CHAPTER-15

STUDY ON SMOOTHENING OF PROCESS FLOW IN OUTPATIENT DEPARTMENT AND TO IMPROVE PATIENT WAITING TIME IN MISSION HOSPITAL, DURGAPUR

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INTRODUCTION

An outpatient department, commonly referred to as an outpatient clinic, constitutes a designated section within a hospital dedicated to catering to individuals seeking diagnosis or treatment for health issues without the immediate need for a bed or overnight admission. In contemporary healthcare settings, outpatient departments provide an extensive array of services, encompassing diagnostic tests and minor surgical procedures. Essentially, the outpatient clinic serves as a specialized unit within a hospital, delivering diagnostic services and care to patients who do not require an overnight stay. This stands in contrast to standalone clinics, often independent of hospitals, which are primarily designed for outpatient care and are commonly known as outpatient clinics [3].

The outpatient department functions as an integral component of overall hospital operations, intricately linked with in-patient services. It is staffed by consultant physicians and surgeons who extend their services to both outpatients and inpatients in the wards. Many individuals undergo examinations and receive treatment as outpatients before potential admission as inpatients at a later date. Following discharge, patients may return to the outpatient clinic for further treatment and follow-up care. It is worth noting that not all hospitals feature distinct outpatient departments, and in such cases, outpatients may receive treatment within the same departments as those accommodating overnight patients [1,2].

RESEARCH OBJECTIVES

- 1. To pinpoint the factors contributing to delays in the consultation process.
- 2. To enhance transparency within the process.
- 3. To chart the process and identify inefficiencies.
- 4. To establish a streamlined, waste-free process aimed at reducing patient waiting times.

RESEARCH METHODOLOGY

The data for this study was acquired through a combination of primary and secondary data collection methods. Primary data was primarily obtained through patient interviews. Secondary data, on the other hand, was gathered from various sources, including textbooks, magazines, journals, and websites. The research design employed in this study was both 'descriptive' and 'exploratory.' The sampling technique chosen for the study was convenience sampling, where respondents were selected based on convenience. The sample size comprised 600 patients. For data analysis, statistical tools such as MS-EXCEL and MS-WORD were utilized. Ms-Excel was employed to create pie charts and graphs, while MS-WORD was used to compose the entire project report.

RESULTS & DISCUSSION

Several recommendations have been proposed to enhance the efficiency and overall functioning of the outpatient department (OPD). Firstly, there is a need to update systems at the billing section to ensure accuracy and effectiveness. Additionally, the segregation of billing counters is suggested for smoother operations. To accommodate patients seeking consultations with two doctors on the same day, a minimum gap of two hours between the two appointments is advised. It is crucial to have proper signage in place to guide patients effectively.

To streamline the process and eliminate unnecessary steps, particularly the TOKEN Counter, steps should be taken. The consultation hours for first-line doctors are proposed to be from 12:00 pm to 5:00 pm, while second-line doctors' consultation hours should be scheduled from 8:00 am to 11:00 am. Front office staff is encouraged to actively seek OPD feedback from patients. Efficient functioning is further supported by maintaining the Hospital Information System (HIS) and ensuring the proper management of case files by OPD assistants. For better patient communication, OPD assistants should inform review patients in advance about the doctor's availability in the OPD. Establishing separate information centers to address patient queries and ensuring the regular maintenance of smart card machines and computers are additional recommendations for a well-organized OPD system.

CONCLUSION

The outpatient department (OPD) was subject to observation for a comprehensive understanding of its operational processes. Despite the staff's dedication to patient care and sincerity in their roles, certain shortcomings were identified. There was a noticeable lack of coordination in managing patient flow, and the staff exhibited deficiencies in soft skills, particularly in handling patient queries. Furthermore, the OPD lacked proper organization. The study involved tracking new patients through each step of the process to calculate the total turnaround time (TAT), revealing an average duration of 32 minutes. Notably, a significant portion of patients spent between 10 to 15 minutes in the reception area. A majority of patients experienced wait times exceeding 20 minutes for doctor consultation, while the average consultation time was found to be 10 minutes.

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