Summer Training at
P.D. Hinduja Hospital and Medical Research Centre, Mumbai
(April 3 to June 2, 2017)

- **Ensuring Double Identification Process to Increase Patients Safety and Reduce Medical Error.**
- **Tracing and Analysis of Patient Turn Around Time in Cath Lab**
- **Assessing the Waiting Time of The Patient in The OPD (Wing 1&4 Of The 1stfloor)**

By
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Under the guidance of
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MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
The IIHMR University, Jaipur
2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Dr. Shree Yadav** has undergone summer training at **P.D. Hinduja Hospital and Medical Research Centre** from 3rd April to 2nd June 2017.

The candidate herself completed the project assigned to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, Jaipur

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P. D. HINDUJA NATIONAL HOSPITAL
& MEDICAL RESEARCH CENTRE
(Established and managed by the National Health & Education Society)

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June 5, 2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Shree Yadav a student of MBA in Hospital Management from Indian Institute of Health Management Research (IIHMR), Jaipur, did her internship in our Hospital from 3rd April – 2nd June 2017. During this period her assignment was as follows:

- Ensuring double identificatioon process to improve the patient safety and reduce medical error.
- Assessing the waiting time of the patients in OPD (Wing 1 & 4 , first Floor).
- Tracing and analyzing the the Turn around Time of the patients in Cath Lab.
- Analysis of foot fall in MRI, Nuclear Medicine & PET Scan department.

I wish her all the success in future endeavors.

Joy Chakraborty
Chief Operating Officer

ACKNOWLEDGEMENT

The Summer Training at P.D. HindujaHospital and Research Centre, **Mumbai**, helped in providing me with both, a learning experience as well as a glimpse into the daily managerial level issues of this renowned hospital. I was fortunate enough to interact with the esteemed authorities and staff of the hospital, who have encouraged and guided me with their support and patience.

First of all, I would like to thank Mr. Joy Chakroborty **COO** for providing me an opportunity to carry out my internship at **P.D. Hinduja Hospital, Mumbai.**

I want to express my gratitude and sincere thanks to my mentor Dr.Preeti Goraksha**,** Senior Manager Clinical Services Unit, for her constant support and invaluable time-to-time guidance and kind help in completion of this project.

I also want to extend my thanks to **Dr. S.D. Gupta,** Director-IIHMR for incorporating right attitude towards learning and **Col. (Dr.) Ashok Kaushik,** Dean-Academic and Students Affairs, IIHMR, for helping and supporting me to reach my goals and endeavours.

Finally I acknowledge my indebtedness to the staff of the Hospital and my respected Guide of The IIHMR University **Mr.JP.SINGH** SIR for providing his constant support by guiding me throughout my Training period.

I would also like to thank all those who have directly or indirectly supported me towards the completion of this Internship.

Sincerely,
Dr. SHREE YADAV

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Project 3- ASSESING THE WAITING TIME OF THE PATIENT IN THE OPD (WING 1&4 OF THE 1STFLOOR)**.**

Abbreviations Used:

- PTCA- Percutaneous transluminal coronary angioplasty
- PCI- Percutaneous coronary intervention
- POBA- Plain old Balloon Angioplasty
- CABG- Coronary artery bypass grafting
- AVR-Aortic valve replacement
- Vn- Vision
- Fu- Follow Up
- CCC- Complex continuing care
- Cath - Catheter
- SSSU- Short Stay Services Unit
- A&E-Accident and Emergency
- TPA- Third Party Administrator
- AKD – Artificial kidney and dialysis
- PFT – Pulmonary function test

- ENT – Ear Nose Throat.

PART 1

P.D. HINDUJA NATIONAL HOSPITAL AND MRC

Introduction

The Late Shri.Paramanad Deepchand Hinduja had in 1951 established a charitable hospital under "The National Health and Education Society". Later the Hinduja foundation under the patronage of Sh. S.P. Hinduja, launched an U.S. $30 million (about Rs 35 crore) project to develop this into a modern, technologically advanced Tertiary Care Hospital Medical Research complex. The Hospital project with 342 beds inclusive of 53 critical care beds was dedicated to the memory of late Sh. P.D. Hinduja and opened in August 1986. Today it is one of South Asia's most modern centres for health care. It has a unique collaborations program with Massachusetts General Hospital, Boston and the Washington Hospital Centre, Washington D.C., U.S.A.

History

Behind the ultra-modern and internationally acclaimed in extending world class medical services which are offered at P.D. Hinduja National Hospital & Medical Research Centre, lies a 50 years old dream.

A mission to assimilate the finest in medical and surgical talent and technique, to bring them closer to the common man, it was nurtured in the heart of great founder, **Shri Parmanand Deepchand Hinduja- a hard working philanthropist**, who laid the foundation of the National Hospital, way back in 1951. Today, the P.D. Hinduja National Hospital stands as a concrete testimony to the fulfilment of his dream.

Hinduja Hospital is an **ultramodern multi-specialty tertiary care hospital with a Medical Research Centre in collaboration with Massachusetts General Hospital (MGH), Boston.**

The hospital has an inpatient capacity of 381 beds inclusive of 57 critical care beds in different specialties. As a tertiary care hospital, the services offered are comprehensive covering investigation & diagnosis to therapy, surgery & post – operative care. The inpatient services are complemented with a day centre, out-patient facilities and an exclusive centre for health check for executives.

Location

Located in Mumbai, the heart of the financial and commercial capital of India, it is landmark in itself. Situated in Mahim, Veer Sarvakar Marg, its unique structure and immensity of size and its colour white and yellow edifice immediately distinguishes it from the rest of the surrounding.

Philosophy

The Hospitals philosophy is '**To provide World Class Quality Health Care Services to all sections of the society**' with emphasis on philanthropy. To fulfil this objective the hospital has highly qualified & dedicated medical professionals, paramedics and managerial support staff who regularly enhance their skills to the most contemporary world standards.

Mission

To create Hinduja Hospital as a world class medical institution by delivering quality medical care to all patients as well as continuing medical education to all doctors and training to nurses and by under taking basic and clinical research with a focused on the needs of the country.

Vision

Quality healthcare for all.

Quality Policy

To **our** patients **we** commit **our** best we aim to

- Assure best outcome.
- Build seem less services.
- Create values.
- Satisfied with personalized care.

Pledge to set and practice high standards through an effectively quality management system and ensure that our services always meet the expected requirement of our clients and patients.

Achievements

- The First Hospital Laboratory in India to be **accredited by the College of American Pathologists.**
- P.D. Hinduja Hospital is the second hospital in the city to receive the **NABH accreditation**, on July 1, 2009.
- Hinduja Hospital was recently awarded the **IMC Ramakrishna Bajaj** Award for Quality.

Medical Expertise

With over **86 hospital based consultants**; which is a unique feature of the hospital, there is always an experienced specialist available to initiate treatment without delay. The various specialties covered are Cardiology, Cardiothoracic Surgery, Neurology, Neurosurgery, Orthopaedics, Oncology, Ophthalmology, Rheumatology, Endocrinology, ENT, Gastroenterology, Paediatrics, Paediatrics Surgery, Paediatrics Neurology, Urology, Nephrology, Dermatology, Dentistry, Plastic Surgery, Gynaecology, Pulmonologist, Psychiatry, General Medicine & General Surgery.

Technology Upgrade

1. Gamma Knife- gold standard in Radio surgery, a non invasive neurosurgical tool.
2. **Twin speed MRI**, a revolutionary technology in neurovascular and cardiology imaging.
3. **BancTec NR 730 analyzer** for micro culture.
4. **Gamma Camera / PET scan** which redefines the treatment in cancer management, orthopaedics, neurology and cardiology.

Basic Facts about P.D. Hinduja Hospital

- Bed strength = 402 beds inclusive of 52 critical care
- Bed occupancy rate = 100%
- ALOS = 5.1 days
- Mortality Rate =35 death per month
- Patient to Nurse Ratio = 6:1
- Number of Discharges/month = 2000
- Number of OPD patient/day = 900-1000
- Number of Emergency case = 45-50 / day
- Building of Hinduja Hospital = 3
  - ✓ Hinduja Clinic (OPD) = 4 floors (3+1 floor)
  - ✓ West Block (IPD Block) = 16 floors
  - ✓ LalitaGirdhar Block = 8 floors

➢ Departments of Hinduja Hospital

- The Departments at P.D Hinduja Hospital can be differentiated into:

1. **Clinical Services –** Those services which are directly related to medical Practice. These Include: -

    a) **Out Patient Department**
    b) **Indoor Patent Department**
    c) **Accident and emergency Department**
    d) **Short Stay Unit**
    e) **OT services**
    f) **Cath lab**
    g) **Ambulance Services**
    h) **Nursing Services**
    i) **Laundry Services**
    j) **Mortuary Services**
    k) **Laboratory Services**

2. **Non Clinical Services-** Those services which are related to the administrative and non medical side of the hospital. These include:-

    a) **Admission and Billing**
    b) **Medical Record Department**
    c) **Information Technology**
    d) **Engineering Department**

PART 2 – The Projects

PROJECT NO.1

ENSURING DOUBLE IDENTIFICATION PROCESS TO INCREASE PATIENTS SAFETY AND REDUCE MEDICAL ERRORS.

PROJECT NO.2

ASSESING THE WAITING TIME OF THE PATIENT IN THE OPD .

PROJECT NO.3

TRACING AND ANALYSIS PATIENT TURN AROUND TIME IN CATH LAB .

PROJECT NO. -1

TO STUDY THE COMPLIANCE OF DOUBLE IDENTIFICATION PROCESSS AT P.D HINDUJA HOSPITAL

INTRODUCTION: -

- Two ways Patient identification is an activity that should be perform routinely in all healthcare settings.
- Risks to patient safety occur when there is a mismatch between a given patient & components of their care, whether these components are diagnostic, therapeutic or supportive.
- Throughout the health-care industry, the failure to correctly identify patients continues to result in medication errors, transfusion errors, testing errors, wrong person procedures and sometimes discharging patients.
- The trends towards limiting working hours for each clinical staff member working in organization & hand over charge to other staff routinely caring for each patients can leads to increased number of giving charge & communication problem.

AIM: -

To study and analyze the compliance of the double identification process to increase patient safety at hospital.

OBJECTIVES: -

1. To observe the compliance of double identification process.

2. To make comparison of compliance of double identification process to reduce the frequency of error at P.D. HINDUJA HOSPITAL.

PROJECT SOURCE: -

- Hospital Bed Occupancy- 402 Bedded.
- No of department observed–
- 1. AKD dept.
- 2.Accident & Emergency dept .
- 3.Opd lab , Ct scan dept , usg dept , x-ray dept.
- 4. 1st & 2nd & 12th & 13th floor of S1bluiding.
- 5. 8th & 9th floor of Ipd building.

SCOPE-It includes

1-Nurses

2-Doctors

3-Lab technician

RESEARCH METHODOLOGY: -

Study design-observational study.

- Sample size -260 opd and ipd patients.
- Sample technique/design – In this study convenient sampling was used to observe doctors, nurses, technicians of inpatients wards, diagnostic labs, before administration of medicine and before beginning of any procedure, during the functional hours in the daytime.
- Study duration – 10 days
- Study time – The population was observed from 10 April to 21 April 2017.
- Tool for the study-prepared observational checklist. Microsoft excels for analysis of data.
- Place of study-P.D. HINDUJA HOSPITAL AND MEDICAL RESEARCH CENTER.

WHEN TO USE DOUBLE INDENTIFICATION

- ⊡ When placing or replacing wristband.
- ⊡ Medication administration.
- ⊡ Treatment, test or any other procedures.
- ⊡ When assuming care of the patient (NURSING).
- ⊡ Prior to transferring the patient to another unit or department.

PROBLEMS ENCOUNTERED-

1. For (IPDpatient) staff member become familiar to the patient admitted so they do not feel requirement of doing so.

2. Sometimes only first name is called out for the patients to call in.

3. Staff member rarely see wristband while give any medical care.

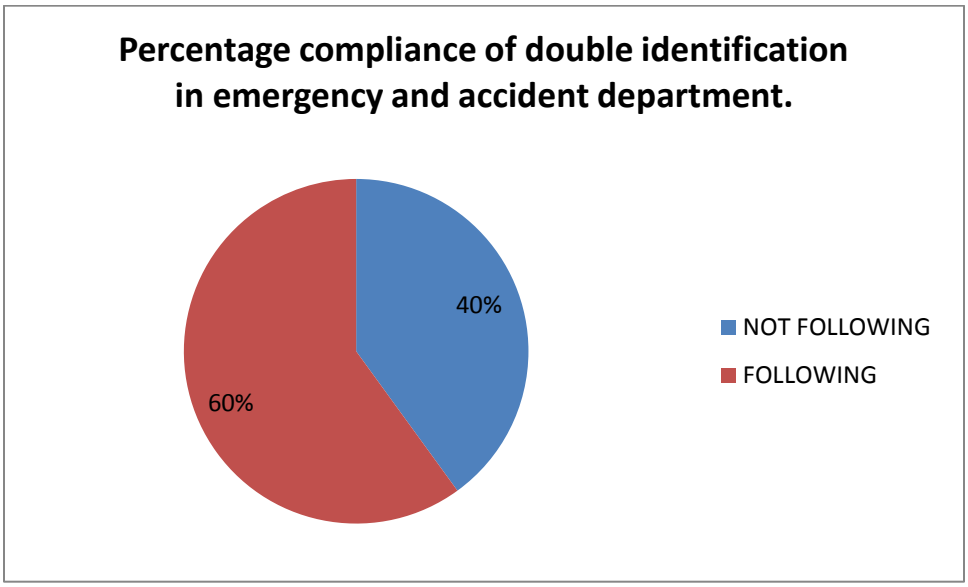
4. Sometimes error due to earlier details are entered wrong.

5. Due to various activity done by the on-time duty staff member they do not seek the importance of the process.

PERCENTAGE DISTRIBUTION OF COMPLIANCE FOR DOUBLE IDENTIFICATION PROCESS

Department no.1 – Accident & Emergency

Results



Interpretation: Out of 20 cases observed at accident and emergency department 40% is not following double identification process and 60% is following process.

Double identification process is very important as per hospital wide policy and failure to follow double identification emergency department can lead to medical errors and misdiagnosis which can add to worries of management.

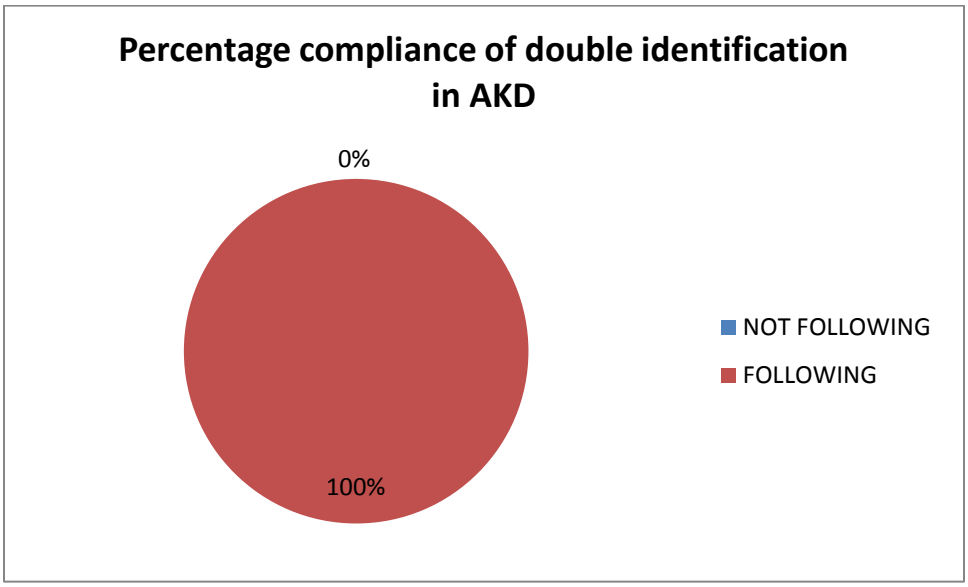
Plan for improvement: Counselling of emergency department staff, regarding the importance of double identification.

Patient attendant's to be made aware about the double identification and its importance so that they can make sure double identification is followed**.**

Training for staff to follow the double identification process.

Department no.2- Artificial kidney dialyzer

Results



Interpretation: - Out of 20 cases observed in AKD it is following 100% double identification process.

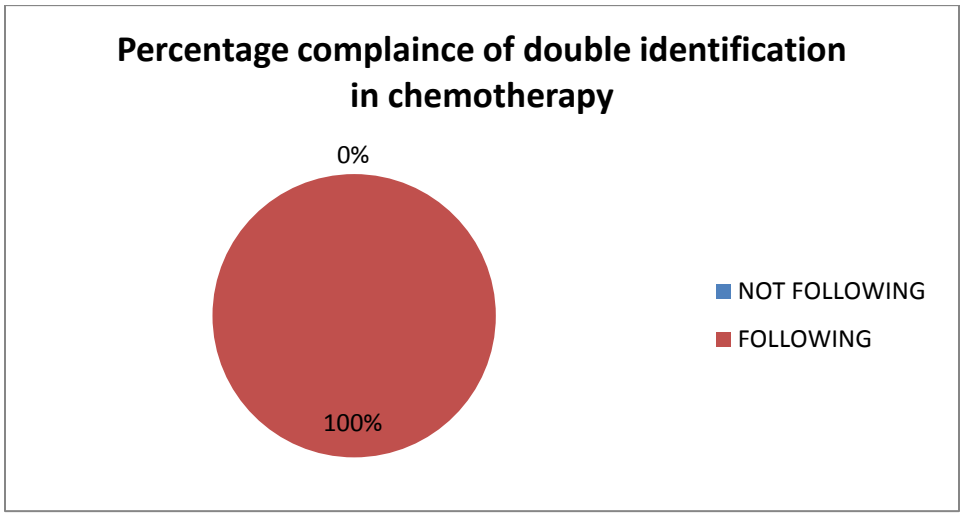
Double identification process is very important as per hospital wide policy and failure to follow double identification emergency department can lead to medical errors and misdiagnosis which can add to worries of management.

The staff should be encouraged and praised for following double identification process.

New staff should be given training.

Department no.3 – chemotherapy

Results



Interpretation: -Out of 20 cases observed at chemotherapy 100% double identification process is observed

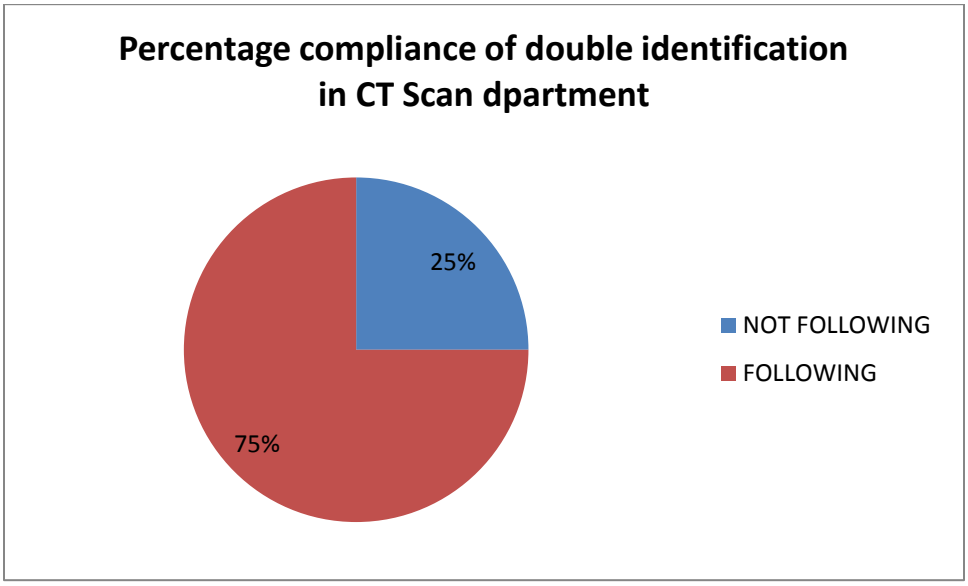
Double identification process is very important as per hospital wide policy and failure to follow double identification emergency department can lead to medical errors and misdiagnosis which can add to worries of management.

Staff working in the department shouldbe appraised for following double identification process.

Time to time training should be provided to the staff of the department.

Department no.4 – CT SACN

Results



Interpretation:Out of 20 cases observed at this department 25 % is not following double identification process and 75% is following double identification process .

Double identification process is very important as per hospital wide policy and failure to follow double identification CT scan department can lead to medical errors and misdiagnosis which can add to worries of management**.**

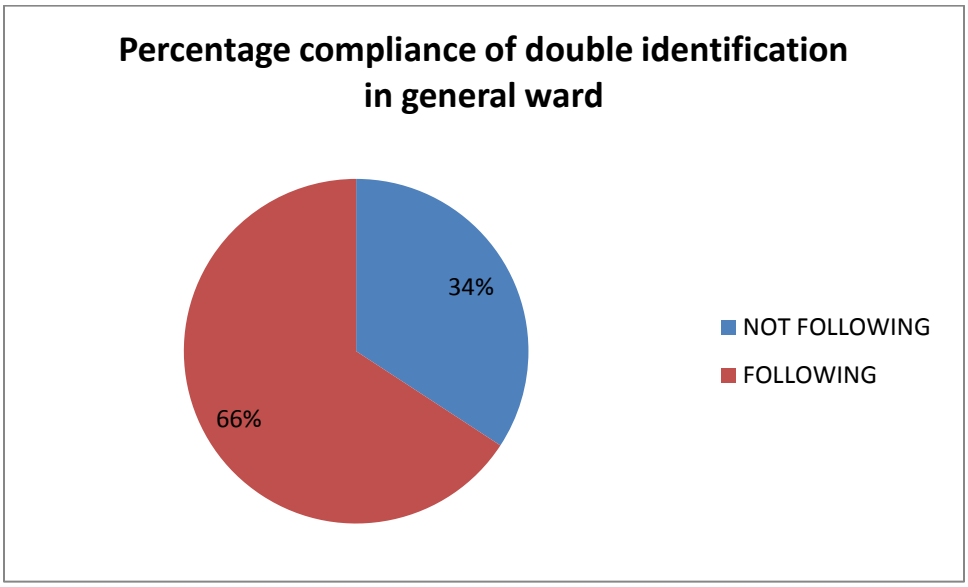
Plan for improvement– counselling of the staff working in the department should be done regarding importance of the double identification process .

Patient attendant's to be made aware about the double identification and its importance so that they can make sure double identification is followed.

Training for staff to follow the double identification process.

Department no.5 – **General ward**

Results



Interpretation: - Out of 37 cases observed in general ward ,34% is not following double identification process and 66% is following double identification process .

Double identification process is very important as per hospital wide policy and failure to follow double identification GENERAL ward can lead to medical errors and misdiagnosis which can add to worries of management**.**

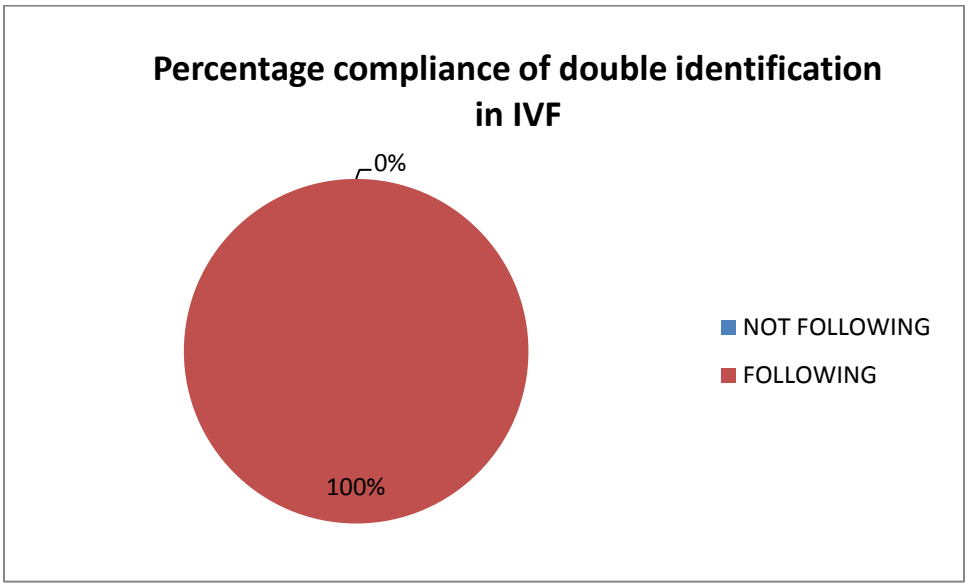
Improvement plan– counselling of the staff working in the department should be done regarding importance of the double identification process.

Patient attendant's to be made aware about the double identification and its importance so that they can make sure double identification is followed.

Training for staff to follow the double identification process.

Department no.6 – IVF

RESULTS



Interpretation- Out of 11 cases observed at this department 100% double identification process is followed.

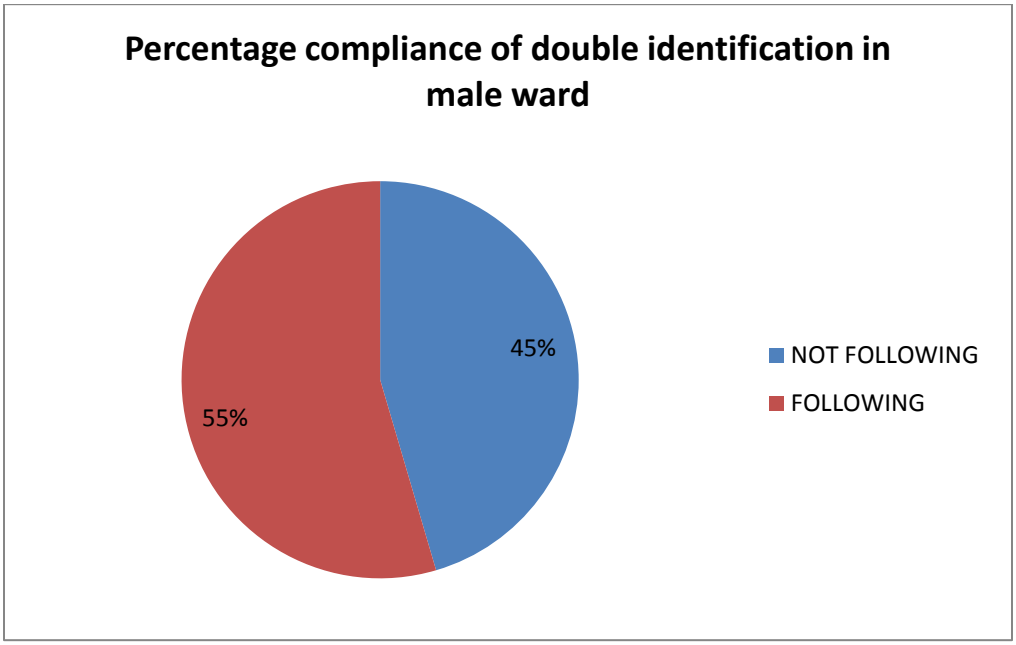
Double identification process is very important as per hospital wide policy and failure to follow double identification IVF department can lead to medical errors and misdiagnosis which can add to worries of management.

Staff working in the department should be appraised for following double identification process.

Time to time training should be provided to the staff of the department**.**

Department no.7 – Male ward

Results



Interpretation: Out of 11 cases observed at male ward 45% is not following double identification process and 55% is following double identification process.

Double identification process is very important as per hospital wide policy and failure to follow double identification in male ward can lead to medical errors and misdiagnosis which can add to worries of management.

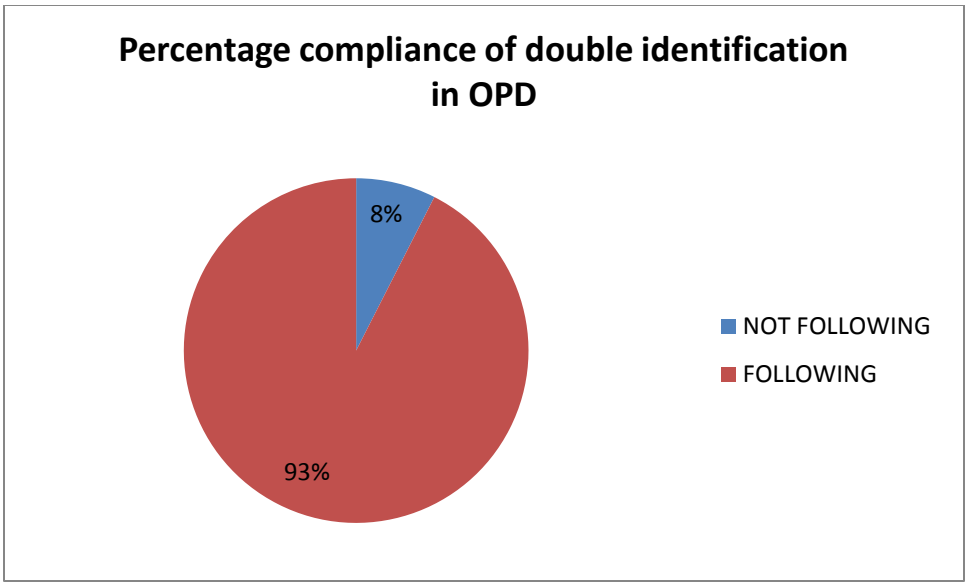
Improvement plan– counselling of the staff working in the department should be done regarding importance of the double identification process.

Patient attendant's to be made aware about the double identification and its importance so that they can make sure double identification is followed.

Training for staff to follow the double identification process.

Department no.8 – OPD

Results



Interpretation: - Out of 80 cases observed in OPD,8% is not following double identification process and 92% is following double identification process .

Double identification process is very important as per hospital wide policy and failure to follow double identification OPD lab can lead to medical errors and misdiagnosis which can add to worries of management.

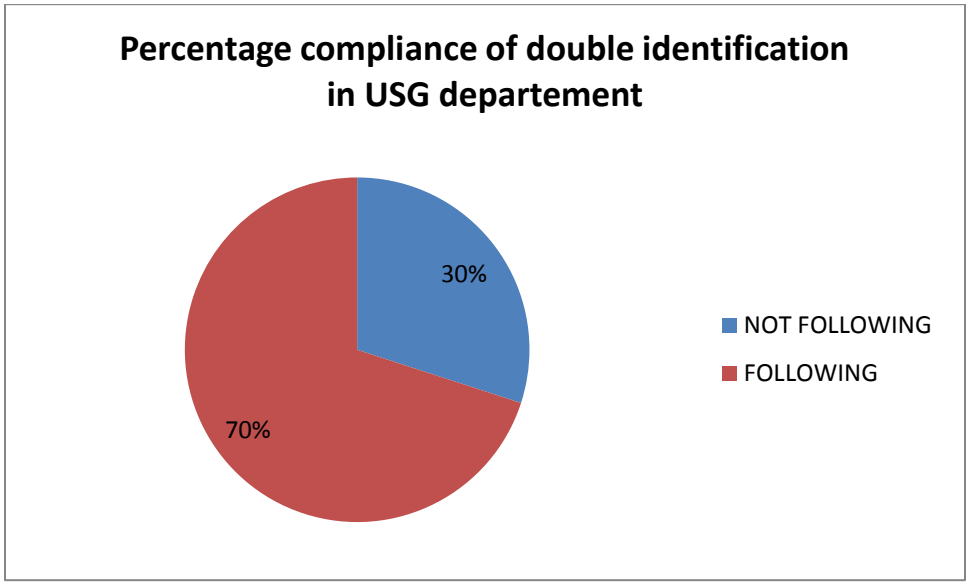
Improvement plan– counselling of the staff working in the department should be done regarding importance of the double identification process.

Patient attendant's to be made aware about the double identification and its importance so that they can make sure double identification is followed.

Training for staff to follow the double identification process.

Department no.9–USG

RESULTS



Interpretation: - Out of 20 cases observed,30% is not following double identification process and 70% is following double identification process.

Double identification process is very important as per hospital wide policy and failure to follow double identification USG department can lead to medical errors and misdiagnosis which can add to worries of management.

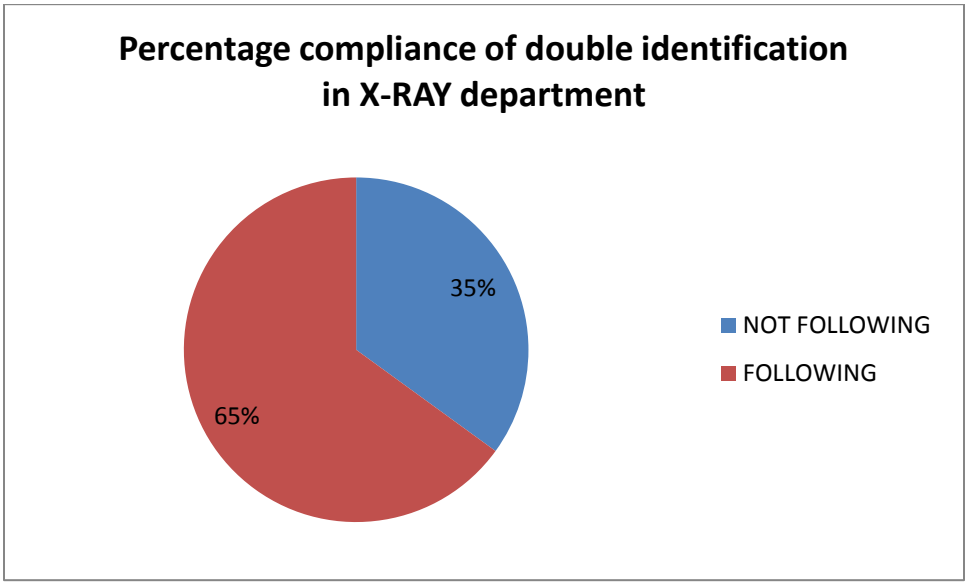
Improvement plan– counselling of the staff working in the department should be done regarding importance of the double identification process.

Patient attendant's to be made aware about the double identification and its importance so that they can make sure double identification is followed.

Training for staff to follow the double identification process.

Department no.10– X-RAY

RESULTS



Interpretation: Out of 20 cases observed in XRAY department, 35% is not following double identification process and 65 is following double identification process .

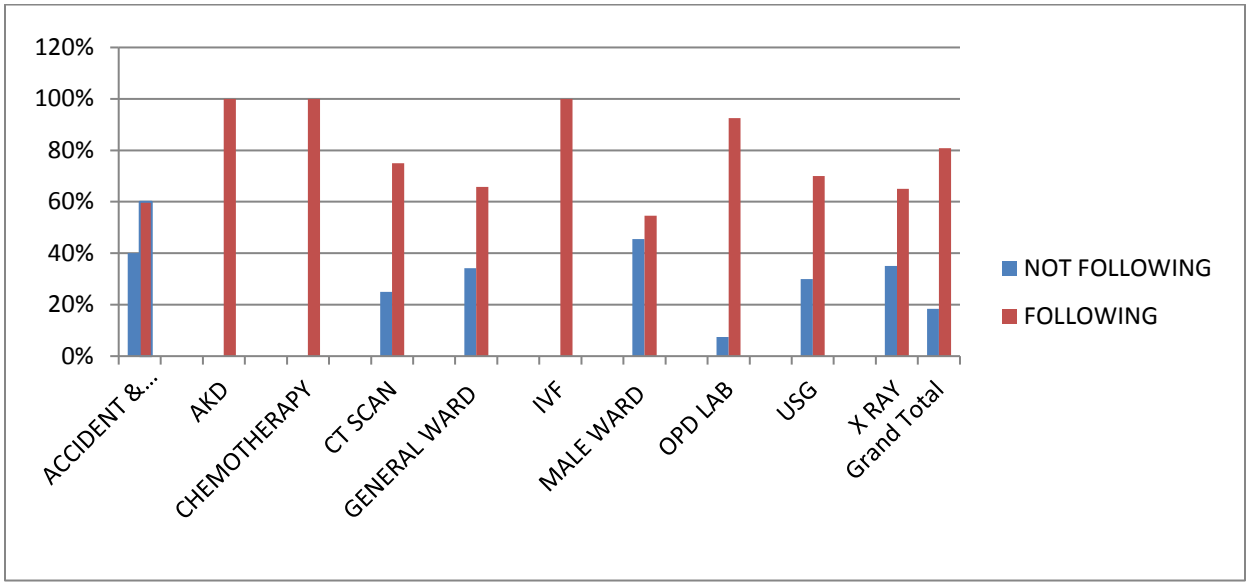
Double identification process is very important as per hospital wide policy and failure to follow double identification emergency department can lead to medical errors and misdiagnosis which can add to worries of management.

Improvement plan– counselling of the staff working in the department should be done regarding importance of the double identification process.

Patient attendant's to be made aware about the double identification and its importance so that they can make sure double identification is followed.

Training for staff to follow the double identification process.

GRAPHICAL REPRESENTATION OF COMPARISION OF COMPLIANCE OF DIIFERENT DEPARTMENTS



SUGGESTIONS

- Even if they are familiar to the patients the provider should check the details of the patient's identification to ensure right patients have receive right care.
- Emphasize health care worker to check the identity of patients and match the correct patients with correct care before the care is administrated.
- Encourages patients and their families or surrogates to be active participants in identification, to express the concern about the safety and potential error.
- Educate & encourage patients in the process of patient identification in positive fashion that also respect concerns for privacy.
- Incorporate training on procedure for checking /verifying a patient's identity.
- Id card with barcode.
- Staff should be given clear instruction to immediately sign the register after after giving medication to the patients.

CONCLUSION

- As per the study we can clearly see that some of departments are following two-way identifier some are still not using that much for that we need to improve so errors can be avoided and hence it will the leading step towards the quality healthcare service.
- Educating and encouraging patients and staff members to improve the process.
- But the recommendation above can help the hospital in finding out its hidden problems and lead to better patient's safety.
- And thank you for letting me a part of this study.

PROJECT NO: -2

TRACING AND ANALYSIS OF PATIENT TURN AROUND TIME IN CATH LAB

INTRODUCTION-

- **Catherization lab here compliance of one diagnostic procedure (Angiography) &one therapeutic procedure (Angioplasty).**
- **Angioplasty is the technique of mechanically widening a narrowed or obstructed blood vessel.**
- **Angiography is projection radiography which is used to visualize the inside or lumen of blood vessels & organs of the body with particular interest in arteries, veins and heart chambers.**

OBJECTIVES –

- **In the study we sought identify patients shifted and discharged after Angiography and Angioplasty procedure in catherization lab by analyzing the collected data.**

RESEARCH DESIGN

Study design – Observational study.

- **Sample size & duration – 70 patients in 10 days.**
- **Sample technique: simple random sampling.**
- **Study conducted – P.D. Hinduja and medical Research Centre.**
- **Study tool –**
- **Primary data-**
- **1. Process mapping.**
- **2. Time monitoring and analysis study of patient turnaround in cath lab.**
- **Secondary data –**
- **1. Articles on turnaround time in cath lab.**

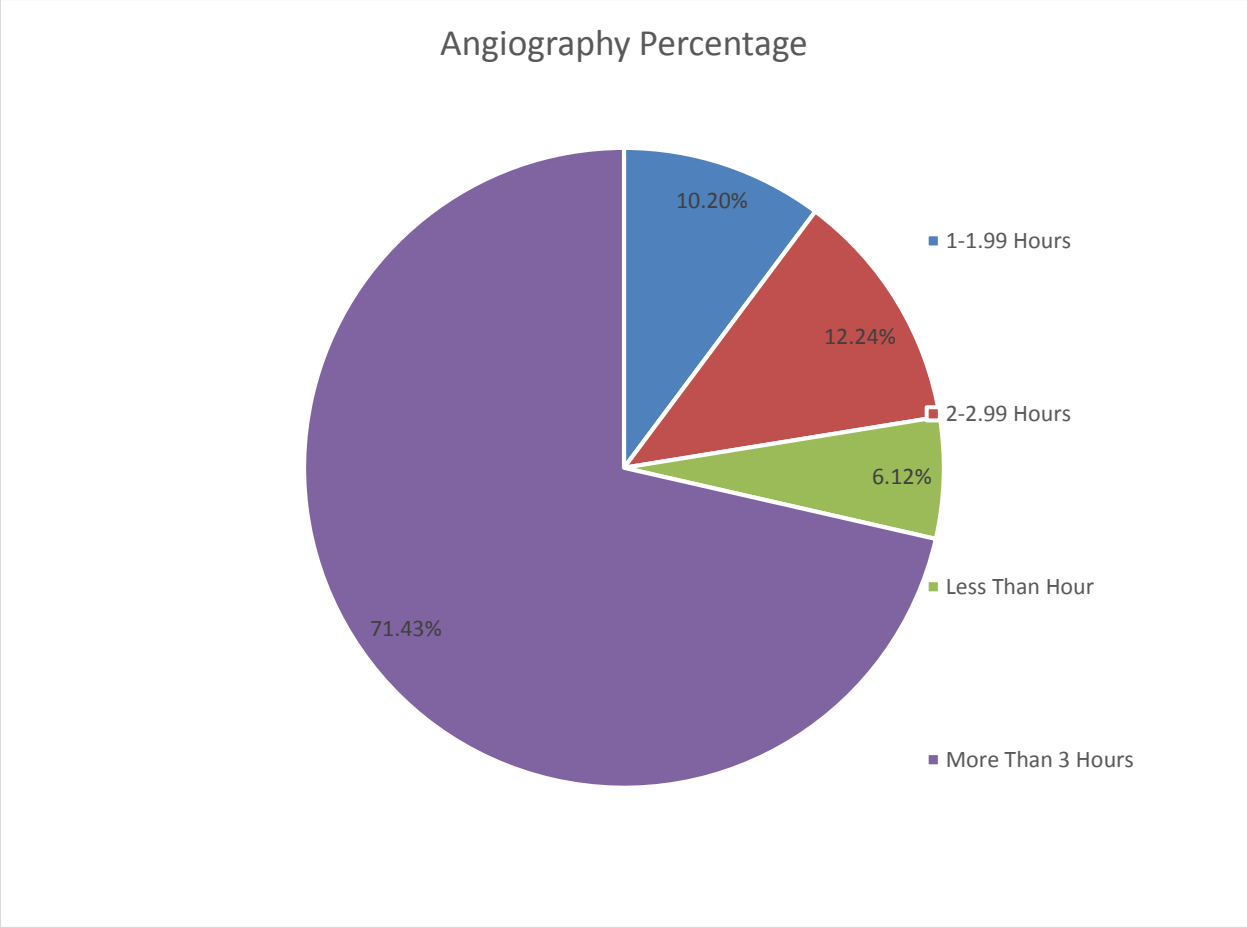
TOOL USED ARE AS FOLLOWING -

DATE	SERIAL NO.	PROCEDURE	TIME IN	TIME OUT	SHIFTED/ DISCHARGE	SHIFTING TIME	REASON	SHIFTING OR DISCHARGE DURATION

PROBLEM IDENTIFIED

- **Patient underwent diagnostic procedure such as angioplasty shifted immediately to the I.C.U but as per data analysed maximum number of patients has to wait in the department itself as no bed availability in the I.C.U.**
- **Delay in discharge process of OPD patients underwent angiography (ideally patient should get discharged after 2 hours observational period).**
- **Shortage of helping staff member.**
- **MRD staff member is taking longer time in sending discharge summary of the patients.**

DATA ANALYSIS & RESULTS



Interpretation –After performing angiography procedure cath lab 10.20% of patients are discharged within 2 hours.

12.24% patients are discharged within 3 hours.

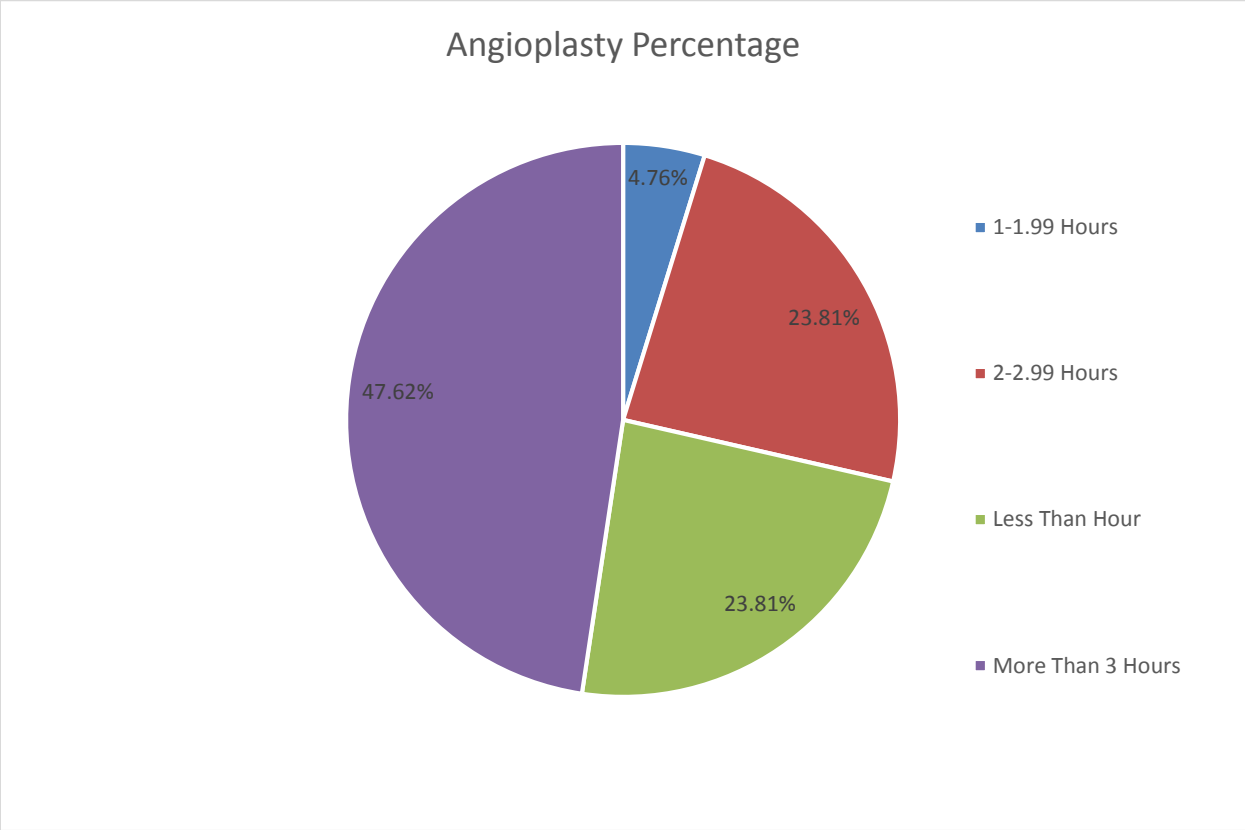
6.12% patients are shifted to day care (Radial lounge) within an hour.

71.43% patients took more than 3 hours to get discharged.

Ideally patients after angiography procedure should get discharged within 2 hours of observation and if he/she wants to stay in radial lounge they should be shifted immediately after the procedure.

Intervention plan: - Proper coordination between the billing department and cath lab so discharge doesn't get delayed.

Regular basis training should be give to new staff member joined the department.



INTERPRETATION: -After performing angioplasty procedure in cath lab 4.76% patients are shifted within 2 hours.

23.81% patients are shifted within 3 hours.

23.81% patients are shifted within an hour.

47.62% patients are shifted took more than 3 hours.

Ideally patients underwent angioplasty procedure immediately shifted to I.C.U but due to unavailability to vacant bed in I.C.U patients get delayed in shifting.

Intervention plan: - Proper coordination between staff members of I.C.U and cath lab.

Increase no. of helping staff.

RECOMMENDATIONS

- **After going all through the process which is taking place in the department –**

  1. Proper coordination between I.C.U and Cath lab staff members.

  2. Predescriptive discharge process.

  3. Appointment for day care stay patient should be given according to the availability of bed.

  4. Increased no of I.C.U beds or proper room should be build up in the cath lab only.

PROJECT NO-3

ASSESING THE WAITING TIME OF THE PATIENT IN THE OPD

(WING 1&4 OF THE 1ST FLOOR)

INTRODUCTION

- Outpatient department (OPD) of a hospital is very important place. OPD caters different types of patients that need to be properly managed in terms of patient satisfaction and care.
- OPD is considered as the 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 patients.
- Whether it's a time used for registration of patient, routine doctor's appointment, emergency room treatment, laboratory/diagnostic test, procedures, receiving the results of various tests, waiting happens to just about everyone seeking medical care.
- It's often one of the most frustrating parts about healthcare delivery system.
- Waiting times for elective care have been considered a serious problem in many health care systems since it acts as a barrier to efficient patient flows

BACKGROUND

- Waiting time in the study is defined as "The length of time patient enters the outpatient department till the time patient actually enters the clinic ".
- This study throws light into finding out the various problems hindering the functions of the OPD in the hospital and factors responsible for increase in waiting time for the patients and ways to meet the expectations and needs of patients who walk into the OPD and helps the hospital management to gain insight into how the services should be designed and delivered to satisfy and retain them.

PROJECT SCOPE

- This study is mainly based on the reducing of waiting time of patients in the outpatient department.

- OPD services are most important services provided by all the hospitals as it provides service to a large number of patients at a low cost.
- There is increasing concern to improve the quality of administration in the hospital to meet the rising expectations of people.

OBJECTIVE

- To identify the factors those are responsible for high waiting time in the OPD.
- To recommend appropriate suggestions to optimize the waiting time in OPD.
- To determine the average waiting time of the patient in OPD.

PROBLEM DEFINITION

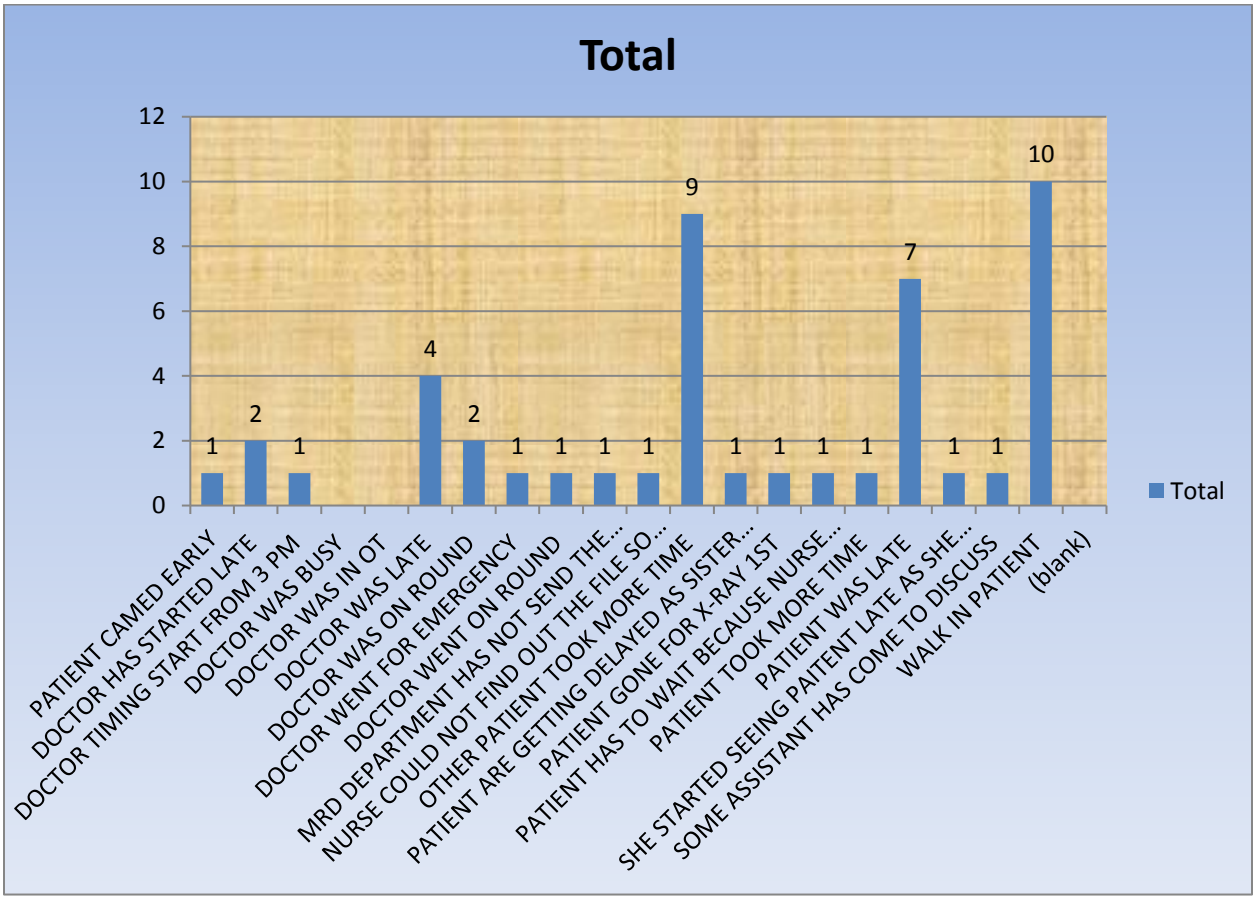
- Waiting time in the hospitals is one of the most common problems that hospitals are dealing with these days.
- With the increase in the outpatient volume and patient flow, there may be an increase in the blockages, which in turn, increases the waiting time.
- Patients perceive long waiting times as barriers to actually obtaining services.

METHODOLOGY

- **Study Design:** Cross-sectional Observational
- **Study Approach:** Quantitative
- **Sampling Technique:** Simple Random Sampling
- **Sample Size:** 221
- **Sample Population:** Patients visiting OPD
- **Place of study:** P.D. Hinduja Hospital and Medical Research Centre, OPD building (Second floor Wing 1, Third floor Wing 3)
- **Duration of study:** 25th April 2017 – 2nd May 2017
- Collection of the data was done with direct observation and a time motion study was performed simultaneously in order to quantify the data.
- With the help of time motion study quantification of data has been done.

- The data for 221 patients were collected using the study along with the routine direct observations.
- Along with the collection of data reasons behind delays were also looked for.
- **Study tool**: ***PRIMARY DATA:***
- Understanding the patient flow in OPD
- Direct observation
- Time motion study
- Brainstorming
- **SECONDARY DATA:**
- Articles and reports similar to the study conducted.

DATA ANALYSIS



RECOMMENDATION

- Proper scheduling of the walk-in patients so that there is no interruption in the appointment schedule.
- A policy for dealing with patients who don't show up or arrive late for their appointments.
- If a patient is more than 30 minutes late, rescheduling of the appointment should be done.
- Keeping in constant communication with patients gives them greater control over their time and helps you manage patient flow.
- Virtual waiting time for the patients so that they enter the clinic exactly at the updated schedule.
- Embracing virtual consultation for patients to trim down the time of the patient for a visit.

EXPECTED RESULT

- Reduced waiting time of the patients leading to increased customer satisfaction and improved image of the hospital from the patient's point of view.
- Improved scheduling of the patient appointments with proper segregation of the appointment and walk in patients.

  Improved performance and functioning of the department

CONCLUSION

- It is possible to streamline the OPD services of hospitals through customer focus and optimum utilization of the resources.
- Since the waiting time of the patients is higher than the acceptable time it should be taken into consideration as a single bottleneck of the hospital can affect the efficiency of overall functioning of the system.
- Every patient attending the hospital is responsible for spreading the good image of the hospital and therefore satisfaction of patients attending the hospital should be equally important for hospital management.