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ASSESSMENT OF OUTPATIENT WAITING TIME USING HMIS AND OBSERVATIONAL DATA OF TERTIARY CARE HOSPITAL IN KOLKATA, WEST BENGAL, INDIA

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INTRODUCTION

Outpatient services are crucial for the hospital, acting as the entry point to its services. The patient's perception of the hospital is often shaped during their visit to the Outpatient Department (OPD), and this initial impression significantly impacts their overall sensitivity to the hospital [1]. Patient satisfaction is negatively correlated with waiting time, which is the amount of time a patient must wait in a clinic or hospital before seeing clinical staff [2]. According to the Institute of Medicine, around 90% of patients ought to be checked out within 30 minutes of their appointment time [3]. Waiting times can have a detrimental impact on patients' use of health services by influencing their propensity to visit the clinic again, which can eventually compromise continuity of care. Thus, cutting down on wait times may enhance patient satisfaction and make them more inclined to stay at the same hospital for their medical needs [4].

The research is carried out in the Out-Patient department of a tertiary care hospital in India, providing services across various specialties, with a daily flow of approximately 100-200 OPD patients. Recently, the hospital has implemented Electronic Medical Records or HMIS to enhance day-to-day OPD activities and the overall quality of medical services. However, without analyzing and quantifying Out-Patient waiting time and understanding the primary factors associated with this issue, it is challenging to decrease waiting times in the Hospital OPD. This, in turn, aims to enhance the quality of care and elevate patient satisfaction.

RESEARCH QUESTION

What was the average waiting time and major causes of the outpatient waiting time before consultation?

RESEARCH METHODOLOGY

In this study, both quantitative and qualitative methods were employed. The quantitative approach measured the amount of time patients waited for an outpatient consultation using secondary data from

5422 patients, and it looked for relationships between longer waiting times and characteristics such as gender, age, service type, payment method, etc. Using a qualitative method, observational data from 102 patients was examined to determine the main factors contributing to the outpatient waiting period prior to consultation.

RESULTS AND DISCUSSION

The average waiting time for outpatient consultation was 109 minutes, with 42% of patients waiting more than 90 minutes, and only 24% waiting less than 30 minutes. This waiting time remained consistent at 109 minutes for both male and female patients. Among different age groups, those aged 60 and above experienced the highest waiting time, while those less than 20 had the lowest, with the rest falling in between. Walk-in patients encountered a waiting time of 133 minutes, whereas appointment patients had a shorter waiting time of 56 minutes. Patients with insurance as their mode of payment experienced a waiting time of 144 minutes, while those with out-of-pocket payment had a waiting time of 99 minutes. Bivariate analysis revealed that walk-in patients were four times more likely to experience higher waiting times (>60 minutes) than patients with appointments. Additionally, patients with insurance payments were twice as likely to have longer waiting times than those with non-insurance modes of payment. Cause-effect and Pareto analysis identified major contributors to increased waiting times, including doctors late arrival, patients arriving late or early, overcrowding in the OPD, misinformation or misguidance to patients, and patients facing confusion.

CONCLUSION

It was recommended that patients schedule appointments in advance of visiting the hospital for consultations, since this can cut down on walk-in patient wait times by fifty percent. The billing procedure must be enhanced when making an appointment. Enforcing strict policies to ensure OPD timing compliance and preventing OT timing from conflicting with OPD timing can drastically cut waiting times by thirty percent.

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