



AN ANALYSIS OF PATIENT WAITING TIME AT WELLNESS DEPARTMENT IN THE LEADING HOSPITAL, KERALA

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Abstract : Turn around time is the total processing time of the patient who undergoes several medical procedures, The study comprises of turnaround time of patient who registered and waiting for initial consultation, turn around time of a patient who waits for final consultation after all getting all the necessary reports, And the turn around time for patient report. This study was carried for 90 days and Time period between several procedures have been noted. Simple percentage analysis was carried out and turn around time for each procedure was found. This study was concluded with few findings and suggestions regarding turn around time at one of the leading hospitals in Kerala.

Keywords: hospital, hospital management, waiting time, turnaround time, wellness, master health checkup, operations.

I. INTRODUCTION

The Preventive health check-up or Wellness is the comprehensive health check for whole body to screen the organ to identify the Non symptomatic disease where it could to be great disease, Master health check-up or wellness department plays a vital role in the hospital to identify and minimize the risk factors to detecting illnesses at an early stage. It is key to identify the disease of a patient, where the Master health check-up or Wellness is connected to many another department like laboratory, Cardiology, ENT, Dental, Ortho, Ophthalmology, consist of many check-ups in different department, Once the check is completed, if treatment is required it can begin without delay.

AIM OF THE WELLNESS DEPARTMENT:

Master health check-up or wellness department plays a vital role in the hospital to identify and minimize the risk factors to detecting illnesses at an early stage.

OBJECTIVE OF THE STUDY

- To Study the Turn Around Time (TAT) of patients in Master Health Check-up.
- To give some suggestion to overcome the TAT

LITERATURE REVIEW

According to Dr. Pramod Kumar Mishra (2021)² This study aims to identify and solve the managerial issues in the Preventive Health Check Department and also to indicate that the solving of those issues is strongly linked to client satisfaction and credibility of the hospital. The study was conducted by the primary research in the form of questionnaire and secondary data was used from the management. Appropriate literature reviews and studies of client satisfaction and managerial issues were also identified along with the primary and secondary research.

According to, Iman Almomani, Alham Al Sarheed (2016)⁴⁵ Outpatient Management Software (OMS) and proposing solutions to reduce waiting times. The solutions presented in this was reduce waiting times by enhancing the software used to manage outpatient clinics services Evaluation of the results shows a reduction in patient waiting time. When late doctor arrival issues are solved, this can reduce the clinic service time by up to 20%. However, solutions for early arriving patients reduces 53.3% of vital time, 20% of the clinic time and overall, 30.3% of the total waiting time. Finally, well patient-distribution lists make improvements by 54.2%

According to, Dr. Anil Pandit, Er Lalit Varma, Dr. Amruta Pandit (2016)²⁹. It was found that the average time a patient spends in the OPD was 60mins. The major bottleneck causing this high waiting time was found to be the waiting time for consultation which was 40 minutes of an average. Information gathered during the survey also revealed that 33% patients waited for 30-60mins for the doctor while 32% patients waited for over an hour. This was one of the major causes of discontent among the OPD patients to which a fall in OPD numbers can be attributed.

II. METHODOLOGY

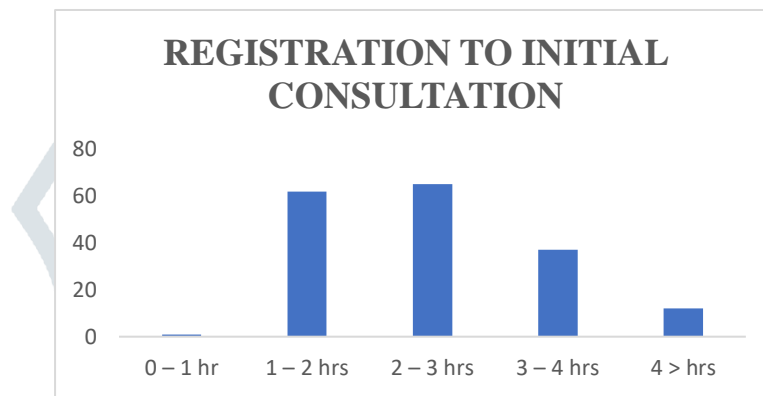
This is descriptive research that uses analysis to identify and describe current state of TAT at master health checkup or wellness

DATA COLLECTION

Only primary data were used. All the qualitative data are collected through observation method, from the patients.

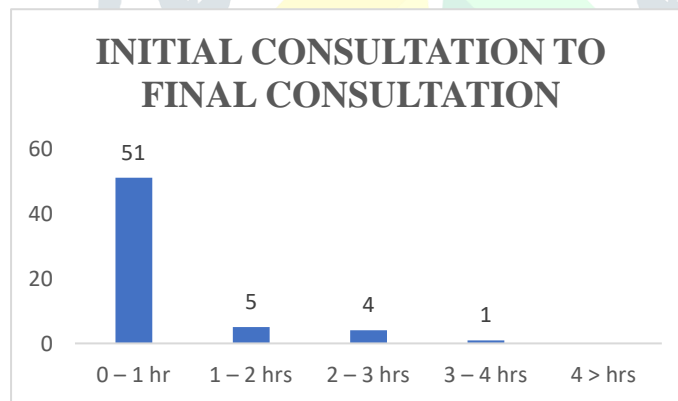
III. ANALYSIS

3.1 Chart showing the timing taken from registration to initial consultation



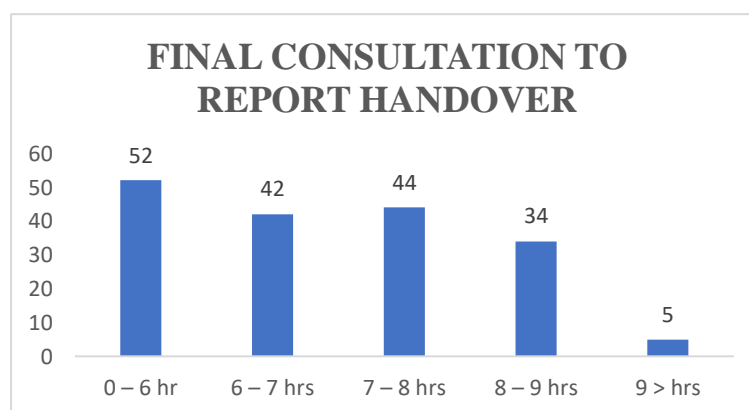
From the study for the factor “Registration to Initial consultation” it was found that 1 (0.56 %) sample took 0 – 1 hr, 62 (35.02 %) sample took 1 – 2 hrs, 65 (36.72 %) sample took 2 – 3 hrs, 37 (20.90 %) sample took 3 – 4 hrs, 12 (6.77 %) sample took 4 and above hours.

3.2 Chart showing the timing taken from initial consultation to final consultation



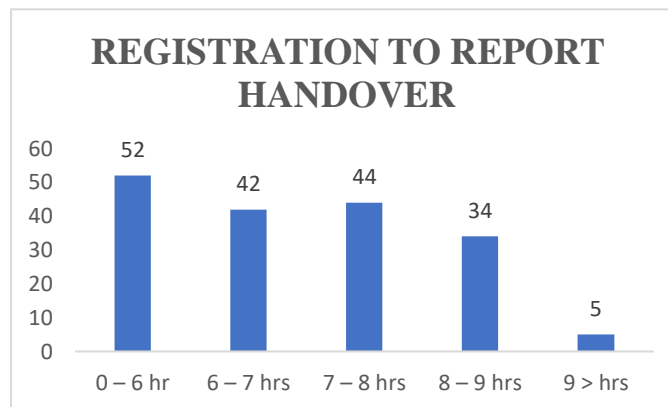
From the study for the factor “Registration to Initial consultation” it was found that 14 (7.09 %) sample took 0 – 1 hr, 10 (5.64 %) sample took 1 – 2 hrs, 34 (19.20 %) sample took 2 – 3 hrs, 58 (32.76 %) sample took 3 – 4 hrs, 61 (34.46 %) sample took 4 and above hours.

3.3 Chart showing the timing taken from final consultation to report handover



From the study for the factor “Registration to Initial consultation” it was found that 125 (70.62 %) sample took 0 – 1 hr, 26 (14.68 %), sample took 1 – 2 hrs, 15 (8.47 %) sample took 2 – 3 hrs, 6 (3.38%) sample took 3 – 4 hrs, 5 (62.82 %) sample took 4 and above hours.

3.4 Chart showing the timing taken from registration to report handover



From the study for the factor “Registration to Initial consultation” it was found that 52 (29.37 %) sample took 0 – 6 hrs, 42 (23.72 %), sample took 6 – 7 hrs, 44 (24.85 %) sample took 7 – 8 hrs, 34 (19.20%) sample took 8 – 9 hrs, 5 (2.82 %) sample took 9 and above hours.

IV. RESULTS AND DISCUSSION

MAJOR FINDINGS

- Delay in arrival of doctors
- The Final summary delays.

SUGGESTIONS

- The doctors can be arrived early and start the initial consultation.
- The Doctors shall send the report immediately after the patient visit or physical assistant can do this process

V. CONCLUSION

The processing time between two different processes has direct impact on patients. From this study it is evident that turnaround time of this particular hospital is higher. The reasons for the increased turnaround time are delay in arrival of doctors and delay in final summary which is included in this study and few suggestions to improve them has also included in this study. Thus, turnaround time can be easily described and controlled with simple percentage analysis as mentioned in this study.

VI. REFERENCES

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