Organization of Out – Patient Services

Outpatient services or ambulatory care is gaining importance, as it helps to reduce the dislocation of work. It is cheaper and at the same time provides various investigative and diagnostic facilities of the hospital. This department is the first point of contact between the patients and the relatives accompanying them. Efficient procedures in O.P.D. produce a favorable image among the public.

Objectives and Scope of O.P. Services

a) To provide general medical services to patients both on scheduled and unscheduled basis.

b) Family welfare services and counseling.

c) Health education and

d) Medical, paramedical and nursing education.

The Services Offered in the O.P.D. will include

Preventive and promotive services like immunization, screening, antenatal clinics well baby clinics etc.

Curative services which include consultation, investigations, therapeutic measures and specialty services.

Follow up of discharged patients, chronic diseases, post natal clinics etc.

Rehabilitative services like physiotherapy, occupational therapy, prosthetics and orthotics (provision of artificial limbs etc.).

Thus the O.P.D. services bring down the financial as well as workload of the hospital and contribute to the financial viability of the project.

Location of OPD Services

The outpatient department should be located near the main roads close to the hospital entrance and be easily accessible.

Adequate provision should be made for parking etc. and to prevent noise and dust pollution.

This should be separated from but connected with the in-patient wards and other departments.

Advantages of Separate O.P.D.

- Efficient
- Scheduling and
- Communications

The patients find it easy to find their way around. The patient and attendant traffic can be minimized in the main hospital area. The OPD can be kept locked when not in use. Expansion of the facility can be easily done as and when required.

Disadvantages of Separate O.P.D.

Some of the OP facilities may be needed by in-patients also.

Some of the specialized investigation facilities may be available only in respective specialty departments, thus causing inconvenience to the patients.

Duplication of certain services which can otherwise be shared by both OP and IP departments. e.g. Satellite laboratories.

Out Patient Department must be close to

- Medical records Division
- Diagnostic laboratories
- Radiology and Imaging Sciences department
- Pharmacy
- Casualty and emergency department

The outpatient departments of all specialties should preferably be in one building, so as to facilitate easy cross references between various specialties.

Physical Infra Structure and Facilities in O.P.D.

There are no universally acceptable standards for the design of O.P.D. The requirement varies with the size of the hospital and its bed strength.

The patient load in O.P.D. varies with the location of the hospital – (More number of patients visit the hospital situated in the center of the town/city), availability of health care services at other health care facilities in the nearby area, the type of services offered and the reputation of the hospital.

Generally, for every in-patient (or bed) in the hospital, 2 to 3 patients along with 2-3 attendants will be visiting the hospital. Therefore, for a 500-bed hospital, 2000-3000 people will be visiting the hospital on any given day.

Ancillary Facilities

Depending on the type and size of the hospital, the following ancillary facilities will be available:

General

a) Medical records – Centralized – O.P. and I.P. records

   Separate O.P. records

   Decentralized – for each discipline.

b) Clinical Laboratories – Centralized single sample collection area with attached bleeding facility and toilets.

c) Radiology and Imaging Sciences Department with provision for X-ray and ultrasound.

d) Pharmacy to dispense medicines.

e) Physiotherapy and occupational therapy departments – Gymnasium, Facilities for hydrotherapy and heat therapy to assist in rehabilitation of patients as a part of treatment.

Specialized

Gastrointestinal endoscopy – sigmoidoscopy, colonoscopy, gastroscopy.

Pulmonary function laboratory with provision to carry out spirometry and bronchoscopy.

Neurological laboratory to carry out Electro-encephalography (E.E.G) and Electro-neuromyography (E.M.G)

Cardiac laboratory, Echocardiography, Computerized stress test treadmill.

Administrative and Supporting Facilities

The following constitute the administrative and supporting facilities:

a) Office of O.P.D. in charge – Nursing Superintendent

Public relations officer or Enquiry Officer

Security officer

Medico-Social worker.

b) Cash Counters

c) Store room

d) Toilets.

Problems Encountered in Functioning of Outpatient Department

Complaints of patients

Prolonged Waiting Time

This is most common complaint from the patients. This may be due to

- Too many patients in relation to doctors.
- Doctors busy elsewhere during O.P. hours.
- Doctors come late or away from O.P.D. for a longtime.
- Delays in registration procedures, collection of laboratory specimens and payment due to

1) Shortage of staff in respective areas.

2) Due to non streamlining of procedures for efficiency.

3) Non availability of consultant or delay in delivery or misplacement of laboratory results.

4) Referral of patient to a wrong consultant by registration staff.

5) Critical equipment and supplies shortage like Out of order X-ray units or E.C.G equipment.

Complaints Regarding the Quality of Service

Due to heavy workload, consultants can not spend sufficient time with the patient. Lack of undivided attention and consultation especially by senior doctors. Lack of privacy, especially in larger government hospitals. Consultations mostly by junior doctors and lack of clear advice. Too many investigations ordered, which require repeated visits to hospital.

Unfamiliarity with procedures to be followed to avail services like X-ray, laboratory investigations after the consultation and lack of proper guidance regarding the location of various departments and about procedures to be followed.

Multiple service points, instead of a single window concept, situated away from one another. Revisits to hospitals for cross reference due to non functioning of certain specialties on all days.

Lack of Amenities

In sufficient or unclean toilets. Lack of good transport facilities to reach the hospital. Lack of security, thefts. Erratic power supply and lack of generator back up to departments like radiology, laboratories, ophthalmology, ENT and other departments which need electricity for routine work. Absence of a female attendant during examination of a lady by doctor.

Complaints from Doctors

Heavy workload, each doctor looking after about 50 cases in the morning in a general hospital.

Lack of sufficient time to complete the in-patient rounds, especially post operative cases, prior to attending O.P. as the O.P. time coincide with time doctors report to study.

Excessive clerical work – filling of multiple forms, register, replying to referral letters and lack of secretarial help.

Non availability of Patient records or results of investigations. Doctors will have to liase with M.R.D and laboratories to obtain a duplicate report.

Medical Records Department

a) Misplacement of records. Records not returned by consultants. Records wrongly filled. Non availability of reports. Records taken away by patient.

b) Improper filling of records

Results in lack of continuity in patient care with a possible effect on the quality of record maintenance. Lack of standardized record format and disagreement about the quality and quantity of content.

Remedial Measures for Effective Functioning of O.P.D. reduce Overcrowding and Minimize Patient Waiting Time

This can be achieved by:

Screening of routine cases by general duty medical officers, thus reducing load on specialists and senior consultants.

Adopting consultation by appointment method – 'block' appointment or 'individual' appointments. In the former type, a certain number of patients will be required to be present for consultation, while in the latter method individual patient is given a particular time for consultation. The 'block' appointment provides sufficient pool of patients, depending on the capacity of waiting area, and the clinician at any given time finds him idle.

Application of queuing theory modules of operations research to study the patient movement in different areas, by noting down the rate of patient arrival per hour, Service rate per hour and number of servers. By effecting changes in these parameters and in queue system the patient waiting time can be successfully be reduced to acceptable levels.

Organizing special clinics like diabetes clinic, well baby clinic, leprosy/TB clinic, super specialty clinics etc in the afternoon.

Extending the O.P.D hours or by running evening O.P.

Synchronize functioning of various ancillary facilties like laboratory, Radiology, Pharmacy etc, and also providing adequate staff during peak hours.

Redeployment of doctors and other staff from less busy areas to more busy areas, as and when the O.P. load increases. This should be built into the organizational set up for smooth functioning of the services.

Improve guidance of patients and facilitate easy understanding of hospital procedures and routines by providing.

Information graphics and signs system: Providing name boards, Pictorial depiction of services provided, direction signs, provision of color coding for different service areas, provision of different color lines on the walls to indicate the paths for different service areas. Provision of effective enquiry and reception services. Enlisting the help of hospital volunteers and guides.

Printing of the procedural instructions on the investigation slips both in vernacular and English language to facilitate better communication with the patients.

In-Patient Services

The very purpose of existence of the hospitals is to care for the sick and injured. Ward is the heart of the hospital. It houses the patients. Majority of the functions of the hospitals is carried out in the ward or dependent on the personnel manning the ward.

Ward Planning

The most important aspect of proper ward management begins with the planning of physical facilities. The nursing unit should be planned in such a way that it can be operated with lowest possible cost and at the same time achieve its functional goal.

The following are the functional goals of a nursing unit:

- Provision of highest possible medical care to the patient.
- Highest degree of job satisfaction to both medical and nursing professionals.
- The facilities to meet the needs of visitors and attendants of patients.
- The most desirable environment for the patient.

Size of the Nursing Unit

The ward may have 20 to 90 beds. The nursing unit should be neither too small nor too large.

Type of patients

The size of the nursing unit or ward varies with the type of patients it caters to. In case of intensive care units, burns unit, intensive coronary care units, recovery ward etc. where critical patients are kept should be of smaller size, so that adequate nursing care can be provided. In these wards, the nurse patient ratio is high. On the other hand, in chronic

diseases ward, like psychiatry ward and tuberculosis ward, the number of beds may be more (even more than 50 beds).

Staff Requirement

The maximum activity in the ward takes place usually between 8 A.M and 12 noon. The activity is less during the rest of the day and night.

Position of the Head Nurse and the Ward Clerk

The head nurse and ward clerk are posted to take up the administrative responsibilities of the ward, thus allowing the staff nurses to devote most of their time for patient care. The head nurse also provides leadership and guidance. Thus, posting a head nurse in a unit, will go a long way in improving patient care, inter department relationships and effective materials management in the unit.

Components of the Ward

The wards consist of broadly the following areas:

- Patient housing area
- Ancillary area
- Sanitary areas
- Auxillary areas

Patients Housing Area

The usual practice in many general hospitals or government hospitals is to provide a dormitory type of accommodation in the wards where in number of beds are provided in a hall, with common sanitary facilities. This type of wards does not provide privacy to the patient and noise levels are likely to be high.

In view of this, the present day practice encourages provision of a few rooms with single beds, a few with two beds and majority with 4-6 beds in a bay. This arrangement provides adequate privacy and helps in reducing the noise levels.

The recommended size of the rooms for different categories of the wards is as follows:

- Room with single bed : 125 sq. ft.
- Two-bed room : 160 sq. ft.

- Four-bed room : 320 sq. ft.
- Six-bed room : 400 sq. ft.
- Intensive Care Unit (I.C.U.) : 120-150 sq. ft. per bed.
- Obstetrics and Gynecology : 120 sq. ft. per bed.
- Orthopedics : 120 sq. ft. per bed.

Ancillary Areas

Nursing station This is generally the head quarters of the nursing unit. It should be of adequate size and have ample storage space to hold stationary, records, report forms, charts etc., and to store medicines. This comprises of office area for sister-in-charge, work area for staff nurses with attached toilet facility.

Treatment work room Each nursing unit should be provided with a treatment room for physical examination, dressings and also to carry out certain procedures which can not be carried out at bed side in the ward.

Clean workroom This is workroom for staff nurses posted to the ward. This is provided with workbenches for preparation of trays, care of materials, equipment and instruments used in the ward. Adequate shelf and storage space should be provided in this area.

Pantry This area is used to wash, clean and store dishes in the ward. Adequate running water facility with sinks should be provided in this area.

Unit store One or two store rooms are needed in each ward for storage and safe custody of linen and other supplies.

Dining and day room It is desirable to provide a dining and day room for ambulatory patients in the ward which is preferably located at one side of the wing and provided with adequate seating facilities. This will help in recovery of patients.

Sanitary Areas

The optimum requirements are one bathroom or eight patients and one toilet for five patients. In addition to this, separate toilet facilities must be provided for male and female employees and visitors.

Dirty utility room A separate dirty utility room for washing bedpans, urinals and specimen bottles etc should be provided in each ward.

Store for sweepers Space for receptacles, hangers for brooms and mops, shelves for storing cleaning materials is needed.

Wash basins

Auxillary Areas

- Duty room for doctors
- Clinical side rooms
- Seminar room
- Attendant room
- Locker room for staff

Ward Design

The primary objective of a good ward design is to facilitate the staff nurse to hear or see anything happening in the ward with minimal physical or emotional stress.

Open Ward

This is an open hall where beds are placed in rows facing each other. The nursing station is located in the center. The ancillary service areas are located either in the center around the nursing station or at both sides of the hall.

Rigg's Ward

This type of open ward was first established at RIGG's hospital. Denmark and hence the name. In this design, three or four beds are placed in the bays, parallel to windows, separated from one another by low partitions.

Unilateral Rigg's Ward

Size beds are placed in each bay. The bays are separated from nurse's station with its standby services by a common corridor. In this design, the activities of doctors and nurses are limited to each bay only. However, noise levels could not be reduced in this type of ward and nurses do not have ample visibility. It is necessary to fix calling bells in patient's area.

Bilateral Ward

This type of ward is most suitable and workable proposition in hospitals where controlled environment and mechanized ventilation is not a problem. This is also called a

double corridor ward. Here two unilateral RIGG's type wards are on located on either side of the central nursing station. The advantages in this type of ward are – It allows for optimum visibility and reduces walking distance for the nursing staff.

'T' Shaped Ward

The beds are placed in front of the nursing station. The most critical cases requiring maximum attention are placed nearest to the nursing station. On either side of nursing station, isolation bays are provided. Ancillary and other areas are placed behind the nursing station. Here, care should be taken to provide ventilation mechanically. Nurse-patient communication system also needs to be arranged.

The shape of the ward can be altered in any way like 'Y' shape, 'X' shape, circular or semi circular by suitably arranging the patient bays or cubicles and other service areas.

With the advent of central supplies systems, especially in hospitals in U.S.A., the design of in-patient accommodation has shown a dramatic change. The development of central supplies and food services has now made it possible to eliminate or significantly reduce the requirements of ancillary areas, which used to be a part of the old self-contained wards. For example, the linen storage area can be totally dispensed with while kitchen area can be reduced to a small service area.

The traditional ancillary rooms will not find place in a hospital planned with a full scale central supply and delivery system and are replaced by lifts and conveyors with sufficient parking space in the wards for trolleys on which supplies arrive and remain in the unit until they are removed for re-stocking.

The concept of the ward now comprises of accommodation for 40-60 patients, subdivided into a number of small units; each cared for by a nursing team. The floor is supplied by a central area to which lifts and conveyors deliver supplies from service departments and soiled material are removed by lifts.

This type of ward layout is known as FRIESEN "RACE-TRACK" WARD PLAN.

Ward Management

The person responsible for managing the ward is called "Head Nurse" or "Ward Sister". She is responsible for:

Providing good medical care to the patients under her charge for 24 hours a day. Providing the medical care as per doctor's instructions. Coordinating patient care activities with other departments of the hospital. Orientation of new staff posted to the ward under her supervision. Instructing the staff working under her. Supervision of the activities of personnel working under her supervision.