STREAMLINING THE OPD SERVICES: A STEP TOWARDS REDUCING PATIENT WAIT TIME IN AMAR JAIN HOSPITAL

- **PRIYANKA SINGH**

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INTRODUCTION

OPDs act as a window to hospital services and a patient's impression of the hospital begins at the OPD. This impression often influences the patient's sensitivity to the hospital and therefore it is essential to ensure that OPD services provide an excellent experience for customers. It is also well-established that 8-10 per cent of OPD patients need hospitalization.

STAKEHOLDERS' COMMENTS

- 'Why I have been given an appointment at 11:00am if my Doctor doesn't arrive at this time?' –patient voice.
- 'What is the purpose of booking an appointment if I still have to wait' – patient voice.
- Every half an hour my turn is extended in the queue, how long I have to wait if I don't have an appointment with Doctor? – walk-in patient
- 'As waiting time increases, it becomes difficult to handle patients' queries, each patient is told about cause of delay, it causes crowding around Nurse counter' -nurse

RATIONALE

The purpose of study was to understand the OPD patient flow process and come up with reforms to reduce patient wait time and then measure the effect of the reforms. It was seen that 92% patient complaints in OPD were about long waiting time. 50.06% of OPD patients came in as walk-ins, yet there was no provision in appointment schedule for walk-in patients. So long waiting times for walk-in patients was one of the biggest challenge. As OPD is first point of contact for most of the patients, their experience here determines their behaviour towards other hospital services.

AIM

To reduce patient wait time.

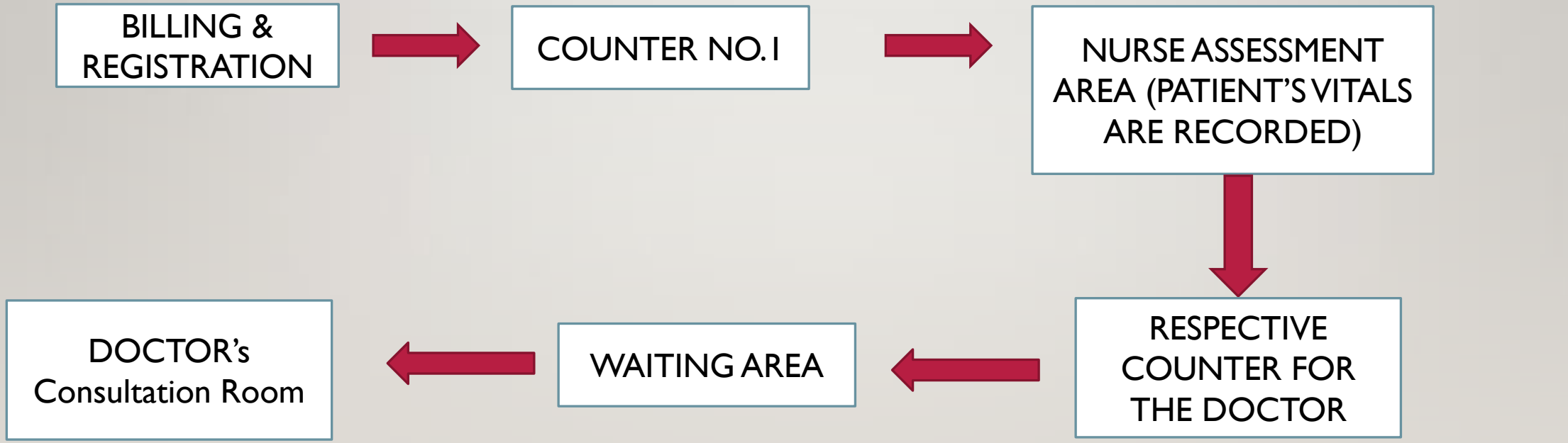
OBJECTIVES

- To calculate the waiting time for appointment and walk-in patients.
- To study the relation of waiting time with number of walk-in patients.
- To assess the need for increasing the number of appointment slots, if any.
- To study the effect of slot redesigning on waiting time.

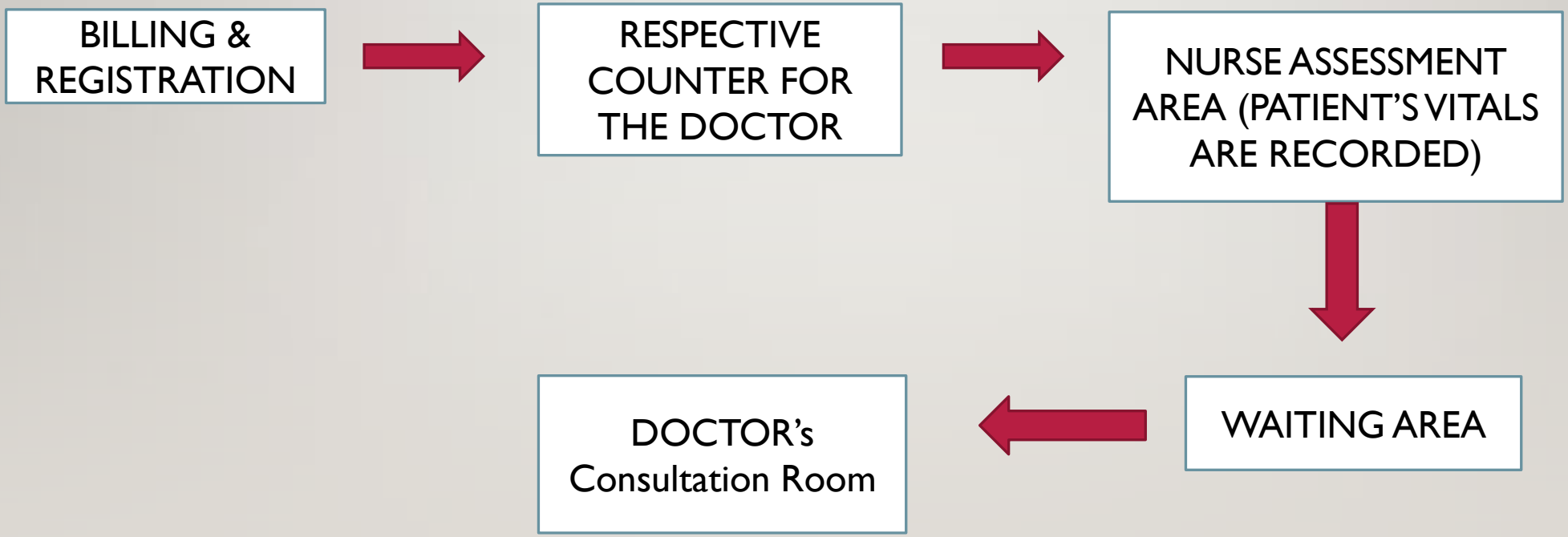
METHODOLOGY

- Sampling method: systematic stratified sampling method was used.
- Sample size: 6% patients of all doctors were followed.
- Study design: Cross sectional analytical study.
- Study area & duration: Gastroenterology Out- patient department of 150 bedded multi-super specialty hospital
- Duration of the study Mar'22 to June'22.

PATIENT FLOW - EARLIER



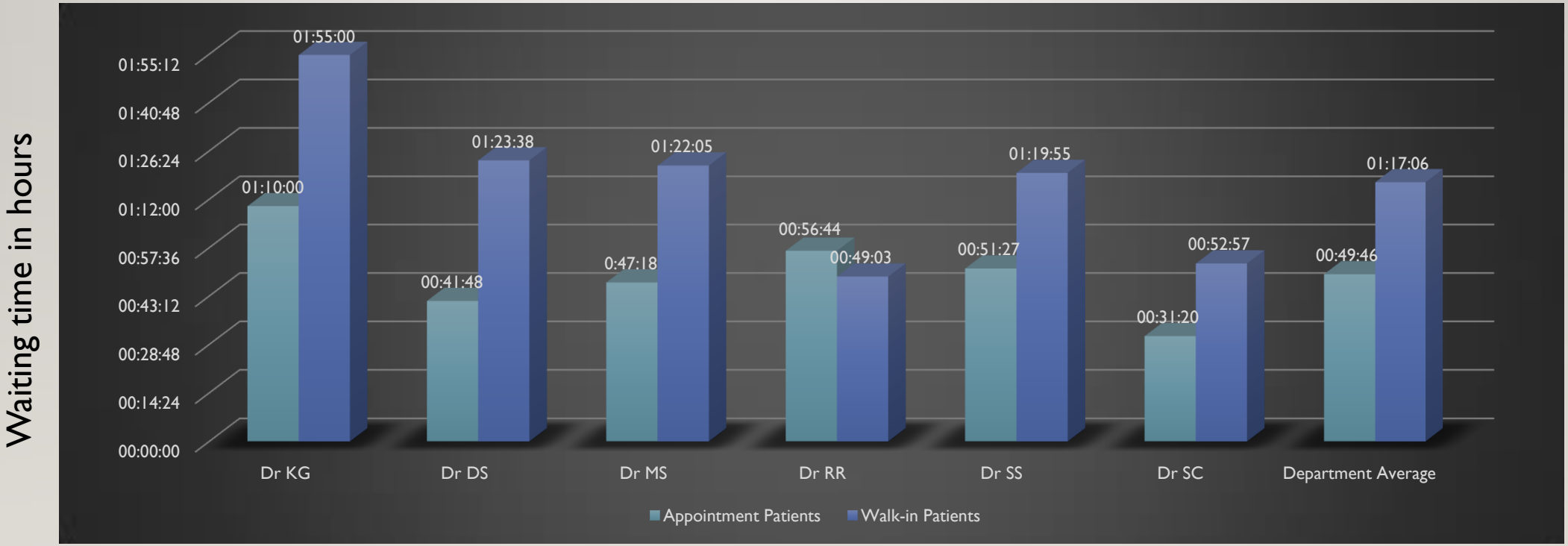
PATIENT FLOW - NOW



AS A RESULT...

- Simpler patient flow.
- Utilization of nurse at counter no. 1 was 104.16% whereas utilization of nurses at respective counters for doctors was 43.02%.
- Due to this new patient flow process, the need for nurse at counter no.1 was eliminated and utilization of other nurses increased to 67.41%.
- Thus leading to better manpower utilization.

DOCTOR-WISE WAITING TIME



MAJOR CAUSES OF LONG WAITING TIME

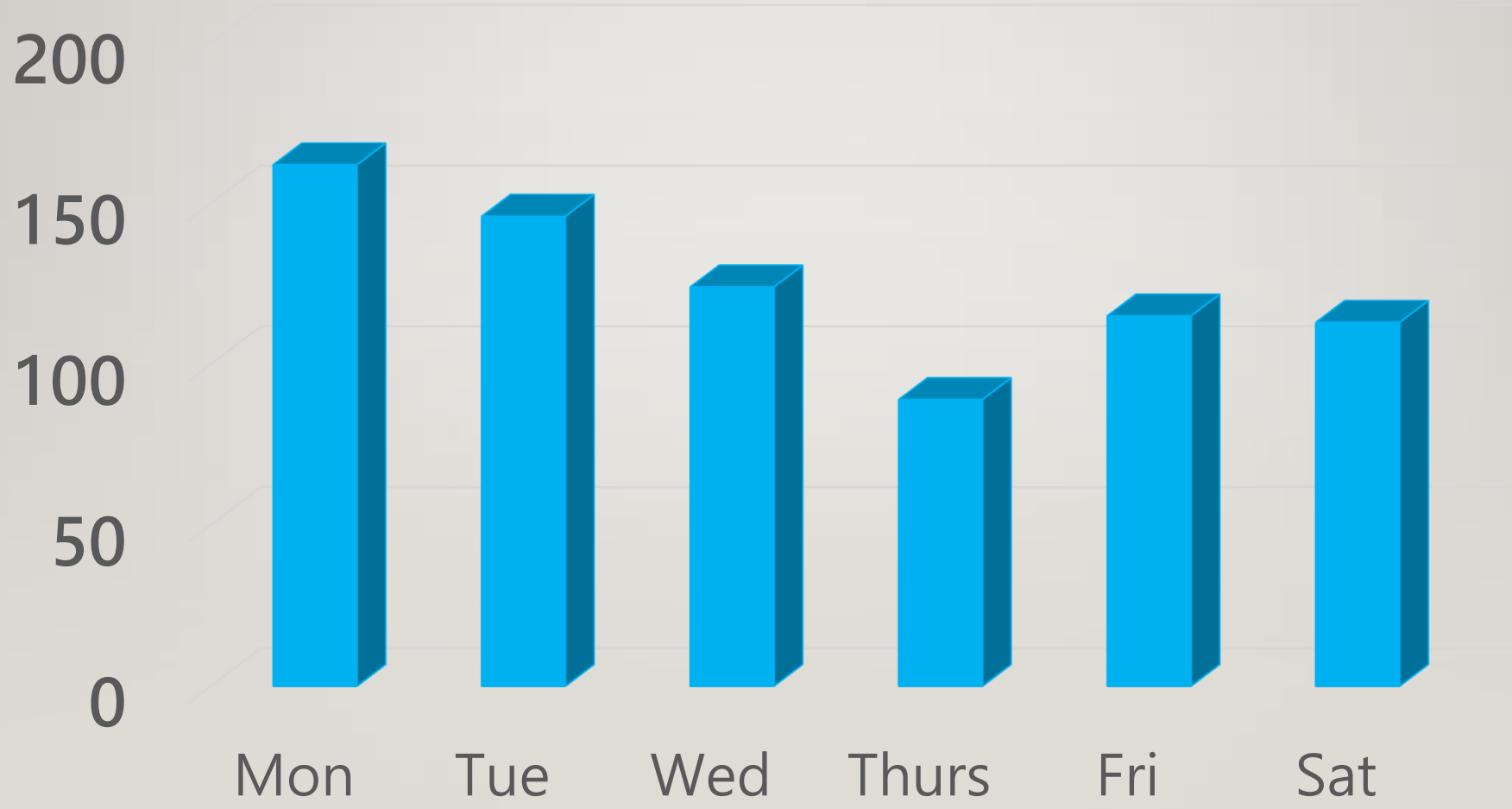
- Delay in OPD start time.
- Uneven patient flow during the week.
- Large number of walk-in patients and no provision in appointment schedule for them.

DOCTORS	AVERAGE DELAY ON STARTING OPD
Dr KG	0:43:20
Dr DS	0:27:30
Dr MS	0:26:30
Dr RR	1:06:20
Dr SS	0:31:00
Dr SC	0:18:00
Department Average	**0:35:27 min**

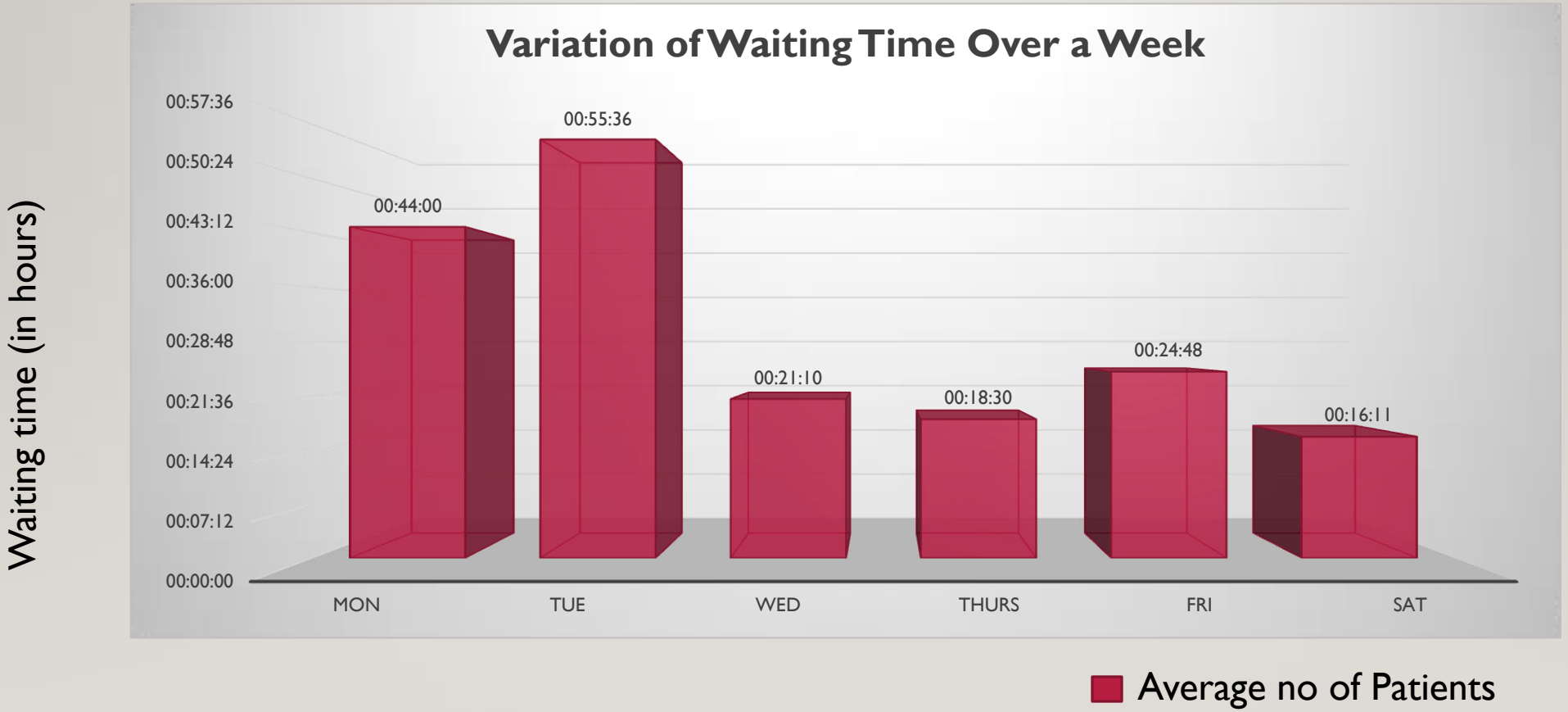
Suggestion:

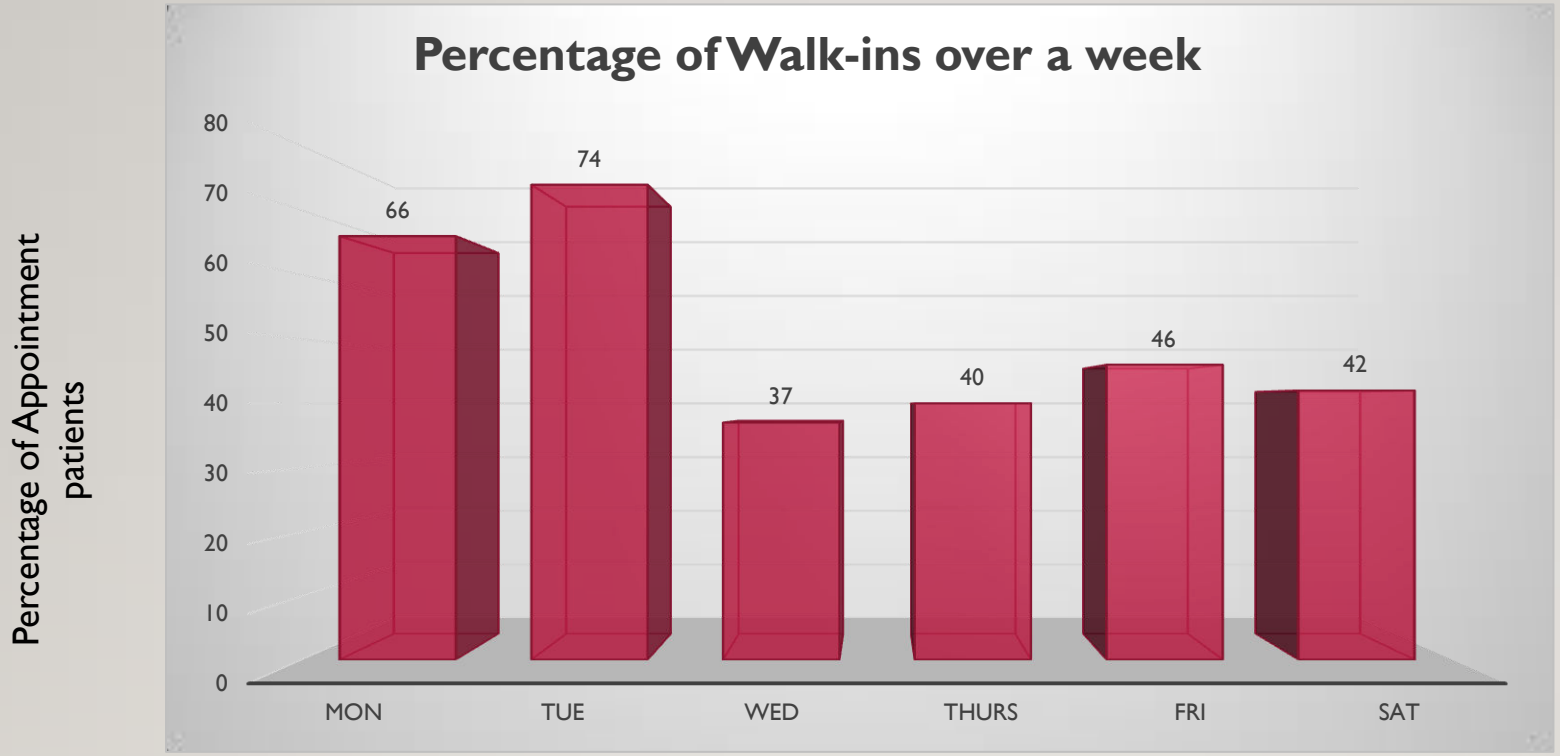
Delay of more than 15min should be recorded and weekly report to be shared with Chairman.

Uneven Patient Flow Over the Week



Variation of waiting time over the week follows the same pattern as the variation in number of consultations over the week and number of walk-ins. Days with more number of consultations and walk-ins have more waiting time.





The value of R is 0.9835. This is a strong positive correlation.

Suggestion:
Encourage more appointments on Wednesday, Thursday and Saturdays. Encourage patients to book a prior appointment.

Days	Consultations	Slot	Shortage	% Shortage
Mon	185	131	54	41.2
Tue	152	128	24	18.8
Wed	101	78	23	29.5
Thu	77	65	12	18.5
Fri	105	101	4	4
Sat	93	73	20	27.4
	AVERAGE			23.20%

AVERAGE NUMBER OF CONSULTATIONS AND NUMBER OF APPOINTMENT SLOTS AVAILABLE

SUGGESTIONS

- Redesigning the appointment slots.
  a) Increasing number of appointment slots.
  b) Introducing buffer slots among appointment slots.
- Educating patients about booking an appointment before coming for consultation. (Bilingual Leaflets for OPD patients)
- Designated ‘On call’ Gastro-Physician for walk- in patients.

Redesigning Slots for Dr KG

Steps Taken	Impact
Total number of slots were increased from 12 to 20.	**Created room for follow up patients, who are now motivated to book appointments.**
Introduction of one Buffer Slot after every three appointment slots.	**Walk-in patients are accommodated in buffer slots.**
Training the nursing staff for set business rule for prioritizing the patients	**Better queue management.**

Appointment Scheduling for Dr KG

EARLIER (12 SLOTS)

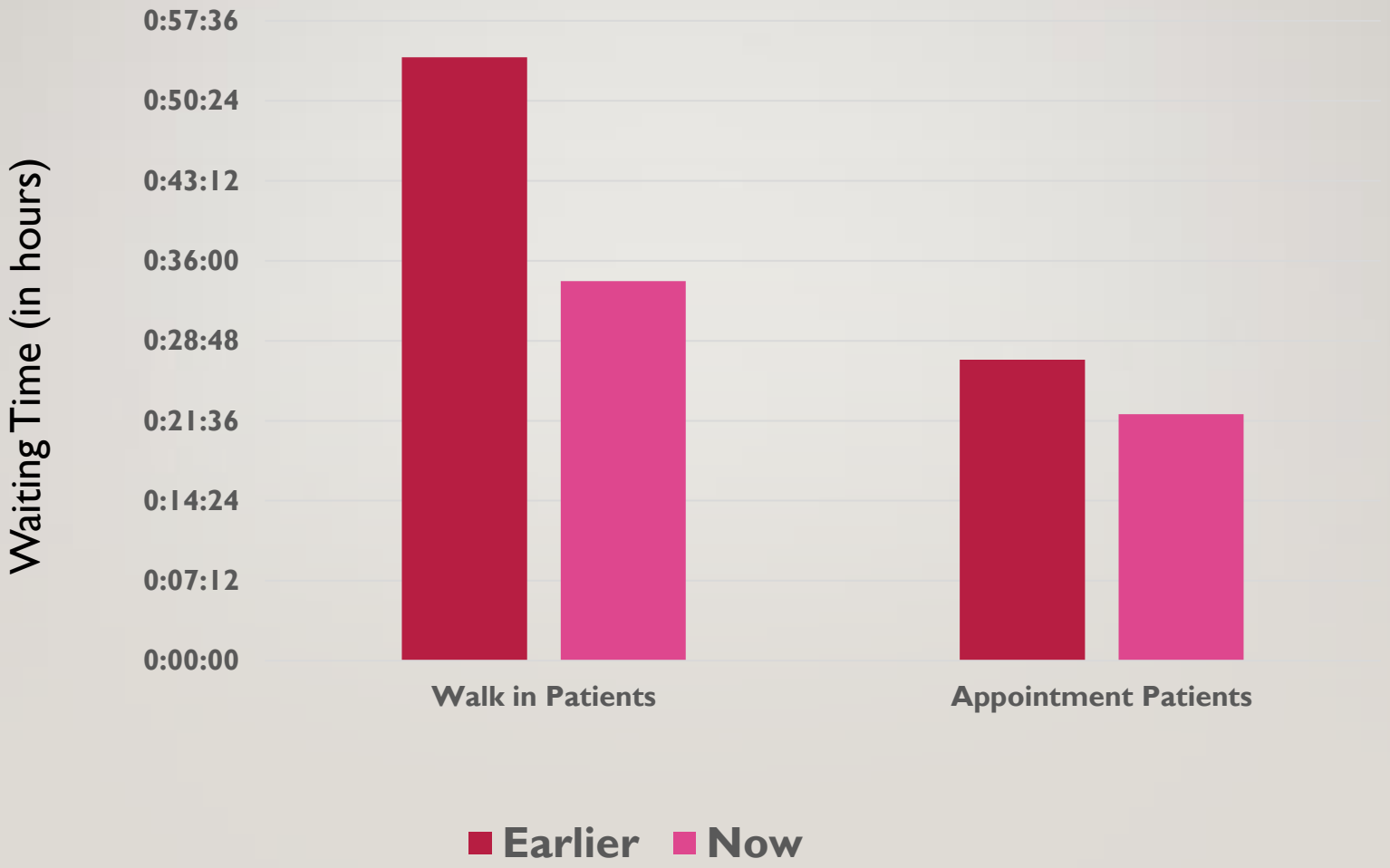
Time	Patient Details	Visit Type	Reason for Contact	Contact Details
12:00 – 12:10				
12:10 – 12:20				
12:20 – 12:30				
12:30 – 12:40				
12:40 – 12:50				
12:50 – 01:00				
01:00 – 01:10				
01:10 – 01:20				
01:20 – 01:30				
01:30 – 01:40				
01:40 – 01:50				
01:50 – 02:00				

Now (20 slots)

Time	Patient Details	Visit Type	Reason for Contact	Contact Details
12:00 – 12:06				
12:06 – 12:12				
12:12 – 12:18				
12:18 – 12:24		BLOCKED		
12:24 – 12:30				
12:30 – 12:36				
12:36 – 12:42				
12:42 – 12:48		BLOCKED		
12:48 – 12:54				

Time	Patient Details	Visit Type	Reason for Contact	Contact Details
12:54 – 01:00				
01:00 – 01:06				
01:06 – 01:12		**BLOCKED**		
01:12 – 01:18				
01:18 – 01:24				
01:24 – 01:30				
01:30 – 01:36		**BLOCKED**		
01:36 – 01:42				
01:42 – 01:48				
01:48 – 01:54				
01:54 – 02:00		**BLOCKED**		

Result of Redesigning Slots



Thank You