

**ASSESSMENT OF QUALITY OF OPD SERVICES AT LAL
BAHADUR SHASTRI HOSPITAL, KHICHRIPUR DELHI
A DISSERTATION SUBMITTED IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE**

**AWARD OF
POST-GRADUATE DIPLOMA IN HEALTH AND
HOSPITAL MANAGEMENT**

BY

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Col Aditya Choudhary** successfully completed his Internship under the aegis of National Institute of Health and Family Welfare, New Delhi, in the Out Patient Department of Lal Bahadur Shastri Hospital, Khichripur, Delhi and has successfully completed his Project **"To Assess the Quality of OPD Services at Lal Bahadur Shastri Hospital, Khichripur, Delhi"**.

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

I wish him all the best for future endeavours


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Certificate of Approval

The following Dissertation titled "Assessment of Quality of OPD Services at Lal Bahadur Shastri Hospital, Khichripur Delhi" is hereby approved as a certified study in management carried out and presented in a manner satisfactory 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 there in but approve the dissertation only for the purpose it is submitted.

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
This is to certify that **Col Aditya Choudhary**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He is submitting this dissertation titled **“To Assess the Quality of OPD Services at Lal Bahadur Shastri Hospital, Khichripur, Delhi”** under the aegis of **“National Institute of Health and Family Welfare, New Delhi”** 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.

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CERTIFICATE BY SCHOLAR

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Signature

Date : April 2018

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Col Aditya Choudhary

ABSTRACT

Assessment of Quality of OPD Services at Lal Bahadur Shastri Hospital

Background: The outpatient department(OPD) as we know is the first point of contact between the patient , their relatives and hospital and its staff. The care provided in the OPD and the behaviour of the staff determines the image of hospital and is aptly referred as ‘Shops Window’ of the hospital, In private hospitals since each and every facility is paid for the quantity of patients is less, whereas in public hospitals overcrowding leads to chaos and total un satisfaction amongst the patients leading to scuffles. This study was carried with the aim to assess quality of OPD services in secondary level LalBhadur Shastri Hospital Khichripur , Mayur Vihar phase-2 Delhi. **Method:** On site observation, questionnaire ,participative observation, SOP and OPD registers documents were reviewed and procedure monitored, average time patient was spending at each level was noted ,questionnaire as feedback was taken from patients, A Pilot Intervention was initiated to monitor change in satisfaction level of the patient , Appropriate tables and graphs were used for representing various findings and results. **Findings:** Illiteracy ,lack of guidance, poor facility, overcrowding, unscheduled OPDs of doctors, Delay in morning first OPD due to In patients department rounds by the concerned doctor, insufficient staff and local political interference were compounding to total un satisfaction amongst the patients visiting the OPD which to some extent was streamlined by recommended pilot intervention.

Key words: Waiting time , satisfaction, OPD

DEFINITIONS AND ABBREVIATIONS

OPD: Out Patient Department :An outpatient department is a hospital facility where non-urgent ambulatory medical care is provided.

IPD : In-Patient Department: An in-patient department is a hospital facility where patient is admitted and medical care is provided.

Ambulatory care : outpatient care or services

Block Appointment : Calling for certain no of patients to be present at a given time

Consultant : They are the specialist doctor.

HIS: Hospital Information System. It is the software which stores the relevant information about the patient, various modules of HIS are billing, registration, booking an appointment, etc.

UHID: Unique Hospital Identification Number. This number is generated when a patient get registered with the hospital. It is a unique number and stays with respective patient for the life time

OT: Operation Theatre, a room within a hospital where surgical procedures are carried out.

CathLab: A catheterization laboratory or oath lab is an examination room in a hospital or clinic with diagnostic imaging equipment used to support the catheterization procedure.

ANM: Auxiliary Nurse Midwife are the nurses, who helps doctor during the OPD and note the necessary vitals of the patient.

Queue Manager : These are the vertical rods which are kept in front of the desk and are used to make different straight queues.

Dept: Department

LBSH : LalBahadurShastri Hospital

MOHFW : Ministry of Health

NIHFW : National Institute of Health & Family welfare

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Chapter 1- INTRODUCTION

Hospital Management involves ensuring effective utilization of physical and financial resources as well as creating an organization beneficial to the growth and development of mankind¹. The Out Patient Department or (OPD) as we know it is the first point of contact between the patient, their relatives and hospital, along with its staff. The care provided in the OPD and the behavior of the staff determines the image of the hospital and is aptly referred as ‘Shop’s Window of the Hospital’ in fact the patient's impression of the hospital begins at the OPD and this impression often influences the patient's sensitivity to the hospital and therefore it is essential to ensure that OPD services provide an excellent experience for customers and It is also well established that out of these 8-10 per cent patients may need hospitalization. The outpatient department is one of the dept of the hospital which cares for the ambulatory patient who come for diagnosis, treatment and follow up.

Role and Function of OPD

To provide for community a major source of specialist diagnostic medical opinion, where the knowledge and skill of the specialist is backed up by the resources of the hospital.

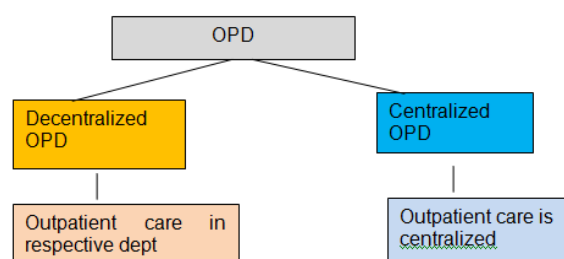
To treat a many as possible cases on ambulatory and domiciliary basis.

Referral of patients for admission those needing.

Carry out medical Rehab after discharge

To compile collate analyze records of patients

Prevention through immunization



Scores of patients, a maze of windows, chaos and confusion are the typical scenario of a hospital OPD. Some of the reasons for later mentioned behavior are as follows:

Managing Time

It is crucial to manage time well and optimize its use for both consultants as well as patients. This situation is challenging with more "visiting consultants" serving the hospitals. Since many doctors are fee-for-service consultants and operates in more than one hospital it is not easy for the patient to find out whether the particular

Consultant he is looking for is indeed available in the OPD, especially surgeon who are often in the theater.

OPD Scheduling

As most patients, whether new or old, prefer to come to the hospital in the morning, there is always a overcrowding of outpatient. Moreover, the doctors would like to see the patient in the morning hours. Most patients also come without appointments.

Consequently, an important area to improve upon is the appointment and scheduling system. The heavy rush of the patients' in-peak hours leads to long queues to meet the concerned doctors. "Keeping an appointment is becoming difficult for the doctor as well as patient due to inaccurate estimation of time. At time, doctor does not adheres to the slot appointed to them effectively, which affects the productivity of the hospital.

Infrastructure

Improper facility planning and space allocation for specialties and dispersed functionally related departments are major hindrances for efficient functioning of an OPD. OPD and IPD activities sharing common facilities i.e. reception, enquiry cash collection and diagnostics lead to overcrowding and confusion. The centralized OPD registration causes huge crowd, long queues, confusion

which ultimately leads to lack of adequate seating area, lack of guidance to go to respective doctors' consulting rooms.

When well organized and professionally run, not only can such OPDs help avoid confusion, frustration and overspending by fearful patients but can also regulate the flow of inpatients to the hospitals.

To observe, regulate and streamline various fronts and suggest further improvement in quality of OPD services, the following study was carried in a public hospital

About the Organization

Hospital : The study was carried at the Lal Bahadur Shastri Hospital Khichripur Mayur Vihar- Delhi (LBS) which is a 100 bedded (functional 188 beds) secondary level hospital situated in trans Yamuna area of Delhi, it caters to Eastern District of Delhi and its adjoining areas from Noida to Ghaziabad, Khora ,and areas of Uttar Pradesh. LBS hospital Khichripur was commissioned in Dec 1991 with only OPD services, the indoor services were started in 1996 and finally made fully functional with all departments working by 1999.

The Vision of the Hospital is to provide best possible Quality Health Services in all the specialties in a harmonious atmosphere to every section of the society free of cost ,specially the under privileged.

OPDs like Medicine, Surgery, Pediatric, Obs & Gyane, Skin, Dental, ENT, Orthopedics with physiotherapy, psychiatry, ART Clinic etc are offered. The number of the patients visiting the OPD is approx2500-3000 per day. The OPD works six days a week from 8:00 Am to 2:00 Pm, The registration opens from 7am to 1pm daily.

With this almost 250% workload the infrastructure space and manpower is not enough. With 07 registration counters for routine OPD and 01 counter for hospital staff, senior citizen and disabled patients.

The Manpower includes 08 staff members including doctors the breakup of it being as follows:

Medical Superintendent – 01

Deputy MS -01

Specialists - 22

GDMOs – 25

Sr Residents – 60

Jr R – 39

Nursing staff – 127 out of 132 Paramedics – 69 out of 74



Lal Bahadur Shastri Hospital Khichripur Delhi



CONCEPTUAL MODEL

The concept line followed during the entire study at the OPD is as follows :

Defining the process:-

The following points were considered in defining phase:

The overall objective of the OPD.

The scope – defining current process, sub process, performance parameter,

Gap analysis – analyse management problems causing inconvenience for the patient..

Defining of factor which will help in deciding whether the process is successful or unsuccessful.

Measurement: In this phase, the understanding of how data can be captured either through HIS or manually will be decided and measuring of data commences .

Analysis : The following points to be considered in this phase:

Look in for quality improvement opportunity i.e. identifying the sources of improvement in the current processes.

.Feedback and suggestion analysis.

Idea generation and prioritization: estimating impact and feasibility of each idea.

Action: Designing of mini pilot project from the feedback which were generated during the monitoring phase.

Chapter-2 Objectives

AIM:

To Assess Quality of OPD services at Lal Bahadur Shastri Hospital, Khichripur Delhi.

Objective:

To understand and define the current OPD process and sub processes in a 100 bedded hospital.

To set the parameters as per SOP on which the performance of OPD will be measured.

To initiate a pilot intervention on the feedback ideas and see the practical feasibility of it.

Recommend the changes and roll the proposal if the changes are positive.

Overview

Study Area: under aegis of MoH, NIHFW at LBS Hospital.

Duration: 01 Feb 2018 to 30 April 2018

Sample Size: Approx 200 though aimed at 300 Patients, but was only able to take 05 patients per day, registration to completion at OPD.

Data source : Primary - Onsite and participative observation, questionnaire

Secondary – Hospital SOPs and OPD documents, HIS data.

Interview and Feedback from the registering staff, nursing staff and patients

Assessing the quality of satisfaction: time spent at various locations by a patient

Methodology

The study will be carried out as per the following methodology / procedures:

Review of literature

Study the current process of OPD

Study the OPD Sub Processes

Define Performance Parameters as per SOP

Assess the quality of OPD through data collection

Find out the gaps and make suitable recommendations with regards to quality of OPD services.

Data Sources

Primary- Onsite and participative observation , Questionnaire.

Secondary – Hospital SOPs and OPD documents, HIS Data.

Expected Outcome

The study is intended to bring out the following outcome:

To find out quality of OPD service and gaps therein

Calculation of manpower and staff requirement based on workload and SOP

Make suitable recommendations for quality service

Time Frame

The study will be carried out over a period of three months from 01 Feb2018 to 30 Apr2018.

CHAPTER -3

REVIEW OF LITERATURE

Patient's Waiting Time and Their Satisfaction of Health Care Services :

Increase waiting time at OPD causes a negative impact on patient's satisfaction; hence health care facility performance can be best assessed by measuring the level of patient's satisfaction. Afzal in his study showed that patients waiting time at medical OPD was 2.35 hours. Unlike the present study, this study included the consultation time with the physician as well as the time taken for the investigations.

Ershad Ur Rahim et al in their study found that each patient spent on an average 66.64 minutes to avail OPD services. This finding is similar to the present study.

According to standard operating procedures of OPD for district level hospitals waiting time for collection of OPD ticket is one minute, waiting time of 2-3 minutes for dispensing medicine and time for lab investigation is 10 minutes. In comparison to these standards waiting time, the findings of this study showed that it is rather longer. The various factors contributing such long waiting time were-registration clerk not attending duty on time, taking more time to register the patient, difficulties in locating rooms, rush, no one to help, doctors coming late on duty, doctors , pharmacists talking on mobiles, VIP patients jumping queue etc. Most of these problems could be overcome with little efforts from the part of health care providers.

Appropriate markings showing directions, increase number of man power, making compulsions to attend duty on time, switching off mobile or its meticulous use during duty hours and sympathetic approach of the staffs will help to reduce the OPD waiting time and to increase their satisfaction towards services rendered. In the present study total satisfaction with OPD services was observed in 65.3% respondents. This result is little bit more than that observed

by Patavegar et al and Chetwynd In their studies total satisfaction was 50.89% and 49% respectively. (Nandkeshav R, 2014)

Conceptual Framework of Digitization of Hospital Services and operations:

Internet of Things (IoT) is going to revolutionize healthcare.⁵ According to the author, technology can reduce errors during delivery of care. IoT can also help the people at their home, in rural and urban areas and extend the scope of healthcare to where the people are.

Digitization of hospital services and operations requires involving all stakeholders for their inputs and capacity building of all stakeholders for implementation of digitization. Before digitization, we would have to decide what quality of care digitization could provide to the current system.

For effective and real-time monitoring of hospital services and operations, a dashboard should be created according to the roles and responsibilities of different users. Reports in digitized system should be interactive, easy to read, and real time. Who will enter the data and who will access data according to their roles and responsibilities should be clearly defined.

Patient prescription and referral system and patient feedback system must be digitized. Patients can give their valuable suggestions to improve the services and quality of operation. Radio-frequency identification (RFID) tag can be used for patient localization, supply chain management, Inventory control, etc.

(Bele N, 2018) et al.

Patient satisfaction with services of the outpatient department :

The result of any service encounter in a hospital generates a consumer judgement – either of satisfaction or dissatisfaction. When the perceived performance of the hospital meets or exceeds the expectations of consumers, the outcome is a satisfaction judgement and a dissatisfaction judgement follows when perceived performance is below expectations.

Easy accessibility and a good signage system for the OPD services provide a good image for the hospital. Satisfaction was found to be high among all study

groups in respect of accessibility and location of OPD Services, but found to be lower for certain structural variables like signage system, parking and cafeteria facilities. However, the old vintage of the hospital building and the horizontal spread may have contributed towards dissatisfaction in respect of such structural attributes of the OPD.

The patients intending to utilize the OPD Services will have his or her first interface with the hospital at the OPD Registration counter. It is vital for patients to receive adequate information at the Registration counter, as many of them may be utilizing the OPD services for the first time. 95–100% of Officers and soldiers expressed satisfaction with the information received with only 88% of Junior Commissioned Officers being satisfied, the difference being observed to be statistically significant.

Staff behavior, particularly polite and courteous behavior has been accepted as a necessity for hospital OPD services and there is unanimity among all respondents in respect of satisfaction judgment for this variable. Training of OPD staff in soft skills might have started yielding positive results towards higher satisfaction with staff behavior in the study hospital.

(Mohd Athar,2014) et al.

Chapter 4

MATERIALS AND METHODS

A specified framework was followed for measuring the pre- determined objective and parameters.

Area of the study

The area consists of all patients coming to OPD

Methodology

The study carried out as per the following methodology / procedures:

Review of literature

Study the current process of OPD

Study the OPD Sub Processes

Define Performance Parameters as per SOP

Assess the quality of OPD through data collection

Find out the gaps and make suitable recommendations with regards to quality of OPD services.

Data Sources

Primary- Onsite and participative observation , Questionnaire.

Secondary – Hospital SOPs and OPD documents, HIS Data.

Defining- Current Process

The objective of an OPD is

To be the first (non-emergency) point of contact between the patient and the hospital.

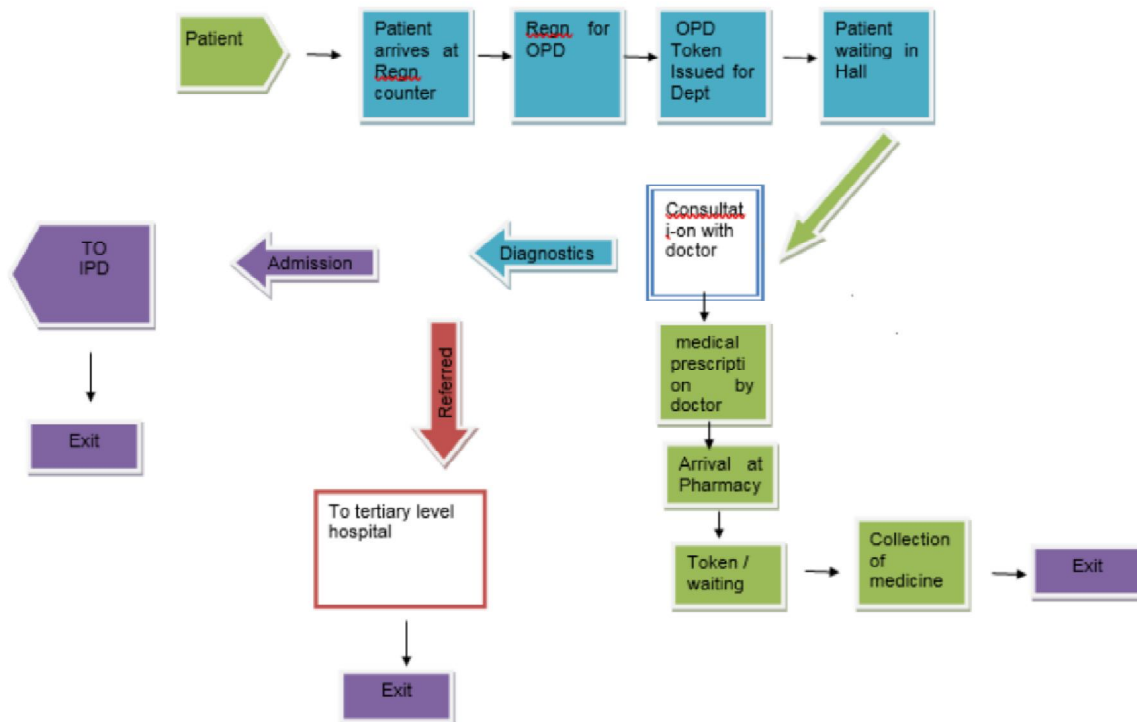
To provide information about and guidance to access to all hospital services.

To ensure patients coming to see a doctor get to see the right consultant at the right time.

In scope :

- Patient phone calls
- Front and back office activities
- OPD nurses
- Consultant
- Out of scope :
- Consultations
- Treatment

CURRENT MAP PROCESS OF THE OPD



Defining Sub Process

List of sub process which was identified after studying the overall process are as follows:

Registration, appointments

Nurse station

Consultation

Registration, Appointment & Consultation - Sub Process Definition The objective of this process is :

To register new patients and provide UHID

To give appointments for consultations

To identify for all services offered through OPD

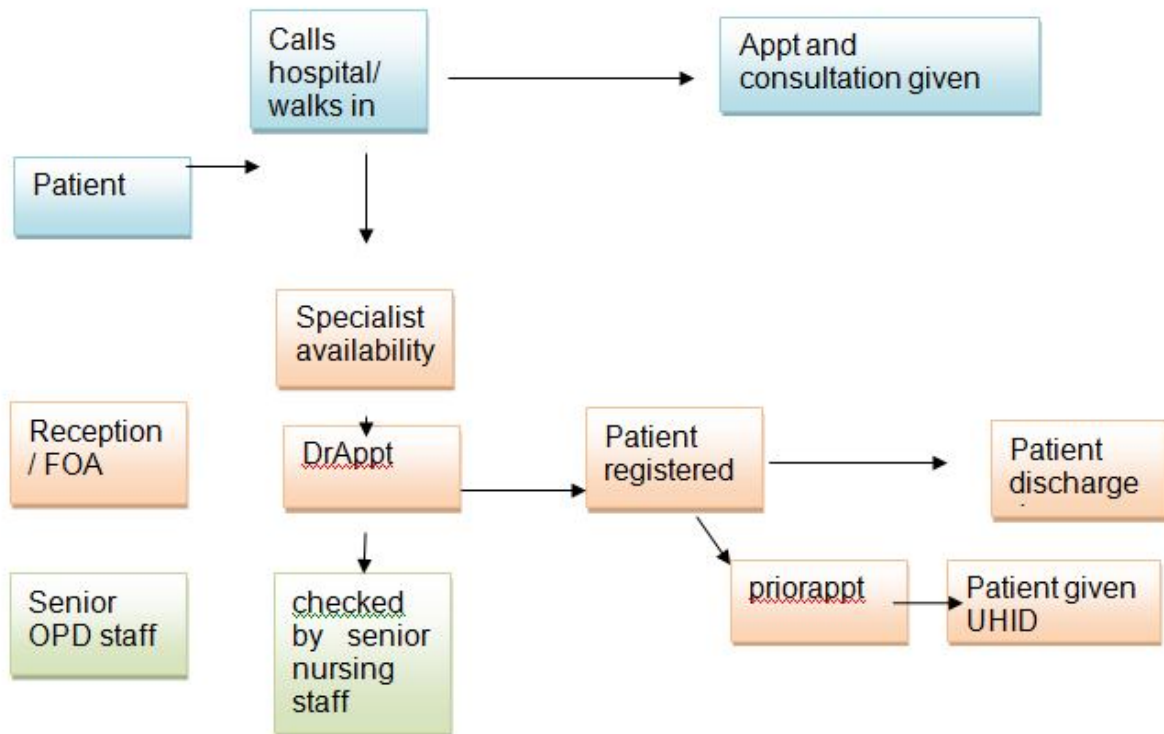
In scope

- Patients walk-in with appointment
- Consultation first time
- Consultation follow up

Out of scope

- Diagnostics

Current map process of Registration, Appointments Consultation



Nurse Station - Sub Process Definition The objective of this process is :
To take and record patients' vitals before they begin their consultation

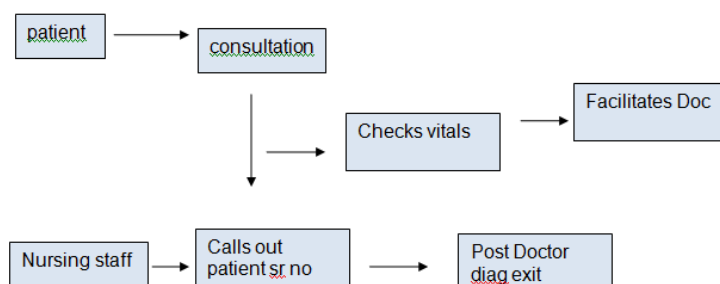
In scope:

- All OPD specialties

Out of scope:

- Vitals required by individual specialties / consultants

Current map process of the Nurse Station



CONSULTATION - Sub Process definition : The objective of this process is

To ensure patients get to see the consultant promptly according to appointment times

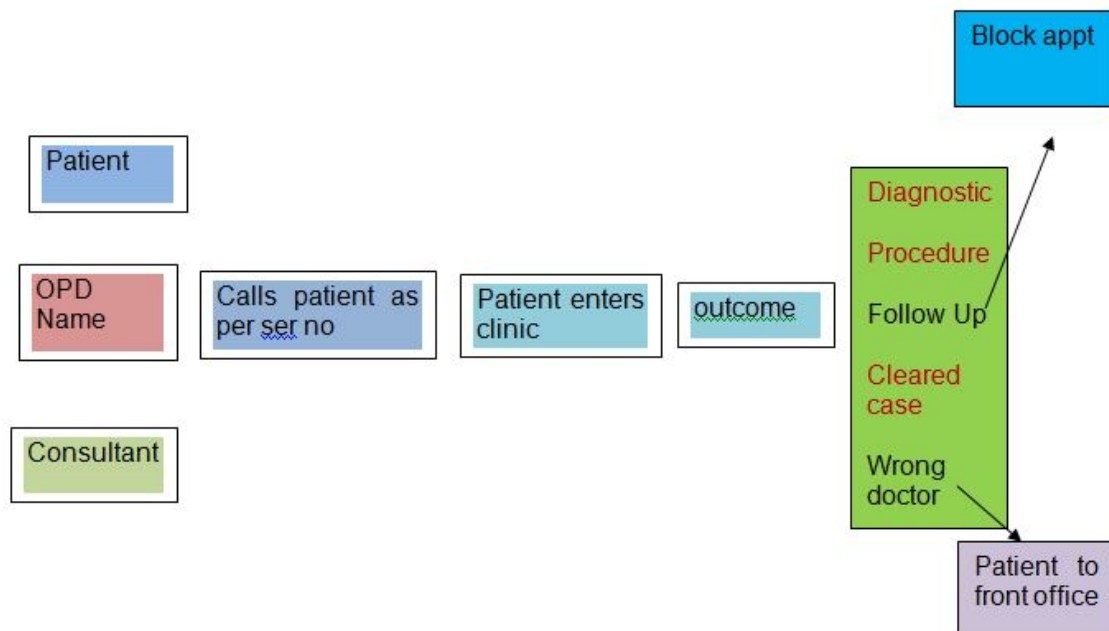
To ensure all patients consulting Dr's at FEHASR are billed

In scope

- Consultants in all specialties
- Billing / Pharmacy

Out of scope

- Medical consultation
- Current map process of the Consultation



Defining Performance Parameter

Identification of the parameter which will help in measuring the performance of OPD was done in two phases.

First Phase:

The questionnaire was designed for the staff of the hospital to identify the areas which affect the patient experience at the non clinical side at the OPD.

On the basis of the identified problem, a second set of questionnaire was prepared for the patient's dependents to understand their point of view on the respective problem.

Second Phase:

In this phase target group were patient and their attendant. The questionnaire was designed and distributed among 50 people who had come to the OPD. 50 per cent of the group were the people selected who had visited OPD for the first time and the rest 50 per cent had visited OPD more than once.

After studying all the filled questionnaire and interaction with the staff and the guide, following parameter were decided for measuring the performance of the OPD.

Average Queuing Time.

Average Delay in start of first OPD.

Average waiting time for Patient.

Percentage of Patient delayed for more than 15 minutes post appointment.

Data collection

Primary data was collected manually with help of nursing staff, Hospital information system

Description of the parameter to be measured and source of data collection.

Average queuing time:

Description: This parameter will helps to measure the average amount of time a customer wait at the front office either for registration, splappt or for report collection.

Source of data collection:

The data for this parameter was collected with the help of security guard. A set format was given and they were asked to record the time.

In time at OPD	Time at the Front Office	Time out from Front Office

$$\text{Average queuing time} = \frac{\text{Time Out} - \text{Time In}}{\text{Number of Sample}}$$

Average Delay in start of first consult:

Description: This parameter will help in doctor OPD scheduling. By measuring this parameter, time at which a doctor starts his OPD can be identified and respective scheduling can be done.

Source of data collection:

Nurses: Nurse on duty note the time at which doctor started his first OPD for the day.

Data was retrieved from the HIS where the time of 1st appointment for the patient for the respective doctor can be taken out.

$$\text{Average delay in start of 1st consult} = \frac{\text{Time of 1st consult} - \text{Appointment time}}{\text{Number of Sample}}$$

Average waiting time for appointment:

Description: The amount of time patient waited post appointment. This metric helps us in understanding where actual delay is happening.

Source of data collection:

HIS: During billing for the consultation, patient is given the appointment time to meet the doctor. This time can be retrieved from the HIS.

Nurses: During doctor consultation, nurses note the in time of doctor, patient UHID, Name and In-Time in a set format which was circulated to the OPD nurses.

Doc Name:
Doc In Time:

S. No	UHID No	Patient Name	Patient in Time

Combining the data, average waiting time for appointment can be measured.

Average waiting time for appointment = Time of consult - Appointment time

Number of Sample

Percentage of patient delayed for more than 15 minutes post appointment:

Description: This parameter help to identify the percentage of patient delayed more than 15 minutes post appointment.

Source of data collection:

Data is collected with the help of HIS and nurses, in the same format as mentioned earlier.

By identifying the patient who were delayed for more than 15 minutes, following was calculated.

Percentage of patient delayed for more than 15 minutes post appointment =

No. of patient delayed for more than 15 minutes post appointment

Total no of Sample

CHAPTER-5

DATA COLLECTION AND FINDINGS

The collected data is as follow:

Parameter	12Feb– 23Feb	26Feb- 09Mar	12Mar- 23Mar	26Mar- 06Apr	Target
Average delay in start of 1st consultation minutes	66	78	83	86	15
Patients delayed >15 min. post appointment	86%	64%	80%	73%	10%
Average waiting time for appointment in minutes	49	52	56	38	15

Table-1/experiment

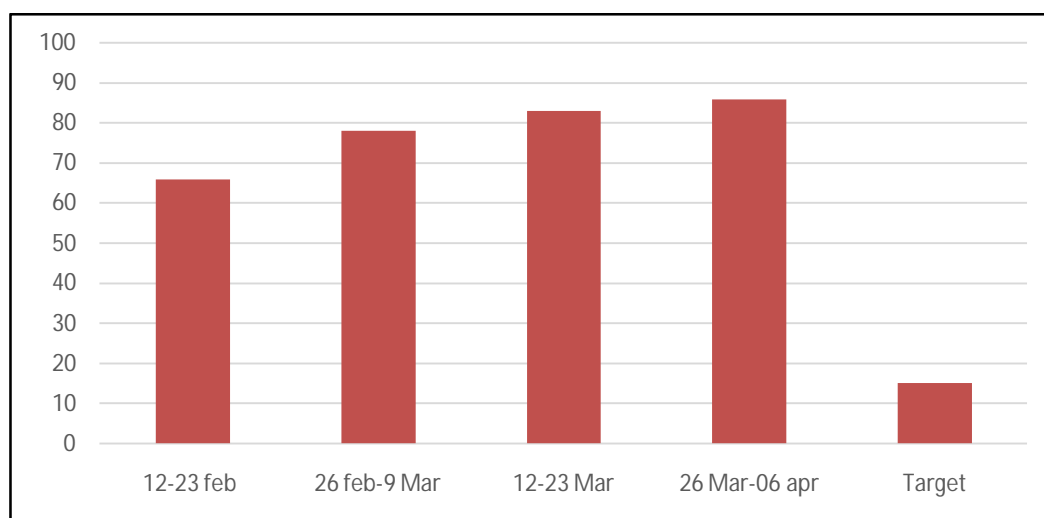
ANALYSIS

Along with the measurement phase, evaluation of the data was also carried out.

The data for the following graph was taken from the Table-1/Experiment.

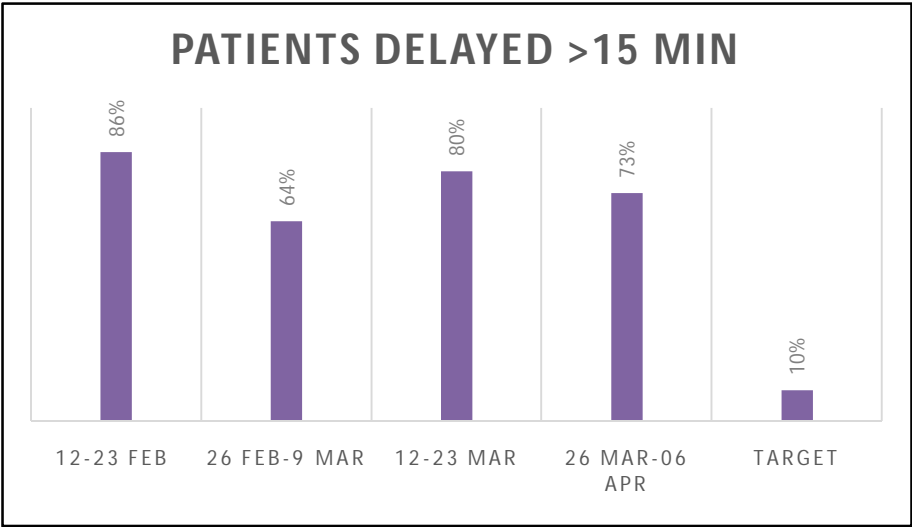
Average waiting time for 1st consultation

Minutes



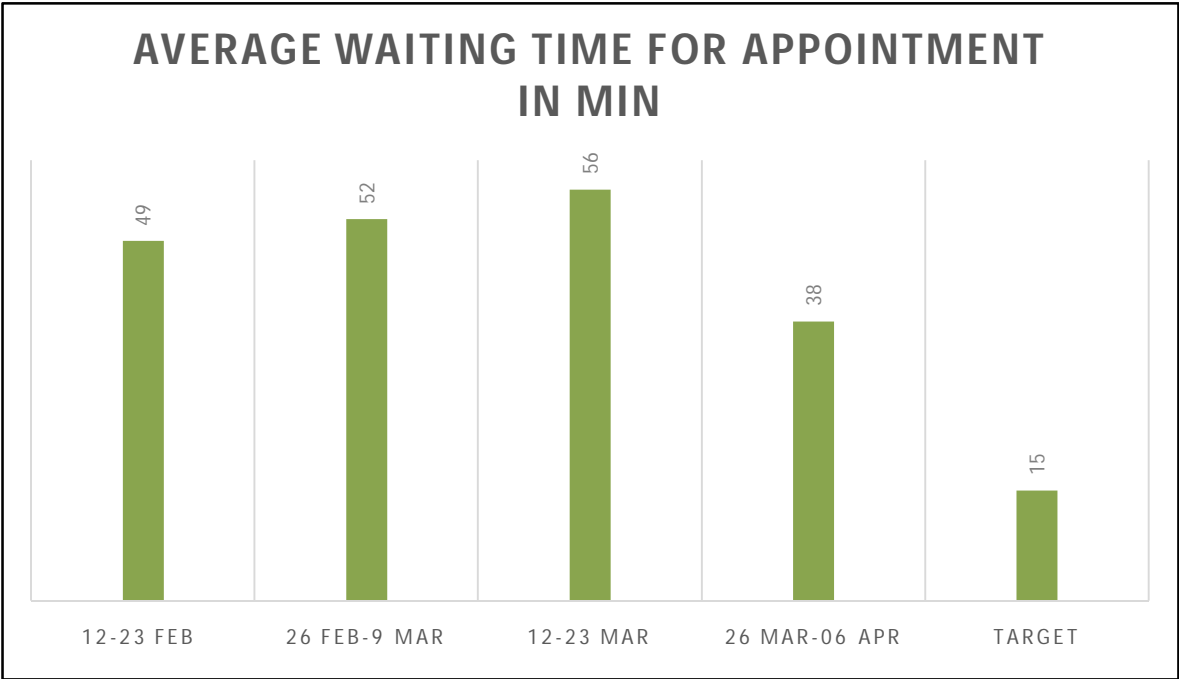
Graph-1/Experimental

As per four week data average delay in start of first consult range from 66-86 minutes . The target was set for 15 minutes



Graph-2/Experimental

As per four week data the percentage of patient delayed fro more than post appt. ranges from 86-73%. The target for the same was set at 10%



Graph-3/Experimental

As per four week data, the percentage of patient delayed for more than 15 minutes post appointment ranges from 56 to 38. The target for the same was set at 15 min.

During the evaluation of the data for graph-1, graph-2 and graph-3 of the experimental phase, the following things were observed:

Doctors OPD Scheduling:

There was no OPD scheduling for doctor. A general time was given to all the doctor i.e. form 8.00 am to 2 pm.

Before starting the OPD, doctors prefer the IPD rounds, which was not consider.

There was no fixed in a week or timing days in a day when doctor could perform his OT/Cath Lab Procedure. The OT/Cath Lab days used to clash.

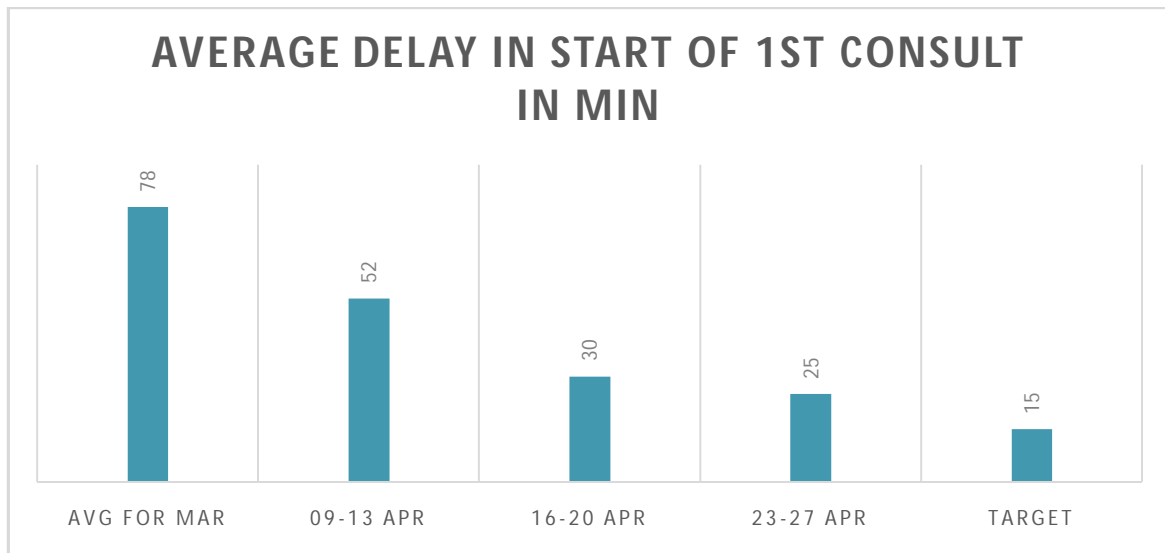
There was no specific time slot available for doctors lunch.

Lack of coordination between OPD staff and Doctor.

The time slot which was given to the patient was random. It was not classified according to new patient and follow up.

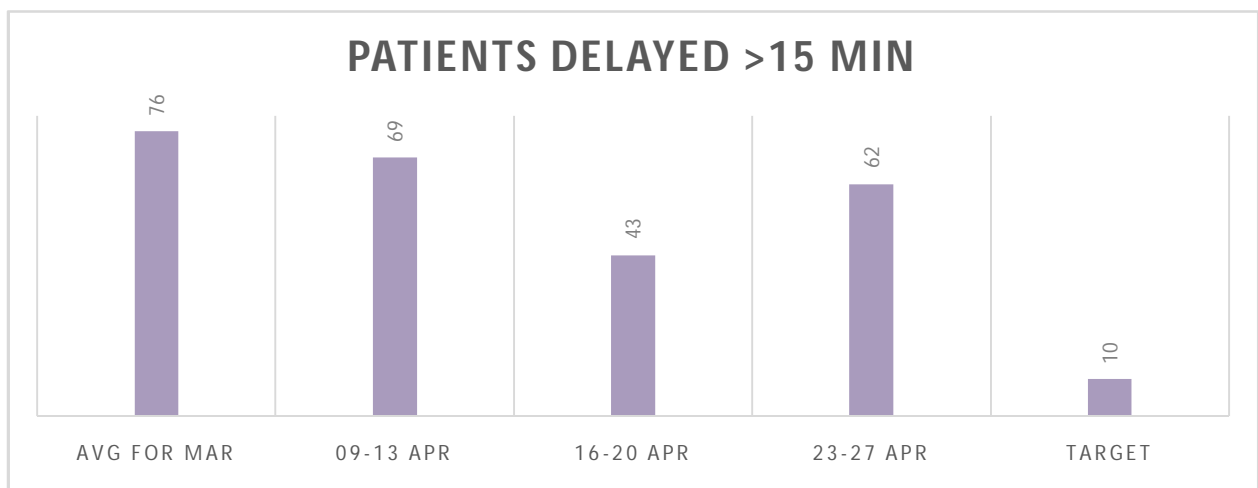
Piloted Intervention

Parameter	Average for Mar	09-13 Apr	16-20 Apr	23-27 Apr	Target
Average delay in start of 1st consultation minutes	78	52	30	25	15
Patients delayed >15 min. post appointment	76%	69%	43%	62%	10%
Average waiting time for appointment in minutes	49	38	30	22	15



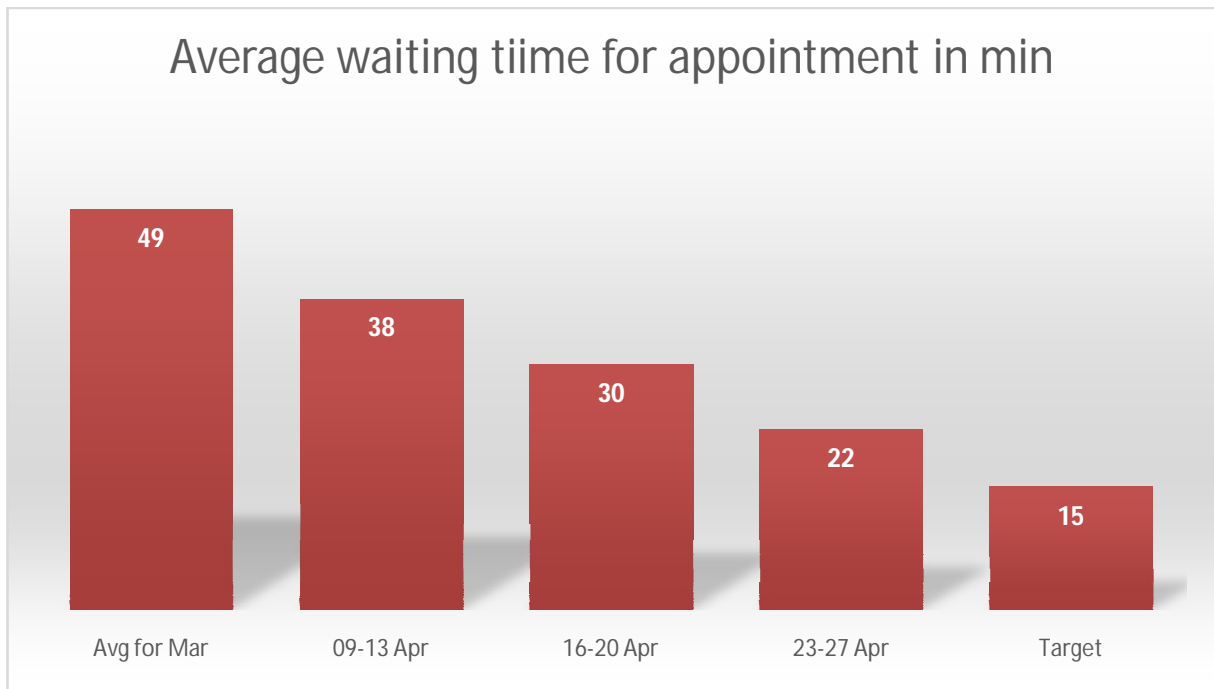
Graph-4/Experimental

As per data , on an average the waiting time for appointment ranges from 60 minutes to 36 minutes. The target which was set at 15 minutes.



Graph-5/Experimental

As graph indicates, there is a small reduction in percentage of patient delayed for more than 15 minutes. As there will be improvement in start of the 1st OPD consult, there will change in parameter.



Graph-6/Experimental

Compare to the average waiting time for the month of Mar there is a change in average waiting time for appointment .

The reason for the decline in the graph-4/Action, graph-5/Action, graph-6/Action is as follows:

The doctors OPD scheduling: The OPD scheduling was done keeping in mind the doctors morning and afternoon OPD timing.

This also helped in identifying the available slot of the consultant room which in turn can be shared by some other doctor and hence the number of specialty OPD can be increased.

The OPD staff was asked to give slot of ten minutes for new patient and five minutes for follow up.

Chapter-6

FINDINGS

- OPD process were defined and followed to check improvement and or adherence to laid down SOP
- SOP are available for each and every department including OPD.
- Computers were being used for registration of patients as a standalone unit.
- Poor and mostly illiterate patients from local area were the main client over crowing the hospital.
- There was no earmarked front desk to guide patient for de centralized OPD.
- Sign ages were prominent and correctly placed.
- Appointment calling was slightly disorganized in some departments.
- Doctors first OPD delayed due to IPD rounds in the morning.
- Shortage of clinical staff leading to pressure on doctors & nurses.
- Interference of local bodies politically influenced workers creating unnecessary hindrance.
- Impolite and insensitive behavior of some staff towards patients.
- Pharmacy counters were congested, with limited staff to dispense medicine leading to unsatisfied and confused patient.
- Most medicines out of stock leaving clients to buy from market.
- Soiled toilets and water logged drinking area led to unhygienic conditions.
- Post Intervention

- Helpdesk able to guide patient specially new comers, help was given in form filling at registration.
- Guidance upto respective department and endorsement of appointment number on prescription
- Patient's appointment number and name called up on speaker for easy recognition.
- Increase in number of pharmacy outlet with staff to explain medicine as per prescription.
- Frequent mechanical cleaning and disinfecting toilets and water drinking areas.
- Training and motivation of staff in attitudinal change
- Improvement observed, leading to doctor's getting quality time to see patient and also timely freed up for lunch.

CHAPTER-7

RECOMMENDATIONS

Standing Operating Procedures

- SOP exists but adherence to the same has got diluted with passage of time and increase in load and pressure of the patients. Recommended small training or refreshing cadres be conducted once a month in small batches.
- May I help u desk and volunteers from NGOs - for smooth flow of patients to relevant areas, these volunteers can also help old or illiterate patients in filling the registration form.
- Blood Pressure and other necessary vitals of patients to be measured digitally outside doctors chamber.
- ANM to support the front office administration during rush hours to give reports.
- Volunteers from NCC, scouts and Guides to guide first time visitors.

Signage and Information :

- Wheel chair and trolley system to be put in place.
- Floor directories/signage to be made.
- Install queue management systems at the front office.
- Place signage behind every counter for easy recognition.
- Information graphics signage, guide patients from outside
- Registration form filing counters & help desks to be increased
- Special clinics at different timings eg leprosy, diabetics, etc

- Well manned reception with knowledge of local language
- CCTV cameras with TV Panels to guide & monitor patient
- Public Announce system near entrance
- Pharmacy guidance & medicine check

Use Of Information & Technology.

- Recording of vitals by nurses pre consultation
- Reduced time of registration preferably aadhar linked.
- Management software for one time computerize registration.

Assessed Quality Feedback – Implementation Priority

May I help u desk : This desk will be the face of the OPD. It will act as an enquiry point for the patient. The filling of registration form for a new patient can be done at the same counter and test reports can also be distributed from the same.

Measure of Success: Reduction in the queuing time signifies the measure of success of the desk.

Overall: The patient won't be lost after entering the OPD and all the queries can be solved at the same counter. It will help in improving the overall experience of the patient.

Priority: HIGH

Floor directories/signage to be made: This will help patient to locate the specific doctor consultation room and different facility of the OPD.

Priority: HIGH

Install queue management systems at the front office: The queue manager will help in proper distribution of the crowd and will help in better crowd management.

Measure of success: It will help in reducing the queuing time.

Overall: It will help OPD staff to work more efficiently and in uniform manner.

Priority: HIGH

Digitization of Hospital services and operations : This will subsequently help patient get registered and facilitate in getting appointment as well as docket number via mobile sms.

Overall : It will reduce overcrowding in hospital registration counter and waiting halls. Blood Pressure and other necessary vitals of patients to be taken outside doctors chamber: This will help in reducing the time patient spends in the doctor chamber.

Chapter- 8

CONCLUSION

When well organized and professionally run, not only can such OPDs help avoid confusion, frustration and overspending 'by fearful patients but can also regulate the flow of inpatients to the hospitals".

The success of the hospital not only lies in its focus on clinical excellence and focus on patient centric supplemented with great infrastructure and contemporary technology.

Patient centricity, which signifies 'putting patients first', is manifested in hospital design, services, programmers and in the caring approach of all hospital staff, both medical and non-medical. "Patient centricity involved designing a relevant patient/attendant feedback system, which would constantly provide us real time feedback on the views of the patients and their attendants about Hospital services. The feedback was then used to drive the services improvement agenda, including significant investment in the training and development of all staff and especially those which patients are facing, so as to change them to patient's requirement.

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ANNEXURE

Questionnaire 1.

Date:

Name:

Employee:

What are the areas where patient experience can be improved at the non clinical side?

Questionnaire was filled by 25 employees who were concerned with the OPD or have sometime worked at the OPD. The staffs which were included for filling the questionnaire were from OPD, Finance, Marketing, Guest Relation Department, Nursing Superintendent, Deputy-Medical Superintendent and Medical superintendent.

After analyses of the questionnaire and discussion with the guide, following non clinical areas were identified where patient faced maximum problem. The suggestions for improvement were as follows:

Long queue and long waiting time at the billing counter.

Long waiting for the OPD even after taking appointment.

Patient movement in the hospital.

Acknowledging patients i.e. staff attitude towards patient.

Privacy: Whether patient privacy had been respected or not, both when being examined or discussing their condition or treatment.

On the basis of the identified problem, a second set of questionnaire was prepared for the customer to understand their point of view on the respective problem.

Questionnaire2

Name:

Date:

Patient Type: New () or Follow Up ()

1. Did you call or took appointment before coming to the hospital?

a. Yes

b. No

2. Was OPD easily locatable?

a. Yes

b. No

3. Were you aware about the process to be followed for seeing the doctor?

a. Yes

b. No

4. Were you attended by the OPD staff properly?

a. Yes b. No

5. Did staff talk in front of you as if you weren't there?

a. Yes, definitely

b. Yes, to some extent

c. No

6. Did you know which doctor you have to consult?

a. Yes

b. No

7. Were you informed about your appointment time?

a. Yes

b. No

8. Was it easy to locate consultant's chamber?

a. Yes

b. No

Were you seen at the given a

ppointme9. Were you seen at the given appointment time?

a. Yes b. No

10. If your answer in question 9 is NO, Were you informed for how long you have to wait for seeing doctor?

a. Yes, but the wait was shorter than the time given

b. Yes, and I had to wait about as long as I was told

c. Yes, but the wait was longer

d. No, I was not told

11. If your answer to question 9 is yes, how accurate was the waiting time you were given?

a. The wait was shorter than the time given

b. Time given was approximately same as that to waiting time

c. The wait was longer than the time informed

12. Did front office staff made an effort to inform about doctors delay in OPD prior to your approach?

a. Yesb. No

13. Were you told the reason to wait post appointment for seeing doctor?

a. Yes

b. No, but I would have liked an explanation

c. No, but I didn't mind

d. Don't know/Can't remember

14. How well organised was the Out patients Department you visited?

a. Not at all organised

b. Fairly organized

c. Very well organised

15. Overall, how would you rate the care you received at the Outpatients Department?

a. Excellent

b. Very good

- c. Good
- d. Fair
- e. Poor
- f. Very poor

ANY OTHER COMMENTS-

- i. Was there anything particularly good about your visit to the Outpatients Department?
- ii. Was there anything that could have been improved?
- iii. Any other comments?

Pictures

OPD Registration



44112 Patient 76-1
IN
Date

GOVT OF NCT OF DELHI
लाल बहादुर शास्त्री अस्पताल दिल्ली-110091
Lal Bahadur Shastri Hospital, Delhi-110091

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Sl. No.	Name of Patient	Age	Sex	Ref. Doctor	Ref. Hospital	Ref. Date	Ref. Time	Ref. Place	Ref. Address	Ref. Phone	Ref. Email	Ref. Other
1	Faruk	35	M	Dr. Faruk	Dr. Faruk	11/11	11/11	11/11	11/11	11/11	11/11	11/11
2	Faruk	35	M	Dr. Faruk	Dr. Faruk	11/11	11/11	11/11	11/11	11/11	11/11	11/11
3	Faruk	35	M	Dr. Faruk	Dr. Faruk	11/11	11/11	11/11	11/11	11/11	11/11	11/11
4	Faruk	35	M	Dr. Faruk	Dr. Faruk	11/11	11/11	11/11	11/11	11/11	11/11	11/11
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6	Faruk	35	M	Dr. Faruk	Dr. Faruk	11/11	11/11	11/11	11/11	11/11	11/11	11/11
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50	Faruk	35	M	Dr. Faruk	Dr. Faruk	11/11	11/11	11/11	11/11	11/11	11/11	11/11


Specialist OPD



OPD SOP

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OUTPATIENT REGISTRATION CARD COUNTER FCIL (To be retained by the attending doctor)				HNO-262, 601-67 Report CFID, Report	
DTC Regn No. for this patient only		LDC-25513	Diagnosis Disease etc		(Provisional/final)
CD-50 Code		Remarks			
आज की वीट नंबर OUTPATIENT REGN NO. 1007345683		तारुण शस्त्रीजी हॉस्पिटल, दिल्ली-110091 तारुण शस्त्रीजी हॉस्पिटल, दिल्ली-110091			
HNO 10 CODE 105-43449		Dept. Unit	Unit Class	Room No. Ward No.	Guest Token No. 25513-25514
DTC Regn No. for this patient only Date / Time 23/10/2016 11:27		RELIGION		Room No. 25513	1,215
Father / Husband Name DTC Regn No. K. S. R. S. R.		Age Sex	City District State	Female	Locality
Provisional Diagnosis		Category: General/Infectious/POC/EC/IC/Chronic Others		Treatment/Instructions	
Investigations	History/Clinical Findings/Reports				
(b) TLC, DLT, ESR WBC, NORMOCRO PLATELETS PS AS BILIRUBIN ALBUMIN ALT, AST ALP, GGT CREATININE UREA ACID S. ELECTROLYTES LFT Kidney T ₃ , T ₄ , TSH ANTI RBC COAG ECG X-RAY CTG	04 APR 2017 1. No. of visits 1 2. No. of visits 1 3. No. of visits 1 4. No. of visits 1 5. No. of visits 1 6. No. of visits 1 7. No. of visits 1 8. No. of visits 1 9. No. of visits 1 10. No. of visits 1 11. No. of visits 1 12. No. of visits 1 13. No. of visits 1 14. No. of visits 1 15. No. of visits 1 16. No. of visits 1 17. No. of visits 1 18. No. of visits 1 19. No. of visits 1 20. No. of visits 1 21. No. of visits 1 22. No. of visits 1 23. No. of visits 1 24. No. of visits 1 25. No. of visits 1 26. No. of visits 1 27. No. of visits 1 28. No. of visits 1 29. No. of visits 1 30. No. of visits 1 31. No. of visits 1 32. No. of visits 1 33. No. of visits 1 34. No. of visits 1 35. No. of visits 1 36. No. of visits 1 37. No. of visits 1 38. No. of visits 1 39. No. of visits 1 40. No. of visits 1 41. No. of visits 1 42. No. of visits 1 43. No. of visits 1 44. No. of visits 1 45. No. of visits 1 46. No. of visits 1 47. No. of visits 1 48. No. of visits 1 49. No. of visits 1 50. No. of visits 1 51. No. of visits 1 52. No. of visits 1 53. No. of visits 1 54. No. of visits 1 55. No. of visits 1 56. No. of visits 1 57. No. of visits 1 58. No. of visits 1 59. No. of visits 1 60. No. of visits 1 61. No. of visits 1 62. No. of visits 1 63. No. of visits 1 64. No. of visits 1 65. No. of visits 1 66. No. of visits 1 67. No. of visits 1 68. No. of visits 1 69. No. of visits 1 70. No. of visits 1 71. No. of visits 1 72. No. of visits 1 73. No. of visits 1 74. No. of visits 1 75. No. of visits 1 76. No. of visits 1 77. No. of visits 1 78. No. of visits 1 79. No. of visits 1 80. No. of visits 1 81. No. of visits 1 82. No. of visits 1 83. No. of visits 1 84. No. of visits 1 85. No. of visits 1 86. No. of visits 1 87. No. of visits 1 88. No. of visits 1 89. No. of visits 1 90. No. of visits 1 91. No. of visits 1 92. No. of visits 1 93. No. of visits 1 94. No. of visits 1 95. No. of visits 1 96. No. of visits 1 97. No. of visits 1 98. No. of visits 1 99. No. of visits 1 100. No. of visits 1 101. No. of visits 1 102. No. of visits 1 103. No. of visits 1 104. No. of visits 1 105. No. of visits 1 106. No. of visits 1 107. No. of visits 1 108. No. of visits 1 109. No. of visits 1 110. No. of visits 1 111. No. of visits 1 112. No. of visits 1 113. No. of visits 1 114. No. of visits 1 115. No. of visits 1 116. No. of visits 1 117. No. of visits 1 118. No. of visits 1 119. No. of visits 1 120. No. of visits 1 121. No. of visits 1 122. No. of visits 1 123. No. of visits 1 124. No. of visits 1 125. No. of visits 1 126. No. of visits 1 127. No. of visits 1 128. No. of visits 1 129. No. of visits 1 130. No. of visits 1 131. No. of visits 1 132. No. of visits 1 133. No. of visits 1 134. No. of visits 1 135. No. of visits 1 136. No. of visits 1 137. No. of visits 1 138. No. of visits 1 139. No. of visits 1 140. No. of visits 1 141. No. of visits 1 142. No. of visits 1 143. No. of visits 1 144. No. of visits 1 145. No. of visits 1 146. No. of visits 1 147. No. of visits 1 148. No. of visits 1 149. No. of visits 1 150. No. of visits 1 151. No. of visits 1 152. No. of visits 1 153. No. of visits 1 154. No. of visits 1 155. No. of visits 1 156. No. of visits 1 157. No. of visits 1 158. No. of visits 1 159. No. of visits 1 160. No. of visits 1 161. No. of visits 1 162. No. of visits 1 163. No. of visits 1 164. No. of visits 1 165. No. of visits 1 166. No. of visits 1 167. No. of visits 1 168. No. of visits 1 169. No. of visits 1 170. No. of visits 1 171. No. of visits 1 172. No. of visits 1 173. No. of visits 1 174. No. of visits 1 175. No. of visits 1 176. No. of visits 1 177. No. of visits 1 178. No. of visits 1 179. No. of visits 1 180. No. of visits 1 181. No. of visits 1 182. No. of visits 1 183. No. of visits 1 184. No. of visits 1 185. No. of visits 1 186. No. of visits 1 187. No. of visits 1 188. No. of visits 1 189. No. of visits 1 190. No. of visits 1 191. No. of visits 1 192. No. of visits 1 193. No. of visits 1 194. No. of visits 1 195. No. of visits 1 196. No. of visits 1 197. No. of visits 1 198. No. of visits 1 199. No. of visits 1 200. No. of visits 1 201. No. of visits 1 202. No. of visits 1 203. No. of visits 1 204. No. of visits 1 205. No. of visits 1 206. No. of visits 1 207. No. of visits 1 208. No. of visits 1 209. No. of visits 1 210. No. of visits 1 211. No. of visits 1 212. No. of visits 1 213. No. of visits 1 214. No. of visits 1 215. No. of visits 1 216. No. of visits 1 217. No. of visits 1 218. No. of visits 1 219. No. of visits 1 220. No. of visits 1 221. No. of visits 1 				



WAITING HALL



