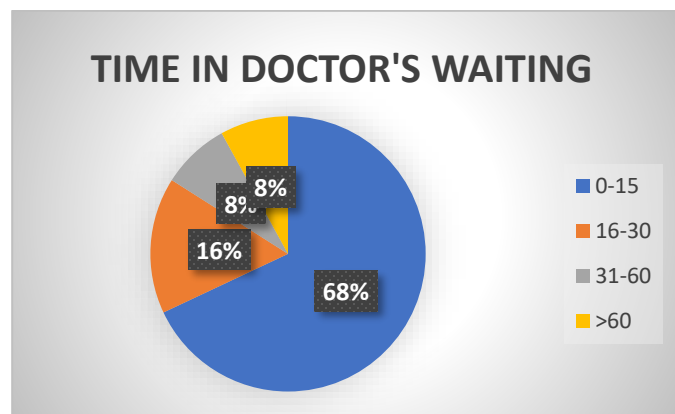
TIME SPENT ON IAU: -



INTERPRETATION: -

- Out of the 50 patients, 40 went to the IAU department, where the nurse took their history, and the remaining 10 gave their history during the consultation period to the treating doctor in his OPD days.
- 19 patients registered within 15 minutes and 16 patients registered within 15 – 30 minutes and rest 5 patients registered within more than 30 minutes.
- The average waiting time at IAU is 15 minutes.
- As a result, 21 patients who present to the OPD suffer a considerable wait time and a delay in consultation.

WAITING TIME SPENT IN OPD FOR CONSULTATION: -

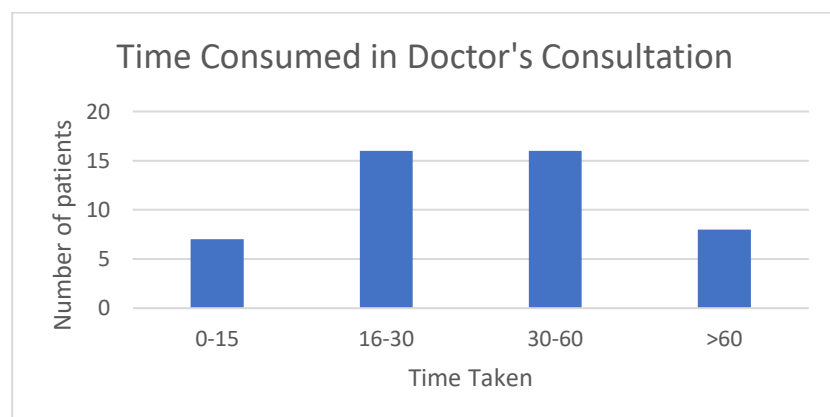


Time	Number
0-15 minutes	34
16-30 minutes	8
31-60 minutes	4
>60 minutes	4

INTERPRETATION:

Most patients, 34 (68%) waited up to 15 minutes in the OPD, while 8 (16%) waited between 16 and 30 minutes and 4 patients (8%) waited >60 from arrival to entry for OPD consultation. The mean waiting time in the OPD was 21 minutes.

TIME CONSUMED IN DOCTOR'S CONSULTATION: -

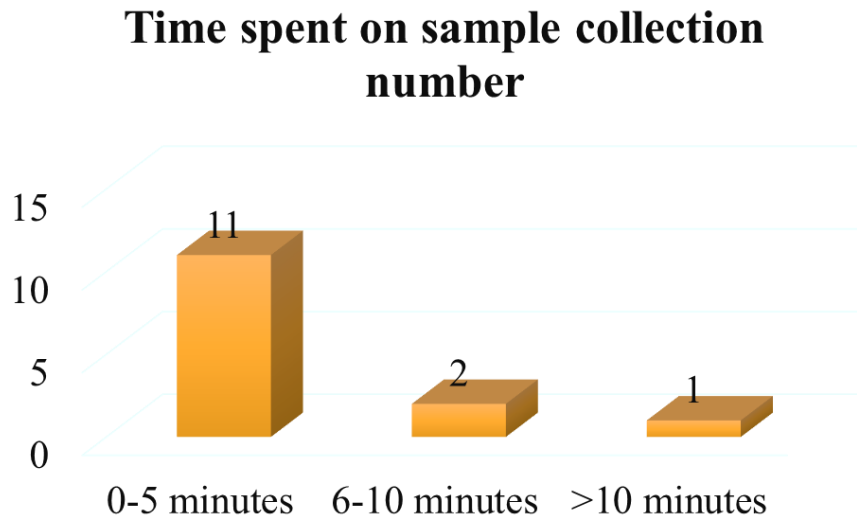


Consultation Time in minutes	Number
0-15	7
16-30	18
30-60	16
>60	9

INTERPRETATION:-

- The mean time given by the doctors to each patient was calculated to be only 40 min.
- The study shows that 7 patients have a consultation time with doctor within 15 minutes, 18 patients were examined by doctor in between 16 – 30 minutes and rest of 25 patients receive more than 30 minutes for their ailments

TIME SPENT ON SAMPLE COLLECTION:-

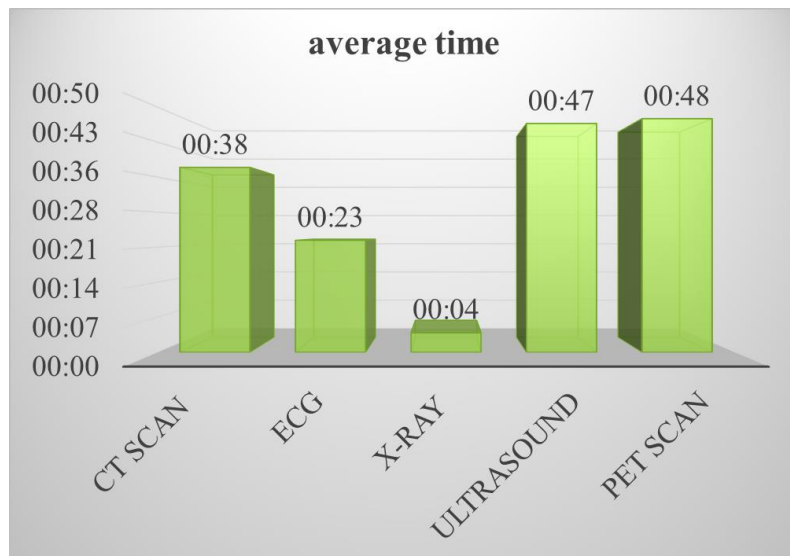


INTERPRETATION: -

- 20 patients were advised for sample collection by consulting doctor, out of which 14 patients had done it.
- Here, mean waiting time was observed to be between 5 minutes.
- and according to this study most of the patients, consumed less time in sample collection room.

TIME SPENT BY PATIENT IN INVESTIGATION'S: -

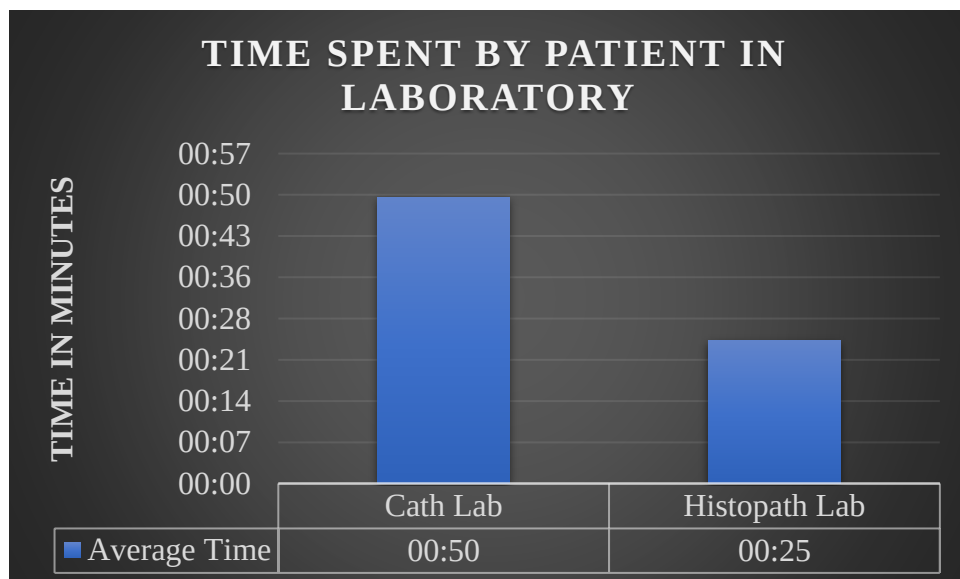
RADIOLOGY DEPARTMENT: -



INTERPRETATION: -

Average time consumed at radiology department is like 38 minutes for CT scan, 23 minutes for ECG, 4 minutes for X-RAY, 47 minutes in ultrasound and 48 minutes in pet scan.

LABORATORY DEPARTMENT: -



INTERPRETATION: -

the average time for CATH lab is 50 minutes whereas in HISTO lab is 25 minutes

2) **Cause-and-effect analysis** using statistical methods such as Fishbone diagrams.

Dr. Kaoru Ishikawa of the University of Tokyo was the foremost to employ the Cause & Effect or Fishbone Diagram in 1943, which is why it is often referred to as a "Ishikawa Diagram."

This diagram is designed to identify all the possible contributing root causes for a problem.

This strategy can be applied to any type of project and can be customised by the user to meet the situation

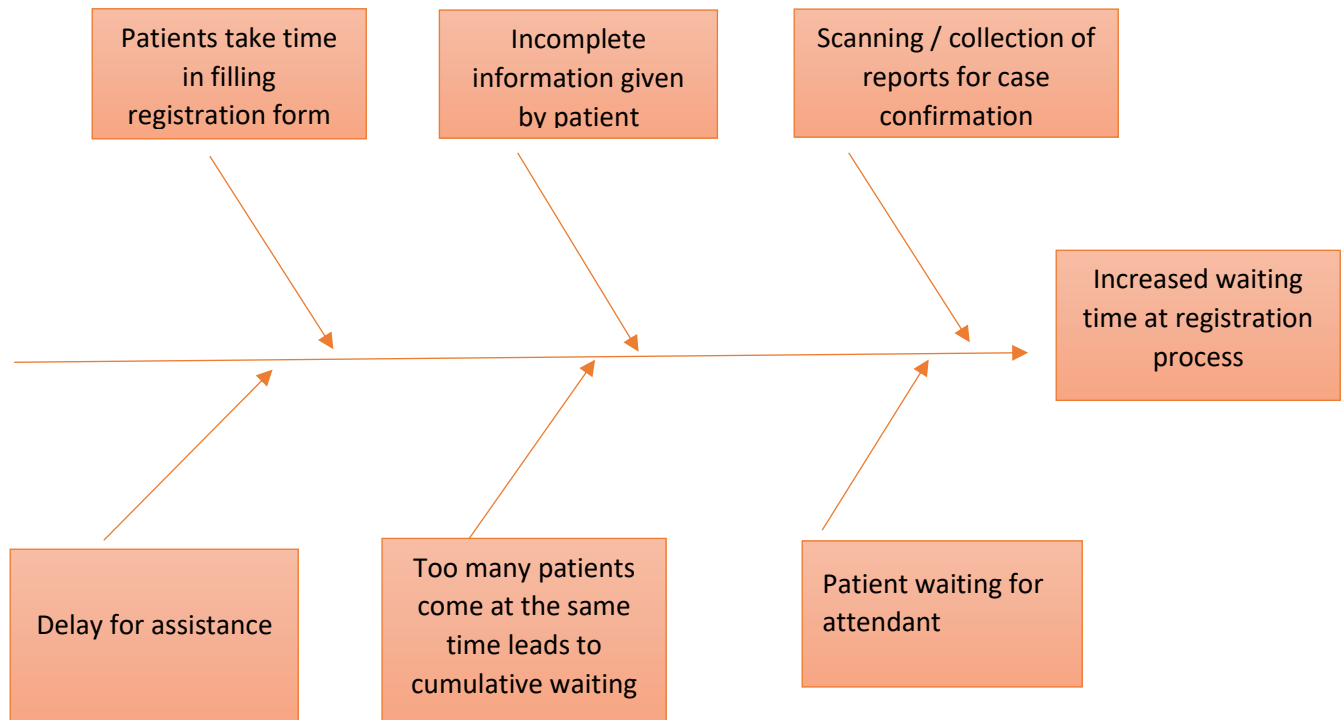
A cause-and-effect diagram, often known as a "fishbone" diagram, can aid brainstorming by identifying potential causes of an issue and organising ideas into usable categories. A fishbone diagram is a graphic representation of cause-and-effect relationships.

It's a more systematic method than many other techniques for determining what's causing a problem. The problem or consequence is indicated on the fish's head or mouth. On the smaller "bones," possible contributing reasons are mentioned under several cause categories. A fishbone diagram can help you figure out what is causing your problem.

IDENTIFICATION AND ANALYSIS OF FACTORS CONTRIBUTING TO A SPECIFIC OUTCOME OR PROBLEM (ROOT CAUSE ANALYSIS). It is a necessary tool for quality development.

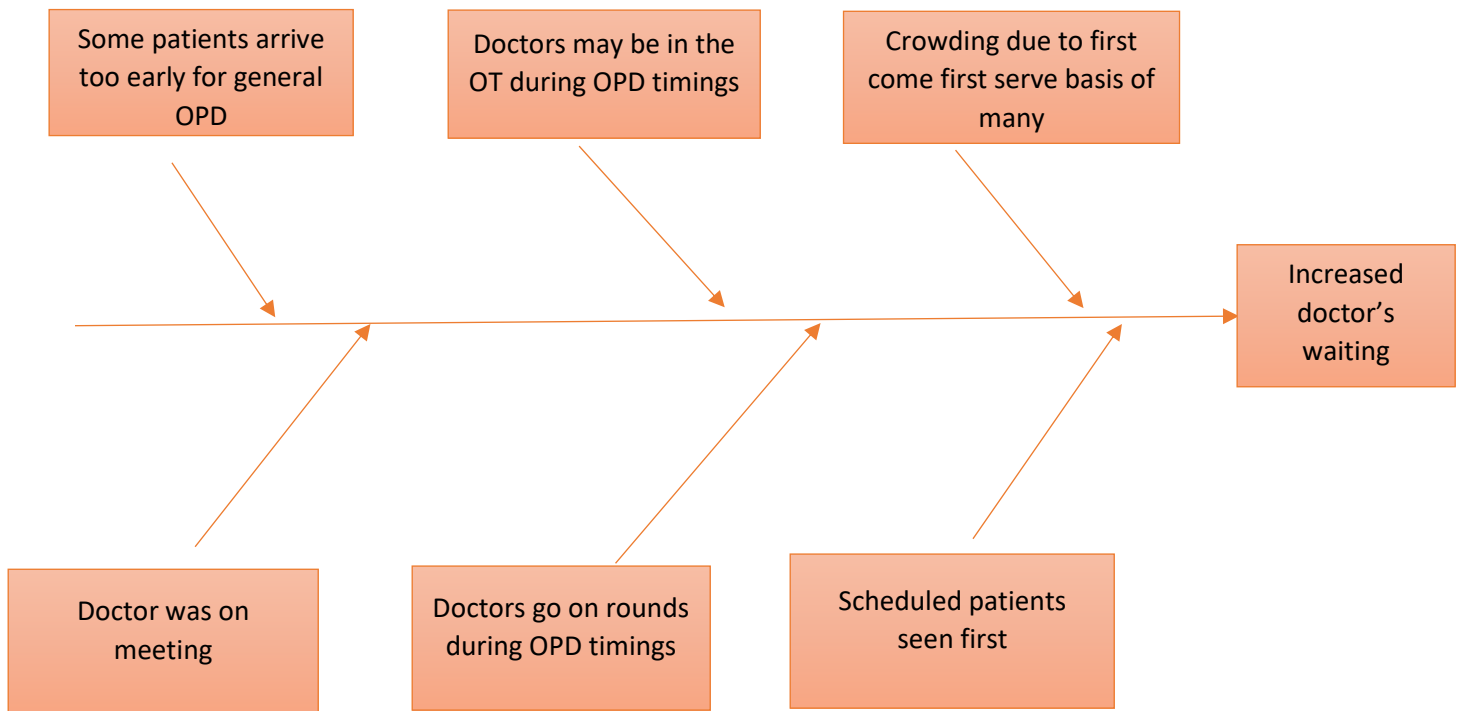
It revealed the challenges faced by patient in the OPD

1) first bottleneck (increased waiting time at registration process)



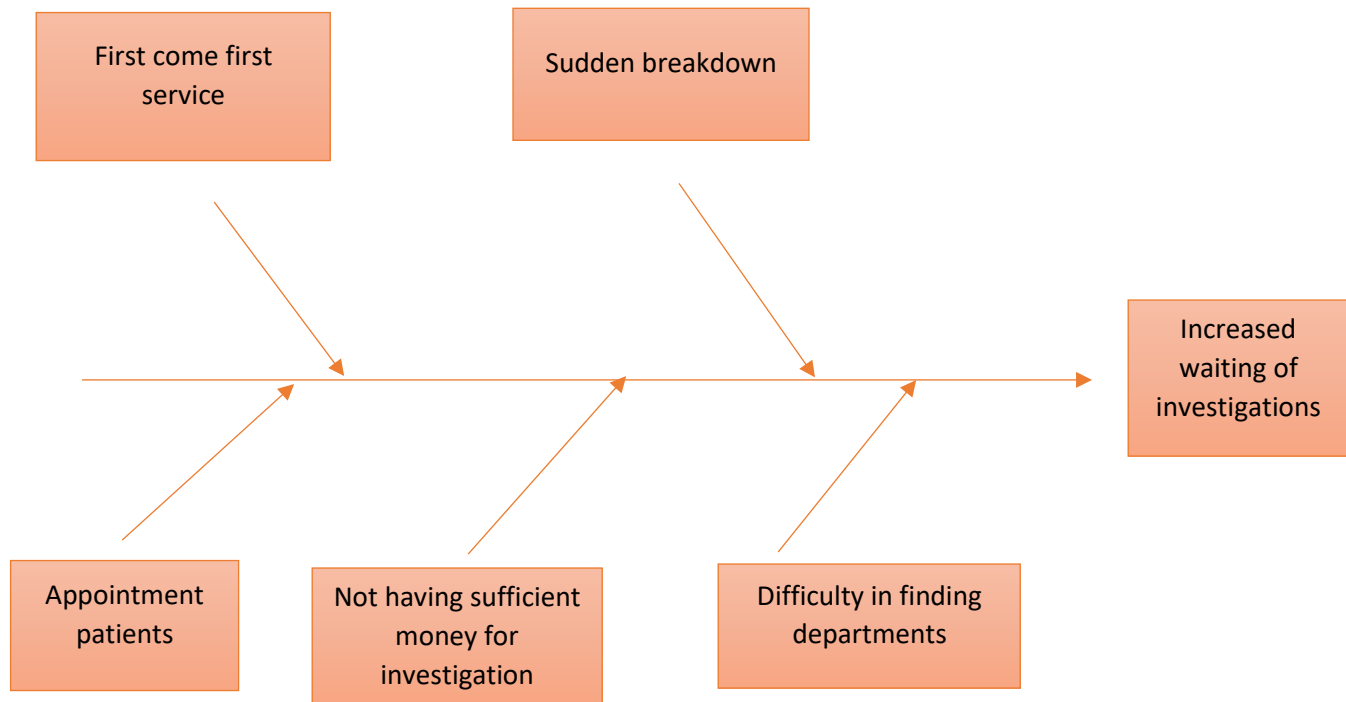
INTERPRETATION: for delay at Registration process is because of time taken by patient to fill the form, reports collection for case confirmation, patient waiting for their attendant and too many patients come at the same time leads to cumulative waiting.

2) second bottleneck (increased doctor's waiting)



INTERPRETATION: for delay at doctor's waiting for consultation depend upon on various factors like some patients arrive too early for general OPD Whereas sometimes doctor was on meeting with other colleagues for discussion about surgeries and scheduled patients seen first than the walk-in patient which caused increase waiting time.

3) 3rd bottle neck (increased waiting time of investigation)



INTERPRETATION: for delay at investigations department depend upon various factors like most of the patients find difficulty in finding departments, whereas appointment patients seen first than the new patients and sometimes patients have to take advice from their family members or sometimes not having sufficient money for investigation which caused increased waiting time for investigations.

DISCUSSION: -

How punctually a hospital provides service to the patient is an important determinant of quality of that hospital. so, this study is to analyse the inefficiencies and bottlenecks to improve patient care delivery at OPD and at other various investigations departments by reduce the patient waiting time.

In our study we found that 20% of patients were filling his/her registration form within 10 minutes on registration desk while 80% patients were filling his/her registration form within 20 minutes after standing in queue. Whereas 4% patients registered within 10 minutes while 94% patients registered and obtaining OPD file in more than 20 minutes from the registration counter. Registration time may affect by factors such as delay for assistance, collection of reports for case confirmation, patient takes time to filling the registration form day of visit the hospital, timing of visit at hospital etc.

A study conducted in Gujarat, Patel R et al found that 45.93 percent of patients were registered at the registration counter within 10 minutes, whereas 54.07 percent were registered 20 minutes after standing in line.³ Similar finding was observed by Virmani V et al showed that 32% patients wait for approximately more than 20 minutes at the registration counter.⁴ while Naaz , Mohammed et al in their study found that the mean waiting time for registration counter for the process of registration and obtaining OPD slip was calculated to be 10 min 36 s.⁶

According to standard operating procedures of OPD for district level hospitals waiting time for collection of OPD ticket is one minute. In comparison to these standards waiting time, the findings of this study showed that it is rather longer.⁷

In present study we noted that majority of patient (68%) were waited up to 15 minutes, while 32% patients waited more than 15 minutes outside the various OPDs while seeking for medical care. The mean waiting time for OPD was 21 minutes.

Pandit A et al stated in his study at St. John Medical College, Bangalore that 33% patients said that they waited for the doctor for 30mins-1hour, 32% for over 1hour, 23% for 15-30mins and 12% said they waited for below 15minutes.²

In study conducted by Sharma SK found the mean waiting time of patient while consulting the doctor was 13.35 minutes.⁵ While Virmani V et al in his study at GMR Medical College Hospital Valsad found that 33% patients have to wait for more than 20 minutes and 14% patients have to wait for 15 to 20 minutes outside the consultation room.⁴ Patel R et al found that the majority of patients (70.37 percent) waited up to 10 minutes outside of various OPDs while seeking medical attention, whereas 29.63 percent waited more than 20 minutes outside of various OPDs.³

Our study shows that (14 %) patients have a consultation time up to 15 minutes, (86) % for more than 15 minutes for their ailments, in comparison Sharma A et al found that 56% were examined for Less than 5 min, 34% were examined for 5-15 min, 4% examined for 15-30 min and 6% were examined more than 30 min.⁸ while Iqbal, Abbas et al showed in his study that 32.30 % patients have a consultation time up to 5 minutes, 43.56 % for 6-10 minutes and rest of 24.24 % receive 11-12 minutes for their ailments.

According to Patel R et al, 76.3 percent said they were evaluated in less than 5 minutes, 9.63 percent in 5-15 minutes, 1.48 percent in 15-30 minutes, and 12.59 percent said they were not examined by a doctor for their complaint.³ Whereas Naaz, Mohammed stated that the mean waiting time for OPD consultation, that is, the time given by doctors to each patient was calculated to be 3 min 22 s only.⁶

Our study participants receive more attention by doctor due to availability of more staff placed in OPD according to the patient's burden.

On average, a patient spent about 30 min in the laboratory and 28 minutes in the radiology department.

Naaz, Mohammed et al showed that on average, a patient spent about 16 min 43 s in the pathology lab and 23 min 37 s in the radiology department.⁶

CONCLUSION: -

- The relevance of OPD services in hospitals is explained in the project study since it is the first department of the hospital that gives quality treatment to the patients.
- Patients in this study were found to be of various ages and genders, with the majority of male patients visiting the OPD. According to the study, the average number of walk-in patients at the OPD each day is higher than the number of appointment patient.
- According to the report, 21% of patients who visit the OPD experience long waits and delays in their consultation, resulting in a poor perception of the hospital in the minds of patients.
- Several factors or reasons for long waits and delays in the OPD and other various investigations departments are identified during the study, and several solutions to reduce long wait times in the OPD and other various investigations departments are recommended at the end of the project to reduce delays and facilitate the smooth operation of the OPD and investigation department.

RECOMMENDATION: -

- 1) Hospital may improve on the signage system. more defined and user – friendly signages should be used with pictorial description for guiding illiterate patients. this will help in reducing the congestion in the corridors.
- 2) Displaying the consultant's hours of operation in the OPD and on the internet will limit the quantity of patient inquiries.
- 3) Separate OPD rooms for old and new patients.
- 4) Patients who arrive too early in the hospital should be notified about their doctor's appointment schedule.
- 5) The hours of the OPD and the hours of the OT must be coordinated.

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