

Internship Training
at
Yatharth Super Specialty hospital, Greater Noida
(4th march-25th may)

Project-: Study The Average OPD waiting time

Submitted by:-Dr Abinash Amanta

Enroll no:-PG/17/002

Under the Guidance of
Dr Sanjiv Kumar (Director, IIHMR, New Delhi)

Post-graduate Diploma in Hospital and Health Management
(2017-2019)



International Institute of Health Management Research, New Delhi

Dissertation Completion Certificate

The certificate is awarded to **Mr Abinash Amanta** in recognition of having successfully completed his Internship in the department of **OPREATION** and has successfully completed his Project on “**STUDY THE AVERAGE OPD WAITING TIME AT YATHARTH SUPER SPECIALITY HOSPITAL GREATER NOIDA**” from **04/03/2019** to **25/05/2019**

He comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish him all the best for future endeavors.



Training & Development

A handwritten signature in blue ink, likely belonging to the Head of Human Resources.

Head-Human Resources

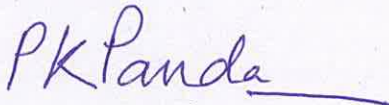
TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Abinash Amanta** 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 **Yatharth Super Specialty Hospital, Greater noida** from **04/03/2019** to **25/05/2019**.

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 fulfillment of the course requirements.

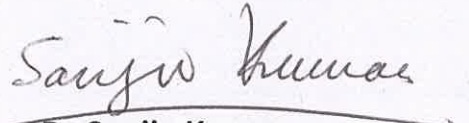
I wish him all success in all his future endeavors.



Dr Pradeep K Panda

Dean, Academics and Student Affairs

IIHMR, New Delhi



Dr Sanjiv Kumar

Director

IIHMR, New Delhi

Certificate of Approval

The dissertation titled "**Study The Average OPD Waiting Time at Yatharth Super Specialty Hospital Greater Noida** " 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

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CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Mr Abinash Amanta** a graduate student of the Post Graduate Diploma in Health & Hospital Management has worked under our guidance and supervision.

He is submitting this dissertation titled **"STUDY THE AVERAGE OPD WAITING TIME AT YATHARTH SUPER SPECIALITY HOSPITAL, GREATER NOIDA"** in partial fulfillments of the requirements for the award of the Post-Graduate Diploma in Health & Hospital Management.

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

Sanjiv Kumar

Dr Sanjiv Kumar

Director

IIHMR, NEW DELHI



Mrs. Aditi Vyas

General Manager-Operation

Yatharth Hospital, Gr. Noida

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **“STUDY THE AVERAGE OPD WAITING TIME AT YATHARTH SUPER SPECIALITY HOSPITAL GREATER NOIDA”** submitted by **Mr. Abiansh Amanta** Enrollment No **PG/17/002** under the supervision of **Dr Sanjiv Kumar** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from **04/03/2019** to **25/05/2019** 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 institution of higher learning.

Abinash Amanta

SIGNATURE

FEEDBACK FORM

Name of the Student: Abhinash

Dissertation Organization: - yatharth superspeciality hospital
Greater Noida

Area of Dissertation: OPD

Attendance: Regular

Objectives achieved: yes

Deliverables: Management of OPD schedule & waiting time

Strengths: Senior Staffwork

Suggestions for Improvement: None

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Organization mentor



Place: Greater Noida
Date: 25/5/19



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CERTIFICATE ON PLAGIARISM CHECK

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PK Panda
30/05/2019

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My First & foremost praises and thanks to god, the Almighty, for his showers of blessings throughout my Dissertation to complete the Dissertation successfully.

I would like to express my deep gratitude to my both mentors **Dr Sanjiv Kumar(Director, IIHMR, Delhi) & Mrs Aditi Vyas (GM-Opreation)** for giving me the opportunity to do research and providing invaluable guidance throughout my research work. It was a great privilege and honor to work and study under their guidance.

Beside my mentors I would like to thanks the Dissertation advisory committee for approval of my dissertation synopsis.

Last but not least I am extremely grateful to my parent for their love, prayers, caring and scarifies for educating and preparing me for my future.

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LIST OF ABBREVIATIONS

CGHS-Central Govt. Health Scheme

CSSD- Central Sterile Supply Department

ECG- Electrocardiogram

ENT- Ear, Nose, Throat

ER- Emergency

GDA-General Duty Assistant

GI-Gastrointestinal

HDU-High Dependency Unit

HIS- Hospital Information System

ICU- Intensive Care Unit

IT-Information Technology

MRD- Medical Record Department

NABH- National Accreditation Board for Hospitals and healthcare

OPD- Out Patient Department

OT- Operating Theatre

PCC-Patient care coordinator

PFT- Pulmonary Function Test

SICU-Surgical Intensive Care Unit

UHID- Unique hospital identification

INTRODUCTION

An outpatient department is the most important part of a hospital designed for the treatment of outpatients, people who have health problems and visit the hospital for treatment/Diagnosis but don't at that time require a bed or to be admitted for overnight care in Hospital. Modern outpatient departments provides a wide range of treatment services, diagnostic & investigation, imaging and minor surgical procedures.

As OPD being the first contact point between the hospital staff & patient, it should be start on time as it directly related to the patient's satisfaction Improper timings of the OPD contribute to patient's negative perception and attitude towards hospital and their consultants. In the rapid growing healthcare industry every hospital tries hard to gain the market share edge. So, it is important to meet with the patient's need and their satisfaction level to survive in the market..

Hospitalization can be traumatic so proper service delivery as well as service delivery on time could lessen the patient's agony and moreover, this could 'add value' to patient satisfaction.

Patient Care:-

The most important function of a hospital is to provide care of sick and injured patient and restoration of good health of Patients. Ethically, Care/service should be given to all patient without any prejudicial of social, economical or radical nature. The success with which a hospital contributes towards meeting the patient's need can be gauged by the management of the hospital. Outpatient is customer whom hospital provide Curative, Diagnostic, Therapeutic or preventive service through the hospitals facilities and who at the time is not admitted as an inpatient of the hospital.

Outpatient:-

Out Patient Care/Service are the foremost service given by the hospital as it provides services to a large number of Customer at affordable cost. The utilization of many of the other services provided by the hospital, often depend on how satisfied the patient is with the outpatient services provided. According to report 8-10 per cent of Out patients need hospitalization. A well organized and professionally run hospital, not only can such Out Patient Department help to avoid confusion, frustration and overspending by fearful patients but can also manage the flow of inpatients to the hospitals. An outpatient is a patient who is not admitted in hospital for stay in night but who visits a Hospital Out Patient Department. Out Patient Department is defined as a part of the hospital with provide physical and medical facilities and other staff in required number, with regular scheduled hours, to provide care for patients who are not admitted as inpatients.

Waiting Time:-

Patients waiting time has been defined as "The time duration from when a patient enters the outpatient department to the time of the patient leaves the Out Patient Department".

OPD Patient Registration, Consultation, Diagnostic & Treatment Process-:

1. Setting up an appointment

- Patient fixes up an appointment for OPD consultation or diagnostics over phone /walks in.
- Appointment fixed in Tele med module
- Patient visits the facility and is guided to the OPD counter for registration process.

2. Patient registration and invoice generation

- Patient meets the PCC & fills the registration form or gives details if already registered.
- Patient details entered in HIS and registration number is generated for new patient.
- Patient pay in cash/by card or credit bill raised in case of corporate patient.

3. Patient consult/diagnosis & treatment

- Invoice handed over to the GDA and guided to the nursing counter
- Nurse records patient's vitals which are followed by consultation with doctor.

4. Patient visits labs/pharmacy/Radiology/admission counter

- Patient is informed about the date of collecting the report
- Patient visits pharmacy if drugs prescribed by doctor
- Patient visits admission counter in case referred indoor admission by doctor.
- Patient visits to radiology department if USG/X-RAY/CT/MRI prescribed by doctor.

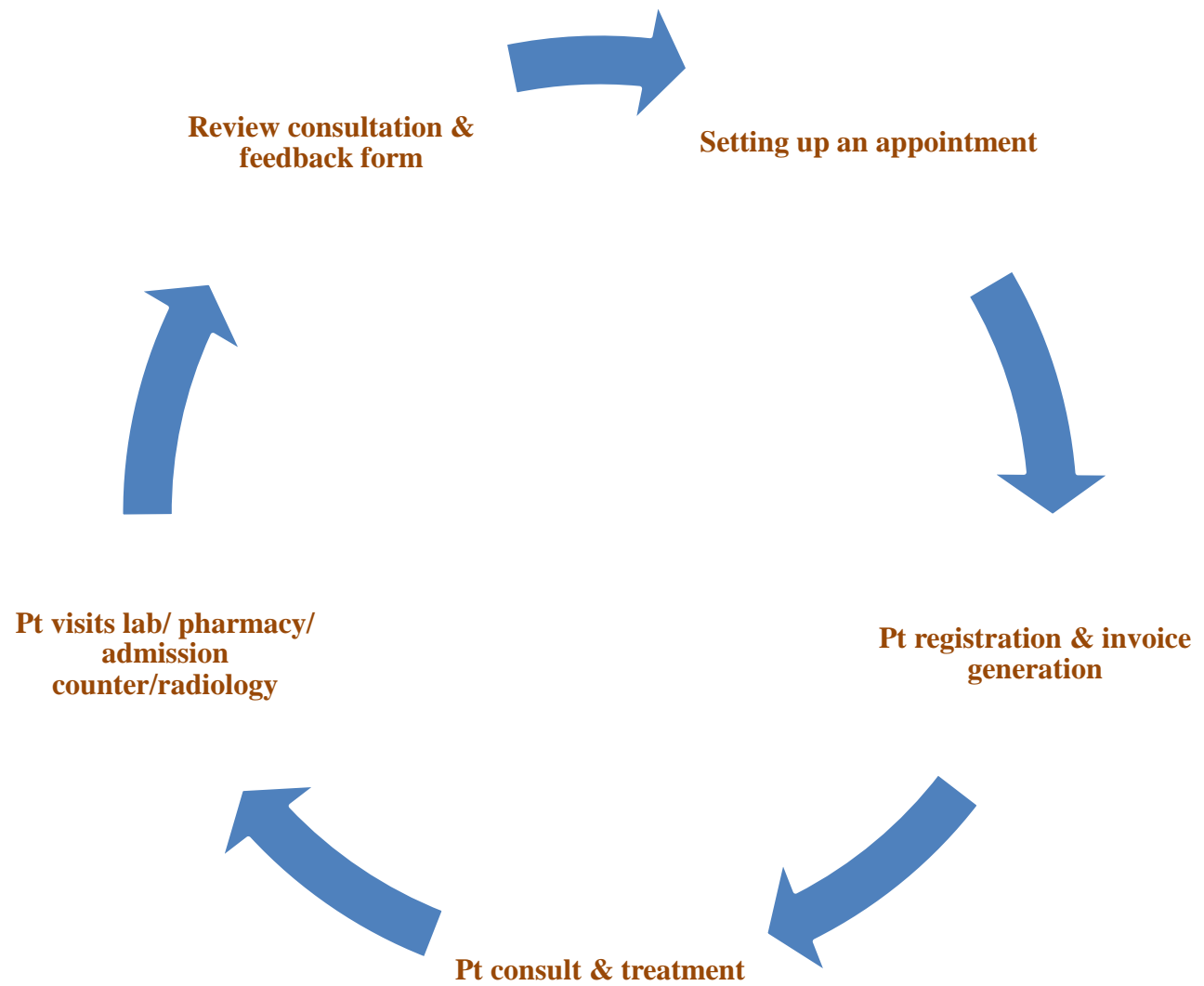
5. Review consultation & feedback form

Patient contacts PCC at help desk/billing desk counter for fixing review appointment date.

Rationale Of Study-:

Outpatient department is the shop window of the hospital like window shopping in super market where things are laid to choice and pick up. Outpatient department also work as mirror of hospital which reflects as the First contact point between the patient and the hospital staff in hospital. Outpatient services otherwise Called as Ambulatory Care Services.

An important part in running hospital successfully is patient satisfaction and their comfort. This study is conducted to get an overall idea about the waiting time in OPD and how to reduce waiting time in OPD.



REVIEW OF LITERATURE

OPD is defined as the most important component of the hospital which have physical and medical facilities with diagnostic, imaging, health check up facilities and other staff in a required number, with regular scheduled hours, to provide care to the patients who are not admitted as in patients area. The OPD forms the façade of the hospital and is invariably one of the foremost services provided by the hospital. It witnesses maximum footfall daily when compared to any other department in the hospital. These facts simply highlight the importance of efficient and effective OPD management. If run effectively, the OPD can lessen the burden on the inpatient department dramatically. One of the major problem faced by the hospital waiting periods and overcrowding in a running Out patient department. The waiting time is one of the most important quality indicators OPD service. Thus a Long waiting time is directly reflects on the quality of service being provided in OPD. The patients spend essential time in the OPD and waiting for consulting by healthcare professionals. The degree to which patients are satisfy with the service received is strongly linked to the quality of the waiting experience. Healthcare organizations are make great effort to achieve to deliver quality services must effectively manage their OPD waiting time. The amount of time a patient waits to be seen is one factor which affects utilization of healthcare services. If patients waits unnecessarily can be lead to stress for both patient and doctor and Floor manager. Waiting time is a tangible aspect of practice that patients will use to judge health personnel, even more than their knowledge. It is the total time unnesseserly spend in sending the patient from one chamber to another. These include the time spent for registration, for attending the physician, for giving of samples for investigations and for collecting drugs including receiving instructions for their use. Patient's waiting depends on many factors including efficiency, sincerity and punctuality managing capability of the hospitals as well as the existing facilities of the Hospital.

OBJECTIVE OF THE STUDY

General Objective

To study the OPD Waiting Time at Yatharth Super Specialty Hospital, Greater Noida

Specific Objectives

1. To determine the patient flow and the average time spend in Yatharth Super Specialty Hospital.
2. To identify the responsible factors for prolonged waiting time in the OPD of Yatharth Super Specialty Hospital.
3. To make recommendation to optimize the waiting time in Yatharth Super Specialty Hospital.

METHODOLOGY

Place Of Study: Yatharth Super specialty Hospital, Greater Noida

Duration Of Study: 2.5 Months. (4 march 2019-17 may 2019)

Study Population: 80 OPD Patients

Study Design: Descriptive Cross Sectional study

Sampling Method: Convenient sampling

Quantitative Method of Study-Observational time-motion study The details of the patients, time of his/her entry, the time taken by the patient to move to various departments, till leave of the patient was noted and recorded.

Data Sources:

Primary sources:

- Direct observation.
- Consult with the employees of the Hospital.
- Data collection from the OPD department.

Secondary sources:

- Study of data from HIS
- Analysis of data.
- Registered records of particular departments.

Statistical Tools:

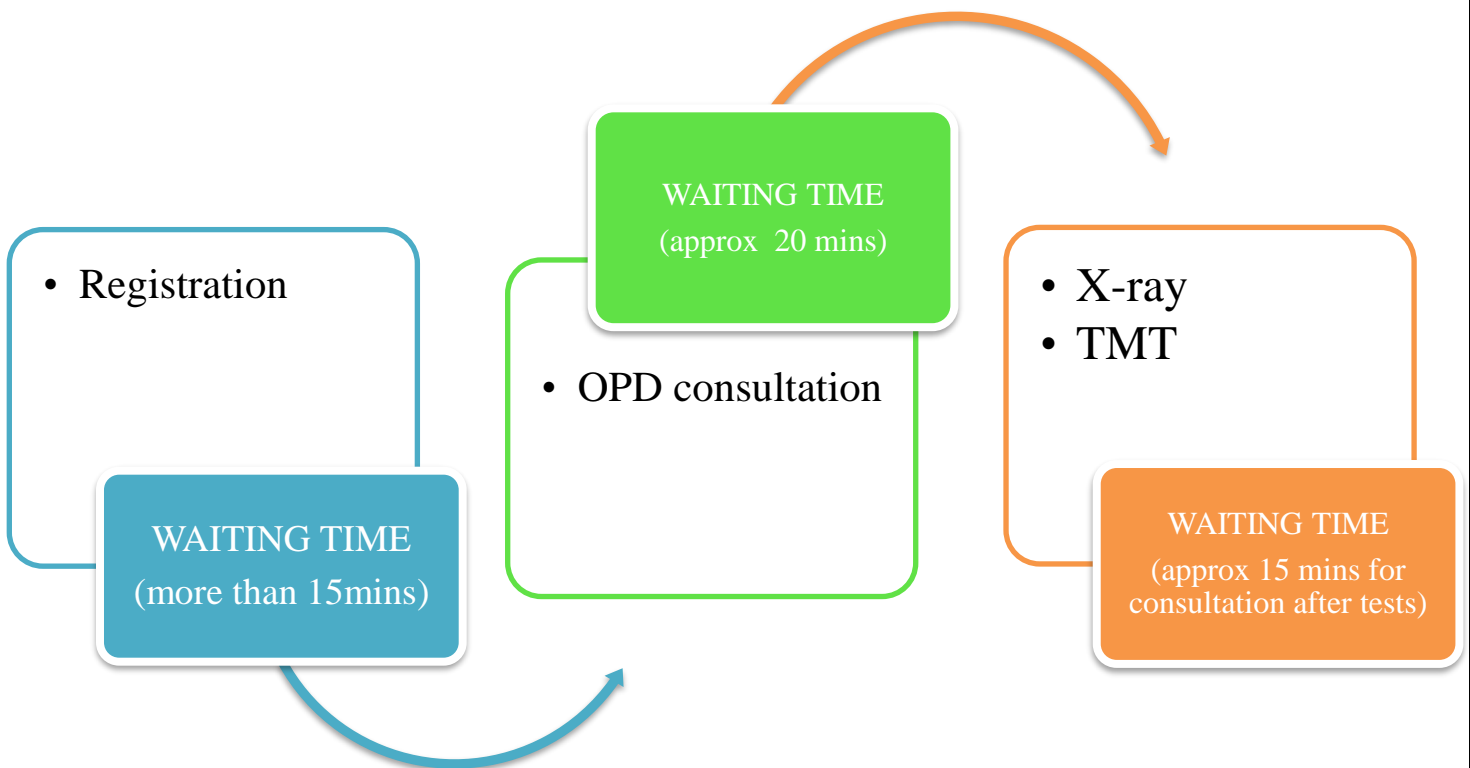
Tools used in the study was MS-EXCEL, MS-WORD.

MS-EXCEL used to design graphs.

MS-WORD used to prepare or write the complete dissertation report

OBSERVATIONAL DATA ANALYSIS

- Data was analyzed according to the norms of National accreditation board for hospitals & the standard operating procedure of Yatharth hospital. These were compared and remarks were written using HIS and by interviewing staff.

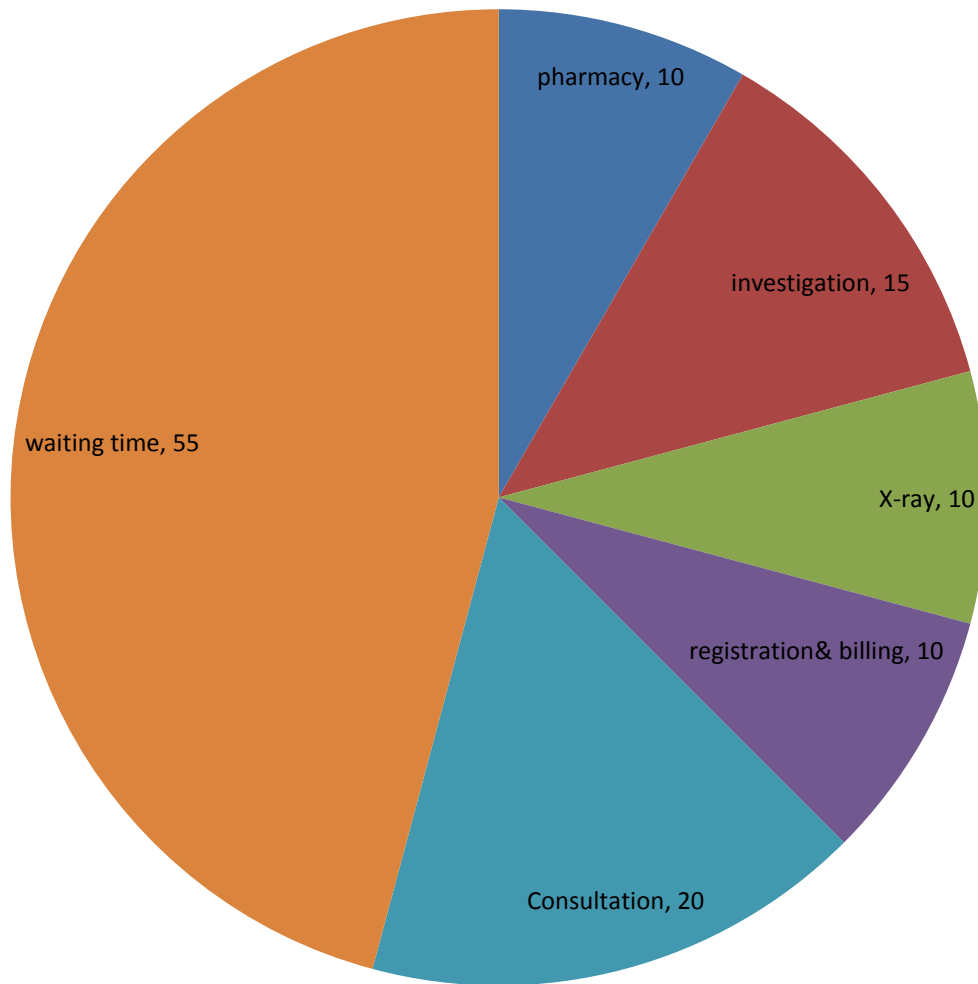


CASE STUDY

- Data was collected by observing patients and gaps were drawn based on observation of patients and services provided by the department. Case study was done to highlight the major difficulties faced by department and for proper analysis.
- Here is attached case study of three patients from different companies and had taken different corporate health check-up plans.
- Case study reflects the time consumed by each consultant for diagnosing the patient, patient's waiting time between two consultants and his overall time consumed in the outpatient department.

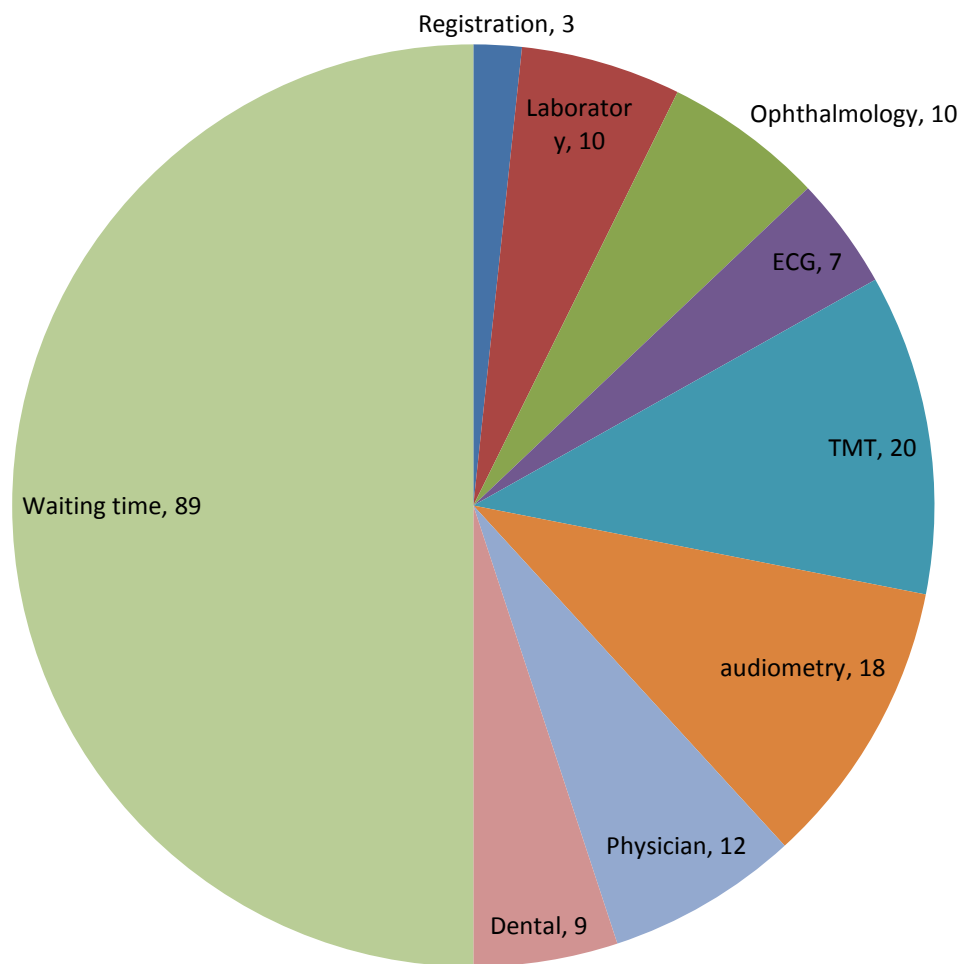
Case Study:1 (Average timings of 20 orthopedic patients)

- Pt entered – 2.45 pm
- Waiting Time-2.45-2.50pm(5 min)
- Registration – 2.50-2.55pm(5min)
- Waiting time – 2.55-3.20pm (25 min)
- OPD consultation – 3.20-3.35pm(15min)
- X-ray Billing– 3.35-3.39pm (4min)
- Waiting time – 3.39-3.45 pm (6 min)
- X-ray – 3.45-3.55pm(10 min)
- X-ray report-3.55-4.05 pm(10 min)
- Waiting time – 4.05-4.20pm (15min)
- Consultation – 4.20 -4.30 pm (10 min)
- Pt left- 4.35pm
- Overall waiting time – 51min
- Overall time – 1Hr 50 min



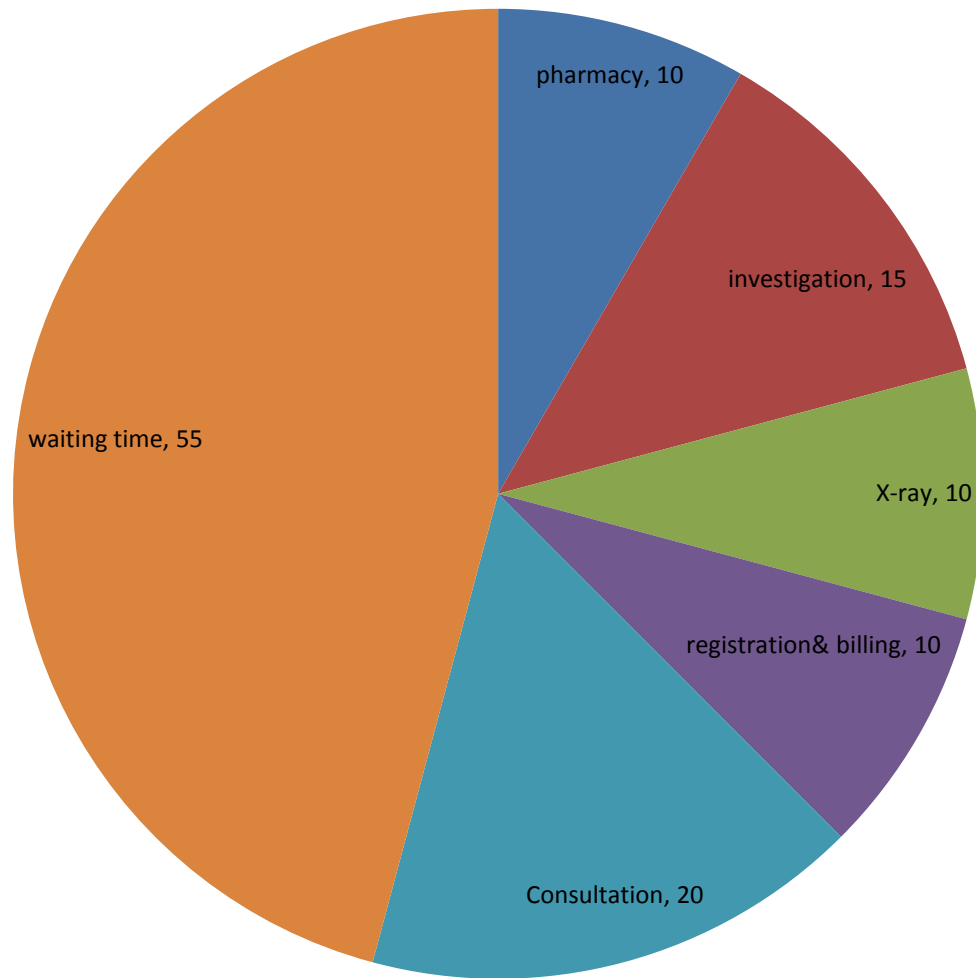
Case Study: 2 (Average timings of 30 check-up patients)

- Patient entered – 9:00 am
- Registration – 9:00 to 9:03 am (3 minutes)
- Waiting time – 9:03 to 9:05 am (2 minutes)
- Blood sample – 9:05 to 9:15 am (10 minutes)
- Waiting time – 9:15 to 9:25 am (10 minutes)
- Breakfast – 9:25 to 9:40 am (15 minutes)
- Waiting time – 9:40 to 9:48 am (8 minutes)
- Eye checkup – 9:48 to 9:58 am (10 minutes)
- Waiting time – 9:58 to 10:02 am (4 minutes)
- ECG – 10:02 to 10:09 am (7 minutes)
- Waiting time – 10:10 to 10:40 am (30 minutes)
- TMT – 10:40 to 11:00 am (20 minutes)
- Waiting time – 11:00 to 11:15 am (15 minutes)
- PPBS – 11:15 to 11:21 am (6 minutes)
- Audiometric – 11:22 to 11:40 am (18 minutes)
- Reports – 11:30 am
- Waiting time – 11:40 to 12:00 pm (20 minutes)
- Physician – 12:00 to 12:12 pm (12 minutes)
- Dental – 12:13 to 12:22 pm (9 minutes)
- Overall waiting time – 1hr 29 min
- Overall time – 3 hrs 22 min



Case Study: 3 (Average timings of 30 General OPD patients)

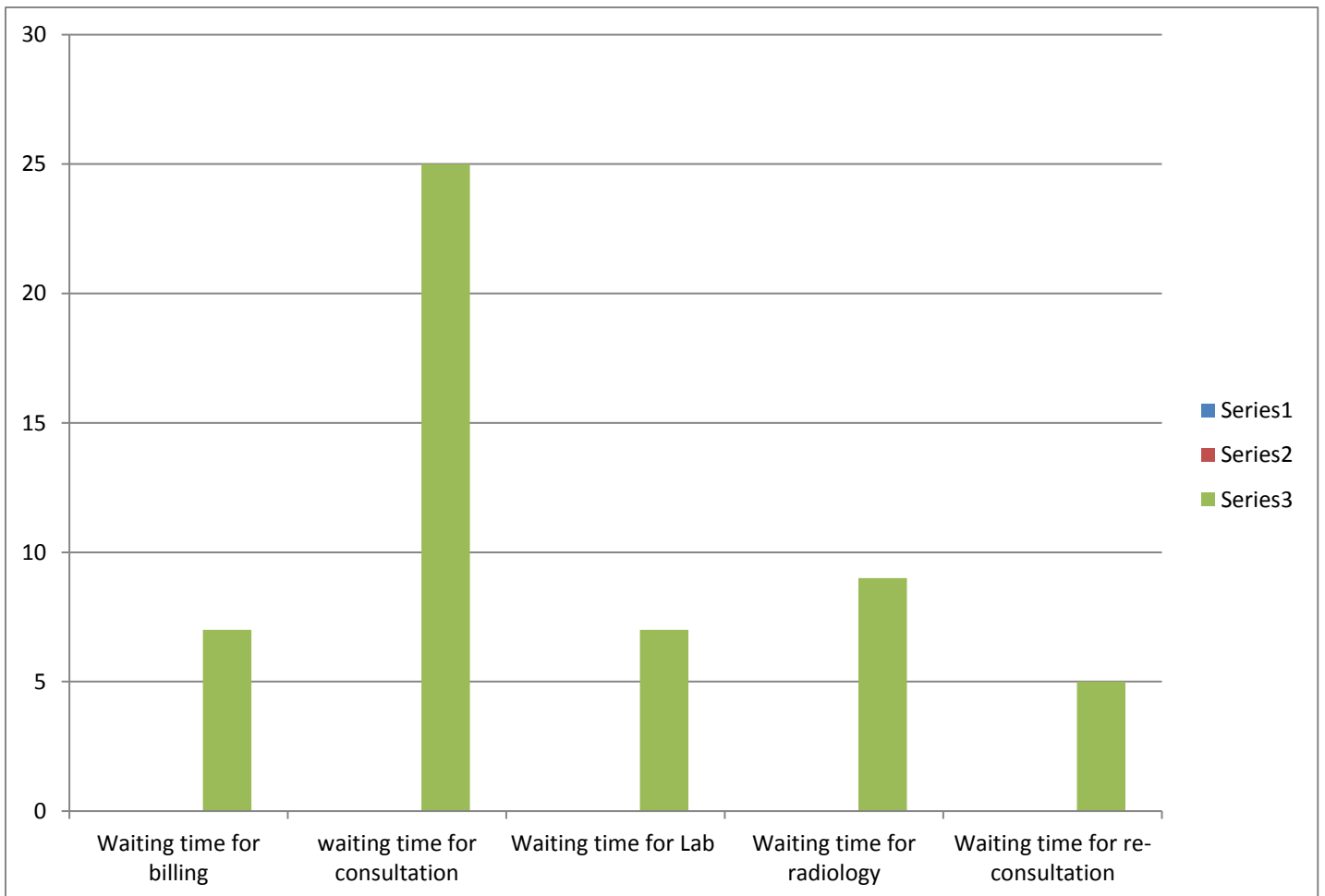
- Patient entered – 4.45 pm
- Waiting time-4.45-4.55 pm(10 min)
- Registration – 4.55-5.00 pm (5 min)
- Waiting time – 5.00-5.30 pm (30 min)
- OPD consultation– 5.30-5.40pm (10 min)
- Investigation billing-5.40-5.45 pm(5 min)
- Waiting time – 5.45-5.55pm(10 min)
- Lab investigations– 5.55-6.10 pm (15 min)
- Waiting time –6.10-6.15 pm (5 min)
- Consultation-6-15-6.25pm(10 min)
- Pharmacy-6.25-6.35pm(10 min)
- Pt left – 6.35 pm
- Overall waiting time – 55 min
- Overall time – 1 hr 50 min



OBSERVATION & GAP ANALYSIS

The time motion study conducted in the OPD showed the various bottlenecks in the OPD patient flow which caused increased waiting time.

Average Waiting Time (MIN)



CAUSE-EFFECT ANALYSIS

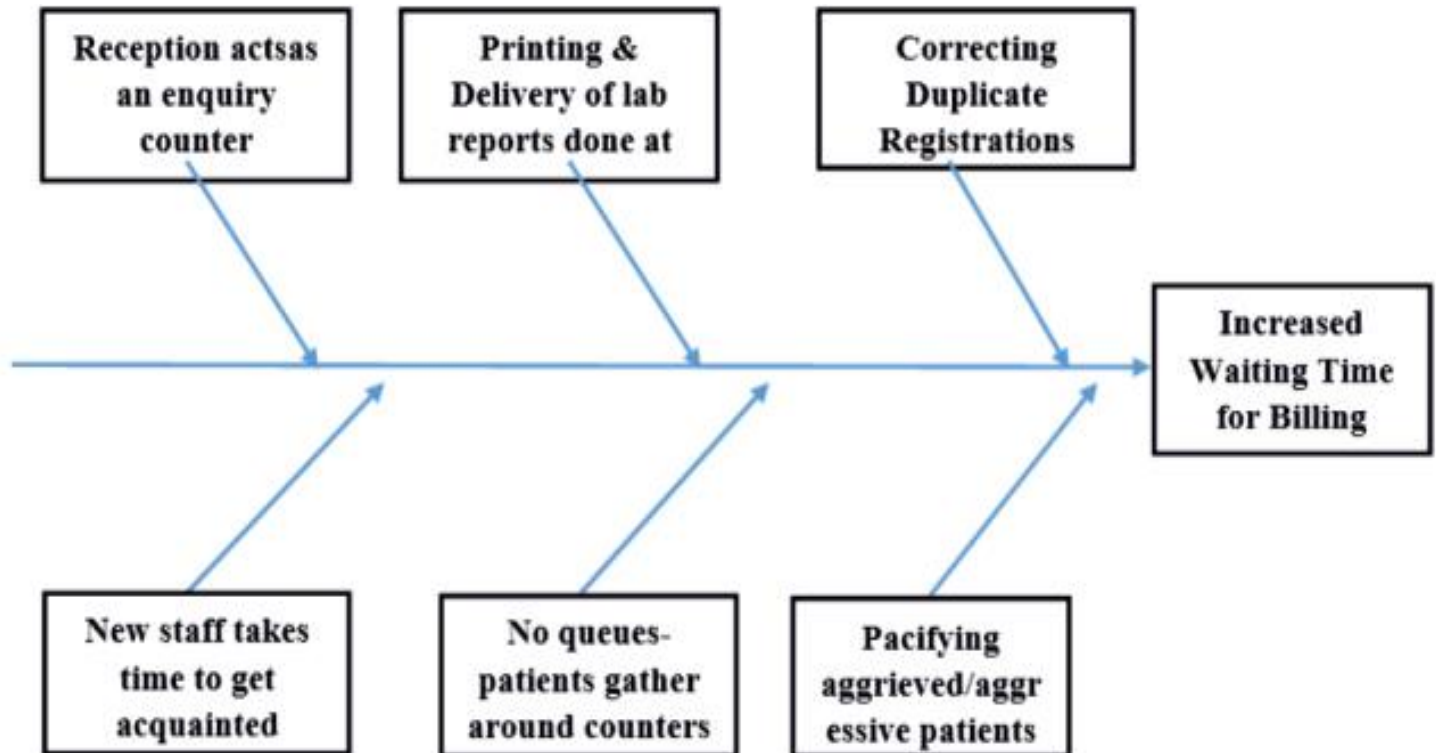
Using statistical tools like Fishbone diagrams i.e. **Cause – Effect analysis**.

The Fishbone Diagram or Cause & Effect analysis was first used by Dr. Kaoru Ishikawa (Tokyo University, 1943). So it is also known as "Ishikawa Diagram". This diagram is used to identify all of the contributing root causes which create the problems.

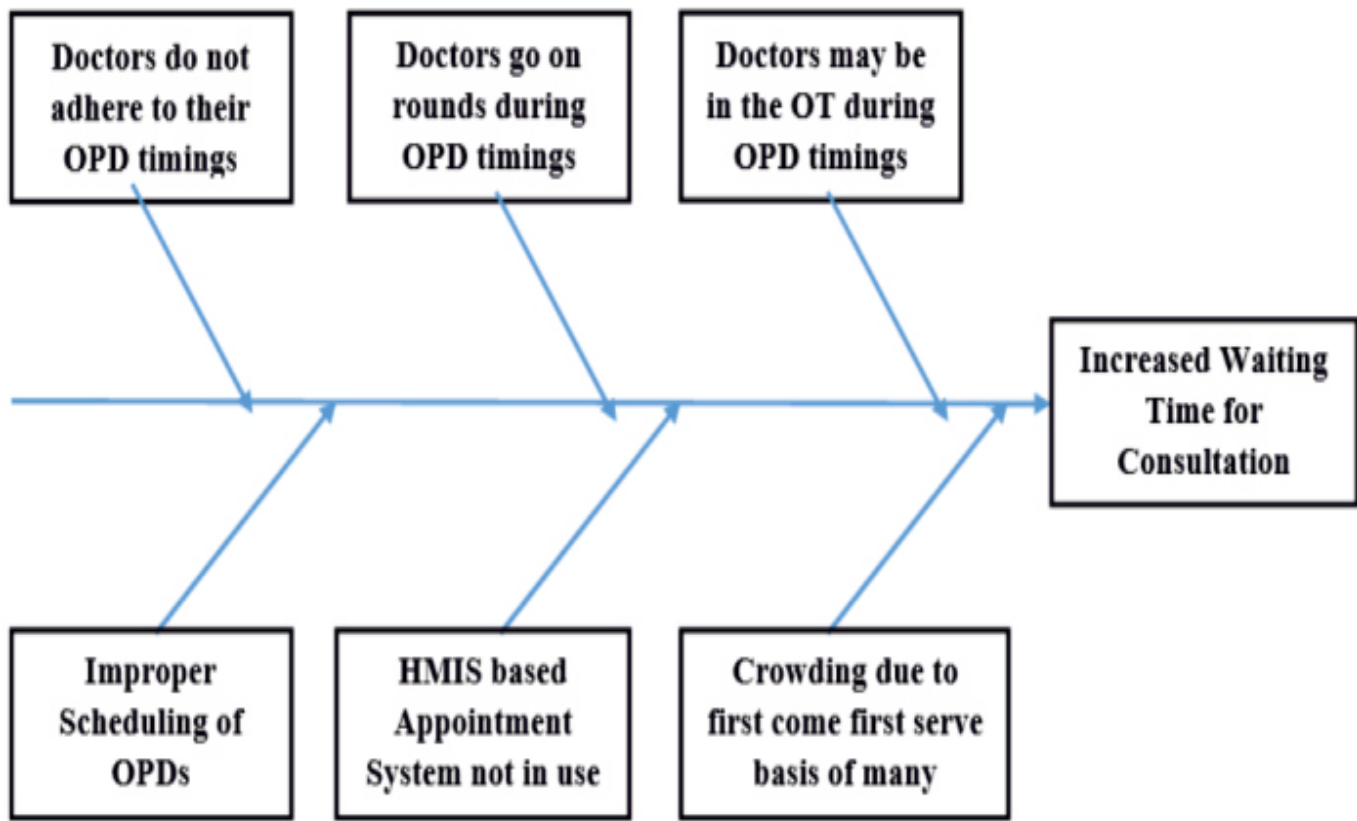
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Root Cause Analysis-

1. Cause and Effect Analysis for first bottleneck (Increased waiting time for billing)



2. Cause and Effect Analysis for second bottleneck (Increased Waiting time for Consultation)



RECOMMENDATION

1. The following recommendations are made to reduce waiting time for billing:

- Displaying the consultant's timings in the OPD, as well as online will reduce the number of enquiries made by the patients.
- Introducing online appointment bookings.
- Lab reports should be dispatched at the lab counter and not in the OPD area or a separate counter for lab report dispatch and appointments.
- Proper training of the staff.
- Fixed Consultant timings and OPD rooms.

2. The following recommendations were made to reduce waiting time for consultation:

- Patient Centric OPD scheduling, thus increasing utilization.
- Doctors should be advised to adhere to their allotted slots.
- Rounds should be taken prior to or after the OPD hours.
- There must be co-ordination between OPD hours and OT timings (in case of elective surgeries).
- Use of HMIS based appointment system

CONCLUSION

- The objective was to determine the various causes of increased waiting time in the OPD and do a root cause analysis of the same, thus reducing the bottlenecks in the entire process. The two major bottlenecks were found to be waiting time for consultation and waiting time for billing.
- Patient attending the hospitals are responsible for brand and image of the hospital and hospital management has equal responsible to take care of the patients..
- During the period of 2.5 months of dissertation I learnt a lot about the functional flow OPD department.
- The waiting time of the patient should be consumed by providing them some consultation package with minimal charges which can add to the benefit of both patient and hospital.
- As per the daily observations carried out by me it was found that the departments are working in a proper order.
- Some loopholes are always found in a practical system and the same exists in this hospital too. But these loopholes are minimal and when ever found they can be eliminated at the earliest.
- Patients also come sometime delay, not come by as per schedule.

REFERENCE

- Bailey, 1952; Fetter and Thompson, 1966; Visser & Wijngaard, 1979; Brahimi & Worthington, 1991. studies often focus on reducing idle time of healthcare professionals at the expense of increasing patient waiting time.
- Prof. Dinesh T.A, Prof. Dr. Sanjeev Singh, Prem Nair, Remya T R. Reducing Waiting Time in Outpatient Services of a large University Teaching Hospital. Management in health XVII/1/2013; pp.31-37.
- Yu-Li Huang Industrial Engineering Department. This paper provides an effective scheduling method that considers patient wait time, physician idle time, methods for defining schedule time interval for the development of a physician schedule.
- Gibony Jr. MC., In: Principles of Health Administration, Second edition New York'; GP Putnam's Sons, 1959.
- Jochem Westeneng July 2007. An evaluation of alternative appointment systems to reduce waiting times. University of Twente, Enschede, The Netherlands School of Management and Governance Department of Operational Methods for Production and Logistics.
- Huang XM. Patient attitude towards waiting in an outpatient clinic and its applications. Health Serv Manage Res. 1994;7:2-8[PubMed]
- Standard Operating Procedures of Yatharth Super specialty Hospital hospital