Internship Training

At

Yadav Hospital, Gurugram (01 Feb to 30 Apr 2018)

Waiting Time In OPD

<u>By</u>

<u>Col Satish Yadav</u> (PG/16/053)

Under the Guidance of

Dr A K Khokhar

Post-Graduate Diploma in Hospital and Health Management, New Delhi

<u>2016-18</u>



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for learning

We wish him/her all the best for future endeavours

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Name of the Student: Col Satish Yadav

Dissertation Organisation: "Yadav Hospital", Sec 10A, Gurugram, Haryana

Area of Dissertation: "OPD"

Attendance: As per schedule

Objectives achieved: Yes

Deliverables: Measuring waiting period in OPD, determining its causes and suggesting

measures to reduce the waiting period.

Strengths: Sincerity and Punctuality

Suggestions for Improvement: Nil

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Nil

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Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date:

Place:

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Col Satish Yadav, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at Yadav Hospital Gurugram from 01 Feb 2018 to 30 Apr 2018.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavors.

Susabadhikari

Dean, Academics and Student Affairs

IIHMR, New Delhi

Mentor

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Certificate of Approval

The following dissertation titled "WAITING TIME IN OPD" at "Yadav Hospital,Gurugram is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Signature

Prof. A. K. Sood

Dr. D.S. Singh Dr. Dhanenjay Sinatas

Certificate from Dissertation Advisory Committee

This is to certify that Col Satish Yadav, a graduate student of the Post- Graduate Diploma in Health and Hospital Management has worked under our guidance and supervision. He/ She is submitting this dissertation titled "WAITING TIME IN OPD" at "Yadav Hospital Gurugram" in partial fulfillment of the requirements for the award of the Post- Graduate Diploma in Health and Hospital Management.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

(Dr AK Khokhar)

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Organization Mentor Name Designation, Director Organization Tadaw Haspital

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This is to certify that the dissertation titled "Waiting Time in OPD" and submitted by

Col Satish Yadav

Enrollment No. PG/16/053

under the supervision of Dr A K Khokhar

for award of Postgraduate Diploma in Hospital and Health Management of the Institute

carried out during the period from 01 Feb 2018 to 30 Apr 2018

embodies my original work and has not formed the basis for the award of any degree,

diploma associate ship, fellowship, titles in this or any other Institute or other similar

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Abstract

The aim of this project was to determine the waiting time of OPD patients of six selected OPDs of Yadav Hospital, Gurugram and increase the level of patients' satisfaction by finding out the causes for the waiting period and suggesting suitable measures to reduce the same.

It is an acknowledged fact that large waiting periods result in patient dissatisfaction. Thus, a need was felt to identify the reasons and reduce the waiting period in OPDs. Six OPDs were selected for the observational study where the authorities had sensed huge rush during peak hours. A total of 480 patients were sampled for the study as per convenience, with proportional numbers from each of the six OPDs. The samples were taken for 35 days from 12 Feb to 21 Apr 2018, with one OPD being observed at a time. The measurement of various timings and calculation of waiting time data was done by observing patient's movements and reconciliation of the timings from the registration register.

The result was prepared for waiting times of <15 minutes (32.08% sample patients),15 to 30 minutes (30.41% patients), >30 to 60 minutes (31.04% patients) and >60 minutes (6.45% patients). The major reasons for the waiting time were identified, which included late arrival of doctors(more than 15% cases),administrative work by doctors during OPD (more than 16% cases),non availability of patients at the scheduled time (7.5%) and malfunctioning of the registration computer (around 6%).

Suggestions were made to the hospital management to manage and reduce the waiting time.All the recommendations were well received by the management.

Acknowledgements

I am highly grateful and thankful to my family for their support and love, without their encouragement I would not have been able to complete this dissertation.

Special thanks to my mentor **Dr A K Khokhar** for his guidance and kind help. Thanks to the faculty and all staff of IIHMR, New Delhi, who helped me throughout the process.

I would also like to thank the Director of Yadav Hospital, Gurugram, Dr Gaurav Yadav for giving me the opportunity to conduct the project. I am truly grateful.

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<u> Part – 1</u>

Internship

"YADAV HOSPITAL", GURUGRAM



Introduction

The "Yadav Hospital", Gurugram is a multispecialty hospital. It is an endeavour by its owners to provide good medical care to the urban and rural patients visiting it. The hospital was established in the year 2005 in Sector 10 A, Gurugram. The location of the hospital is about one kilometre from Hero Honda chowk, Gurugram on NH-8. There are four urban residential localities and two villages, Khandsa and Basai nearby. Apart from that, there is a large industrial area in near vicinity and its workers also visit the

hospital. Therefore, this 30 bedded multispecialty hospital caters to the medical needs of a large number of population. Presently, Dr Gaurav Rao is the director of the hospital.

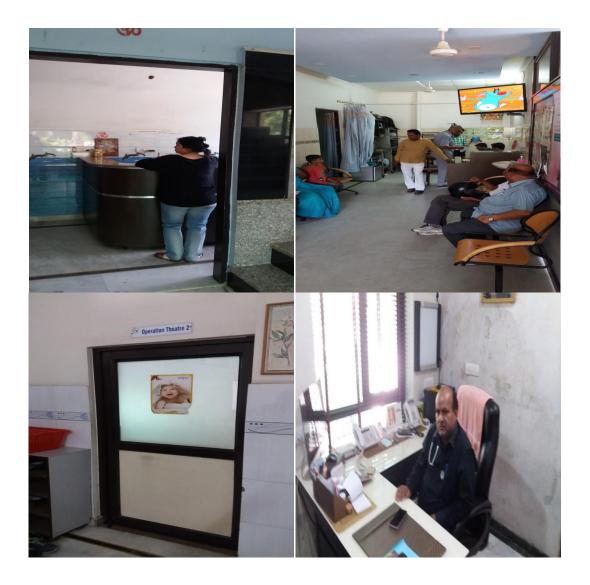
The hospital has the following facilities :

- IVF and Fertility centre.
- Radiology department (X-Ray and USG).
- Laboratory.
- Operation Theatre.
- Admission Wards.
- ICU.
- Emergency and Trauma facility.
- Pharmacy.
- Wet canteen.
- Adequate space exists for Reception, OPD waiting, Consultation rooms, Emergency room and Admission rooms with single, double and triple occupancy for admitted patients.

Apart from the general physicians, the hospital has the following Specialists:

- Internal medicine.
- Gynaecologist.
- Paediatrician.
- Dermatologist.
- Physiotherapist.
- Dental Surgeon.
- Radiologist.
- Orthopaedic surgeon (on call).
- Neurosurgeon (on call).
- In addition to the specialists, the hospital has lab technicians, nursing staff and other administrative staff as per its requirement.







Paediatrician's chamber

The functioning of the Hospital

The hospital functions on 24x7 basis. Adequate staff is always present at the hospital, including a junior doctor and specialists on call, nurses, technicians and other support staff to cater to the in- patients as well as to provide first aid and assistance during emergency. The OPD functions as per the laid down timings. The OPD patients come to the reception and get their name, telephone number and address entered in the computer or in the register. They are then given a seniority number for their respective OPD. The laid down fees is charged to the patients before they are sent to their respective OPDs for consultation with the doctor concerned.

The patients are seen by the doctors, medicines are prescribed and investigations, if required, are recommended to the patients. Most of the lab investigations are carried out in the hospital lab itself, however, for some the patient has to go to other labs of his choice. Similarly, X- ray and USG are carried out in the hospital itself, however, for other investigations, the patients have to go elsewhere to a place of their choice. Then the patients come back with the investigation reports for further advice.

If the patient is required to be admitted for any treatment or for delivery, then an admission slip is prepared and a room is allotted as per choice and availability. The laid down advance is charged to the patients. Visiting hours are laid down for the relatives and other visitors, however, one attendant is allowed to stay with the patient. The procedure for discharge of the patient is also laid down. Once the treating doctor is convinced that the patient is no longer required to be kept in the ward and can recover at home, he/she writes it down on the notes being maintained by the nurse. The nurse then completes the document part and informs the administrative staff about the discharge. The accounts department prepares the bill and the patient is discharged after making payments to the hospital. Proper instructions are given to the patients regarding medicines and precautions to be taken. Date for review is also specified.

If any operation is to be carried out, including Caesarean operation, then informed consent is taken from the patient or his next of kin as per rules. Then the patient is prepared for the operation. The patient is then brought to the OT and after operation the

patient is either brought back to the ward or admitted to ICU depending on his condition. The patient after C-section operation is discharged on the third day, if the baby is normal. The hospital is a well known IVF and Fertility Centre of the area since quality treatment is provided for the same. It has a good success rate in ibid treatments. The number of patients visiting the hospital for these treatments is quite large for a hospital of its size.

The OPD timings of the hospital are from 11 AM to 2 PM and 6 PM to 8 PM. The paediatric OPD remains closed on Thursdays and dermatology OPD remains closed from Thursday to Saturday. However, the Dermatology OPD and the General OPD functions on Sunday in the morning. The OPD of the hospital attracts a large number of patients on a daily basis, with the monthly average going up to 4600 to 4800 patients. The largest number of patients visit the Paediatric department and the Gynaecology department.

The hospital does not have a laundry, hence the services are outsourced. The food to in patients is supplied from the hospital canteen. Home cooked food is also allowed.

The hospital makes all purchases through various committees. Medicines and other items for in patients and various procedures are purchased as per the hospital formulary. The medicines prescribed to the out patients can be purchased by the patients themselves from a pharmacy of their choosing, although there is a medical shop attached to the hospital.

There is a procedure of daily meeting of all doctors of the hospital, where important cases are discussed and decisions taken. The hospital also engages with the civil society and puts in efforts to educate the patients and their relatives on various seasonal diseases and other healthcare related issues of importance, for example vaccination, requirement of regular check-ups etc.

The hospital also has a provision of not charging or collecting reduced charges from poor patients who are unable to pay the fees and other charges. The decision to this effect is taken by the hospital director, to whom the selected cases are put up. This is service to the society that the hospital has taken upon itself.

DEPARTMENT - WISE LEARNING

IVF and Fertility Centre and Gynaecology Department

The IVF and Fertility Centre of the hospital is fully functional under experienced gynaecologist Dr Shalini. Services and treatments provided by this clinic have been very fruitful for the patients visiting this hospital. Some of them are IVF (In vitro Fertilization), IUI (Intra Uterine Insemination), ICSI (Intra Cytoplasmic Sperm Injection), Donor programs (Egg / sperm / embryo & Surrogacy) .The facility has a good reputation in the area and a large number of patients visit the hospital for the treatment. The Gynaecology OPD is visited by around 25-30 patients every day. At times, there is a large waiting time for the OPD patients, owing to huge rush.

Intensive Care Unit (ICU)

The ICU of Yadav Hospital is a small set up with two beds available for the patients requiring intensive care. However, it is adequate to provide timely and critical care to patients in need, especially to the new born babies. There are experienced nurses to look after the patients 24 hours of the day. Many new born babies born through C - section are shifted to the ICU as per requirement. Specialists are always on call whenever required. The latest techniques are used and latest equipment is made available to the ICU to ensure its effectiveness.

Paediatric Department

The paediatric department of Yadav Hospital attracts the maximum number of patients in OPD on an average, with the number of patients going up to around 60 - 65, at times. An endeavour is made by the Paediatrician Dr B S Yadav, to provide adequate time to the patients, however, long waiting time is a matter of concern, especially because the

patients are mostly very young children and their parents become restless when they have to wait for more than 25-30 minutes.Vaccination facilities are also provided by the hospital to the children in specified age groups.Adequate seating and other facilities are provided to the patients and their relatives during OPD hours.

Dermatology Department

The department functions four days a week from Sunday to Wednesday. On an average, approximately 15-20 patients visit the OPD per day. Dr Nidhi Rao is the specialist looking after the department. The department carries a good reputation, however, at times there is a long waiting time for the patients.

Internal Medicine Department

The department OPD is visited by around 20 patients per day. Dr Gaurav Rao is the specialist in charge. He is also the Director of the hospital. He has a very good reputation in the area and keeps his patients in high spirits by his empathetic and jovial nature. Generally generic medicines are prescribed to the patients. Most patients are first referred by the general physician to Dr Rao, however in an emergency patients can directly meet him.

Physiotherapy Department

The department is located at the basement of the hospital. It has all the requisite equipment for providing treatment. The department is visited by around 10-15 patients every day. Most patients are old, with a sizable number of women. Dr Anita is the doctor in charge. She treats most of her patients personally and with great care. At times the patients have to wait for long before their turn comes to see the doctor.

General physician and Duty doctors

Dr Ramakant is the general physician. He is assisted by two junior doctors to man the duty room of the hospital on a 24 x 7 basis. Around 20 patients visit the general OPD on

an average every day. Also, around 10 patients visit the duty doctors during off OPD hours every day, on an average. At times the patients have to face long waiting time during OPD. The patients coming to the hospital during off OPD hours in an emergency are seen by the junior doctors who call the concerned specialists immediately as per requirement. The general physician refers patients to specialists on required basis.

Radiology Department

The radiology department has X-ray and USG facilities. Dr Venkat Reddy is its in charge. He is assisted by two technicians. For all the services other than X - ray and USG, patients are advised to get the opinions from a place of their choice.

Dental Department

The dental department of the hospital is located at the basement. It has one dental chair, manned by Dr Priyanka in the morning hours and Dr Raman in the evening hours. The department is visited by around 10 - 12 patients every day. Most patients coming to the department are old people.

Operation Theatre (OT)

The hospital has an OT on the second floor. It is basically used for C-section. However, other minor surgeries are also performed, though with less frequency. The OT is maintained to the highest standards and has protocols and SOPs in place to avoid any HAIs. The hospital also has a provision to provide trauma care, with an Orthopaedic surgeon Dr Anshuman Madan and a Neuro Surgeon Dr Deepak on call.

<u>Part - 2</u>

DISSERTATION PROJECT REPORT

INTRODUCTION

1. The OPD of a hospital is one of the most important areas of the hospital, as it is a show window which contributes towards the making or breaking of the reputation of the hospital. Moreover, the OPD patients, if satisfied, are the ones who would revert as 'in patients' at the time of their critical illnesses. Therefore, it is necessary for a hospital to ensure that patient satisfaction in OPD is enhanced to optimal levels, as per the capabilities of the hospital.

2. Apart from various other issues affecting out - patient satisfaction, one major factor which may result in dissatisfaction to them, is long waiting time in OPD. The time that a patient spends while waiting for his/her turn to see the doctor should not be so long as it causes fatigue, anxiety and irritation, besides wasting valuable time of the patients. Therefore, hospitals must take all possible measures in their control to ensure that the waiting time in OPD is not too long. This would result in enhanced levels of patient satisfaction.

3. The OPD of "Yadav Hospital", Gurugram is visited by around 4800 patients per month. The OPD functions for three hours during day time from 11 AM to 2 PM and for two hours during evenings from 6 PM to 8 PM. Due to the huge rush of patients to the OPD of the hospital, there is invariably some waiting time for them. At times this is quite visible as the waiting area becomes full. The hospital administration felt that a study should be carried out to ascertain the average waiting time of the patients in various OPDs so that corrective action can be taken by the management to reduce it, if required. The aim was to increase the satisfaction level of patients.

It was decided that the study was required for six OPDs where generally a rush was noticed during the OPD timings. These were identified as General physician, Internal medicine, Gynaecology, Paediatric, Dermatology and Physiotherapy. The question was to first measure the average duration of the waiting periods for these six OPDs as accurately as possible, determine the reasons for these and suggest measures to reduce the same.

Literature Review

The following literature was studied before the project was undertaken:

 Royal College of Surgeons in Ireland; 2015 e-publications@RCSI: http://epubs.rcsi.ie/mscttheses/64. - by Raghda Al Khani

 Annals of Medical and Health Sciences Research 2013 Oct – Dec ; 3(4) : 588 – 592 by M O Oche and H Adamu [Department of Community Health, Usmanu Danfodiyo University, Sokoto, Nigeria].

3. BMC Health Services Research BMC Series, Published 05 May 2017, South Australia – Public and Private hospitals. – Paul and others.

4. Dissertation by Musinguzi Conrad, Master of Health Services Research of Makerere University, Kampala, Uganda, 2013.

5. Diwakar Gupta, Brian Denton (2007): "Appointment Scheduling in Health Care: Challenges and Opportunities", IIE Transactions, Volume 40, ISSN: 0740-817X.(Key issues in designing and managing patient appointment systems for health services).

 Aswar Nandkeshav R, Kale Kalpana M, Rewatkar Mangesh P, Jain Akanksha, Barure Balaji S (2014): "Patients' Waiting Time and Their Satisfaction of Health Care Services Provided at Outpatient Department of Government Medical College, Nanded (Maharashtra, India)", International Journal of Health Sciences and Research, Volume 4, Issue 4, ISSN: 2249-9571.

Methodology

3.1. <u>General Objective</u>: To determine the average waiting time in the OPDs of six departments of Yadav Hospital, Gurugram and assess the causes for the same.

3.2. Specific Objectives :

- (a) To assess the average waiting time for registration of patients in OPDs of six departments of Yadav Hospital, namely, General physician, Internal medicine, Gynaecology, Paediatric, Dermatology and Physiotherapy.
- (b) To assess the average waiting time spent by patients before they are able to meet the doctors in ibid OPDs.
- (c) To determine the reasons for the existence of waiting periods in ibid OPDs.
- (d) To suggest measures to reduce the waiting periods in the above mentioned OPDs.

3.3. Mode of Data Collection

The OPD timings promulgated by the hospital for the six OPDs under study were noted down and the variables were identified as follows:

(a) The time of arrival of the patients to the registration desk /queue.

- (b) The time of completion of the registration.
- (c) The time of arrival of the doctor to his / her chamber.
- (d) The time of the patient's entry to the doctor's chamber.
- (e) The time duration for which doctors were engaged in administrative activities or other such activities as were not part of their OPD duties.
- (f) The time for which the registration computer was not functioning.

The data was collected by observation with the help of a staff member as per following procedure:

- (a) The time of arrival of the patient to the registration desk /queue was noted down by observation, by asking each patient as to which OPD he/she had come to.
- (b) The time of completion of registration was noted down by observation as well as from the register.
- (c) The time of arrival of the doctor to his/her chamber was noted down by observation.
- (d) The time of entry of the patient to the doctor's chamber as per his registered waiting number was noted down by observation and his/her registration time was later reconciled from the register.
- (e) The time for which doctors were engaged in non OPD activities was noted down.
- (f) The time for which the registration computer was malfunctioning was noted down.

The study was carried out from 12 Feb to 21 Apr 2018. The total number of days including Sundays were 69 days, however, samples were collected only on 35 days as per convenience. No sample was collected on Sundays as no rush was noticed on

Sundays. Only one OPD was observed at a time for data collection. A sample of 480 patients was taken for the ibid observational study, which was approximately 5% of the total footfall of patients in each OPD. The details of the dates on which samples were collected, are attached as **annexure**. The samples were collected from both morning and evening OPDs. The format for collection of data is attached as **annexure**.

The data was collected and compiled department wise. Four categories were made to measure the waiting period:

- (a) < 15 minutes.
- (b) 15 to 30 minutes.
- (c) > 30 minutes to 1 hour.
- (d) > 1 hour.

First, the waiting period for registration was noted down. Then, for determining the waiting period for meeting the doctors, the calculation was done from the laid down OPD timings for those patients who had registered themselves before the OPD timings. For those patients who were registered after the laid down OPD timings, the calculation was done from their registration time to their entry to the doctor's chamber.

Results

4.1. The results were calculated manually with the help of the data compiled through excel. OPD-wise pie charts were generated for the waiting time as per the compiled data. The waiting period so calculated included both the wait at the registration queue/desk and that before meeting the doctors in their chambers. Based on the calculations for individual OPDs, the overall average waiting time was calculated and a pie chart was generated for the same. The overall average waiting time was found to be as follows:

- (a) < 15 minutes 32.08 % (154 patients)
- (b) 15 to 30 minutes 30.41 % (146 patients)
- (c) 30 minutes to 1 hour 31.04 % (149 patients)
- (d) > 1 hour 6.45 % (31 patients)

The detailed results are attached as **annexure**.

Discussions

- 5.1.
 - (a) The average waiting time for 180 patients (37.5 % of the sample size) was found to be more than 30 minutes, which is a large enough number that required suitable intervention by the hospital authorities so that patient satisfaction can be increased.

- (b) In many cases (75 patients out of 180 patients,or,15.6% of the sample size) the primary reason for the large waiting time of more than 30 minutes, was late arrival of the doctors.
- (c) In some cases (36 patients, which is 7.5 % of the sample size of 480), the non availability of the patient at his turn was the reason for increased waiting time. This avoidable patient behaviour also resulted in an increased waiting time for other patients, as in some of these cases the next patient in line was allowed entry only after a wait for the scheduled patient. In some cases, a rescheduling had to be done.
- (d) The small window of two hours for paediatric patients was the primary reason for the long waiting period as patients preferred to come early so that they do not miss meeting the doctor.
- (e) Doctors were seen doing administrative work during OPDs. This also resulted in an increase in the waiting time in about 16% of the sample cases (77 patients).
- (f) Malfunctioning of the registration computer caused an increase in waiting period in about 6% of the cases (29 patients).

CONCLUSION

6.1. The waiting time that a patient has to spend in a hospital causes harassment to him, apart from wastage of his precious time. Therefore, the hospitals need to evolve systems and lay down policies to minimise the waiting time at all levels.

Also, all the doctors and the staff need to be sensitised to be compassionate and empathetic to the patients so as to ensure that they follow the laid down timings and procedure to avoid any inconvenience to the patients.

6.2. Suggestions to the Hospital Authorities:

- (a) The doctors be encouraged to adhere to the laid down timings for their respective OPDs. This will greatly reduce the waiting time.
- (b) The timings of paediatric OPD be increased from two hours to reduce the rush of people and thereby reduce the waiting period.
- (c) The hospital may also consider increased appointment on telephone to reduce the waiting period during registration. This will have to be followed up by regular monitoring and tracking of the patients.
- (d) The doctors be encouraged not to spend time on activities which are not related to patients, during OPD timings.
- (e) An effort be made to educate the patients regarding benefits to all concerned if they adhere to the appointed timings.
- (f) The serviceability of the registration computer be increased by timely maintenance.

Annexures

S. No.	Name of the Department	Date of Visit	Time Spent for study
1.	General OPD	12,20,28 Feb	15 hours
		23 Mar,02Apr	
2.	Internal Medicine	17 Feb	15 hours
		09,21 Mar	
		05,21 Apr	
3.	Gynaecology	16,23 Feb	18 hours
		08,22 Mar	
		12,17 Apr	
4.	Paediatric	15,19,27 Feb	27 hours
		12,15,20 Mar	
		06,10,20 Apr	
5.	Dermatology	21 Feb	15 hours
		13,26 Mar	
		09,16 Apr	
6.	Physiotherapy	22 Feb 10,24 Mar 03,18 Apr	15 hours

(a) <u>Time Schedule.</u>

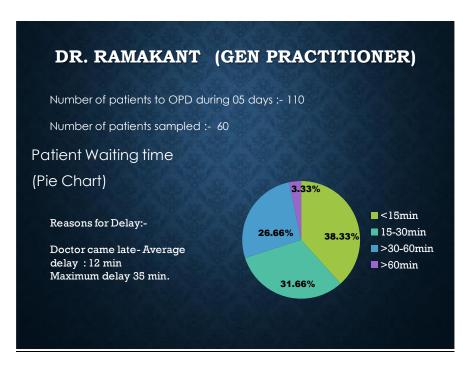
35 Days	105 hours

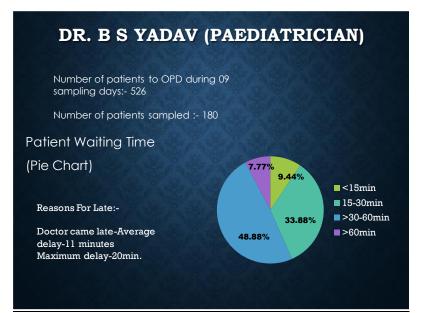
(b) Data Collection Format

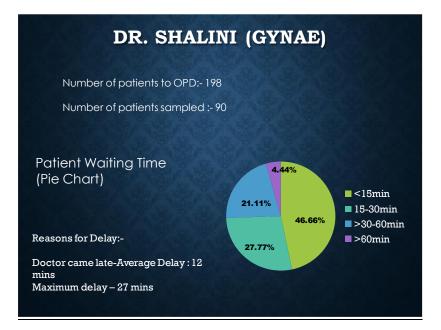
2	<u>S</u> No	Patient's Name	Patient's <u>Arrival</u> <u>Time</u>	Patient's Registration <u>Time</u>	<u>Waiting</u> <u>Time for</u> <u>Registration</u>	<u>Time</u> <u>computer</u> <u>malfuncti</u> <u>oning</u>	Doctor's Name	<u>Specialty</u>	<u>OPD</u> <u>timings</u>

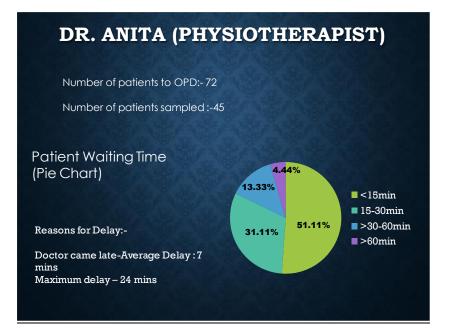
<u>Doctor's</u> <u>Arrival</u> <u>Time</u>	Time of Patient's Entry to Doctors chamber	<u>Patient's</u> Waiting Time	<u>Time doctor</u> engaged in adm activities	Remarks/Reasons for Waiting Time

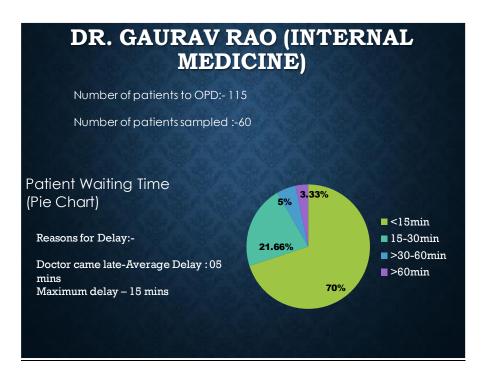
(c) Result Pie Charts

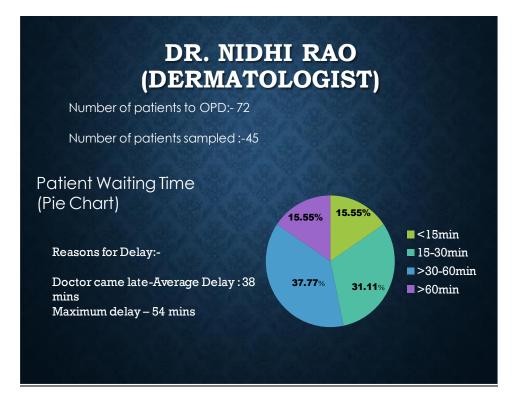












Overall Result

