

INTRODUCTION

Lengthy patient waiting time is the major cause of dissatisfaction of patients with healthcare providers. This study aims at identifying the various steps in the process flow that significantly contribute to the increased length of time

OBJECTIVE

To study Total Patient Waiting Time & Report Waiting Time and Total Turnaround Time of the patients in CT, MRI, Ultrasound scanning

METHODOLOGY

All patients were scheduled to undergo scanning procedures between 14 April 2015 to 14 May 2015, at Mazumdar Shaw Medical Center, Narayana Health, Bangalore were enrolled in the study. A total of 700 patients were sampled for study.

Study Design-Descriptive (Cross sectional survey)

Sampling technique -Simple Random sampling

Respondents- Patients, Doctors ,Nurses ,Technicians, Receptionist.

Tools and Techniques– Observation(Quantitative method)

RESULTS

TOTAL PATIENT WAITING TIME- Waiting time when patient is in waiting area till he enters scan room.
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If we assume 2hrs as process time then
in CT abdomen case ,34 mins is the
patient waiting time observed

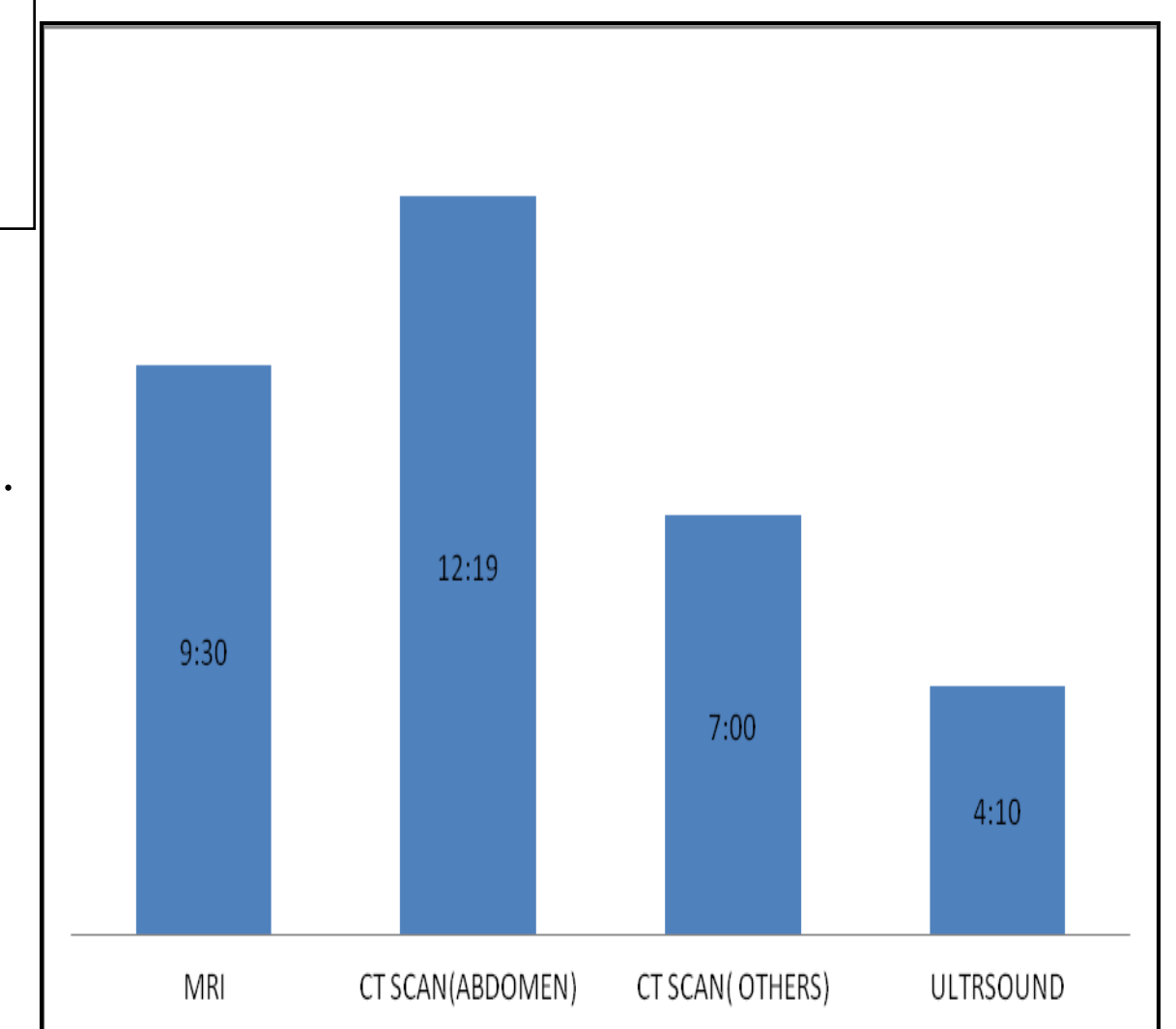
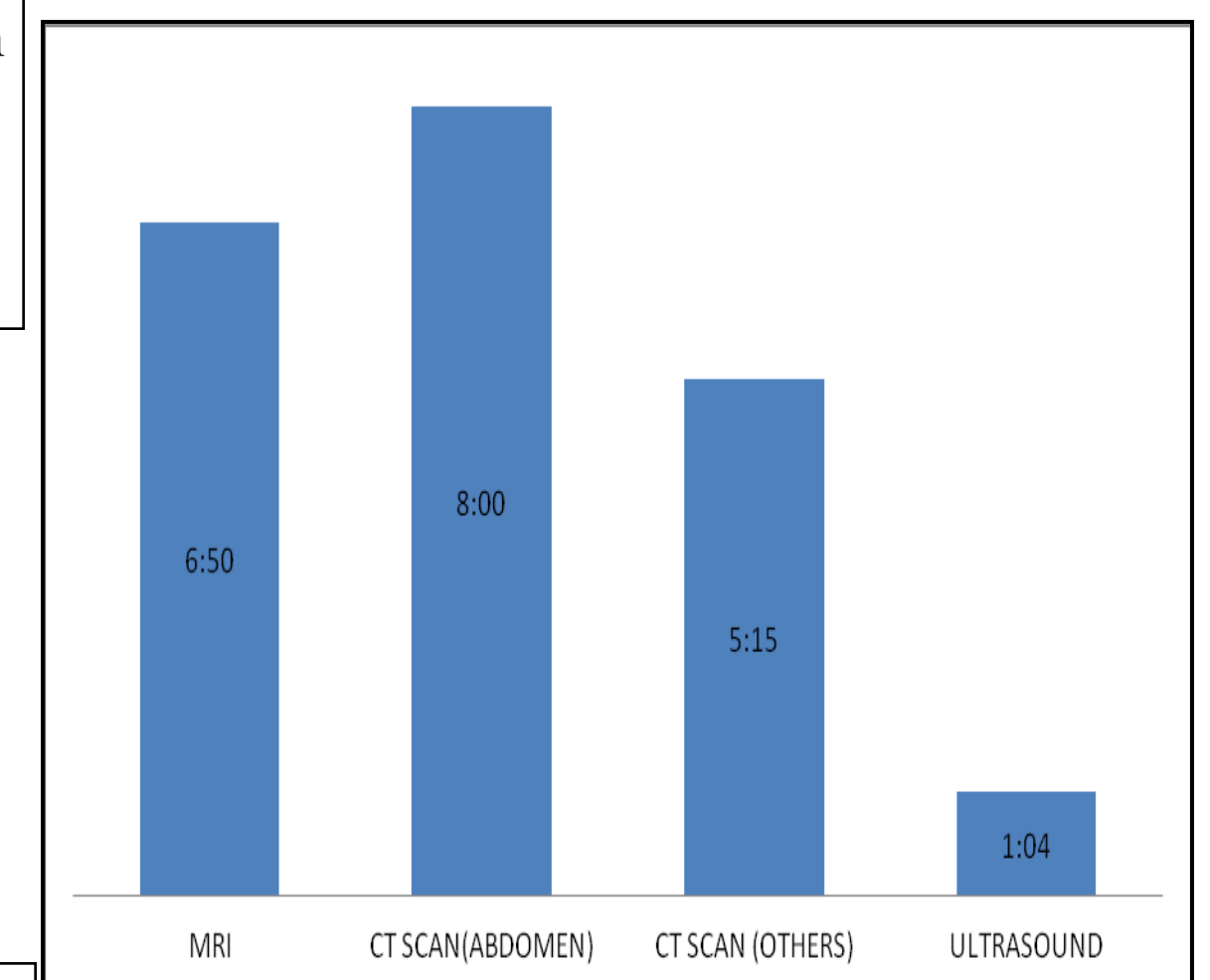
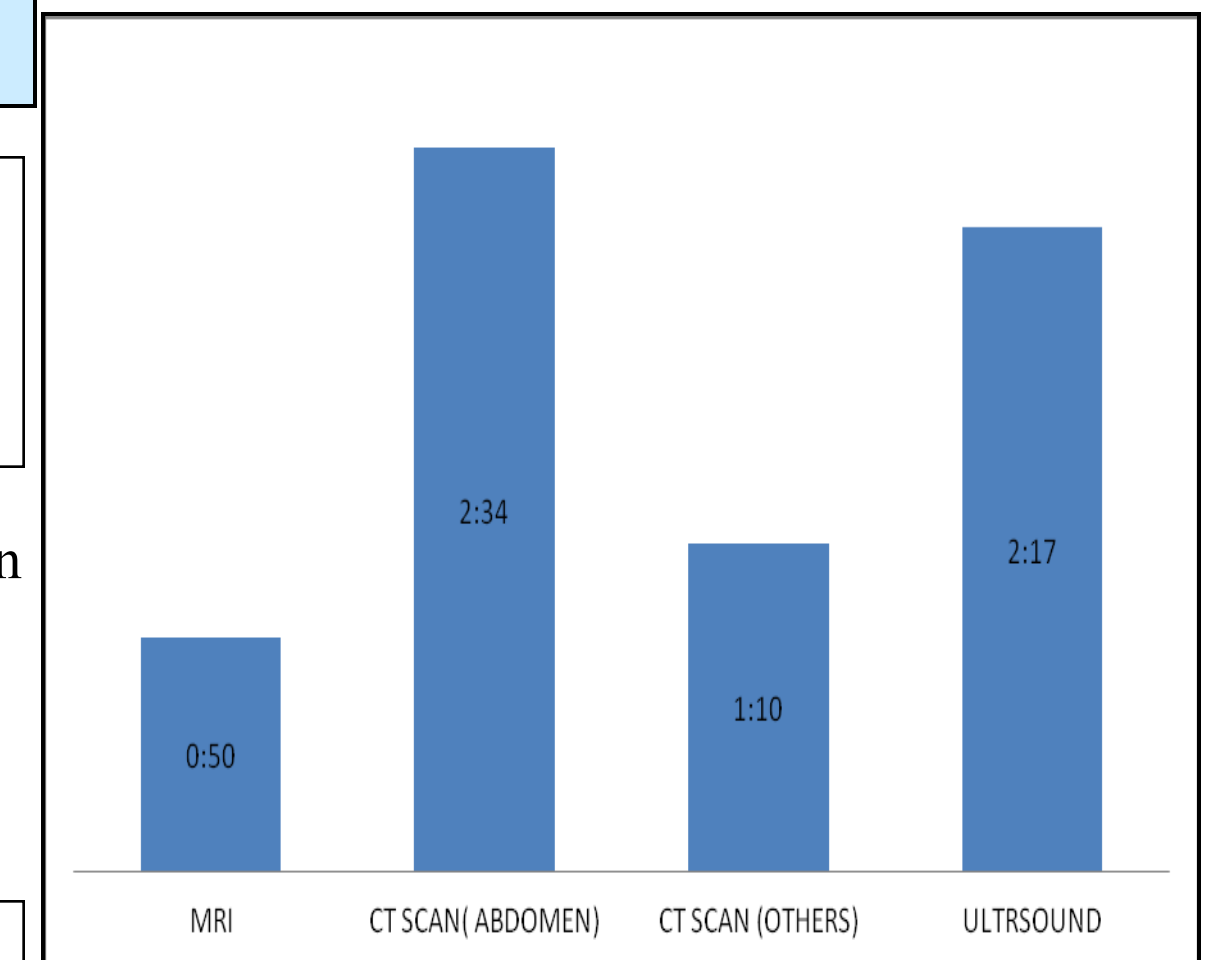
REPORT WAITING TIME
Time difference between images taken by consultant in HINAI VIEW and report prepared for dispatch to the patients.

Assuming 8am to 8 pm as working hours
in order to calculate report waiting time

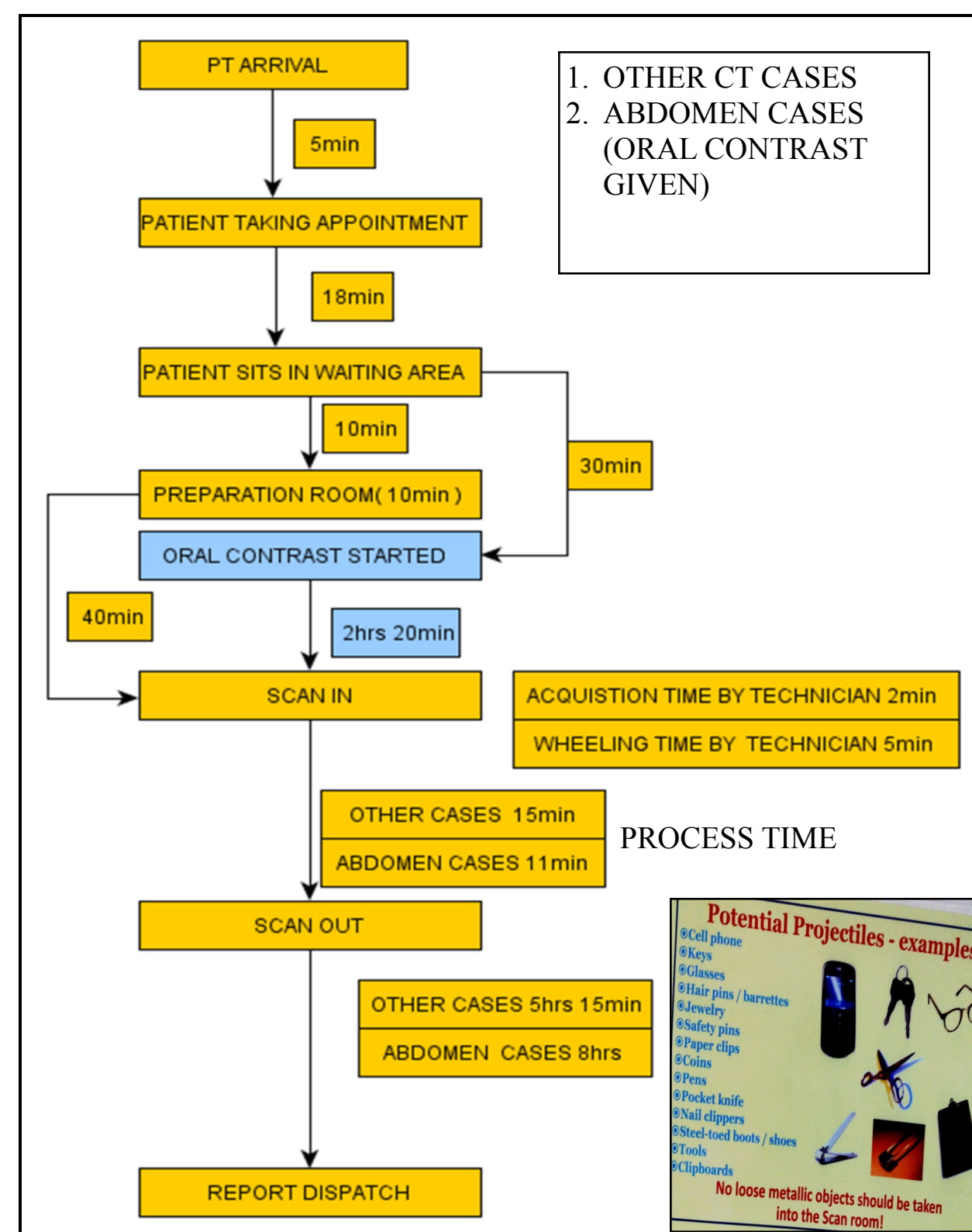
Source—HINAI VIEW

TOTAL TURN AROUND TIME
Time difference between patient arrival to report prepared for dispatch

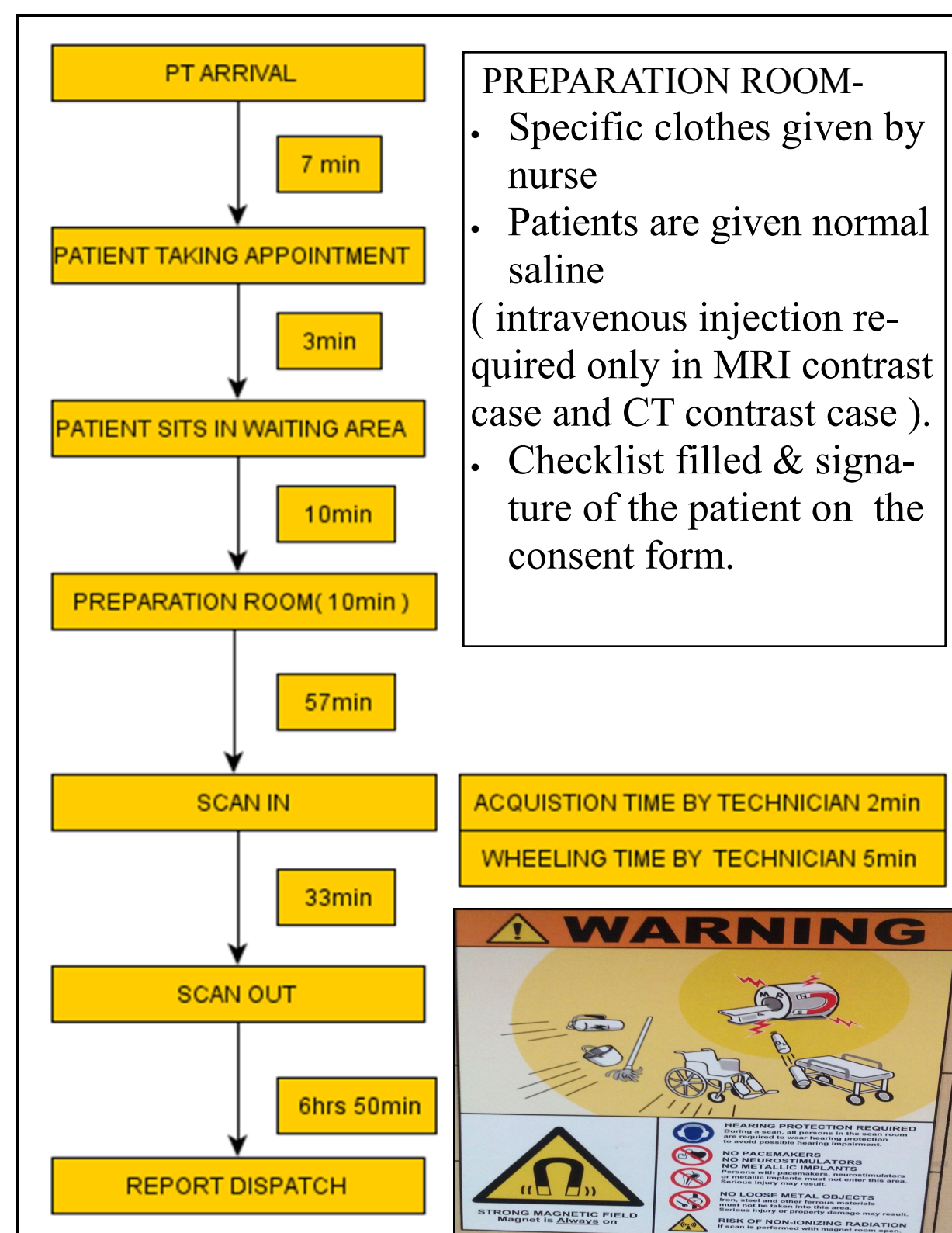
Appointment patients are 60% in CT , 54% in MRI , 25% in Ultrasound . There is an approximately 10hrs total turn around time . This shows lack in appointment process



CT SCAN PROCESS FLOW



MRI SCAN PROCESS FLOW



ULTRASOUND SCAN PROCESS FLOW

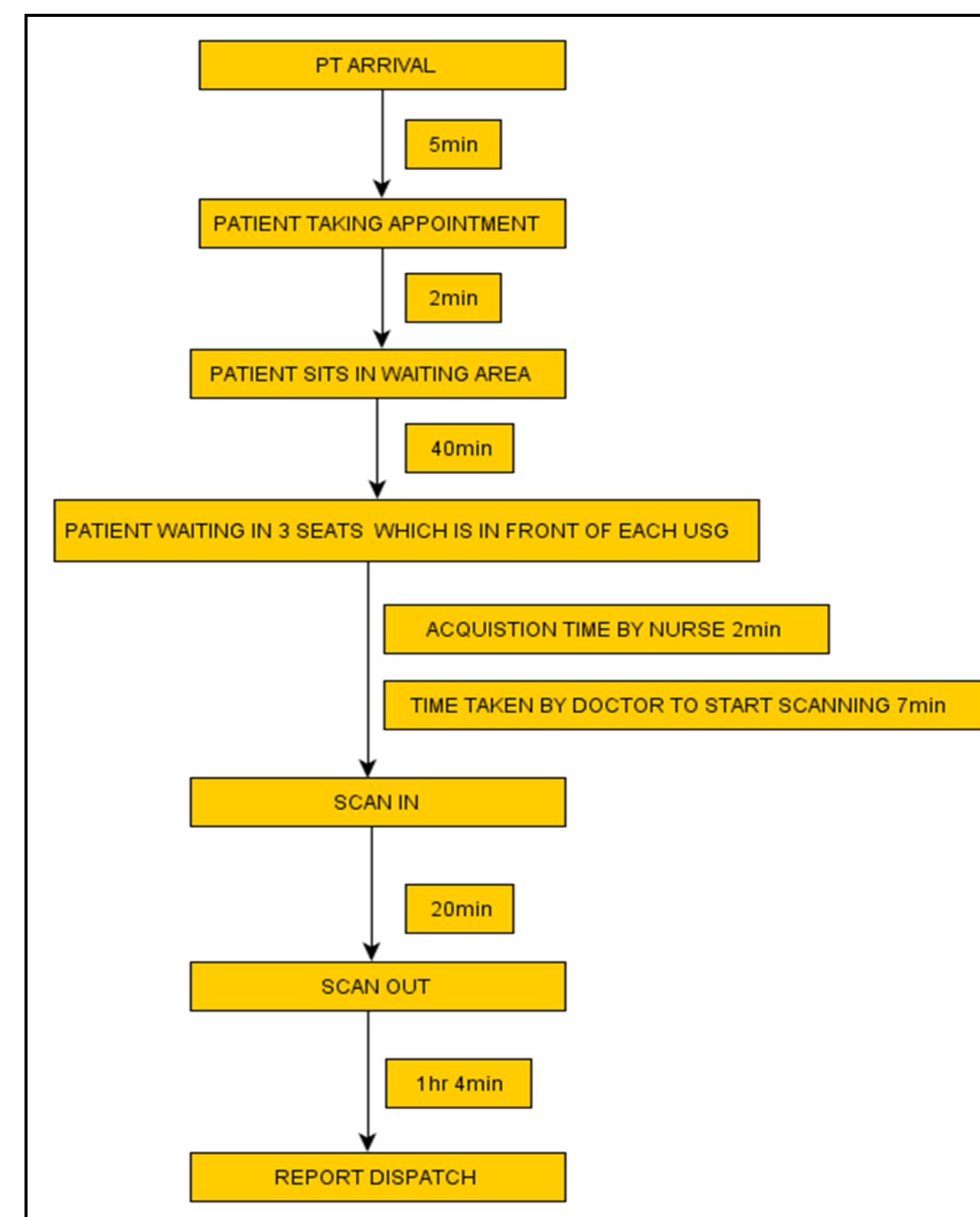


Figure shows – Delay in report dispatch (reason- consultant wanted to see old films and old reports . As patients were not oriented to bring old films and old reports , this results in report waiting time)

There is an increase in patient waiting time (reasons- proper scheduling of patient not done , biopsy and IPD patients were not segregated)

RECOMMENDATIONS-

- Proper scheduling system to be followed by staff
- Inside scanning room, next patients can be displayed (doctors/ nurses/ technician will be aware of their daily workload)
- As soon as the report is prepared, SMS can be dropped so that patients could collect their report from the reception counter at their convenience time.
- A form can be given to each patient at the reception counter (form will contain rating scale 0-10 and patient will carry till he receives the report and then he will submit the form at counter itself). This will help to have a check on patient satisfaction level.

PROBLEM AREAS-

- Managing the crowd was difficult at the reception counter.
- Absence of authorized person at their counter(increased workload on each staff).
- Cancellation of the scanning during the procedure (patient not cooperative , patient suffer from suffocation)

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