INTERNATIONAL JOURNAL OF BASIC AND APPLIED RESEARCH
www.pragatipublication.com
ISSN 2249-3352 (P) 2278-0505 (E)

"The long wait for Health in India"- A study of waiting time for patients in a tertiary care hospital in Western India

Dr. Sailee Bhambere,

Practitioner-Director, Ekdant Healthcare, BDS

Nair Hospital Dental College, Mumbai

ABSTRACT

The highest load of critical care in any hospital lies on its Emergency department. Any patient in need of emergency care will first be taken in the Emergency ward and the time that the patient has to remain unattended or waiting reflects negatively on the health outcomes and prognosis at times also leading to irreparable damages to the patient and his family. This study was done to evaluate the waiting time for patients in a major tertiary care hospitals in western India. The study was done over a period of 14 days in two major tertiary care hospitals in Western India. The study found that the average waitingfor thehospital from entry level to being attended was 2.10 hrs. with a standard deviation of 1.18 hrs. An array of factors including hospital as well as external factors viz-Lack of adequate staff, parking space mis-management, inefficient patient flow system, commuting to different departments and floors within the hospital, transportation and financial problems.

KEY WORDS: Emergency, treatment, hospitals,patients, waiting time.

INTRODUCTION

A waiting time is the time taken by a patient to receive treatment after being referred to hospital. It can be an effective aid to some extent like help reduce patient anxiety, improving the quality and timelines of treatment and most of the developed countries have strict to legal guidelines about how much waiting time is acceptable, but in highly populated countries like India along with the obscure stand regarding waiting time and loose regulations, it is all taken for a ride with an unacceptable waiting time sometimes costing the patients their life.

MATERIALS & METHODS

The present study was a cross sectional observational study using a non-probability sampling for selecting the patients that reported to the emergency department in the two tertiary care hospitals in western India. Permissions for the study were taken from the Hospital CMO before starting the

Received: 5 November Revised: 13 November Accepted: 22 November
Index in Cosmos
Volume 7 Number 12
UGC APPROVED

INTERNATIONAL JOURNAL OF BASIC AND APPLIED RESEARCH
www.pragatipublication.com
ISSN 2249-3352 (P) 2278-0505 (E)

study. The observation not revealed to the healthcare staff in the department to avoid any bias and keep the study results authentic. The study was conducted for 14 days excluding night shifts due to feasibility issues for the observers. The study was evaluated with the help of descriptive statistics presenting the observations in the form of frequency, percentages, mean and standard deviation.

RESULTS

Total number of patients observed in the study were 41 out of which 13 (31.7%) were trauma patients. 10(24.4%)- GI, 9(21.9%)- Neuro complains, 5(12.19%) cardiac/ Resp, 4(9.75%)- others. 27 out of the 41 patients-(65.8%) were males. Most of the patients i.e. 21 out of the 41 patients (51%) belonged to an age group 20-40.[4, 5]Total time from arrival of patient to final intervention or disposal for the patients was 1.98 hrs. to 2.22 hrs. with a mean of 2.10 hrs. and a standard deviation of 1.18 hrs. The time from the first check-up by the specialist to the completion of all the tests, diagnosis and admissions formalities range from 48 minutes to 1.20 hrs. with a mean deviation of 64 mins and a standard deviation of 32 mins. The time between final decision to major intervention or disposal takes around 1.17 hrs. with a standard deviation of 51mins. An increased flow of patients was observed between 9- 12 hrs. Specific timings increase the wait time for the patients.[6]

DISCUSSION

The increase in waiting time between the arrival of the patient to initial check-up or diagnosis by general trainee doctor of the Medical officer is due to many internal and external reasons. Inadequate number of ambulances and transport services cause the patient to reach the hospital emergency department.[7] One such study done by Naveen Dhawan et.al suggest that if the waiting time in these situations cannot be removed completely, then they be used for health promotion and education for the patients.[8] Initial admission procedure that is common for general outpatient services and for the emergency wards in most of the hospitals also leads to undue delay. A study by PapiyaBhattacharjee on hospital systems states that faulty patient modelling systems cause major delay in receiving treatment by the patients.[9]Following the initial check-up by the medical officers, diagnosis and initial lab test take some time. In many hospitals more than required number of tests delays the patient even more. The final intervention or disposal is delayed further due to many reasons. Less availability of specialist doctors and hospital staff causes delay at many stages right from the beginning. According to the Academy of Emergency Medicine guidelines, there should be 1 physician every 2.5 patients/ hour and the ratio of nurse to patients must be 1/3. The ratio in Indian hospitals is far away from this were even in the best of hospitals, there is 1 physician to 15 patients approximately and the nurse: patient ratio is even worse, commuting from one department to other for check-ups and tests can a cumbersome and time consuming process.

Received: 5 November Revised: 13 November Accepted: 22 November
Index in Cosmos
Volume 7 Number 12
UGC APPROVED

INTERNATIONAL JOURNAL OF BASIC AND APPLIED RESEARCH
www.pragatipublication.com
ISSN 2249-3352 (P) 2278-0505 (E)

CONCLUSION AND RECOMMENDATION

The study shows that most of the waiting time that the patient has to endure before receiving a thorough treatment is caused due to the in-hospital causes which can be avoided to a huge extent.[10]With the simplicity of procedure and a limited sample size, a much thorough research into the topic and with a higher sample size is advised. Basic changes are suggested to develop an efficient patient flow system. A separate admission counter for the emergency wards and increased number of healthcare staff including but not limited to doctors is recommended.[11]Separate specialists for the Emergency ward should be appointed to reduce the waiting time wasted due to late arrival of the specialist in the Emergency department. In-hospital ambulance service to travel from one department to another should be increased. A separate radiology department for the Emergency ward and increased number of beds in the Emergency department to prevent chaos and physical blocking of patients in the corridors can help simultaneously also reducing the risk of infections due to each other.

REFERENCES

1. Jawahar, S.K. "A study on out patient satisfaction at a super specialty hospital in India." Internet Journal of Medical Update, vol. 2, no. 2, 2007.
2. Gijo E.V et.al. "Reducing patient waiting time in a pathology department using the Six Sigma methodology", Leadership in Health Services, Vol. 26 Issue: 4, pp.253-267.
3. T.A Dinesh, Sanjeev Singh, Prem Nair, T R Remya. Reducing waiting time in Outpatient Services of large university teaching hospital – A six sigma approach.J. Management in health, Vol 17, No. 1 (2013).
4. Rajeswari, R.[1]; Chandrasekaran, V.[1]; Suhadev, M.[1]; Sivasubramaniam, S.[1]; Sudha, G.[1]; Renu, G.The International Journal of Tuberculosis and Lung Disease, Volume 6, Number 9, 1 September 2002, pp. 789-795(7).
5. Ashutosh Tamhane et.al. Pulmonary Tuberculosis in Mumbai, India: Factors Responsible for Patient and Treatment Delays. Int J Prev Med. 2012 Aug; 3(8): 569–580.
6. JA Tucker, JW Davison.Waiting to see the doctor: The role of time constraints in the utilization of health and behavioural health services. Reframing Health Behaviour Change with Behavioural Economics. Pg 221.
7. Alma Lucila Sauceda-Valenzuela, Veronika J WirtzEmail author, Yared Santa-Ana-Téllez and Maria de la Luz Kageyama-Escobar. BMC Health Services Research201010:178.

Received: 5 November Revised: 13 November Accepted: 22 November
Index in Cosmos
Volume 7 Number 12
UGC APPROVED

ISSN 2249-3352 (P) 2278-0505 (E)

8. Naveen Dhawan, Omar Saeed, Vineet Gupta, Rishi Desai, Melvin Ku, Sanjeev Bhoi and Sanjay Verma. Utilizing video on myocardial infarction as a health educational intervention in patient waiting areas of the developing world: A study at the emergency department of a major tertiary care hospital in India International Archives of Medicine20081:14.
9. Papiya Bhattacharjee, Pradip KumarRay. Patient flow modelling and performance analysis of healthcare delivery processes in hospitals: A review and reflections. Computers & Industrial Engineering. Volume 78, December 2014, Pages 299-312
10. David M Bishaia, Hui ChuLangb. The willingness to pay for wait reduction: the disutility of queues for cataract surgery in Canada, Denmark, and Spain. Journal of Health Economics. Volume 19, Issue 2, March 2000, Pages 219-230.

Received: 5 November Revised: 13 November Accepted: 22 November
Index in Cosmos
Volume 7 Number 12
UGC APPROVED