International Journal of Scientific Research in Engineering and Management (IJSREM)
Volume: 08 Issue: 05 | May - 2024 SJIF Rating: 8.448 ISSN: 2582-3930

An Exploratory Study on Hospital OPD Management with Special Reference to MANIPAL HOSPITAL, JAIPUR

Sahil ,

Guide: Dr.Radhakrishna M (Associate professor)

MBA (Pharmaceutical and Hospital-Healthcare management), NIMS University Jaipur

ABSTRACT

This research paper focuses on assessing patient satisfaction and enhancing the quality of care in the Outpatient Department (OPD) of Manipal Hospitals Jaipur. The OPD serves as the first point of contact for patients seeking medical care, making it a critical aspect of healthcare delivery systems. Through a comprehensive study, various factors influencing patient satisfaction, including the approach of healthcare providers, examination procedures, medication education, service availability, waiting times, and costs, are evaluated.

Drawing upon Manipal Hospitals' mission, vision, and quality policy, the study aims to align with the organization's commitment to providing quality healthcare services. Additionally, the paper explores the role of preventive services offered in the OPD, emphasizing their significance in disease prevention and health promotion.

The methodology involves qualitative and quantitative approaches, including surveys, interviews, and data analysis techniques. Patient feedback, along with insights from medical professionals and hospital management, provides valuable input for identifying areas of improvement and implementing strategies to enhance overall patient satisfaction and quality of care.

Literature review findings underscore the importance of optimizing hospital processes, such as discharge procedures, resource management, and healthcare facility distribution, to improve service delivery and patient outcomes. By adopting methodologies like Six Sigma DMAIC and utilizing administrative data analysis tools, hospitals can streamline operations and address gaps in service provision effectively.

Through this research, Manipal Hospitals Jaipur aims to refine its OPD services, ensuring that patient needs are met with efficiency, compassion, and excellence. Ultimately, the study contributes to advancing healthcare quality and patient-centered care practices in outpatient settings, thereby reinforcing Manipal Hospitals' commitment to delivering accessible, affordable, and high-quality healthcare services.

KEY WORDS:

Outpatient Department (OPD), Patient satisfaction, Clinical care, Hospital discharge process, Quality of healthcare ,Access to healthcare

INTRODUCTION

INTRODUCTION OF OUT PATIENT DEPARTMENT

Outpatient department is one of the departments of any hospital. Patient are first come to this department. A patient is introducing by this department to the hospital. Patient are going to another department through this department.

Outpatient department in Manipal Hospitals JAIPUR is established Manipal Hospital Rajasthan JAIPUR Act, 2008 and recognized by the UGC to provide a comprehensive set of services for patient evaluation and treatment located at lower ground level and the working hours are 09:00 am to 06:00 pm.

The reputation of any hospital depends on how good the OPD service is. It is also considered as the window of the hospital.

LITERATURE REVIEW

1. **S. Arun Vijay (2014)** A lengthy and in-efficient process of discharging inpatients from the Hospital is an essential component that needs to be addressed in order to improve the quality of Health care facility. Even though, several quality methodologies are adopted to improve such services in Hospitals, the implementation of Six Sigma DMAIC methodology to improve the Hospital discharge process is much limited in the Literature.
2. **Kumar, J. (2016),** The purpose of this paper is to address this area by exploring the administrative data especially facility level data of Jammu & Kashmir State and its use in resource management effectively. In this paper, we conduct an exploratory secondary data analysis of facility level data of Jammu & Kashmir, India by using SPSS Modeler, a data mining tool. The public healthcare data is obtained from HMIS database. We analyze data to identify patterns by exploring the structure of public healthcare institutions prevalent in J&K along with the distribution of patients in different districts. We found high variation and significant differences among districts as far as healthcare facility distribution is concerned.
3. **Kumar, Jitender (2016),** The study has revealed that factors which affect patient satisfaction are affordability and convenience, fulfilment of clinical requirements, nursing and staff care, general behaviour of doctors, registration and administrative procedures, infrastructure and amenities, professional behaviour of doctors and facilities at reception and out-patient department area.
4. **Sengupta, M., Roy, A., Ganguly, A., Baishya, K., Chakrabarti, S., & Mukhopadhyay, I. (2021),** The current study aims to test the level of patient's satisfaction in Out-Patient Departments (OPDs) at government hospitals of Bhiwani district. For this purpose, primary data from 100 patients was collected through a structured questionnaire. Data thus collected was analysed using statistical tools like descriptive statistics and factor analysis using SPSS statistics version 20.
5. **Greenhalgh, T. (1987),** study conducted in Kolkata and other adjoining areas of West Bengal included respondents who volunteered for individual in-depth interviews. The sample size was kept at n = 20 after due technical considerations. Freelisting and pile sorting was done to generate clusters.
6. **Kok, M. C., & Muula, S. (2013),** This paper reports a study of the prescribing and dispensing of drugs in India. The drugs supplied to 2400 patients by the public and private medical sectors and by private pharmacies (over the counter dispensing) were recorded, and were analysed with respect to the patient's presenting complaint and diagnosis.

Outpatient Department:

An Outpatient Department was defined as a hospital department, which is primarily designed to accommodate the clinical consultants and the members of their teams to provide medical consultation and primary health care services.

Independent variable

Socio-demographic characteristics:

Socio-demographic characteristics were defined as the social and demographical nature of the subject being studied. It consisted of age, gender, marital status, education occupation, monthly income, number of visits to the hospital, and the payment methods of the respondents.

Age referred to the ages of the respondents from 18 years old by the time of the study.

Gender was defined as the state of being male or female of the respondents.

Marital status referred to each individual respondent s state of being single, married or widowed/ separated.

Education was defined as the individual respondent s academic qualification by the time of data collection.

Occupation referred to a job or profession of an individual patient.

Monthly income was defined as average amount of revenue a patient and his/ her family member earned per month.

Number of visits to hospital referred to the total number of times the patients had visited the Internal Medicine Department including the time of data collection.

Patients Experiences with Healthcare Service:

One significant department variable in the study of patient's satisfaction is the patients' own experiences of the service performances. The vital factor later also creates ones hopes of receiving the same or a batter quality of service than the get used to. People normally base their judgment of the service on seeing, touching listening

Smelling and tasting than the elements included in a set of quality service. For healthcare service, particularly patient will decide whether they are low or highly satisfied with service through feeling the direct elements of the service such as physical facility, physicians' consultation and treatment skill, nurses consoling skill, pharmacy.

RESEARCH MATHODOLOGY.

Research objectives:

- To understand the functions, policies & procedure of Outpatient department.
- To understand the demand and expectations of the patients and patient s relatives in OPD.
- To explore the difficulties faced by patients and patient s relatives in OPD.
- To understand the level of patient satisfaction regarding clinical facility, availability of service, waiting and cost of the service.

Research design

Research design is explorative followed by descriptive in nature. It is based on data collected through structured questionnaire from the respondents.

Type of research

Respondents were selected on the basis of random sampling.

Nature and universe of population

1) Population included in this study is the patient who visited in the hospital OPD.

2) Study Universe and study population of this research are the patients of Manipal Hospitalss OPD.

3) Sample unit of this research is Manipal Hospitals.

4) Sample size of this research is consisted of 170 patients.

Inclusion criteria

People who visited the OPD as patient

Exclusion criteria

- People who visited OPD not as a patient, Doctors, nursing staffs
- Paramedical staff and administrative staffs

Data source

The data has been obtained through primary and secondary sources.

➢ **Primary data**

Primary data was collected through an interview with the help of a structured questionnaire.

➢ **Secondary data**

- The secondary data for this research was obtained from:
- Organization s profile.
- Magazines.
- Websites.
- Various books and other published matter were also referred for tabulating and analyzing the collected data.

Statistical tool and technique

The survey data was analyzed on Microsoft excel. The data is summarized using pictorial representations such as, pie-chart, Bar graphs and table.

Limitation of the study

Study limited only to the OPD of the Manipal Hospitals Jaipur.

Study is restricted only to the patients and patient s relatives of this hospital

Time constraints

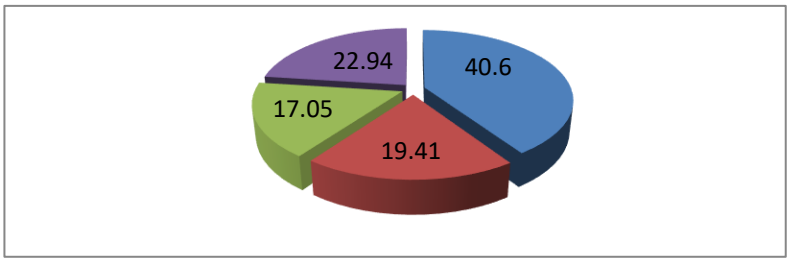
Duration of study

The duration of study was of six weeks beginning from

1**. Distribution of respondents according to age, sex, occupation and the concerned department**.

Table 1 Showing Distribution of respondents according to age

Age	Number of Respondents
15-29	33
30-44	69
45-59	29
60 & above	39



Analysis

The above table shows that majority of the patients are of age group of 30-40 years (40.60%)

19.41% of the respondents are of the age group of 15-29

17.05% of the respondents are of age group of 45-59.

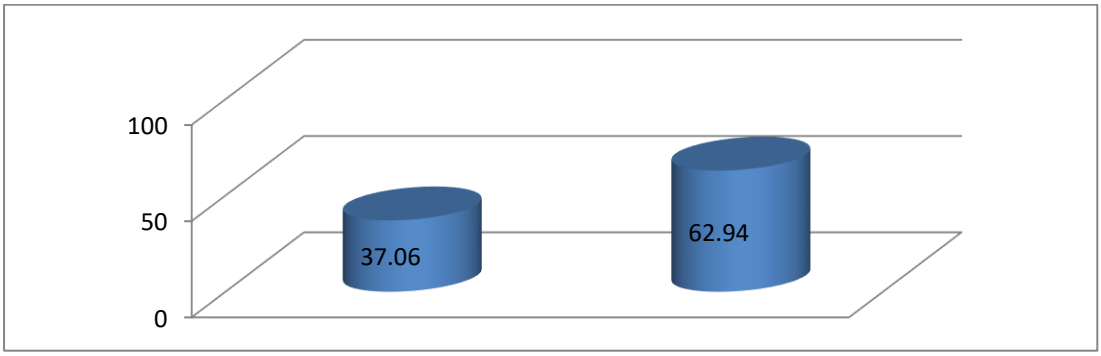
22.94% of the respondents are of age group of 60 and above.

Inference

Majority of respondents fall in the age group of 30-44 years.

Table 2 Showing Distribution of respondents according to sex

Sex	Number of Respondents
Male	63
Female	107



Analysis

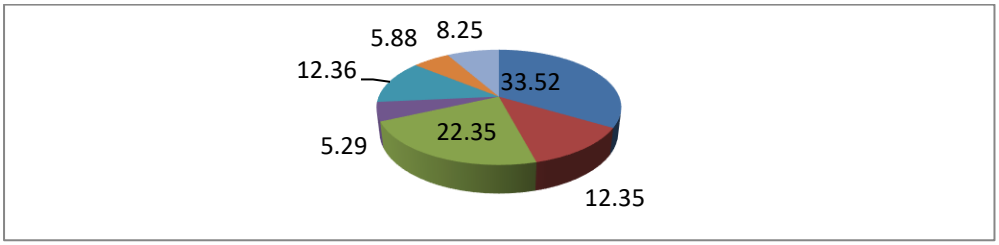
The above table shows 37.06% of respondents are males and 62.94 are females.

Inference

Most of the respondents approached were females.

Table 3 Showing Distribution of respondents according to department

Departments	Number of Respondents
Medicine	57
Surgery	21
Orthopedics	38
Allergy	9
Neurosurgery & Neurology	21
ENT	10
Cardiology	14



Analysis: -

- The above table shows that 33.52% of total respondents approached to medicine department.
- 12.35% of respondents were of surgery department.

- 22.35% from orthopedics
- 52.29% from allergy.
- 12.36% from neurology and neurosurgery.
- 5.88% from ENT.
- 8.25% from cardiology department.

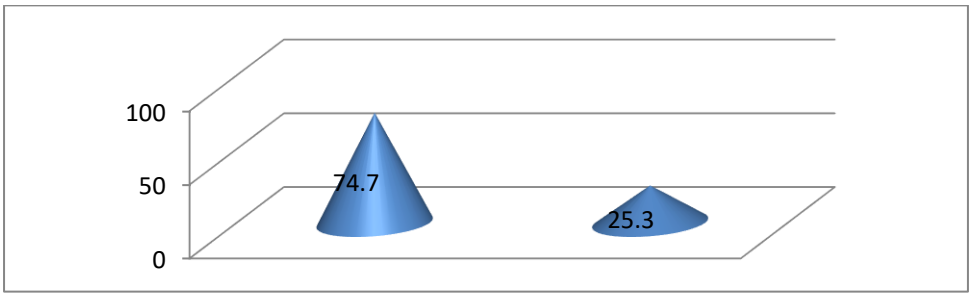
Inference: -

Majority of respondents approached to medical department.

2. Distribution of respondents according to availability of services

Table 4Showing seating arrangement of OPD

Seating arrangement in OPD	Number of respondents
Satisfactory	127
Unsatisfactory	43



Analysis: -

74.70% of respondents are satisfied with the seating arrangement in OPD.

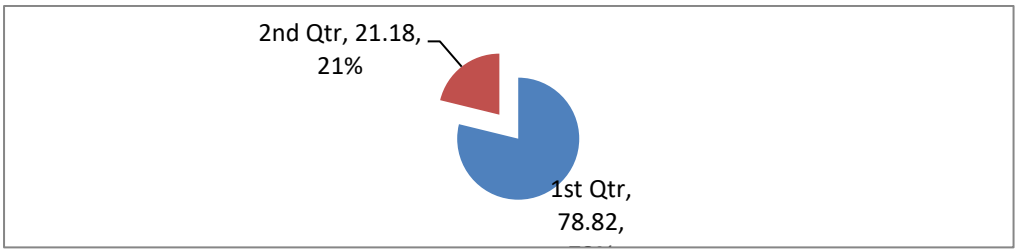
25.30% were unsatisfied.

Inference: -

Most of respondents were satisfied.

Table 5 Showing cleanliness of OPD

Cleanliness OPD	Number of respondents
Satisfactory	134
Unsatisfactory	36



Analysis: -

78.82% of respondents are satisfied with cleanliness of OPD.

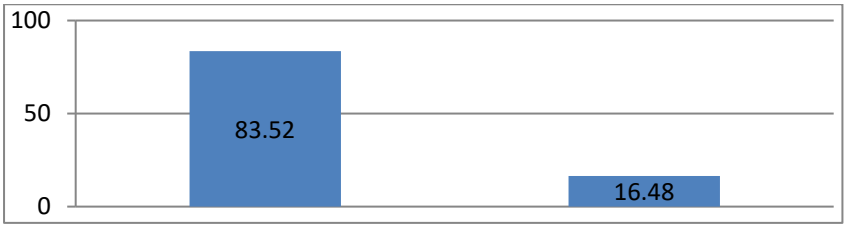
21.18% are unsatisfied.

Inference: -

Most of respondents are satisfied.

Table 6 Showing services by paramedical staff

Services by paramedical staff	Number of respondents
Satisfactory	142
Unsatisfactory	28



Analysis: - 83.52% respondents are satisfied with services by paramedical staff.

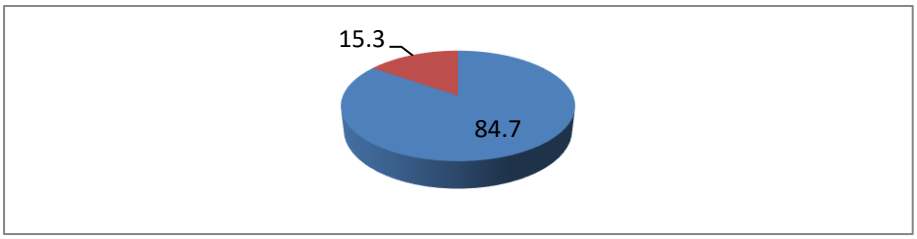
16.48% respondents are unsatisfied.

Inference: -

Majority of respondents are unsatisfied.

Table 7 Showing finding concerned specialist in OPD

Finding concerned specialist in OPD	Number of respondents
Easy	144
Difficult	26



Analysis: -

84.70% respondents say that finding concerned specialist in OPD is easy.

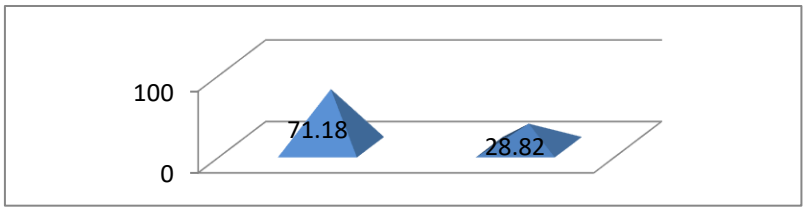
15.30% respondents say that it is difficult.

Inference: -

Most of respondents say that that finding concerned specialist in OPD is easy.

Table 8 Showing availability of doctors in OPD

Availability of doctors	Number of respondents
Adequate	121
Inadequate	49



Analysis: -

71.18% respondents say that doctors are adequate.

Analysis:

71.18% respondents say that doctors are adequate.

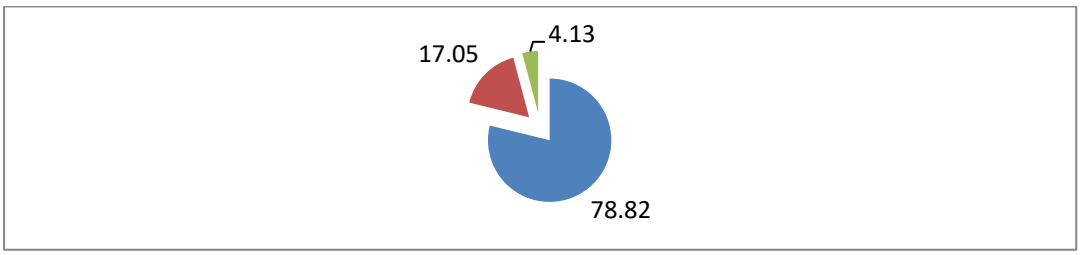
28.82% respondents say that doctor is in adequate.

Inference: -

Majority of respondents say that doctors are adequate.

Table 9 showing finding the medicine in the hospital pharmacy

Finding the medicine	Number of respondents
Found all	134
Not all are found	29
None are found	7



Analysis: -

78.82% respondents say that they found all medicines in the hospital pharmacy.

17.05% respondents say that they are not found all the medicines.

4.13% respondents say that they are not found any one of the medicines.

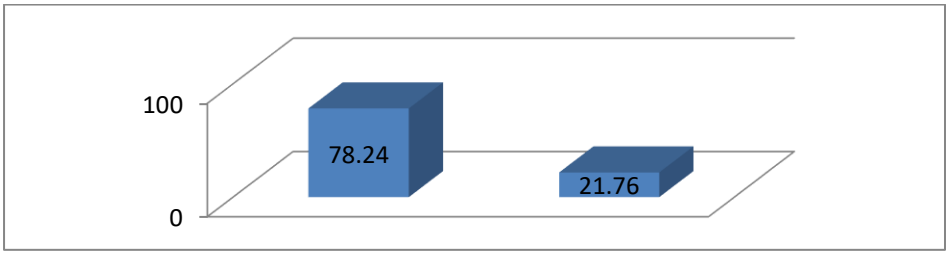
Inference: -

Most respondents say that they found all the medicine in the hospital pharmacy.

3. Distribution of responses from respondents regarding clinical care

Table 10 showing approach by doctor

Approach by doctor	Number of respondents
Satisfactory	133
Unsatisfactory	37



Analysis: -

78.24% of respondents say that approach by doctor is satisfactory.

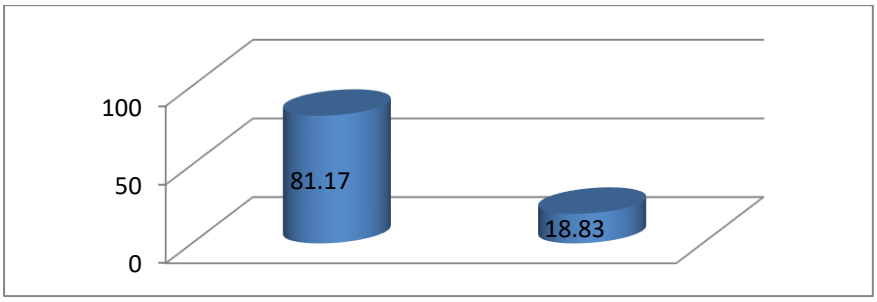
21.76% of respondents say that approach by doctors is unsatisfactory.

Inference: -

Most of respondents say that approach by doctor is satisfactory.

Table 11 showing communication by doctor

Communication by doctor	Number of respondents
Good	138
moderate	32



Analysis: -

81.17% of respondents say that communication by doctor is good.

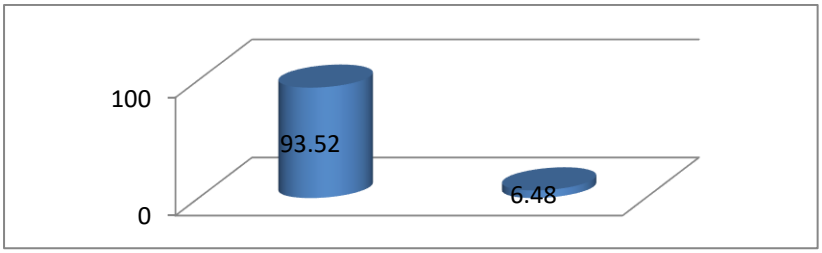
18.83% of respondents say that communication by doctor is moderate.

Inference: -

Most of respondents say that communication by doctor is good.

Table 12 showing explanation about the disease to patient

Explanation about the disease to patient	Number of respondents
Satisfactory	159
unsatisfactory	11



Analysis: -

93.52% are satisfied with explanation about the disease to patient.

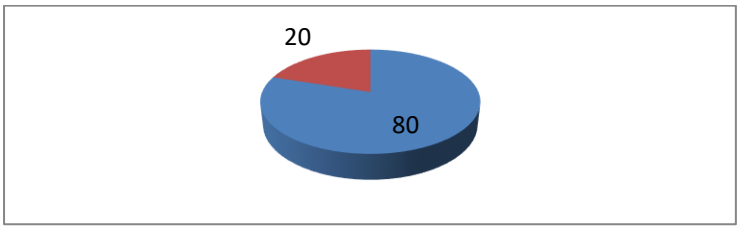
6.48% are unsatisfied.

Inference: -

Most of the respondents are satisfied with explanation about the disease to patient

Table 13 showing clinical care: -

clinical care	Number of respondents
Satisfactory	136
Unsatisfactory	34



Analysis: -

80% respondents are satisfied with clinical care.

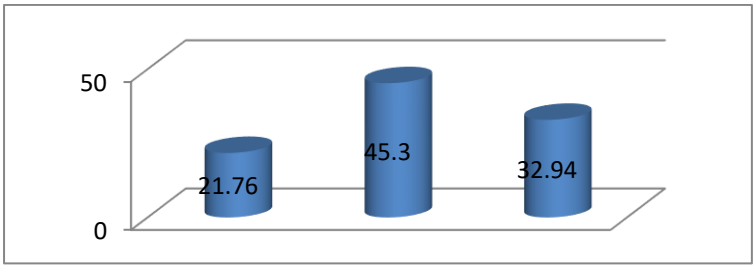
20% respondents are unsatisfied with clinical care.

Inference: -

Most of respondents are satisfied with clinical care.

Table 14 showing nature of prescription

nature of prescription	Number of respondents
Simple & easy	37
Satisfactory	77
Complex & difficult	56



Analysis: -

21.76% of respondents say that nature of prescription is simple and easy.

45.30% of respondents say that it is satisfactory.

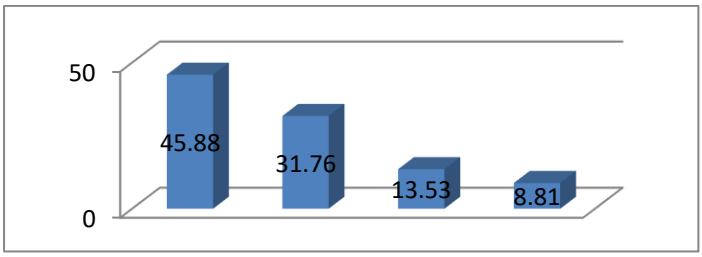
32.94% of respondents say that nature of prescription is complex and difficult.

Inference: -

Most of respondents say that nature of prescription is simple and easy.

Table 15 showing time gap between coming to OPD & getting registered

Time gap	Number of respondents
0 to 1 hr	78
1 to 2 hr	54
2 to 3 hr	23
3 hr & above	15



Analysis: -

45.88% of respondents come in time gap between 0 to1 hr.

31.76% of respondents come in time gap between 1 to2 hr.

13.53% of respondents come in time gap between 2 to3 hr.

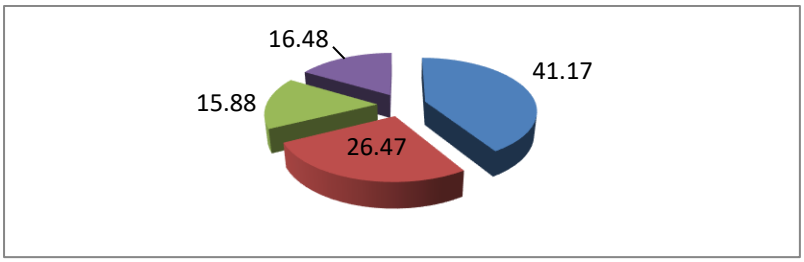
8.83% of respondents come in time gap between 3hr & above.

Inference: -

Most of respondents come in time gap between 0 to1 hr.

Table 16 showing time required to consult the doctor.

Time required to consult the doctor.	Number of respondents
0 to 0.5 hr	70
0.5 to 1 hr	45
1 hr to 1.5 hr	27
1.5 hr to 2 hr	28



Analysis: -

41.17% respondents come under category of 0 to 0.5 hr.

26.47%respondents come under category of 0.5 to 1 hr.

15.88%respondents come under category of 1 to 1.5 hr.

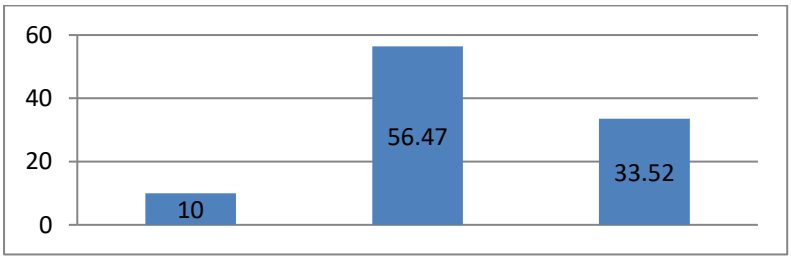
16.48%respondents come under category of 1.5 to 2 hr.

Inference: -

Half of respondents come under category of 0 to 1 hr.

Table 17 showing time taken for investigation

Time taken for investigation	Number of respondents
0 to 1 hr	17
1 to 2 hr	96
2 hr to 3 hr	57



Analysis: -

10% of respondents say that time taken for investigation is 0 to 1hr.

56.47%of respondents say that time taken for investigation is 1 to 2hr.

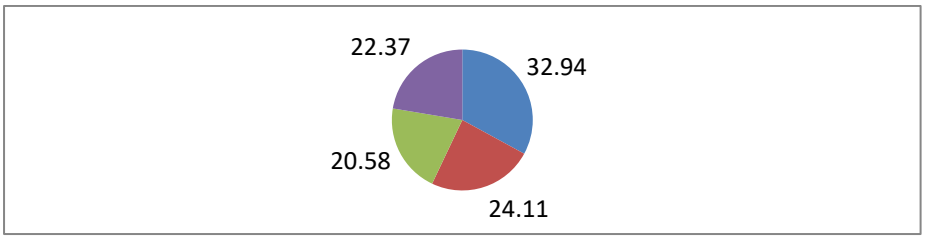
33.52%of respondents say that time taken for investigation is 2 to 3hr.

Inference: -

Most of respondents say that time taken for investigation is 1 to 2hr.

Table 18 showing time required to purchase the medicines from the hospital pharmacy

Time required	Number of respondents
10 min	38
10 to 15 min	56
15 to 25 min	41
25 min & above	35



Analysis: -

23.37% respondents say that time required not more than 10 minutes.

32.94% respondents say that time required 10 to 15 minutes.

24.11%respondents say that time required 15 to 25 minutes.

20.58% respondents say that time required 25 minutes and above.

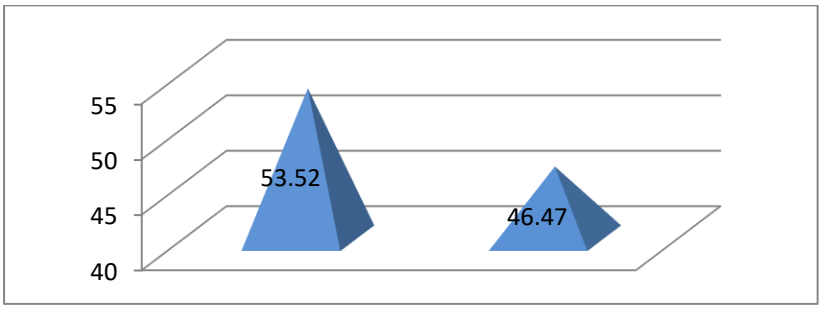
Inference: -

Most of the respondents say that time required to purchase the medicines is between 10 to 15 minutes.

4. Distribution of responses from respondents regarding cost

Table 19 showing cost of registration

Cost of respondents	Number of respondents
Satisfactory	91
Unsatisfactory	79



Analysis: -

53.52% respondents are satisfied with cost of registration.

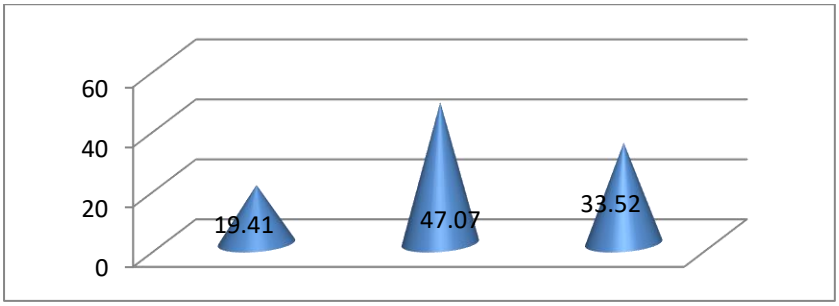
46.47% of respondent are unsatisfied with cost of registration.

Inference: -

Majority of respondents are satisfied with cost of registration.

Table 20 showing cost of investigation

Cost of investigation	Number of respondents
Low	33
Moderate	80
High	57



Analysis: -

19.41% respondents say that cost of investigation is low.

47.07% respondents say that cost of investigation is moderate.

33.52% respondents say that cost of investigation is high.

Inference: -

Most of respondents say that cost of investigation is moderate.

FINDINGS, RECOMMENDATIONS & CONCLUSIONS

Findings: -

- The study shows that maximum OPD patients are satisfy the OPD services.
- OPD doctors' quality and quantity are satisfyiable according to the OPD patients.
- Most of the patients and patients' relatives are satisfy about the registration and investigation cost.
- It found that 1 to 15 minutes is the majority time which is required to purchase any medicine from the hospital pharmacy.

- Most of respondents say that time for investigation is 1 to 2 hr
- It is found that majority of time gap between 0 to 1 hr after coming to hospital OPD & getting registered.
- It found that majority of the patients found all the prescribe drugs medicine from the hospital pharmacy.

Recommendations; -

- Increase the bed capacity of the hospital.
- Modernize the treatment process and procedure.
- Develop and maintain the quality of services of the hospital.
- Training and motivating the staffs to do the work properly.
- Availability of all prescribes drugs in hospital pharmacy.
- Decrease the work load of the staffs to increase their work quality.
- Provide the basic medical education and knowledge to all the patients and visitors.
- The time duration of the discharging must be decrease.
- Needs to regular update of website about the activities of Manipal Hospitals.
- Needs to improve in internal transports systems for carrying to patients.

Conclusions: -

These 45 days long summer training gives me enough opportunities to observe and learn managerial practices, organizational structures, responding and behaving at the time urgency and so on. The main objective of each and every employee of the hospital should always be satisfying their needs and foremost.

OPD is an important department of the hospital. It is also a primary department of any hospital. Patients' satisfaction in important for any private and corporate hospital It is helps to develop the service quality of any hospital. The patients' satisfaction level is show by their opinion and the opinions are collect by the feedback form. The hospital authority uses these types of information and data to their own benefits.

Manipal Hospitals is a large hospital in Jaipur Rajasthan. The patients are coming from different north-east Indian state. So, maintaining of the patients' demands and patients' satisfaction is important for maintain the image of the hospital. The patients are increasing day of this hospital so the demand and the satisfaction level also increasing. For the present situation the staff's quality and quantity is adequate but in the future hospital must be reqalitative staffs to satisfy the patients' demands.

The staffs of this organization are heard worker, co-operative, knowedgeable, polite and also very friendly. It was a wonderful and pleasant experience to be a part of Manipal Hospitals, Jaipur.

Bibliography

1. S. Arun Vijay.Reducing and optimizing the cycle time of patients discharge process in a hospital using six sigma dmaic approaches. *International Journal for Quality Research 8(2) 169–182 ISSN 1800-6450.*

2. Justin Waring et.al. Health services and delivery research .*NIHR Journals Libraryvolume 2 issue 29 September 2014 issn2050-4349. www.journalslibrary.nihr.ac.uk.*

3. Krauff Raine Schwanhaeuser Wulff. Prevention of bed blockers and delay in discharges in surgical wards. Masaryk University. Faculty of Medicine Department of Preventive Medicine. Brno 2008

4. Shahina S Pirani. Preventing delay in the patient discharge process: an emphasis on the nursing role. *Canadian Journal of Nursing Informatics: Vol 3 No 4 Pages 28 to 51. Page 1 of 2.*

5. Social services and public safety commission 2002.Health, Social and Public Safety.*www.dhhsspsni.gov.uk.*

6. Jo Ellins et.al. Understanding and improving transitions of older people: a user and carer centred approach. *Queen's Printer and Controller of HMSO 2012. commissioning contract issued by the Secretary of State for Health.*

7. Alfred J. Chiplin. Breathing life into discharge planning. *Jr. Center for Medicare Advocacy, Inc.*

8. Discharge Planning. Department of health and human services centers for Medicare & Medicaid Services.*ICN 908184 October 2014*

9. James George et. al. http://www.researchgate.net/publication/44568973 Intermediate care for older people in the UK. *Royal College of Physicians, 2010. All rights reserved.*

10. Christine Soong, Stacey Daub et.al. Development of a checklist of safe discharge practices for hospital patients. *Journal of Hospital Medicine, August, 2013. 10.1002/jhm.2032*

11. Ben Sawyer. Effective discharge begins at admissions. A patient flow logistics coordination model. *www.patientplacement.com*

12. Mr. Brendan Churchill, Dr. Elizabeth Cummings et.al. e-Health Services Research Group. A Structured Evidence-Based Literature Review on Discharge, Referral and Admission September 2010.

13. Shepperd S et. al. Discharge planning from hospital to home (Review). *The Cochrane Library 2008, Issue 3. http://www.thecochranelibrary.com.*

14. Muhammad Umair Majeed et.al. Delay in discharge and its impact on unnecessary hospital bed occupancy. *BMC Health Services Research 2012 12:410.*

15. Ami B. Gantt et.al. Social Work in Health Care Volume 29, Issue 1, 1999 Impediments to the Discharge Planning Effort for Psychiatric Inpatients.

16. William N. Southern et.al. Hospitalist care and length of stay in patients requiring complex discharge planning and close clinical monitoring. *ARCH INTERN MED/VOL 167 (NO. 17), SEP 24, 2007 WWW.ARCHINTERNMED.COM 1869.*

17. Katie J. Suda et. al. Inpatient Oncology Length of Stay and Hospital Costs: Implications for rising inpatient expenditures. *The Journal of Applied Research • Vol.6, No.1,2006.*

18. SC Lim et.al. Factors causing delay in discharge of elderly patients in an acute care hospital. *Ann Acad Med Singapore 2006; 35: 27: 32. january 2006, vol 35 No.1.*

19. Managing hospital admissions and discharges. Accounts commission for Scotland. *ISBN 0 906206 58 8.*

20. Discharge from Hospital Literature Review. *Discharge Planning and ALC Policy Task Team November 2006.*