A Study on Effects of Late Arrival of Doctors to Out Patient Department in a Tertiary Care Teaching Hospital

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Abstract: Outpatient department is the mirror of the hospital, which reflects overall functioning of the hospital, being the first point of contact between the patient and hospital staff. Nowadays majority of hospitals are facing long waiting time that is resulting in patient dissatisfaction. Waiting for consultation and getting investigations done in the hospital is one of the main reason behind patient does not want to avail the services of hospital. **Methodology:** cross sectional and questionnaire based.

Results and observations: Study was conducted in five departments and details regarding number of registrations, No of consultations by doctor hourly, Average time spent by doctor with each patient, Time taken from registration to consultation and patient satisfaction was observed.

Recommendations: If doctors arrive at 8 ammost of the patient load will be cleared as there will be no pooling of patients, who had done registrations between 7am to 8 am.

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I. Introduction

The hospital industry is an aggregation of sectors within the economic system that provides goods and services to treat patients with curative, preventive, rehabilitative, and palliative care. Major services include inpatient hospital care (60 %) and outpatient services that typically don't require an overnight stay (40%).

Methodology: The study is cross sectional in nature and sampling technique used were census data and purposive sampling. During the study both qualitative data like factors responsible for long waiting time in OPD, its impact on patient satisfaction and quantitative data like average waiting time of the patients in OPD, percent distribution of satisfaction score given by the patients has been collected. The data has been collected through face to face interview with the help of semi-structured questionnaire and to estimate the average waiting time daily reporting of in-time and out-time of patients coming in the has been measured. The study area is Nizam's institute of medical sciences, panjagutta a tertiary care teaching hospital

Data collection and analysis: study was conducted in five departments cardiology, surgical gastroenterology, medical gastroenterology, pulmonology and urology.

Following data is collected

- 1. No of registrations
- 2. No of consultations by doctor hourly
- 3. Average time spent by doctor with each patient
- 4. Time taken from registration to consultation
- 1. No of registrations

Departments	7am-8am	8am-9am	9am-10am	10am-11am	11am-12pm	12pm-1pm
SGE	09	20	11	13	09	07
MGE	18	31	35	33	29	07
UROLOGY	08	27	26	35	19	05
CARDIOLOGY	17	40	37	48	51	21
RM	04	12	16	15	11	07

2. No of consultations by doctor hourly

Departments	7am-8am	8am-9am	9am-10am	10am-11am	11am-12pm	12pm-1pm
SGE	00	00	13	21	23	30
MGE	00	06	21	35	39	52
UROLOGY	00	00	14	24	27	35

CARDIOLOGY	00	00	24	40	47	65
RM	00	00	15	17	19	15

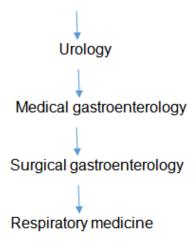
3. Average time spent by doctor with each patient (in minutes)

Departments	7am-8am	8am-9am	9am-10am	10am-11am	11am-12pm	12pm-1pm
SGE	00	00	10	08	08	06
MGE	00	10	08	08	6.5	06
UROLOGY	00	00	10	7.5	6.5	04
CARDIOLOGY	00	00	08	08	04	03
RM	00	00	08	08	10	08

4. Time taken from registration to consultation (in minutes)

Departments	7am-8am	8am-9am	9am-10am	10am-11am	11am-12pm	12pm-1pm
SGE	00	00	45	70	80	95
MGE	00	45	70	90	100	110
UROLOGY	00	00	60	90	110	110
CARDIOLOGY	00	00	90	100	115	125
RM	00	00	45	50	50	45

II. Results and Recommendations Average waiting time of cardiology is HIGHEST followed



And some patients are dissatisfied with the waiting time at other service areas related to OPD like blood and urine Sample collection, ultrasound, CT scan, MRI scan.

One of the main cause for long waiting period in OPD is due to late arrival of doctors to OPD.During our study most of the doctors came to OPD after 9am due to which there is long waiting period for consultation.

Quality of care

Because of late arrivals of doctors to OPD quality of care is reduced during peak hours due to heavy patient load.

Patient satisfaction

Every patient attending the hospital is responsible for spreading the good will of the hospital and therefore satisfaction of patient attending the hospital is equally important for hospital management.

- Only few residents are available during early hours
- Professors and HODs are available in OPD mostly after 10:30 am
- Most of the consultants leave OPD by 12:30pm
- Again only few residents will be available after 12:30pm
- Patients who consulted doctors between 8am to 10 am are 50% satisfied
- 70% patients are satisfied between 10am to 12pm
- But only 40% patients are satisfied after 12 pm
- Patients coming to OPD after 11 am, for them cross consultations were done next day, due to which patients are dissatisfied and causing lot of burden for the patients coming from long distances to hospital.

Following are some other causes for long waiting period Waiting time

Long waiting time for consultations Doctors arriving late Doctors in procedure rooms and in emergency room

Radiology

Availability of only one ultrasound machine for emergency and specialty block. Patients are not informed aptly about the further process after the procedure has been done.

Monitoring patients

Which patient is likely to be in, for the consultation not known at times? Presence of the patient inside the doctor's room is not known.

Billing queue

Long process for billing. No queue management when crowded.

Signage's

Lack of signage's indicating departments.

III. Conclusions

If doctors arrive at 8 am....most of the patient load will be cleared as there will be nopooling of patients, who had done registrations between 7am to 8 am.

It is suggested that if resident is available at evening OPD for at least 2 hours then morning OPD patient investigation reports can be reviewed which will reduce the 30%-40% next OPD.

Only 50% of the patients are satisfied with the waiting time at OPD and it should be taken as a bottleneck of the hospital which affects the efficiency and overall functioning of the system. Every patient attending the hospital is responsible for spreading the good image of the hospital and therefore satisfaction of patients attending the hospital is equally important for hospital management.

References

- [1]. Young GJ, Meterko M, Desai KR. Patient satisfaction with hospital care: effects of demographic and institutional characteristics. Med Care 2000;38:325–34.
- [2]. Goldwag R, Berg A, Yuval D et al. Predictors of patient dissatisfaction with emergency care. Isr Med Assoc J 2002;4:603-6.
- [3]. Sitzia J, Wood N. Patient satisfaction: a review of issues and concepts. SocSci Med 1997;45:1829–43. doi:10.1016/ S0277-9536(97)00128-7.
- [4]. Boyer L, Francois P, Doutre E et al. Perception and use of the results of patient satisfaction surveys by care providers in a French teaching hospital. Int J Qual Health Care 2006;18:359–64.
- [5]. Hepner DL, Bader AM, Hurwitz S et al. Patient satisfaction with preoperative assessment in a preoperative assessment testing clinic. AnesthAnalg 2004;98:1099–105.
- [6]. John E, Ware Jr, Mary K, Synder W, Wright Rusell, Davies Allyson R. Defining and Measuring Patient Satisfaction with Medical Care. Journal Evaluation and Program Planning. 1983; 3:247–63.
- [7]. Kothari CR. Research Methodology: Methods and Techniques. New Age Publications; 2007
- [8]. TallaviSrinivas, Prasad G. Patient Satisfaction-A Comparative Study. Journal of the Academy of Hospital Administration. 2003; 15(2).
- [9]. Nelson A-M, Wood Steven D, Brown Stephen W. Improving Patient Satisfaction. Edité par Jones and Bartlett Publishers, 1997.

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