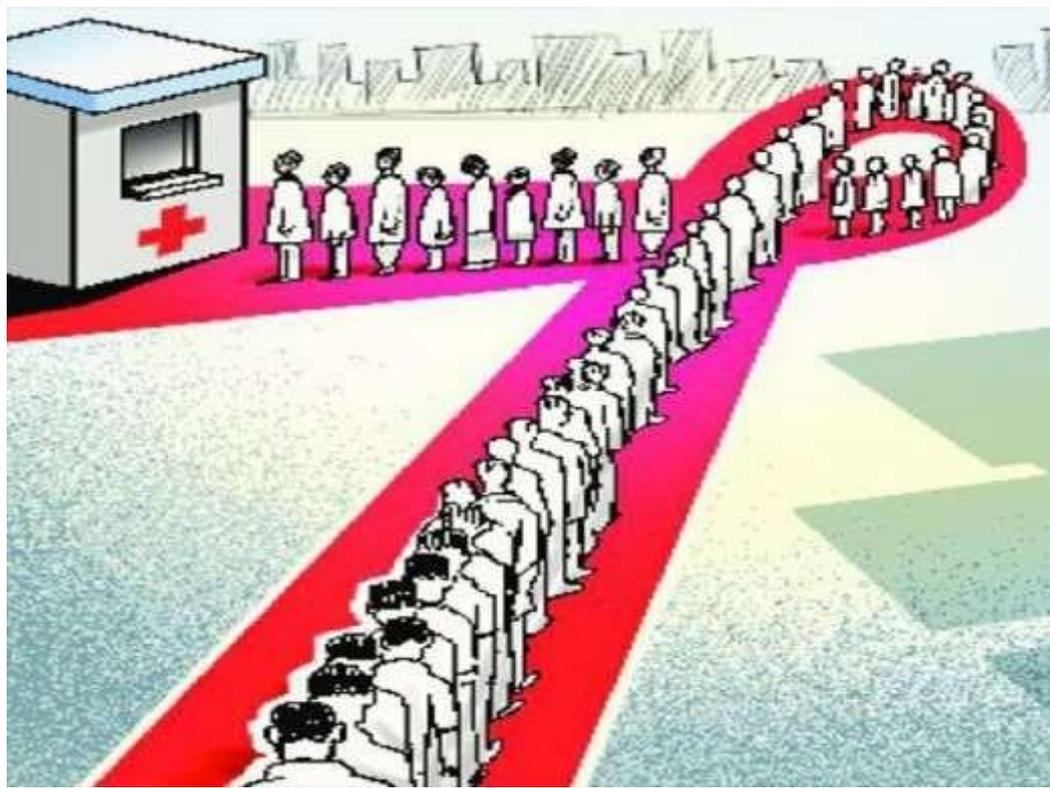




OUT PATIENT CARE

Definition

- OPD is defined as a part of the hospital with allotted physical facilities and medical and other staffs, with regularly scheduled hours, to provide care for patients who are not registered as inpatients.
- A hospital department where patients receive diagnosis and/ or treatment but do not stay overnight.



Reasons for Shifting of focus from IP to OP:-

- Rising cost of hospital care
- Shortage of hospital beds
- Economic importance

FOCUS → Ambulatory care **Of healthcare**

OUT PATIENT DEPARTMENT

Provides

Primary
Healthcare

Comprehensive
Healthcare

For patients who come for :

- Diagnosis
- Treatment
- Follow-up Care.

It is the first point of contact between a Hospital and the patients.

An OPD is therefore appropriately called as the 'Shop Window' of the hospital.



IMPORTANCE

- First point of contact.
- It is the shop window of the hospital.
- Makes or mars the image of the hospital.
- A good OPD services can reduce the load on IPD services.
- It is the place for implementing preventive and primitive health activities.
- It is a stepping stone for health promotion and disease prevention.
- The cost of treatment in OPD being less than for inpatient services
- It is an **inseparable link** in the hierarchical chain of health care facilities.
- It contributes to **reduction in morbidity and mortality**.
- avoidance of the disruption of family life that hospitalization causes.

- Over 30 crore outpatients in a year are treated in the outpatient department of hospitals.
- From 2 to 4 episodes of sickness varying from a mild to moderate to severe nature are suffered by each person in a year.
- Considering that only two episodes out of these may require some kind of medical help, 32 crore episodes (for a population of 16 crore) of sickness would need attending to.
- Only one-sixth to one-fifth of these persons manage to seek medical care in the outpatient departments of health centres and hospitals.
- About 25 inpatients are given service per bed in a year.
- On the other hand, for each hospital bed, about 500 outpatients per year are given services.

Objective of OPD



A well-designed and well-organized outpatient department can be high revenue generating area of the hospital.

History of OPD

- **Originated in mid 17th century by Sir George Clark.**
- **In Hotel Dieu in Paris 6 physician were detailed for regular session on Wednesday or Saturday advising poor individually, in turn introducing the idea of OPD.**
- **Modern OPD services emerged in 1850 in USA from framework of dispensaries.**

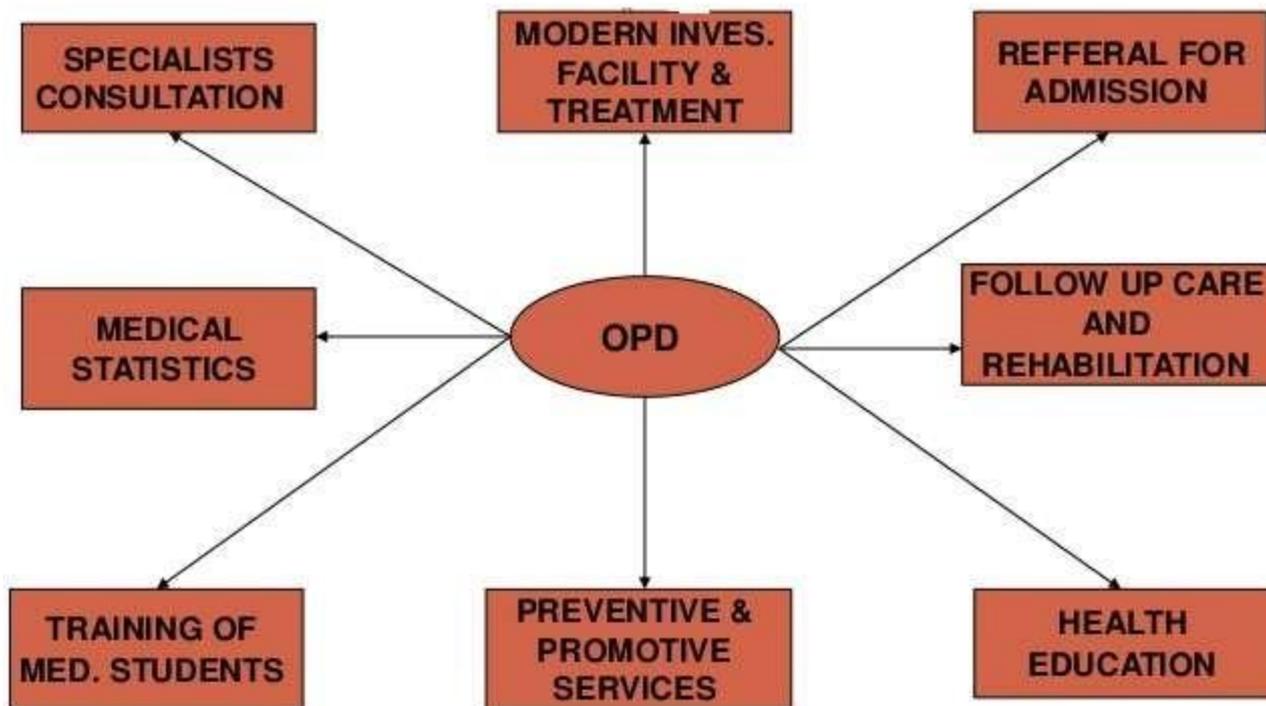
FUNCTIONS

- An OPD enables a hospital to deliver the following functions:
 - Control disease by early diagnosis and timely treatment.
 - Investigate and screen cases to confirm whether or not hospitalization is required.
 - Facilitate screening and investigations for admission to hospital.
 - Provide effective treatment on ambulatory basis.
 - Provide follow-up care to discharged patients and their rehabilitation.
 - Provide a facility for training of medical, para-medical and nursing staff.
 - It may also provide avenue for epidemiological and social research.
 - Control and surveillance of communicable diseases to prevent an outbreak of epidemic.

Preventive Health Activities

- Well baby clinics
- ANC,
- marriage counseling,
- Family Planning
- School health clinic.
- Control of communicable diseases
- Early diagnosis & detection of chronic diseases like Cancer, TB, RHD etc.
- Health education & nutritional advice
- Rehabilitation & prevention of disabilities & handicaps

ROLES AND FUNCTIONS



Types of OPD

- **Two types of OP services-**

1. **Centralized outpatient services**
2. **Decentralized outpatient services**

- **Based on type of patients-**

1. **General out patient**
2. **Emergency out patient**
3. **Referred out patient**

Types of Out patient Service

- Centralized outpatient services
- Decentralized outpatient services

Centralized Outpatient Services: All services are provided in a compact area which includes all diagnostic and therapeutics facilities being provided in the same place.

Decentralized Outpatient Services: Services are provided in the respective departments.

Types of Out patient

- General out patient
- Emergency out patient
- Referred out patient

General Outpatient: All the patients other than emergencies who report directly to the OPD.

Emergency Outpatient: A person given emergency medical care for condition which is real or perceived emergency.

Referred Outpatient: A person referred to an OPD by his attending medical/dental practitioner for specific diagnostic/treatment procedure.

Type of OPD Services : –

Ambulatory Care Centre

Polyclinic

Health Centre

Walk-in Clinic

Day hospital

Dispensary etc.

Ambulatory care is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services. This care can include advanced medical technology and procedures.

A **polyclinic** is a clinic that provides both general and specialist examinations and treatments to outpatients and is usually independent of a hospital.

A health center is one of a clinics staffed by a group of general practitioners and nurses providing healthcare services to people in a certain area. Typical services covered are family practice and dental care.

A **walk-in clinic** accept patients on a walk-in basis and with no appointment required.

A **day hospital** is an outpatient hospital facility where patients attend for assessment, treatment or rehabilitation during the day and then return home or spend the night at a different facility.

A **dispensary** is an office in a school, hospital, industrial plant, or other organization that dispenses medications, medical supplies, and in some cases even medical and dental treatment. In a traditional dispensary set-up, a pharmacist dispenses medication as per prescription or order form.

Facilities of OPD

The OPD has facilities for screening, counseling, clinical examination, treatment and referral.

It consists of the following:

→ **The Examination Room** should be close to the nurses station and the consultation room.

→ **Consultation Room** is mostly used when lengthy conversation is involved between the doctor and the patient.

→ **Clinical Department of OPD** includes clinics which can use standard accommodation, general medicine, surgery, etc.

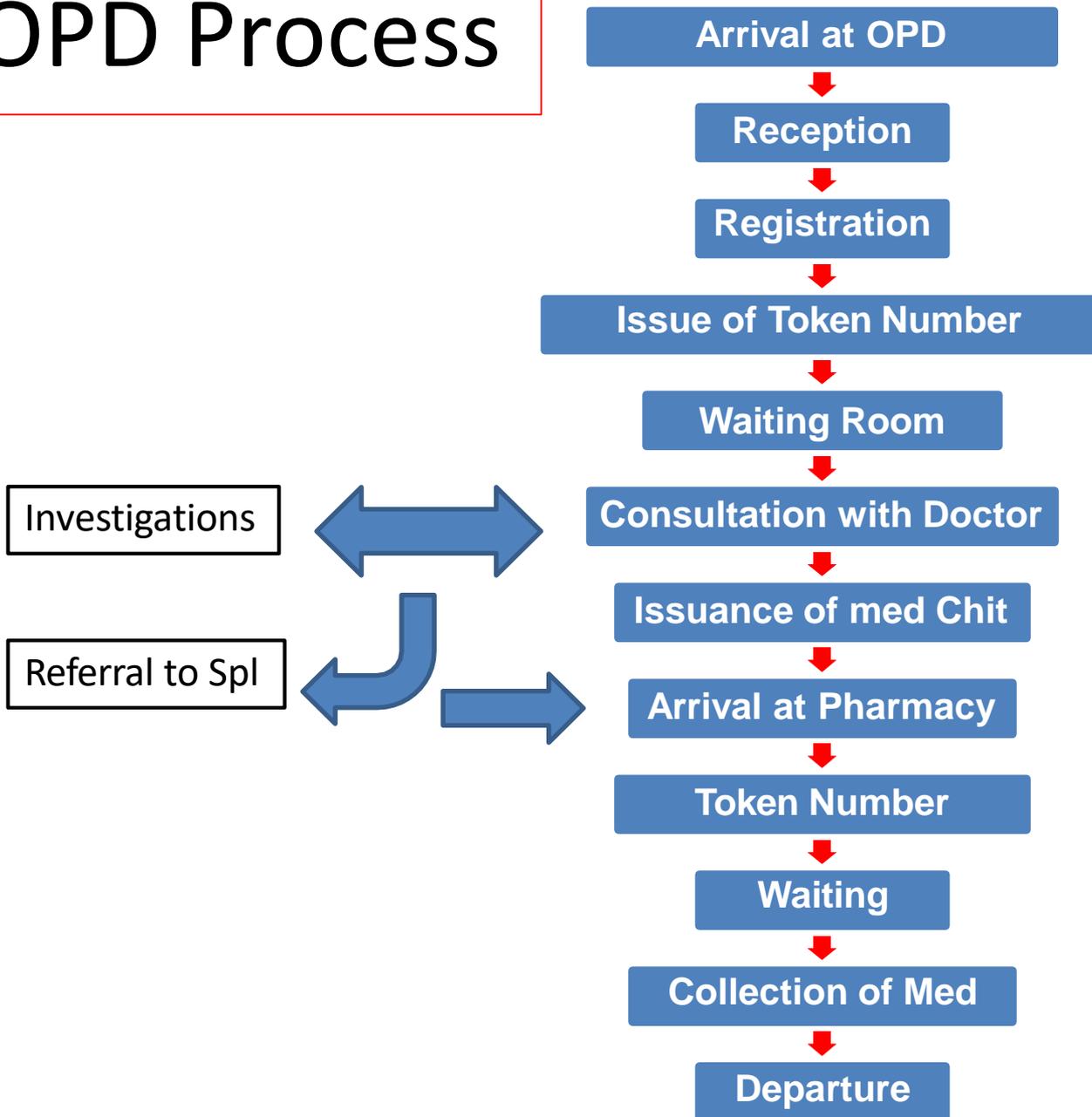
Types of clinics: surgical, orthopedic, medical, pediatric, skin, ophthalmic, ENT, dental, chest, psychiatric, cardiology clinic.

→ **OPD** for the surgical department should be located on the ground floor and near the emergency with direct access to it.

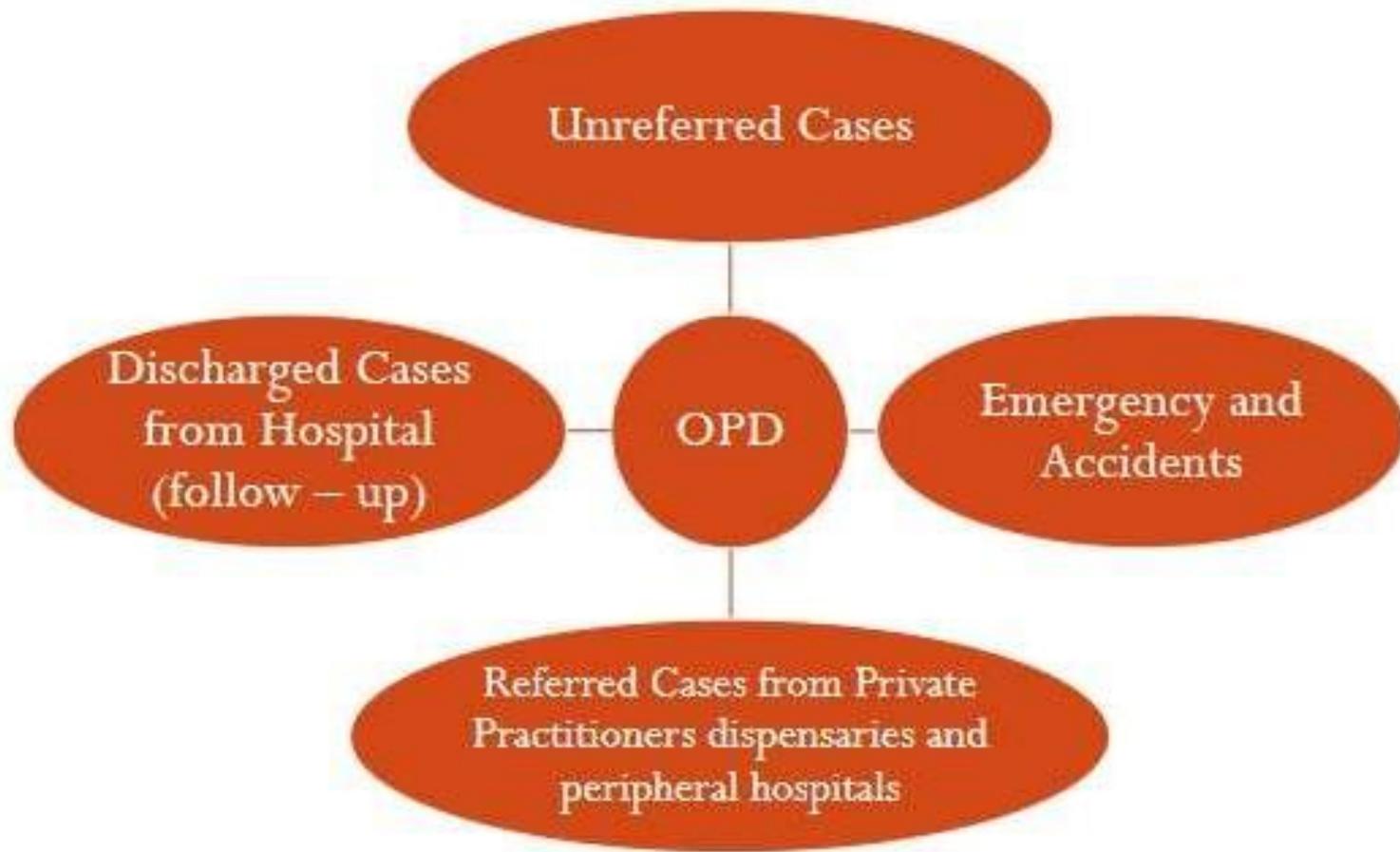
→ **Minor Surgery Room** may be used as a cast room, ECG room, minor operations. It should have a separate entrance.

→ **Support services** includes clinics which can use standard accommodation, general medicine, surgery, etc.

OPD Process



SOURCES OF ORIGIN OF OUTPATIENTS



OPD Planning

- OPD has functional and administrative links with the hospital of which it is a part.
- It may also be linked with Health Centers, Satellite Clinics and Dispensaries dependent on it.
- Expected demand should be determined basing on catchment area and population to be served.
- Should include curative, preventive and promotive health services

PLANNING CONSIDERATIONS

After the expected demand has been determined, the following considerations should be taken into account.

- Range of outpatient services to be provided and defining the functions of the outpatient department.
- Daily and hourly capacity required.
- Number of the staff required by category and the tasks required of staff.
- Possible service time per patient, both average and its distribution over various aspects of outpatient care.
- Flow of patients and work
- Requirement of furniture and equipment
- Layout of the department considering all the above.

KEY PLANNING AND DESIGN PARAMETERS

- The following are the design considerations:
 - An OPD should be **readily accessible** from the hospital's main entrance and people should not have to pass through the wards.
 - OPD should be designed either as a centralized polyclinic or decentralized specialty clinic.
 - May be planned as general OPD or specialty OPD.
 - Patients have different degrees of physical and mental abilities. Patient accessibility should accordingly be designed.
 - Effective, comprehensible, and standard signage should be planned.
 - Peak hours should be estimated to cater effectively to peak load.

- To make it convenient for patients, the hospital staff and the community, an OPD should be a separate complex within a hospital.
- The location should be such that an OPD shares diagnostic services, such as medical imaging, laboratory, pharmacy, blood bank with other departments of a hospital.
- Toilets should be close to the waiting area. Male and female toilets should be separate. A scale of **1-2 WCs for every 100 patients attending OPD and at least one urinal for every 50 patients are recommended.**
- Toilets for the staff should also be separate from those for the patients.

- **Entrance should be near the reception** to efficiently answer patient queries.
- Dignity and privacy of patients must be maintained.
- Design should cater for **future expansion**.
- **Educational resource areas** for patients education should be integrated in the lobby and waiting areas.
- Design of individual functional areas should not allow extraneous traffic to penetrate any work area.
- Preferably, design should be such that the flow of patients and visitors is unilateral.

- Waiting areas and public spaces should be large enough to accommodate patients and accompanying friends and family without causing congestion.
- **Sub-waiting areas** should be provided adjacent to various clinics.
- Space recommended is **0.8msq per patient** for one third of the average daily number of the patients attending OPD in one session.
- Day care facilities may be planned as support services.
- Design should allow natural light and good ventilation.
- It is desirable to provide a good view of the outside.

Design Consideration

**Patient
accessibility**

**Centralized
polyclinic or
decentralized
speciality clinic**

Effective,
comprehensible,
standard **signage**
should be planned

Maintain **dignity
and privacy of
patients**

Cater for **future
expansion**

**Educational
resource areas** to
be integrated in
main lobby

Waiting area and
public spaces
should be **large
enough**

Day care facilities
may be planned as
support services

Should allow
**natural light and
good ventilation.**

Requirements for OPD

- 60% of area should be for waiting and corridors.
- Seats for $\frac{1}{3}$ of daily attendance @ 8 sq ft/pt.
- Consultation room – 150 sq ft
- Attached examination room – 80 sq ft

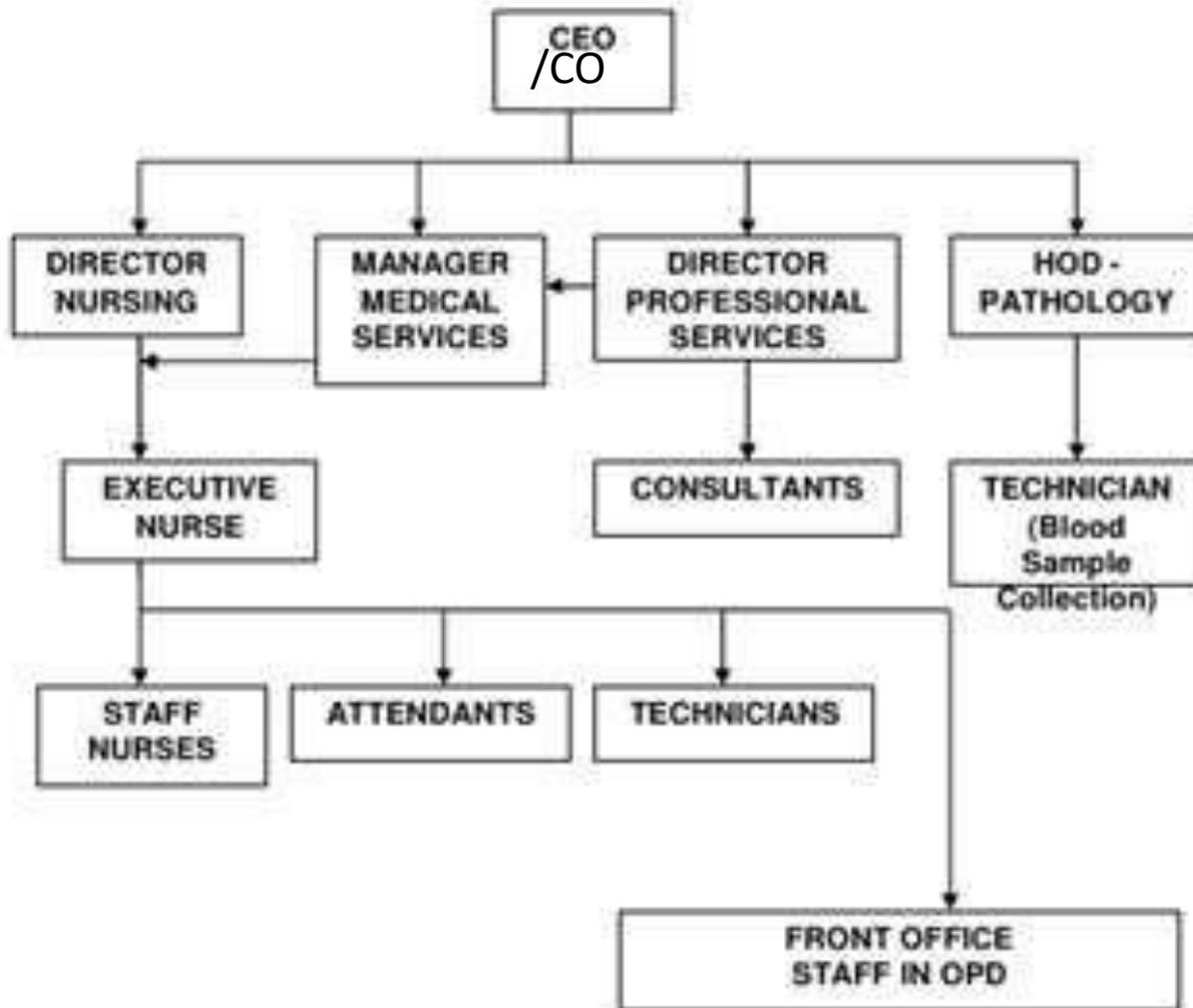
Projection of Out-Patient Load

- For every hospital bed, 1.5 to 3 patients attend OPD
- 1-10 visits per capita per year of the dependent population basis

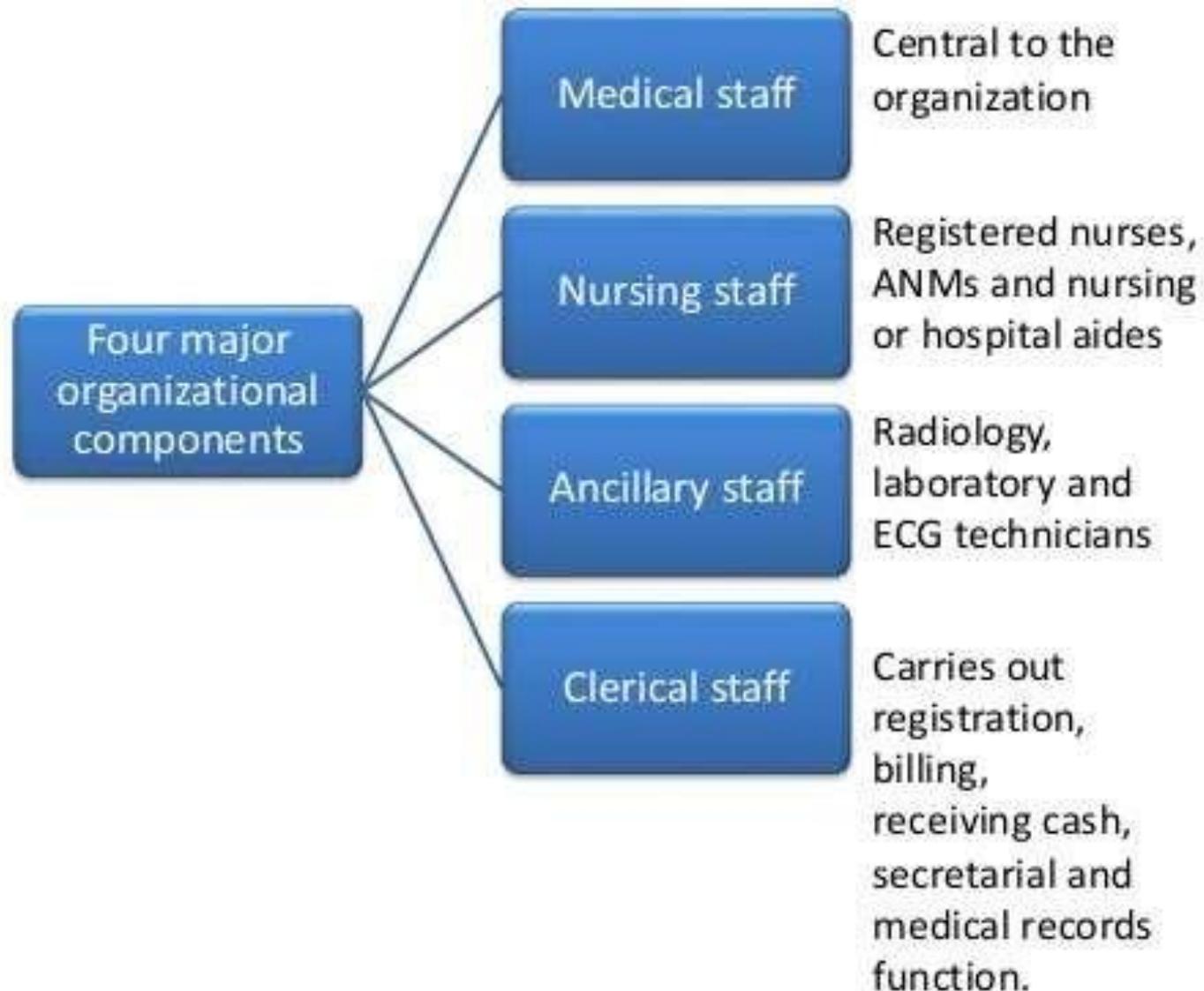
Demand for outpatient care varies widely and depends upon

- Cost to the patient,
- Distance,
- Transportation,
- Degree of urbanization,
- Socio-economic status of community,
- Level of facilities and staff, and
- Quality of care provided

Organogram of OPD



Organizational Components of OPD



PLANNING CONSIDERATION

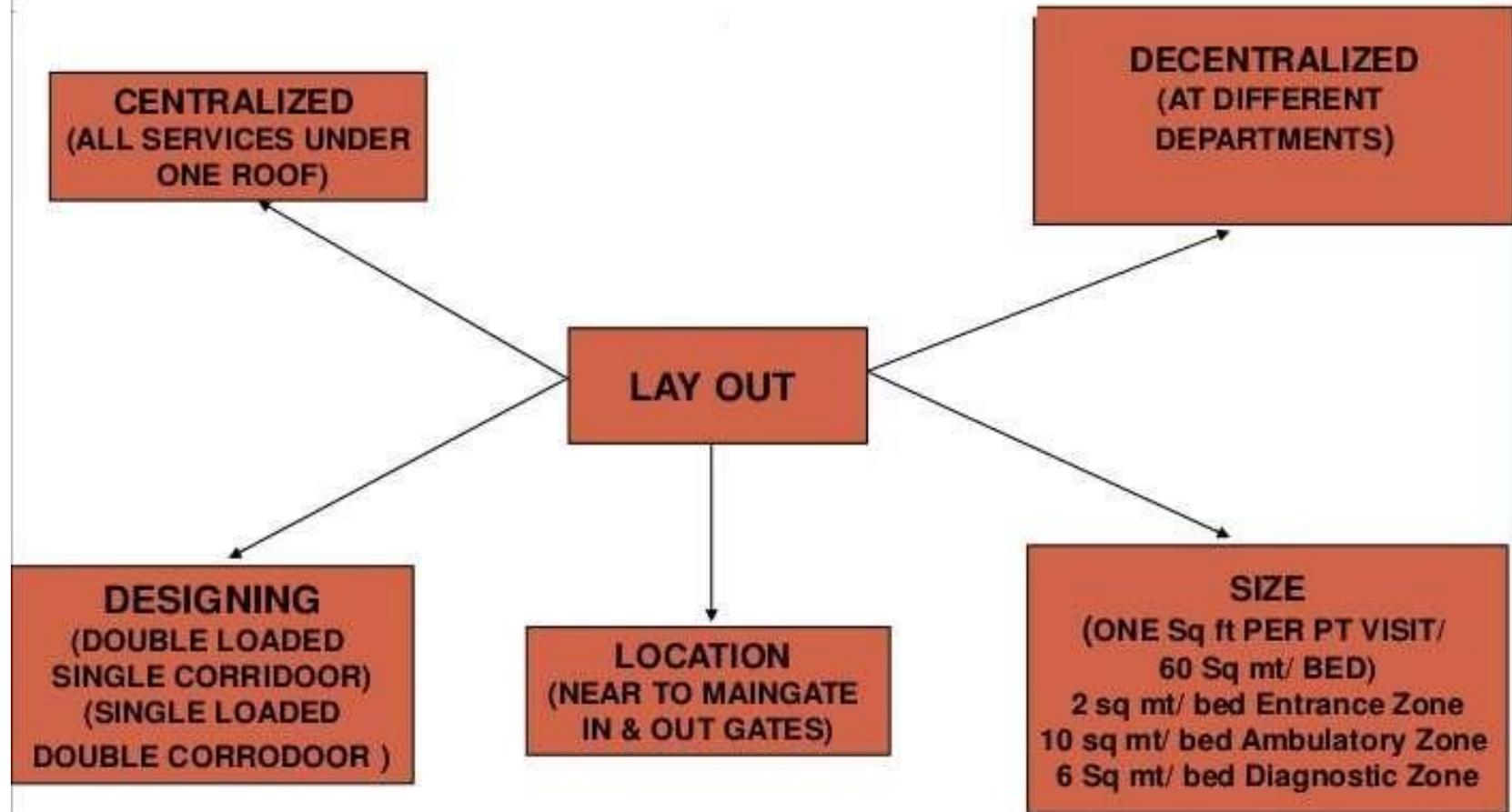
☐ LOCATION-

- **Separate entrance**
- **Easily accessible**
- **Should have approach from main road**
- **Adjacent to supportive facilities:x-ray,laboratory**
- **Amenable for expansion**

ORGANISATION OF OPD

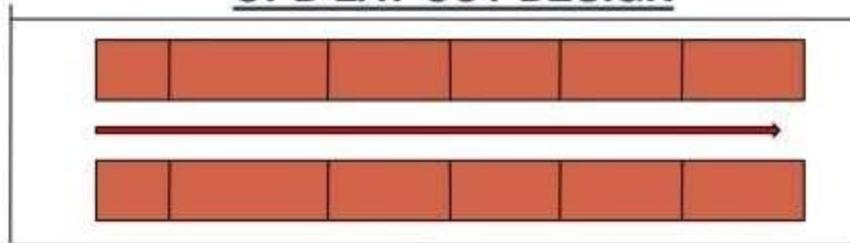


LAY OUT PLAN

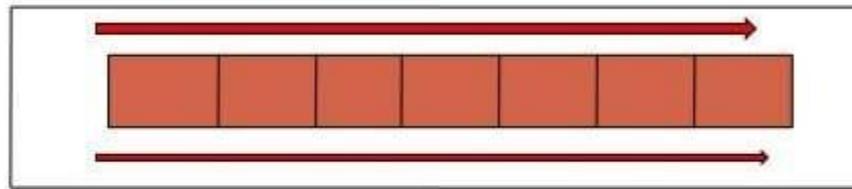


- **Entrance Zone** - 2 sq.meter/bed.
- **Ambulatory Zone** – 10 sq.meter/bed.
- **Diagnostic Zone** – 6 sq.meter/bed.
- **Total hospital area** – 60 sq.meter/bed.

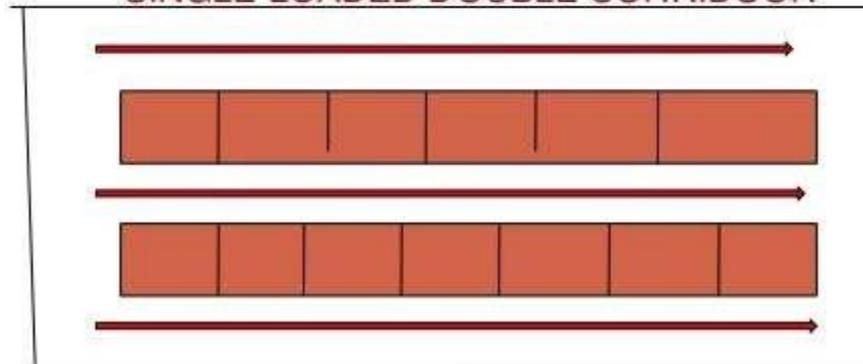
OPD LAY OUT DESIGN



DOUBLE LOADED
SINGLE CORRIDOOR

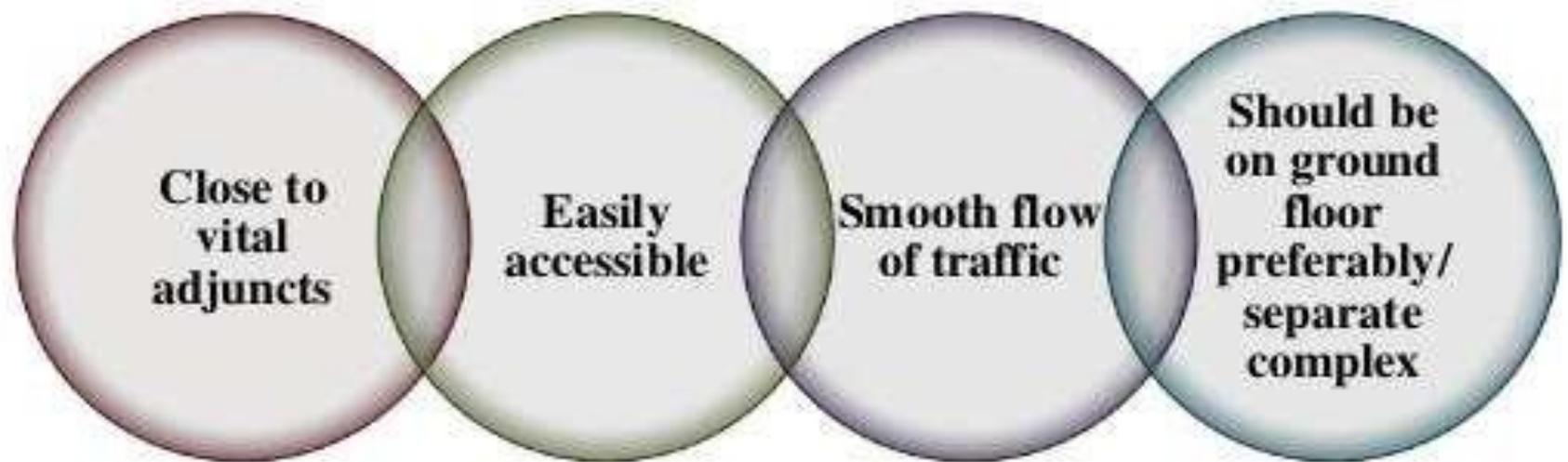


SINGLE LOADED DOUBLE CORRIDOOR



DOUBLE LOADED TRIPLE CORRIDOOR

LOCATION



PHYSICAL FACILITIES



Clinical area



Auxiliary area



Administrative area



Ancillary area



Circulation area



Public areas

Physical Facilities

Administrative Areas:

Admin Office

Business Office

House Keeping

Storage Facility

Circulation Areas (30% of all area):

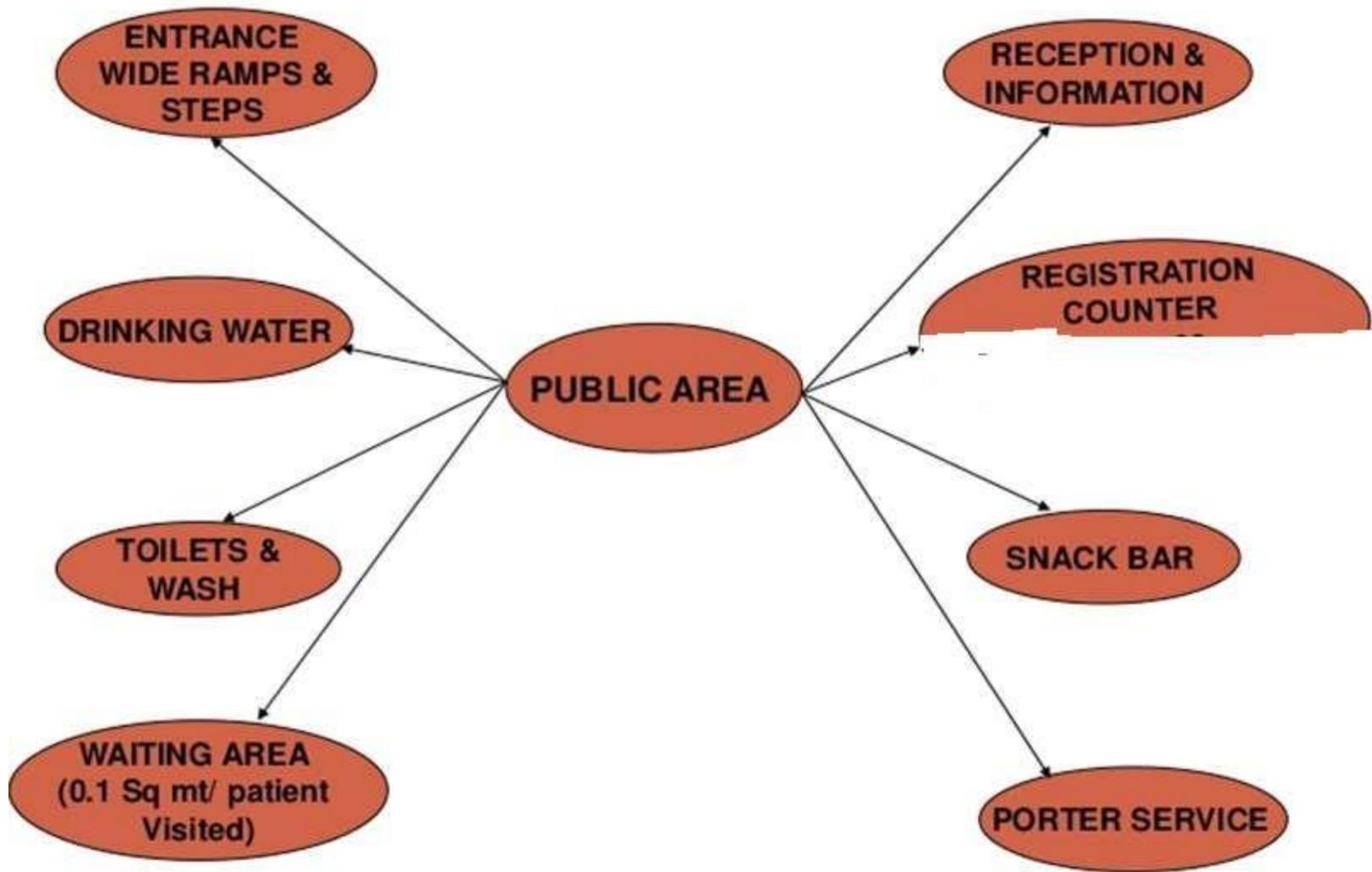
Corridors, Stairs, Lifts

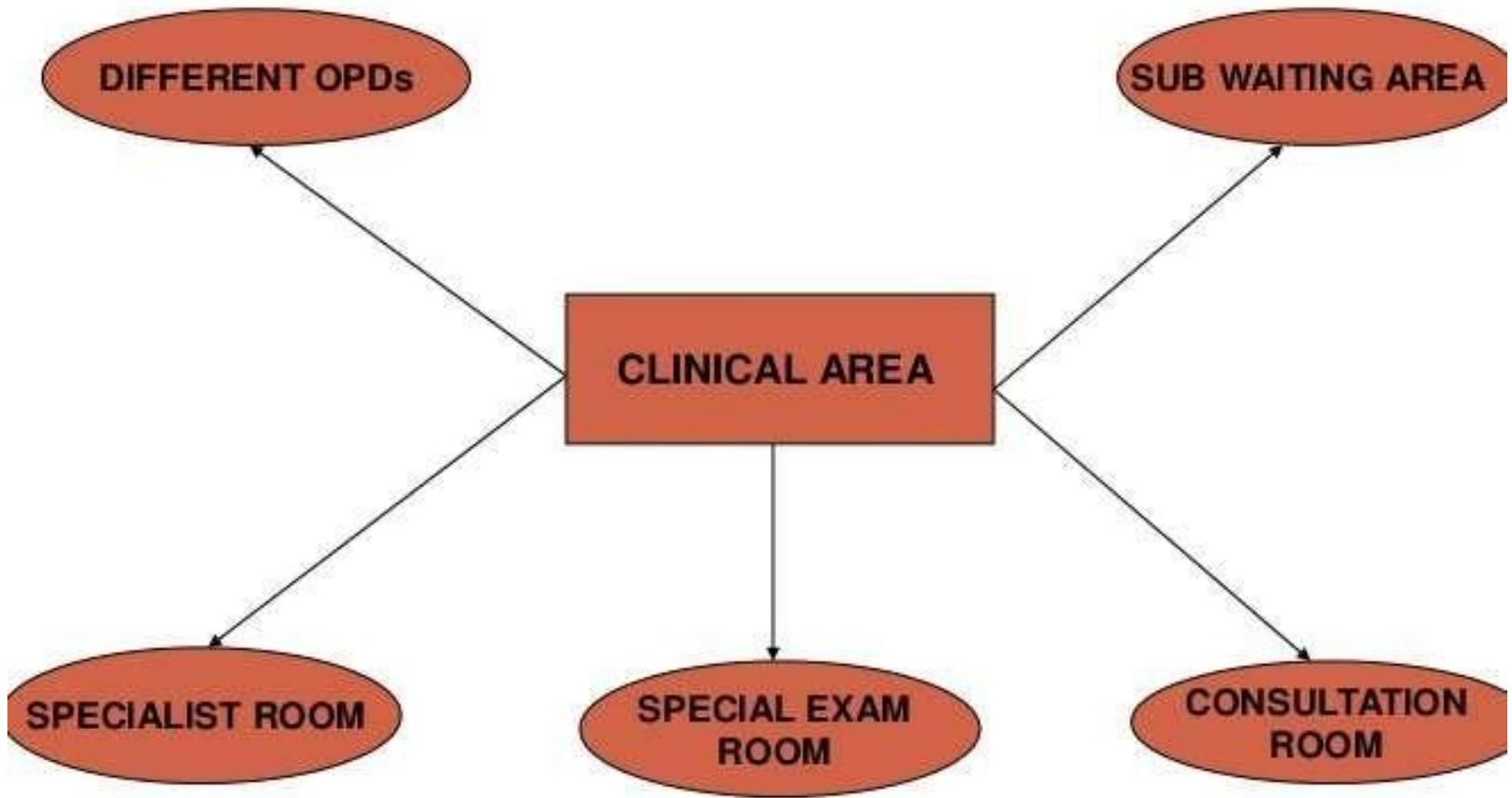
Easy Accessibility of elevator

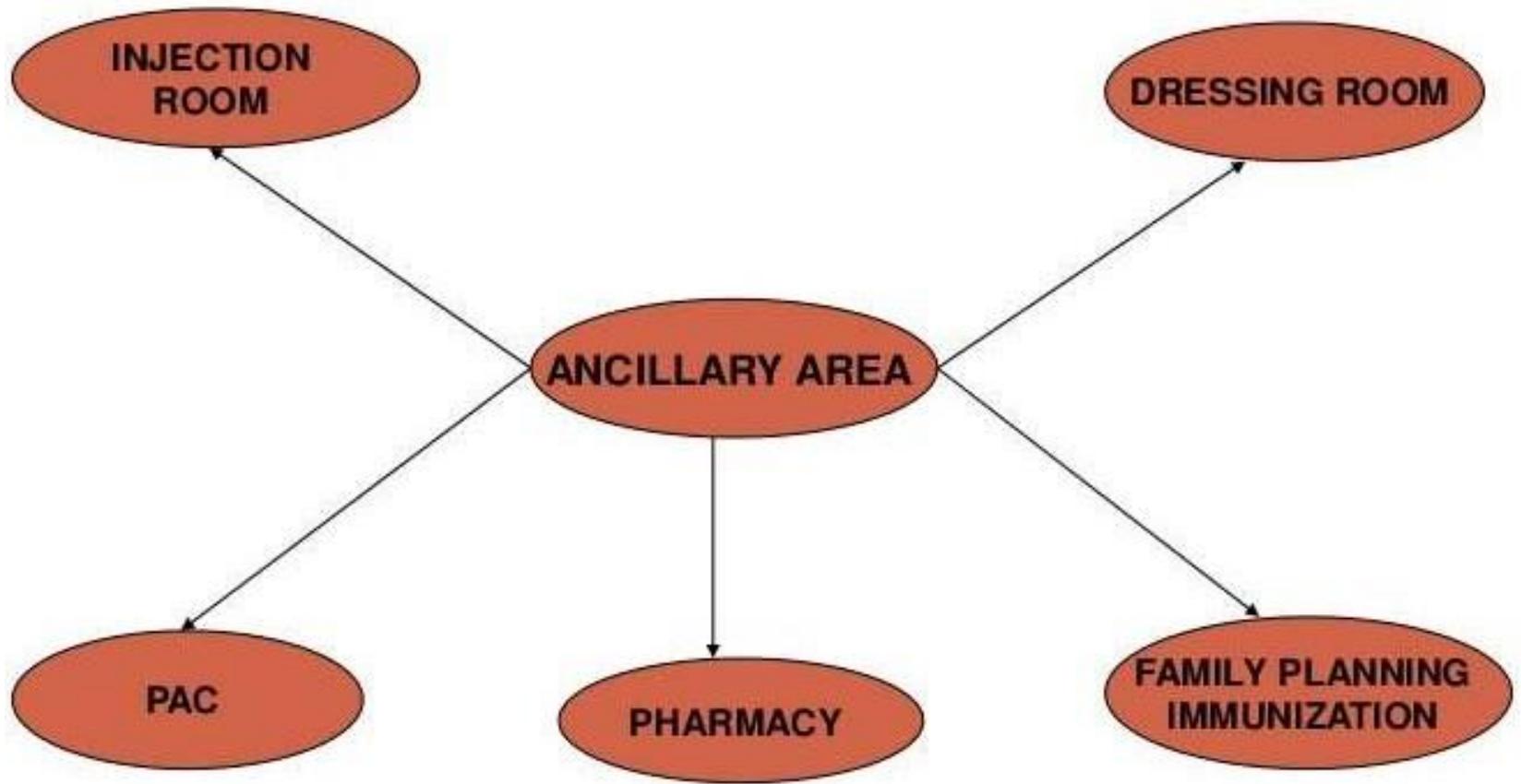
Corridor- 1.8 m wide

Security Point

ATM Card Booth







(Post Acute Care)

Ancillary facilities

- **Injection room :**
- It should be with waiting area for 10-20 patients with 0.6-0.8 sq.meter/patient. Area may vary from 12 to 40 sq.meter depend on work load.
- **Treatment & dressing room:**
- About 12-16 sq.meter.
- **Pharmacy :**
- It should accommodate 5% of total clinical visits to OPD in one session

- **Health Education Facilities –**

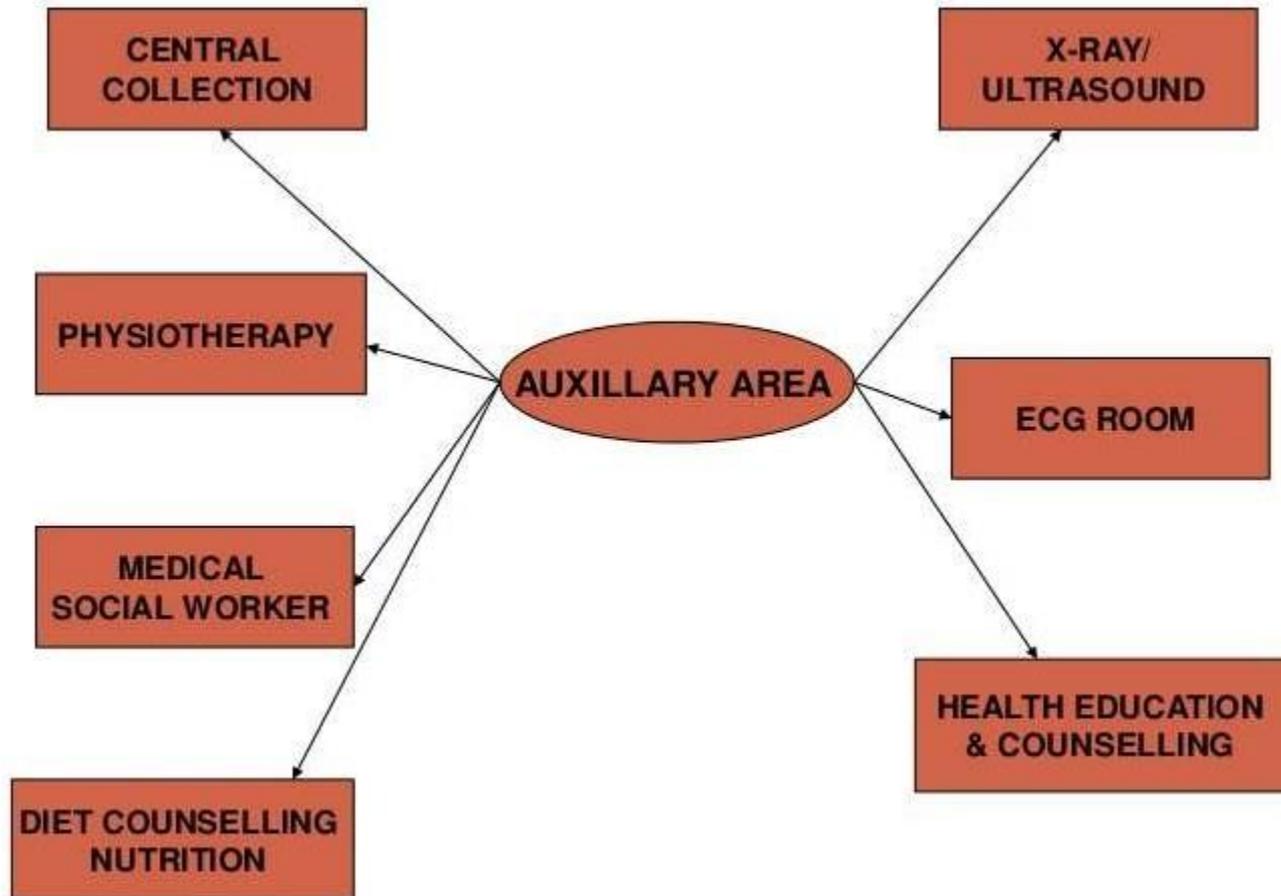
Min. area required is 15sq.meter.

- **Medical Social Service Facilities**

should be located inOPD with suitable cubicle for each socialworker/ Counselor.

- **Screening Clinic**

required in teaching or tertiary hospital& should be located near reception area having one or more cubicle with 12 sq.meter area for each cubicle



Functional Zones

Functional zones

Public zone

- Main entrance
- Foyer
- Bays for trolleys and wheelchairs
- Public telephone booths
- Public conveniences
- Value added services
- Registration area
- Cash counter
- Health education facilities



Joint use zone

- Consultation and examination rooms-combined consultation examination rooms, shared examination room, common pool of shared rooms.
- 12.5 square meter is adequate

Clinical Laboratory

- Centralized sample collection area for urine, stool and blood
- Wash room, toilets and a blood collection room should be provided.
- In large OPD, routine examination room adjacent to collection station

Pharmacy

- Located so as to serve both inpatients and OPD patients.



Specialised OPD services

- Gastrointestinal endoscopy lab, sigmoidoscopy, colonoscopy.
- Pulmonary function lab
- Cardiac OPD
- Staff Zone

Parking and Entrance

- Main entrance- gentle sloping ramps to facilitate movement
- Entrance should have a double door with a width of 1500 mm
- Wheelchairs should be readily available at the entrance
- Staff and patient entrance should be separate
- Parking should be close to entrance

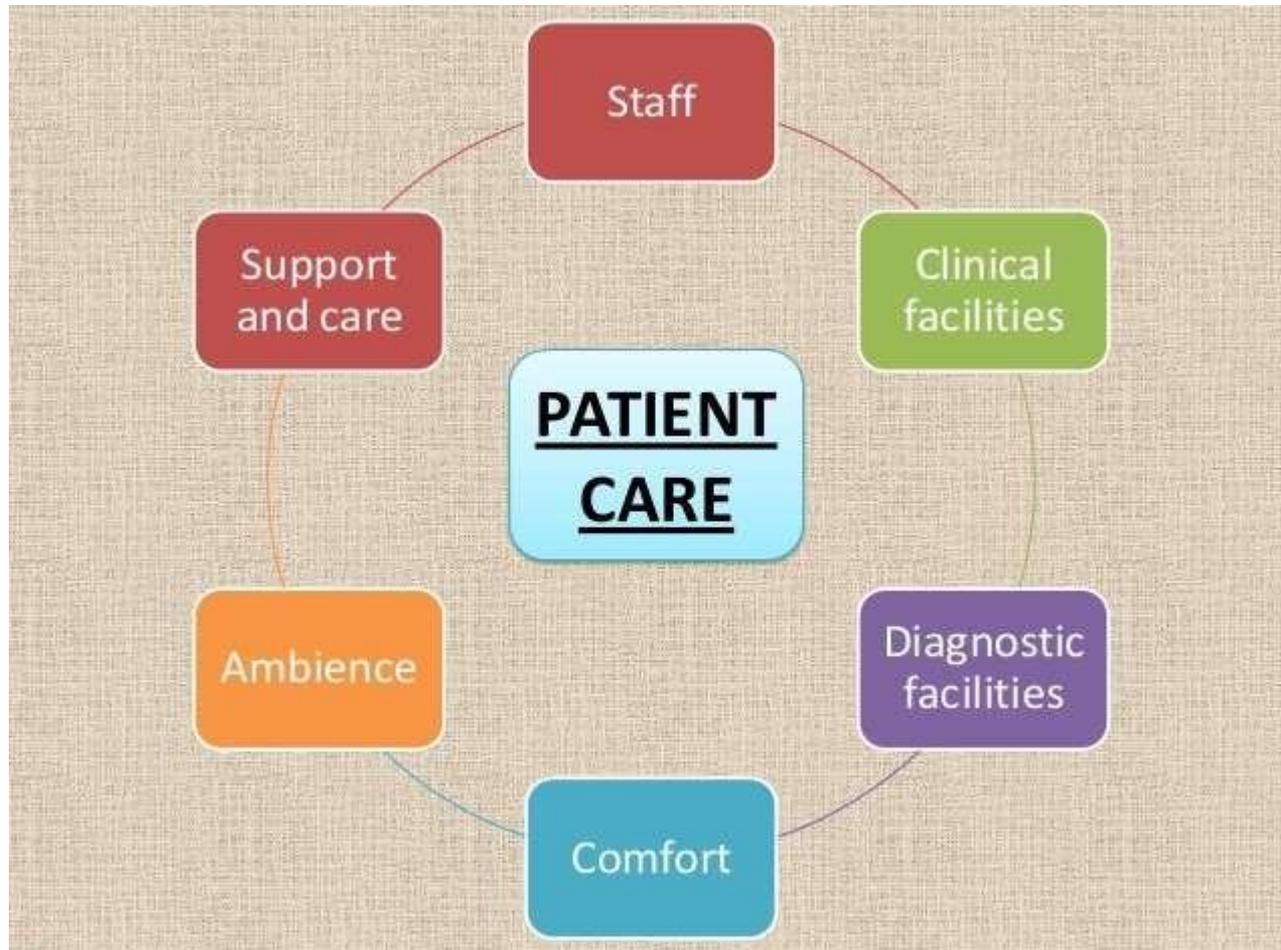
Enquiry desk, Reception Station

- Height of counter should be adapted to need of wheelchair patients
- To ensure privacy, reception should have counters

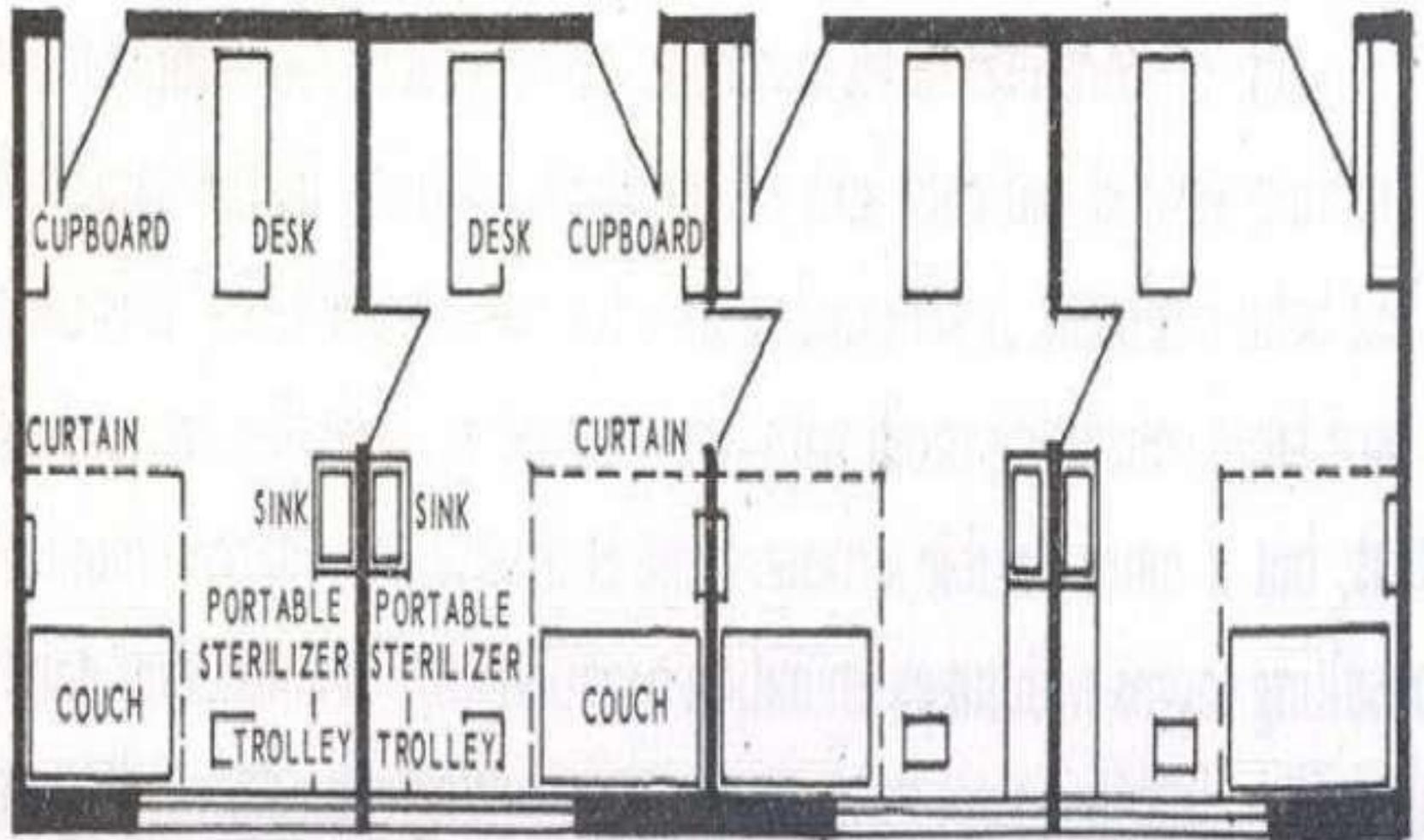


Waiting area

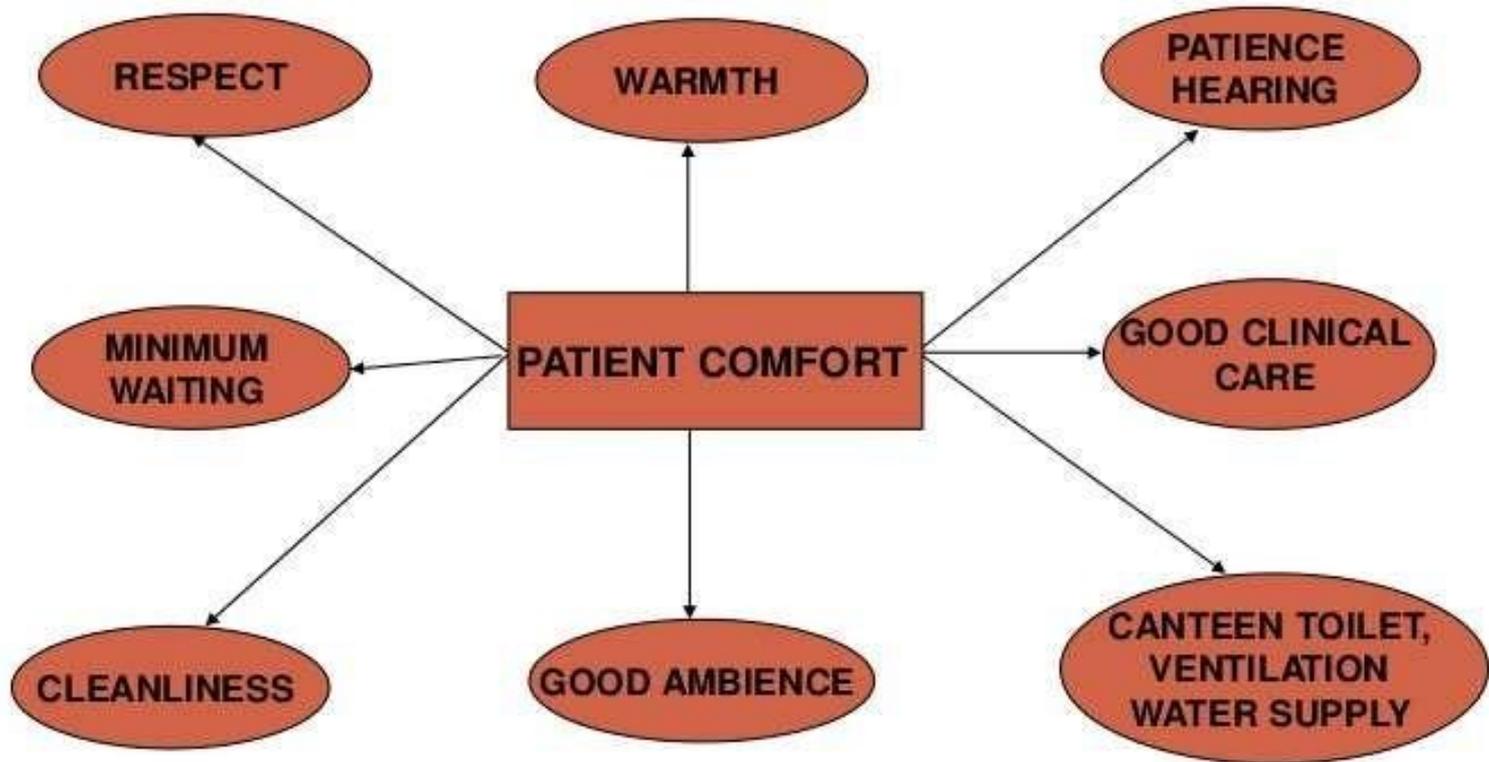
- Space recommended is 0.8 square meter per patient for one third of average daily patients attending OPD in one session
- Sub-waiting areas may be shared between the various consultation rooms.
- Distance from waiting area to the consultation room should be short
- Toilets should be close



STANDARD CONSULTING SUITE



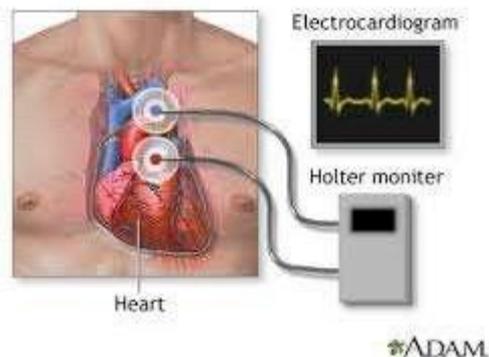
PUBLIC RELATION



SPECIALIZED OPD

- Specialized OPD services may include the following;
 - Gastrointestinal endoscopy lab, sigmoidoscopy and colonoscopy.
 - Pulmonary Function Lab including spirometry
 - Cardiac OPD with ECG, Echocardiography, TMT and Holter Monitoring Lab.

(Treadmill Test)



Problems at OPD

General Problems:

1. Insufficient number of doctors: It is found that there are a significant large number of patients wait in front of the doctor rooms. It can be concluded that this is the bottleneck of the process. This is mainly due to insufficient number of doctors to serve as compared to the number of patients arrive the clinic.

2. Inappropriate appointment system: Appointment-patient has no priority over non-appointment patient. Two types of patients follow the same process. Therefore, appointment-patients are likely to ignore their appointment time and tend to arrive the clinic very early. This causes congestion in the clinic during the beginning of the day. Moreover, there is no formal appointment system in place. There is no time slot information to guarantee the availability of doctors on the appointment day.

3. Long waiting time at Medicine room: After patients receive the prescription from the clinic counter, patients are directed to medicine room to pay for the fee and receive the medicines. According to our observation, patients currently spend significant amount of time at the medicine room counter. Most of which is waiting for medicine.

4. Shortage of facilities.

5. Insufficient training of medical personnel concerning ambulatory care.

6. Fragmentation of care, poor communication and inadequate understanding of their demands.

7. An organizational structure geared to traditional preferences and needs of the providers.

8. Resistance to change.

Specific Problems:

9. Duties undertaken by the auxiliaries are carried out hurriedly in order to keep pace with consultation of doctors. This creates inappropriate documentation.

10. Auxiliary staffs sometimes misbehave with the patients.

11. In absence of appointment system, patients start accumulating even before office time starts; creating a long queue of patients even before arrival of doctors.

12. Absence of visible serial number of appointment.

13. Interruption of consultation or investigation.

14. Lack of privacy.

15. Advices are not clearly spelled out.

16. Illegible hand-writing of the doctors.

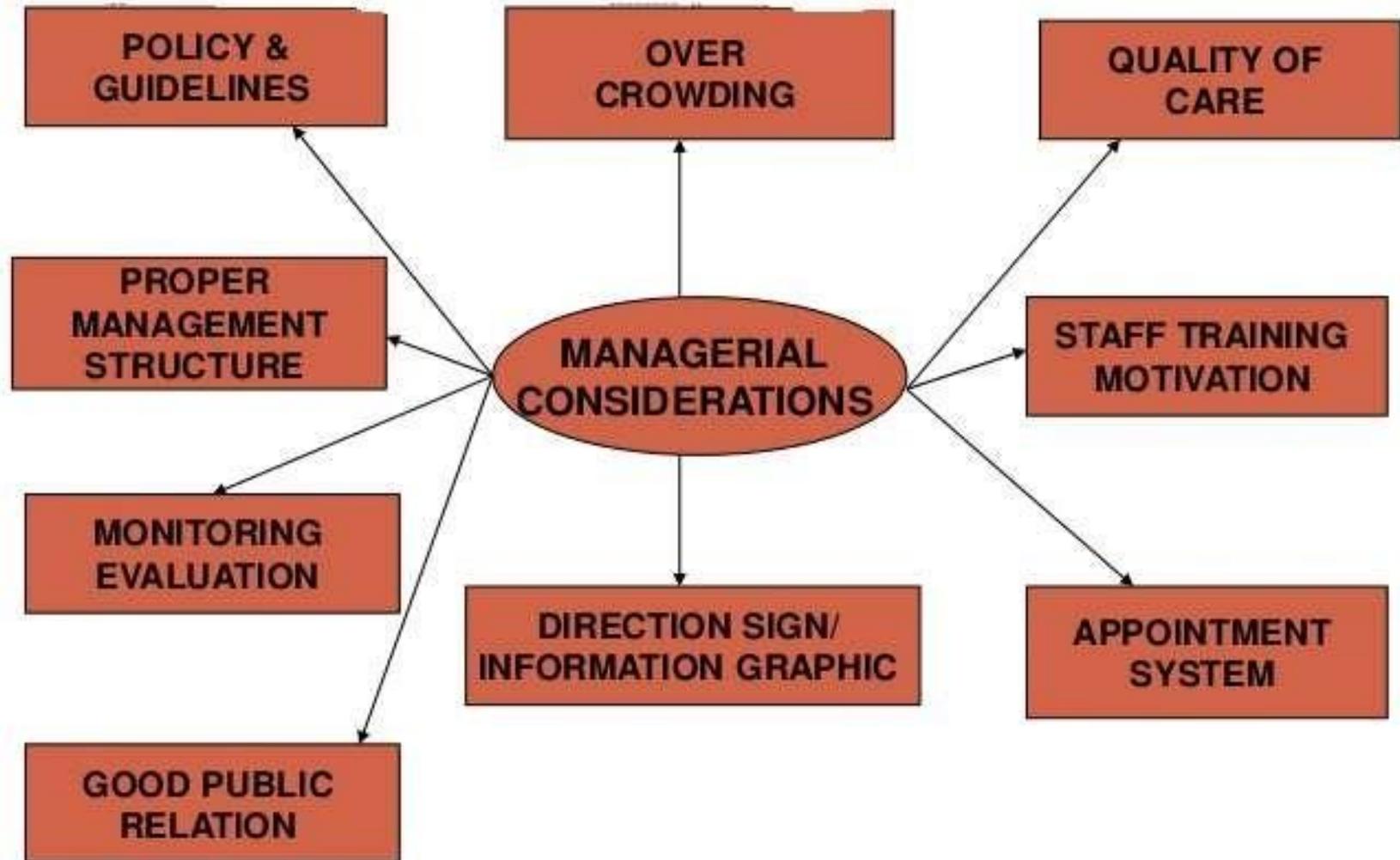
17. Poly-pharmacy.

18. Prescription of too much antibiotics.

19. Queues are not properly maintained.

20. Prescribed medicines are not always available at pharmacy.
21. Use of trade-name of medicines by the doctors, create confusion to patients, when different-named medicines of same genera is supplied to the patients.
22. No clear advice about when, how and how long to take the medicines.
23. Sometimes, wrong medicines are given by the pharmacists.
24. Insufficient and un-cleaned toilets.
25. Undue influence of local political leaders.

MANAGERIAL CONSIDERATIONS



HOW TO DEAL WITH LONG WAITING TIME

Long waiting time

Stages where delay occurs:

Registration

Preparation of medical record

Collection/payment of fees

➤ **annoying to the patients and bad public relations for the Hospital**

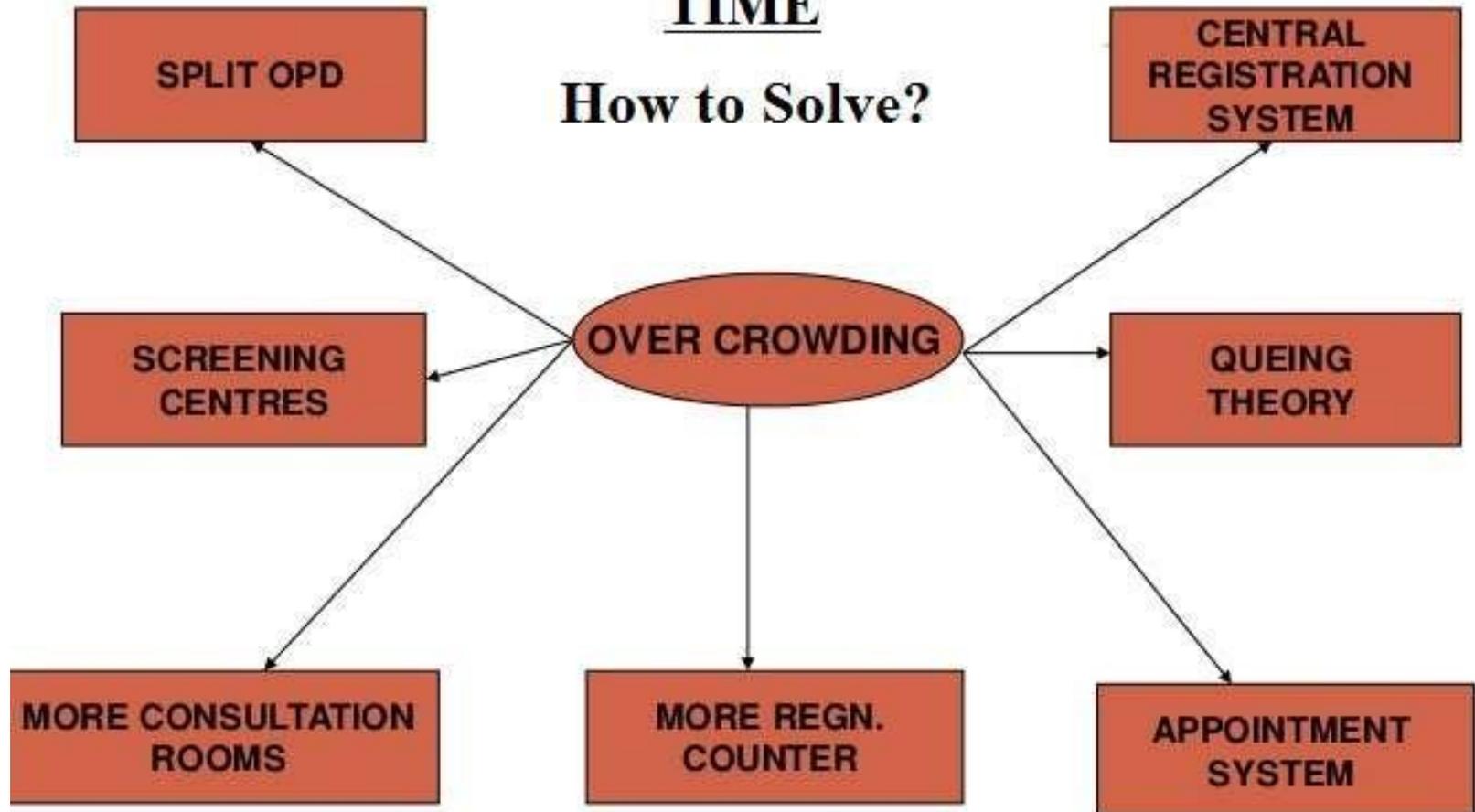
➤ **Large number of patients not the only reason for people waiting.**

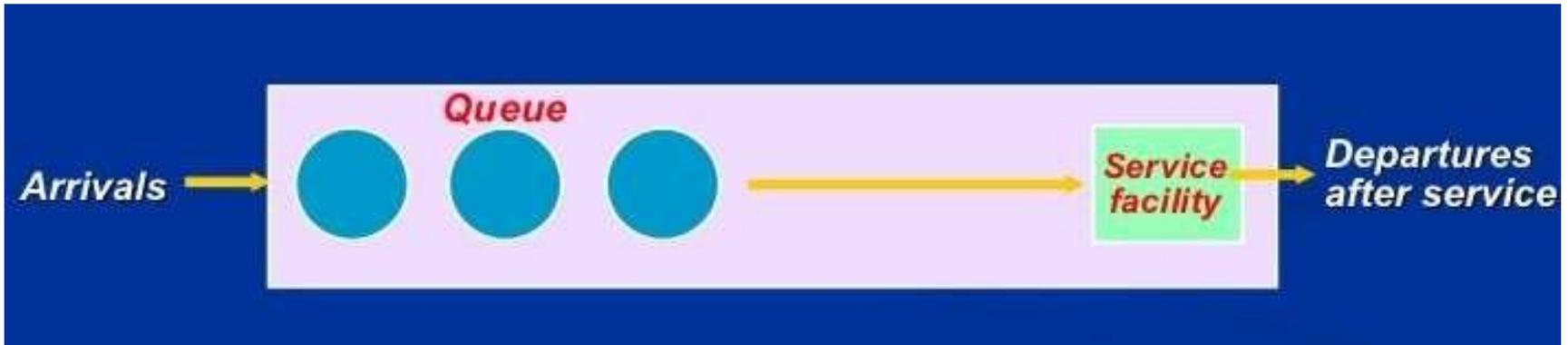


OVER CROWDING AND LONG WAITING

TIME

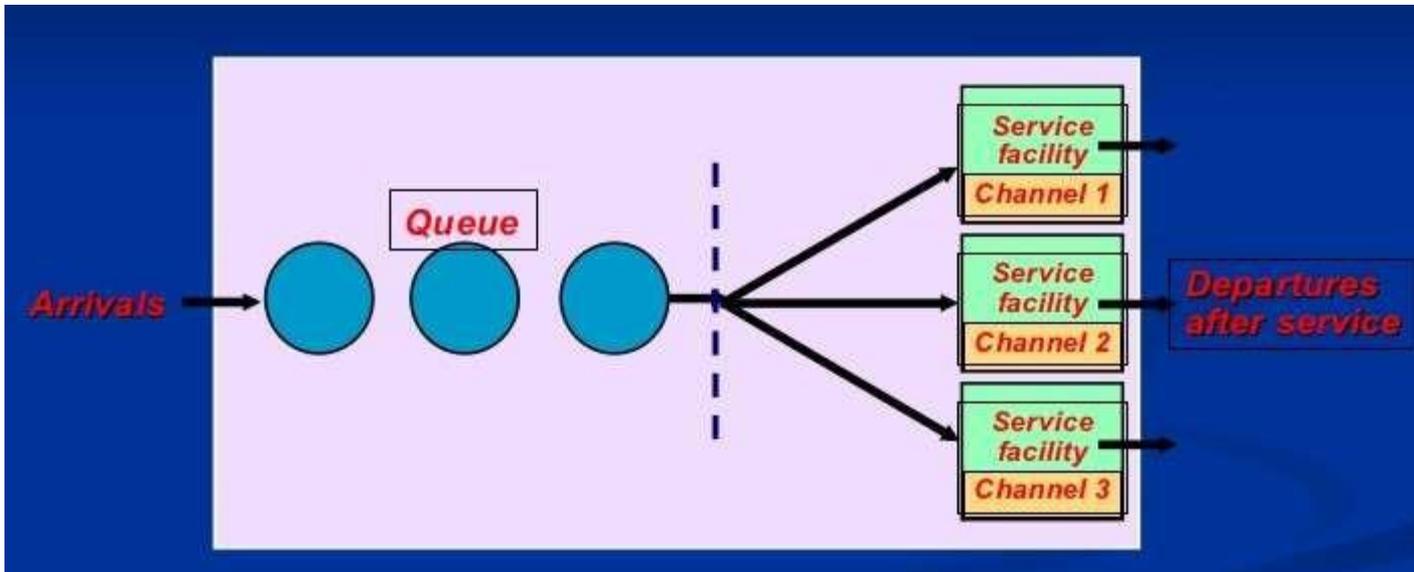
How to Solve?



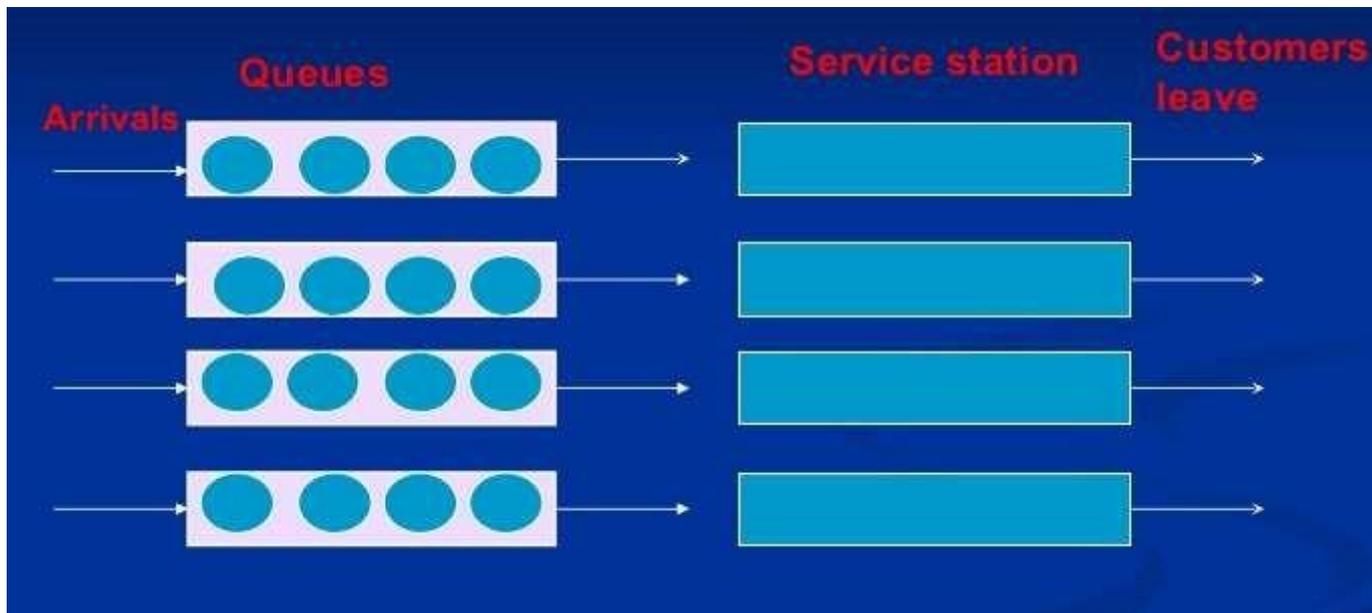


Normal Queue System

- Make queue attractive.
- Make waiting-lines bent, so that they don't see a long line of queue always ahead of them. Give them hope.
- Keep provision of visible token-number; so that one can predict his turn of appointment.
- People always remember the last part of service. So provide a satisfying consultation.



Single queue, and multiple servers model



Multiple queues, and multiple servers model

Suggestions for managing queues

- Determine an acceptable waiting time for customer.
- Try divert customer's attention when waiting.
- Inform customers of what to expect.
- Keep employees not serving the customers out-of-sight.
- Train servers to be friendly.
- Encourage customers to come during slack period.
- Identify the bottle-neck in the service delivery and take remedial measures.

Records at OPD

Clinical Records supposed to be kept

OPD registration record

Treatment record

Medication Record

Report of investigations

Consent forms

(All records are supposed to keep for three years)

POLICY AND GUIDELINES

1. Sustained and continuity of high standard patient care.
2. Modern technology and methods.
3. Obtain total patient satisfaction.
4. Highly motivated and trained, skilled hospital staff.
5. Manual of procedures for hospital staff.
6. Periodic training and review system.
7. Recording and retrieval system.
8. System of appointment
9. Morning and afternoon clinics
10. Proper Sinage System

