A STUDY ON PATIENT'S PERCEPTION TOWARDS WAITING TIME WITH SPECIAL REFERENCE TO SIMS, ERODE

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Abstract
The Out Patient Department is critical process for any hospital. Short waiting times and a positive experience represent important drivers of patient satisfaction. Meanwhile, inefficient processes can result in lost revenues and poor community image, not to mention concern over patient safety. Since Out Patient Department (OPD) is frequently a patient's first experience with the hospital, improving the efficiencies is paramount to both customer satisfaction and hospital's bottom line. Waiting times for hospital care are a significant issue in the health care centers.

This study helps to know the unnecessary and delayed movements in the department so as that with this knowledge the management will be able to take adequate measures to improve the functioning of the department. Outpatient department helps to identify and eliminate unnecessary movements and benchmark the time and thus to provide efficient and effective patient care in OPD. Outpatient departments face increasing pressure to improve the quality of their services through effective appointment scheduling in an effort to reduce waiting time. This study was able to identify a number of critical factors that influenced patient waiting time and the formation of long lines in the clinic. Modifying the scheduling scenarios by adjusting the distribution of patients based on their type for outpatient appointments can significantly improve patient waiting time in the clinic.

Keywords: Out Patient Department, Waiting time, Customer Satisfaction.

1.1 Introduction
An outpatient is another hugely important area for the majority of patient pathways. It is usually the step in the patient's pathway where the majority of different pathways intersect, diagnostic tests are reviewed and the decision to treat(or request additional testing) is made. Patients' waiting time has been defined as "the length of time from when the patient entered the outpatient clinic to the time the patient actually leaves the OPD It's often one of the most frustrating parts about healthcare delivery system. Waiting times for elective care have been considered a serious problem in many health care systems since it acts as a barriers to efficient patient flows.

OPDs is considered as the window to hospital services and a patient's impression of the hospital begins at the OPD. This impression often influences the patient's sensitivity to the hospital and therefore it is essential to ensure that OPD services provides an excellent experience for customers. It is also well-established that 8-10 per cent of OPD patients need hospitalization.

Demand for outpatient consultations remains high and has increased over the previous year nationally. Frequently a high demand and stagnant capacity will drive waiting times higher. New ways of working and delivering services are required that differ from the more traditional methods along with regular validation and screening of referrals to manage demand at the source of referral. The outpatient waiting list is dynamic- the number of patients entering and leaving the lists at the various stages will differ between organisations, specialties and individual consultants of the same specialty. Understanding the flows on and off the waiting list forms the basis of waiting list and activity modelling and monitoring.

Nowadays OPD services of the majority of hospitals are having queuing and waiting time problem. Patients' waiting time refers to the time from the registration of the patient for appointment with doctor till they enter the doctor's chamber to the laboratory, Radiology and finally Pharmacy department.

This study throws light into finding out the various problems hindering the functions of the Sudha Institute of Medical Sciences erode, factors responsible for increase in waiting time for the patients and ways to meet the expectations and needs of patients who walk into the OPD and helps the hospital management to gain insight into how the services should be designed and delivered to satisfy and retain them.

1.2 Statement of the Problem
To understand the problems which the outdoor patients encounter like;
- Long-standing in Queues
- Limited number of counters for patient registration and enquiries.

- Improper maintenance of patient traffic at the outpatient department section
- To find the reasons and solutions for the problem encountered.

Common problems to be encountered in OPD system are as follows:

- Patients waiting time occur long at the front desk of the hospital.
- Patients might be conveyed to wrong services
- Large number of patients waiting to be served at the OPD will result in uncomfortable conditions such as congestion, noise, and poor ventilation.
- Number of patients admitted within a working day will cause overtime for doctors.

1.3 Objectives of the Study

1. To determine the flow of patient.
2. To identify the average time spent by the patients in the OPD.
3. If the waiting time is high, then identify the factors those are responsible for high waiting time in the OPD.
4. To obtain a well coordinated and acceptable appointment system for the clinic that shall ease the inflow of patients.
5. To recommend appropriate suggestions to optimize the waiting time in SIMS.

1.4 Scope of the Study

OPD services are most important services provided by all the hospitals as it provides service to a large number of patients at a low cost. There is increasing concern to improve the quality of administration in the hospitals to meet the rising expectations of people. Apart from the quality of staff, equipments the main feelings and image carried by patients about hospital mainly depends on human aspect and the concern, sympathy and understanding shown by hospital staff. This study is mainly based on the reducing of waiting time of patients in the outpatient department at Sudha Institute of Medical Sciences(SIMS) Erode. This study can be carried out in any type of healthcare setup. It may be hospitals, health centers, clinics or nursing homes etc.The primary activity of SIMS is providing medical, diagnostic and treatment services and also specialized accommodation services to in-patients i.e., receiving individuals for medical reasons, providing them with medical care on an on-going basis and offering diagnostic and treatment services. The Secondary activities of SIMS hospitals provide wide variety of outpatient services at low cost.

1.5 Research Methodology

It involves systematic collection, analysis and interpretation of data to answer a certain question or solve a problem.

Research Design

The present study is descriptive in nature, which includes surveys and fact findings enquiries of different kind. The major purpose of descriptive research is descriptive of the states of affairs as it exists at present. The study is based on data collected through questionnaires at the outpatient department of the hospital during the period of 4 months.

Data Collection Methods

- Primary Data
- Secondary Data

Sample Design

a) **Sample Size & Technique:**
Sample size: 150
Sampling Technique: Simple Random Technique.

Tools Used for Analysis
Simple Percentage

$$\text{Percentage of Respondents} = \frac{\text{No. of Respondents}}{\text{Total Respondents}} \times 100$$

Weighted Average

$$\overline{x} = \frac{\sum_{i=1}^{n} w_i \cdot x_i}{\sum_{i=1}^{n} w_i} = \frac{w_1 x_1 + w_2 x_2 + ... + w_n x_n}{w_1 + w_2 + ... + w_n}$$

1.6 Limitation of the Study
- Time available for this research work was a limiting factor.
- Patient's medical history records and other related information cannot be revealed.
- The medical staff, nurses and pharmacists at the dispensaries were extremely busy throughout the day.

1.7 Data Analysis and Interpretation
Simple Percentage Analysis

Table 1.7.1: Time Spent in Reception

S. No	Time Spent In Reception	No. of Respondents	Percentage (%)
1	Less than 15 min	18	12
2	15-20 min	47	31.33
3	20-25 min	53	35.33
4	25-30 min	15	10
5	More than 30 min	17	11.33
	Total	150	100

Table 1.7.2: Waiting Time for Consultation

S. No	Waiting Time For Consultation	No. of Respondents	Percentage (%)
1	Less than 15 min	38	25.33
2	15-20 min	47	31.33
3	20-30 min	22	14.67
4	30-40 min	30	20
5	More than 40 min	13	8.67
	Total	150	100

Table 1.7.3: Time Spent for Laboratory

S. No	Time Spent For Laboratory	No. of Respondents	Percentage (%)
1	10 min	33	22
2	10-15 min	39	26
3	15-20 min	54	36
4	20-25 min	24	16
	Total	150	100

Table 1.7.4: Time Spent for Radiology

S. No	Time Spent For Radiology	No. of Respondents	Percentage (%)
1	10 min	19	12.67
2	10-15 min	59	39.33
3	15-20 min	46	30.67
4	20-25 min	26	17.33
	Total	150	100

Table 1.7.5: Time Spent for Pharmacy

S. No	Time Spent For Pharmacy	No. of Respondents	Percentage (%)
1	10 min	28	18.67
2	10-15 min	62	41.33
3	15-20 min	47	31.33
4	20-25 min	13	8.67
	Total	150	100

Table1.7.6: Time Spent for Report Collection

S. No	Time Spent For Collecting Reports	No. of Respondents	Percentage (%)
1	10 min	34	22.67
2	10-15 min	68	45.33
3	15-20 min	22	14.67
4	20-25 min	26	17.33
	Total	150	100

Table 1.7.7: Availability of Feedback Box

S. No	Availability of Feedback Box	No. of Respondents	Percentage (%)
1	Yes	59	39.33
2	No	91	60.67
	Total	150	100

Table 1.7.8: Management Response towards Feedback Box

S. No	Management Response Towards Feedback Box	No. of Respondents	Percentage (%)
1	Good	22	14.67
2	Satisfactory	38	25.33
3	Average	29	19.33
4	Need Improvement	61	40.67
	Total	150	100

Table 1.7.9: Management Provides Training for Staffs in OPD

S. No	Management Provides Training For Staffs	No. of Respondents	Percentage (%)
1	Yes	62	41.33
2	No	88	58.67
	Total	150	100

Table 1.7.10: OPD Starts on Time

S. No	OPD Starts on Time	No. of Respondents	Percentage (%)
1	Yes	44	29.33
2	No	106	70.67
	Total	150	100

Table 1.7.11: Doctors Come Late to Hospitals

S. No	Doctors Come Late to Hospitals	No. of Respondents	Percentage (%)
1	Yes	55	36.67
2	Sometimes	63	42
3	No	2	1.33
4	Very Often	30	20
	Total	150	100

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Table1.7.12: Maintaining Records of Arrival/Departure of Patients Per Day

S. No	Maintaining Records of Arrival/Depature of Patients Per Day	No. of Respondents	Percentage (%)
1	Yes	88	58.67
2	No	62	41.33
	Total	150	100

Table 1.7.13: Management Responding towards Call Made by Patients

S. No	Responding Towards Call	No. of Respondents	Percentage (%)
1	Quickly	14	9.33
2	Very Quickly	4	2.67
3	Slowly	44	29.33
4	Very Slowly	38	25.33
5	Not Attending the Call	50	33.33
	Total	150	100

Weighted Average

Table 1.7.14: Ranking the factors based on patient's perception towards waiting time

Ranks	Registration	Doctor Consultation	Laboratory Investigation	Radiology Investigation	Pharmacy	Billing	Cash Payments	Report Collection
1	13	44	39	26	33	18	27	24
2	19	27	16	37	41	47	32	13
3	7	15	20	22	18	34	17	9
4	28	20	30	11	22	3	20	29
5	12	21	12	9	5	16	7	33
6	22	6	13	13	9	7	28	10
7	37	9	15	20	7	19	8	21
8	12	8	5	12	15	6	11	11
Total	150	150	150	150	150	150	150	150

1.8 Results
Findings
- It is stated that 35% of the respondents spent nearly 20-25 min in reception.
- It is identified that 36% of the respondents spent nearly 15-20 min for laboratory investigation.
- It is explored that 39% of the respondents spent more time in radiology investigation.
- It is determined that 45% of the respondents has to wait for number of days for collecting their results which was taken at laboratory and in radiology centers.
- It is surmised that The peak time when the counters are overcrowded was:
  a) 8:00 am to 9:00 am for central registration counters.
  b) 9:00am to 11:00 am outside the consultation room.
  c) 10:00 am to 12:00 noon at the laboratory
  d) 11:00 am to 1:00 pm at pharmacy.
- The analysis shows that 41% of the respondents says that the management need improvement towards feedback provided by the patients.
- It is observed that 59% of the respondents says the management does not provide any kind of training for the staffs in OPD.
- From the analysis 71% of the respondents says that the OPD does not starts on the right time and it becomes a major cause for patient's waiting time in health centres.
- It is observed that 38% of the respondents says the doctors sometimes delayed in attending out patient service.

- The analysis depicts that 58% of the respondents says the hospitals are maintaining the records of Arrival/Depature of patients every day.
- It is found that 33% of the respondents says management not attending the call and responding them properly.

Weighted Average Analysis
- The respondents rank the registration and report collection activity as the first and second respectively where the patient's waiting time is high.
- The respondents rank the radiology investigation and cash payment activity as third and fourth respectively.

Suggestions
1. Number of counters and staffs in pharmacy can be increased to avoid long waiting time for the patients.
2. Number of staffs may be increased in the out patient departments which has large no. of patients.
3. Number of registration counters can be increased because during the peak hours it may result in the negative image of the hospital in the mind of the patients.
4. The waiting area can be more spacious.
5. The hospital management may take necessary remedies to the Out Patient Department inorder to start the OPD at right time will reduce high waiting time.
6. Hospital should give separate outpatient feedback form.
7. Regarding the design of the OPD, the registration counter and enquiry desk should be open and near to the entrance of OPD and emergency department all the diagnostic department should be near to the consultancy rooms.
8. The security staff around the registration counter should guide the patients regarding the counters and guards must be trained for the same.
9. Regular training sessions may be conducted for all the staff.
10. Hospital authorities can appoint more qualified and senior staff in OPD.
11. Hospital management may focus towards the appointment fixed patients rather than walk-in patients.

1.9 Conclusion
This study has shown that majority of the patients experience long waiting times during their visit at the General outpatient department with the greatest time spent waiting to receive services. Most delay was identified at the registration and pharmacy. These delays could be attributed to the long queues at registration and pharmacy service points. The major cause of this long waiting time is the huge number of patients especially on Monday of whom majority are direct walk-ins without any referrals. Most of the patients have conditions that can be handled at lower health facilities thus increase the burden for the hospital to provide quality care for those who have been referred to the major national referral hospital.

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