

## Chapter-2

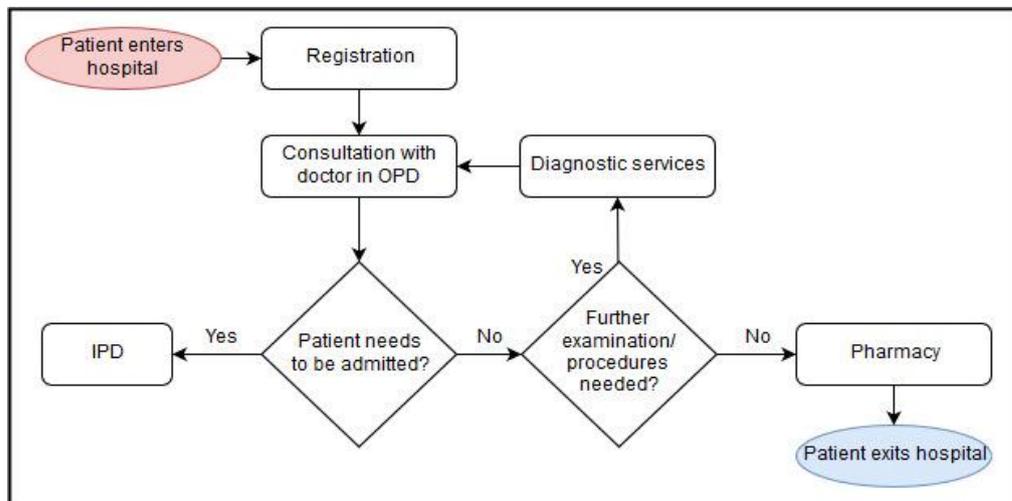
# Out-Patient Services



# 2 Out-Patient Services

To avail Out-Patient Services in the hospitals, out-patients first register at the outdoor patient department (OPD). After registration, the concerned doctors examine the patients and either prescribe diagnostic tests for evidence based diagnosis or drugs, as per the diagnosis done during the consultation process.

**Figure 3: Flow of out-patient services**



The audit findings pertaining to diagnostic services, IPD and pharmacy are discussed in the Chapters – 3, 4 and 7, respectively. This chapter discusses audit observations in respect of patient load in OPD, signage system, registration facilities, grievance redressal and evaluation of OPD services.

## 2.1. Patient load in OPD

The number of out-patients attended to in the test-checked hospitals<sup>15</sup> was as shown in **Table 6**.

**Table 6: Number of out-patients in test-checked hospitals**

(Numbers in lakh)

Year	No. of out-patients in DHs/JHs	Increase (YoY)	No. of out-patients in DWHs	Increase (YoY)	No. of out-patients in CHCs	Increase (YoY)
2013-14	46.35	-	7.85	-	12.68	-
2014-15	51.83	12%	8.67	10%	13.32	5%
2015-16	55.72	8%	8.98	4%	14.63	10%
2016-17	58.16	4%	9.67	8%	15.82	8%
2017-18	61.79	6%	10.42	8%	16.80	6%

(Source: Test-checked hospitals/CHCs)

Thus, there was a substantial increase of 33 per cent in out-patient load in the test-checked hospitals/CHCs in 2017-18 as compared to 2013-14. Further,

<sup>15</sup> DH Budaun for 2013-14 did not provide the required information and JH Balrampur was established in 2013-14, hence both hospitals were not included in the Table.

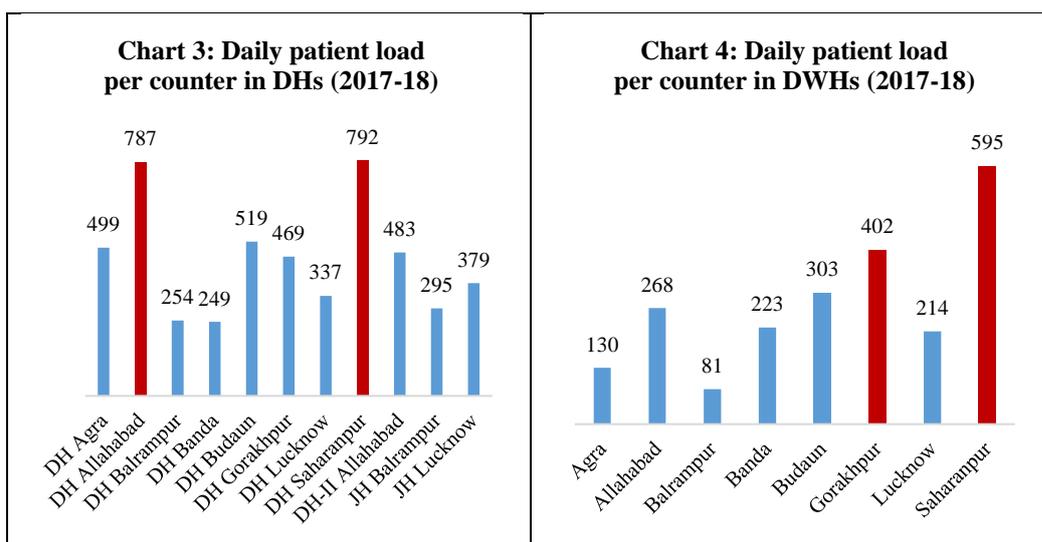
while the average number of doctors available in OPD increased from 22 to 23 for a DH/JH, there was almost no increase in the average number of doctors available for OPD in a DWH and a CHC during 2013-18. Thus, increase in out-patient load in the hospitals and CHCs was not accompanied by a proportional build up in the number of doctors available, resulting in a rise in the number of patients per doctor and a cascading impact in terms of reduction of consultation time per patient, as discussed in paragraph 2.5.

The Government replied (May 2019) that fewer doctors are choosing Government service as a career, hence a huge proportion of sanctioned posts remained vacant, though measures have been taken to address this situation in the form of Walk-in-Interview, Re-employment, On-call consultation and enhancement of the superannuation age of doctors.

The reply of the Government indicates that despite these measures to alleviate the situation, rising patient demand will put immense pressure on the system putting quality of care and patient safety at risk. This necessitates that the gaps in the number of doctors and their retention must be tackled on a longer term and more sustainable basis.

## 2.2. Registration facility for OPD

Registration counter is the first point of contact with the hospital for a patient and is an important component of the hospital experience for patients and their attendants. Audit observed that in 2017-18 in the test-checked hospitals, the average daily patient load on a registration counter was as shown in **Charts 3 and 4**.



(Source: Test-checked hospitals)

During 2017-18, the average daily patient load on a registration counter was significantly higher in DH Saharanpur (792) and Allahabad (787) than the average (460) for the 11 test-checked DHs/JHs. Similarly, the load was substantially higher in DWHs Saharanpur (595) and Gorakhpur (402) than the average (277) for the 08 test-checked DWHs. Further, in the 22 test-checked CHCs, the average daily patient load on a registration counter varied from 87 to 428 patients, with CHCs in Baharia, Handia and Meja in Allahabad, Sahaswan in Budaun, Pipraich in Gorakhpur, Mall and Gosaiganj in Lucknow

and Deoband in Saharanpur having higher load than the average. Due to heavy load at registration counters, long queues of patients were observed in hospitals.

The Government replied that the number of registration counters would be increased to reduce waiting time.

#### Positive feature

*Proper signage system is needed in each hospital so that patients and their attendants can move around in the hospital premises from one section to another in a trouble-free manner. Audit observed that for the out-patient services, signage system regarding OPD timings/working hours and other services were available in all the test-checked hospitals/CHCs. Besides drinking water and electricity facility were available in all test-checked hospitals and CHCs.*

### 2.3. Other basic facilities in OPD

Audit observed the following shortcomings in provisioning of basic facilities such as suitable seating facility and toilets and in the OPD premises of the test-checked 41 hospitals/CHCs, as shown in **Table 7**.

**Table 7: Non-availability of basic facilities in OPD premises**

Facilities	Hospitals with non-availability of the facility
Suitable seating facility	DH Saharanpur, DWH Saharanpur, CHC Kamasin and Naraini in Banda
Toilets	DH Saharanpur and DWH Gorakhpur
Separate toilets for male and female	DH and DWH, Balrampur, DH and DWH, Budaun, DH and DWH, Saharanpur, DWH Gorakhpur, CHC Pachperwa and Gaisandi in Balrampur, CHC Asafpur, Sahaswan and Samrer in Budaun

(Source: Test-checked hospitals/CHCs)

The Government replied that instructions had been issued for provision of amenities in all hospitals. However, the fact remains that the basic foundations of a satisfactory level of facilities are urgently required to be ensured in the concerned hospitals/CHCs.

### 2.4. Patient rights and grievance redressal

NHM Assessor's Guidebook prescribes the requirement to display the Citizen's Charter at a suitable place in the hospitals towards facilitating patients *vis-à-vis* their rights. Audit observed that Citizen's Charters were displayed in all the test-checked hospitals/CHCs.

Further, for effective redressal of grievances of patients, NHM Assessor's Guidebook envisaged a mechanism for receipt of complaints, registration of complaints and disposal of complaints on a first-come-first-serve basis, noting of action taken in respect of complaints in a register, periodic monitoring of system of disposals and follow-up by superior authorities as necessary.

The records of grievance redressal, however, were maintained only in DH Agra and JH Lucknow during 2017-18. Thus, in the absence of such records, it could not be verified whether these hospitals properly attended to the complaints of the patients.

The Government in reply stated that the Department had assigned each district to one Joint Director level officer who had to visit an assigned district once in a month to provide feedback on the available health facilities and functionality and submit all the information in the portal designed for this. This review of these reports is done usually on monthly basis by top stakeholders including the Health Minister, Uttar Pradesh. Government further added that the Department was operating a toll free number 1800-180-5145 to address any kind of deficiency in service delivery.

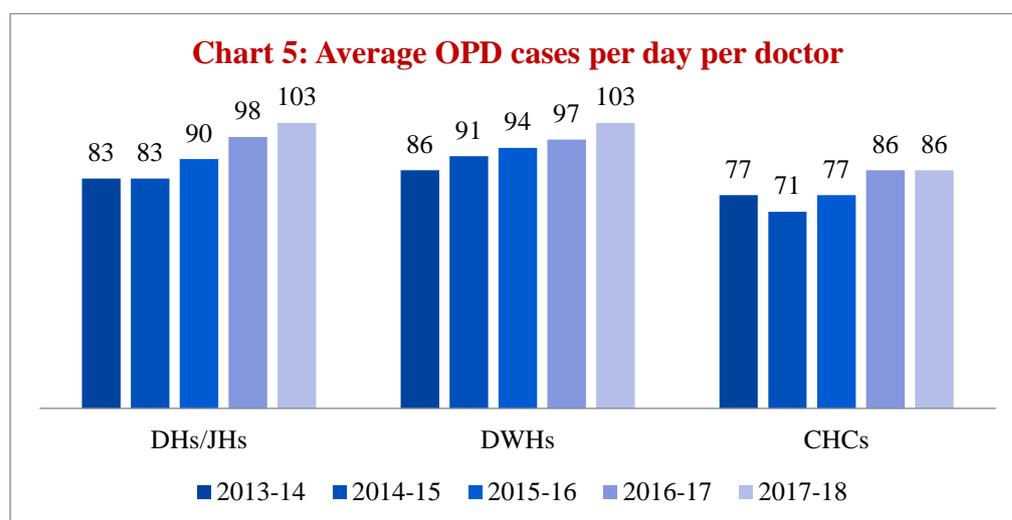
However, the fact remains that there was no record available in the test checked hospitals, except DH Agra and JH Lucknow, to derive assurance regarding redressal of grievances of patients within the hospitals. In this context, the Government replied in the Exit Conference that necessary instruction would be issued to the hospitals/CHCs for maintaining the records of grievance redressal.

## 2.5. Evaluation of out-patient services through outcome indicators

NHM Assessor's Guidebook for Quality Assurance provided for evaluation of the services provided in an OPD through certain outcome indicators. Audit ascertained the quality of out-patient services in the test-checked hospitals/CHCs using the following outcome indicators:

### 2.5.1. OPD cases per doctor

OPD cases per doctor is an indicator for measuring efficiency of OPD services in a hospital. Audit observed that due to substantial increase in the number of out-patients during 2013-18, OPD cases per doctor in the test-checked hospitals/CHCs increased significantly during 2013-18 as detailed in **Chart 5**.



(Source: Test-checked hospitals/CHCs)

Thus, the average number of OPD cases per day per doctor increased during 2013-18 by 24 per cent in DHs/JHs, 20 per cent in DWHs and 12 per cent in CHCs test-checked. Resultantly, examination of the patients was inadequate as evidenced by less consultation time per patient, which is an indicator for measuring clinical care in OPD.

### 2.5.2. Consultation time per patient

Audit observed that in the test-checked hospitals/CHCs<sup>16</sup>, the average consultation time given to patients during 2013-18 was as shown in **Table 8**.

**Table 8: Consultation time taken per case in OPD**

Consultation time <sup>17</sup>	Number of patients during 2013-18 (in lakh)		
	DHs/JHs	DWHs	CHCs
Up to 2 minutes	30.0 (11%)	5.6 (12%)	3.7 (5%)
2.1 to 5 minutes	203.8 (75%)	26.0 (57%)	33.0 (45%)
5.1 to 10 minutes	27.2	12.3	29.1
Above 10 minutes	9.3	1.7	7.5

(Source: Test-checked hospitals/CHCs)

As evident from the above, 86 per cent patients in DHs/JHs, 69 per cent in DWHs and 50 per cent in CHCs test-checked got a consultation time of less than five minutes.

The Government accepted the audit observation and stated that due to acute shortage of specialist doctors time given to every patient in OPD was less than 05 minutes. However, Government further stated that every doctor tries his level best to ensure effective and efficient healthcare delivery to visiting patients.

The fact remains that the consultation time of less than five minutes was indicative of inadequate diagnosis/investigation and unsatisfactory clinical care in OPD in the test-checked hospitals/CHCs

### 2.5.3 Patient satisfaction survey of out-patients

NHM Assessor's Guidebook requires hospitals to conduct patient satisfaction surveys of outdoor patients on a monthly basis. Audit observed that patient satisfaction surveys for out-patients were conducted only in DWH Banda during 2016-18. Thus, the other test-checked hospitals failed to comply with the NHM norms and squandered the opportunity of eliciting the views of patients regarding the out-patient services in their respective hospitals.

The Government replied that patient satisfaction survey of out-patients has been performed in a few hospitals. However, the Department would plan to survey the satisfaction level on a regular basis.

*To sum up, the substantial increase in the number of out-patients was not accompanied by a concomitant increase in the number of doctors in the district hospitals test-checked, leading to high number of OPD cases per doctor. Consequently, the consultation time per patient in the hospitals was less than five minutes for most patients. This coupled with lack of proper grievance redressal mechanism and patient satisfaction survey indicated not only inadequate clinical care in OPD but also absence of possibility of improvement.*

<sup>16</sup> Excluding OPD figures of JH Balrampur for 2013-14 as hospital started functioning in December 2014; also excludes OPD figures for DHs Agra and Budaun for 2013-15 as average no. of doctors in OPD were not available

<sup>17</sup> Assuming that a doctor was in OPD full time for six hours continuously for 308 working days in a year

