DISSERTATION TRAINING

AT

ASHOKA MEDICOVER HOSPITAL, NASHIK,

MAHARASHTRA

A REPORT ON

FACTORS INFLUENCING PATIENT ADMISSIONS: A STUDY OF OPD TO IPD CONVERSION AT A TERTIARY CARE HOSPITAL.

Submitted By – Abhisha Gaurkar

(PG/04/2026)

Under the guidance of

Dr. Ekta Saroha

PGDM (Hospital and Health Management)

2024-2026

International Institute of Health Management Research,

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The following dissertation titled **"Factors Influencing Patient Admissions: A Study of OPD to IPD Conversion at a Tertiary Care Hospital"** is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as prerequite for the award of PGDM Hospital and Health **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

Name

Dr. Ekta Saroha

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Signature

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Abhisha Gaurkar** student of PGDM (Hospital & Health Management) from **International Institute Of Health Management Research , New Delhi** has successfully completed her dissertatioN in the department of "OPERATIONS" on**" Factors Influencing Patient Admissions: A Study of OPD to IPD Conversion at a Tertiary Care Hospital"** from 10 April to 30 June 2026 at **ASHOKA MEDICOVER HOSPITAL, NASHIK, MAHARASHTRA.**

I wish her all success in all her future endeavours.

Dr. Punit Yadav
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20/07/26

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Certificate From Dissertation Advisory Committee

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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.

30/07/26

Arti Chavan
Operations Head,
AshokaMedicoverHospital,Nashik

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Above all, it would not have been possible to finish this project without the blessings and unwavering support of a select few. I appreciate the assistance and direction, which were really helpful in completing this project.

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Finally, I want to express my gratitude to my friends and family for their unwavering support.

ABSTRACT

BACKGROUND

The Outpatient Department (OPD) serves as the initial contact point for patients at hospitals. The transition of OPD patients to Inpatient Department (IPD) admissions is a crucial operational and financial metric for healthcare facilities. This study aims to identify the key factors that affect patient admission choices and the effectiveness of OPD to IPD conversions at a tertiary care hospital.

The research is based on OPD lead conversion data gathered over two months from various specialty departments, such as Cardiology, Orthopedics, Neurology, Gastroenterology, Dermatology, and Internal Medicine. Both primary and secondary data sources have been utilized for the analysis.

The results reveal that financial capability, communication from the doctor, waiting periods, insurance assistance, severity of illness, and patient confidence play significant roles in shaping admission decisions. It was noted that a substantial number of patients declined admission.

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INTRODUCTION

A private healthcare provider, Medicover Hospitals has a network of hospitals in Europe and India. It is a member of the Medicover Group, a global provider of medical and diagnostic services with operations in eighteen nations. Multispecialty hospitals, cancer centers, fertility clinics, and diagnostic labs are among the services offered by the organization.

With primary operations in Poland, Germany, Romania, Ukraine, and a few other markets in Western Europe, Central and Eastern Europe, and other emerging markets, Medicover is a prominent global provider of healthcare and diagnostic services. One of the top providers of diagnostic and medical services worldwide is Medicover. Medicover was founded in 1995 in response to Poland's increasing need for high-quality healthcare services. It then spread to other nations to meet comparable demands. Germany, Poland, Romania, and Ukraine are currently home to Medicover's biggest activities. Medicover's two divisions, Healthcare Services and Diagnostic Services, offer a wide range of healthcare services through a vast network of hospitals, ambulatory clinics, specialty care facilities, and labs.

Medicover collaborated with Hyderabad MaxCure Hospitals, a rapidly expanding chain of multispecialty hospitals with ten locations in Hyderabad and Telangana, in 2017. With its endeavors in health care services, diagnostic services, and a chain of hospitals in southern India, Medicover as a group has now grown in strength. Medicover is opening its first super specialty hospital in Maharashtra, beginning in Nashik, as a result of this remarkable achievement. In partnership with Ashoka Group of Companies, one of the top infrastructure companies, it will be the biggest comprehensive super specialty hospital in north Maharashtra.

Ashoka Medicover Hospitals is a 350-bed multispecialty and tertiary care institution. It is the biggest technologically advanced hospital in North Maharashtra, offering cutting-edge tests and treatments that meet international standards. It is partnered with the European healthcare brand Medicover.

HISTORY

Medicover was founded in 1995 and is based in Sweden. In 2009, Medicover Warsaw Hospital made its debut in Poland. Medicover invested in Sahrudaya Healthcare Private Limited in August 2017, gaining the majority of the MaxCure Hospitals network in India. The MaxCure hospitals were renamed Medicover Hospitals after the acquisition. Telangana, Andhra Pradesh, Maharashtra, and Karnataka are just a few of the Indian states where Medicover Hospitals operates 26 hospitals. Hyderabad, Vishakapatnam, Navi Mumbai, Bengaluru, and Pune are important hospital locations. The group expanded its hospital network in India by opening a new facility in Hyderabad's Financial District in March 2026.

INFRASTUCTURE OF MEDICOVER HOSPITAL

- **Critical Care & Wards:** A spacious 70-bed critical care unit (ICU) provides a range of accommodations, including multi-bed wards and presidential and VIP suites.
- **Advanced Theatres:** Ten state-of-the-art operating rooms with laminar airflow and advanced robotic and surgical technology.
- **Diagnostics & Imaging:** Provides two cutting-edge digital cath labs, a 128-slice CT scan, an MRI, digital mammography, endoscopy, and capabilities for BMD, TMT, and 2D Echo.
- **Specialized Units:** include a 14-bed dialysis unit, a NAT (Nucleic Acid Testing) blood bank, and 24-hour emergency and trauma care.
- **Clinical Excellence:** Patients consistently highlight the expertise of specialized doctors and surgeons, particularly in cardiology, neurology, and critical care.
- **Advanced Technology:** The facility is equipped with a modern Cath lab, 24x7 radiology (MRI, CT, digital X-Ray), and top-tier life support systems.
- **Hygiene and Safety:** The hospital is rated highly for its clean, sanitized environment, which lowers infection risks.
- **Emergency Services:** Features a 24x7 trauma and emergency center backed by trained paramedics and rapid ambulance response.

VISION

The goal of Ashoka Medicover Hospitals is "To be globally recognized for excellence in patient-centric healthcare, multi super-specialty expertise with precision treatment, affordable to patients."

MISSION

Mission statement is "Caring for your health is all we do." The hospital is motivated by a dedication to:

• **Provide High-Quality Healthcare:** Ensure that everyone in society has access to transparent, op-notch medical care.

• **Enhance Well-Being:** Use cutting-edge technology to prioritize early diagnosis, precise treatment, and long-term health results.

• **Maintain Patient-Centricity:** Show the highest level of respect, trust, and compassion to patients and their families.

CORE VALUES

The institution is guided by five primary principles:

• **Passion for Quality:** Continuously setting and raising standards for medical excellence.

•**Integrity:** Ensuring transparency and ethical medical practices.

•**Teamwork:** Fostering collaboration between top-tier doctors, surgeons, and support staff to deliver comprehensive care.

•**Entrepreneurship & Empowerment:** Encouraging innovation to rapidly adapt to the latest medical breakthroughs and patient needs.

SPECIALITIES

MEDICAL SPECIALITIES: -

• Cardiology	• Plastic surgery
• Orthopedics	• Urology
• Neurology	• Physical treatment
• Cancer	• Critical Care
• Gynecology	• Anesthesia
• Obstetrics	• Emergency Medicine
• Pediatrics	• Kidney transplantation
• Neonatology	• Transplanting a liver
• Gastroenterology	• ENT (ear, nose, and throat)
• General Surgery	• Pulmonology
• Nephrology	• Cardiothoracic and Vascular Surgeon (CTVS)
• Internal Medicine	• Transplanting a pancreas
• Plastic, cosmetic, and dermatological surgery	• Dental Rheumatology Vascular Surgery
• Psychiatry	• Ophthalmology
• Endocrinology	• Neurosurgery

• The field of interventional radiology	• Transplanting organs
• Robotic Surgery	•

PROJECT

Factors Influencing Patient Admissions: A Study of OPD to IPD Conversion at a Tertiary Care Hospital.

1.INTRODUCTION

A hospital's Outpatient Department (OPD) is frequently regarded as the initial point of contact for patients. For consultations, diagnosis, and treatment suggestions, patients come to the OPD. Doctors may recommend admission to the Inpatient Department (IPD) if the patient's condition necessitates ongoing medical observation, sophisticated treatment, or surgical intervention.

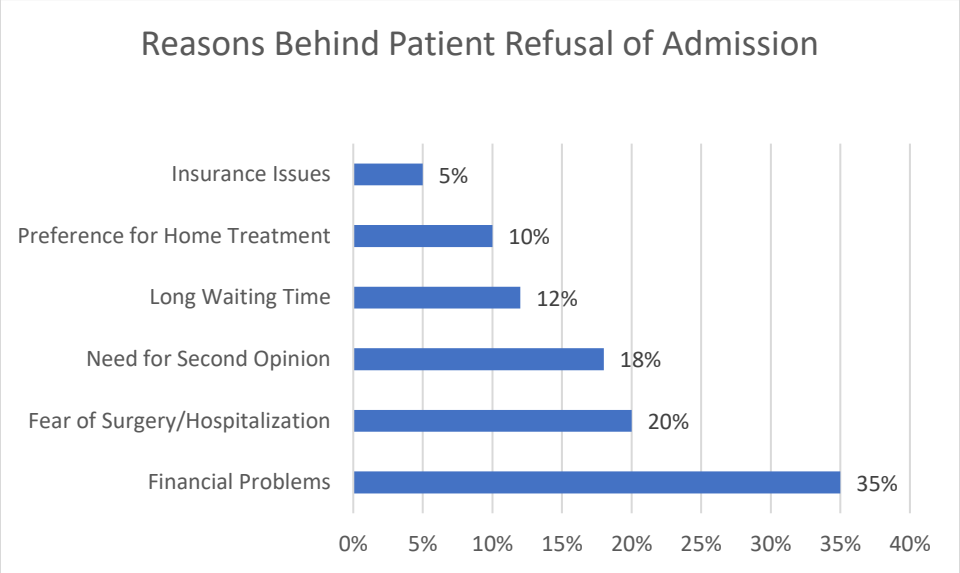
One key measure of hospital success is the number of patients who are transferred from OPD to IPD. It shows the hospital's operational performance and financial viability in addition to the clinical efficacy of healthcare services. While a lower conversion rate could indicate obstacles that keep patients from taking admission guidance, a greater conversion rate typically denotes improved patient trust, successful counseling, and seamless hospital operations.

The OPD-to-IPD conversion rate is between 10% and 15% in many Indian hospitals. This implies that even after receiving medical advice, a sizable portion of patients choose not to be admitted. Financial load, dread of surgery, waiting time, lack of insurance coverage, unhappiness with services, and the propensity to seek second opinions are some of the factors that affect this decision-making process.

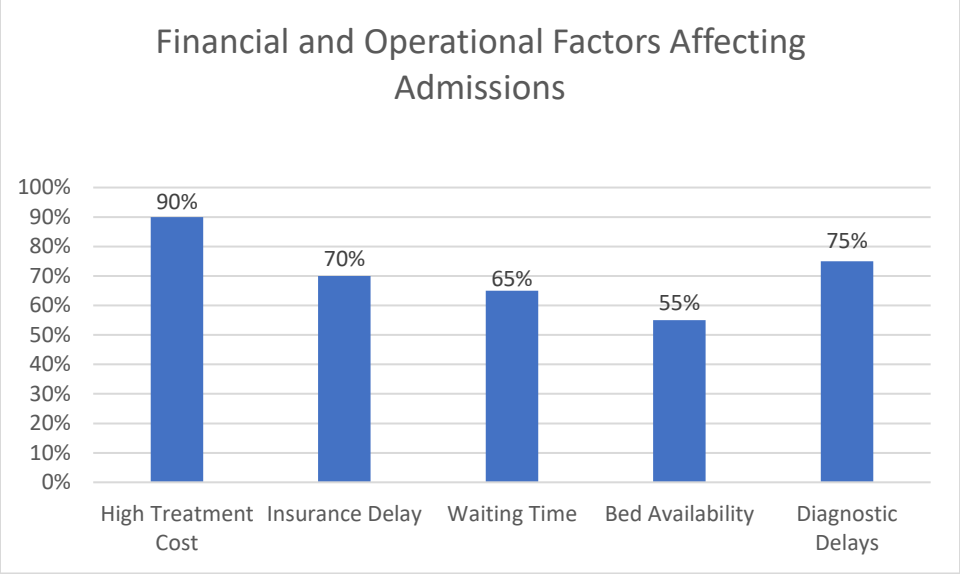
Hospitals must comprehend these elements in order to boost income generating, improve patient care, and increase operational effectiveness. Finding and evaluating the key factors influencing patient admission choices in a tertiary care hospital setting is the main goal of this study.

2.RESEARCH QUESTIONS

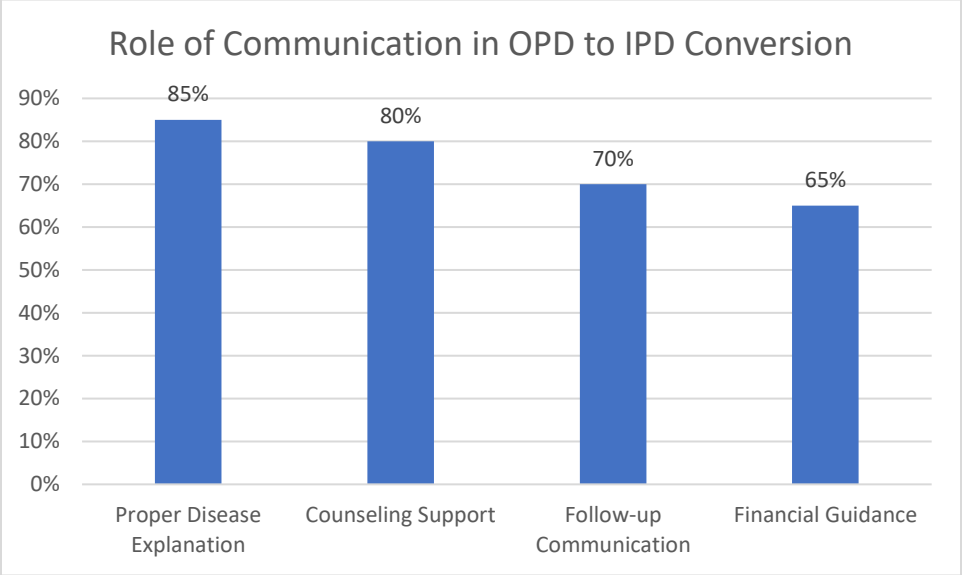
2.1 What are the main causes of patients' refusals to be admitted?



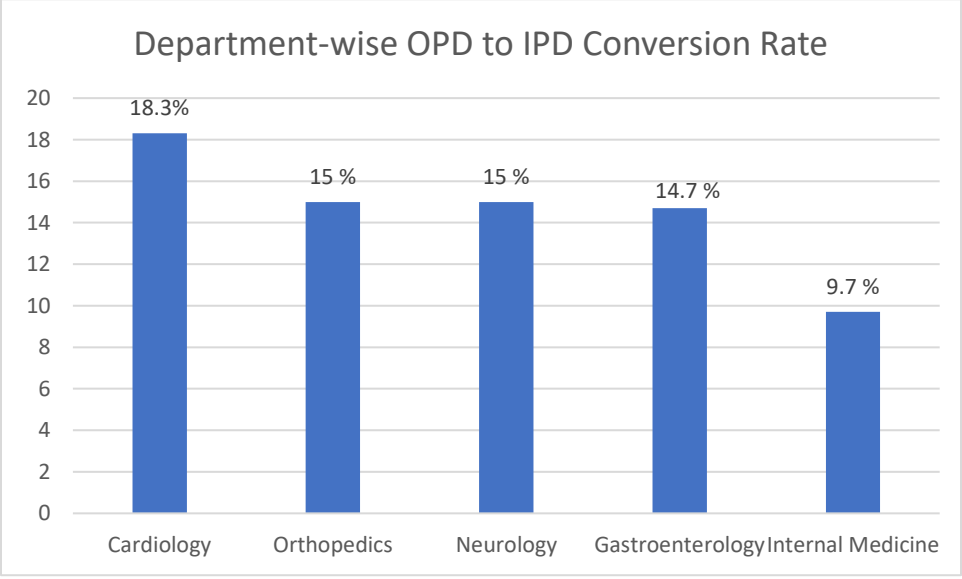
2.2 How do operational and budgetary considerations affect decisions on hospitalization?



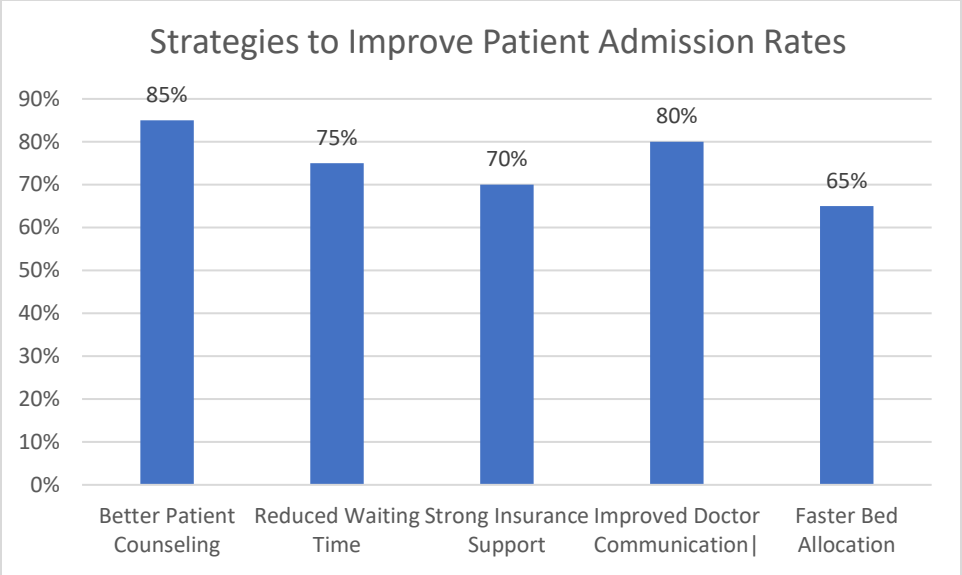
2.3 What role does communication and counseling play in conversion rates?



2.4 Which hospital departments show higher OPD to IPD conversion?



2.5 What strategies can improve patient admission rates?



3.NEED FOR STUDY

Many people who visit outpatient departments are recommended for admission but choose not to go to the hospital. Hospital operations are impacted by this circumstance in a number of ways. Reduced admission conversion can impact bed occupancy ratios, lower hospital income production, and result in underutilization of hospital resources and equipment. Additionally, it can disrupt patient care continuity and lower overall operational effectiveness.

Understanding why patients reject or postpone admission in spite of medical advice is crucial, which is why this study is necessary. Hospitals can create efficient plans to enhance patient counseling, operational coordination, and admission management procedures by identifying these obstacles. Additionally, the study will help hospital executives make well-informed decisions to enhance organizational performance and patient care.

4. PROBLEM STATEMENT

Even after being advised by medical professionals to be hospitalized, numerous patients choose not to transition from outpatient department (OPD) to inpatient department (IPD). Their choices are shaped by various operational, financial, and psychological influences. This disconnect between receiving a consultation and ultimately being admitted presents challenges for hospitals regarding resource utilization, management of patients, and healthcare outcomes. Consequently, it is

crucial for hospitals to recognize and evaluate the factors that impact patient admission choices to enhance conversion rates and deliver improved patient-centered care.

5. AIM

Aim of the Study

This study's main goals are to assess the OPD-to-IPD conversion efficiency in a tertiary care hospital and examine the variables impacting patient admission decisions.

6. OBJECTIVE OF THE STUDY

6.1 Primary Objective

- To analyze the factors affecting OPD to IPD conversion and patient admission decisions.

6.2 Secondary Objective

- To calculate the OPD to IPD conversion rate.
- To identify operational and financial barriers affecting admissions.
- To understand patient behavior related to hospitalization.
- To examine hospitalization-related patient behavior

7. SCOPE OF STUDY

• Only tertiary care hospitals are included in the study.
• It focuses on patients who received admission recommendations from the OPD.
• Cardiology, Orthopedics, Internal Medicine, Neurology, Gastroenterology, and Su rgery are among the departments included by the study.
• The study's scope does not include emergency admissions.

8. LITERATURE REVIEW

For tertiary care hospitals, the conversion of patients from the Outpatient Department (OPD) to the Inpatient Department (IPD) is a crucial performance metric. OPD-to-IPD conversion is a measure of clinical decision-making effectiveness, patient trust, hospital service quality, and operational efficiency.

A Study on OPD to IPD Conversion by **Uma and Anupriya (2023)** In a multispecialty hospital in Bangalore, Uma and Anupriya carried out a cross-sectional study to investigate the reasons for patients' refusal of admission in spite of medical advice. Financial constraints, discontent with consultations, insufficient individual attention from medical professionals, delayed services, and suggestions for private consultations were shown to be significant obstacles to admittance. The study highlighted how crucial patient satisfaction and service quality are in determining admission choices.

Improving Patient Conversion from Outpatient to Inpatient Department: A Thorough Examination by **Sharma et al. (2025)** In order to determine the parameters influencing OPD-to-IPD conversion, Sharma and associates carried out a prospective descriptive study with 251 patients in a tertiary care hospital. According to the survey, seeking second views (20%), preferring medical care over surgery (21.7%), financial considerations (13.9%), and lengthy wait periods for consultations and diagnostic findings (12.1%) were the most frequent reasons for rejecting admission. The authors came to the conclusion that increasing operational effectiveness, financial advice, and patient counseling can greatly raise admission rates.

At **Pal et al.'s 2025** study, "A Study on Out-Patient Department to In-Patient Department Conversion Rate at a Tertiary Care Hospital," Pal and associates examined OPD and IPD data from twelve tertiary care hospital departments. The entire OPD-to-IPD conversion rate, according to their report, was 11.2%. Surgery (13.39%), Pediatrics (21.23%), and General Medicine (24.08%) had the greatest conversion rates. According to the study's findings, hospitals can enhance patient care and maximize resources by using department-specific conversion analysis.

Factors Affecting Hospital Admission Decisions **(Raven et al., 2015)** non-clinical factors influencing hospital admissions were investigated in a cross-sectional study. Researchers discovered that variables like poor outpatient treatment, a lack of diagnostic facilities, limited access to specialty care, and socioeconomic difficulties influenced over half of admission choices. These non-medical characteristics had a major impact on whether patients were treated as outpatients or admitted.

Factors Affecting Hospital Admission from Emergency Departments **(O'Hara et al., 2017)** The study found non-clinical factors that influence hospital admissions, such as departmental workload, waiting times, staffing levels, organizational goals, and patient social support networks, through qualitative interviews with medical experts. The results indicated that, regardless of clinical need, operational and environmental factors may influence admission decisions.

9. METHODOLOGY

9.1 Research Design

This is a cross-sectional mixed study (qualitative and quantitative)

9.2 Data Sources

Primary Data

Informal interactions with patients advised for admission

Observation of OPD and admission procedures

Patient counseling and admission follow-up records

Secondary Data

Hospital OPD lead conversion admission records

Techpro Hospital Management Information System (HMIS)

10. SAMPLE SIZE

The study analyzes 200 patient lead entries from various specialty departments.

10.1 Method of Sampling

Convenience sampling method used for data collection.

The following techniques were used to analyze the gathered data:

- Percentage analysis
- Department-wise analysis
- Conversion rate calculation
- Graphical representation using bar charts and tables

11. STUDY VARIABLES

11.1 Dependent Variable

- The admission decision (Admitted / Not Admitted)

11.2 Independent Variables

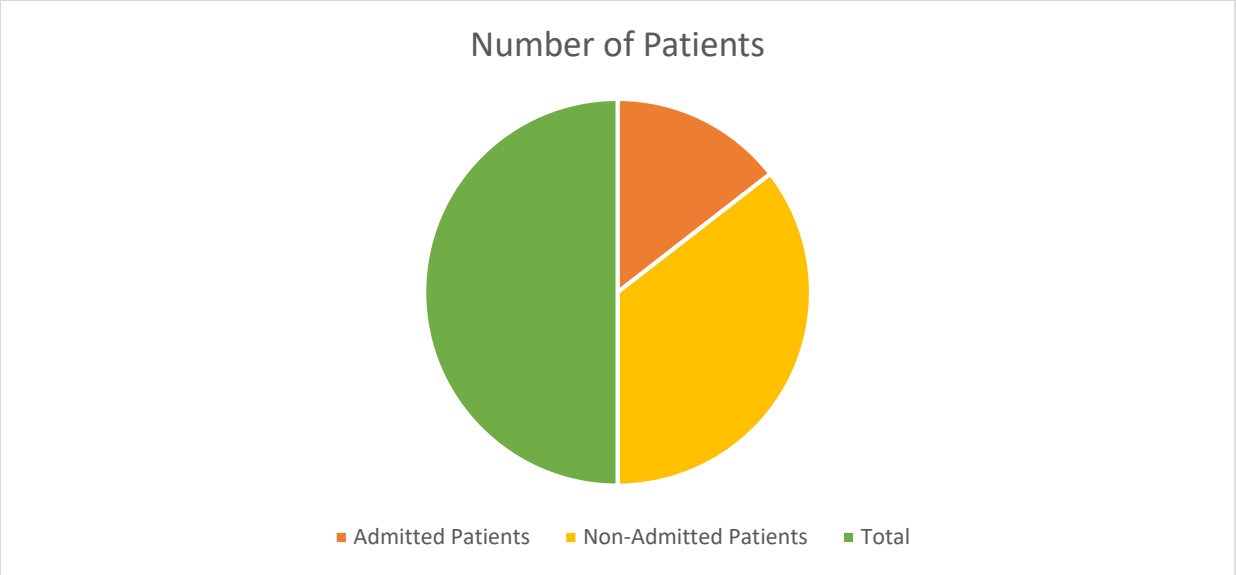
- Financial affordability
- Coverage of insurance
- The duration of waiting
- Communication between doctors
- The severity of the disease
- The availability of beds
- Patient confidence
- Anxiety about surgery
- The need for a second opinion

12. RESULTS AND ANALYSIS

The study comprised 200 OPD patients who received admission recommendations from several specialty departments. The purpose of the investigation was to determine the factors influencing admission decisions and to evaluate OPD-to-IPD conversion rates.

12.1 Overall Admission Status

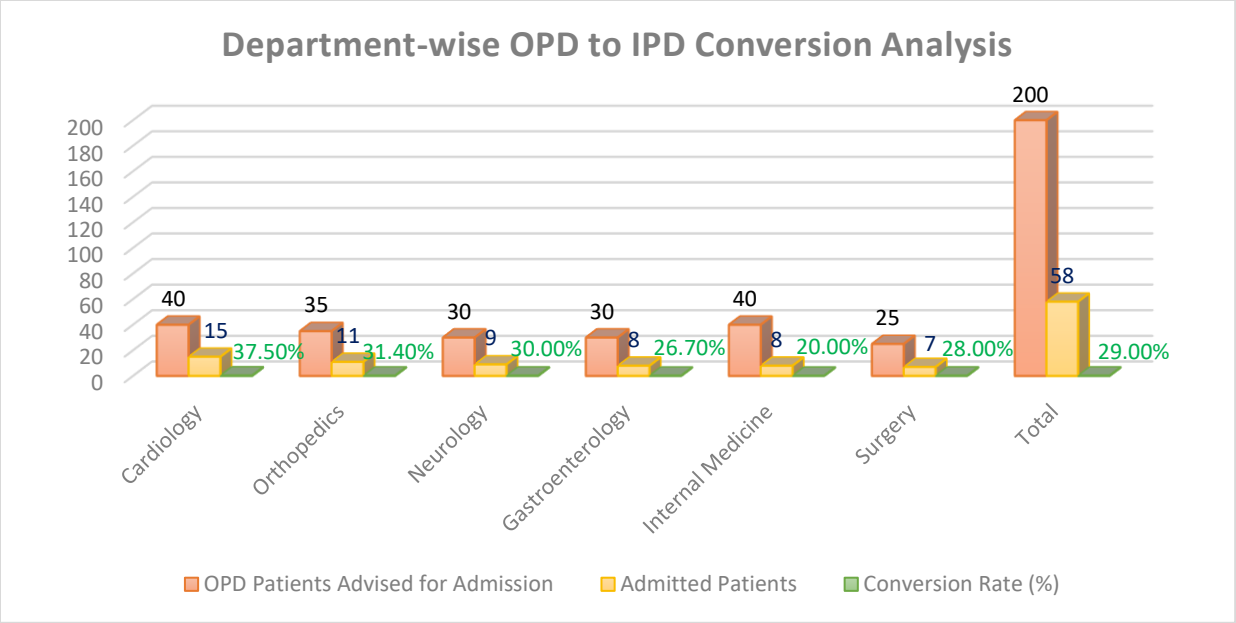
Admission Status	Number of Patients	Percentage
Admitted Patients	58	29.0%
Non-Admitted Patients	142	71.0%
Total	**200**	**100%**



The 200 patients who were recommended for admission, 58 (29%) agreed to be admitted, while 142 (71%) chose not to go to the hospital. The results show that despite medical advice, a sizable percentage of patients decide not to switch from OPD to IPD.

12.2 Department-wise OPD to IPD Conversion Analysis

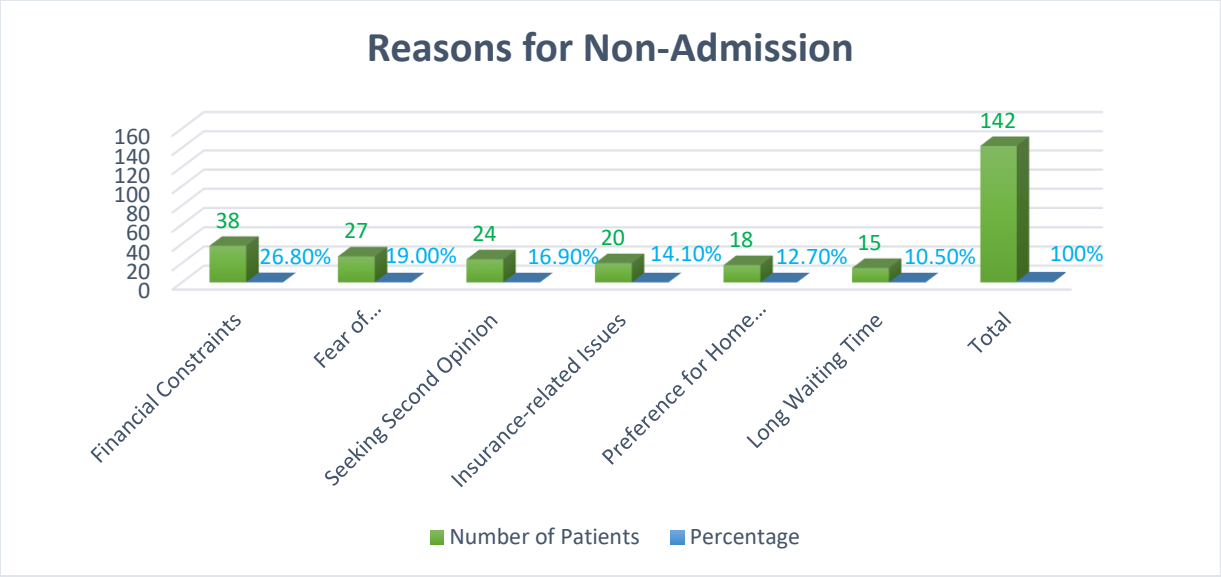
Department	OPD Patients Advised for Admission	Admitted Patients	Conversion Rate (%)
Cardiology	40	15	37.5%
Orthopedics	35	11	31.4%
Neurology	30	9	30.0%
Gastroenterology	30	8	26.7%
Internal Medicine	40	8	20.0%
Surgery	25	7	28.0%
Total	**200**	**58**	**29.0%**



Patients with heart disorders are more likely to need hospitalization, as evidenced by cardiology's highest conversion rate (37.5%). Since many cases could be handled with outpatient care and follow-up appointments, internal medicine had the lowest conversion rate (20%).

12.3 Reasons for Non-Admission (n = 142)

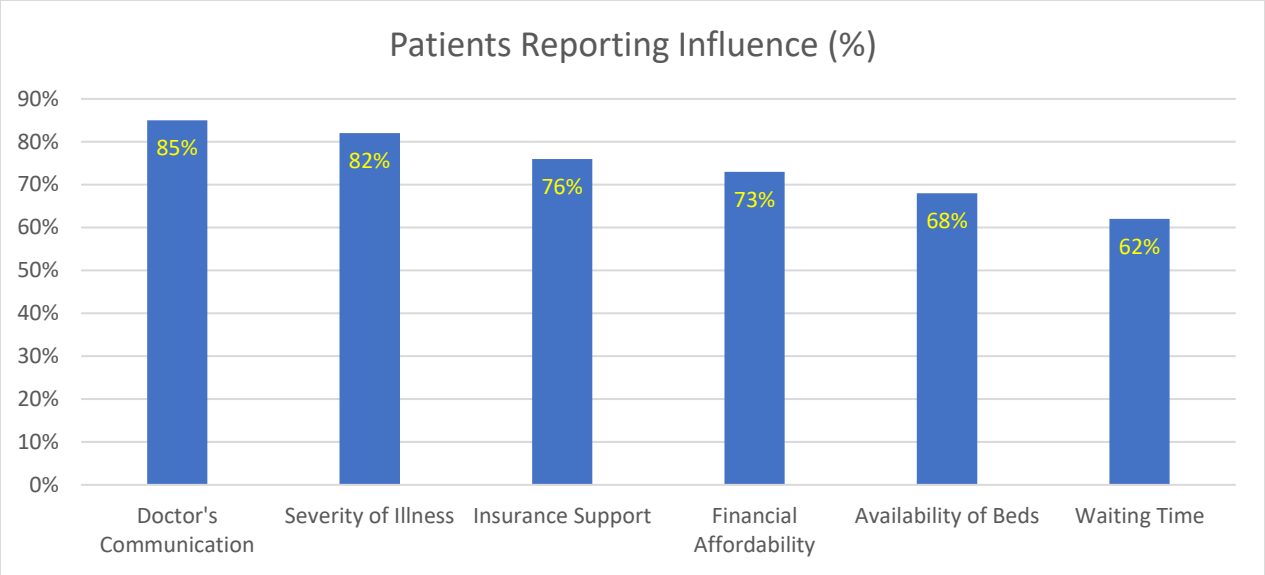
Reason	Number of Patients	Percentage
Financial Constraints	38	26.8%
Fear of Hospitalization/Surgery	27	19.0%
Seeking Second Opinion	24	16.9%
Insurance-related Issues	20	14.1%
Preference for Home Treatment	18	12.7%
Long Waiting Time	15	10.5%
Total	**142**	**100%**



The most frequent obstacle to admission was found to be financial limitations, which were followed by surgical anxiety and the necessity for a second opinion. Non-conversion was also greatly impacted by operational and insurance problems.

12.4 Factors Influencing Admission Decisions

Factor	Patients Reporting Influence (%)
Doctor's Communication	85%
Severity of Illness	82%
Insurance Support	76%
Financial Affordability	73%
Availability of Beds	68%
Waiting Time	62%



The most important element influencing admission decisions was found to be doctor-patient contact. Hospitalization was more likely to be accepted by patients who had a thorough understanding of their condition and the necessary treatments.

13. OBSERVATIONS AND FINDINGS

The conversion percentage from OPD to IPD was 29% overall.

The highest admission conversion rate was found in cardiology.

The most common reason for admission rejection was financial constraints.

Doctors' ability to communicate effectively greatly increased admission acceptance.

Conversion rates were positively impacted by operational effectiveness and

14. DISCUSSION

The study discovered that the overall OPD-to-IPD conversion rate was 29%, suggesting that many patients disregarded medical advice and did not proceed with admission. The most frequent cause of non-admission was financial limitations, which were followed by waiting time, insurance concerns, fear of hospitalization, and seeking second views. Because of the severity of the situations, cardiology had the greatest conversion rate. Effective counseling and patient trust are crucial, as

evidenced by the identification of doctor-patient communication as a major factor influencing admission decisions.

15. SUGGESTIONS AND RECOMMENDATION

- To increase awareness and confidence, bolster patient counseling services.
- Improve communication between patients and doctors on treatment and admission requirements.
- Offer improved financial advice and insurance support.
- Shorten wait times and simplify the admissions process.
- To expedite admissions, departments should better coordinate.
- Follow up with patients who refuse to be admitted.

16. CONCLUSION

The study comes to the conclusion that, in addition to medical guidance, OPD-to-IPD conversion is impacted by operational, psychological, and economical aspects. Patient admission decisions are heavily influenced by factors such as service efficiency, insurance assistance, financial affordability, and good communication. Enhancing these aspects can boost conversion rates, improve patient happiness, and boost hospital performance as a whole.

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