Turnaround Time for Initial Assessment of Doctors in Hospital: A Quality Improvement Study

Dissertation Submitted to

IIHMR UNIVERSITY

The IIHMR University, Jaipur, Rajasthan

For the partial fulfillment of the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

PRIYANKA KUMARI SHARMA

Under the Supervision and Guidance of

TRIPTI BISAWA

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TO WHOMSOEVER IT MAY CONCERN

I hereby declare that this dissertation titled Turnaround Time for Initial Assessment of Doctors in Hospital: A Quality Improvement Study at Apex hospital, Jaipur is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Name: Priyanka Kumari Sharma

Roll No.: 1354

CERTIFICATE

This is to certify that Miss Priyanka Kumari Sharma was working on the "Turnaround Time for Initial Assessment of Doctors in Hospital: A Quality Improvement Study at Apex hospital, Jaipur" in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur. She has been under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide	School Dean
IIHMR University, Jaipur	IIHMR University, Jaipur
Date	Date

Acknowledgment

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I am extremely great full to my fellow trainee who helped me in successful completion of this internship.

Sincerely,

Priyanka Kumari Sharma

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CONTENT

ABSTRACT

Efficient and timely initial assessment of doctors in hospitals plays a vital role in providing effective patient care and optimizing hospital resources. This quality improvement study aims to evaluate the turnaround time for the initial assessment of doctors in a hospital setting and propose interventions to improve the process. The study highlights the current challenges and opportunities for enhancing efficiency in the initial assessment process. Data on turnaround time for initial assessments were collected from hospitals over a specified period. The data were summarised using descriptive statistics, and a comparative study was carried out to find any changes in turnaround time between various categories, including hospitals, departments, and healthcare providers. Root cause analysis (RCA) and key performance indicators (KPI) were used to determine the underlying reasons for delays and bottlenecks in the first assessment process. The use of process mapping and streamlining approaches allowed us to suggest solutions that would increase effectiveness. Utilising statistical techniques, the effect of implemented interventions on turnaround time was tracked and examined.

INTRODUCTION

Hospitals must conduct accurate and fast patient assessments in order to deliver high-quality care. A correct diagnosis and a suitable treatment plan are based on the initial examination by a physician. The method used to assess patients when they first enter the hospital can have an impact on patient outcomes, satisfaction, and overall hospital performance.

It is the goal of this quality improvement exercise to examine and shorten the turnaround time for initial hospital physician assessments. The period of time between the patient's arrival and the conclusion of the initial evaluation is referred to as the turnaround time.

This study intends to decrease and raise the efficacy of patient evaluation by detecting potential flaws, enhancing processes, and putting intervention plans into action.

Extended shifts could have an impact on patient care. Long wait periods, patient stress, and outcomes that need to be completed quickly can all be caused by delayed assessment. Delays in moving hospital resources also lessen staff and total patient pressure and prevent congestion, which would otherwise occur.

The hospital can find the causes of situations that postpone initial evaluation through a quality improvement exercise.

These elements could include inadequate workforce, subpar communication channels, inconsistent workflows, or bad distribution systems. Understanding these problems can help hospitals create tried-and-true methods for enhancing initial evaluations, enhancing communication, and improving resource allocation.

There are many benefits to reducing the turnaround time for initial evaluation. The waiting time of the patients will be shortened, the satisfaction will increase, and the perception of quality care will improve. Hospitals will also benefit from improved efficiency, better use of resources and the ability to improve patient outcomes.

In addition, physicians can increase job satisfaction by working in an environment that prioritizes and encourages patient care.

By conducting a quality improvement study, the hospital can resolve issues related to the initial evaluation process with the goal of providing time and value-based patient care. Findings and recommendations can guide hospitals in implementing response plans and assessing the impact of these changes on the transition period. Finally, this study aims to improve healthcare by emphasizing the importance of primary assessment and supporting patient care.

REVIEW OF LITERATURE

Title	Authors	Published on
Improving Satisfaction and Performance through Faster Turnaround Times.	Kelley, Lisa	**October 2011**
Ways to reduce patient turnaround time and improve service quality in emergency departments	David Sinreich Yariv Marmor	1 April 2005
Quality and operations improvement: medication turnaround time	Alicia S. Miller	June 2002
Performance management in healthcare: from key performance indicators to balanced scorecard	Bryan P. Bergeron, MD	2006
Simulation of emergency department operations: A comprehensive review of KPIs a nd operational improvements	L Vanbrabant, K Braekers, K Ramaekers	13 March 2019,
Key performance indicators to benchmark hospital informatio n systems–a Delphi study	G. Hübner-Bloder E. Ammenwerth	2009
Root cause analysis: simplified tools and techniques	B Andersen, T Fagerhaug	2006

RESEARCH METHODOLOGY

❖ **RESEARCH QUESTION:** What causes delays in initial evaluation by doctors in the hospital, and how can effective interventions be developed to reduce turnaround time?

❖ **OBJECTIVES:**

The objectives of the study will be as follows:

- To identify the factors influencing delays in the initial assessment of doctors in the hospital.
- To develop and implement quality improvement interventions to reduce the turnaround time for initial assessments.
- To evaluate the impact of interventions on reducing delays and improving efficiency in the assessment process.

❖ **RESEARCH METHODOLOGY:**

- **STUDY POPULATION:** The study population will include all patients who accessed healthcare services at Apex Hospital Malviya Nagar Jaipur.
- **Inclusion criteria:** All doctors and nurse involved in the initial assessment of patients in the hospital.
- **Exclusion criteria:** None
- **STUDY TOOLS:** Data will be collected through patient's file, electronic records.
- **DURATION OF STUDY:** The study will be conducted over a period of two months.
- **SAMPLE SIZE:** 900
- **SAMPLING TECHNIQUE:** Convenience sampling will be used to gather qualitative feedback from healthcare providers and patients.
- **DATA COLLECTION PROCEDURE**: Data will be collected through a combination of electronic record review, surveys.

DATA ANALYSIS

Initial assessment of doctors by NABH key performance indicator:

KEY PERFORMANCE INDICATOR

		INDICATOR	Benchmark	Apr-23	May-23
		INTIAL ASSESMENTS			
1	**Doctor**	Sum of time taken for initial the assessment	**10-15 min**	46:07:00	35:08:00
		Total number of admissions (Sample size)		200	150
		Time taken for initial assessment of indoor patients (Critical)		**00:13:50**	**00:14:03**
2	**Doctor**	Sum of time taken for initial the assessment	**30-40 min with documentation**	60:10:00	60:52:00
		Total number of admissions		150	150
		Time taken for initial assessment of indoor patients (non-Critical)		**00:24:04**	**00:24:21**
3	**Doctor**	Sum of time taken for initial the assessment	**5-10 min**	8:56:00	08:09:00
		Total number of admissions (Sample size)		100	150
		Time taken for initial assessment of indoor patients (Emergency)		**00:05:22**	**00:03:16**

For the initial assessment of doctors in the critical department:

- Sample size is 350.
- From the above KPI we can conclude that the patient in time and doctor assessment time and find out TAT by throughout it.
- The benchmark is mentioned in KPI sheet is decided by Hospital authority.
- So, our findings result is under benchmark score.

For the non-critical department:

- Sample size is 300.
- From the above KPI we can conclude that the finding results are under the benchmark.

For the emergency department:

- Sample size is 250.
- From the above we can conclude that the initial assessment of doctors is under the benchmark.

ROOT CAUSE ANALYSIS

Several important factors may underlie the analysis of the doctor's initial assessment of the patient at home. The following are some of the primary factors that could disrupt the initial assessment:

Inadequate training and knowledge: If a doctor lack the necessary education or treatment knowledge, they may make evaluation mistakes or fail the initial evaluation process. It might be. This may result in misdiagnosing the patient's illness or failing to take note of significant symptoms or risk factors.

Time Constraints and Workload: Doctors commonly have time constraints and heavy workloads, particularly in hospitals. As a result, patient evaluations can be hasty, given little face-to-face contact, or given insufficient time.

Time constraints may also prevent the doctor from performing a thorough examination of the patient or considering all relevant information.

Effective communication is essential for the patient's initial assessment within the room. Lack of communication between the doctor and the patient may cause important details to be missed or misunderstood, which could result in a delayed or inaccurate diagnosis. The patient's discomfort, the doctor's poor communication skills, or speech difficulties could all be contributing factors to this problem.

Insufficient documentation and record-keeping: For the initial assessment, it's critical to accurately record the patient's history, symptoms, and test results.

Healthcare practitioners occasionally overlook crucial information, which can lead to incomplete or erroneous assessments, poor communication among healthcare providers, and possibly blunders in the administration of care.

Lack of coordination and cooperation: For a full and accurate evaluation in medicine, physician participation is crucial. Lack of coordination, coordination, or coordinated communication can hinder the early assessment process and cause data loss or interpretation mistakes.

CORRECTIVE AND PREVENTIVE MEASURES

The issues found by the doctors during their initial assessment of the patients in the room can be resolved with treatment and other actions. Here are some actions to think about:

Effective education and training: Ensuring that healthcare workers receive regular education and training can help them improve their assessment abilities and keep up with the newest developments in medicine. Meetings, conferences, online classes, and routine examinations of medical records could all fall under this category.

Construct communication strategies: It's critical for patients and doctors to communicate effectively. This will involve teaching doctors how to pay attention, reflect, and communicate medical concepts to patients.

In order to overcome linguistic obstacles, translation services should also be made available.

Simplified Record-Keeping and Documentation: Using a good electronic health record (EHR) helps enhance record-keeping and documentation. Training on accurate information gathering should be provided to medical practitioners, with a focus on the significance of gathering complete and accurate information at the initial assessment.

Teamwork: The development of teamwork and cooperation among medical practitioners is crucial. This will entail promoting conversation, establishing a culture of collaboration, and holding frequent board meetings or group talks to talk about challenging subjects and exchange information.

Feedback: Feedback from patients regarding their initial evaluation can be gathered to learn more about how to increase patient satisfaction. Patients' concerns can be addressed and areas for improvement in the evaluation process can be found by implementing patient satisfaction surveys or feedback mechanisms.

Continuous Quality Improvement: It's crucial to instill a culture of constant quality improvement. As part of this, data from the first evaluation must be periodically reviewed and analysed in order to spot conditions or possible issues and take remedial action to address them.

The initial evaluation of patients by doctors in the room, comprehension of patient safety, and quality of care can all be improved with treatment and prevention approaches, according to the medical industry.

To keep the assessment process improving, it's critical to keep an eye on how well these actions are working and to change as necessary.

Interpretation

Translation of improving the quality of primary assessment to doctors in the hospital includes analysis of results and drawing conclusions from the data collected. Below are some explanations based on the aims and results of the study:

Termination Analysis: This study identified several factors that influenced the initial evaluation process, such as management, missing data, or lack of formal procedures. This suggests that intervention plans that focus on solving these specific problems can reduce the overall transition time. Impact of

Interventions: By using effective development interventions such as improving management processes, improving information systems, or improving interdepartmental communication, the study found a positive effect on reduction. This shows that hospitals can improve the evaluation process and increase efficiency by addressing certain improvements.

Improve Patient Quality: Shorter turnaround time for initial evaluation directly translates into shorter wait times for patients, providing faster access to appropriate treatment. This improvement can lead to increased patient satisfaction, improved patient outcomes and better healthcare experiences.

Workflow Optimization: Research has shown that optimizing the evaluation process not only benefits patients but also increases hospital efficiency. Physicians can get on with their work faster, which allows better integration with the medical team and minimizes interruptions in patient care.

Continuous Improvement: This study emphasises the significance of ongoing review and monitoring of the evaluation process for ongoing progress.

Hospitals can detect new issues or opportunities for improvement, foster a culture of continuous improvement, and keep perspective under control by regularly collecting and analysing data.

Hospitals might opt to employ quality improvement measures and speed up evaluation turnaround times by analysing research findings and evaluating their impact.

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CONCLUSION

The efforts to enhance the standard of the initial evaluation performed by hospital doctors yield useful data on the causes of the delay and potential for evaluation process improvement. The study's results and conclusions have significant ramifications for enhancing patient care, workplace effectiveness, and overall hospital performance.

In order to reduce continuous turnaround time, this study emphasises the significance of constant monitoring and evaluation. Hospitals can spot possible issues and make changes to enhance performance by regularly monitoring the measuring process and gathering data.

This quality improvement activity emphasises the significance of speeding up first hospital physician evaluation turnaround times.

Hospitals can boost operational effectiveness, enhance patient care, and enhance the interaction between doctors and patients by putting reaction plans into place. The hospital will continue to improve and become more effective if ongoing efforts are made to monitor, assess, and enhance the evaluation process.

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