

Managing the Outpatient Department Waiting Time at Rajas Eye Hospital

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This case is about long waiting times in the out-patient department (OPD) of Rajas Eye Hospital that is run by Dr. Rajiv Chaudhary at Indore. Dr. Chaudhary is an ophthalmology surgeon and the activities at the clinic typically comprise of routine check-up in OPD, planned and un-planned eye surgeries, follow-up check up by Dr. Chaudhary and his team at Rajas.

Long patient waiting times have been observed in the OPD of Rajas. It is evident that new patients start reporting from 9:30 am onwards to the hospital and would be waiting for 2-3 hours for consultation. It is reported that though average processing times added up to less than an hour but patients were on average waiting for more than two hours in the hospital.

Team Rajas and its Activities

Team Rajas comprises of Director Dr. Chaudhary; Consultant Ophthalmologists, Optometrists, Counselor, Supervisor, Operation Theatre in-charge and technicians, Nurses and receptionists (Table 1). Clinic is operational on Monday, Tuesday, Wednesday and Friday between 10 am to 5 pm. Dr. Chaudhary and his consultant ophthalmologists perform surgeries in the morning and see patients in OPD after the surgeries. Thursday is reserved exclusively for surgeries and no OPD appointments are given on Thursday. Patients start queuing from 9:30 am on a typical day though official appointments are given from 10 am onwards. Dr. Chaudhary starts seeing patients after the surgery between 1 pm to 5 pm.

Patient Mix at Rajas

From Table 5 on the performance statistics on OPS, it is clear that out of total patients coming for consultation on a day, 77 percent comprise of new patients and rest come for follow-up. Follow-up patients are normally treated without appointments. Surprisingly among the new patients approximately 40 percent come without

appointment. New patient coming without appointment necessarily would indicate an emergency ophthalmic care or an outstation patient requesting consultation on the same day. Data does not reflect much about the mix of local v/s out-station patients.

Patients' Treatment Time Analysis and Arrival Pattern

Table 6 gives data about treatment times (processing) times at various stages. It indicates that Dr. Chaudhary himself has become bottleneck in the system (108 patients/day); the next bottleneck being optometrists (125 patients/day/ optometrist) and the last being consultant ophthalmologists (142 patients / day/ ophthalmologist).

Looking at the arrival patterns given in Figure 2 and 3 in the case; it seems that new patients that come with appointments have to wait longer than the ones who come without appointment. Also a peculiar patient behavior is observed that the new patients who come late in the day with or without appointment can get their consultation faster than the ones who show up in the early part of the day.

Suggestions

1. It seems that the clinic as a system is working at a fast pace that is not in synchronous with the bottleneck activity. In order to improve waiting times of the patients at Rajas, two clear options emerge.

- **Shifting Bottleneck**

If Dr. Chaudhary can come early by 60 to 90 minutes i.e. starts consulting at 11:30 am or 12:00 noon; patient waiting time will be reduced significantly. One needs to look at the feasibility of this option since Dr. Chaudhary is busy performing surgeries in the morning and only then he starts consultation in OPD. This option in a sense suggests that if Dr. Chaudhary can start the day a bit early by about 30-45 minutes and perform

surgeries and starts consultation in OPD at about 11:30 instead of 13:00.

- **Cooling Down - Take Slow**

If clinic cannot start earlier as suggested above the best thing is to cool down the system. Dr. Chaudhary is very quick in his treatment time (TAT) and if he is going to be available only on or after 1pm; clinic should delay scheduling appointments by 60 to 90 minutes i.e. from 11 am or 11:30 am instead of from 10 am. This will give a respite to lot many patients who have been unnecessarily waiting in the system since morning and avoid large buildup in the system.

2. Appointments

- Clinic should treat follow-up patients with appointments only as there is no uncertainty as well as emergency with this side of demand and treatment time is also very much known. Clinic should space out this demand across the day schedule.
- Clinic should schedule outstation patients with emergency requirement in the early part of the day knowing the difficulties in reaching home-town or remote places with dilated eye.

3. Differential Charges

Clinic can also think of opening OPD hours in the early part of the day say 9 am to 1 pm with a caveat that Dr. Chaudhary may not see the patient but any team member of his consulting ophthalmologists

team will see the patient. He can charge lower consultation fees say Rupees 150 or 200 in this slot or charging a bit more for Dr. Chaudhary's consultation in the afternoon. It essentially helps two ways. First, out-station patients who come for emergent eye care can easily be treated by clinic on time. Second, all those patients who necessarily require minor eye care and not necessarily require intervention of Dr. Chaudhary can be treated well in this separate time-slot. It does not require additional investment at all and it takes a certain portion of demand from peak period and helps to space out and serve well.

4. Five-Day OPD

This option may not augur well with the current state of affairs at Rajas. It will result in waiting time just like any other working day and may not space out demand of 4 days across 5 days.

It is a perception that having more patients in the clinic being treated seen by the other patients creates a certain professional image of the doctor in the minds of patients. Many professionals practice this way of working and bunching. If that is the case with Rajas Eye Hospital and more so with Dr. Chaudhary option of cooling down with differential fee structure will fit the purpose.

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