DEDER GENERAL HOSPITAL

OPD SERVICE PROTOCOL

PREPARED BY*: *HSQU

JULY 2016E.C

DEDER, EASTERN ETHIOPIA

PROTOCOL APPROVEAL SHEET

NAME OF PROTOCOL: OUTPATIENT DEPARTMENT(OPD) SERVICE PROTOCOL

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THIS PROTOCOL IS EFFECTIVE FROM JULY 2016 E.C TO JUNE 2018 E.C

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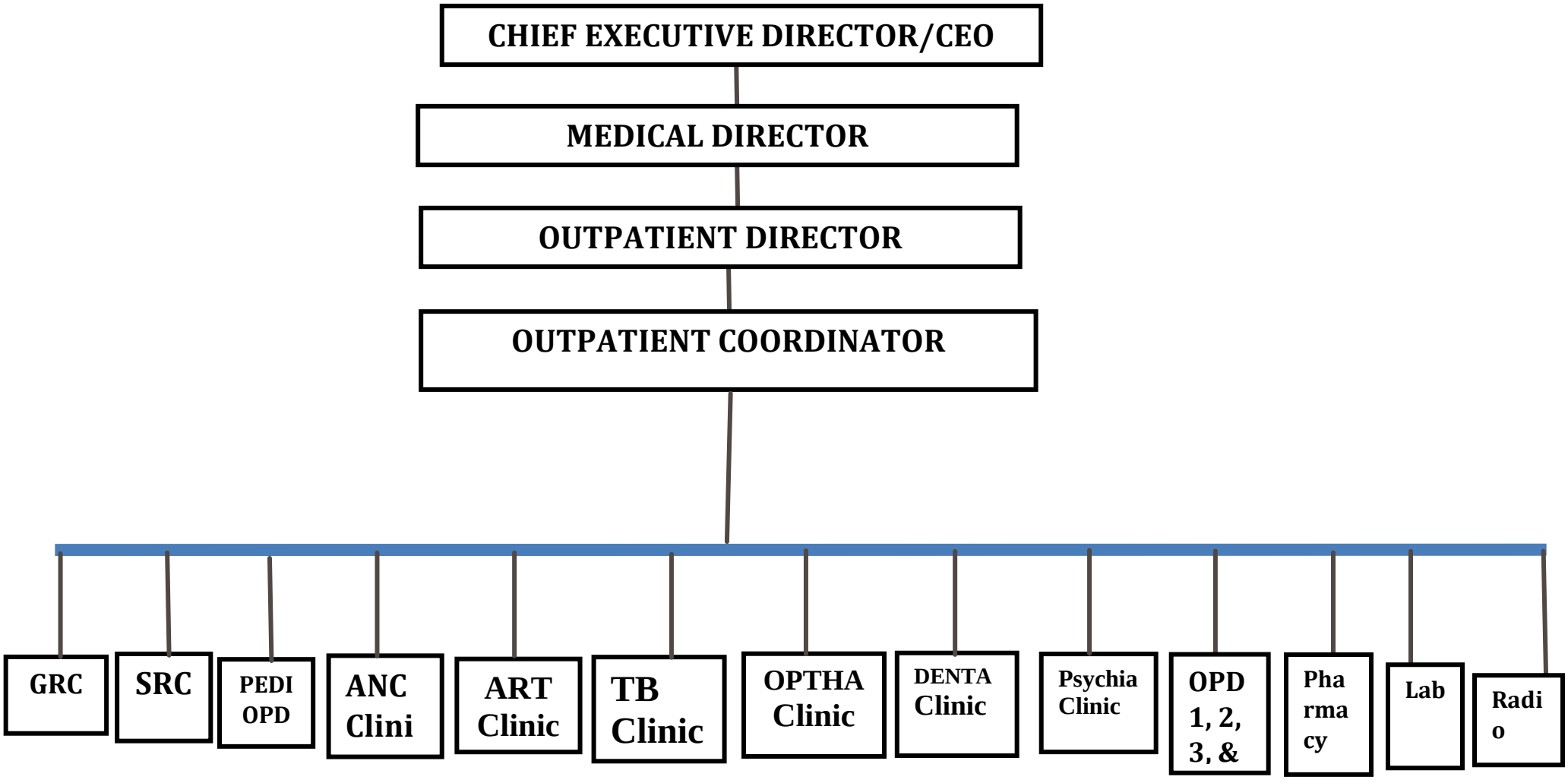
Introduction

Hospital outpatient services management refers to the processes and procedures needed to ensure the efficient flow of patients between outpatient services and providing quality health care to clients. The outpatient service mainly includes Triage, Regular OPD, Specialty and sub specialty referral clinics, Patient appointment system, Pharmacy, Imaging and Laboratory. Efficient flow of patients requires various inputs including human resources, infrastructure, equipment, protocols and pathways. Properly designed and implemented patient flow will reduce patient waiting times, increase provider efficiency and staff/client satisfaction, proper resource utilization as well as improve overall quality of care. This chapter details the inputs and process required to ensure well-organized patient flow at the outpatient department and describes the flow of services from the patient's first encounter with the reception service at the entrance of the hospital until the patient exits the outpatient department.

Outpatient Organizational Structure

- The hospital's outpatient services should be organized in clinical teams according to the clinical services provided by the hospital.
- The outpatient department will be led by **full time Outpatient Director/Outpatient case team manager with nurse coordinator** and will be **accountable** to **the hospital's CCO/MD**.
- Clinical and support staff should be organized into Case Teams by type of Specialty (e.g., Surgery, Internal Medicine, pediatrics, Gynecology, etc.).
- The outpatient directorate/case team manager will have an office with:
    - ✓ Office furniture,
    - ✓ Secretary,
    - ✓ Plan,
    - ✓ Report and
    - ✓ Evaluation sy

OUTPATIENT DEPARTMENT ORGANOGRAM



Outpatient Service Layout

Outpatient Services should be organized in a manner that reduces the length of time that might take a patient to travel from one service area to another. Although each facility has a different layout and plan, clinical services should be organized as close to one another as possible.

Outpatient services consist of:

a) Central triage and patient waiting area
b) Medical Record Room
c) Examination (clinical assessment) room, sample collection and treatment rooms
d) Pharmacy dispensing unit and cashier
e) Laboratory team, with cashier
f) Imaging diagnostic team, with cashier

Central Triage

Central Triage Pathway

The central triage is the first point of patient contact in outpatient services. The central triage infrastructure should include a waiting area with adequate seats, registration and clinical assessment areas.

Patients will be directed to Central Triage from the reception service or Emergency Department. Within Central Triage the patient will undergo a triage assessment and all relevant administrative processes (registration, medical record retrieval, payment etc) will be conducted. The triage assessment will assign each patient to appropriate case team (emergency, ROPD, specialty and sub- specialty clinic or back referral with appropriate counseling.) The patient will then be directed to the relevant case team and his/her medical record will be delivered to the case team by a runner. (Electronic medical recodring are preferred)

A. Central Triage Activity

The central triage should be open at least an hour before and during regular working hours.

Opening Schedule of central triage

A. MORNING

- 1:00DLT to 5:30 DLT

B. AFTERNOON

- 7:00DLT to 10:30 DLT

NB:

DLT= day local time

All patients should undergo Central Triage using guideline **EXCEPT**:

- Emergency cases (should immediately attend emergency department),
- Laboring mothers (should immediately attend delivery unit),
- Those with an appointment (should immediately go to relevant case team), and
- Private wing patients

The first step in Central Triage activity is aiming in **identifying and treating emergency signs**. The Triage Clinician should identify patients who would be more appropriately treated by the emergency case team and after resuscitation, should transfer these patients to the emergency

case team. If a patient does not have an emergency condition, the Triage Clinician should then determine the nature and urgency of the client's medical problem and determine the appropriate service/case team required by the patient. If the service is available the patient should be transferred to the appropriate case team or given an appointment for the next available date while a referral should be arranged to another facility for services not available in the hospital. When scheduling appointments for the same, or a future date, staff should take all relevant patient information into account, including:

- The severity of the condition
- Geographic/Distance travelled by patient/
- Financial status of patient (for example financial difficulties that could prevent the patient returning to the hospital at a future date taking into consideration transport and/or hotel costs
- Social circumstances of patient (for example loss of income due to absence from work, childcare needs of dependent children and etc).

The criteria by which a patient is given **priority** for treatment should be written and visible to patients and staff to ensure **transparency in the process.**

- If the patient can receive services on the **same day he/she** will complete all necessary registration and payment requirements in medical record management unit and then be directed to the relevant outpatient case team.

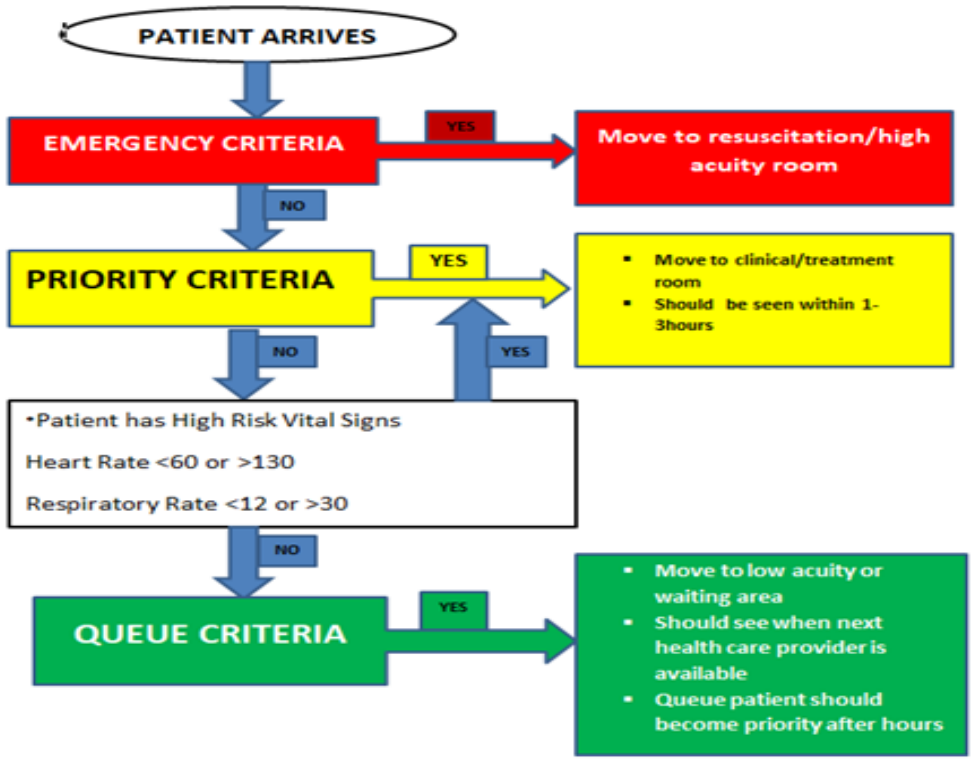
- If the appointment is scheduled for a future date, the patient will complete all necessary registration and payment requirements in medical record management unit, given an appointment card and advised to report to the appropriate case team on the date of their appointment, without undergoing Central Triage again.

- Triage team will register patients not seen on the same day and report to the outpatient department leader for future improvement purposes.

- The hospital should have a clear management system for isolating patients with communicable diseases like patients having chronic cough and suspected of TB. The hospital should also have a separate waiting area for children and adults.

- The hospital central triage service should be started an hour before the regular OPD working hours to ensure efficient and smooth flow of patients

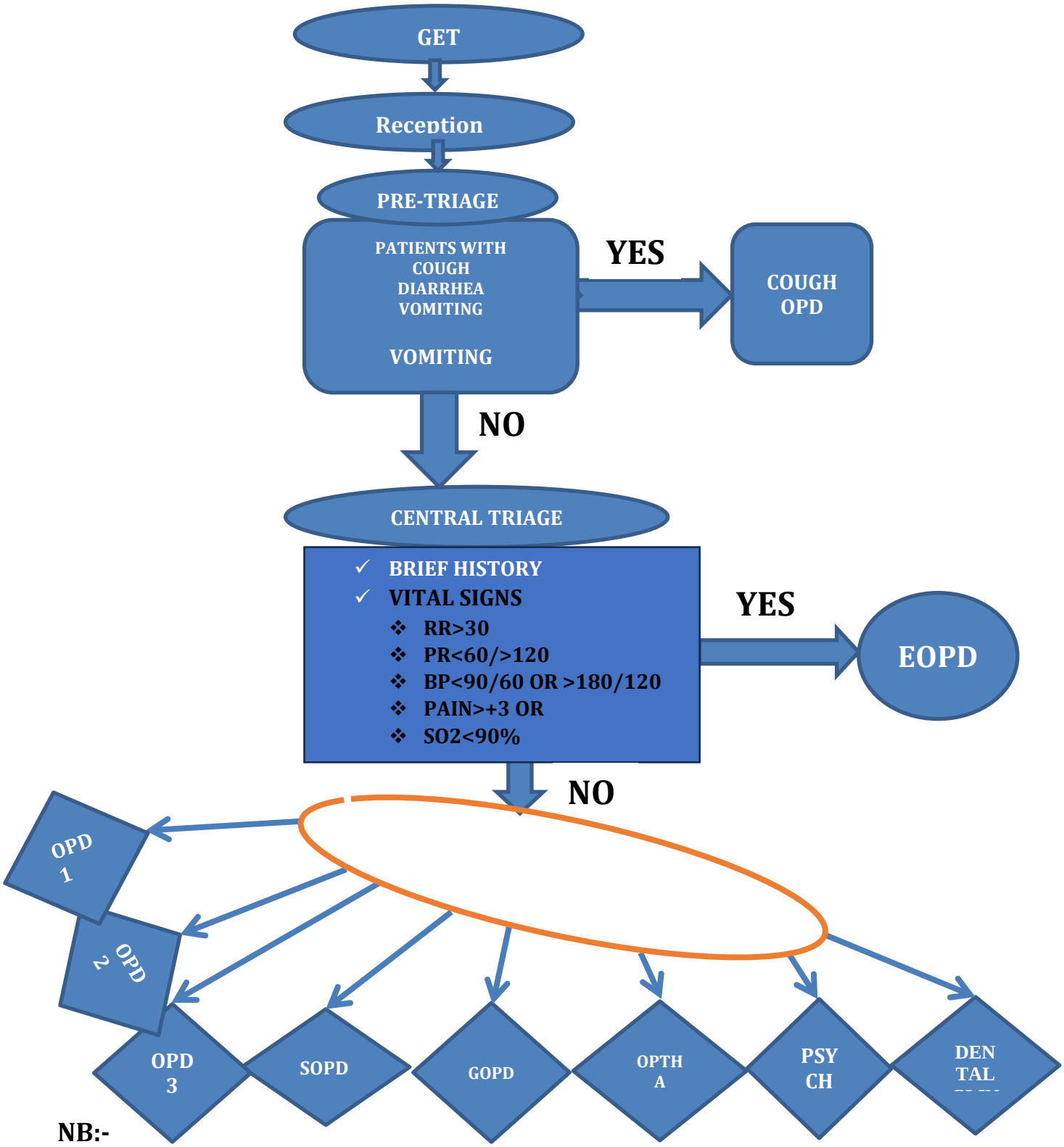
Figure 1. Summary of triage flow and timelines of care



EMERGENCY CRITERIA (Tick here if Yes)			
	Unresponsive		Pregnant with Heavy bleeding
	Stridor		Pregnant with Severe abdominal pain
	SpO_2 <90%		Pregnant with Seizures
	Respiratory distress or cyanosis		Pregnant with Severe headache
	Weak pulse or Capillary refill>3 sec		Pregnant with Visual changes
	Heart rate <50 or >150		Pregnant with SBP≥160 or DBP ≥110
	Heavy bleeding		Pregnant with Active labour
	Active convulsions		Pregnant with Trauma
	Hypoglycemia		Age < 2years with Temp <36°C or >39°C
	High-risk trauma*		Child <14 with severe dehydration
	Poisoning or dangerous chemical exposure*		Adult with signs of meningitis
	Threatened limb*		Acute chest or abdominal pain (>50 years old)
	Snake Bite		ECG with acute ischaemia
	Violent or aggressive		Other (state):
PRIORITY CRITERIA (TICK here is Yes)			
	Vomits everything or ongoing diarrhoea (adult)		Severe pain (no Red criteria)
	Unable to feed or drink		Visible acute lime deformity

	Severe Pallor		Open fracture
	On-going bleeding (no emergency criteria)		Suspected dislocation
	Recent fainting		Other trauma/burns (no Red criteria)
	Altered mental status (no emergency criteria)		Sexual assault
	Acute general weakness		Acute tersticular/scrotal pain or priapism
	Acute focal neurology		Unable to pass urine
	Acute visual disturbance		Wheezing (no Red criteria)
	New rash worsening over hours or peeling (no emergency criteria)		Exposure requiring time-sensitive prophylaxis (example: animal bite, needle-stick injury)
	Any infant 8 days to 2 months old		Child below 14 years old with malnutrition
	Child below 14 years old with dehydration		Child below 14 years old with ongoing diarrhoea
	Referral patient (no emergency criteria)		Other, state:
QUEUE CRITERIA (Tick here if Yes)			
	Patient with no Emergency or priority criteria indicated in above tables		

Patient flow AT CENTRAL TRIAGE



NB:-

- **Patients with RR>30bpm and oxygen saturation <90% should be transported with Oxygen.**
- **Patients with disability should be transported to service area by wheelchair.**

Central Triage Human Resource Requirements

- The Central Triage Case Team consists of both **clinical and non-clinical staff**.
- Triage should be carried out by a **General Practitioner**. However, depending on the availability of human resources, it can be conducted by an **MSc/BSc Nurse**.
- Non-clinical members of the Central Triage case team include
  - ☞ Runners,
  - ☞ Cashiers,
  - ☞ Registrars/ Clerks and
  - ☞ Cleaners.
- The **runners** are responsible to facilitate the registration of patients and to transport patients as needed.
- The Central Triage Case Team should have ready access to the Liaison and Referrals Service.

Central Triage Equipment and Supply Requirements

The central triage should have sufficient equipment and supplies considering patient workload. The following is a list of the minimum items that should be available at central triage:

- Triage room with office furniture
- Examination bed
- Thermometer
- Glucometer
- Adult stethoscope
- Adult sphygmomanometer (automatic or manual)
- Adult weight and height scale
- Resuscitation tools
- Patient monitor with ECG monitoring (for general and tertiary hospitals)
- Pulse oximetry
- Wheelchair

- Stretcher
- Screens, partitions or separate rooms
- Gloves, face masks and other personal protective equipment
- Wall clock
- Microphone/Public address system

Outpatient Service Activity

- The outpatient case team will take a history, examine the patient and record the findings. If diagnostic laboratory or imaging tests are needed, a request filled with all the necessary information (as per the laboratory and imaging standard) and the patient has to be sent to the respective departments guided by a runner. A note entered to the patient card should include at least pertinent history, physical examination and laboratory/imaging findings pointing to the patient diagnosis. If diagnostic or therapeutic procedures as lumbar puncture, abscess drainage etc is required, it has to be performed at the outpatient department. The results of any investigations and treatment options should be explained and discussed with the patient.
- If the patient needs consultation with Specialist (intra or interdepartmental) this should, as far as possible, take place on the same day. Consultation can take place face-to-face, with phone consultation or direct linkage to the consulted department with reason for consultation documented in the patient record.
- The hospital should have a well-defined scope based practice protocol.
- Any minor procedures that are required (such as dressings change or injections) should be carried out in the outpatient department.
- If the patient needs to be admitted to hospital or be referred to other hospital, he/she will be guided to the Liaison office with the help of runner for admission or referral arrangement.
- Sample collection, procedure and payment area at the OPD should be easily accessible to all OPD patients and should have sufficient staff to prevent delay.

- Runners are responsible to facilitate patient registration, transport patients (if needed), transport samples from the collection area to the laboratory unit and back results to the clinical case team (if needed).
- The Diagnostic Imaging department should be located in close proximity to OPD and every patient who requires imaging services should be directed there with the assistance of a runner, if necessary.
- The hospital should ensure documentation of all HMIS diagnosis in to the HMIS register daily and complete, correct and timely reports have to be compiled and sent to the plan and monitoring or other units.
- If medication is required the patient should be directed to the OPD pharmacy dispensing unit from where he/she will make payment (if necessary) and obtain the necessary drugs and appropriate counselling.
- If appointment is required for future date, the treating professional will determine the appropriate time frame for appointment and send the patient to liaison office. The patient will be told the exact date and time of appointment at the liaison office and will be given appointment card. On the appointment date, the patient will proceed directly to the service unit without waiting at the central triage.
- Appointment should follow **block-based appointment** system to avoid **crowding and long patient waiting time**
- Outpatient service coordinators will **regularly monitor timely service delivery** in accordance with local government working hours and take corrective actions on gaps identified.

Outpatient Human resource needs and their roles

1. Outpatient Director / outpatient case team manager

- Organize and lead the outpatient service as per the national standards and treatment guidelines
- Ensure the availability of adequate human power and equipment's for outpatient services.
- Plan, budget and report the outpatient activities

2. Nurse coordinator

- Coordinate the outpatient nursing service
- Plan the necessary supplies, drugs and equipment's for patient care
- Coordinate and monitor daily recording of all patient diagnosis in to the HMIS register
- Monitor and evaluate the implementation of outpatient specific nursing standards

3. ***General medical practitioner per discipline (Internal medicine, pediatrics, surgery, gynecology and obstetrics) to run the regular outpatient service for eight hour in each working hour***

   ✓ Examine, treat and counsel a patient
   ✓ Perform minor procedures (foreign body removal, abscess drainage etc) at OPD level
   ✓ Plan, document and report daily activities

4. ***Specialists or sub specialist per discipline (specialty) to run the respective specialty and sub specialty clinic services assigned***

   ✓ Examine, treat and counsel a patient at a specialty follow up clinic
   ✓ Plan, document and report daily activities

5. ***Nurse should be assigned at outpatient unit as per patient load***

   - Complete and implement nursing care including minor procedures (wound care, emergency resuscitation)
   - Record all patient diagnosis in to HMIS register
   - provide health education and counseling service

6. ***Adequate number of laboratory, pharmacy and imaging workers based on the tier level of the hospital.***

   ✓ Implement all standards listed under **laboratory**, **pharmacy** and **specialty** and sub-**speciality** chapters.

7. ***Runners***

   - Assist patients whenever necessary
   - Collect lab and imaging results from the respective unites and attach with patient's medical record.

8. Cashier

✓ Collect daily cash from outpatient service users

- ✓ Number of cashiers and windows should depend on the case load

9. *Cleaner*

- ✓ Clean and protect the outpatient facilities as per standards

10. *Phlebotomist*

- ✓ Take and collect samples from patients and deliver to lab units

11. *Security guards will be assigned based on the hospital context.*

- Will safe guard the patients and staff and visitors

B. Outpatient case team equipment and supply needs

Each case team room should be equipped with equipment and supplies needed to provide patient care. The following (Table: 1) is a list of suggested items that should be found in the case team room. It is not an exhaustive list of all possible equipment and supplies, but should be used by each facility as a guide when determining equipment needs.

Table 1: Minimum Equipment and Supply Needed for Outpatient Services

Equipment and Furniture	Supplies
Examination bed, Chairs and tables , Stretcher, Wheel chair, Stethoscope, Sphygmomanometer (automated or manual), Otoscope, Tongue depressor, Ophthalmoscope, Thermometer, Weight and height scale, Measuring tape, Screen for patient, Minor procedure kits, Computer and Communication materials (TV....)	Patient forms: • History and examination sheets • Consultation request form • Referral form • Laboratory, X ray request form Prescription pads Sample collection supplies Dressing supplies Personal protective equipment

C. Health literacy unit

Health literacy Unit should be established and work closely works with DIS. The unit should be led by health literacy professional or at least GP. The team will work in close proximity with departments and service delivery units to develop and deliver health education materials. Health education materials should be developed for selected prioritized topics. There should be a regular health education session on face-to-face basis at waiting areas and wards. Focused group discussions should also be established on selected chronic diseases with health education component.

Standardized health education materials should be availed to patients in the form of brochures, leaflets, posters, billboards, audiovisual materials displayed at waiting areas. Clients should get access to a phone line whenever they need consolation to health professionals.

D. Procedure room at outpatient clinic

The outpatient clinic should encompass a procedure room where diagnostic and therapeutic minor procedures and tests can be performed and where simple bedside tests can be carried out. The procedure room should be staffed and equipped with: nurse, cleaner, dressing set, minor OR set, hand washing facilities, coach, IV stand, IPPS materials. The infrastructure at the outpatient clinic should facilitate easy access way to treatment services for differently abled people and other people in need of special help.

E. Waiting Area at outpatient clinic

Waiting area of the hospitals should be located closest to the reception and should incorporate the followings:

- Designated, spacious with washable sits and floor
- Natural or mechanical ventillaton
- Natural or artificial light sources
- Usher/guide
- Audiovisual corner with TV for educating patients and their families.

Staff assigned at waiting area of the outpatient clinic should be trained on special need training in order to ease their communication between people with special needs, thereby

give necessary information (guide) for differently abled people. Supporting devices such as wheelchair, stretcher should also be accessible at waiting area.

The hospital should have a clear management system to for isolating patients with communicable diseases like patients having chronic cough and suspected of TB. The hospital should also have a separate waiting area for children and adults.

F. Clinical Audit and Quality Improvement Project

The outpatient department should conduct regular OPD clinical audit and develop QI project. The quality improvement projects are expected to graduate with the timeline set during the project. Each outpatient service area conducting QI projects should monitor the progress of implementation of QI the projects.

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