STUDY ON ALLOCATION AND UTILIZATION OF OPD ROOMS IN APOLLO HOSPITAL, BANGALORE

Faculty Mentor- Dr Piyusha Majumdar | Presented by- Dr Shruti Brahmpuria (MBA- HM) 2090 | Organization Mentor- Dr Ashwini Ashok Mushrif

INTRODUCTION

Established by Dr Prathap C Reddy in 1983, Apollo Healthcare has a robust presence across the healthcare ecosystem, Apollo Hospitals has touched more than 200 million lives from over 150 countries.
Apollo Group is one of the best hospital groups in India with over 10,000+ beds across 73+ hospitals, 6,000+ pharmacies, over 700+ clinics, 2,300+ diagnostic centers and 200+ Telemedicine units.

Vision
Apollo's vision for the next phase of development is to 'Touch a Billion Lives'.

Mission
"Our mission is to bring healthcare of International standards within the reach of every individual. We are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity".

STRENGTHS

- Experienced medical staff.
- Wide range of specialty consultations.
- On-site diagnostics (labs, imaging).
- Convenient hospital location.

WEAKNESS

- Staff Shortages.
- Inefficient Record Management.
- Overcrowding.
- Long patient wait times.
- High Dependency on Medical records.

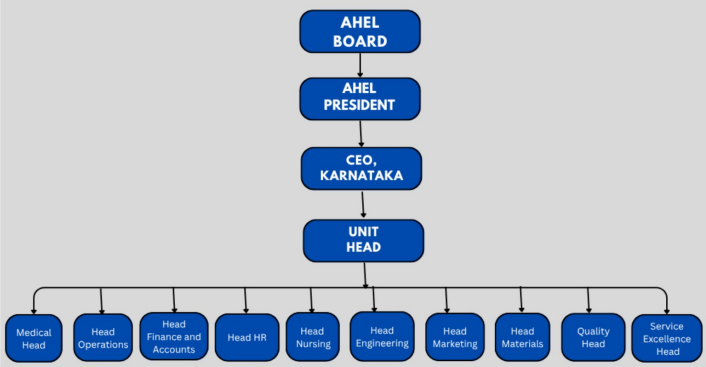
OPPORTUNITIES

- Trusted brand name.
- Telemedicine.
- Partnerships with local clinics.
- Community outreach and health awareness programs.
- Implementing digital health records or scheduling systems.

THREATS

- Patient privacy/data security risks.
- Competition from private clinics or specialty centers.
- Low-cost alternatives may exist elsewhere.
- Outflow of skilled professionals to other places.

FUNCTIONAL ORGANOGRAM OF APOLLO HOSPITAL



THEORETICAL UNDERSTANDING

Case study ,hypothetical scenarios in healthcare systems, hospital planning, quality, ethics, finance all of these were studied in a structural manner.

PRACTICAL EXPOSURE

Patient care coordination, high pressure, varied departments, real-time challenges in managing patient flow, discharge planning, SOP development, audits everything is experienced in real time.

LEARNINGS

- Got the hands on experience by working in different departments such as OPD, IPD, customer relationship management, admissions and discharge.
- Learned the value of interdepartmental coordination and communication.
- Observed the real time conflict resolution and management..
- Learned about the work culture of the organization and tested the skills of adaptability..
- Observed the process of decision making by closely observing the authorities of the organization.
- Applied the concepts learned (Data analysis, Organization behaviour, Business communication) in the classroom into the practical environment

CHALLENGES

- Language barrier
- Insufficient data availability
- Connecting theoretical concepts in practical environment.
- Time management

SUGGESTIONS

- Digitalization of data to make analysis easier
- Implementation of token system in OPD
- Patients should be constantly informed and updated during waiting time
- Treatment plans should be explained properly to attendants by IPD staff
- Optimize staff scheduling based on demand patterns.

PROJECT

Introduction–

In OPDs the utilization of clinical resources is crucial such as OPD rooms. however, in hospitals OPD rooms are often underutilized due to various reasons which can lead to patient dissatisfaction, longer wait times and overcrowding. Studying the utilization rates of OPD rooms by doctors can help identify the operational gaps and led to improvement in hospital resource management

Aim–

To estimate the utilization rate of the OPD consultation rooms by measuring actual Doctor's occupancy time as a proportion of total scheduled hours.

Objectives–

- Quantify the percentage of time OPD rooms that are actively used for consultations or procedures versus total available hours.
- Use the utilization insights to optimize staff scheduling and room assignments, aligning capacity with demand patterns.
- Analyze causes of under- or over-utilization, including scheduling inefficiencies

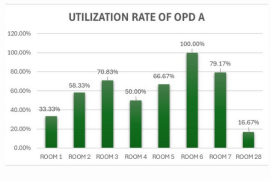
Methodology–

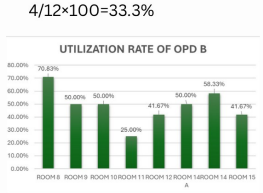
- **Study design-** Descriptive observational Time- motion study.
- **Setting-** 32 OPD rooms which are divided in three sections- OPD A (8 rooms), OPD B (8 rooms), OPD C (16 rooms) which are utilized by almost 60 consultants.
- **Duration-** Observation period of 4 weeks (8 rooms per week).
- **Subjects-** Doctors utilizing the OPD rooms

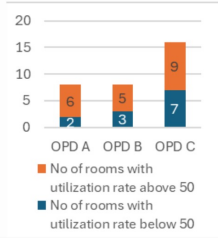
Tracking the time the rooms are used by consultants to calculate the utilization rate and calculating the avarage time the room was used by the consultant in a week.

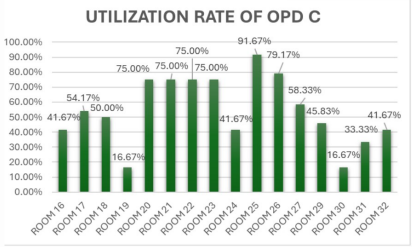
Utilization rate (%) = (Total time occupied by doctors ÷ Total available time) × 100

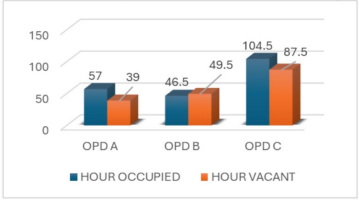
Since OPDs available time is 12 hours (8AM- 8PM). So,
In room 1- Doctors is available for 4 hours out of 12 ,
4/12×100=33.3%











Findings–

Utilization rates of OPD A is ≈59.4%, OPD B ≈ 48.4%, OPD C≈ 54.4% and the overall utilization rate is≈ 54.2%
The utilization rate of OPD rooms is low compared to targeted 70-75% of the hospital
12 rooms have the utilization rate of less than 50%

Recommendations–

1) IPD rounds should be constricted only in emergency cases to prevent overcrowding and increased waiting times.
2) Reallotment and proper scheduling for rooms whose utilization rate is below 50%
3) Actions to make consultants adhere to their slot timings