CHAPTER-VII

OUT-PATIENT SERVICES

1. Introduction

The outpatient service is an important part of almost every hospital rendering the most important function of attending those who may not require a hospital bed. The outpatient services should reach out to the family in its home environment. With great increase in chronic diseases requiring long term care, the need for outpatient facilities is growing universally. The hospital is also a centre for education and training of medical, nursing, paramedical health workers and for biosocial research. An outpatient service department in a hospital contributes in performing the role of providing comprehensive health care, teaching and conducting researches.

Quantitative need for hospital beds has been somewhat the centre of attention while planning for further development of a hospital. A hospital may need additional

beds but proper planning of outpatient services may reduce the need for hospital beds. A good outpatient department correlated with diagnostic and other supportive services can be a potent force towards this objective of the hospital in providing comprehensive medical care to the community. Hospital beds are costly to build and maintain and therefore it is an economic waste to utilize these beds for diagnostic and therapeutic services for whom outpatient services could suffice. An outpatient department needs to be well organised and planned carefully in order to cope with this medical situation. The ambulatory patients from the community who are not acutely ill or injured are examined, investigated and treated in the outpatient situations. The acute cases who need immediate attention and cannot wait for the next outpatient clinic are attended in the casualty or emergency unit. The outpatient departments have to provide all members of a community the whole scope of services which are needed to keep them in state of good health. The main functions of this department may be renumerated as follows:

1. Care of the sick and injured.


2. Protection of community's health.

3. Education.

An outpatient who is given general or emergency diagnostic, therapeutic or preventive health services provided through a hospital's facilities can be grouped in three categories viz, general outpatient, referred outpatient and emergency outpatient.

General outpatient avails the services for conditions other than emergency conditions. A 'referred outpatient' is referred to outpatient department by his attending medical practitioner for specific diagnostic therapeutic procedures for other than an emergency condition and who will return back to the referring doctor for further follow up care. An 'emergency outpatient' requiring immediate attention for conditions determined clinically or considered by the patient or his relatives, is provided emergency care services.

There are two types of visits to outpatient department - new visit and repeat visit. In most of the government run hospitals the OPD services are rendered free of cost to all. The Outpatient Department is made up of a number of specialities. The OPD assembles in the forenoon between 9.00 am to 1.00 pm.
2. The Outpatient Department

All patients first have to go to the registration counter where a ticket is made in their name. Such registration is done either 'centrally' where patients for all specialities are registered at one place or 'peripheral' where patients are registered according to the speciality where they are seeking consultation. In Safdarjang Hospital registration for outpatients is done in peripheral registration counter attached to each speciality. Registration is done from 9.00 am. to 11.00 am. Patients are called inside for examination by the doctor who after his examination, writes down his advice and treatment on the OPD prescription card/slip which was issued to the patient from the registration counter. For those requiring investigations like blood, urine, stool etc. from laboratory or x-rays, the doctor issues separate investigation forms and directs the patients to go to the respective departments.

There are about sixteen outpatient units of different specialities run in Safdarjang Hospital. The specialities are listed below:

1. Medicine.
2. Paediatrics.
3. Dermatology.
Another type of outpatient services are provided by special clinics. These clinics are organised in the afternoon hours when the OPD building gets vacant after its forenoon working hours. The general OPD forms a referral linkage with these specialised clinics.

Each speciality according to its requirements and available facilities holds one or more special clinics where individual attention is given to patients suffering from diseases which require a long-term followup care. Thus
about forty such clinics are run to provide special care which may not be available in the busy outpatient service. In each special clinic separate records on specially designed case sheets are maintained for each patient and all patients are called by advance appointment. A list of all the clinics is given at Annexure IX.

There is another type of outpatient service provided in this hospital for referred patients from CGHS dispensaries. From all the CGHS dispensaries in south zone of Delhi, patients are referred to Safdarjung Hospital for specialist's consultation or for some special investigations. There is a separate wing where this referral outpatient service is provided. Each patient brings a prescription slip issued from his dispensary along with his CGHS card. After consultation they go back to their own dispensaries for medicine and follow up care. A clerk registers each patient's particulars and the name of the referring dispensary in a register and puts a stamp of hospital with date and registration number on a prescription slip. The specialist after examination, writes his advice and treatment on the same slip which is taken by the patient to his own CGHS dispensary doctor.
2.1 Policies, Standing Orders and Procedure

Policies and standing orders

Policies, procedures and standing orders for all outpatients including timing for registration, procedure for registration, coverage of OPD days etc, are laid down by the Hospital. These are intimated by hospital orders from time to time. But all these policies and standing orders were not found compiled in a booklet form or at one place in a register. In fact, these are not available for ready reference.

Procedure

All patients attending OPD get registered in the registration counter. Each patient is issued with an OPD ticket and he reports to the clinics for consultation. The attendant collects the prescription slip/ticket and deposits on the doctors table in examination room. The patients wait outside the examination rooms in the space provided and are called on first come first serve basis for examination by the doctors. Usually the new arrivals are examined by the senior and junior residents and referred to the specialists if required. These referred cases on their repeat visits are usually examined by the specialists or consultant. The
patient after being examined is disposed off in the following manner:

a) Minor ailments are met with prescription.
b) Advised to carry out certain investigations and to report back.
c) Referred to some other specialists.
d) Admitted and treated in the ward.

2.2 Physical Facilities

2.2.1 Location

All these OPD clinics are scattered all over the premises. These are not located at one particular corner or place within the hospital. Eye, and ENT units are located in the old buildings away from their inpatient service areas. The other OPDs are adjacent to their inpatient service areas.

2.2.2 Area

As all the OPDs are housed in a number of different set-up of buildings, it was difficult to get the total area allotted for this service. Leave aside the old buildings even in the newly constructed buildings, the space looked short and the OPDs appeared to be very congested.
2.2.3. **Reception and Enquiry**

There is no separate reception and enquiry centre exclusively for outpatients. The central enquiry office in the hospital serves this purpose. As the OPDs are scattered and registration is decentralised to each speciality, OPD patients often require this service for direction to the concerned building. A separate enquiry booth outside the central admission and enquiry office has been established for directing OPD patients.

2.2.4 **Registration**

For each OPD a registration counter is attached. A registration clerk is posted in each OPD, who enters patients' particulars in a register maintained in the OPD. The same register is used for both old and new cases. The following details are entered -

a) OPD No. which is a running serial number for new cases starting from January 1 every year till 31 December.

b) Name (only for new cases).

c) Age.

d) Sex.

Diagnosis of the patient is not entered in any OPD. The registration clerk gives a prescription slip on which
all these particulars are written and the name of the unit and date are rubber stamped.

The orthopaedics, obstetrics and burns and plastic surgery OPDs maintain more detailed records and files in the respective departments.

2.2.5 Waiting Space

For each OPD there is waiting space provided for the patients waiting to be called by the doctor for examination. Sitting arrangements with fans are provided in each waiting space. Other facilities like toilet, drinking water are inadequately provided.

2.2.6 Examination Room

There are a number of examination rooms in each OPD. For general OPD in each examination room, more than 2 to 3 medical officers attend to patients. The number of doctors examining in one room depends on the size of the room. An examination table is provided not in each examination room but only in the consultant's /specialist's room.

2.2.7 Other Physical Facilities

Depending on needs of the specialities, physical facilities for dressing, minor surgery, plastering, minor
therapeutic procedures etc. are provided in the respective OPDs. A room for nursing staff and sister incharge of the OPD is located in each OPD block.

2.2.8 **Office of Medico-social Worker**

An office room for medico-social workers is provided near the paediatrics OPD. Two social workers are appointed in the hospital. One peon is also posted in their office. A number of voluntary social guides are engaged for the purpose of directing and guiding OPD patients to various clinics and units concerned. One of them is assigned to sit in the Booth in front of the central enquiry office. Each guide is given Rs. 175/- month as honorarium. They wear identification batches.

2.2.9 **Injection Room**

There is a common injection room located at one corner of hospital near the emergency/casualty department. All the patients from all OPD clinics who are advised some injection are attended in this unit. There is a clerk who maintains a register entering all the particulars of all patients including what injection has been given. After entry of their name in this register, patients enter the unit and wait for their turn. Staff nurses are posted in this unit who give injections to all patients.
2.2.10 Pharmacy

A central pharmacy is located in one section of the hospital which dispenses medicines to all OPD patients. This single pharmacy unit caters to the patients of all the general OPD and all specialised clinics. There are eight dispensing counters in front of which patients stand in queues and present the prescription slip to the pharmacist. The pharmacist at the counter issues whatever medicines are available in the stock. Patients are expected to bring empty bottles for getting mixtures. Tablets and capsules are usually given to each patient on a piece of paper.

3. Staffing

Till very recently no single medical officer was given the charge of the administration of outpatient department. The Head of the department of a particular discipline used to take the responsibility of his or her own OPD and the unit head would look after the management of OPD on the particular day of his/her coverage. The Medical Superintendent used to be the overall administrative head of the department. At present this organisation system is changed and a Chief Medical Officer is given the administrative charge of outpatient department whereas the medical care aspect of patient is still under the head of
the unit and further under the head of the clinical department.

For these main disciplines there are three units of each to cover OPD on alternate days. The unit assigns medical officers to outpatients as per their availability in the unit.

The responsibility of nursing care management of all the outpatient is on an Assistant Nursing Superintendent who is given the charge of all the OPDs. In each OPD there is a ward sister who is assisted by a number of staff nurses. In total about 30 staff nurses including 8 part-time staff nurses are posted in OPDs. For emergency wards and casualty there are 36 staff nurses and 8 part-time staff are assigned to injection room. There are 5 ward sisters to assist the Assistant Nursing Superintendent. Group 'D' employees are posted in each OPD as on required basis. No fixed number was available.

The average number of personnel on each OPD day is presented below:

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>1</td>
</tr>
<tr>
<td>Junior specialist</td>
<td>2</td>
</tr>
<tr>
<td>General Duty Medical Officer</td>
<td>2</td>
</tr>
<tr>
<td>Senior. residents</td>
<td>4</td>
</tr>
</tbody>
</table>
4. Functions of The Outpatient Department

The hospital as part of the social organisation intended to meet the medico-social needs of a given community, has been obliged to adjust its facilities to present requirement of the society. The most outstanding event has been the new approach by which the hospital should no longer live in isolation but open its door to the community and adjust its functions to provide comprehensive care to the people.

Under this new approach, the outpatient department has become the most important element of the hospital system and eventually the emphasis has been placed on ambulatory patients, rather than on the bed ridden individual. Therefore the functions of an OPD are focused on comprehensive care needs of the people who avail the facilities of the hospital services. In order to meet the requirement of comprehensive care, the functions of an OPD are adjusted for provision of diagnostic care facilities, thereapeutic facilities, preventive and rehabilitative care facilities to all its patients. The OPD in Safdarjang
Hospital provides diagnostic, curative, preventive and rehabilitative care services to its all outpatients.

4.1 Diagnostic Function

In Safdarjang Hospital the diagnostic facilities of all types of laboratory investigations and radiology examinations are available for the outpatients. As discussed under laboratory services, there is a central collection centre for collection of blood samples from all outpatients advised for some blood test. As soon as patients are free from clinical consultation in OPD, they report to this central collection centre, if so advised. Specimens of stool and urine can also be given on the same day. Reports for routine examinations are usually ready on the same day and can be collected in the evening between 3-4 p.m. from the central collection centre. If a patient is advised radiological examination he has to report to main x-ray unit and get a registration done. For general cases, the x-ray is usually done on the same day if the patient is free from OPD well in time to reach x-ray unit for registration before 11.00 a.m. For special radiological examination, an appointment is given by a radiologist. The waiting time period for each type of special x-ray examination has been given in the section on 'Radiology Services' on page 453.
4.2 Therapeutic Care Services

The curative services are provided in outpatient department to the needy patients. Patients with minor ailments are usually dealt with a prescription and medicines are given from the Central Pharmacy as advised and disposed off. Major and complicated cases are treated as per requirements and are asked to come back with the same prescription slip for follow-up care. In case, such cases need continuous and constant observation or surgical interaction then they are admitted in the wards of that unit. Patients needing special attention for some specific care are referred to special clinics conducted by the same unit.

4.3 Preventive Activities

Paediatricians especially were the first to develop the comprehensive health care clinic for both healthy and sick children and it has been on this basis that the new approach of social paediatrics has been developed. The campaign against tuberculosis is another outstanding example of the integration of preventive and curative services. The following preventive services are provided by the OPD:

(1) Well Baby Clinics and Obstetric Consultants

Paediatricians have long since realized that the best
way to keep children in good health is to practice periodic examination and take advantage of these opportunities to educate the mother in health and nutrition. Keeping this in view, the well baby clinics are conducted in the paediatric OPD on every Tuesday from 1.30 p.m. Antenatal and postnatal clinics for providing obstetrics consultation to the mothers are conducted daily in Obstetrics and Gynaecology OPD. The aim of these clinics is mainly of preventing any complication in the mother as well as the baby. For every expectant mother, during registration after 16 weeks of pregnancy, a special record card is prepared, which is used for monitoring the condition of the mother and the foetus. Regular check up is done for each mother as required. Mothers, whose deliveries are conducted in the hospital are advised to report to postnatal clinic after they are discharged. Follow-up care to these mothers is provided in the post natal clinic.

(2) **Immunization programme**

Immunization programme as part of the family welfare programme is implemented in the hospital. This unit is given place in paediatric OPD for the convenience of the patients. Immunization for the children and expectant mothers is done. Vaccines are provided by Delhi Administration. The immunization schedule followed is given at Annexure X.
(3) Medical Termination of Pregnancy (MTP)

The MTP act was enacted in 1971 as a health measure to protect health of women by preventing various morbidity problems and death among women as a result of illegal abortions performed by untrained persons in unhygienic conditions. The Obstetrics and gynaecology OPD identifies cases which need MTP to be done and perform the operations for those who are in the fit conditions. This is also performed as a part of the family welfare programme.

(4) Detection of Chronic Diseases

Early detection of chronic diseases helps in treatment of the disease effectively, as well as it prevents development of further complication. These cases are diagnosed and are referred to the special clinics for individual attention and special treatment. Patients who require special therapeutic diet like cases of diabetes-mellitus, hypertension, renal disorder etc. are referred to the dietician for dietetic advice. These patients are also given a diet chart prepared by a dietician according to their requirements.

(5) Psychiatric Disorders

A great deal of work of early detection and treatment of psychiatric cases can be done in the hospital outpatient
department more easily than in specialised mental health clinics where patients refuse to go. The OPD in Safdarjung Hospital runs an outpatient clinic for detection and treatment of psychiatric disorders.

(6) Health Education of the Public

Hospitals attract a large number of people as people have developed more confidence in hospitals over the past years. A group of people is very easily available within the outpatient clinics. When these people visit hospitals as patients or as attendants they listen more carefully and conceive the knowledge better, especially when it is given by one of the hospital staff. As they have more confidence in hospital staff the impact of the health education would become more effective. The Safdarjang Hospital has adopted the principle of providing comprehensive care and accepted the philosophy of 'Prevention is better than Cure' and 'Health education' as most important elements for improving the present status of awareness of people. The Safdarjang Hospital provides health education to patients as well as to

5. Bravo A.L., Preventive Activities of the Outpatient Department, A memograph paper used for Hospital Administration Course. NTHFW, 1978, p.4.

6. Mittra Pratima, Orientation of Hospital Operation to Primary health care, A memograph material used for Hospital Administration Course. NTHFW, 1988, p.6.
their attendants through the medical nursing and other staff.

(7) Support to Referral Systems

A network of health care delivery system covering the whole country through Village Health Guides, sub-centre, primary health centres, community health centres and a large number of hospitals of various sizes and types, has been developed in the country. To avail the facilities of specialised medical care services of a large teaching hospital people from the peripheral areas should move on to intermediate and higher level of institutions through primary level. Such a system of movement of patients from one level to another is more commonly called a referral service system. A hospital should support this referral system by accepting referred cases even if they are referred by a village health guide or traditional birth attendant. In Safdarjung Hospital OPD there is a CGHS wing which functions only for the referred cases from CGHS dispensaries.

4.4 Rehabilitative Care Activities

Comprehensive health care concept is not a new idea in the country. This term was first used by the Bhore

Committee in 1946. By comprehensive services, the Bhore Committee meant 'provision of integrated preventive, curative and promotional health services from womb to tomb' to every individual residing in a defined geographic area. In the past the hospitals were organised to provide only curative care which has changed and along with the various preventive care services, rehabilitative services are also included. There is a separate rehabilitation centre established in the Safdarjang Hospital which provides strong support to the orthopaedic outpatients and patients referred from other outpatient clinics. The team working in the rehabilitation centre goes to villages for follow up care of the physically handicapped patients, registered in the hospital. Besides this, in every outpatient clinic, the idea of restorative and promotive care is always kept in mind, while providing curative and preventive care to the patients.

5. Workload of Outpatient Department

The workload of OPD in Safdarjang Hospital has been studied from the records available in the medical records department. The data for last five years was collected to examine the pattern of increase in the attendance in different outpatient clinics in the hospital. The total

The number of new cases as well as old cases who attended the OPD for the last five years is given in the Table No. 33.

Table 33
Total Number Of Attendance In The OPD During Last Five Years

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<tbody>
<tr>
<td>New Cases</td>
<td>5,55,838</td>
<td>5,76,821</td>
<td>5,63,098</td>
<td>5,82,896</td>
<td>5,25,108</td>
</tr>
<tr>
<td>Old Cases</td>
<td>5,33,275</td>
<td>5,50,409</td>
<td>5,19,558</td>
<td>5,58,153</td>
<td>4,48,395</td>
</tr>
<tr>
<td>Total</td>
<td>11,09,113</td>
<td>11,27,230</td>
<td>10,82,656</td>
<td>11,41,049</td>
<td>9,73,503</td>
</tr>
</tbody>
</table>

The new cases included the patients reported to casualty also. No steady increase in the attendance is apparent in the graphical presentation of the new, old and total attendance of OPD cases (given in Fig. 14). The total attendance in the special clinics for the last five years has also been studied. In special clinics also, no steady increase in the attendance has been found. These data are given in the Table No. 34.

Table 34
Total Attendance in Special Clinics During Last Five Years

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<tbody>
<tr>
<td>New Cases</td>
<td>47,404</td>
<td>49,164</td>
<td>44,918</td>
<td>45,411</td>
<td>42,520</td>
</tr>
<tr>
<td>Old Cases</td>
<td>87,690</td>
<td>83,534</td>
<td>1,07,200</td>
<td>1,14,252</td>
<td>1,04,941</td>
</tr>
<tr>
<td>Total</td>
<td>1,35,094</td>
<td>1,32,698</td>
<td>1,52,118</td>
<td>1,59,693</td>
<td>1,47,461</td>
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</tbody>
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### OPD ATTENDANCE
### OLD, NEW, AND TOTAL FOR 1985 TO 1989

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<tbody>
<tr>
<td>Total</td>
<td>1089.113</td>
<td>1127.23</td>
<td>1082.656</td>
<td>1141.049</td>
<td>973.503</td>
</tr>
<tr>
<td>New Cases</td>
<td>555.838</td>
<td>576.821</td>
<td>563.098</td>
<td>582.896</td>
<td>525.108</td>
</tr>
<tr>
<td>Old Cases</td>
<td>533.275</td>
<td>550.409</td>
<td>519.558</td>
<td>558.153</td>
<td>448.395</td>
</tr>
</tbody>
</table>

**Thousands**

**Legend:**
- **Old Cases**
- **New Cases**
- **Total**
The daily average of attendance in the OPD has been used as one of the indicator for analysing the workload of the OPD in this hospital. This data for last five years has been collected and given in Table.35.

**Table 35**

<table>
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<tbody>
<tr>
<td>New Cases</td>
<td>3,722</td>
<td>3,783</td>
<td>7,658</td>
<td>3,778</td>
<td>3,256</td>
</tr>
<tr>
<td>Old Cases</td>
<td>453</td>
<td>445</td>
<td>514</td>
<td>529</td>
<td>493</td>
</tr>
</tbody>
</table>

This indicator also shows no increase in the OPD attendance. In fact, in last year this attendance in both general OPD and special clinics declined. Probable reason for this could be that number of non-working days for OPD increased due to some reasons. Strike called by different categories of hospital staff including medical and nursing professional could be another reason. However, specific information in this regard was not available anywhere.

6. Case Study

**Woes of outstation outpatients**

The hospital services are utilised not only by the residents of Delhi but also by people living in neighbouring
states. All people specially the poor ones who come from far flung places have to undergo the ordeal of finding a place to stay during their treatment at outpatient department. This is necessitated by the fact that treatments often require involvement of a series of investigations, examinations, therapeutic procedures etc. Their poor economic status does not allow even to rent a room at the cheapest hotel or Dharamshala. Having run out of options many have to settle for a not so habitable place like the hospital corridor or even under a tree.

It is also impractical for the hospital authorities to admit all such people due to lack of beds and the obvious reasons of non-criticality of the conditions of the patients.

The above problem is amply highlighted by the case of Hazra Biwi who came from as far as Moradabad for getting herself treated for cancer.

Sitting crushed under the tree in the campus of Safdarjang hospital oblivious of hundreds around, who are either patients or accompanying relations friends and attendants is Hajra Biwi. This skinny, suit clad lady is a resident of Moradabad and is aged about 55 years.

She belongs to a low income group family. Her husband
works as a labourer and their family includes two sons and two daughters. One son and one daughter are married. She and her husband have left the children at home for her treatment at Safdarjang hospital.

She is suffering from cancer of cervix. Her diagnosis at Safdarjang Hospital was preceded by 7-8 months of pain endured under the treatment of a private practitioner and disturbing sensation of development of a lump in the vagina. Though the problem had persisted over a couple of years, she had been casual and careless about it and had not taken any specific treatment for it. She associated the problem entirely with her menopause. After a series of tests including biopsy by the private practitioner at Moradabad, she was referred to Safdarjang Hospital with confirmed cancer of cervix due to lack of radiotherapy facilities in the city.

Provisional diagnosis at this hospital was made on 7th May 90 where Brufen tablets and gyane-cap were recommended to her. These were purchased by them from the market as they were not available with the pharmacy.

This was followed by several lengthy investigations which had already been conducted by private practitioner at Moradabad. The repetition further delayed the final
diagnosis and confirmation that she suffered from the cancer of cervix in third stage. She was then referred to the radiotherapy unit for treatment.

During this period she and her husband decided to stay under a tree within the campus of the hospital, in absence of a feasible alternative. The situation was further complicated by their financial constraint which forced them to put up with the circumstances. It was not only difficult for them to travel back and forth for treatment from Moradabad, but even shifting to another place like a cheap hotel or dharamshala would have incurred expense which they were not be able to meet.

Though Hazara Biwi would have preferred to be admitted in the hospital, the authorities had not been able to accommodate her due to shortage of beds. According to Hazara Biwi no alternative place like a dharamshala was suggested to them by the hospital authorities. The attitude of the hospital staff had been impersonal towards their stay arrangements.

Bearing with the pain, anxiety and trauma of suffering from this disease Hazara Biwi put up with the constraints of living in the open air under the shadow of a tree. They had to make do with the food being sold by vendors outside the hospital. The baths and toilets constructed along the road
were used by them. Hazara Biwi preferred to use them either late at night when there were fewer people or she managed to wash the clothes and have her bath from a tap within the campus during late hours of the night.

She had visited her place at Moradabad only once since her treatment started at this hospital. Since the next consultation was scheduled they then had returned to the hospital a day in advance.

She is continuing with her treatment and has no idea about the duration of her treatment. On each visit she is told the next date for visit to radiotherapy unit and thus she still under the tree, her husband by her side, awaits the final verdict.

Many more like Hazra Biwi are tormented by the compromise to be made for getting the treatment from the hospital.

7. Conclusions

After a detailed study of the problems faced by the patients in the outpatients department in the Safdarjang Hospital, it is concluded that:
Congestion and Overcrowding

It was observed that during the working hours of the OPD which was generally from 9.00 a.m. to 1.00 p.m. the flow of patients during this period is not even. Registration is supposed to start a 9.00 a.m. and continues till 11.30 a.m. It was found that most of the patients would report between 8.30 a.m. to 10.30 a.m. which may be labelled as "the peak hours". This results in a great deal of congestion inside the premises particularly during 'peak hours' and entails a long waiting time for the patients. The space even in the newly build OPDs like surgical OPD, orthopaedic OPD, is not enough to cope up with the one time rush. In the OPDs which are still being conducted in the old building like medical OPD, Eye, ENT, Dermatology, etc., this creates a lot of congestion and confusion.

The number of doctors in the OPD also falls short of actual requirement particularly during the peak hours. The unit doctors who are to take care of OPD on a particular day first go to the wards to check that everything is under control before they start OPD clinics. Mostly they get stuck in the wards and thus get late to start examinations of outpatients, which results into short and quick examination of outpatients in the clinics. Under these circumstances, it is needless to say that the patients are not examined and
diagnosed properly. This also leads to dissatisfaction of the patients.

Reception and Enquiry

The clientele of the Safdarjang Hospital represents not only a cross section of the population of the city, but also from the adjoining States, while some of them attending the OPD are educated and intelligent, the large majority is not enlightened. In the absence of adequate guides and helpers, it is difficult for them to reach the correct OPD and other departments for investigations as required. Because of disciplinewise decentralisations of OPD registration in this particular hospital, the requirement of inquiry and guidance services is felt more. Due to inadequate availability of this service, the patients helplessly crowd the OPDs or roam around here and there adding to the congestion already present. Often enough dissatisfaction arises out of such confusion.

Facilities for Investigations

These facilities are also limited in timing and scope. Patients have to visit the hospital a number of times for getting the prescribed investigations done. This is because of insufficient time given for registration and collection of specimen. By the time a patient is free from this
clinical consultation with the doctor, he gets late for registration in laboratory and x-ray department and for giving specimen. Only a limited number of patients, who get their consultations over in the early hours can avail these services on the same day. This is another reason for all the patients crowding during the period between 8.30 a.m. to 10.00 a.m. leading to the 'peak hours'.

Many investigations are done by special appointments. For special radiology investigations the waiting period may be from two to three months. The delay in investigations comes in the way of timely diagnosis and treatment leaving enough scope for development of further complications. Many poor patients are forced to go to private clinics for getting these investigations done on heavy payment which they can hardly afford. This is creating frustration leading to dissatisfaction of the patients.

Pharmacy Services

The single central pharmacy located in one section of the hospital, caters to the patients of the general OPD and all special clinics. The number of dispensing centres is far short of actual requirement resulting in long queues. As it is located at one end, some patients, particularly from orthopaedics OPD burns and plastic surgery OPD, dermatology OPD, surgical OPD have to walk a long distance to reach the
pharmacy. Even though they form the 'ambulatory' group of patients but often due to their condition this sort of long walk within the premises is not conducive for availing various services.

The number of medicines supplied from the OPD pharmacy seems to be quite adequate. But these are not always available. These are either stocked in insufficient quantities or are not in stock for long time forcing patients to purchase from the open market. The medicine counter in the Superbazar within the premises was found always crowded with outpatients or with relatives of both inpatients as well as outpatients requiring some medicines or material. Many times, patients have to wait in long queues as the pharmacist can only look into his prescription slip when their turn comes. This leads to tremendous amount of frustration and dissatisfaction of the patients visiting the hospital.

Even the system of dispensing medicines was found dissatisfactory. Very often tablets and capsules are given either on plain piece of paper or on the prescription slip. All these get mixed and patients are expected to find themselves the right medicine for the right time. This creates problems for illiterate patients. There is a danger
of wrong medication arising out of such an improper dispensing system.

For mixtures, patients are asked to bring bottles which they are compelled to purchase from the roadside bottle sellers. It is left to one's imagination that how far these bottles are fit to be used for medication purposes. Many a time, patients are asked to get bottles only when their turn in the long queue comes, leading them to frantically hunt for bottles. Who will not get dissatisfied out of such a situation.

Availability of wheel chairs and trollies

Even though in general, the term 'ambulatory patients' is used for outpatients, not all outpatients are actually ambulatory. Some of them need assistance of either a wheel chair or a trolley for their movement. These equipments were not adequately found for outpatients resulting in patients being carried on the back of their relatives/companions. It is obviously neither a pleasant scene nor comfortable for the patient.

Documentation

In the OPD register, only the patients particulars, identification data are entered. Diagnosis is not entered anywhere. This sort of documentation does not help in
morbidity survey in the hospital.

Lack of Support to Referral System in General OPD

The concept of referral system is not practiced in general OPD. There is no system of giving preferential treatment to referred cases over the self referred or non-referred cases. The referred cases also have to stand in the common queue for registration and wait with other cases for consultation. No system for identifying the referred cases has been developed and they are treated as any other patient and again screened by junior medical officers and then seen by specialists. These patients have to spend equal amount of time for registration, consultation, investigation and medicine as any other non-referred patient does. This lack of special arrangement for referred cases does not encourage people to come via primary or intermediate level of care institutions and therefore they bypass and come straight to such a specialised hospital.

In addition to all these above mentioned problems, the outpatients coming from outstation face a great deal of problems for staying in the city during their treatment. The poor people cannot afford to go to a hotel and thereby settle in some place within the hospital campus. This is not only uncomfortable for the patients but also creates a number of problems for the hospital administrator.
Therefore, it is suggested that a number of Dhramshalas to be started and various voluntary organisations should be invited to initiate such an act.