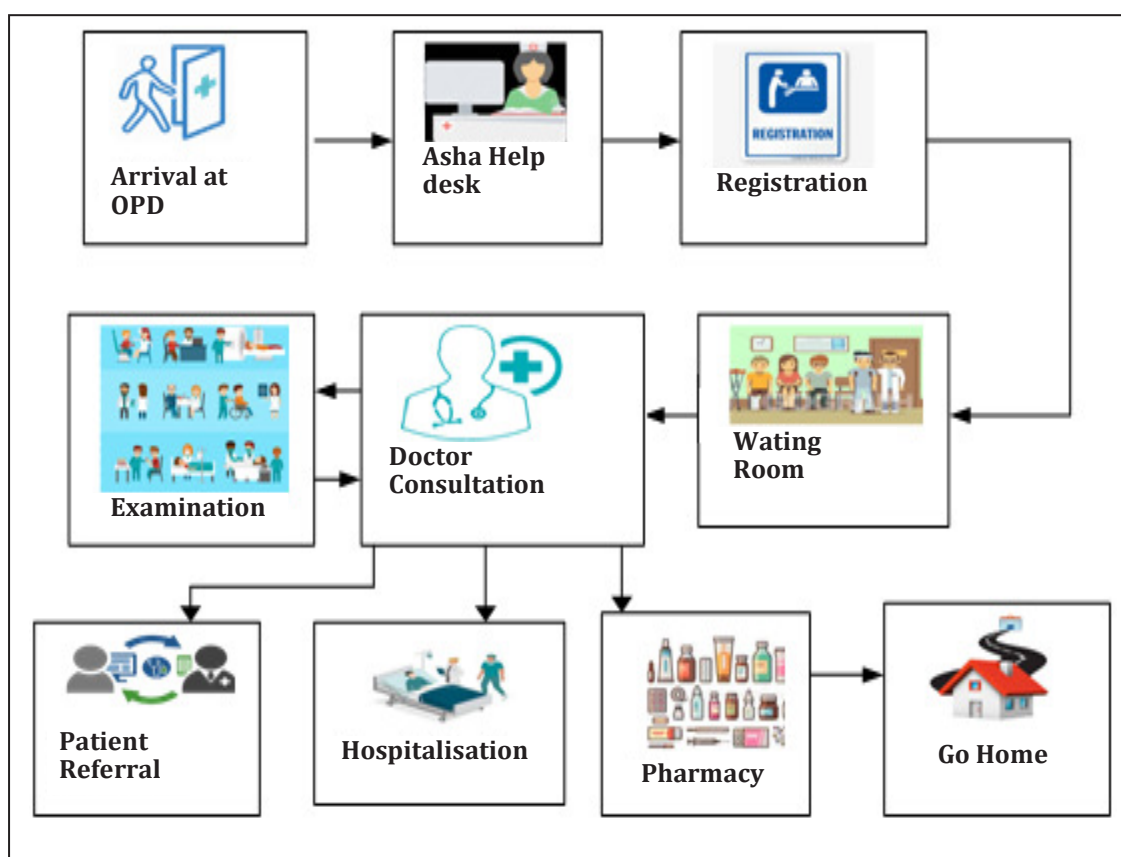# Chapter-2
Out-Patient Services

2 Out-Patient Services

To avail Outdoor Patient Services in the hospitals, out-patients first register at the Out-patient Department (OPD). After registration, the concerned doctors examine the patients for diagnosing ailments and prescribing either diagnostic tests for evidence based diagnosis or medicines as per the diagnosis done as part of the consultation process.

Figure-1: Flow of out-patient services

The audit findings pertaining to Diagnostic Services, In-Patient Department (IPD), and Drug Management are discussed in *Chapter-3 (Diagnostic Services), Chapter-4 (In-Patient Services) and Chapter-7 (Drug Management).* This *Chapter-2* discusses availability of OPD services, patient load in OPD, registration and other facilities in OPD, grievance redressal, *etc*.

2.1   Patient load in OPD

The number of the out-patients attended to in the test checked hospitals is depicted in the **Table-7** given below:

Table-7: Number of out-patients in test checked hospitals

(in numbers)

Year	DHs		JHs		DFHs	
	Almora	Haridwar	Chamoli	Udham Singh Nagar	Almora	Haridwar
2014-15	1,07,900	98,744	70,188	2,42,663	22,796	54,058
2015-16	1,06,212	1,00,744	66,683	2,37,240	21,975	73,153
2016-17	1,05,595	1,13,404	70,778	2,47,816	25,516	68,315
2017-18	1,12,939	1,04,393	75,493	2,76,849	25,728	66,803
2018-19	1,26,787	1,03,172	63,576	2,90,995	25,093	68,883
Percentage increase during 2018-19 as compared to 2014-15	*17*	*4*	*(-) 9*	*20*	*10*	*27*

Source: Information collected from the test checked hospitals.

The number of average doctors available for OPD services in test checked hospitals is shown in the **Table-8** given below:

Table-8: Average number of available doctors[1] in test checked hospitals

Year	DHs		JHs		DFHs	
	Almora	Haridwar	Chamoli	Udham Singh Nagar	Almora	Haridwar
2014-15	6	8	14	15	6	6
2015-16	5	11	13	14	6	4
2016-17	5	10	11	14	8	4
2017-18	6	10	9	13	5	5
2018-19	9	12	7	16	6	5

Source: Information collected from the test checked hospitals.

During 2018-19, as compared to 2014-15, it can be seen that:

- In DFH Haridwar, while the number of outpatients increased by 27 *per cent*; the number of doctors came down from six to five.

- In JH Udham Singh Nagar, the number of outpatients increased by 20 *per cent*. However, the number of doctors increased by only one.

- In JH Chamoli, the available number of doctors decreased by 50 *per cent* although there was a decrease of only nine *per cent* out-patients. It was further found that Pathologists and Anaesthetists were taking OPD and providing consultation to the visiting patients in addition to their normal duties.

The increase or decrease in out-patient load, therefore, was not accompanied by a proportional increase or decrease in the number of doctors available, resulting in much higher OPD cases per doctor in some hospitals as compared to others as discussed in *paragraph 2.6.1* and less consultation time per patient as discussed in *paragraph 2.6.2*.

In Exit Conference, the Government stated that the issue of shortage of doctors had been addressed with the appointment of 476 doctors recently and the recruitment process for appointment of 570 doctors was under process.

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[1] Excludes Anesthetist, Emergency Medical Officer, Pathologist and Radiologist available in the hospitals.

2.2 Availability of OPD Services

(a) To ascertain the availability of all categories of OPD services in test checked hospitals, audit scrutinised the records related to availability of specialised doctors and noticed that following OPD services were not available during the periods detailed in the **Table-9** given below:

Table-9: Period on non-availability of OPD services in test checked hospitals

Name of OPD Services	Name of hospitals	Period of non-availability of OPD Services	Reasons
ENT	DH Almora	21.11.2014 to date of Audit (7 July 2019)	Service was provided twice a week by the doctor of Base hospital.
	DH Haridwar	01.04.2014 to 24.04.2018	Non-availability of ENT specialist.
	JH Chamoli	01.01.2019 to date of audit (20 March 2020)	
General Medicine	DH Almora	11.09.2015 to 26.06.2017	Non-availability of Physician. However, service was provided by Medical Officer.
	DH Haridwar	01.04.2014 to 26.06.2017	
	JH Chamoli	01.04.2014 to 09.12.2014 and 18.12.2016 to 05.10.2017	
Eye	JH Chamoli	01.08.2017 to date of audit (20 March 2020)	Non-availability of eye specialist[2]. Also, there were two eye-specialists against one sanctioned post in DH Haridwar[3] and in JH Udham Singh Nagar[4].
	JH Udham Singh Nagar	13.11.2014 to 26.09.2015	
Paediatric	JH Chamoli	28.09.2018 to 23.09.2019	Non-availability of child specialist (the service was provided by Medical Officer.)

Source: Information collected from test checked hospitals.

(b) Deployment of specialists

A comparative analysis of the availability of specialist doctors in hilly region hospitals[5] and plain region hospitals[6] was carried out to see whether there was any skewed distribution of specialist doctors. It was found that ENT doctors were not posted in hospitals in the hill regions despite sanctioned posts while deployment was as per sanctioned strength in plain region hospitals; the deployment of Orthopaedic specialists in hospitals in the hill region was 50 *per cent* of the sanctioned strength whereas deployment was in full as per the sanctioned strength in hospitals in the plain regions. Further, in hospitals in the plain regions, the General Surgeons deployed were more than the sanctioned strength, whereas in hilly regions, the deployment was less than the sanctioned strength.

2.3 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

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[2]   The specialist of JH Chamoli was attached to CHC, Premnagar, Dehradun though his salary was drawn from JH Chamoli.
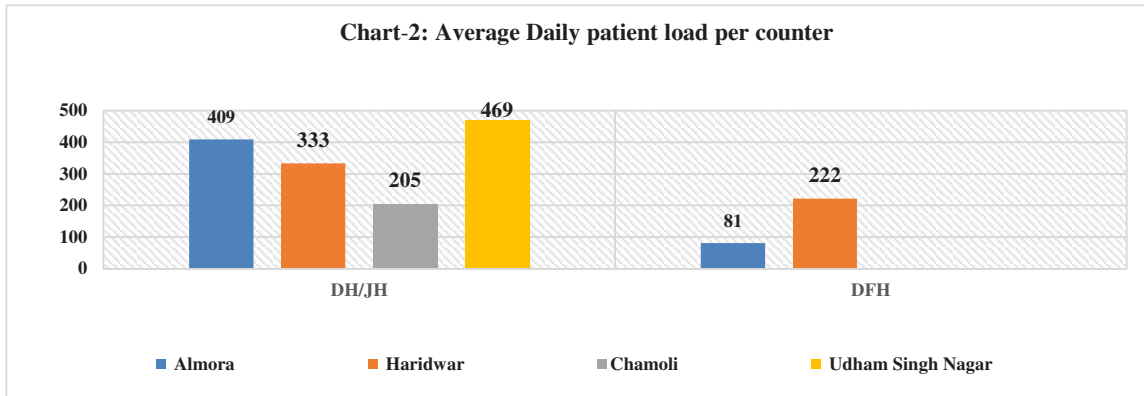[3]   From 08-07-2018 to February 2020.
[4]   From 02-10-2017 to November 2019.
[5]   DH Almora and JH Chamoli.
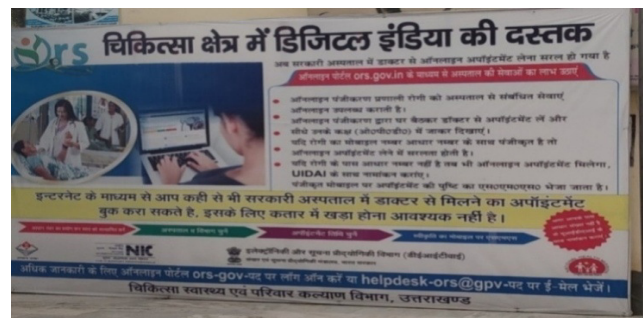[6]   DH Haridwar and JH Udham Singh Nagar.

observed that in 2018-19 in the test checked hospitals, the average daily patient load[7] per registration counter was as shown in the **Chart-2** given below:

Chart-2: Average Daily patient load per counter

During 2018-19, the average daily patient load on a registration counter was significantly higher in DH Almora and JH Udham Singh Nagar than the average (354) for the four test checked DHs/JHs. Similarly, the load was significantly higher in DFH Haridwar when compared to DFH Almora.

To digitalise the registration; doctor's appointment; and overcome the heavy load[8] at registration counters, Online Registration System (ORS) was to be established in all district hospitals by May 2017. Six hospitals which included three test checked hospitals, in addition to ORS, had to implement e-hospital project[9] by July 2017.

Records of test checked hospitals revealed that the online registration and e-hospital project (Phase-1) were established. However, these were not

> *Positive feature*
>
> *Audit observed that there was a separate registration counter available for physically challenged patients in JH Udham Singh Nagar.*

fully operational as no funds were released for procurement of computers; furniture;

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7 Calculation of 310 days=365 days-52 Sundays-3 National Holidays.
8 OPD offers a very wide variety of services such as clinical examination, investigations, diagnosis, dispensing, minor surgical procedure, interventional procedures, counselling and rehabilitation services. Efficient and effective functioning of OPD promotes relief to patients, reduces burden on the indoor services. On an average, number of patients visiting and utilising outpatients' services is about 13 times approximately that of indoor admissions.
9 Phase-1 (Mandatory)-Patient registration, Emergency registration, Clinics, Billing and Accounts, IPD (Admission Discharge–Transfer) Advance Module Phase-2 (on completion of phase one)-Path Lab, Radiology/image (RIS), PACS interface, OT management, Pharmacy Management, Care provisions, Electronic Medical records (EMR), Auxiliary Module (Optional)-Dietary Services, Laundry Services, Birth and Death Registration and e-Blood Bank Management (independent)-Online Registration System (ORS).

networking and hiring manpower for running the facility even after the demands were raised with DGMH & FW.

In Exit Conference, it was assured by the Government that efforts would be made to ensure full operation of the e-hospital project.

2.4 Other basic facilities in OPD

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. Further, IPHS provide that the hospitals should have proper patient amenities like potable drinking water; functional and clean toilets with running water and flush; fans; and proper seating arrangement.

> **Positive feature**
>
> *Audit observed that proper signage systems and enquiry window/Asha Help Desk were available in all the test checked hospitals. Further, drinking water facility and separate toilet for male and female were also available in all test checked hospitals.*

Inadequate provisioning of following basic facilities was noticed during physical inspection of the test checked hospitals as shown in **Table**-**10** below:

Table-**10: Non-availability of basic facilities at registration counter**

Facilities	Hospitals with non-availability of the facility
Fan	DH Almora, DFH Almora, DH Haridwar
Seating facility	DFH Almora, DH Haridwar

Source: Test checked hospitals.

2.5 Patient rights and grievance redressal

As per IPHS, Citizen's Charter should be displayed at a proper place in the hospitals so that the patients are aware of their rights. For effective redressal of grievances of patients, there shall be provision of complaints/suggestion box in the hospital and a grievance redressal committee for monitoring the grievances and as a quality assurance mechanism.

> **Positive feature**
>
> *Audit found that Citizen Charter was available in all test checked hospitals[10].*

Audit noticed that complaint registers/complaint boxes were kept by all test checked hospitals except DH Haridwar. It was further noticed that in DFH Almora and Haridwar, no schedule was fixed for opening these boxes. In addition, the grievance redressal committee was not formed in three[11] out of six test checked hospitals. The mechanism to monitor the grievances and to provide quality assurance, therefore, was not operational in these hospitals.

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[10] Except DH Haridwar.
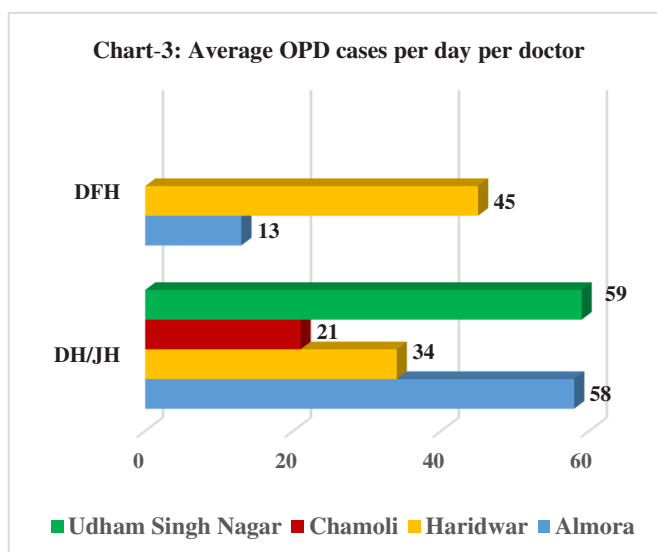[11] DH Almora, JH Chamoli and DH Haridwar.

2.6   Evaluation of out-patient services through outcome indicators

NHM Assessor's Guidebook for Quality Assurance provides 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 using the following outcome indicators:

2.6.1   OPD cases per doctor

OPD cases per doctor are an indicator for measuring efficiency of OPD services in a hospital. As discussed in ***paragraph 2.1***, it was observed that there was an increase or decrease in out-patient load over the last five years which was not accompanied by a proportional rationalisation in the number of doctors available.

Chart-3: Average OPD cases per day per doctor

■Udham Singh Nagar ■Chamoli ■Haridwar ■Almora

The OPD cases per doctor per day are shown in the **Chart-3** given above. The average OPD cases per day per doctor in 2014-19 were 13 to 59 in the test checked hospitals. While the average OPD cases per day per doctor in DFH Almora and JH Chamoli were 13 and 21 respectively, the average OPD cases per day per doctor were significantly higher in JH Udham Singh Nagar (59), DH Almora (58) and DFH Haridwar (45).

Audit also examined the OPD patients load in different months of different years for Gynaecology and Medicine department and found that the OPD cases per doctor in these two departments were much higher than the overall average OPD cases per doctor in some hospitals as shown in the **Table-11** given below:

Table-11: Out-patient load

Test checked hospitals	DH Haridwar	DFH Haridwar	JH Chamoli	JH Udham Singh Nagar
Overall average OPD cases per day	34	45	21	59
Average OPD cases in Gynaecology department	Service not available	54	23	**92**
Average OPD cases in Medicine department	**111**	Service not available	**58**	**89**

This also resulted in less consultation time per patient in OPD, which is an indicator for measuring clinical care in OPD. This is further discussed below in ***paragraph 2.6.2***.

2.6.2 Consultation time per patient

The average consultation time per patient in Gynaecology and Medicine department was calculated in four out of six test checked hospitals by examining the available records of different months in different years[12]. The analysis is depicted in the **Table-12** given below:

Table-12: Consultation time taken per case in OPD*

Name of Hospital	Gynaecology				Medicine			
	Number of patients given consultation time (in *per cent*)							
	Total OPD patients in test checked months	less than 3 minutes	3 to 5 minutes	Above 5 minutes	Total OPD patients in test checked months	less than 3 minutes	3 to 5 minutes	Above 5 minutes
DH Haridwar	-	-	-	-	9,259	5,118 (*55*)	3,496 (*38*)	645 (*7*)
JH Chamoli	2,127	-	-	2,127 (*100*)	5,455	-	2,237 (*41*)	3,218 (*59*)
JH Udham Singh Nagar	3,433	579 (*17*)	2,061 (*60*)	793 (*23*)	5,439	2,219 (*41*)	1,978 (*36*)	1,242 (*23*)
DFH Haridwar	10,892	1,197 (*11*)	3,913 (*36*)	5,782 (*53*)	-	-	-	-
Total (per cent)	*16,452*	*1,776 (11)*	*5,974 (36)*	*8,702 (53)*	*20,153*	*7,337 (37)*	*7,711 (38)*	*5,105 (25)*

Source: Information collected from the test checked DHs/JHs/DFHs.
*Assuming that a doctor in OPD worked full time, i.e. six hours continuously.

It is noticed that 47 *per cent* patients in Gynaecology Department and 75 *per cent* patients in Medicine Department of test checked hospitals could avail on an average less than five minutes of consultation time in the test checked months during 2014-19.

2.6.3 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 not conducted during 2014-19 by four[13] out of six test checked hospitals while DFH Haridwar and JH Udham Singh Nagar had conducted patient satisfaction survey only in 2018-19. The test checked hospitals, therefore, failed to comply with the NHM norms and did not avail the opportunity of eliciting the views of patients regarding the out-patient services.

In the Exit Conference, the Government assured that instructions would be issued to the district hospitals for conducting patient satisfaction survey.

2.6.4 Provision of Drugs to OPD Patients

Good dispensing practices ensure that an effective form of the correct medicines is delivered to the right patient, in the correct dosage and quantity, with clear instructions, and in a package that maintains the potency of the medicines. To assess whether OPD patients were being provided the required drugs, Audit visited the drug dispensing counter and compared the prescription slips issued to 130-150 patients with drugs issued to these patients and found that only 41 *per cent* patients were provided prescribed drugs in full as detailed in the **Table-13** given below:

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12 Based on availability of records.
13 DH Almora, DH Haridwar, JH Chamoli and DFH Almora.

Table-13: Details of dispensation of drugs to the OPD patients

Name of test checked hospitals	Number of patients' test checked	Number of OPD patients who got full range of prescribed medicines (in *per cent*)
DH Haridwar	150	68 (*45*)
DFH Haridwar	150	112 (*75*)
JH Chamoli	150	25 (*17*)
JH Udham Singh Nagar	130	33 (*25*)

Thus, the core objective to provide drugs free of cost could not be achieved as 59 *per cent* of the OPD patients had to purchase drugs from their own pocket.

In Exit Conference, the Government stated that in the Drug Procurement Policy 2019, the turnover capacity of firms had been reduced which would enable more firms to participate and provide the drugs as required. It was further stated that the hospitals were also authorized to purchase drugs as per their requirements and necessary instructions would be issued to all district hospitals to provide all prescribed drugs to the patients.

2.6.5 *Completeness of prescription slip*

As per World Health Organisation, writing a prescription is very important and inaccuracy in writing, illegible handwriting or incomplete writing of a prescription can lead to misinterpretation, thus leading to errors in dispensing and administration of medicine. NHM Assessor's Guidebook also mandates doctors to write medication orders legibly and adequately.

In four hospitals, where completeness of prescription slips was test checked, it was found that most of the prescriptions lacked details of ailment, proper dosages of medicine and period for which it was to be taken by the patients as detailed in the **Table-14** given below:

Table-14: Deficiencies noticed in prescription slips

Name of test checked hospitals	DH Haridwar	JH Chamoli	JH Udham Singh Nagar	DFH Haridwar
Total prescription slips test checked	100	100	100	100
Ailment not mentioned	47	40	71	17
Proper dosage not mentioned	92	68	76	61
Duration for which medicine was to be taken by the patient not recorded	62	55	82	88

In the Exit Conference, the Government assured that the deficiencies relating to prescription slips (lack of details of ailment, proper dosages of medicines and period for which the medication has to be taken) would be sorted out through computerisation.

2.6.6 *Registration to Drug Time*

To find out the Registration to Drug time audit carried out physical observation of 80 cases in two Departments (General Medicine and Gynaecology) in three out of the six hospitals test checked.

The Registration to Drug time was then extrapolated for all the patients visiting the General Medicine and Gynaecology Departments. The estimates of percentage of

patients[14] for Registration to Drug time with 95 *per cent* Confidence Interval are shown in the **Table-15** given below:

Table-**15: Estimates of Percentages of Patients for Registration to Drug Time with 95 *per cent* Confidence Interval**

Percentage of Patients for whom the Registration to Drug Time was	JH Chamoli Gynaecology	JH Chamoli Medicine	DFH Haridwar Gynaecology	DH Haridwar Medicine
60 minutes or more	37- 55	49- 71	77- 93	67- 86
90 minutes or more	7- 20	23- 44	22- 43	6- 21

- The Registration to Drug time for 22 to 43 *per cent* OPD patients in Gynaecology Department in DFH Haridwar was 90 minutes or more. The time for 77 to 93 *per cent* OPD patients in the Department was an hour or more.

- In DH Haridwar, the Registration to Drug time for 67 to 86 *per cent* OPD patients in General Medicine Department was an hour or more.

- In JH Chamoli, the Registration to Drug time for 49 to 71 *per cent* OPD patients in General Medicine Department was an hour or more and for 37 to 55 *per cent* patients in Gynaecology Department, the time was an hour or more.

As discussed in ***paragraph 2.6.2***, 47 *per cent* patients in Gynaecology Department and 75 *per cent* patients in Medicine Department of test checked hospitals got less than five minutes' consultation time. In this context, the high Registration to Drug time (excluding the time taken for registration) indicates that the patients had to spend substantial time waiting for doctors to consult and for getting the medicines issued from the pharmacy.

To sum up, the increase or decrease in out-patient load was not matched by proportional increase or decrease in the strength of doctors resulting in much higher OPD cases per doctor in some hospitals as compared to others. Due to non-availability of specialised doctors, many OPD services like ENT, Eye, etc. were not available for substantial period during 2014-19. The prescribed medicines were not made fully available to 59 per cent of the OPD patients. Details of ailment, proper dosages of medicine and period for which these were to be taken by the patients were not properly mentioned in most of the cases.

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[14]   Rounded to nearest whole number.