



# DEDER GENERAL HOSPITAL

## Standard Operating Procedure (SOP) for Sustaining Improvement in Reducing OPD Waiting Time for Consultation

**BY: HSQU**

**March 2025**

**Deder, Eastern Ethiopia**



### SMT SOP APPROVAL

#### SOP for Reducing OPD Waiting Time for Consultation

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## **1.0 PURPOSE**

To establish a standardized process for managing patient flow in the Outpatient Department (OPD) to sustain the reduction of average waiting time for consultation to ≤23 minutes, improve patient satisfaction, and ensure efficient use of resources.

## **2.0 SCOPE**

This SOP applies to all staff involved in the OPD patient flow process at Deder General Hospital, including but not limited to: registration clerks, triage nurses, medical records staff, attending physicians, OPD nurses, the IT department, and quality assurance personnel.

## **3.0 DEFINITIONS**

- **Waiting Time for Consultation:** The time elapsed from when a patient completes registration at the OPD front desk to when they are first seen by a consulting physician.
- **Integrated Triage-MRU Station:** The combined unit where Medical Records Unit (MRU) functions and nursing triage are performed simultaneously for each patient.
- **EMR (Electronic Medical Record):** The digital system used for patient registration, record retrieval, and clinical documentation.
- **Process Audit:** A periodic check to ensure all steps of the patient flow process are being followed correctly.

## 4.0 RESPONSIBILITIES

- ☛ **OPD Head/Manager:** Ultimately responsible for the overall patient flow and adherence to this SOP. Chairs monthly performance review meetings.
- ☛ **Triage Nurse (at Integrated Station):** Conducts quick initial assessment (vitals, chief complaint), retrieves/prepares patient files via EMR, and directs patients to the appropriate consultation room.
- ☛ **Registration Clerks:** Ensure quick and accurate patient registration using the EMR system.
- ☛ **Medical Officers/Physicians:** See patients promptly in the order directed by the triage system and document consultations in the EMR.
- ☛ **IT Department:** Maintains functionality of the EMR system, provides technical support, and generates data reports upon request.
- ☛ **Quality Directorate (QI Team):** Monitors overall compliance with the SOP, collects and analyzes waiting time data, and facilitates FGDs.

## 5.0 PROCEDURE

### 5.1 Patient Flow Process: Triage and Registration

1. **Registration:** Upon arrival, the patient reports to the registration clerk. The clerk quickly registers the patient or verifies existing details in the EMR system. Target time: **<2 minutes.**
2. **Integrated Triage-MRU:** The patient proceeds immediately to the integrated triage-MRU station.
  - ☛ The triage nurse retrieves the electronic patient record.
  - ☛ The nurse conducts a quick assessment (vitals, weight, chief complaint).

- ☒ The nurse updates the EMR and assigns the patient to the appropriate consulting physician's queue within the system.
  - ☒ Total target time for triage and file preparation: **<8 minutes**.
3. **Consultation:** The patient moves to the waiting area near the assigned consultation room. The physician sees patients in the order listed in their EMR queue. The target waiting time post-triage is **<15 minutes**.

## 5.2 Daily Monitoring and Real-Time Adjustment

1. The **OPD Head Nurse** or designee will spot-check waiting times at least twice daily (mid-morning and early afternoon) using a stopwatch or EMR time logs.
2. If the waiting time exceeds **30 minutes** at any point, the OPD Head Nurse will:
  - ☒ Identify the bottleneck (e.g., a slow-moving physician, a missing file, a backup at triage).
  - ☒ Implement immediate corrective actions (e.g., reallocating a nurse to assist, redirecting patients to less busy physicians).

## 5.4 EMR System Utilization and Maintenance

1. All patient interactions (registration, triage, consultation) must be logged in the EMR to generate accurate time stamps for monitoring.
2. The **IT Department** is responsible for ensuring system uptime **>99%** and resolving any technical issues within 2 hours of reporting.
3. The EMR must be used to generate the daily patient list and queue for each physician.

## 5.5 Data Monitoring & Performance Review (Monthly)

1. The **QI Team** will extract waiting time data from the EMR system for a random sample of 10 patients per week.
2. The **OPD Head** will lead a Monthly Performance Review Meeting to:
  - ☒ Review the average weekly and monthly waiting times.

- ☛ Review the OPD Process Audit results (Annex 2).
- ☛ Identify root causes for any delays and assign corrective actions.

## **6.0 DOCUMENTATION**

- ☛ OPD Process Audit Tool (Annex 2)
- ☛ Monthly Performance Meeting Minutes
- ☛ Monthly QI Monitoring Report (Annex 4)

## **7.0 REVIEW OF SOP**

This SOP shall be reviewed **annually** by the OPD Head, Quality Directorate, and hospital management to ensure its continued effectiveness and relevance.

## ANNEX

### 1. OPD Process Audit Tool

Date of Audit: \_\_\_\_\_

Auditor: \_\_\_\_\_

Sample Size: 10 patients

Patient ID	Reg. Time <2 min? (Y/N)	Triage Time <8 min? (Y/N)	Waiting Time <15 min? (Y/N)	EMR Updated? (Y/N)	Notes/Bottlenecks
% <b>Compliance</b>	__ %	__ %	__ %	__ %	

### 2. Monthly Performance Review Meeting Minutes

Field	Details
Department	Outpatient Department (OPD)
Date	
Chair	
Recorder	

#### Agenda

No.	Agenda Item
1	Review of average waiting times
2	Process audit findings
3	FGD outcomes
4	Root cause analysis of delays
5	Corrective action planning

## **Discussion Points**

No.	Discussion Point
1.	
2.	
3.	
4.	
5.	

## **Decisions Made**

No.	Decision
1.	
2.	
3.	
4.	
5.	

## **Action Items**

Action Item	Responsible Person	Timeline	Status
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> In Progress <input type="checkbox"/> Completed
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> In Progress <input type="checkbox"/> Completed

| Next Meeting Date | \_\_\_\_\_ |

### **3. QI Team Monitoring Tool**

**Department:** Outpatient Department (OPD)

**Project:** Sustaining Reduction in Waiting Time for Consultation

**Reporting Month:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_

#### **1. Key Performance Indicators (KPIs)**

<b>Indicator</b>	<b>Definition</b>	<b>Target</b>	<b>Current Month</b>	<b>Status</b>
<b>Avg. Waiting Time</b>	Mean time from registration to consultation	≤23 min	____ min	
<b>Triage Process Time</b>	Mean time spent at integrated triage-MRU station	≤8 min	____ min	
<b>EMR Uptime</b>	% of time EMR system is operational	>99%	____ %	
<b>Patient Satisfaction</b>	% of patients satisfied with waiting time (from survey)	>85%	____ %	

#### **2. Process Monitoring**

<b>Activity</b>	<b>Planned Frequency</b>	<b>Actual Conducted</b>	<b>% Achieved</b>	<b>Remarks</b>
Daily Spot-Checks	20 per month	____	____ %	
Process Audits	1 per month	____	____ %	
Monthly Review Meetings	1 per month	____	____ %	

### **3. Challenges Identified**

### **4. Corrective Actions & Recommendations**

Issue Identified	Corrective Action	Responsible Person	Timeline	Status
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### **5. Summary & Way Forward**

**Overall Waiting Time Status This Month:** \_\_\_\_\_

**Next Steps / Priority Actions:**

- 
- 

### **4. Sustainability Checklist for OPD Waiting Time QI Project**

Domain	Checklist Item	Status (Yes/No/Partial)
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<b>Leadership &amp; Commitment</b>	OPD waiting time is a standing agenda item in hospital management meetings	
<b>Process Adherence</b>	Integrated Triage-MRU process is functional for 100% of patients	
<b>Process Adherence</b>	EMR is used to log all patient flow steps	
<b>Technology &amp; Resources</b>	EMR system uptime is >99%	
<b>Monitoring &amp; Evaluation</b>	Daily spot-checks of waiting times are conducted	
<b>Monitoring &amp; Evaluation</b>	Monthly waiting time data is reviewed by the QI team	
<b>Patient Outcomes</b>	Average waiting time is maintained at ≤23 minutes	
<b>Balancing Measure</b>	Patient satisfaction is maintained at >85%	

**Instructions:** Complete this checklist **quarterly**. “Status” should be marked based on data and observation. “Remarks” should note gaps, root causes, or actions needed. Reviewed by: OPD Head & QI Unit