SYNOPSIS

Title of the Study:

"Issues in OPD to IPD Conversion in Hospital"

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Background of the Study:

The Outpatient Department (OPD) serves as the initial touchpoint in the hospital care continuum. A significant number of patients advised for admission at this stage do not transition to the Inpatient Department (IPD), leading to potential gaps in clinical care and resource utilization. The conversion from OPD to IPD is influenced by operational workflows, patient behavior, administrative inefficiencies, and scheme-related delays. Particularly in Indian hospital settings where a mix of cash and government scheme patients exists, the process is further complicated by delayed approvals and documentation mismatches.

Need for the Study:

Conversion inefficiencies from OPD to IPD reflect not only lost opportunities for quality care but also financial underperformance for hospitals. Identifying and resolving these gaps is essential for improving healthcare delivery, patient outcomes, and hospital revenue cycles. Despite its importance, the issue remains under-researched with limited practical frameworks for improvement in Indian tertiary hospitals.

Objectives of the Study:

1. To analyse OPD to IPD conversion trends from March to July 2025.
2. To identify discrepancies between cash and government scheme patient conversions.
3. To evaluate operational and systemic barriers hindering conversions.

4. To suggest administrative and policy-level interventions to improve conversion efficiency.

Research Questions:

- What are the monthly patterns in OPD to IPD conversion rates?
- How do conversion trends differ between cash and scheme-based patients?
- What operational and systemic barriers limit effective conversion?
- What strategies can hospital administrators implement to enhance conversion?

Hypothesis:

- **H_0 (Null Hypothesis):** Operational issues have no significant impact on OPD to IPD conversion rates.
- **H_1 (Alternative Hypothesis):** Operational and administrative inefficiencies significantly impact OPD to IPD conversion rates.

Methodology:

- **Design:** Retrospective observational study
- **Setting:** Fortis Escorts Hospital, Jaipur
- **Study Period:** March to July 2025
- **Data Source:** Hospital's internal advised patient and conversion registers
- **Tools Used:** Microsoft Excel, Python (Pandas, Matplotlib), descriptive analytics
- **Key Variables:** OPD consultations, IPD admissions (cash/government), conversion rates

Key Findings:

- Average conversion rate across five months: ~16.5%, peaking in May (24.67%).
- Government patients formed the majority of OPD consultations but showed lower conversion due to scheme delays and documentation errors.
- Cash patient conversions were more consistent due to simplified workflows.

- Operational inefficiencies such as interdepartmental delays, lack of tracking dashboards, and follow-up contributed to conversion gaps.

Recommendations:

- Real-time dashboard for tracking advised-to-admitted transitions.
- Appointment of conversion coordinators for follow-up and documentation.
- Training of hospital front-line staff on government scheme workflows.
- Policy dialogue with authorities for pre-authorization simplification and app-based claim interfaces.

Expected Outcomes:

Improved OPD to IPD conversion rates, optimized hospital resource utilization, and enhanced patient care through systemic administrative reforms and improved stakeholder coordination.