CHAPTER: 16

STREAMLINING THE PROCESS IN CARDIAC OPD BY IDENTIFYING THE BOTTLENECKS

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INTRODUCTION

Attaining patient satisfaction is a highly sought-after outcome in clinical care within hospitals, and it may even be considered a component of health status itself. When a patient expresses satisfaction or dissatisfaction, it serves as a judgment on the overall quality of hospital care across various dimensions. Regardless of its strengths and limitations, patient satisfaction stands as a crucial indicator that should be essential in evaluating the quality of care provided in hospitals [1].

The term "hospital" has its roots in Latin, signifying both "guest" and "host," embodying the genuine spirit of hospitality integral to the hospital experience. Originally, hospitals were established with a mission to act as havens of mercy, refuge, and a place for pilgrims returning from the Holy Land during late Christian antiquity [2]. The commitment to pleasing patients aligns with the service-oriented nature of medicine and is inherently the ethical course of action.

To instill a culture of customer service excellence in hospitals and achieve exemplary patient satisfaction, it is imperative to comprehend the intangible aspects of perception and expectation that contribute to patient contentment. The First Law of Service presents a straightforward mathematical model for satisfaction: Satisfaction = Perception – Expectation. When a patient's perception of their hospital experience meets or surpasses their expectations, satisfaction is correspondingly achieved. Conversely, if the perception falls short of expectations, dissatisfaction ensues. Therefore, patient satisfaction hinges on meeting or exceeding the expectations of patients [3].

AIM

To streamline the processes by identifying all the major bottlenecks in cardiac OPD

RESEARCH OBJECTIVES

1. To map the OPD processes for non- value-added activities.
2. To identify the waste and improvement areas in these processes.

3. To redesign these processes for maximum efficiency.
4. To monitor and evaluate the benefits of the redesigned processes.
5. To design training for empowering the staff for this change management.

RESEARCH METHODOLOGY

The research adopted a descriptive study design focusing on Medanta the Medicity, Gurgaon, with study subjects comprising patients, patient care staff, and other support staff in the outpatient department (OPD). The sampling process involved random sampling to ensure representation across the diverse patient and staff population. Primary data was collected through observations, in-depth personal interviews, and the examination of patient-related documentation records. Additionally, secondary data was gathered from Hospital Information System (HIS) records of outpatients and other medical records. The data collection tools encompassed a combination of qualitative methods such as interviews and observations, as well as quantitative methods utilizing hospital records. This comprehensive approach aimed to provide insights into the patient experience and the functioning of the outpatient department at Medanta the Medicity.

RESULTS & DISCUSSION

It was evident that the load of the patients was unevenly distributed throughout the week with very high patient load on Mondays, Tuesdays, and Wednesdays, which further goes on decreasing towards the end of the week. The even distribution of this load of patients results in very high utilization of the manpower and machinery on certain days, whereas on other days the utilization remains low. There was a significant crowding seen at Nursing counters 1 and 2 Activities at Nursing Counter 1 includes patient flow for more than 200 patients for consultations of all the doctors. Coordination and flow of around 100 patients for nursing assessment.

CONCLUSION

The bottlenecks identified were the improper appointment system, layouts, over and underutilized rooms, no standard protocol for operations. At interventions on the above-mentioned challenges there was drastic improvement on the entire operational efficiency of the hospital. The interventions were designed keeping in mind, minimum possible requirement of any additional resources.

REFERENCES

1. *www.medanta .org*
2. *www.emedicinehealth.com/outpatient_services-health*
3. *http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1068820/*