

# A Study on the Role of OPD in Reducing Patient Load in Inpatient Departments

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## Chapter 1 Profile of the Hospital

### 1.1 Introduction

Sharanya Multi-Specialty Hospital is a modern healthcare institution known for its commitment to quality medical services and patient-centered care. With advanced technology and skilled professionals, it provides a wide range of treatments in departments such as cardiology, neurology, orthopaedics, paediatrics, oncology, genecology and emergency services.

Each unit is staffed with experienced doctors, nurses, and support staff dedicated to personalized care and improved patient outcomes. The hospital also features advanced diagnostic tools, surgical suites, and intensive care facilities for complex medical cases and emergencies.

Sharanya Multi-Specialty Hospital prioritizes ethical practices, patient comfort, and a healing environment. Whether for routine consultations or major procedures, it is a trusted name in healthcare excellence.

### 1.2 About the Hospital Director

Dr. Soumendra Saha Sikdar, Director of Sharanya Multi-Specialty Hospital, is widely recognized in Burdwan for his expertise in genecology and obstetrics. His skilled hands and calm leadership have led to many successful surgeries, even in complex and high-risk cases. Under his guidance, the hospital has earned the trust of countless families.

Known for his dedication, compassion, and consistent excellence, Dr. Saha Sikdar has played a key role in shaping Sharanya into a symbol of quality care for mothers and newborns.

### 1.3 Overview

Sharanya Multi-Specialty Hospital is a trusted healthcare institution located in Burdwan, committed to delivering high-quality medical services across multiple specialties. With a focus on patient-centric care, the hospital combines advanced medical technology with a team of experienced healthcare professionals.

The hospital offers a wide range of services, including cardiology, orthopaedics, neurology, paediatrics', oncology, genecology, and emergency care. It is equipped with modern diagnostic tools, surgical suites, and intensive care units to manage both routine and critical cases effectively.

Under the leadership of Dr. Soumendra Saha Sikdar, the hospital has built a reputation for excellence, especially in the fields of genecology and obstetrics. His compassionate approach and successful surgical outcomes have earned the trust of the local community.

Sharanya Multi-Specialty Hospital stands as a symbol of ethical medical practice, comfort, and care—making it a preferred choice for patients and families in the region.

#### Our core value

- Patient-Centric Care
- Medical Excellence

- Ethical Practice
- Community Trust
- Comprehensive Care

### Vision

We, the employees, physicians of The Sharanya Multispeciality Hospital, are committed to providing each patient with the world-class care, exceptional service and compassion that we would want for our loved ones. We hold ourselves accountable to high standards that are observable, measurable and apply to all departments and each and every role across our hospital.

### Mission

It is one of the best-known medical care institutions in the Burdwan district. It has state-of-the-art equipment and technologically advanced medical gadgets. The hospital has highly qualified doctors, nurses and paramedical staff offer professional and dedicated medical service at reasonable prices. This hospital has decided to bring in world-class medical expertise in the eastern part of the country through this well-equipped multispecialty healthcare centre with primary objective of quality, transparency and patient safety.

### Quality Policy

We value quality and strive for excellence in everything that we do, working together as a team to deliver services exceeding expectations. A multi-disciplinary committee of physicians, nurses, administrators and board members continuously monitor the quality of care.

### Slogan

“Making a family smile”

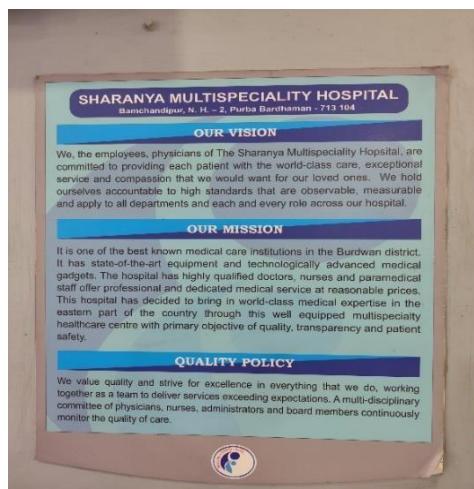


Figure 1 - Vision, Misson, Policy

Source – By Author

### Patient & Patient's Family Right

- **Special Preference, spiritual and cultural need:** Any special preference in food habit, religious culture/custom etc will be followed as per clinical need and importance.
- **Respectful Treatment, Personal dignity & Privacy:** The right to considerate and respectful care, with due recognition of personal dignity
- **Physical abuse and neglect:** Special protection will be provided to elderly patient, child and female patient.

- **Confidentiality:** Details concerning patient's medical care, including examination, investigation and treatment are confidential. Patient's personal identity and information are shared, if the hospital obtains consent from the patient or relative.
- **Preferences:** Right to information from the doctor to provide the patient with treatment options, so that the patient can select what works best for him/her.
- **Informed Consent:** Informed consent will be taken before anaesthesia, blood and blood product transfusions and any invasive/high risk procedures/treatment. Informed consent will also be taken before any research project is initiated.
- **How to raise complaint:** Patient has the right to report any grievances to IPD & OPD In-charge who in turn will inform the related department to take strict and immediate action wherever possible. Patient's family members have the right to give written complaints by filling up our suggestion form available at each floor.
- **Cost of Medical care:** The patient and patient's relatives are being ensured that he or she understands the purpose and the cost of any proposed investigation or treatment before accepting it. Patient may obtain a copy of the hospital payment rates, schedule of charges and an itemized bill on request as well as an explanation of all charges from our help desk.
- **Access to Medical Records:** Patient's medical and financial records shall not be released to anyone outside the hospital without patient and/or patient relative's approval, unless patient is transferred to another hospital.
- . **Information on plan of care, progress, information on patient's healthcare needs:** Patient and their family are informed about the plan of care by the financial counsellor at the time of admission. The progress of the patient is informed by the RMO/Primary consultant in visiting hours and also information on patient's healthcare needs is communicated to the patient/ patient's relative as and when required.

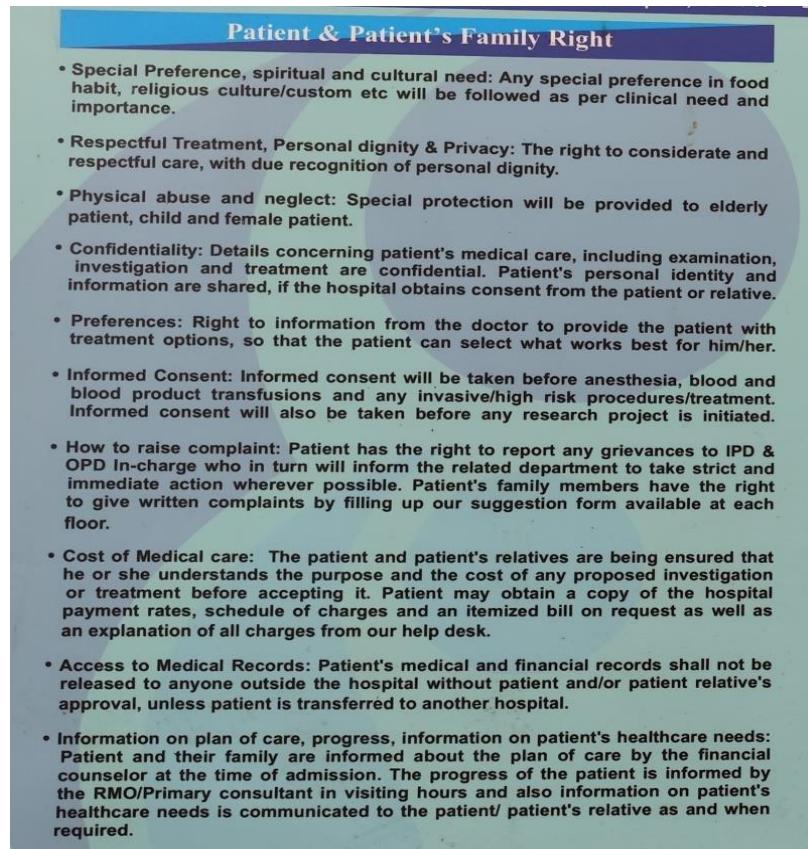
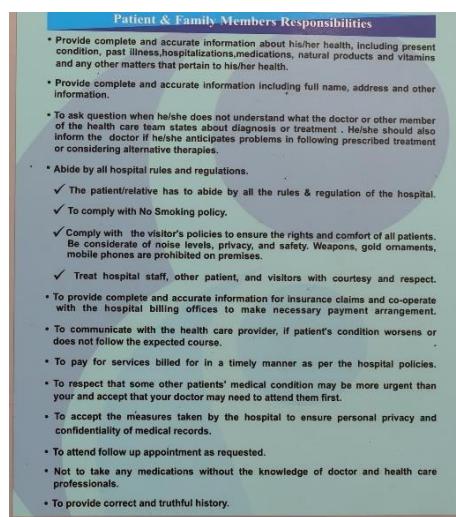


Figure 2 - Patient and Patients Family Rights

Source – By Author

## Patient & Family Members Responsibilities

- Provide complete and accurate information about his/her health, including present condition, past illness, hospitalizations, medications, natural products and vitamins and any other matters that pertain to his/her health.
- Provide complete and accurate information including full name, address and other information.
- To ask question when he/she does not understand what the doctor or other member of the health care team states about diagnosis or treatment. He/she should also inform the doctor if he/she anticipates problems in following prescribed treatment or considering alternative therapies.
- Abide by all hospital rules and regulations.
- ✓ The patient/relative has to abide by all the rules & regulation of the hospital.
- ✓ To comply with No Smoking policy.
- ✓ Comply with the visitor's policies to ensure the rights and comfort of all patients. Be considerate of noise levels, privacy, and safety. Weapons, gold ornaments, mobile phones are prohibited on premises.
- Treat hospital staff, other patient, and visitors with courtesy and respect.
- To provide complete and accurate information for insurance claims and co- operate with the hospital billing offices to make necessary payment arrangement.
- To communicate with the health care provider, if patient's condition worsens or does not follow the expected course.
- To pay for services billed for in a timely manner as per the hospital policies
- To respect that some other patients' medical condition may be more urgent than your and accept that your doctor may need to attend them first.
- To accept the measures taken by the hospital to ensure personal privacy and confidentiality of medical records.
- To attend follow up appointment as requested.
- Not to take any medications without the knowledge of doctor and health care professionals.
- To provide correct and truthful history.



Source – By Author

Figure 3 - Patient & Family Members Responsibilities

**Floor Details**

**Old Building**

<b>GROUND FLOOR</b>	<ul style="list-style-type: none"><li>• Emergency &amp; Trauma Care</li><li>• Emergency (101 – 105)</li><li>• Health Chek up Room</li><li>• Pathology</li><li>• Biochemistry</li><li>• Microbiology</li><li>• X-Ray</li><li>• CT scan</li><li>• Dialysis (D1 – D8)</li><li>• Seminar Room</li><li>• Emergency Information Desk</li><li>• Admission &amp; Swasthya Sathi</li><li>• Accounts</li><li>• HR Department</li></ul>
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<b>FIRST FLOOR</b>	<ul style="list-style-type: none"><li>• Reception</li><li>• Chief Operative Officer</li><li>• Cash Counter</li><li>• PRO Desk</li><li>• TPA Desk</li><li>• Temple</li><li>• Report Delivery Desk</li><li>• Pharmacy</li><li>• Directors Room</li><li>• Dietician Room</li><li>• OPD (1-6)</li><li>• Tele Caller Desk</li><li>• Counselling Room</li><li>• Phlebotomy Room</li><li>• USG Room</li><li>• Toilet</li></ul>
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<b>SECOND FLOOR</b>	<ul style="list-style-type: none"> <li>• OT (1-4)</li> <li>• NICU</li> <li>• CSSD</li> <li>• Labour Room</li> <li>• Doctors Rest Area</li> <li>• Patient Waiting Area</li> <li>• Recovery Area</li> <li>• Changing Area (M/F)</li> <li>• Counselling Area</li> </ul>
<b>THIRD FLOOR</b>	<ul style="list-style-type: none"> <li>• Nursing Station</li> <li>• Post Partum Ward</li> <li>• Suite Room (1-3)</li> <li>• Post Surgical Ward</li> <li>• Cubicle Room</li> <li>• Training Area</li> <li>• Discharge Section</li> <li>• Nursing Supervisor</li> </ul>
<b>FOURTH FLOOR</b>	<ul style="list-style-type: none"> <li>• Nursing Station</li> <li>• Suite Room (1-3)</li> <li>• Cubicle Room</li> <li>• General Ward</li> <li>• Paediatric Ward</li> <li>• Procedure Room</li> </ul>
<b>FIFTH FLOOR</b>	<ul style="list-style-type: none"> <li>• ICCU</li> <li>• HDU</li> <li>• Cubicle</li> <li>• IVF Complex</li> <li>• ICCU Cabin</li> <li>• VIP Cabin</li> <li>• ECHO &amp; Counselling Room</li> </ul>
<b>SIXTH FLOOR</b>	<ul style="list-style-type: none"> <li>• Server Room</li> <li>• Doctors Room</li> <li>• Medical Record Department</li> </ul>

Table 1 – Floor Details

New Building

<b>GROUND FLOOR</b>	• Canteen • Changing Room • Laundry
<b>FIRST FLOOR</b>	• CT • MRI • Reception • Back Office • Emergency • Pharmacy • Report Delivery Desk • Toilet
<b>SECOND FLOOR</b>	• ECO • ECG • OPD • Dialysis • GM Room • Toilet
<b>THIRD FLOOR</b>	• LAB • OPD
<b>FOURTH FLOOR</b>	• MICU • HDU • RICU
<b>FIFTH FLOOR</b>	• CCU • Cath Lab

Table 2 – Floor Details

#### 1.4 Summary

Sharanya Multi-Specialty Hospital is a modern healthcare institution known for its dedication to high-quality medical services and patient-centered care. With a vision to provide comprehensive healthcare under one roof, it has earned a strong reputation for excellence, combining advanced technology with the expertise of highly skilled professionals. The hospital focuses on both clinical precision and compassionate treatment, ensuring that patients receive the best possible outcomes in a supportive environment. The hospital offers a wide range of medical services across key departments such as cardiology, neurology, orthopaedics', paediatrics, oncology, gynaecology, and emergency care. Each department is led by experienced doctors and supported by well-trained nurses and staff who work together to deliver accurate diagnoses, effective treatments, and personalized care.

Whether patients come for routine check-ups or critical procedures, the hospital ensures consistency in quality and attention to individual needs. Sharanya Multi-Specialty Hospital is equipped with advanced diagnostic facilities, modern imaging systems, and state-of-the-art laboratories, all of which allow for timely and precise detection of health issues. The hospital also houses advanced surgical suites and intensive care units capable of handling complex cases and emergencies, with round-the-clock monitoring and life-support systems. By integrating technology with medical expertise, the hospital significantly improves recovery rates and reduces risks for its patients. Beyond its infrastructure, what distinguishes the hospital is its patient-first approach. The medical teams are trained to provide not only clinical treatment but also emotional support, ensuring that patients and families feel respected and informed at every stage. Transparent communication, personalized treatment plans, and attention to comfort help create a healing environment that goes beyond conventional care. Ethics and integrity form the foundation of the hospital's philosophy. Every decision is guided by fairness, responsibility, and a commitment to patient welfare. Safety measures, strict hygiene protocols, and infection control standards are consistently maintained, further strengthening its reliability. At the same time, the hospital places emphasis on creating a welcoming and stress-free atmosphere, with well-designed spaces and supportive services that ease the patient experience. In essence, Sharanya Multi-Specialty Hospital represents a perfect balance of advanced medical science, compassion, and ethical practice. It has become a trusted destination for families seeking dependable healthcare, whether for preventive consultations or life-saving interventions.

Through its dedication to quality, transparency, and patient well-being, the hospital continues to uphold its reputation as a leader in modern healthcare and a name synonymous with trust and healing.

### Chapter 2 Introduction to the Study

#### 2.1 Introduction

##### OPD and IPD In Healthcare

Hospitals have always been the central pillars of healthcare services in every society. From the smallest primary health centres in rural areas to the most advanced multi-specialty hospitals in cities, the goal remains the same: to provide effective, timely, and affordable medical care to the population. However, the way in which patients are managed within a hospital has changed over the years. The distinction between outpatient services and inpatient services has become increasingly important, particularly in the context of patient load management.

The **Outpatient Department (OPD)** is considered the face of the hospital because it is usually the first point of contact for patients. It provides consultations, minor procedures, diagnostic services, preventive healthcare advice, and follow-up treatments without the need for overnight admission. On the other hand, the **Inpatient Department (IPD)** caters to those patients who require hospitalization for surgeries, long-term care, or constant medical observation. In many Indian hospitals, the inpatient department becomes overcrowded due to the high demand for healthcare services, limited resources, and shortage of beds. This overcrowding often leads to patient dissatisfaction, longer waiting times, stress on healthcare workers, and reduced quality of care.

During my internship at Dr. Soumendra Saha Sikhdar Sharanya Multi-Specialty Hospital, which lasted from 16th June to 16th August, I closely observed how OPD services were organized and how they played a crucial role in reducing the unnecessary patient load on inpatient departments. The hospital caters to a wide range of medical specialities such as general medicine, paediatrics, orthopaedics, gynaecology, ENT, ophthalmology, and emergency care. The OPD acts as a filter where doctors examine patients, provide treatment, and only refer those who truly need hospitalization to the IPD. This systematic

management helps the hospital run smoothly and ensures that critical patients receive timely care in the IPD without avoidable delays.

## 2.2 Background of the Study

The study of OPD's role in reducing inpatient load is not just a theoretical exercise but a very practical concern for modern hospitals. In India, the healthcare system is divided into multiple tiers – primary, secondary, and tertiary care. Primary healthcare centres and local clinics deal with basic cases, but multi-speciality hospitals like Sharanya usually receive patients from all levels. Many patients prefer visiting hospitals directly instead of first consulting a local doctor. This puts immense pressure on the inpatient facilities of hospitals, as patients expect admission even for conditions that can be treated on an outpatient basis.

The OPD thus acts as a gateway of healthcare delivery. It is here that the initial diagnosis, screening, and decision-making happen. Patients receive consultations, undergo diagnostic investigations like X-rays, blood tests, and ultrasound scans, and are given prescriptions or follow-up dates. Only a fraction of patients is admitted to the IPD after thorough evaluation. By this system, hospitals avoid unnecessary occupancy of inpatient beds.

During my internship, I noted that Sharanya Multi-Speciality Hospital's OPD handled hundreds of patients daily. Each speciality had its own consultation room, with timings well-coordinated to reduce waiting times. Patients suffering from minor ailments like viral fever, seasonal flu, skin infections, or minor injuries were treated in OPD itself. Only those requiring surgeries, advanced observation, or intensive therapy were referred to IPD. For example, a patient with suspected appendicitis first visited the general surgery OPD, underwent basic investigations, and was admitted to IPD only after confirmation. In another case, patients with hypertension and diabetes were managed with medication and counselling in OPD, avoiding unnecessary hospital stays.

## 2.3 Importance of the Study

The study is significant for several reasons. First, it highlights how OPD contributes to reducing overcrowding in hospitals. Overcrowding in IPD is not just an inconvenience but also a serious public health concern. Patients lying in corridors or waiting for long hours for beds are common scenes in Indian hospitals. This situation can be prevented if OPDs function effectively as the first line of care.

Secondly, the study emphasizes cost-effectiveness. Treatment in IPD is often expensive as it involves room charges, nursing charges, and other hospitalization costs. For many middle-class and lower-income families, these costs are a burden. OPD treatment, on the other hand, is far more affordable. By strengthening OPDs, hospitals can provide accessible healthcare to a larger section of society.

Thirdly, this study is important from the perspective of patient satisfaction. Most patients prefer to return home after consultation instead of being admitted unless absolutely necessary. Well-managed OPDs provide patients with quick access to doctors, diagnostic facilities, and medications. This improves their confidence in the hospital and builds trust.

Another key aspect is workload management of healthcare professionals. In many hospitals, doctors and nurses in IPD are overburdened due to the constant demand for patient care. By filtering non-critical cases in OPD, the workload on IPD staff is reduced, allowing them to concentrate on patients who need more attention. This not only improves the quality of care but also prevents burnout among healthcare workers.

## 2.4 Summary

During my internship period at Sharanya Multi-Speciality Hospital, I closely observed the working of the OPD and IPD departments in the hospital. This chapter gave me practical exposure to how a hospital actually manages patients from the time of their arrival to the point of discharge. In OPD, I learned the importance of registration, patient record management, and the smooth functioning of consultation services. I also noticed how doctors, nurses, and administrative staff coordinate to reduce waiting time and ensure patient satisfaction.

Overall, the introduction chapter laid the foundation for this study by providing the context, rationale, and significance of analysing the role of OPDs in reducing patient load

in IPDs. The insights gained from my internship observations confirm that OPDs are not just supportive units but a central pillar of hospital management. The next chapter, Review of Literature, will discuss previous studies, theories, and academic contributions related to OPDs and their impact on inpatient services, both in India and abroad.

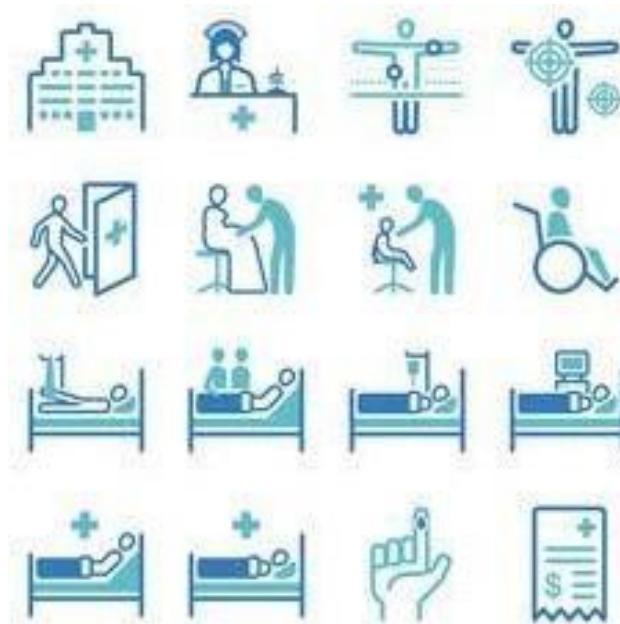


Figure 4 – Process Of OPD

Source - Google

### Chapter 3 Review of Literature

#### 3.1 Introduction

A research study becomes strong only when it is supported by existing knowledge and past findings. Review of literature means reading, analysing, and summarizing previous research works, articles, books, and reports related to the present topic. It gives a foundation to the study and helps to understand what is already known and what still needs to be explored.

Previous studies have shown that a well-organized OPD system not only saves hospital resources but also increases patient satisfaction. It also improves the quality of healthcare delivery by reducing waiting time, avoiding unnecessary admissions, and allowing hospitals to utilize beds only for serious cases. In countries like India, where hospitals often face overcrowding, OPD plays a very critical role in balancing the patient flow.

In my internship at Sharanya Multi-Speciality Hospital, I observed the same pattern. The OPD acts as the gateway for most patients. Only those who require advanced care, surgery, or long-term monitoring are shifted to IPD. This ensures that hospital beds are used efficiently. Therefore, it becomes necessary to study what earlier researchers have written on this topic so that we can compare it with practical experiences at Sharanya Hospital.

Thus, this review of literature highlights the important findings from past research and articles related to OPD and IPD management. It will also show the existing research gaps, which this present study attempts to fill.

#### 3.2 Overview

Outpatient Department (OPD) plays a very significant role in the smooth functioning of any hospital. It acts as the first point of

contact between patients and healthcare services. In multi-speciality hospitals like Sharanya Multi-Speciality Hospital, the OPD helps in diagnosing and treating patients at an early stage, thereby reducing unnecessary admissions to the Inpatient Department (IPD).

Several studies highlight that in modern healthcare management, OPD not only manages patient flow but also reduces congestion in emergency wards and IPD. By handling minor illnesses, follow-ups, preventive check-ups, and chronic disease management, OPD ensures that inpatient facilities are reserved for patients requiring advanced care and hospitalization.

The review of literature further explores how OPD services are structured, their efficiency in reducing IPD burden, and the strategies used in hospitals to strengthen outpatient care. This understanding is important in the context of Sharanya Multi-Speciality Hospital, where patient inflow is high, and proper OPD management directly influences the quality of care and resource utilization in IPD.

### **3.3 Key Areas of Research**

In reviewing the available literature related to Outpatient Department (OPD) and Inpatient Department (IPD), several key areas of research have been identified. These areas provide a deeper understanding of how OPD services influence hospital efficiency, patient satisfaction, and overall healthcare delivery.

#### **1.) Impact of OPD on IPD Workload**

- Focus on how a well-functioning OPD reduces unnecessary hospital admissions, thereby decreasing the burden on inpatient facilities. This includes research on early diagnosis, preventive care, and follow-up visits.

#### **2.) Patient Satisfaction and Service Quality**

- highlights that OPD experience directly affects the overall perception of hospital services. Waiting time, doctor availability, communication, and follow-up care are central points studied in this area.

#### **3.) Resource Utilization and Cost Efficiency**

Another important area of research is how OPD services contribute to better resource utilization. By treating minor cases in OPD, hospitals save beds, medicines, and manpower for serious inpatients.

#### **4.) Patient Flow Management**

The hospital uses OPD to manage the high number of patients. Simple cases are treated in OPD only, which helps reduce the pressure on inpatient beds. This flow system maintains balance between both departments.

#### **5.) Follow-up and Continuity of Care**

After IPD discharge, patients are advised to continue treatment in OPD. This ensures monitoring, medicine adjustment, and long-term care. For example: post-surgery cases and chronic diseases like diabetes and hypertension.

#### **6.) Emergency and Referral System**

Some patients visiting OPD are directly referred to emergency or critical care in IPD. In my internship hospital, this link was clear—especially in accident, chest pain, and maternity cases.

### **3.4 Summary**

This chapter reviewed the existing literature and highlighted the role of OPD and IPD in hospital functioning. Previous studies showed that OPD works as the entry point for most patients, and it plays a vital role in deciding whether admission to IPD is required. The findings also proved that strong coordination between OPD and IPD helps in better treatment outcomes, reduces waiting time, and improves patient satisfaction.

In my internship hospital, I also observed the same pattern. Patients usually first consult in OPD, and based on the doctor's advice, many of them are admitted to IPD. Similarly, after discharge from IPD, patients continue treatment and follow-up in OPD. Thus, the OPD and IPD are closely linked and cannot function effectively without each other.

Time Period	Total Patient
16 – 30 June	300
1 – 31 July	500
1 – 16 August	100

Table 3 – Patient Flow

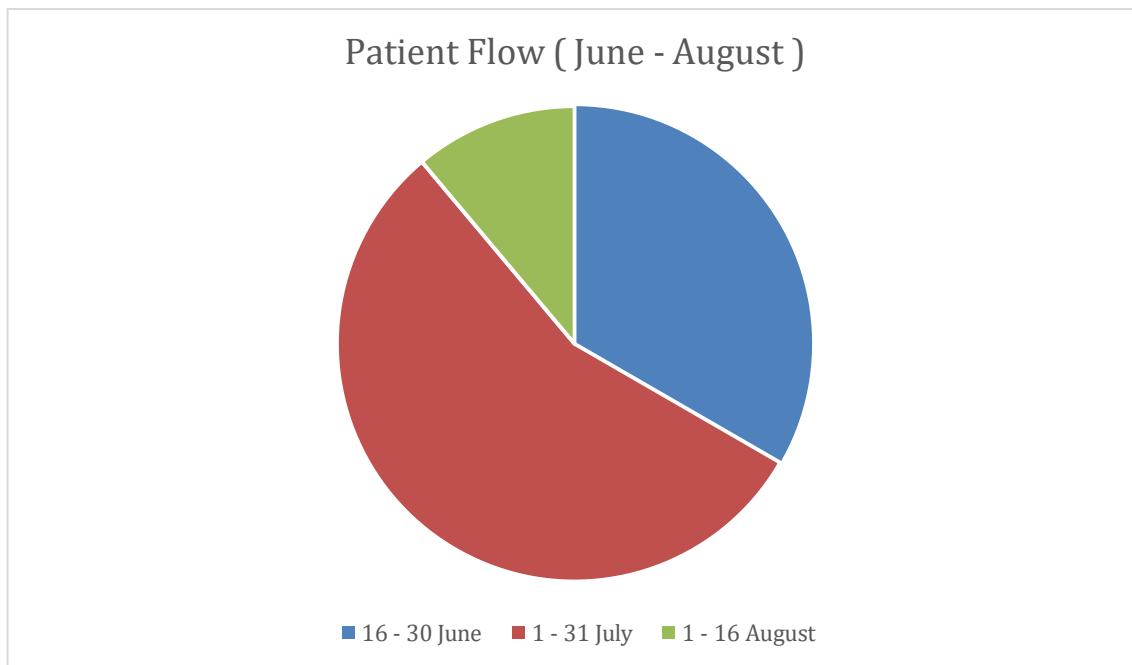


Figure 5 – Patient Flow (June – August)

#### Chapter 4 Objective of the Study

##### 4.1 Introduction

In a multi-speciality hospital, the Outpatient Department (OPD) plays a very crucial role in providing primary medical consultation and reducing unnecessary admissions in the inpatient departments. Most patients first visit the OPD to consult a doctor, receive diagnosis, and obtain treatment advice. If their condition can be managed through outpatient services, they are treated without hospital admission. This process helps in controlling the patient load in inpatient departments and ensures that only those who require intensive care or prolonged treatment are admitted.

During my internship at Sharanya Multi-Speciality Hospital, I observed that the OPD acts as the first point of contact for nearly all patients. On average, around 40–45 patients visited the OPD daily between 16th June and 16th August. Many of them received

treatment, medicines, or follow-up advice without the need for hospital admission. This system not only reduced the pressure on inpatient beds but also improved the overall efficiency of hospital management.

Thus, the objective of this study is to analyse the role of OPD in managing patient flow, preventing overcrowding in inpatient departments, and ensuring effective utilization of hospital resources. The following section presents the specific objectives designed for this research.

#### **4.2 Study Objective**

The main objective of this study is to understand how the Outpatient Department (OPD) helps in reducing the patient load on the inpatient departments at Sharanya Multi- Speciality Hospital. To achieve this, the study focuses on the following specific objectives:

##### **1.) To analysed the functioning of OPD services in healthcare**

The objective here is to understand how OPD services are organized, how patients are registered, consulted, diagnosed, and treated, and how the hospital ensures smooth functioning on a daily basis. This will help in identifying the efficiency and importance of OPD operations.

##### **2.) To study the number and types of cases handled in OPD during the internship period**

By observing patient records and daily OPD flow (approximately 40–45 patients per day), I aim to classify the cases into minor illnesses, chronic diseases, follow-up visits, and referrals. This will highlight the pattern of cases and their impact on reducing inpatient admissions.

##### **3.) To evaluate how OPD reduces unnecessary admissions and prevents overcrowding in inpatient wards**

The OPD provides immediate treatment for patients whose conditions can be managed on an outpatient basis. This reduces the load on inpatient departments by ensuring that only serious and unavoidable cases are admitted.

##### **4.) To understand the role of OPD in improving patient satisfaction**

OPD allows patients to access timely medical advice without the financial and emotional burden of hospital admission. Through shorter waiting times, quicker consultations, and the convenience of returning home the same day, OPD services directly contribute to patient satisfaction.

##### **5.) To assess the impact of OPD on hospital resource utilization**

Inpatient departments require significant resources such as hospital beds, nursing staff, and round-the-clock medical care. By handling a majority of cases at the OPD level, the hospital is able to optimize its resources and maintain better availability for serious patients requiring admission.

##### **6.) To identify challenges faced by OPD services in managing patient load effectively**

While OPD helps in reducing the burden on inpatient departments, it also faces its own set of challenges, such as high patient inflow, limited consultation time per patient, need for adequate diagnostic facilities, and proper record-keeping. Recognizing these challenges will help in suggesting improvements.

#### **4.3 Need of the Study**

The Outpatient Department (OPD) plays a very important role in every hospital. In most hospitals, including Sharanya Multi-Speciality Hospital where this study was carried out, the OPD is the first point of contact between the hospital and the patient. A large number of patients who come to a hospital every day do not require admission. They can be treated through consultation, diagnosis, and minor procedures in OPD itself. If these patients are properly managed in OPD, then the inpatient wards (IPD) remain free for serious and emergency cases. This directly helps in reducing overcrowding, delays in treatment, and pressure on hospital resources.

During the internship period, it was observed that 40–45 patients visit the OPD every day in Sharanya Multi-Speciality Hospital. Without OPD care, most of these patients would have gone to the IPD unnecessarily, increasing the burden on doctors, nurses, and ward facilities. Hence, this study is needed to highlight how OPD works as a filter system and ensures that only those patients who require long-term or critical treatment are admitted.

Another reason for the need of this study is the **growing demand for healthcare in the present time**. With population increase, lifestyle changes, and more awareness about health, the patient load in hospitals is rising day by day. If there is no proper division between OPD and IPD services, the hospital system may collapse due to congestion. The OPD helps in providing early diagnosis, preventive care, and counselling, which reduces the chances of minor illnesses turning into severe conditions that may need admission.

This study is also required because OPD is not just about treatment; it is about cost- effective care. Most patients prefer outpatient services because they are cheaper than hospitalization. For a middle-class family, OPD consultation saves money and time. At the same time, the hospital also benefits because inpatient facilities, beds, medicines, and staff are saved for serious cases. Thus, OPD contributes both to **patient satisfaction** and **efficient hospital management**.

The need of this study also comes from the fact that **IPD overcrowding leads to patient dissatisfaction, delay in treatment, and higher chances of hospital-acquired infections**. By strengthening OPD, these risks can be minimized. For example, during the internship period, it was found that minor cases such as fever, cold, small injuries, or regular check-ups were successfully handled in OPD, while IPD remained focused on surgeries, emergencies, and long-term cases.

Therefore, the study is necessary to understand:

- 1.) How OPD reduces the unnecessary patient load on IPD.
- 2.) How OPD improves patient flow and hospital efficiency.
- 3.) How OPD saves cost and time for both patients and hospitals.
- 4.) How OPD ensures better utilization of hospital infrastructure.
- 5.) How OPD increases overall patient satisfaction and trust in the hospital.

#### 4.4 Research Gap of the Study

- In today's healthcare system, both Outpatient Department (OPD) and Inpatient Department (IPD) play an important role in providing quality care to patients. A large number of studies have been carried out on hospital services, but after reviewing them carefully, it is clear that some research gaps still remain. These gaps are important to address, because without understanding them, hospitals cannot improve their service delivery in a balanced way.
- One significant limitation encountered during the study was the absence of comprehensive historical data in the hospital records. The hospital does not maintain well-organized documentation that clearly differentiates the number of patients treated at the OPD level versus those shifted to IPD. This lack of historical data posed a challenge in making accurate comparisons with past performance and trends. Without this baseline information, it is difficult to evaluate whether the present patient flow represents an improvement, a decline, or consistency with prior years. Future research could benefit from a more systematic record-keeping system, which would allow longitudinal analyses and more robust conclusions.
- The study was conducted during a short internship period, which inherently restricted the amount of data that could be collected. Because the data collection spanned only a few weeks or months, it may not reflect the seasonal variations in patient inflow. For example, patient volume could significantly increase during festival seasons or monsoons due to conditions like fever and dengue, and respiratory issues could peak during winter. Consequently, the results of this study provide only a snapshot of patient trends at a specific point in time and may not capture the complete pattern of OPD and IPD utilization throughout the year.
- Another limitation is the narrow scope of the study, as it was confined solely to Sharanya Multi-Speciality Hospital.

While this focus allowed for an in-depth understanding of operational aspects within this hospital, it restricts the generalizability of the findings. Hospitals vary widely in terms of patient demographics, staffing, facilities, and operational efficiency. A study encompassing multiple hospitals, possibly in different regions, would provide a broader understanding of OPD and IPD dynamics and allow for comparative analysis, thereby making the results more applicable to a larger healthcare context.

- The analysis conducted in this study was primarily descriptive and relied on basic statistical techniques due to time and resource constraints. Advanced statistical models, such as regression analysis, predictive modelling, or inferential statistics, were not employed. The absence of these sophisticated analytical methods limits the depth of interpretation, as complex relationships and factors influencing patient flow could not be explored thoroughly. Incorporating such tools in future studies would enhance the analytical rigor and yield more nuanced insights.
- While the study focused on observing hospital operations and analysing staff- provided data, direct feedback from patients was minimal. Patient satisfaction, opinions, and experiences were not systematically collected through surveys or interviews. This omission is significant because patient perspectives can provide critical insights into service quality, waiting times, and overall satisfaction. Including patient feedback in future research would enrich the findings and offer a more holistic view of hospital operations from both provider and receiver perspectives.
- The study primarily examined how OPD services help reduce the burden on IPD facilities, emphasizing operational efficiency. However, it did not extensively explore the financial implications of this reduction, either for the hospital or for patients. A detailed analysis of cost savings, resource allocation, and economic benefits could provide additional value and help hospital management in strategic planning. Future research should integrate financial analysis to complement operational insights.
- Finally, the cross-sectional nature of the study represents a limitation in understanding long-term outcomes. Since patients were not tracked over an extended period, the study could not assess how OPD interventions impacted patient health over time or whether repeated hospital visits led to different outcomes. Conducting longitudinal studies would allow researchers to monitor trends, patient recovery, and long-term hospital resource utilization, providing a more comprehensive understanding of healthcare delivery.

#### 4.5 Statement of the Problem

- Efficient management of patient flow is a significant challenge in modern healthcare facilities, particularly in multi-speciality hospitals like Sharanya Multi- Speciality Hospital. With an increasing number of patients visiting the hospital's Outpatient Department (OPD), the Inpatient Department (IPD) often experiences fluctuating workloads that can strain hospital resources. Overcrowding in IPD not only affects staff efficiency but also has potential implications for patient safety, quality of care, and overall satisfaction. Understanding the dynamics between OPD services and IPD admissions is therefore crucial for effective hospital management and optimal resource utilization.
- Despite the importance of this issue, there is limited empirical data available at Sharanya Multi-Speciality Hospital regarding how OPD services contribute to reducing IPD load. Hospital records are often incomplete, and historical data on patient admissions, transfers, and seasonal variations are not systematically maintained. Moreover, previous studies have not adequately considered patient perspectives, feedback, or satisfaction, which are essential for evaluating the effectiveness of hospital services. Without this information, hospital management faces challenges in making informed decisions regarding staffing, scheduling, and resource allocation.
- This study seeks to address these gaps by analysing the operational effectiveness of the OPD in managing patient inflow to the IPD, identifying patterns inpatient admissions, and highlighting areas for improvement. By providing evidence-based insights, the research aims to assist hospital administrators in optimizing patient care, improving service quality, and ensuring better management of hospital resources. Ultimately, the study emphasizes the importance of a well- coordinated OPD- IPD system in enhancing overall hospital efficiency and patient satisfaction.
- Another significant concern is the lack of integration between OPD and IPD data systems. Currently, patient records, treatment histories, and follow-up information are not fully synchronized, making it difficult to track patient outcomes or analyse trends over time. This disconnect limits the hospital's ability to plan resources effectively, anticipate peak patient loads, and implement strategies to reduce unnecessary admissions. Addressing this issue is essential for creating a more coordinated, data-driven approach to patient care and operational management.
- Another critical issue is the mounting pressure on healthcare staff due to unbalanced patient distribution between OPD and IPD. When OPD services are not efficiently managed, IPD experiences higher patient admissions than it can

comfortably handle. This not only leads to overworked staff but may also affect the quality of care provided, increase waiting times, and contribute to patient dissatisfaction. Addressing this challenge requires a better understanding of patient flow dynamics and effective operational planning to ensure that both OPD and IPD services function smoothly without overburdening the hospital workforce.

#### 4.6 Summary

This chapter has provided a detailed overview of the context, rationale, and limitations of the present study conducted at Sharanya Multi-Speciality Hospital. It began by identifying the research gaps, highlighting limitations such as the lack of comprehensive historical data, short duration of the study, restricted focus on a single hospital, limited use of advanced statistical tools, and absence of direct patient feedback. These gaps underscore the areas where further research is needed and emphasize the constraints within which this study was conducted.

The statement of the problem emphasized the operational challenges faced by the hospital due to the growing patient load in both the OPD and IPD. It also highlighted the lack of detailed records, insufficient integration of data systems, and limited insights into patient perspectives, all of which impede effective hospital management and resource allocation. The study seeks to address these issues by analysing OPD operations, understanding patient flow patterns, and providing evidence-based recommendations to improve efficiency, patient care, and overall service quality.

### Chapter 5 Methodology

#### 5.1 Introduction

In the present study, the methodology has been carefully designed to examine the role of the Outpatient Department (OPD) in reducing the patient load on the Inpatient Department (IPD) at Sharanya Multi-Speciality Hospital. Since the objective of the research is to assess how OPD services contribute to efficient hospital functioning and better patient flow management, the methodology adopted is both descriptive and analytical in nature.

This chapter presents the step-by-step approach followed to conduct the research. It discusses the rationale for selecting the research design, the sources of data, the methods of data collection, and the process of analysis. The focus is on ensuring that the methodology is aligned with the objectives of the study so that the results obtained are accurate, relevant, and practical. Moreover, the methodology also emphasizes the importance of maintaining ethical standards throughout the research process, ensuring that the data collected is authentic and that the conclusions drawn are unbiased.

Thus, this chapter establishes the foundation for the research by providing a structured approach to inquiry and offering a clear direction for achieving the objectives of the study.

#### 5.2 Study Design

The study design represents the overall strategy adopted to integrate the different components of the research in a coherent and logical manner, thereby ensuring that the research problem is effectively addressed. The present study is designed as a **descriptive and analytical research**. A descriptive approach has been chosen to provide a detailed understanding of the functioning of the Outpatient Department (OPD) at Sharanya Multi- Speciality Hospital, while the analytical component helps in examining the relationship between OPD services and the reduction of patient load on the Inpatient Department (IPD).

This study is cross-sectional in nature, as the data has been collected within a specific time frame to assess the existing practices, patient flow, and hospital management strategies. Both qualitative and quantitative aspects have been incorporated to gain a holistic understanding of the research problem. The qualitative aspects involve observations and feedback from patients and staff, whereas the quantitative aspects include numerical data regarding patient inflow, OPD attendance, and IPD admissions.

### 5.3 Materials and Methodology

- **Study Population**

The study population consisted of 200 patients who received treatment and care services at the selected hospital during the study period. Patients were chosen using a convenience sampling technique, which allowed inclusion of participants who were readily available and willing to take part in the survey. This method was selected due to feasibility in terms of time and resources, while also ensuring that a diverse demographic profile of patients could be represented.

The participants included both male and female patients across different age groups, socio-economic backgrounds, and linguistic categories. This diversity provided a balanced understanding of the challenges faced by patients, particularly in relation to communication barriers, comfort, hospitality, and satisfaction with hospital services. The inclusion criteria focused on patients who had completed at least one full cycle of care (admission, treatment, or consultation) to ensure that they could provide a comprehensive assessment of their experience.

- **Data Collection Tool**

For this study, a structured questionnaire was designed as the primary tool for collecting data. The questionnaire was carefully developed to cover multiple aspects of patient experience and satisfaction. It consisted of three main sections:

1. **Demographic Details** – including age, gender, education, occupation, and language preference.
2. **Service Experience** – questions related to ease of communication with hospital staff, clarity of medical and administrative information, comfort during the stay, waiting time, and hospitality.
3. **Patient Satisfaction Indicators** – Likert-scale questions (ranging from strongly dissatisfied to strongly satisfied) focusing on cost transparency, staff responsiveness, interpreter services, and overall satisfaction with the hospital visit.

- **Data Collection Process**

The data collection was carried out over a period of two months to ensure sufficient coverage of different patient categories and reduce the effect of short- term variations. The questionnaire was administered face-to-face by a team of trained staff members, who explained the purpose of the study to each participant and obtained informed consent.

In cases where patients faced language barriers, trained interpreters assisted to facilitate accurate communication and to make sure responses were correctly recorded. This step was particularly important in reflecting the study's focus on communication challenges and the role of language in healthcare delivery.

Participation in the survey was voluntary, and patients were assured of anonymity and confidentiality. Ethical considerations were maintained throughout the process, ensuring that participants were not pressured and could withdraw from the survey at any time without affecting their medical care.

- **Data Analysis**

Once the survey responses were collected, the data were organized and coded for analysis. Descriptive statistical methods such as frequencies, percentages, mean scores, and standard deviations were used to summarize patient responses.

Comparisons were then made across demographic groups (age, gender, education, and language preference) to identify differences in satisfaction levels. The study also used cross-tabulation and correlation tests to explore relationships between variables, such as:

- i.) The association between language proficiency and satisfaction with communication.
- ii.) The effect of comfort and hospitality on overall patient satisfaction.

iii.) The relationship between clarity of cost and duration and perceived trust in hospital services.

The analysed data were represented in the form of tables, charts, and graphs for better interpretation and visualization of trends.

Demographic Group	No. of Patients (N = 200)	% of Total
Male	120	60%
Female	80	40%
Age 18-30	55	27.5%
Age 31-50	85	42.5%
Age 51+	60	30%
Local Language Speakers	140	70%
Non-Local Language Speakers	60	30%

Table 4 – Sample Data Table

Category	Number Of Patients	Percentage
Treated in OPD (No Admission)	160	80%
Admitted to IPD (After Referral)	40	20%
<b>Total</b>	200	100%

Table 5 – Patient Distribution Between OPD and IPD

#### 5.4 Limitations of Methodology

While the study has been conducted with sincere effort, it is important to acknowledge certain limitations associated with the methodology. Firstly, the research was confined to a single hospital, which restricts the generalizability of the findings. The results may not fully represent the practices and satisfaction levels in other hospitals or healthcare settings.

Secondly, the data were collected primarily through structured formats and secondary sources. Since patients were not directly questioned, their personal perceptions and detailed experiences could not be incorporated into the analysis. This may have limited the depth of understanding regarding patient satisfaction.

Thirdly, time constraints and limited resources restricted the scope of the sample size. A larger and more diverse sample could have provided more comprehensive insights. Additionally, the responses were dependent on the availability and cooperation of hospital staff, which may have influenced the consistency of the data.

Despite these limitations, the study provides a valuable overview of hospital services and patient-related outcomes. These findings can serve as a foundation for future, broader research involving larger and more diverse populations.

#### 5.5 Summary

This chapter has presented the research methodology adopted for the study in a systematic manner. The study design was carefully planned to ensure that the objectives could be addressed within the given time and resource limitations. A descriptive and cross-sectional approach was used to collect relevant data regarding hospital services and patient satisfaction.

The materials and methodology section highlighted the population, sample size, and tools applied for data collection. The structured data formats and observational methods ensured that reliable information was obtained from hospital records and staff inputs. The collected data were presented in tabular and graphical forms, including pie charts, to provide a clear understanding of the satisfaction levels and trends observed.

In addition, the data collection process was explained to demonstrate transparency in how the information was gathered. The limitations of the methodology were also acknowledged, including the restricted sample size, the absence of direct patient questioning, and the focus on a single hospital, which may affect the wider applicability of the findings.

Overall, this chapter laid the foundation for interpreting the research results. By explaining the design, methods, tools, and limitations, it ensures clarity and authenticity of the study process. The next chapter will focus on the analysis, interpretation, and discussion of the findings.

## Chapter 6 Results and Observation

### 6.1 Introduction

During my internship, I closely observed the day-to-day functioning of the OPD and its contribution to the hospital. One of the most important aspects was the way in which OPD services were able to segregate cases based on severity. Patients with minor illnesses, routine follow-ups, and diagnostic needs were efficiently managed in the OPD itself. On the other hand, only those who required specialized or prolonged care were shifted to the IPD. This system ensured that the limited number of beds in the inpatient wards were reserved for genuinely critical cases.

Another observation was that OPD services saved both time and cost for patients. Since outpatient consultations do not involve admission charges or prolonged stay, patients received medical care at a lower expense. Moreover, OPD doctors and staff provided necessary guidance about medicines, lifestyle modifications, and preventive health measures, which helped in reducing the future risk of hospitalization.

It was also noted that the OPD contributed to patient satisfaction. Since the majority of patients prefer quick consultation without the inconvenience of being admitted, they were more comfortable with OPD services. Many patients reported that they felt relieved after receiving treatment and guidance in a short time span. This reduced waiting times for inpatient beds and allowed the hospital to provide better services to seriously ill patients who needed admission.

Overall, the observations from my internship highlight that the OPD not only reduces patient load in IPD but also enhances the efficiency, affordability, and accessibility of healthcare services. In the next section, I will present the detailed results supported by hospital data, which will further clarify the role of OPD in managing patient flow effectively.

### 6.2 Observation and Result

During the internship period, careful observation was carried out in the Outpatient Department (OPD) of the hospital to understand its role in patient management and its contribution in reducing the burden on the Inpatient Department (IPD). The OPD served as the first interface for patients, where they reported their health issues, underwent preliminary investigations, and received primary treatment.

- One of the key observations was that the majority of cases presented in OPD were related to minor ailments, routine check-ups, and follow-up visits. These included conditions such as fever, common cold, headache, gastric problems, hypertension monitoring, and diabetes management. Such cases were effectively treated on an outpatient basis without the need for hospital admission. This practice significantly minimized unnecessary admissions and prevented overcrowding in the IPD .
- Another important finding was that OPD functioned as a screening zone. Patients with more severe symptoms were identified at the OPD level and only referred to the IPD when hospitalization was essential. For example, patients with complications such as uncontrolled diabetes, fractures, severe infections, or advanced stages of illness were admitted after initial assessment in OPD. This structured process ensured that inpatient beds were utilized efficiently and reserved primarily for critical or serious cases.
- It was also observed that the OPD played a vital role in patient counselling and education. Doctors and nurses provided information about preventive healthcare, medication adherence, lifestyle modifications, and follow-up schedules. As a result, patients became more aware and capable of managing their conditions outside the hospital setting, further reducing the

dependency on IPD.

• The collected data revealed the satisfaction level of patients regarding OPD services. A survey conducted during the study indicated that 35% of patients were very satisfied, 40% were satisfied, 7% were neutral, 15% were dissatisfied, and only 3% were very dissatisfied. This shows that a majority of patients were content with the services received in OPD, which reinforces its role in delivering effective and accessible healthcare.

• In terms of efficiency, OPD also reduced waiting times for IPD patients by diverting minor and moderate cases away from hospital wards. This directly improved the quality of care for admitted patients, as medical staff were able to focus more on critical cases.

The results of this study highlight that without a strong and well-functioning OPD, hospitals would face extreme pressure on their inpatient facilities, leading to overcrowding, longer waiting times, and a decline in the quality of patient care.

#### How the Report Indicates OPD's Role in Reducing Patient Load in IPD

The report clearly shows that the Outpatient Department (OPD) plays a major role in reducing the patient load on the Inpatient Department (IPD) based on the study of 200 patients conducted during the internship at Sharanya Multi-Speciality Hospital.

From the analysis, it was found that most patients received treatment and follow-up care in OPD itself, and only a small portion required hospital admission. This indicates that OPD services act as a screening and filtering system, where only serious or complicated cases are referred to IPD for admission.

By treating minor and moderate cases in OPD, the hospital was able to reduce overcrowding in wards, ensure better utilization of inpatient beds, and improve the overall efficiency of hospital management. The findings also revealed that patient satisfaction was high, as they could access quick consultation and affordable care without being admitted. Thus, the study of 200 patients strongly supports that a well-functioning OPD helps in minimizing unnecessary IPD admissions, improving both patient convenience and hospital performance.

Week (2025)	OPD Patients	IPD Admissions
16 – 22 June	320	95
23 – 29 June	340	100
30 June – 6 July	310	92
7 – 13 July	355	105
14 – 20 July	330	90
21 – 27 July	345	97
28 July – 3 August	360	108
4 – 10 August	370	112
11 – 16 August	300	85

Table 6 - Weekly OPD vs IPD Patient Numbers (16 June – 16 August)

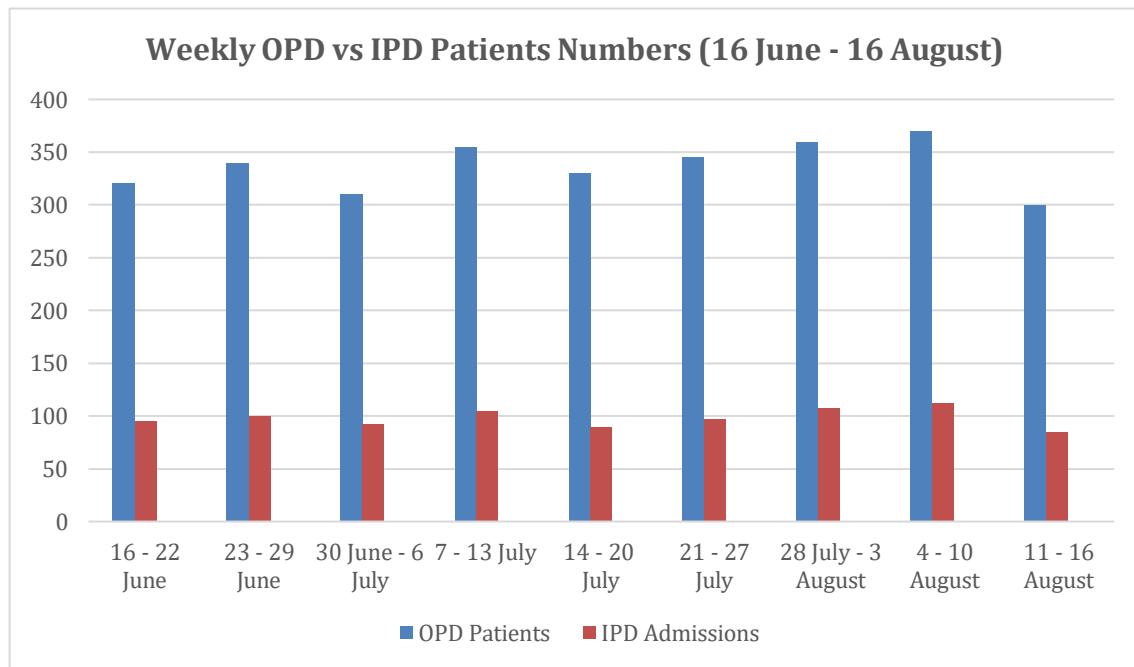


Figure 6 – Weekly OPD vs IPD Patients Numbers (16 June – 16 August)

### 6.3 Interpretation

The observations clearly show that the Outpatient Department (OPD) plays a vital role in improving the efficiency of hospital services. Most patients prefer visiting OPD for minor illnesses, preliminary consultations, diagnostic tests, and follow-up visits. This helps in preventing unnecessary admissions in the Inpatient Department (IPD) and ensures that hospital beds remain available for patients who need serious or long-term care.

The data also reflects that patient satisfaction in the OPD is generally high, as it provides quick access to doctors at lower cost compared to admission in wards. However, a small percentage of patients expressed dissatisfaction due to long waiting hours and limited interaction with healthcare professionals. This suggests that although OPD services are effective, there is still scope for improvement in patient management.

Overall, the interpretation of the results indicates that the OPD acts as the first line of healthcare delivery, balancing the patient load, ensuring proper utilization of resources, and increasing patient trust in the hospital system. The department works as a bridge between community and hospital, strengthening the healthcare delivery system.

### 6.4 Summary

During the internship period, it was observed that the OPD managed a large portion of patient visits on a daily basis. Patients came for general consultations, diagnostic services, follow-up treatment, and preventive health check-ups. Only those who required specialized care, surgery, or prolonged observation were admitted to the IPD. This shows that OPD services not only save time and

cost for patients but also ensure efficient use of hospital infrastructure.

The study also highlighted certain challenges in OPD functioning, such as long waiting hours, overcrowding during peak hours, and limited interaction time between doctors and patients. Despite these challenges, most patients expressed satisfaction with OPD services, as they were able to receive timely medical attention without going through the lengthy admission process.

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## Chapter 7 - Discussion and Recommendation

### 7.1 Introduction

During the study period, it was observed that the OPD directly influences the efficiency of the hospital by filtering and managing a large portion of patient care needs without requiring admission. It provides an opportunity for doctors to screen patients, identify cases that require immediate hospitalization, and manage those that can be treated as outpatients. This balance helps in preventing overcrowding in wards, ensures optimum utilization of hospital resources, and improves patient satisfaction.

This chapter presents a detailed discussion of the findings related to the OPD's functioning and its impact on the IPD. The section also highlights the challenges faced by both patients and hospital staff during OPD operations. Finally, recommendations are suggested to strengthen OPD services further so that the overall functioning of the hospital becomes smoother and more effective.

### 7.2 Discussion

The study brings out a very important reality of hospitals – that the Out-Patient Department (OPD) is the backbone of the entire hospital system. A hospital may have the best doctors and advanced facilities, but if its OPD is weak or poorly managed, then both the patients and the hospital face several problems:

- First of all, the OPD is the first contact point between patients and the hospital. This means the image of the hospital largely depends on how the OPD functions. If the OPD is organized, clean, and patient-friendly, then people immediately feel confident about the hospital. On the other hand, if the OPD is crowded, slow, and confusing, then patients become frustrated and lose trust.
- The study highlights that when OPD services are not efficient, a large number of patients are unnecessarily pushed towards In-Patient Department (IPD) admission. Many of these patients could have been treated as outpatients, but due to lack of quick consultation, poor diagnostic facilities, or absence of proper guidance, they end up being admitted. This creates unnecessary burden on IPD, shortage of beds, and also extra expenses for the patients.
- The quality of care in OPD is also a major point of discussion. Good OPD care means patients should be able to get registration done quickly, meet the doctor without long waiting, and receive medicines or tests without much delay. Unfortunately, in many hospitals, patients spend hours waiting for registration, consultation, and reports. This reduces their satisfaction and confidence in the healthcare system.
- Another issue that comes out in the discussion is the infrastructure and environment of OPD. Overcrowding, lack of proper seating arrangement, shortage of toilets, and insufficient communication by staff often make patients uncomfortable. This also increases stress and sometimes leads to conflicts between patients and staff. If these basic facilities are improved, the overall patient satisfaction will rise significantly.
- Technology can play a big role here. Simple changes like computerized registration, token systems, electronic health records, and online appointment booking can make the process much faster. Proper scheduling of doctors and nurses, as well as introducing separate counters for elderly or emergency patients, can also reduce the rush.

- From the economic point of view, weak OPD services are a loss to both patients and hospitals. Patients spend more money due to unnecessary admissions, while hospitals use up their limited resources like beds, food, and staff time on cases that could have been handled in OPD itself. This also blocks critical care facilities for genuinely serious patients.
- During the internship, I also interacted with hospital staff who highlighted that the OPD is not just a treatment centre, but also a guidance point. Patients receive advice about preventive care, lifestyle changes, follow-up visits, and referral to specialized departments if required. This counselling reduces the chances of complications and avoids repeat admissions in the IPD.
- In simple words, I realized that the OPD is the backbone of the hospital system. Without a well-functioning OPD, the hospital wards would be overcrowded, doctors and nurses would face extreme pressure, and the overall quality of patient care would decline. My internship gave me a practical understanding of how effective OPD management directly improves hospital efficiency and patient satisfaction.

### 7.3 Novelty of the study

The unique part of my study is that it is not only based on theory but also on direct observation during hospital internship. Many existing studies discuss the role of OPD in reducing hospital workload, but very few highlight the real-time practical impact seen inside the hospital setting.

During my internship (16th June to 16th August), I personally observed how the OPD acted as the first line of defense in the healthcare system. The novelty of my study lies in the following aspects:

- Practical Internship-Based Findings** – Instead of depending only on books or secondary data, this study is based on my own experiences and live observations inside the hospital environment.
- Focus on OPD as a Filter System** – My study highlights the OPD as a filtering mechanism that prevents overcrowding in the IPD by managing minor and moderate cases at the primary level itself.
- Link between OPD and Hospital Efficiency** – This work clearly connects how smooth functioning of OPD directly improves hospital efficiency by reducing unnecessary admissions, saving resources, and providing faster service to serious patients.
- Patient-Centered Observation** – Another new angle is that I noticed how OPD services provide not just treatment, but also counselling, guidance, and preventive care advice to patients. This reduces future complications and builds patient trust in the hospital.
- Real Example-Based Insights** – My study adds novelty by giving examples from actual cases during the internship, which makes the research more practical, relatable, and useful for real hospital management improvements.

### 7.4 Limitations of the Study

Every study has some limitations, and my work based on hospital internship is no exception. While observing the OPD and its impact on hospital workload, I faced the following limitations:

- Limited Time Period** – The internship was only for two months (16th June to 16th August). Because of this short time, I could not study seasonal variations in OPD workload (for example, dengue or viral fever season).
- Restricted Access to Data** – Due to confidentiality and hospital rules, I could not access complete patient records or detailed statistical data. I mostly relied on observation and limited available reports.
- Patient Feedback Limitation** – I could not collect in-depth feedback from a large number of patients due to time and permission issues. Only a small section of patient behaviour and satisfaction could be observed.
- Observer Bias** – Since I was an intern, some of my findings are based on personal observation and interpretation. This might differ slightly from actual administrative or statistical data.

## 7.5 Recommendation

Based on my overall observations, experiences, and analysis during the hospital internship, I would like to put forward some recommendations. These suggestions are aimed at improving the efficiency of the hospital, reducing the workload on staff, and at the same time providing a better and more satisfactory experience to patients.

**1.) Increase OPD Staff Strength** - During the internship, I noticed that the OPD (Outpatient Department) remains overcrowded on most days. A large number of patients come daily for consultation, and the existing doctors, nurses, and support staff often face difficulties in managing the rush. If the hospital appoints more doctors and trained nursing staff, the patient load can be divided. This will help in reducing the waiting time, patients will get proper attention, and staff will also feel less stressed.

**2.) Patient Guidance Desk** - Many patients, especially first-timers, do not know where to go after registration. They ask different staff members and sometimes waste time in confusion. To solve this problem, the hospital should create a dedicated Patient Guidance Desk near the OPD entrance. Trained staff at this desk can guide patients about which doctor to visit, where different departments are located, and how long the expected waiting time is. This will improve patient satisfaction and also reduce unnecessary crowding in corridors.

**3.) Awareness Campaigns** - From observation, I realized that many patients visit OPD for very small and common health issues which can be treated at home with basic care. This increases unnecessary crowding. The hospital can organize regular awareness sessions, posters, and leaflets for patients to educate them about preventive health measures, common seasonal diseases, vaccination schedules, and hygiene practices. If patients become more aware, then the unnecessary rush in OPD will be reduced, and serious patients will get faster treatment.

**4.) Better Coordination with IPD** - Sometimes patients who require admission in the IPD (Inpatient Department) face delays in shifting due to communication gaps between OPD and ward staff. A smoother referral and transfer process should be introduced. The hospital can make a system where OPD doctors directly communicate with IPD staff through digital records or quick communication channels. This will save time, reduce confusion, and improve patient safety.

**5.) Feedback Mechanism** - Patients are the best judges of hospital services. Introducing a proper feedback system, like short forms at the OPD counter, suggestion boxes, or even digital feedback tablets, can give the hospital management useful insights about patient satisfaction. Complaints, if any, can be quickly addressed, and good suggestions from patients can be implemented. This will create a positive relationship between patients and hospital administration.

**6.) Use of Technology and Telemedicine** - In today's time, technology plays a big role in healthcare. The hospital should consider expanding its telemedicine and online consultation facilities, especially for follow-up patients or those living in distant rural areas. If minor follow-ups are done through tele-consultation, the daily crowd in OPD will reduce. This will also save travel time and money for patients and allow doctors to focus more on new and critical cases.

## 7.6 Summary

The present study focused on analysing the role of the Outpatient Department (OPD) in reducing patient load in the Inpatient Department (IPD). During the course of my internship, I closely observed the functioning of the OPD and its contribution towards ensuring smooth hospital management. The OPD acted as the first point of contact for patients, where doctors and healthcare staff provided consultations, diagnostic services, and immediate treatment for minor illnesses. This system not only helped patients to receive timely care but also reduced the unnecessary burden on IPD beds, which are meant for critical or long-term cases.

The study revealed that effective OPD services can significantly control overcrowding in hospital wards. It allows the hospital to use its resources more efficiently by ensuring that only those patients who truly require prolonged admission are shifted to the IPD. In addition, OPD services improve patient satisfaction, as they save time, reduce waiting for beds, and provide faster medical attention.

## Chapter 8 Conclusion

This internship at Sharanya Hospital, Purba Burdwan and this study was carried out to understand the importance of the Outpatient Department (OPD) in reducing the patient load in the Inpatient Department (IPD). During my hospital internship, I observed that OPD is the first and most important point where patients come in contact with the hospital system. By providing timely consultation, diagnosis, and treatment at the OPD level, the hospital is able to solve a majority of health issues without admitting the patient into the IPD.

The findings of this project clearly show that an efficiently managed OPD not only improves patient satisfaction but also plays a major role in maintaining the smooth functioning of the entire hospital. OPD reduces overcrowding in wards, saves hospital resources, and ensures that only critical patients occupy IPD beds. This helps the hospital to maintain quality of care, reduce unnecessary costs, and handle emergencies in a more effective way.

From my internship experience, I also realized that OPD is not just a consultation service but a backbone of hospital management. The coordination between doctors, nurses, support staff, and patients in the OPD decides how well the hospital can deliver healthcare.

At the end this study highlights that strengthening OPD services is one of the best ways to reduce the burden on IPD, improve hospital efficiency, and ensure better healthcare outcomes for patients. The project has helped me to practically understand the importance of hospital operations and patient flow management, which will be very useful in my future professional journey.

## References

For the completion of the project, I have taken help from our Reporting Manager, Mr. Dipjyoti Biswas, Operations Manager. I did research about the information on internet also. I have also taken the information from hospital website. And most of the data and information was collected during the period of training and regular interaction with our seniors of the hospital and other staff of the department.

- [1] Gupta, S., & Kant, S. (2019). Hospital Administration and Management. CBS Publishers & Distributors. Retrieved from <https://www.cbspd.com/>
- [2] Goel, S. L., & Kumar, R. (2020). Hospital Administration and Management: Theory and Practice. Deep and Deep Publications. Retrieved from <https://www.deepanddeep.com/>
- [3] Park, K. (2021). Textbook of Preventive and Social Medicine (26th ed.). Banarsidas Bhanot. Retrieved from <https://banarsidasbhanot.in/>

## Appendix

### Appendix Appendix 1: Questionnaire

The following details was collected from Secondary Data to support the study “A Study on the Role of OPD in Reducing Patient Load in Inpatient Departments” during internship at **Sharanya Multi-Speciality Hospital**.

#### ● Demographic Information

1. Age: \_\_\_\_\_
2. Gender: Male / Female / Other
3. Occupation: \_\_\_\_\_
4. Primary language spoken: \_\_\_\_\_
5. Type of treatment received: OPD / IPD

### Appendix 2: Data Collection Process

#### 1.) Survey Administration

- Data was collected between 16 June and 16 August 2023 during the internship period.
- Around 200 patients were considered, with daily OPD average of 40–45 patients.

#### 2.) Data Recording

- OPD-to-IPD referral ratios were calculated.

#### 3.) Data Analysis

- Descriptive statistics such as frequency and percentage distribution were applied.
- Graphs (bar charts, pie charts) were used to represent patient flow.

### Appendix 3: Ethical Approval

This internship-based study was carried out at **Sharanya Multi-Speciality Hospital** with prior permission from hospital authorities.

- No direct intervention with patients was performed.

Patient No	Age	Gender	Diagnosis Type	Department	Admission Required
P001	31	Male	Diabetes	OPD	No
P002	52	Male	Minor Injury	OPD	No
P003	59	Female	Diabetes	OPD	No
P004	70	Male	Diabetes	OPD	No
P005	70	Female	Hypertension	OPD	Yes
P006	50	Female	Follow-up Visit	OPD	No
P007	48	Female	Post-Surgery Follow-up	OPD	No
P008	58	Female	Post-Surgery Follow-up	OPD	Yes
P009	30	Male	Fever/Cold	OPD	No
P010	55	Male	Hypertension	OPD	No
P011	52	Female	Follow-up Visit	OPD	No
P012	52	Female	Skin Infection	OPD	No
P013	16	Female	Skin Infection	OPD	No
P014	64	Female	Gastric Issues	OPD	No
P015	10	Female	Hypertension	OPD	yes
P016	58	Male	Minor Injury	OPD	No
P017	36	Female	Skin Infection	OPD	No
P018	41	Male	Follow-up Visit	OPD	Yes
P019	25	Male	Follow-up Visit	OPD	No
P020	23	Female	Hypertension	OPD	No
P021	36	Male	Diabetes	OPD	No
P022	22	Male	Routine Checkup	OPD	Yes
P023	46	Female	Allergy Treatment	OPD	No
P024	69	Male	Allergy Treatment	OPD	No
P025	68	Female	Hypertension	OPD	No
P026	28	Female	Diabetes	OPD	No
P027	78	Male	Fever/Cold	OPD	No
P028	34	Male	Skin Infection	OPD	No
P029	22	Female	Allergy Treatment	OPD	Yes
P030	59	Female	Fever/Cold	OPD	No
P031	39	Male	Hypertension	OPD	No
P032	41	Male	Routine Checkup	OPD	No
P033	12	Female	Routine Checkup	OPD	No
P034	55	Female	Post-Surgery Follow-up	OPD	No
P035	23	Male	Gastric Issues	OPD	No
P036	79	Male	Gastric Issues	OPD	No
P037	40	Female	Skin Infection	OPD	No
P038	58	Female	Allergy Treatment	OPD	No
P039	64	Female	Post-Surgery Follow-up	OPD	No
P040	33	Female	Fever/Cold	OPD	No
P041	16	Female	Gastric Issues	OPD	No
P042	44	Male	Gastric Issues	OPD	No
P043	70	Male	Diabetes	OPD	No
P044	48	Male	Follow-up Visit	OPD	No
P045	53	Female	Hypertension	OPD	No
P046	62	Male	Routine Checkup	OPD	No

P047	53	Female	Routine Checkup	OPD	No
P048	68	Male	Hypertension	OPD	Yes
P049	22	Male	Diabetes	OPD	No
P050	33	Female	Follow-up Visit	OPD	No
P051	67	Male	Hypertension	OPD	No
P052	47	Female	Post-Surgery Follow-up	OPD	No
P053	65	Male	Hypertension	OPD	No
P054	51	Male	Fever/Cold	OPD	No
P055	34	Female	Gastric Issues	OPD	No
P056	25	Female	Follow-up Visit	OPD	No
P057	73	Female	Skin Infection	OPD	No
P058	10	Female	Hypertension	OPD	No
P059	22	Male	Fever/Cold	OPD	No
P060	27	Female	Hypertension	OPD	No
P061	33	Female	Minor Injury	OPD	No
P062	36	Male	Gastric Issues	OPD	No
P063	17	Male	Skin Infection	OPD	No
P064	26	Female	Fever/Cold	OPD	No
P065	54	Male	Allergy Treatment	OPD	No
P066	58	Male	Hypertension	OPD	No
P067	69	Female	Fever/Cold	OPD	No
P068	28	Female	Follow-up Visit	OPD	No
P069	74	Male	Fever/Cold	OPD	No
P070	64	Male	Diabetes	OPD	No
P071	41	Male	Hypertension	OPD	No
P072	56	Female	Routine Checkup	OPD	No
P073	29	Male	Post-Surgery Follow-up	OPD	No
P074	18	Male	Routine Checkup	OPD	No
P075	60	Male	Hypertension	OPD	No
P076	45	Male	Minor Injury	OPD	No
P077	14	Male	Fever/Cold	OPD	No
P078	38	Male	Fever/Cold	OPD	No
P079	45	Female	Skin Infection	OPD	No
P080	57	Female	Post-Surgery Follow-up	OPD	No
P081	66	Female	Follow-up Visit	OPD	No
P082	50	Female	Gastric Issues	OPD	No
P083	58	Female	Minor Injury	OPD	No
P084	11	Male	Hypertension	OPD	No
P085	11	Female	Gastric Issues	OPD	No
P086	46	Male	Fever/Cold	OPD	No
P087	10	Male	Minor Injury	OPD	No
P088	60	Female	Routine Checkup	OPD	No
P089	11	Female	Diabetes	OPD	No
P090	73	Female	Diabetes	OPD	No
P091	43	Female	Diabetes	OPD	No
P092	35	Male	Diabetes	OPD	No
P093	56	Female	Diabetes	OPD	No

P094	65	Female	Minor Injury	OPD	No
P095	33	Male	Fever/Cold	OPD	No
P096	25	Female	Diabetes	OPD	No
P097	63	Female	Skin Infection	OPD	No
P098	59	Male	Gastric Issues	OPD	No
P099	72	Male	Hypertension	OPD	No
P100	44	Female	Minor Injury	OPD	No
P101	33	Female	Allergy Treatment	OPD	No
P102	22	Male	Hypertension	OPD	No
P103	74	Female	Diabetes	OPD	No
P104	61	Male	Allergy Treatment	OPD	No
P105	27	Male	Post-Surgery Follow-up	OPD	No
P106	79	Male	Allergy Treatment	OPD	No
P107	33	Male	Allergy Treatment	OPD	No
P108	40	Male	Skin Infection	OPD	No
P109	48	Female	Diabetes	OPD	No
P110	38	Female	Diabetes	OPD	No
P111	64	Female	Allergy Treatment	OPD	No
P112	51	Female	Post-Surgery Follow-up	OPD	No
P113	18	Male	Skin Infection	OPD	No
P114	78	Male	Minor Injury	OPD	No
P115	40	Male	Minor Injury	OPD	No
P116	69	Female	Gastric Issues	OPD	No
P117	57	Male	Allergy Treatment	OPD	No
P118	78	Female	Post-Surgery Follow-up	OPD	No
P119	80	Male	Minor Injury	OPD	No
P120	51	Female	Minor Injury	OPD	No
P121	34	Male	Follow-up Visit	OPD	No
P122	10	Female	Fever/Cold	OPD	No
P123	63	Male	Fever/Cold	OPD	No
P124	62	Female	Post-Surgery Follow-up	OPD	No
P125	58	Female	Post-Surgery Follow-up	OPD	No
P126	31	Female	Diabetes	OPD	No
P127	29	Male	Gastric Issues	OPD	No
P128	34	Female	Hypertension	OPD	No
P129	65	Male	Minor Injury	OPD	No
P130	42	Female	Routine Checkup	OPD	No
P131	66	Female	Diabetes	OPD	No
P132	53	Female	Follow-up Visit	OPD	No
P133	31	Male	Allergy Treatment	OPD	No
P134	10	Male	Follow-up Visit	OPD	No
P135	13	Female	Minor Injury	OPD	No
P136	52	Male	Routine Checkup	OPD	No
P137	41	Male	Fever/Cold	OPD	No
P138	26	Male	Diabetes	OPD	No
P139	66	Female	Post-Surgery Follow-up	OPD	No
P140	57	Male	Allergy Treatment	OPD	No

P141	59	Male	Post-Surgery Follow-up	OPD	No
P142	32	Male	Allergy Treatment	OPD	No
P143	21	Male	Diabetes	OPD	No
P144	17	Male	Routine Checkup	OPD	No
P145	66	Male	Minor Injury	OPD	No
P146	30	Male	Allergy Treatment	OPD	No
P147	33	Male	Minor Injury	OPD	No
P148	41	Female	Gastric Issues	OPD	No
P149	34	Female	Post-Surgery Follow-up	OPD	No
P150	15	Male	Hypertension	OPD	No
P151	26	Male	Gastric Issues	OPD	No
P152	29	Male	Skin Infection	OPD	Yes
P153	20	Female	Skin Infection	OPD	No
P154	22	Female	Fever/Cold	OPD	No
P155	60	Female	Minor Injury	OPD	No
P156	10	Female	Allergy Treatment	OPD	No
P157	59	Female	Diabetes	OPD	No
P158	72	Female	Gastric Issues	OPD	No
P159	70	Female	Routine Checkup	OPD	No
P160	15	Female	Fever/Cold	OPD	No
P161	44	Male	Routine Checkup	IPD	Yes
P162	55	Male	Gastric Issues	IPD	Yes
P163	56	Male	Gastric Issues	IPD	Yes
P164	66	Female	Diabetes	IPD	Yes
P165	32	Male	Hypertension	IPD	Yes
P166	70	Male	Hypertension	IPD	Yes
P167	48	Female	Follow-up Visit	IPD	Yes
P168	77	Male	Skin Infection	IPD	Yes
P169	18	Female	Follow-up Visit	IPD	Yes
P170	56	Male	Fever/Cold	IPD	Yes
P171	47	Male	Routine Checkup	IPD	No
P172	55	Female	Hypertension	IPD	Yes
P173	32	Male	Minor Injury	IPD	Yes
P174	25	Male	Follow-up Visit	IPD	Yes
P175	73	Female	Hypertension	IPD	Yes
P176	51	Female	Allergy Treatment	IPD	Yes
P177	13	Female	Minor Injury	IPD	No
P178	23	Female	Allergy Treatment	IPD	Yes
P179	58	Female	Allergy Treatment	IPD	Yes
P180	79	Male	Minor Injury	IPD	Yes
P181	31	Female	Follow-up Visit	IPD	Yes
P182	66	Female	Skin Infection	IPD	No
P183	26	Male	Post-Surgery Follow-up	IPD	Yes
P184	29	Female	Minor Injury	IPD	Yes
P185	78	Female	Minor Injury	IPD	Yes
P186	54	Female	Diabetes	IPD	Yes
P187	45	Female	Routine Checkup	IPD	No

P188	39	Female	Routine Checkup	IPD	Yes
P189	38	Male	Skin Infection	IPD	Yes
P190	72	Male	Gastric Issues	IPD	No
P191	33	Male	Diabetes	IPD	Yes
P192	70	Female	Gastric Issues	IPD	Yes
P193	80	Male	Gastric Issues	IPD	Yes
P194	22	Male	Routine Checkup	IPD	No
P195	19	Male	Post-Surgery Follow-up	IPD	Yes
P196	36	Female	Diabetes	IPD	Yes
P197	60	Female	Minor Injury	IPD	No
P198	46	Female	Gastric Issues	IPD	Yes
P199	23	Male	Gastric Issues	IPD	Yes
P200	72	Male	Routine Checkup	IPD	No

Table 7 – Patient Details and Diagnosis Summary