

A study on protocol variations in MEDICINE, ENT, SURGERY, DERMATOLOGY, ORTHO, DENTAL OPD in a Multispeciality hospital in Vellore.

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Abstract - The purpose of this study is to identify the current protocols and procedures in various OPDS and reduce the variations in OPDS and to provide suggestions for the standardization of protocols. **Patients** frequently experience different types of service provided by the medical record officer in different OPDS. So it leads confusion among the patients, medical record officer and doctors. Due to variations in the protocols it directly affects the service provided to the patients. There are two types of OPDS the general OPDS and private OPDS. There are some variation in general and private OPDS because of the service and the consultation fees. In this research some variations are beneficial to the patients, staff working in the hospital, staff dependent patients and retired staff and any variations in protocol that are beneficial for the patients are included in standard protocol. A uniform standard protocol is suggested to avoid variations in **OPDS**

Key Words: OPD (outpatient department), Standard protocols, protocol variations.

1. INTRODUCTION

Outpatient department is the place where the patients and doctors communicate. It is a crucial link between the patients and the healthcare system. The standard operating protocols or procedures is a set of written instruction that describes the step- by- step process that must be taken to properly perform a routine activity. Protocol should be followed in the exact same way every time to guarantee that the organization remains and maintain the standards.

The main purpose of implementing protocols in opds is to improve consistency and it also helps in reduces the error in the OPDS. The standard protocols are important because it allows the department to systematize their internal processes

1.1 DEFINITION

STANDARD PROTOCOLS: standard protocol provides clear cut directions and instruction necessary to complete a specific tasks or process. The purpose of implementing the protocols is to carry out the operations correctly and always in the same manner, the standard protocol should be in the documentation form. The standard protocol helps in ensuring the consistency and quality in job performance.

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1. In adequate standard protocol

2. Noncompliance with the organization own standard protocols

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- 3. Poorly written protocols
- 4. Lack of proper maintenance of standard operating protocols
- 5. Lack of extensive standard operating protocol training

PROTOCOL VARIATION: A variation occurs when there is an discrepancy or departure between the protocols and or standard operating procedures more commonly there is an variation in protocols if the employees do not follow it and the other reasons for the variations are human errors, equipment and utilities failures and deviation from the documentation procedures

STANDARIZATION OF PROTOCOLS

Standardized protocols are instructions on organization complies in an document to provide directions on the action necessary to perform specific operations. Most of the hospitals use this document to guarantee their routine activities consistent comply with the rules and regulations and standards

It is the process of developing, promoting and possibly mandating the standards, it helps to enforce a level of consistency or uniformity in practices or operations with in the selected working environment

1.3 OBJECTIVES OF STUDY

- To identify the current protocols and procedures in MEDICINE OPD, ENT OPD, SURGERY OPD, DERMATOLOGY OPD, ORTHO OPD and DENTAL OPD
- To determine the cause and effect of variations in protocols from the perspective of service delivered (positive and negative effects)
- To provide suggestion for standardization of protocols towards optimization of service delivered by staff

CAUSES FOR PROTOCOL VARIATION AT WORK PLACE

The experience of many organization demonstrates that the human errors is a key contributor to operating inefficiencies and variations in the protocols however this variations are often caused due to process issues. By creating well written standard protocol, most of the errors can be prevented

Some of the common causes for the protocol variations are

2.1 LITERATURE REVIEW

1. According to S L McFadden, C M Hughes and R

J Winder The work is to determine current radiographic protocols in paediatric interventional cardiology (IC) in the UK and Ireland. For this it was investigated which imaging parameters/protocols are commonly used in IC in different hospitals, to identify if a standard technique is used and illustrate any variation in practice. It was concluded that there



is no standard protocol for carrying out paediatric IC in the UK or Ireland. Each hospital carries out the IC procedure according to its own local protocols resulting in a wide variation in radiation dose

2.According to <u>Ruben van Zelm</u>, <u>Ellen</u> <u>CoeckelberghsWalter Sermeus</u>, <u>Anthony De</u> <u>Buck van Overstraeten</u>, <u>Arved</u> <u>Weimann</u>, <u>Deborah Seys</u>, <u>Massimiliano</u>

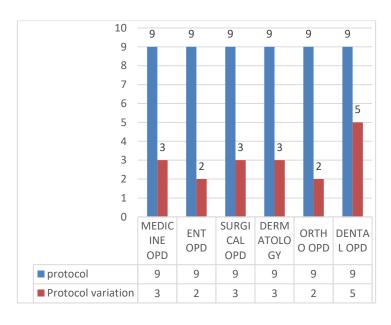
Panella & Kris Vanhaecht results show that the average protocol adherence in clinical practice is 44%. The variation on patient and hospital level is considerable. Only in one patient the adherence rate was >70%. In total, 30% of patients received 50% or more of the key interventions. A solid implementation strategy seems to be needed to improve the uptake of the ERAS pathway. The importance-performance matrix can help in prioritizing the areas for improvement.

2.2 METHODOLOGY

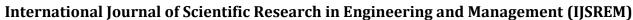
This study took place in the six department in OPD of the selected hospital from January 2023-March 2023. This is a qualitative study and primary data is used to collect data. In six general OPDS and private OPDS data were collected by observational method, depth interview and structured interview from medical record officers and supervisor. For this purpose bar chart and tabular form has been used

2.3 ANALYSIS

Chart 2.3.1. shows the protocol variation in the MEDICINE OPD, ENT OPD, SURGICAL OPD, ORTHO OPD and DENTAL OPD in general side



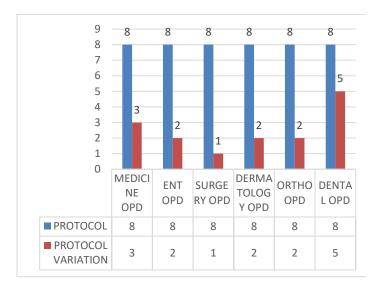
This above chart 2.3.1 shows that protocol variations in general side OPDS, there are 6 general OPDS. 9 standard protocol followed in general OPD out of 9 protocols the variations are mentioned ,DENTAL OPD has 5 protocol variations and it is the highest variation found in the general side and the MEDICINE, SURGERY and DERMATOLOGY OPDS has 3 variations and ENT OPD and ORTHO OPD has 2 protocol variation





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Chart 2.3.1. shows the protocol variation in the, ENT OPD, SURGICAL OPD, ORTHO OPD and DENTAL OPD in private side



This above chart 2.3.2 shows that protocol variations in private OPDS, there are 6 private OPDS. They are 8 standard protocol followed in private OPD out of 8 protocols the variations are mentioned ,DENTAL OPD has 5 protocol variations and it is the highest variation found in the private side and the DERMATOLOGY ,ENT and ORTHO OPDS have 2 variations and SURGERY OPD has 1 protocol variation

2.4 MAJOR FINDINGS AND RECOMMENTATIONS

- It was observed that all the OPDS in the general and private side has variations, all that OPDS has atleast 2 variations in protocol.`
- Among the 6 OPDS the DENTAL OPD has
 variations which is the highest protocol variation in the both general and private side.

- 3. In general OPDS MEDICINE, SURGERY AND DERMATOLOGY OPDS has 3 protocol variations ENT OPD AND ORTHO OPD has 2 protocol variations.
- In private OPDS ENT, DERMATOLOGY, ORTHO OPDS has 2 protocol variation and SURGERY OPD has 1 protocol variation.

The recommendations include, according to what I have observed during my observation.

IMPLEMENTATION

- ➤ Instead of using clinical work station system (automatic generation of token in the OPD) first come first serve with appointment time is recommended.
- ➤ All the standard protocols should be in written format and it be should be properly documented
- ➤ Proper training and awareness on protocols must be given to the medical record officers (MRO)
- Priority timing for consulting the doctors for the staffs, staff dependent and retired staff has increased

3. CONCLUSIONS

The data is collected in the six OPDS in general and private side. The goal of this study is to identify the current protocols following in different OPDS and to find the variations in OPDS because of these variation in protocols there are many confusions among the patients, medical record officers and staffs working in the hospital. In this study, the variations in protocol has be found, to reduce the variations in protocol suggestions has been given.

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This study helps to standardize a uniform protocol in all OPDS without variation. To achieve the highest degree of proficiency, proper instruction and good practices must be practiced.

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