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EVALUATION OF OUTPATIENT DEPARTMENT IN A PUBLIC SUPER SPECIALITY HOSPITAL IN INDIA

Medicine

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ABSTRACT

It has become essential for healthcare providers to understand and measure structure, process and outcome of OPD service and its gaps, so that any perceived gap in delivery of service is identified and suitably addressed. A study was conducted at a super speciality public hospital to ascertain any service gap between structure, process and outcome in respect of the hospital outpatient department (OPD) services.

Method : The study were conducted at Public Super speciality hospital by designing a checklist study on structure , process and outcome in OPD of the hospital, using the IPHS Standards as the survey instrument. The checklist has been empirically evaluated in the hospital environment and has been shown as a reliable and valid instrument in that setting. The checklist was designed to measure OPD Services about service provided using 118 Service elements, using a qualitative , structured checklist by direct observation by researcher .

The study concludes that significant gaps in structure, process and outcome existed in the delivery of the hospital OPD services, which need to be addressed by focused improvement efforts by the hospital management.

KEYWORDS

Hospitals, Outpatients, Evaluation, Structure, Process, Outcome

Introduction

Health scenario is changing at a faster pace all over the world. Patient satisfaction is one of the established yardsticks to measure the success of the services being provided in the hospitals. Hospital and healthcare services are vital components of any well-ordered and humane society, and will indisputably be the recipients of societal resources. Out Patient Department (OPD) Services is one of the important aspects of Hospital Administration. It means that, the patient is treated without admitting him in the hospital and he goes home after treatment is done. OPD services can also be called as Ambulatory Care Services. It is the looking glass of the hospital and reflects its functioning being the first contact between the patient and the hospital staff. It is very difficult to quantify the satisfaction and gauze receptiveness of health systems as not only the clinical but also the non-clinical outcomes of care influence the patient satisfaction[1]. Discrepancy between patient belief and the services received is most often the source of decreased satisfaction. However, the primary role of the hospital is patient care and quality of care.

The study were conducted at a Public Super speciality hospital in outpatient department to ascertain any perceived service gap between structure , process and outcome about quality of the outpatient department (OPD) services being offered by hospital.

Materials and Method

The study were conducted at Public Super speciality hospital by designing a checklist study on structure , process and outcome in OPD of the hospital, using the IPHS Standards as the survey instrument. The checklist has been empirically evaluated in the hospital environment and has been shown as a reliable and valid instrument in that setting.

The checklist was designed to measure OPD Services about service provided using 118 Service elements, using a qualitative, structured checklist by direct observation by researcher.

Research Design: Exploratory & Descriptive study by checklist

Result:

The evaluation outcome is as follows:

PHYSICAL FACILITIES

	1. PHYSICAL FACILITIES in OPD	
a	Main entrance is easily identifiable, welcoming and well lit.	Yes
b	Emergency Exit is provided.	Yes
c	Landscaping is done.	No
d	The facility is well fenced to guard against entry of animals.	Yes
e	Adequate circulatory space for movement of traffic including trolley and wheel chairs is present.	Yes
f	Adequate ramps are present to cater to the requirements of immobile/disabled patients.	Yes
g	Accommodation (Semi-Full furnished) facilities (as per grades) for the core staff i.e. MO, Nurse, and Pharmacist is available.	No
h	Housekeeping and Security are present/out sourced as per a MOU with the provider on certain quality criteria.	Yes
j	There is 24X7 availability of electricity and potable water supply with identified alternate sources.	No
k	Arrangement for fire safety is present.	Yes but all fire points not functional
l	Attendants' lounge (temporary stay facility) is provided within the campus.	No
m	Adequate drainage system is inbuilt	Yes
	2. FUNCTIONAL PLAN OF THE OPD	
a.	The OPD building has good functional plan having ear marked space for waiting area, Minor OT, Sterilization Room, Pharmacy, Dressing Room, Injection Room, X-ray Room, Dark Room, Patients Wards, Store Room (for drugs, linen and equipments), Counselling Centres, Administrative Office, Toilet (male & female) with running water facilities, Nurses Room, Immunization, Laboratory services should be as per Hospital policy like Blood collection room.	Yes
b.	Facility has treatment room furnished and equipped with hydraulic cardiac bed, pulse Oximeter, ECG and Central oxygen line.	Yes (Except hydraulic cardiac bed)
c.	There is a dedicated room for visiting doctors in OPD.	No

	3. EQUIPMENTS & INSTRUMENTS	
a	The facility has adequate number of equipments along with instruments as stated in ME Scale of CH.	Yes
b	The equipments are in functional order and have an up time of 98%.	No (Roughly 40% Equipments found non-functional)
c	There is appropriate mechanism for repair, maintenance and two year renewable AMC of all the equipments.	Yes
d	The instruments used are adequately disinfected, sterilized and kept in good working condition.	Yes
e	Utilization of equipments is monitored on regular basis.	No
f	Organization has resources for ensuring skill based training on use/ handling of equipments.	No
	4. MANPOWER & STAFFING	
a	The staffing norms as stated in govt scale for hospital are maintained.	Yes
b	Roster for doctor and nurses is displayed.	No
c	Disaster Management drill SOP Avlb	Yes
	5. DRUGS	
a	Availability of drugs and surgical consumable are ensured.	No (Only 60 % of total inventory available)
b	Availability of drugs is displayed along with expiry dates.	No
c	Medical Officers prescribe drugs based on the available formulary or essential drug list.	No
d	Medicines dispensed have clear instruction on dose and schedule for consumption purposes.	Yes
	6. TRANSPORT & AMBULANCE	
a	There is at least one ambulance.	Yes
b	Driver for the same is available at all times.	Yes
c	Ambulance is in working condition at all times.	Yes
d	Emergency drugs available in the ambulance.	NO (In A&D Dept)
e	Basic resuscitation kit available in the ambulance.	NO (In A&D Dept)
f	The Stretcher trolleys and wheel chairs are in working condition all the times.	Yes
	7. COMMUNICATION FACILITIES	
a	The centre has adequate stationary for written communication.	Yes
b	At least 2 telephone connections are available in the facility at all times.	Yes
c	Arrangements for a public address system available.	Yes
d	Organization uses Signboards, Posters or/ and wall painting displaying the activities and services (along with timings) at the facility and the important contact numbers at prominent sites in the campus. These are in local language.	Yes
e	Campaigns for National Health Programs are displayed in the form of wall painting or boards.	Yes
f	Lay out map of the facility and signage is in vernacular and symbols to address the needs of vulnerable patients.	Yes

Process assessment

	8. ACCESS TO FACILITY	
a	The facility is easily assessable by approachable all weather roads.	Yes
b	Is there a transport facility from main road to the facility, in case it is at significant distance?	Yes
c	Adequate sign postings are available at various strategic locations so as to guide the patients to the facility.	Yes
	9. AVAILABILITY OF STAFF	
a	At least 01 medical officer and 01 nurse are available at all times in the facility.	Yes
b	Facility is guarded by Security personnel 24X7.	Yes
c	Available staff are immunized and insured for health/ hospitalization.	Yes
	10. EVALUATION OF PATIENT 6	
a	All patients undergo assessment with privacy and dignity.	Yes
b	The nurse carries out assessment in terms of noting the vitals, height and weight of the patient in a pre-designated area of the OPD.	Yes
c	Medical officer documents the findings of the patient in a definite area in the OPD.	Yes
d	Advice for medication and investigation is documented in predefined areas of the card.	Yes
e.	The documentation is legible, timed, dated, named and signed by the medical officers.	Yes
f	The instruction is communicated to the patient in an understandable (verbal and written) manner.	Yes
g	A record of all such assessments is maintained (for time limits as per regulations) in the facility.	Yes
	11. CARE OF PATIENTS	
a	The staff is courteous, humane and empathetic.	Yes
b	Care is commensurate with the amenities available.	Yes
c	Care is provided in manner in which dignity and privacy of patient is maintained.	Yes
d	Organization has Care, Admission, Referral and Discharge Policies.	Yes
e	Organization has written SOPs on Care.	No
f	Organization has written Consent Policy.	Yes
g	Care is comprehensive in nature i.e. preventive, promotive, curative and rehabilitative in nature.	Yes
h	Documentation for all procedures carried out in the facility is mentioned in the case records.	Yes
j	All the instruction by the medical officer is legible, dated, timed, named and signed.	Yes
k	Patient's condition is communicated to the family members.	Yes
l	In case of death, a death summary is given to the patient's family.	No
m	An informed consent is obtained for patients undergoing any procedures.	Yes
n	A list of procedures for which informed consent to be obtained is available in the facility.	No
o	The consent forms are in vernacular/local language.	No (Only in English)
p	Consent is obtained either by the medical officer or the nurse.	Yes
	12. CONTROL OF INFECTION	
a	Infection Control Policy is available.	Yes
b	Identified/ ear marked resources (0.5% Sodium Hypochlorite etc.) for infection control are available.	No
c	Written protocols on cleaning of the infection prone areas and equipments used in patient care are available.	Yes
d	The facility takes all precautions to control infection.	No
e	Adherence to standard precautions is maintained by all staff.	No
f	Mopping (by latest available disinfectants) of all areas of the facility is carried out at least twice a day.	No

g	Availability of running tap water for hand washing of staff is maintained 24 hours a day.	Yes
h	The hospital environment is kept clean from litters, pest and stray animals.	No
j	Adequate lighting arrangement and cross ventilation present in all areas.	Yes
k	Sanitation of the toilets and hygiene of the staff is maintained.	Yes
l	Adequate amount of disinfectants is available for disinfection purposes.	Yes
m	The facility is washed with soap and water regularly and a documentation there of is maintained.	Washed but no records availabl e
13. HOSPITAL WASTE MANAGEMENT		
a	Hospital waste generated is managed in accordance with the Biomedical waste management and handling rules 2016	No yet to implem ent
b	General waste is collected in black bags.	Yes
c	The sharps are subjected to deep burial and a pit for the same is available with in the hospital premises according to the dimensions specified by the BMW rules 2016.	Yes
d	Facilities for syringe and needle destruction are available and practiced.	Yes
e	Chemical treatment of plastics is carried out by using freshly prepared bleaching lotion.	Yes
f	A site for composting of biodegradable waste is available with in the hospital premises.	No
g	Annual report is submitted to the competent authority by 31st January every year.	Yes
h	Accidental spillage of waste is reported and handled as per the BMW Guidelines.	Yes
j	Segregation of wastes is done in maximum of 3 bags (Black, Yellow & Blue).	Yes
k	Organization has resources to train all health personnel on handling BMW as per regulations.	Yes
14. RIGHTS & RESPONSIBILITIES OF PATIENTS		
a	Rights and responsibility of the patients are in accordance with Hospital Policy	Yes
b	A mechanism for grievance redressal is in place and practiced.	No
c	All redressal mechanisms are documented.	Yes
d	The patients have the right to their privacy, information and disease condition that shall not be disclosed to others.	Yes
e	Citizen charter and rights of the patients are displayed in local language and are universal for the state.	No
15. RIGHTS & RESPONSIBILITIES OF STAFF		
a	The healthcare providers respect the patient's rights.	Yes
b	Staff can demonstrate reasonable skill to provide care to the patients.	Yes
c	Staff is entitled to all the benefits (immunization, healthcare cover through insurance, semi to fully furnished staff quarters as per entitlement and availability, its maintenance and security) due to them by virtue of their employment.	Yes
d	Healthcare providers are immunized for Hepatitis, Tetanus etc.	Yes
16. TRAINING, DEVELOPMENT & MOTIVATION OF STAFF		
a	The organization arranges for continuous update of knowledge and skills of the staff.	Yes
b	Periodic training programs on the subjects of waste management, infection control, communication etc. are carried out and documented.	Yes
c	Training for behavioural change communication is carried out and documented.	Yes
d	Training on all aspects of various national health programs is carried out.	Yes
e	Evaluation of all such training is documented.	No
f	Several cash and non-cash incentives are given so as to constantly motivate the staff.	Yes
g	Training is provided on both theoretical as well as practical aspects.	Yes
h	There are policy on encouragement and appreciation of performers through incentives and awards.	Yes
17. LICENSES & STATUTES		
a	All licenses e.g. Narcotics, Waste management, BARC, AERB, fire safety etc. as applicable are available in the hospital.	No
b	Statutory requirements concerning patient and staff safety and welfare are met.	Yes

OUTCOME STANDARDS

18. Utilization Indices of the Centre		
a	Recording of all parameters as stated in the monitoring section of the Hospital is maintained.	Yes, but centrally
b	Data of utilization of OPD, Referral services (to & from the facility), ambulance services, MLC cases are analysed and maintained for continuous quality improvement	Yes, but centrally
c	Documentation & reporting of hospital statistics	Yes, but centrally
19. Statistics		
a	Statistics in terms of OPD attendance, is documented and reported	Yes
b	Statistics for OPD published every quarterly	Yes, but monthly
20. Patient & Employee Satisfaction Survey[1,2,3]		
a	On-going mechanism of conducting employee satisfaction survey is present.	No
b	Grievance Redress Policy and mechanism are in place.	Yes
c	Organization has in use feedback mechanism like use of feedback forms, suggestion forms to be dropped in suggestion/ complaint boxes at identified places.	Yes
21. Health Information System		
a	Reporting of all the details is done through a web based health information system to the army authorities on a daily, weekly, monthly and annual basis.	Yes
b	Health Information System tools are available	Yes

During the survey following observation were found which require urgent attention :

- Landscaping was not done in OPD Area.
- Accommodation (Semi-Full furnished) facilities (as per grades) for the core staff i.e. MO, Nurse, and Pharmacist was not available.
- There was 24X7 availability of electricity and potable water supply with identified alternate sources. There was no alternative sources.
- Attendants' lounge (temporary stay facility) were not provided within the campus.
- The 60 % equipments were in functional order and have an up time of 98%.
- Utilization of equipments were not monitored on regular basis.
- Organization has resources for ensuring skill based training on use/ handling of equipments. But not utilized .
- Roster for doctor and nurses were not displayed.
- Availability of drugs and surgical consumable were not ensured. Only 60 % of total inventory available .
- Availability of drugs not displayed along with expiry dates.
- Medical Officers were not prescribing drugs based on the available formulary or essential drug list.
- Emergency drugs were not available in the ambulance.
- Basic resuscitation kit were available in the all ambulance.
- Organization don't have written SOPs on Care.
- In case of death, a death summary were not given to the patient's family.

- A list of procedures for which informed consent to be obtained were not available in the facility.
- The consent forms were not in vernacular/local language , it is Only in English.
- Identified/ ear marked resources (0.5% Sodium Hypochlorite etc.) for infection control were not available.
- The facility doesn't takes all precautions to control infection.
- Adherence to standard precautions were not maintained by all staff.
- Mopping (by latest available disinfectants) of all areas of the facility were not carried out at least twice a day.
- The hospital environment were not kept clean from litters, pest and stray animals.
- A site for composting of biodegradable waste were not available with in the hospital premises.
- A mechanism for grievance redressal was not in place and practiced.
- Citizen charter and rights of the patients were not displayed in local language and are universal for the state.
- Evaluation of all such training development & motivation of staff were not documented.
- All licenses e.g. Narcotics, Waste management, BARC, AERB, fire safety etc. as applicable were not available in the hospital.
- On-going mechanism of conducting employee satisfaction survey were not present. It was not conducted in last 5 yrs.

Discussion

Understanding service provided in OPD is emerging as a critical issue in health service delivery with recent research showing that Govt hospitals do not have good OPD facilities as compared to Pvt Hospital.

All the physical facilities in OPD is adequate, although building are old and wide spread but OPD is functioning in optimal condition. Regular maintenance is required. The OPD building has good functional plan having ear marked space for all dept. Most of the equipment were found functional. 40 % equipment were under repair. The staffs are not posted as per staffing norms. All patients undergo assessment with privacy and dignity and hospital is not following all treatment protocol. Hospital waste generated is managed in accordance with the Biomedical waste management and andling rules 2016, but latest bag and collection bin are to be procured. Statistics in terms of OPD attendance, is documented and reported. Statistics for OPD published every quarterly.

Hospital is having large number of Welfare related facilities available which have positive impact on patient welfare as good practices as :

- May I help you counter and personnel
- Out of turn line for Old age patient / Disable patient
- Value added service like
  - o Coffee shop / fruit stall
  - o Cafeteria
  - o Golf cart / patient cart for patient movement
  - o Stn Patient Bus for patient
  - o Ambulance on call for stn emergency patient
  - o SMS alert on health related issues.
  - o Token system in OPD Pharmacy

The hospital is facing following Challenges in OPD :

- The hospital had structural gaps i.e. building is old & requires attention.
- Patient load is more than expected .
- During raining season the patient waiting area become overcrowded .
- There is no separate waiting area for Old patients .
- The addl may I help people should be deployed in OPD area during pick hr.
- Lack of adequate IT trained personal and counter at registration counter .
- OPD is not fully automated .
- Clinical pathways are not followed as per std protocol .

The study revealed that, most of the standard operating procedure are not followed on ground. Though the documentation part was up to the mark but the area of concern lies with awareness and implementation of policies and procedures among the healthcare providers. The hospital had structural gaps i.e. building is old & requires attention. The utilization rate of various departments of OPD was adequate. Most of the patients were found just satisfied with the services received[5].

Suggestions:

The following is suggested:

1. The existing Standing operative procedures need to be strictly adhered to, displayed in OPD and effectively monitored for evaluation of performance and improvements in the standards of OPD services.
2. Though most of the functioning in the OPD services area of the hospital is as per the SOPs but healthcare givers are grossly unaware of the availability of SOPs besides being ignorant about the existing procedures in their facility.
3. Requirement of an Training on Soft Skills. Doctor patient relationship and soft skills highly augment the delivery of high quality of care to patients in all health care settings. It mainly depends upon factors like behaviour of doctors and paramedics, clinical services provided to patients and physical comforts in the facility.
4. Systematic studies is required on aspects of participation of healthcare provider will not only give new insight into patient satisfaction but will also make the clientele aware of the significance of healthcare provider and reduce the possibilities of unwarranted litigations and for that, active participation of healthcare providers is imperative[4].

Conclusion

Patients attending each hospital are responsible for spreading the good image of the hospital and therefore satisfaction of patients attending the hospital is equally important for hospital management. The hospital holds a very high reputation as a super speciality tertiary care centre. Most of the patients are content with the services delivered in the OPD of the hospital. Some patients were not satisfied with the level of care provided by the nursing staff in the hospital. Few gaps were identified, if addressed, may help in improving the efficiency and image of the hospital and garner more patient satisfaction. The study had significant implications for the hospital management, as OPD Service gaps along with their specific dimensions were correctly identified, thus directing focused improvement efforts for addressing such gaps in the hospital OPD services.

Conflicts of interest

None identified

References

1. 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.
2. Tallavi Srinivas, Prasad G. Patient Satisfaction-A Comparative Study. Journal of the Academy of Hospital Administration. 2003; 15(2).
3. March S, Stewart E, Robra B. Patient Satisfaction with Outpatient. 2006; 68(6):376–82.
4. Nelson A-M, Wood Steven D, Brown Stephen W. Improving Patient Satisfaction. Edité par Jones and Bartlett Publishers. 1997.
5. Lam SSK. SERVQUAL: A tool for measuring patients' opinion of hospital services quality in Hong Kong. Total Quality Management 1997;8: 145–152.
6. Hall JA, Roter DL, and Katz NR. Meta-analysis of correlates of provider behaviour in medical encounters. Medical Care, 1988; 26: 657-675.