DISSERTATION PRESENTATION

ON

Turnaround Time for Initial Assessment of Doctors in Hospital:

A Quality Improvement Study

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INTRODUCTION

- Hospitals must conduct accurate and fast patient assessments for high-quality care.
- The turnaround time for initial physician assessments is crucial for patient outcomes and satisfaction.
- Goal: Decrease and improve the efficacy of patient evaluation.
- Identify potential flaws and enhance processes through a quality improvement exercise.
- Extended shifts can negatively impact patient care, causing long wait periods and stress.
- Delays in assessment can affect resource allocation and lead to congestion.
- Causes of delays can include inadequate workforce, communication issues, workflow inconsistencies, and distribution problems.

- Benefits of reducing turnaround time: shorter patient waiting time, increased satisfaction, improved perception of quality care, enhanced efficiency, better resource utilization, and improved patient outcomes.
- Physicians can experience increased job satisfaction in a patient-focused environment.
- Quality improvement study can address issues in the initial evaluation process.
- Findings and recommendations can guide hospitals in implementing response plans and assessing the impact of changes.
- Aim to improve healthcare by emphasizing primary assessment and supporting patient care.

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?

RESEARCH OBJECTIVES:

- 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 METHODS

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

- Incomplete or missing records for analysis.

RESEARCH METHODS

STUDY DURATION

- 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 collection for the study involved reviewing patient files and electronic records to gather information on turnaround time for initial assessments.

DATA ANALYSIS

The data analysis revealed compliance with key performance indicators for initial assessment turnaround time and identified factors such as inadequate training and time constraints that require attention for process improvement.

KEY PERFORMANCE INDICATOR					
S. No.	DEPARTMENT	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 docum entation	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

Inadequate training and knowledge: Doctors lacking the necessary education or treatment knowledge may make evaluation mistakes or fail in the initial assessment process, leading to misdiagnosis or overlooking important symptoms or risk factors.

Time constraints and workload: Doctors often face time constraints and heavy workloads, leading to rushed patient evaluations, limited face-to-face contact, or insufficient time for a thorough examination or consideration of relevant information.

Lack of effective communication: Poor communication between the doctor and the patient can result in missed or misunderstood details, leading to delayed or inaccurate diagnoses. Factors such as patient discomfort, doctor's communication skills, or speech difficulties can contribute to this issue.

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

Lack of coordination and cooperation: Lack of coordination, coordination, or coordinated communication of physician can hinder the early assessment process and cause data loss or interpretation mistakes.

CORRECTIVE AND PREVENTIVE MEASURES

- Effective education and training for healthcare workers
- Communication strategies to improve doctor-patient communication
- Availability of translation services for overcoming linguistic barriers
- Simplified record-keeping and documentation using electronic health records (EHR)
- Training on accurate information gathering and the significance of complete and accurate initial assessment
- Promoting teamwork and cooperation among medical practitioners
- Feedback mechanisms to gather patient feedback and address concerns
- Continuous quality improvement by reviewing and analyzing data from initial evaluations
- Ongoing monitoring and adaptation of the improvement measures

INTERPRETATION

- Termination Analysis: Identified factors affecting initial evaluation (management, missing data, lack of procedures).
- Impact of Interventions: Effective interventions (improved management, information systems, interdepartmental communication) reduce evaluation time.
- Improve Patient Quality: Shorter turnaround time leads to reduced wait times, improved satisfaction, and better outcomes.
- Workflow Optimization: Optimizing evaluation process increases efficiency, enables seamless teamwork, and minimizes interruptions.
- Continuous Improvement: Ongoing review identifies issues, fosters a culture of improvement, and maintains proactive approach.
- Employing Quality Improvement Measures: Analyze findings, detect issues, foster continuous improvement, and enhance turnaround times.

CONCLUSION

- Enhanced initial evaluation improves patient care, workplace effectiveness, and hospital performance.
- Constant monitoring and evaluation are crucial for reducing turnaround time and identifying improvement opportunities.
- Regular data gathering and analysis help hospitals identify issues and make necessary changes.
- Speeding up initial physician evaluation turnaround times is a key focus of this quality improvement activity.
- Reaction plans can enhance operational effectiveness and doctor-patient interaction.
- Ongoing efforts to monitor, assess, and improve the evaluation process lead to continued improvement and efficiency.

THANKYOU

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