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An innovative approach to reduce clinic waiting time at the District General Hospital, Matale

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Abstract

Introduction: District General Hospital (DGH) Matale is the only tertiary care hospital in the Matale district. Those who need specialized care are being treated at the specialized clinic conducted by the Hospital. Normally, one consultant consults around 15 to 25 patients per clinic. Therefore, the clinic waiting time was more than 8 months for some specialties. During this period patient will not receive proper treatment and will default.

Justification: This project was implemented to reduce clinic waiting time to offer high-quality and efficient service to patients.

Objective: To reduce clinic waiting time at DGH- Matale in order to improve the quality of health care service.

Methodology: Quality-improving tools such as fishbone analysis, SWOT analysis, and nominal group technique were used to identify the main reasons for long waiting times at the clinics. Strategies were implemented after conducting several stakeholder meetings with the responsible members of the hospital, including consultants. Performance was reviewed monthly to assess the progress.

Result: Clinic waiting time of the almost all the clinics were reduced drastically with new strategies by April 2025. As example surgical clinic reduced from 10 months to one week, Neurology 13 weeks to 4-week, Medical clinic 1 week to 3 days.

Conclusion and recommendation: High waiting time for a clinic is a big issue to patients and they are suffering from the illness for long time. It directly affects the morbidity and the outcome of the patient. It reduces the quality of health care service of the hospital. By implementing simple quality improvement activities with good inter-sectorial coordination can reduced unnecessary waiting time at clinics.

Introduction

District General Hospital (DGH) Matale is the only tertiary care hospital in Matale district. More than 600000 people are catering to this hospital to take specialist treatment. At DGH-Matale the daily out-patient department admission is around 700 to1000 and daily average hospital admission is around 200. Many patients are treated at the OPD and obtained drugs for three days. However, some patients are directly admitting the wards according to the severity of the illness. Those who do not need urgent attention but need specialized consultations are referred to the needy clinic conducted weekly. The specialist clinics conducted at the DGH. Matale are General Medical clinic, General Surgery, Pediatric, Gynecology and Obstetrics, Ear Nose and Throat (ENT), Orthopedic, Neurology, Nutrition, Oncology, Orthodontic, Endocrinology and Dermatology. The 1st visit of the patient directly consults by a specialist as red number.

Normally one consultant consults around 15 to 25 patient per clinic. However, at the time of this study, clinic waiting time was more than 8 months for some specialties. During this period patient will not receive proper treatment and deflated. Those who are economically stable, personally channel a consultant and get the treatment. But poor will suffer and may be ended with complication.

Justification

Few complaints were received from patients as well as staff regarding long waiting time at some clinics. Clinical audit was conducted by the quality management unit at DGH-Matale to see the actual situation of the clinic. The result shows many clinics are very heavy and patients are waiting in the list for more than 8 to 10 months. It showed that scheduled patients are not attending to clinic and some patients are admitted to the ward due to aggravation of disease. This badly affects the

outcome of the patient and ultimately gives a bad image to the hospital. Therefore, this quality improvement project was implemented.

Objective

To reduce clinic waiting time at DGH- Matale in order to improve the quality of health care service.

Methods

To conduct focal group discussion to identify the main causes for high waiting time.
To identify strategies to reduce waiting time of clinic patients.
To apply SWOT analysis to assess strength, weakness and threats of the organization to implement new strategies.
To implement new strategies to reduce clinic waiting time at DGH-Matale

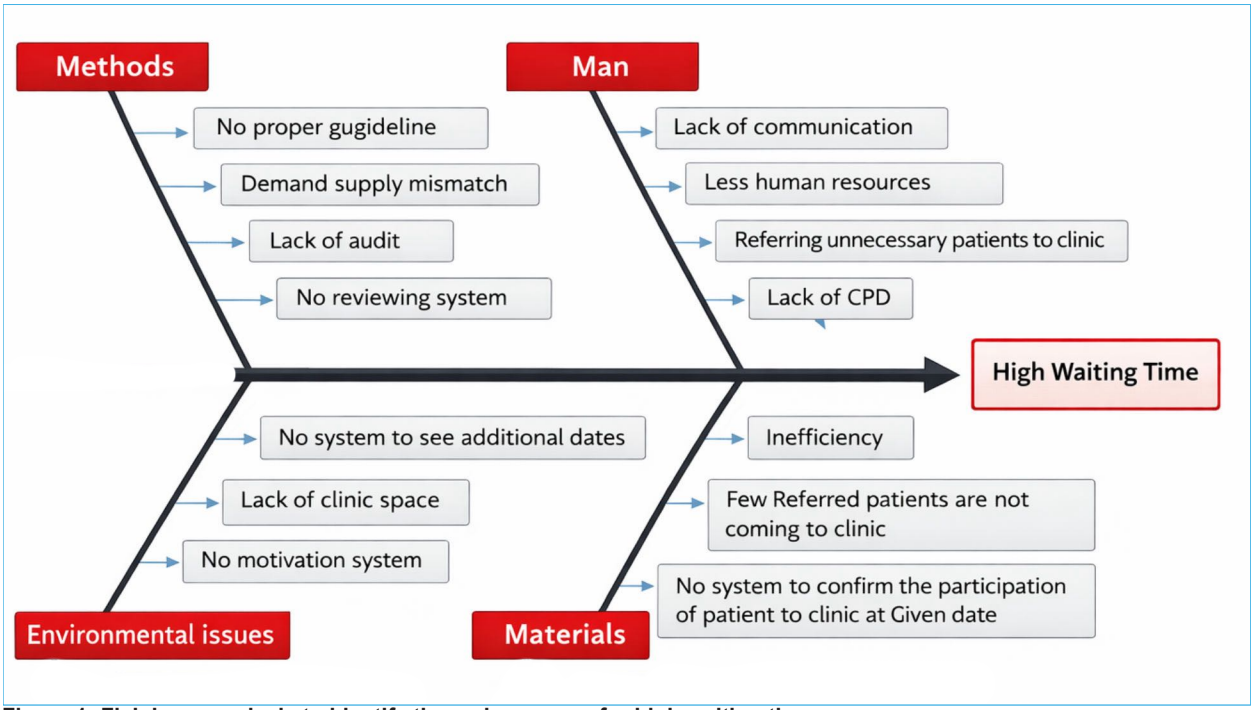

Figure 1: Fish bone analysis to identify the main reasons for high waiting time

Conduction of focal group discussion to identify the main causes.
A series of focal group discussions were conducted with all the stakeholders including clinic staff, consultants, and members of the quality unit. Fish bone tool was applied to identify all the possible reason for the issue.

According to the fishbone assessment several issues were identified as main factors for high clinic waiting time.

Human resource issues
1.Lack of human resources
2.Referring unnecessary patients due to lack of knowledge by referring staff
3.Inefficiency of staff
4.Lack of continuous professional development
5.Lack of communication among stakeholders
6.Few referred patients are not coming to clinic due to delayed dates.

Methodological Issues
1.Lack of audit system
2.Lack of reviewing system
3.No proper guidelines
4.No system to see additional patients.
5.No system to have additional date.
6.No system to confirm the participation of patient to clinic at given date

Environmental Issues
1.Lack of clinic space
2.No motivational system
3.Lack of leadership

Table 1: Applying nominal group techniques to priorities the issues

Issue	Weightage of reason for high waiting time of individual participant										Total
	A	B	C	D	E	F	G	H	I	J	
Lack of human resources	5	6	8	8	8	5	6	8	8	8	70
Referring unnecessary patients due to lack of knowledge by Referring staff	10	9	10	8	10	10	9	10	8	10	94
Inefficiency of staff	7	6	8	7	7	7	6	8	7	7	70
Lack of continuous professional development	10	9	8	9	10	10	9	8	9	10	92
Lack of communication among stakeholders	10	8	8	9	9	10	8	8	9	9	88
Few referred patients are not coming to clinic due to long dates	10	9	10	9	9	10	9	8	10	9	93
Lack of audit system	10	9	9	9	10	10	9	9	9	10	94
Lack of reviewing system	9	8	9	9	10	9	8	9	9	10	90
No proper guidelines	9	7	8	8	8	9	7	8	8	8	80
No system to see additional patients	10	9	9	9	9	10	9	9	9	9	92
No system to have additional date	10	6	5	9	9	10	6	5	9	9	78
No system to confirm the participation of patient to clinic at given date	9	9	10	9	8	9	8	9	10	9	90
Lack of clinic space	7	8	6	9	6	7	8	6	9	6	72
No motivational system	10	9	7	8	8	10	9	7	8	8	84

Table 2: Main reasons for long waiting time at clinic according to priority order

Issue	Weightage of reason for high waiting time of individual participant										Total
	A	B	C	D	E	F	G	H	I	J	
Referring unnecessary patients due to lack of knowledge by Referring staff	10	9	10	8	10	10	9	10	8	10	94
Lack of audit system	10	9	9	9	10	10	9	9	9	10	94
Few referred patients are not coming to clinic due to long dates	10	9	10	9	9	10	9	8	10	9	93
Lack of continuous professional development	10	9	8	9	10	10	9	8	9	10	92
No system to see additional patients	10	9	9	9	9	10	9	9	9	9	92
Lack of reviewing system	9	8	9	9	10	9	8	9	9	10	90
No system to confirm the participation of patient to clinic at given date	9	9	10	9	8	9	8	9	10	9	90
Lack of communication among stakeholders	10	8	8	9	9	10	8	8	9	9	88
No motivational system	10	9	7	8	8	10	9	7	8	8	84
No proper guidelines	9	7	8	8	8	9	7	8	8	8	80
No system to have additional date	10	6	5	9	9	10	6	5	9	9	78
Lack of clinic space	7	8	6	9	6	7	8	6	9	6	72
Lack of human resources	5	6	8	8	8	5	6	8	8	8	70
Inefficiency of staff	7	6	8	7	7	7	6	8	7	7	70

Strategies adapted to reduced long waiting time

All issues were discussed with the stakeholders including consultants and took following steps in the operational level to address this issue. In-charged nursing sister of the clinic was given the responsibility to implement actions to address this issue. She fully involved to face this issue and made good inter-sectoral communication and gradually implemented planned operational level activities. All consultants and quality management unit helped to initiate the project. All strategies are listed at table 3.

Table 3: Strategies taken to face the Issue

#	Strategy	Responsibility
1	Conducting awareness and knowledge updating program by all the specialties to referring OPD doctors	Quality management unit and each consultant
2	Increasing numbers of new patients at a session	Clinic sister and consultants
3	Introduction of additional dates for clinic to reduce backlog	Clinic sister and consultants
4	Confirm the participation of scheduled patient	Clinic sister
5	Improved effective communication	Director, Consultants and sister
6	Delegation of responsibilities	Director
7	Develop leadership skill and motivation of staff	Quality management unit
8	Redistribution of clinic referred patient according to the specialty	Clinic sister
9	Development of human resources	Administration
10	Confirmation of participation of patient before clinic date	Clinic sister
10	Development of infrastructure	Sister of the clinic
11	Rescheduled clinic time to increased time period	Sister and consultants
12	Categorization of patients according to disease	Sister and consultants
13	Referring to clinic directly from the OPD same day if vacancy slot	Sister and consultant

Table 4: SWOT Analysis for implementation of strategies

Strengths 1. Staff is agreed to implement new strategies 2. Positive attitude of consultants 3. Availability of quality management unit 4. Good existing clinic system 5. Administrative support 6. Availability of communication system 7. Additional time slots for additional clinic	**Weaknesses** 1. Poor leadership 2. Ineffective communication 3. Poor inter-sectorial communication 4. Poor monitoring and evaluation of progress 5. No regular auditing system 6. Poor delegation 7. Poor motivation of staff 8. No regular CPD program
Opportunities 1. Support from the ministry of Health 2. Introduction of CPD program 3. Opportunity to present progress at different stakeholder meeting	**Threats** 1. Resistance from the staff 2. Resistance from community

Results

Table 5: Clinic waiting time before and after implementation of the project

Name of Clinic	Before Implementation of Project [January 2025 (Weeks)]	After implementation of Project [April 2025 (Weeks)]
Surgical ward B	***34***	***1***
Dermatology clinic	***26***	***13***
Neurology clinic	***13***	***4***
Orthopedic clinic	***30***	***13***
Skin clinic	***19***	***13***
ENT	***17***	***5***
Gastroenterology	***16***	***4***
Breast clinic B	***8***	***4***
Gynecology clinic A	***4***	***4days***
Gynecology clinic B	***4***	***3days***
Breast clinic A	***8***	***4days***
Medical clinic A	***7 days***	***3days***
Medical clinic B	***7days***	***3days***
Endocrinology clinic	***10 days***	***5 days***

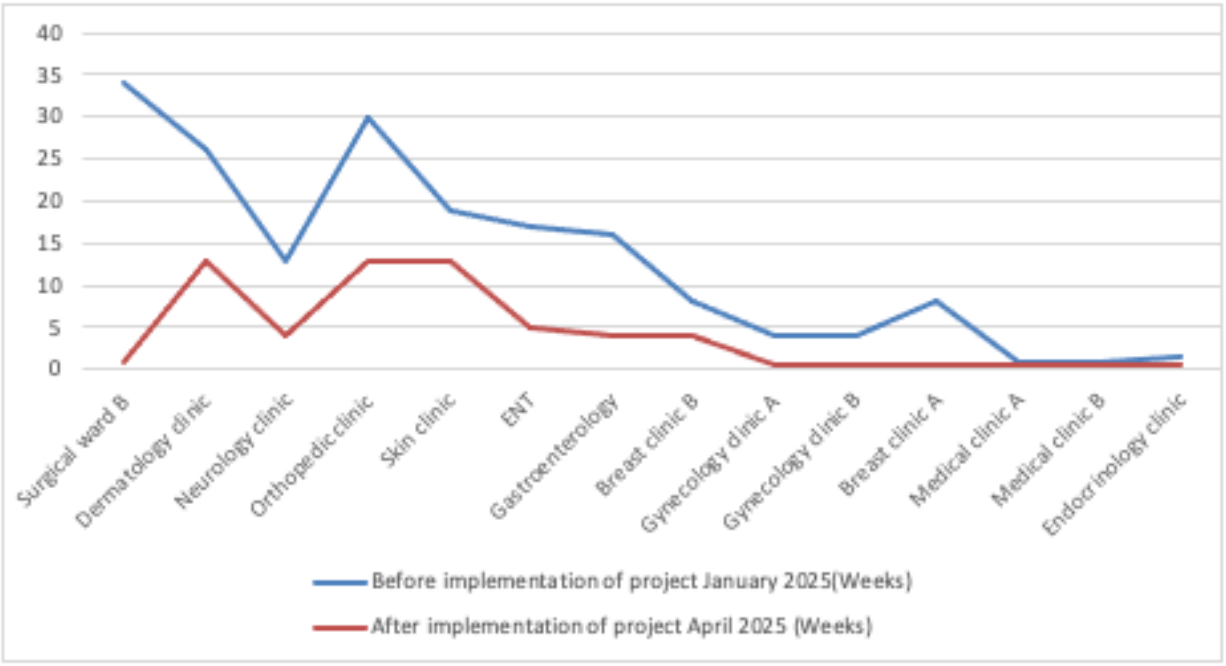

Figure 2: Graphical picture of progress of the quality improvement project

According to the results (Table 6 and 7) the quality improvement project is very successful. Surgical clinic B gained the maximum achievement and reduced waiting time from 37 week to less than one week.

Discussion

Patients were suffered due to this long waiting time for the clinics at DGH Matale. This was badly affected the image of the hospital. At early days of the project, it was very difficult to initiate due to high patients load as well as due to staff shortage. However, staff were adapted to the situation with the success of project. Staff were further motivated by the administration to maintain sustainability. Patient were very satisfied, and they could attend the clinic early and could have got best treatment from the respective consultants. This project showed that by small intervention can improve the quality of health care service in government hospitals as well.

Sustainability of the project

In order to maintain the sustainability following steps were taken

1. Conducting progress review at every consultant and management committee meeting.
2. Collecting monthly return to quality management unit on clinic waiting time.
3. Regular supervision of quality management unit at clinic.

Conclusion and recommendation

High waiting time for a clinic is a big issue to patients and they are suffering from the illness for long time. It directly affects the morbidity and the outcome of the patient. It dictates the quality of health care service of the hospital. By implementing simple quality improvement activities with good inter-sectorial coordination can reduced unnecessary waiting time at clinics.