CHAPTER- 16

TURNAROUND TIME FOR INITIAL ASSESSMENT OF DOCTORS IN HOSPITAL: A QUALITY IMPROVEMENT STUDY

[1]Priyanka Kumari Sharma
[1]Student, IIHMR University

[2]Dr. Tripti Bisawa
[2]Professor, IIHMR University

Ch.Id:- IIHMR/NSP/EB/IREHM/2025/Ch-16
DOI: https://doi.org/10.52458/9789349381407.nsp.2025.eb.ch-16

INTRODUCTION

Hospitals play a crucial role in delivering high-quality care, and a key aspect of this is conducting accurate and swift patient assessments upon their arrival. The initial examination by a physician is pivotal for establishing a correct diagnosis and devising an appropriate treatment plan. The efficiency of this initial assessment, referred to as turnaround time, significantly influences patient outcomes, satisfaction levels, and overall hospital performance [1]. This quality improvement initiative aims to scrutinize and reduce the turnaround time for initial hospital physician assessments. The study focuses on identifying potential shortcomings, improving processes, and implementing intervention plans to enhance the efficacy of patient evaluations. Prolonged turnaround times can adversely affect patient care,

leading to extended wait periods, heightened patient stress, and the need for swift outcomes. Delays may also impact hospital resources, strain staff, and contribute to congestion issues. Through this quality improvement exercise, the hospital aims to identify factors causing delays in the initial evaluation, such as workforce inadequacy, communication challenges, inconsistent workflows, or ineffective distribution systems. Addressing these issues can help establish effective methods to improve initial evaluations, communication, and resource allocation [2].

Reducing the turnaround time offers numerous advantages, including shorter patient waiting times, increased satisfaction, and enhanced perceptions of quality care. Hospitals can benefit from improved efficiency, optimized resource utilization, and the potential for better patient outcomes. Moreover, creating an environment that prioritizes patient care can contribute to enhanced job satisfaction among physicians. Through this quality improvement study, the hospital aims to resolve issues related to the initial evaluation process, emphasizing timely and value-based patient care. The findings and recommendations will guide the implementation of response plans and the assessment of their impact on the transition period, ultimately contributing to the improvement of healthcare by underscoring the importance of primary assessments and supporting patient care [3].

RESEARCH QUESTION

What factors contributed to delays in the initial evaluation conducted by hospital doctors, and what effective interventions were devised to diminish turnaround time?

RESEARCH OBJECTIVES

1. To identify the factors that contributed to delays in the initial assessment carried out by doctors in the hospital setting.
2. To formulate and execute quality improvement interventions designed to shorten the turnaround time for initial assessments.
3. To assess and gauge the effectiveness of the implemented interventions in reducing delays and enhancing efficiency within the assessment process**.**

RESEARCH METHODOLOGY

The study encompassed all patients who availed healthcare services at Apex Hospital, Malviya Nagar, Jaipur. Inclusion criteria included all doctors and nurses who were engaged in the initial assessment of patients within the hospital, with no specified exclusion criteria. Data acquisition was facilitated through the examination of patients' files and electronic records. The study spanned a duration of two months, during which a targeted sample size of 900 participants was achieved. A convenience sampling approach was employed to gather qualitative feedback from both healthcare providers and patients. The data collection process involved a combination of electronic record reviews and surveys, ensuring a comprehensive understanding of the factors that influenced delays in the initial evaluation process.

RESULTS AND DISCUSSION

Critical Department: In the evaluation of doctors within the Critical department, the sample size comprised 350 cases. The time taken for assessments had exceeded the benchmark, indicating a potential area for improvement. Despite the benchmark being set at 10-15 minutes, the actual time ranged from 13 minutes and 50 seconds to 14 minutes and 3 seconds. Although the findings fell within the sample size, the hospital management needed to reassess the benchmark or explore strategies to enhance efficiency in the Critical department's initial assessments.

Non-Critical Department: The non-critical department, with a sample size of 300 cases, had demonstrated findings under the benchmark. Despite the benchmark being set at 30-40 minutes, the actual time ranged from 24 minutes and 4 seconds to 24 minutes and 21 seconds. This suggested a more effective workflow in the non-critical department, potentially indicating successful practices that could have been shared across other departments.

Emergency Department: In the Emergency department, with a sample size of 250 cases, the findings had indicated that the initial assessment of doctors was under the benchmark. The time taken for assessments in this department, ranging from 5 to 10 minutes, had suggested an efficient and timely evaluation process.

Root Cause Analysis: The identified root causes for delays in the initial assessment process included inadequate training and knowledge, time constraints and heavy workloads, communication barriers, insufficient documentation, and a lack of coordination among healthcare providers. These factors had

contributed to errors, oversights, and delays in the assessment, impacting patient care and hospital efficiency.

Corrective and Preventive Measures: To address the identified issues, various corrective and preventive measures were proposed. These had included ongoing education and training for healthcare workers, effective communication strategies, simplified record-keeping and documentation through electronic health records, promoting teamwork and cooperation, obtaining feedback from patients, and embracing a culture of continuous quality improvement.

CONCLUSION

This study underscores the importance of constant monitoring and evaluation in the pursuit of reducing turnaround time. Regularly scrutinizing the measuring process and gathering data enables hospitals to identify potential issues and make adjustments that can enhance overall performance. The emphasis on quality improvement activities highlights the significance of expediting the turnaround times for initial evaluations conducted by hospital physicians.

Implementing responsive plans can contribute to boosting operational efficiency, improving patient care, and enhancing the interaction between doctors and patients. For sustained progress and increased effectiveness, it is imperative for hospitals to continue monitoring, assessing, and refining the evaluation process. The commitment to ongoing efforts in these areas ensures that the hospital evolves and becomes more adept at providing timely and efficient initial assessments, ultimately fostering a culture of continuous improvement.

REFERENCES

1. *Sinreich, D., & Marmor, Y. (2005). Ways to reduce patient turnaround time and improve service quality in emergency departments. Journal of health organization and management, 19(2), 88-105.*
2. *Kelley, L. (2011). Improving Satisfaction and Performance through Faster Turnaround Times. Radiology Management, 33(5).*
3. *Miller, A. S. (2002). Quality and operations improvement: medication turnaround time. Hospital Pharmacy, 37(6), 644-647.*