"Managing Outpatient Flow: A Study of Daily and Weekly Trends in Footfall, Consultation Volume, Investigation Demand, and Turnaround Time"

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History

Fortis Healthcare expanded in Manesar, Gurugram, by acquiring Medeor Hospital from VPS Group. This move is part of Fortis's strategy to grow in the Delhi NCR region. The hospital, now part of Fortis, will have 350 beds and offer many medical services. This acquisition strengthens Fortis's presence in Gurugram, alongside its main facility, Fortis Memorial Research Institute (FMRI).

About

Fortis Hospital. Manesar, Gurugram. is Fortis Healthcare's second multispecialty hospital in the city. It has 350 beds, including 100 ICU beds, 15 emergency beds, 2 Cath Labs, and 9 operating theatres (OTS). The hospital features the latest technology and a team of skilled professionals focused on excellent patient care.

Vision

To create a world-class integrated delivery system in India, entailing the finest medical skills combined with compassionate patient care.

Mission

To be a globally respected healthcare organization known for clinical excellence and distinctive Patient Care.

Organogram

Observations

- Poor doctor–call center coordination.
- Shortage of staff (GDA/frontline).
- Long billing-to-consultation time.
- Unclear signboards causing confusion for patients.
- Vital machine discrepancies, with inconsistent readings for the same patient.

Aim

To analyze weekly OPD footfall by evaluating patient visits, service distribution (consultation, investigation, health check-ups, procedures, physiotherapy), TAT, consultation types, patient categories, payor types, and conversion rates for pharmacy, radiology, pathology, non-invasive cardiology (NIC), admission, and other services.

Methodology

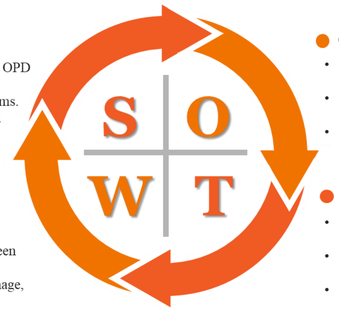
A 3-week study was conducted at Fortis Hospital to analyze OPD footfall and service conversion. Daily data was tracked in Excel. OPD and billing data were sourced from HIS; prescriptions and consultations from EMR. Conversion rates were assessed bill-wise via HIS, and appointment lists were taken from the Fortis Agent Portal.

Objectives

- Analyze weekly OPD footfall across key services.
- Study consultation types (new, follow-up).
- Classify patients by visit type, status, and payor type.
- Evaluate consultation TAT.
- Assess prescribed vs actual conversion for pathology, radiology, NIC, admission, pharmacy, and other services.

Strengths
- Strong brand with high OPD footfall.
- Use of EMR/HIS systems.
- Skilled and specialized medical staff.

Weaknesses
- Shortage of GDA and frontline staff.
- Poor coordination between departments.
- Infrastructure gaps (signage, seating, devices).



Opportunities
- Rising demand for preventive health check-ups.
- Growth in digital health (telemedicine, apps).
- Scope for medical tourism and corporate tie-ups.

Threat
- Increasing competition from private players.
- Regulatory changes and compliance pressure.
- High patient expectations and low tolerance for delay.

TOWS Analysis

	Strengths (S)	Weakness (W)
Opportunities (O)	• Promote check-ups & digital health via OPD visitors. • Attract corporate & medical tourism tie-ups.	• Train GDAs in polite communication & queue handling. • Use digital tools to reduce pressure on staff.
Threats (T)	• Use EMR /HIS to reduce waiting time. • Highlight strong brand to compete with the private sector	• Better teamwork between departments is needed. • Monitor service delays to improve patient satisfaction.

Fig 1: OPD Footfall

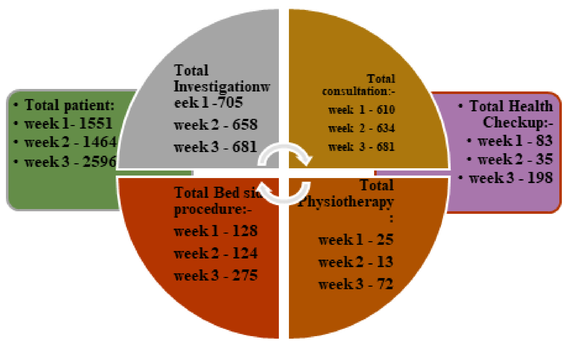


Fig 2: Consultation vs Follow ups

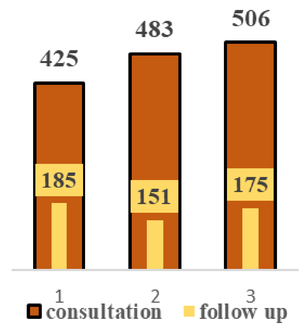


Fig 3: Patient Type Distribution

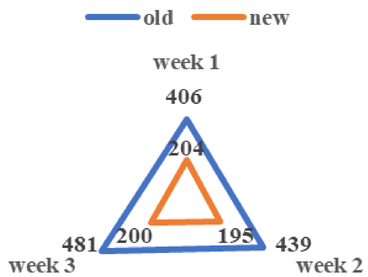


Fig 4: Payor Type Distribution

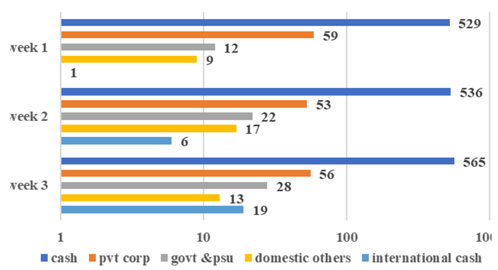


Fig 5: Prescribed For Conversions

Fig 6: Actual Conversion via Billing

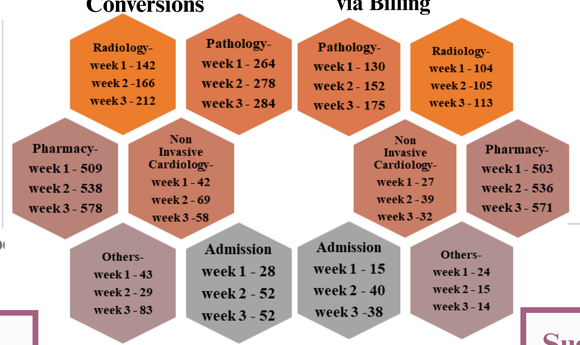


Fig 7: Walkin Vs Appointment Patients

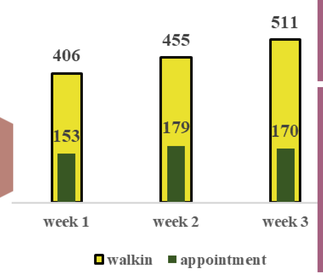
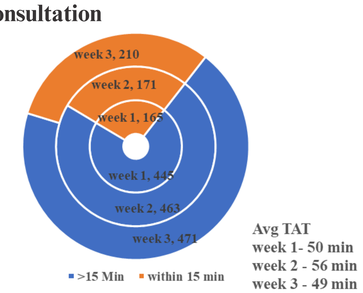


Fig 8: Turnaround Time (TAT) – Billing to Consultation



Avg TAT
week 1- 50 min
week 2 - 56 min
week 3 - 49 min

Interpretation

- OPD footfall steadily increased across the period.
- Follow-up patients were slightly higher than new patients.
- Consultation was the most utilized service.
- Significant gap observed between prescribed and actual conversions.
- Walk-in patients were more than appointment patients.
- TAT from billing to consultation was mostly short, indicating timely service.

Challenges Faced During Internship

- Adjusting to extended working hours (sometimes 9 AM to 9 PM).
- Handling and analyzing a large volume of data.
- Facing language barriers during patient interactions.
- Managing OPD operations with limited staff at times.

Learning During Internship

- Improved communication and interpersonal skills.
- Gained confidence in handling tasks and people.
- Learned key aspects of hospital management.
- Enhanced MS Excel and data handling skills.

Suggestions to the Organization

- Implement fixed-time scheduling for online and walk-in appointments.
- Recruit and schedule enough GDA/frontline staff to manage patient load.
- Improve signage and wayfinding across OPD and diagnostic areas.
- Calibrate and maintain equipment like vital machines regularly.
- Enhance coordination between departments for smooth patient flow.

Theoretical understanding
- Patient flow is linear and well-organized
- TAT is easily trackable and manageable
- Clear roles and responsibilities
- Signage helps guide patients efficiently

Practical exposure
- Requires constant crowd control and quick adjustments.
- Delay due to system issues, staff shortage, or poor coordination.
- Multitasking often required due to staff unavailability.
- Poor placement leads to confusion and misdirection.