Summer Training at
Care Hospitals, Hyderabad

Study on Turn Around Time in The Out – Patient Department at Care Hospital Hitech City, Hyderabad

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Abbreviations

CDS	Central Drug Store
IPD	In Patient Department
OPD	Out Patient Department
OP	Out Patient
IP	In Patient
PREs	Patient relation executives

Acknowledgement

The success and final outcome of this project required a lot of guidance and assistance from many people and I am extremely privileged to have got this all along the completion of my project All that I have done is only due to such supervision and assistance and I would not forget to thank them.

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Regards,

Ravula Sai Prashanth

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OBSERVATIONAL LEARNING

INTRODUCTION

The CARE Hospitals Group is a multispecialty healthcare provider, with 14 hospitals serving 6 cities across 5 states of India. The regional leader in tertiary care in South/Central India and among the top 5 pan-Indian hospital chains, CARE Hospitals delivering comprehensive care in more than 30 specialties in tertiary care settings. It was founded in 1997 by Dr B Soma Raju .

CARE Hospitals Group comprises 14 multi super specialty hospitals offering comprehensive patient-focused care, with state-of-the-art infrastructure, medical equipment and facilities, complemented by globally trained and experienced doctors and professional support staff, available 24*7 .The hospitals are models for high doctor-patient and nurse-patient ratios to ensure patient satisfaction. CARE Hospitals is owned and managed by Quality CARE India Ltd

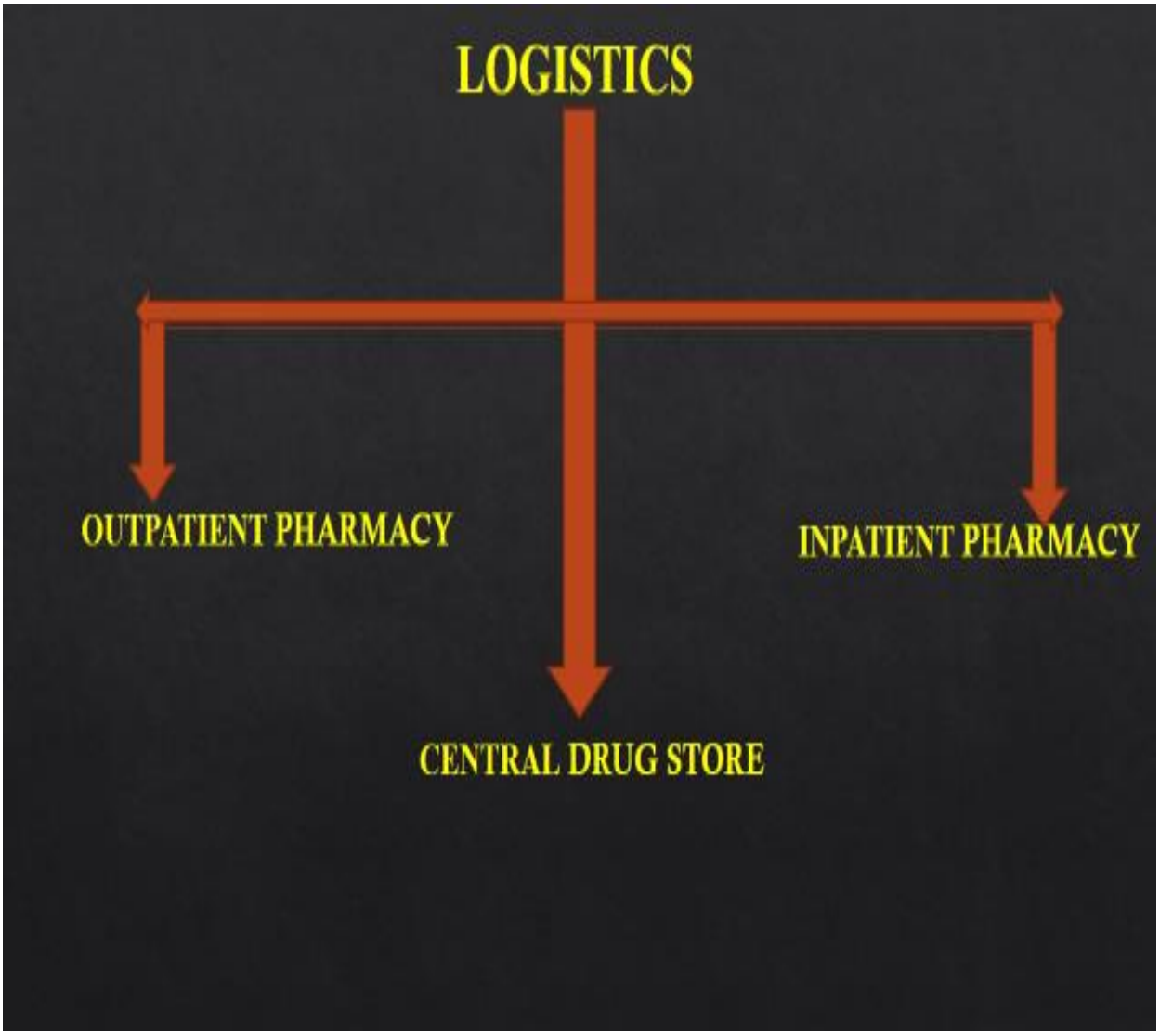
Care hospital hi-tech city which is a 220 bedded hospital, is strategically located in Hyderabad's silicon hub and is the most modern facility in the region. CARE Hospitals Hi-tech City is considered as one of the **best hospital in Hyderabad**, it offers personalized care in a 3,10,000 sqft area with 13 floors. It has 7 state-of-the-art Operation Theaters, cutting-edge Emergency Rooms and 120 Critical Care beds. CARE Hospitals, Hi-tech City, offers a single point of medical contact, excellent patient care and ensures an enhanced patient experience at an exceptional facility that provides health, comfort and convenience in an international ambience.

Vision: To be a trusted, people centric , integrated health care system as a model for global health

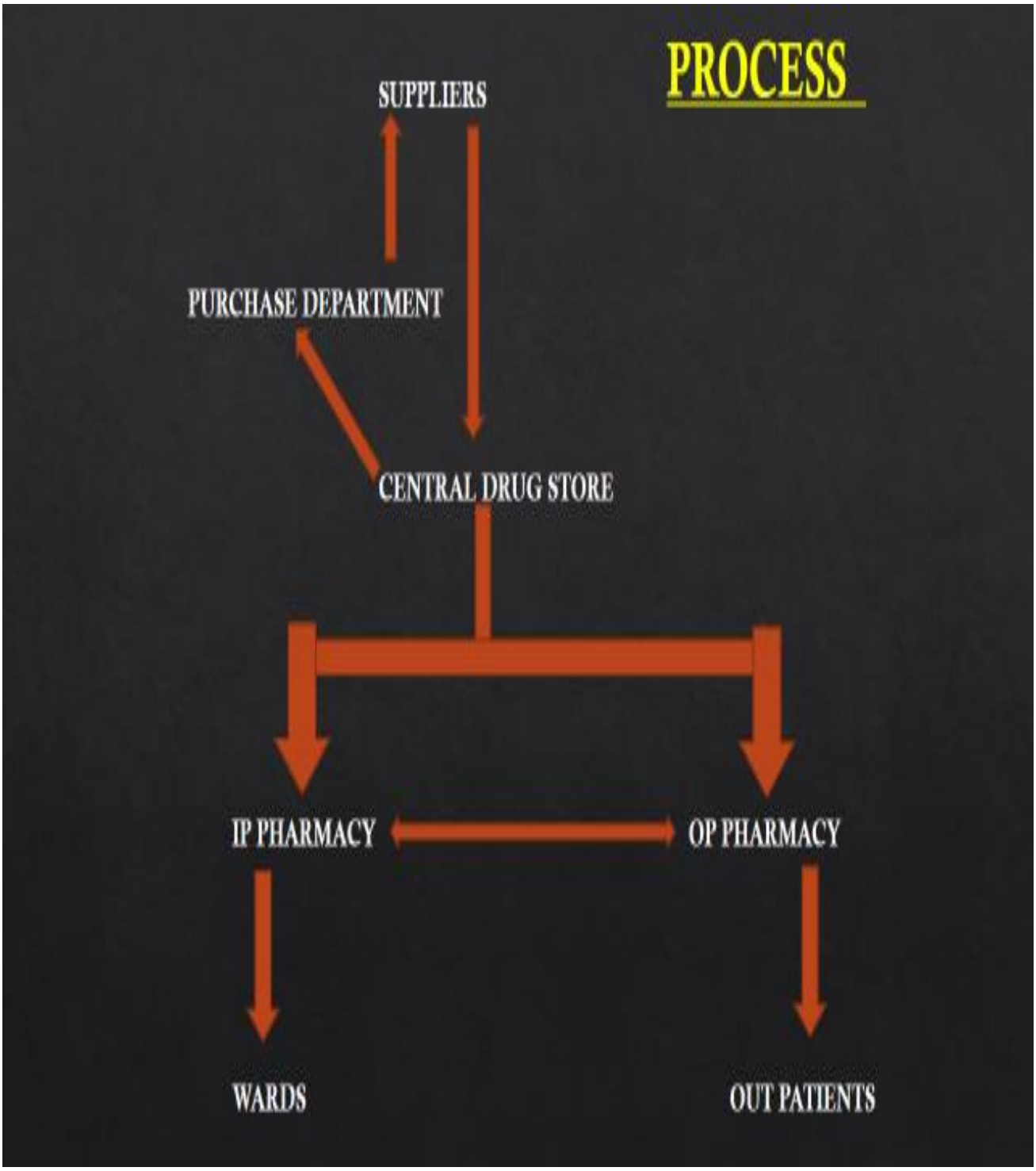
Purpose:"To provide care that people trust."

Mode of Data Collection: The data collected was trough manual collection and hospital records.

General findings on learning



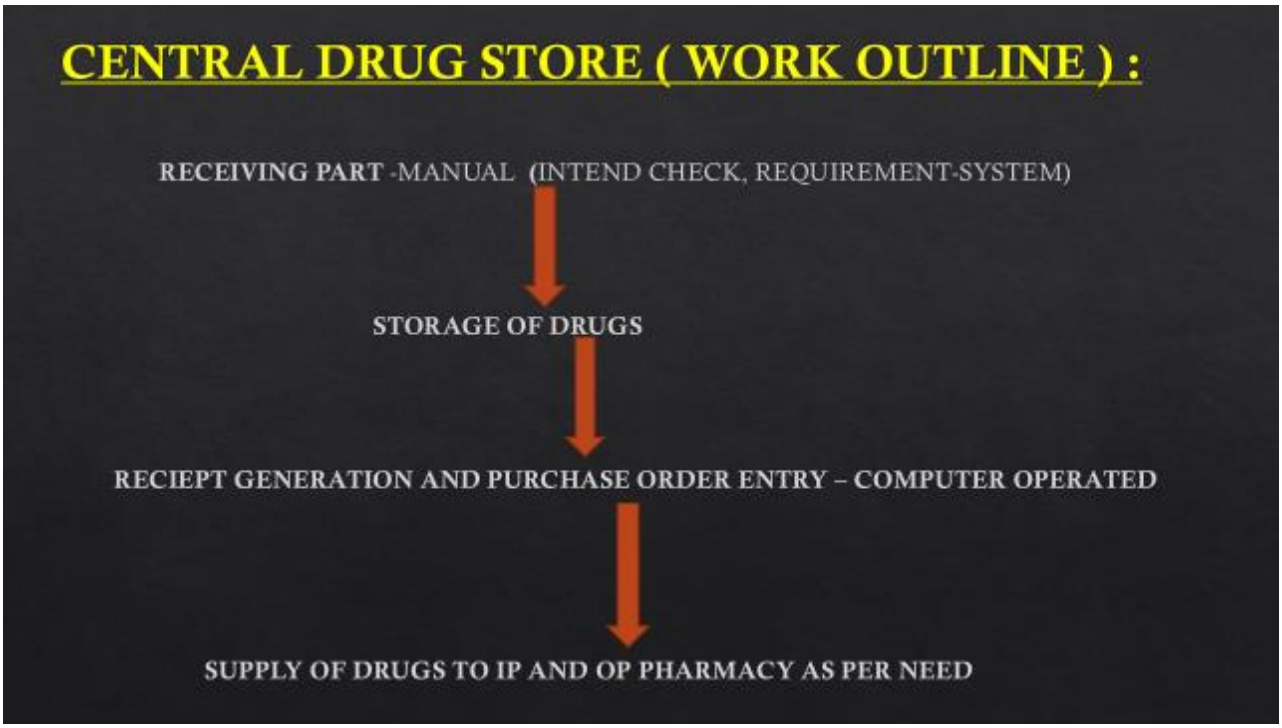
BASIC WORK FLOW PORCESS IN PHARMACY – CARE HITECH CITY



CENTRAL DRUG STORE:

- The working shifts are managed by the employees working in CDS itself. Generally the shifts change after every month based on their need and convenience.

  The work done in CDS by an employee is not specific (like any employee can do any work based on the need or absence of another employee) . Hence a mixed work is observed in a central drug store



- The work load in a CDS cannot be predicted every day. It changes with the demand or need of departments in hospital (etc. : IP and OP need) . However more supply or work is observed on Friday and Saturday due to more serving to nursing stations and nurses on those specific days.

IN PATIENT PHARMACY:

OBSERVATIONS :(WORKING SHIFTS AND WORK LOAD RELATED) :

- Per day 150 – 200 intends (drugs) (around 60 patients)

- More during night time may reach to 250 + (reason provided : nursing staff raise intend for the next day (morning, afternoon and night) requirements of the patient .

- Along with these they also get 30 patient discharges every day for inpatient pharmacy bill clearance before discharge which is one either manually (IOC) or in system .

- The inpatient pharmacy having 4 employees actually should work in 3 shifts (8am(1^{st}) : 2pm(2^{nd}) : 8pm(3^{rd}) but they are presently working in two shifts (8am to 9pm and 9pm to 9am) due to shortage of an employee who is on leave since many days . – MANPOWER

- The work done in IP pharmacy by each employee is not specific similar to CDS i.e they perform any type of work in pharmacy if needed. – MIXED WORK

- The work shifting pattern is managed by them and rotate accordingly .

- They also mentioned that they need at least 2 employees in each shift to work in inpatient pharmacy. So in total according to them a total of 6 employees should be working in IP pharmacy.

OUT PATIENT PHARMACY:

Observations:

- There are 11 employees allotted to op pharmacy where among them one employee recently shifted to IP pharmacy and one recently got approval for his resignation. So effectively the employees working in op pharmacy are 9 .Among them 6 people are under regular duty. 3 persons are doing night shifts

- One person is working in sales point located in 2nd floor (OPD 6 changed recently from OPD 5) where patients can get billing for their prescriptions.

- The total op pharmacy is comparatively complex as compared to other departments and planning and following staff shifts and timing also seems difficult.

- According to my observation the op pharmacy shows a fluctuated work load .It varies with time and day and it is mostly unpredictable to calculate for every hour. However the op patients are minimum till morning 11 am where it can be managed by 2 pharmacists effectively.

- The patients footfall start increasing after 11 am everyday and then gradually increases and reach maximum between 11:30 to 2 pm.

Date	Total patient bills
❑ 12-04-2018 (Thursday)	298
❑ 13-04-2018 (Friday)	317
❑ 14-04-2018 (Saturday)	427
❑ 15-04-2018 (Sunday)	124 (3 employes one in each shift – morning – afternoon –night - sufficient)
❑ 16-04-2018 (Monday)	401
❑ 17-04-2018 (Tuesday)	338

Based on the above data it was concluded that minimum of 300+ patients are common in weekdays and maximum below 500 . On Sundays it is observed that the patient bills never go beyond 150.

- The OP billing and payment is done through 3 computers (most often they use 2 computers effectively) . The excel work and intend related work is operated through a system which is under incharge located separately in OP pharmacy. (no billing is done through this).

- The basic work pattern observed in OP pharmacy can be divided in to 2 parts. One include the basic pharmacist role which includes receiving the doctors prescription checking the drug availability (through system), expiry , searching alternatives , billing and payment along with details of the patient , delivery or dispensing .This work is done by all the staff working in the pharmacy including in charge .

- Then the other part of work include checking the requirement of drugs in op and raising intend to the CDS , discharge data (how many IP patients purchased in OP pharmacy after discharge) collecting drugs , updating daily and weekly requirements , reporting to HOD etc . this work is usually performed by the in charge of the OP. Along with this the staff go to IP and CDS to collect drugs when required .

General issues (internal) :

- Searching drugs – mismatching with the system data and availability of drugs in pharmacy
- Staff moving to CDS and other departments for drugs leading to lack of staff to manage the op patients .
- Doctor prescriptions not understood by the pharmacist leading to increased waiting time and pooling of patients in pharmacy.
- No proper cc cameras above cash counters .
- Sometimes patients wait near empty counters and feel that no one is responding .
- Time consuming in contacting CDS confusion among three departments op IP and CDS .
- IssueS regarding return policy – expiry .

RECOMMENDATIONS

- Effective communication helps in patient satisfaction
- The staff has to learn time management in order to reduce patient waiting time in pharmacy .
- The staff working in the pharmacy should follow departmental rules and regulations
- The staff has to to be trained how to deal with patients regarding drug unavailability in the store , drug dosage and brand issues .
- The present dispensing system should be changed to reduce the patient waiting time .

WORKING SHIFT ANALYSIS (GAP ANALYSIS)

- Duty roster of all the employees working in CDS , OP and IP pharmacy (march month) is used for the analysis .Based on the working shift of the employee , the working hours are highlighted in the excel.
- In the similar way it was plotted in the excel sheet for each employee for all the days in the week and for the complete month .
- The working shifts of employees may vary weekly .so by plotting this on excel it is easy to calculate the gaps and where the employees are working extra comparatively can be known.
- Sometimes a proper gap analysis is useful to plan the duty roster with out any increase in manpower .
- By having sound knowledge about a specific department and its work pattern and peak hours along with the above mentioned gap analysis in excel a proper duty roster can be planned for every department .
- The day and night shift variations can also be easily calculated .

PROJECT REPORT

A STUDY ON TURN AROUND TIME IN THE OUT – PATIENT DEPARTMENT AT CARE HOSPITAL HITECH CITY, HYDERABAD

INTRODUCTION

An **outpatient department** or **outpatient clinic** is the part of a hospital designed for the treatment of outpatients, people with health problems who visit the hospital for diagnosis or treatment, but do not at this time require a bed or to be admitted for overnight care. Modern outpatient departments offer a wide range of treatment services, diagnostic tests and minor surgical procedures

The outpatient department is an important part of the overall running of the hospital. It is normally integrated with the in-patient services and manned by consultant physicians and surgeons who also attend inpatients in the wards. Many patients are examined and given treatment as outpatients before being admitted to the hospital at a later date as inpatients. When discharged, they may attend the outpatient clinic for follow-up treatment

"ln patients get their first impression of the hospital from the outpatient department.It is the first point of contact between the hospital and community and which, in many instances, can make or mar the reputation of the hospital. The importance of the outpatient department lies in the following:"

1 An outpatient department is the patient's first point of contact with the hospital and entry point into the health care delivery system.

2 It is an inseparable link in the hierarchical chain of health care facilities

3. It contributes to reduction in morbidity and mortality

4." It is a stepping stone for health promotion and disease prevention."

5 It helps reduce the number of admission to inpatient wards, thus, conserving scarce beds

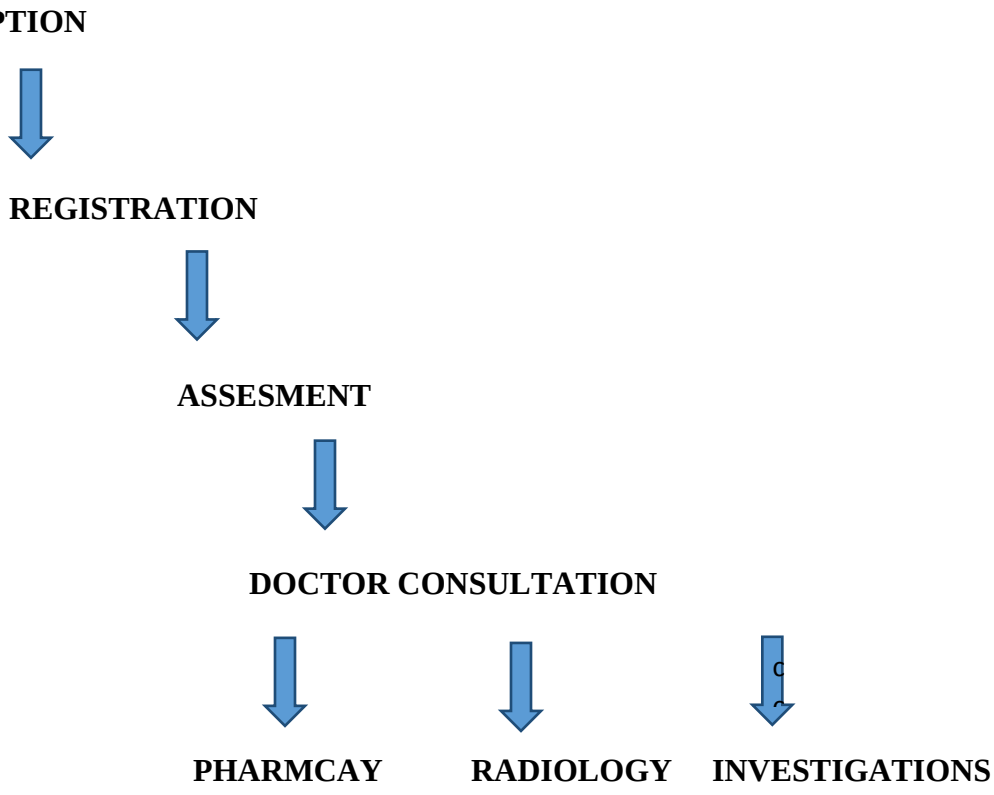
6. It acts as a filter for inpatient admissions, ensuring that only those patients are admitted who are most likely to benefit from such care.

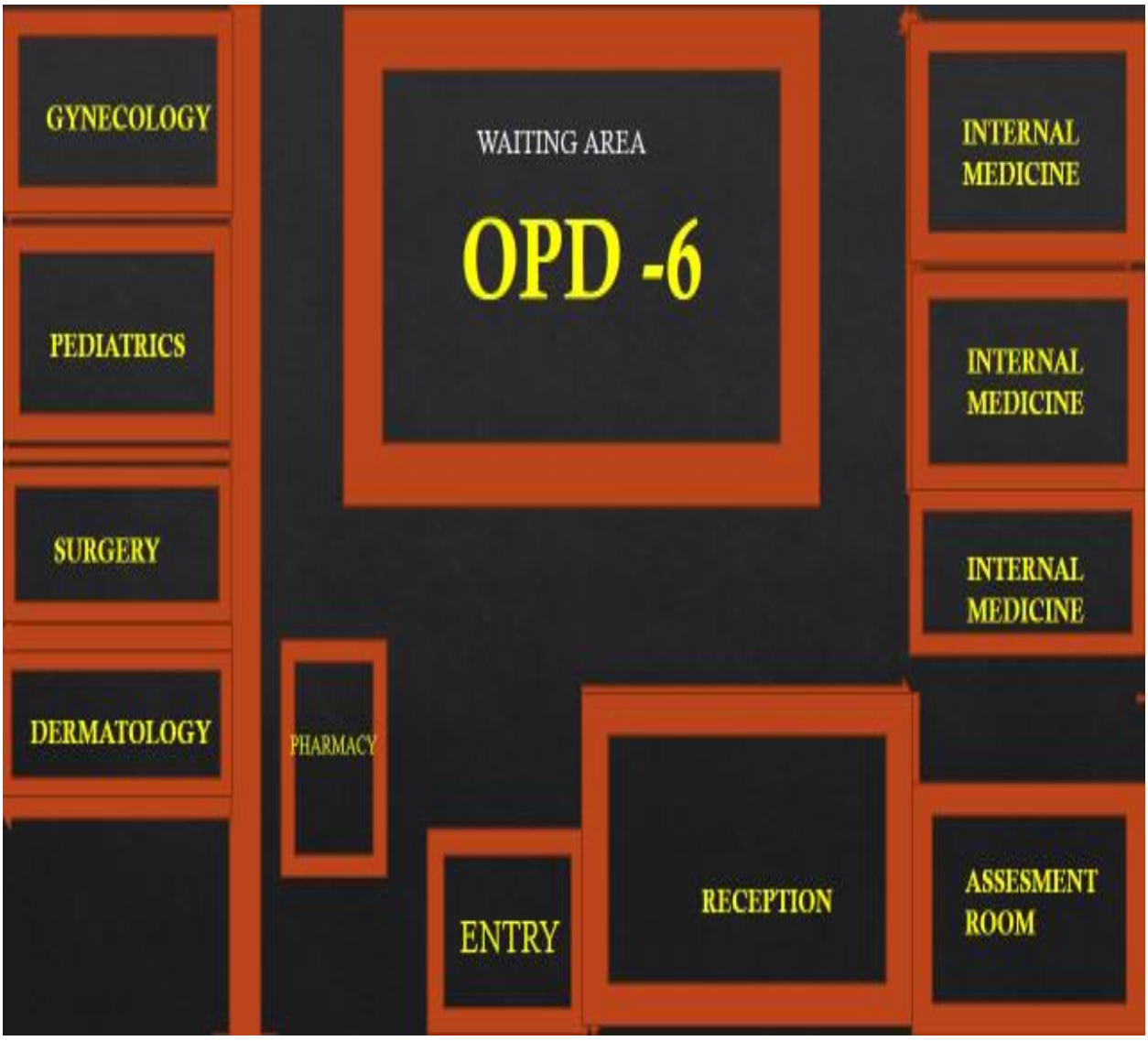
7. It is the “shop window” of the hospital.

Health care providers are under a great deal of pressure to reduce costs and improve quality of services. In recent years, given the greater emphasis on preventive medicine and shorter lengths of stay, outpatient services are becoming an essential component of health care. Hospitals that cannot make their outpatient services more efficient and cost-effective find themselves in financially unviable positions in this fast-growing competitive industry.

“Reducing the Turn around time in an opd is important for patient satisfaction .”

OPD OUTLINE :





The turn around time in an opd plays an important role in patient satisfaction with the opd services of an hospital . tat in this study includes the entry of patient in to the opd , time spent for registration , time spent in consultation , pharmacy time , radiology time , investigations time and lastly checkout time

RATIONALE

An outpatient service is the most important services provided by all the hospitals as it is the point of contact between a hospital and the community. Many patients gain their first impression of the care hospital form the OPD. A neat and clean hospital with necessary information boards and proper directions generally provide good image. Out-patient services are the most important services provided by all the hospital as it provides services to a large number of patients at a low cost. Successful and efficient management of hospital can lighten the burden on the patient words .

RESEARCH QUESTION: What is the waiting time of patients in Out-patient department in Care Hospital?

OBJECTIVES

- To determine the flow of patient and the average time spent by patient in care Hospital
- To recommend appropriate suggestions to optimize the waiting time in care Hospital .

METHODOLOGY

STUDY AREA : out patient department in care hospitals hitech city .

SAMPLE SIZE: 100.

SAMPLING TECHNIQUE: - The technique will be used for conducting the study is convenience sampling technique .

RESEARCH DESIGN: - The research design used in this study is Observational study.

DATA COLLECTION TYPE:

Primary data – Direct observation

Secondary data – Hospital records ,system data

DATA COLLECTION METHOD :

A complete track of the patient from the entry till the exit was kept. The time was recorded at every stage of patients' treatment flow in opd . missed out data was collected through the hospital system and records .

ANALYSIS :

- The data was analysed using MS.excel .

- Simple tabulation of data

ETHICAL CONSIDERATION

The data collected is handled with confidentiality, permission to carry out the project was obtained from the head of operations department.

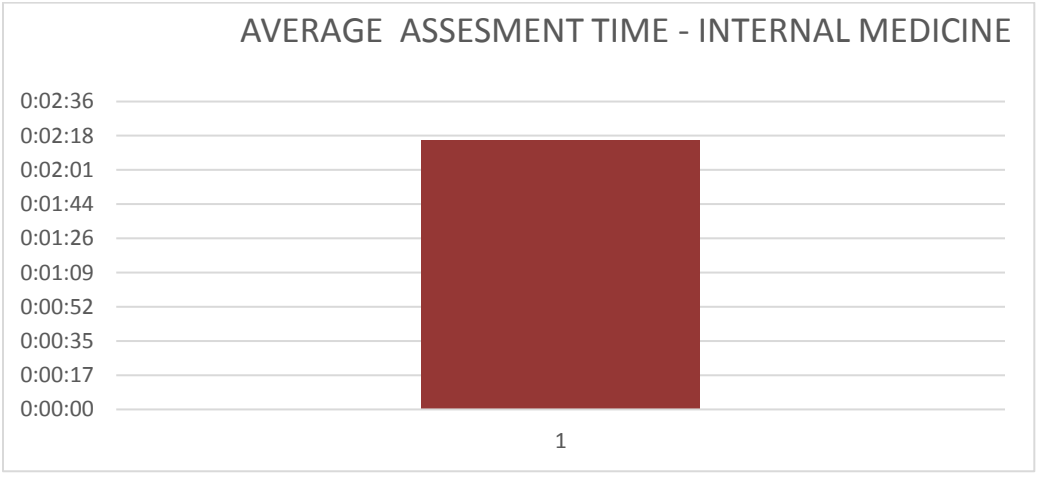
RESULTS

Keeping in mind the objectives of the study, the data has being collected & following interpretation were being drawn :

1) **waiting time spent in reception for registration :**

It is evident from the above graph that in opd ,maximum number of patients (75%) waited for 1 – 3 min and around 17 % of the patients waited for 3-5 min for the registration .

2) **Average assessment time – internal medicine**

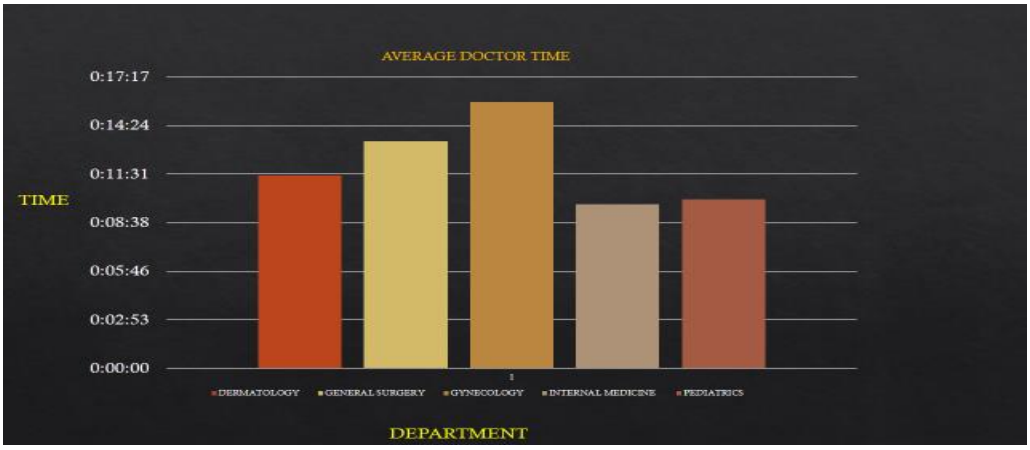


Based on the above bar graph the average assessment time for the internal medicine is around 2 minutes .

3) Average time spent in reception for doctor consultation :

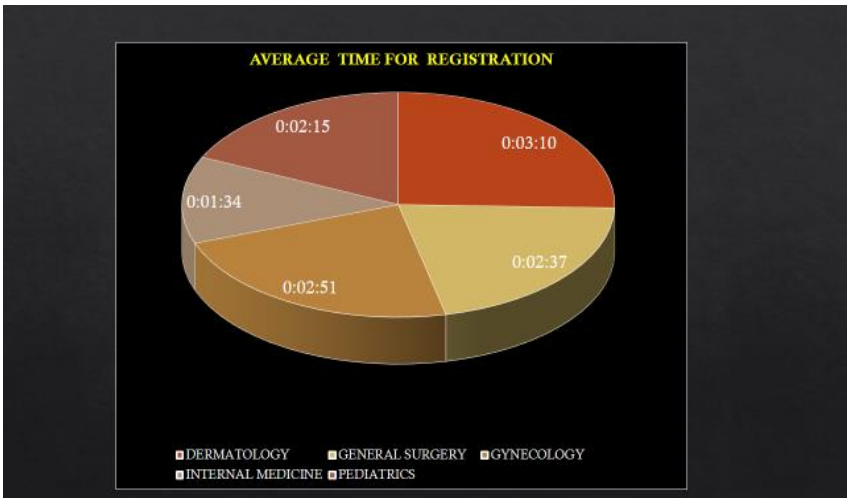
Based on the above graph , around 36% of the patients had waited for 10 – 20 min in the reception for doctor consultation , 35% of the patients had waited for less than 10 min and around 29 % of the patients waited more than 20 min for doctor consultation

4) Average time spent in doctor consultation :



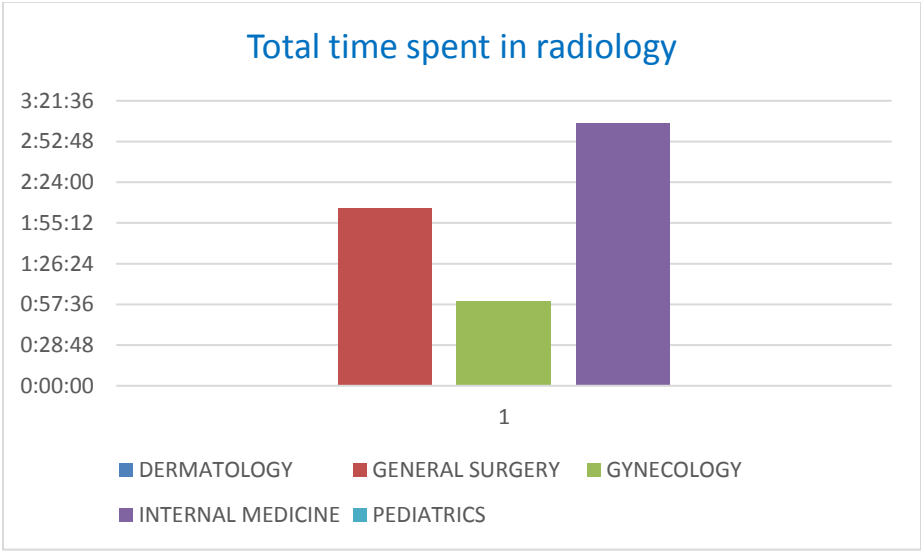
Based on the above graph it Is evident that the average doctor time is maximum in gynecology department followed by general surgery , dermatology . the average doctor time is comparatively less in internal medicine .

5) Average time spent for registration :



The average time spent in reception for the registration is more for dermatology (3:10 min) followed by gynecology (2:51 min) .

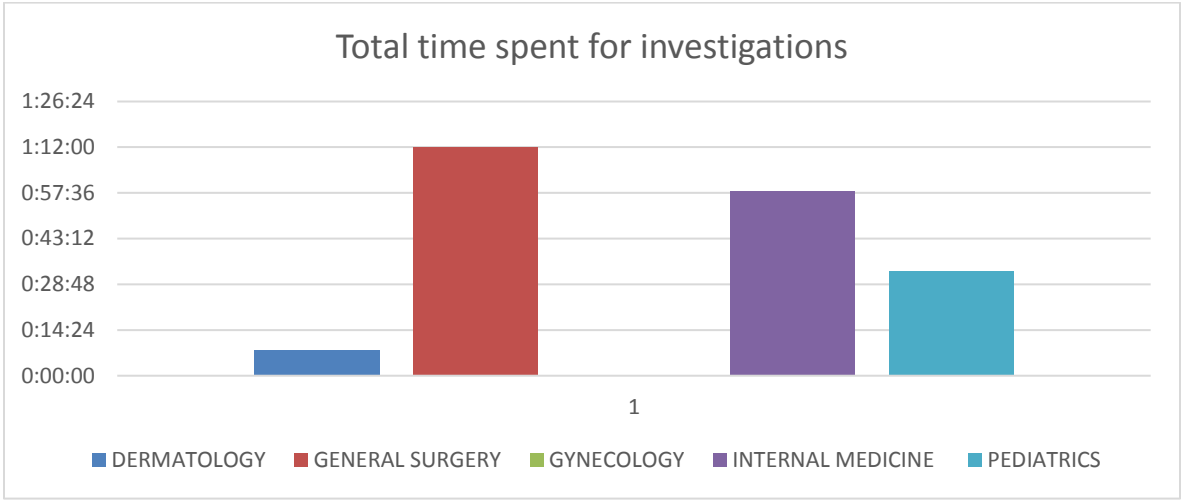
6) Total time spent in radiology :



Based on the above graph it is evident that the maximum time for radiology is seen in internal medicine department followed by general surgery and gynecology .

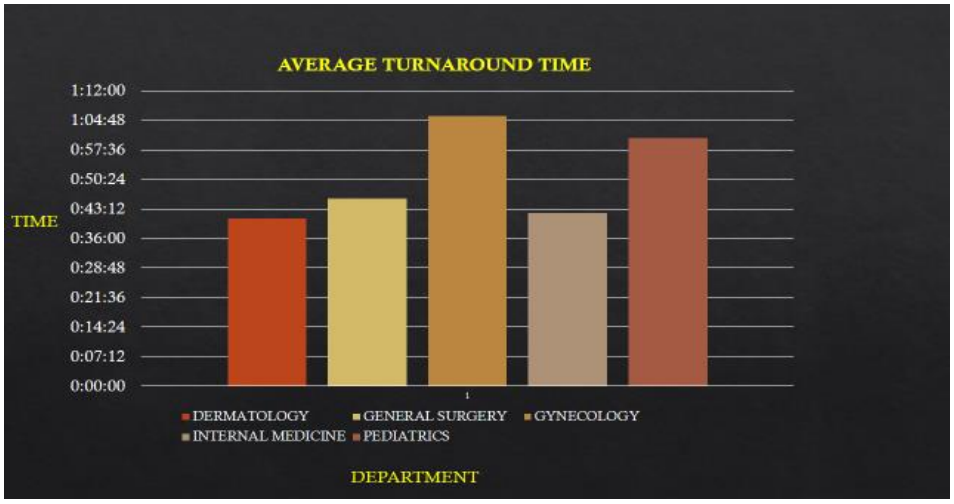
7)

8) Total time spent for investigations :



The total time spent in investigations is maximum for the department general surgery followed by internal medicine . minimum time is spent for investigations by the dermatology patients .

8) **AVERAGE TURNAROUND TIME:**



Based on the above bar graph it is evident that the average turn over time is maximum for gynecology department which is 1:05 hours followed by pediatrics which is 1:00 hour . the average turn over time for dermatology is around 41 minutes, for general surgery it is 45 minutes and for internal medicine it is 42 minutes .

RECOMMENDATIONS

- Doctors should be made aware regarding the issues happening due to increased waiting time.

- The PREs in the reception should be available all the time for registrations.

- Proper work timings and lunch timings should be there for PREs so that both of them are available during peak hours.

- Surgical or any procedures should be done in a separate room rather than doing it in assessment room.

- The nurses should be punctual and be readily available.

- Proper strategies should be implemented to manage both appointment as well as walk-in-patients in the OPD