

CHAPTER: 07

TO STUDY TURNAROUND TIME AND TO IDENTIFY BOTTLENECKS IN THE OPD THAT CAUSES HIGHER TURNAROUND TIME

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INTRODUCTION

A section within a hospital designed for the examination and treatment of individuals who visit for medical diagnosis and care without the need for overnight stays is referred to as an outpatient department (OPD). At RGCI & RC, the OPD exclusively caters to cancer patients. The outpatient department plays a crucial role in terms of financial assistance and achievements. The period from a patient's arrival in the outpatient department to their departure has been characterized as "the duration between entering and leaving the OPD.

In many hospital outpatient departments, patients often experience prolonged waiting times for medical care or advice from qualified healthcare professionals, leading to dissatisfaction with the extended duration spent in the hospital. Lengthy waits in an OPD can adversely affect a healthcare institution's ability to attract patients efficiently. For a new and expanding company, offering marketing services becomes challenging when dealing with dissatisfied individuals experiencing slow processes and extended waiting periods. The effective functioning of a hospital's outpatient department is crucial, especially considering the substantial number of ambulatory patients in most locations, given that outpatient services tend to be more cost-effective than inpatient services. Hospitals employ various quality assurance indicators, with "waiting time" emerging as a particularly significant factor for patients in outpatient departments. Consequently, extended queues in OPDs pose challenges to the overall efficiency of a hospital.

The study emphasizes the critical significance of Turnaround Time (TAT) as a pivotal criterion in evaluating laboratory services within a hospital. The findings underscore the inadequacy of a singular TAT definition for all types of tests or diverse settings [1]. Patient satisfaction stands out as a vital and widely embraced metric for evaluating the quality of healthcare. Its influence extends to clinical outcomes, patient retention, and the risk of medical

malpractice lawsuits. The level of patient satisfaction profoundly shapes the prompt, effective, and patient-focused provision of high-quality healthcare services. Consequently, it serves as a reliable proxy that effectively gauges the efficacy of both physicians and medical facilities. [2].

RESEARCH OBJECTIVE

1. To conduct a comprehensive analysis of the Time-motion study in the OPD.
2. To execute a gap analysis of the department.
3. To propose strategies to address challenges contributing to gaps in the process flow.

RESEARCH METHODOLOGY

The research design employed was descriptive, cross-sectional, and quantitative. It was executed within the Outpatient Department at RGC & RC, New Delhi. Over a span of 75 days, a total sample size of 104 patients was collected and systematically reviewed to identify areas with potential for advancement and improvement in management. The data collection method utilized a basic Convenient sample approach, where patients were randomly selected upon entering the hospital premises. Upon arrival, the patient or accompanying attendant was provided with a registration form containing details such as Patient Name, Address, Aadhar number, etc. Following the provision of this information, the collector accompanied the patient, recording the time spent at each step along with corresponding timings. The study duration extended from April 10th, 2022, to May 25th, 2023.

RESULTS AND DISCUSSION

It was determined that the longest waiting time was associated with the Consultation phase, with a maximum duration of 52 minutes and 20 seconds. In contrast, the OPD counter exhibited

the shortest waiting time, averaging 11 minutes and 42 seconds, a common trend observed across all patients.

Post-consultation, when patients were referred to their respective departments, the study identified an outlier in the Pre-Anaesthesia Check (PAC) department, where the maximum waiting time recorded was 1 hour, 54 minutes, and 40 seconds. This extended waiting period in PAC was notably influenced by a lower patient influx compared to other departments, making it an outlier within the overall study findings.

CONCLUSION

In order to enhance the overall patient experience and streamline operations, several recommendations have been proposed. Firstly, the implementation of bilingual and easily understandable signages is suggested, ensuring clear visibility for patients. The existing mapping system should be simplified and actively utilized by ground staff for effective patient guidance. Staff training is emphasized, focusing not only on enhancing proficiency with the Hospital Portal and App system but also on soft skills. Efficient management of existing manpower is crucial for patient navigation and inquiries. IT processes, such as registration, should be shifted to online mode to minimize patient waiting times. Ancillary services, including a dedicated counter for wheelchair services and provision of amenities like proper seating and drinking water facilities, are recommended for improved patient convenience. Addressing patient grievances involves segregating hours for appointment and walk-in patients during consultation, providing cost estimates post-consultation, implementing strict rules on the number of attendants accompanying patients to reduce overcrowding, and modulating temperatures on each floor for a comfortable hospital environment. These measures collectively aim to enhance patient satisfaction, streamline processes, and optimize the overall functioning of the hospital.

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