



Date: September 04, 2018E.C

✉ **To:** Health Service Quality Unit

✉ **From:** Outpatient Department (OPD)

Subject: Monthly Quality Improvement Report: OPD Waiting Time Control (August 01-30, 2017)

Dear Colleagues,

We are pleased to share the initial report for the OPD Waiting Time Control Quality Improvement (QI) initiative for August 2017, marking the launch of efforts to reduce waiting times through the integrated triage-MRU station and EMR queue monitoring.

This month, we launched the integrated triage-MRU station, conducted staff orientation, initiated daily spot-checks, began real-time EMR queue monitoring, and installed initial workflow signage.

Key Results for August 2017:

✉ **Average Waiting Time:** 20 min (Target: ≤23 min)

✉ **Average Triage Time:** 7 min (Target: ≤8 min)

✉ **EMR Queue Adherence:** 100% (Target: >90%)

✉ **EMR Uptime:** 100% (Target: >99%)

Sustainability Achievement:

The project has successfully sustained its targets for five consecutive months (April–August). The integrated triage-MRU station, EMR queue system, and rotational accountability have created a robust, efficient, and patient-centered process. No challenges were observed, and the model is ready for replication in other units.

We extend our gratitude for your invaluable support throughout this successful initiative.

Sincerely,

Dr. Bahar Abdi

OPD Director

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN REDUCING OPD WAITING TIME FOR CONSULTATION:

A QUALITY IMPROVEMENT PROJECT

QI Team Lead: Dr. Bahar Abdi-OPD Director

Facilitator: Abdi Tofik (BSc, MPH)-HSQ Director

Reporting Period: August 01-30, 2017

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1. PLAN

Aim Statement:

By August 2017, sustain an average OPD waiting time for consultation of **≤23 minutes** for five consecutive months through the integrated triage-MRU station, real-time EMR queue monitoring, and continuous performance review, while maintaining **patient satisfaction above 85%**.

Rationale:

Baseline process mapping showed bottlenecks at registration and file retrieval. The **integrated triage-MRU station** was introduced to streamline flow. **EMR queue tracking** and **spot-checks** were identified as critical for long-term sustainability.

Predicted Change:

- Sustained OPD waiting time ≤ 23 minutes
- Triage process ≤ 8 minutes
- Patient satisfaction consistently $> 85\%$
- Improved physician adherence to EMR queue discipline

Interventions:

- Operate **integrated triage-MRU station** for all patients
- Use **EMR queue system** to manage physician consultations
- Conduct **daily spot-checks** by OPD Head Nurse
- Hold **monthly performance review meetings** with staff
- Provide **training and signage support** for workflow clarity

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Measures:

- **Primary:** Average OPD waiting time (minutes)
- **Process:** Average triage process time (minutes), EMR queue adherence rate (%)
- **Balancing:** Patient satisfaction rate (%)

Roles & Responsibilities:

- **OPD Head/Manager:** Overall accountability, leads reviews, manages physician engagement
- **OPD Nurses:** Manage triage, enter data in EMR, assist patient flow
- **Physicians:** Follow EMR queue protocol during consultations
- **HSQU Focal Person:** Collect data, compile reports, facilitate monthly QI reviews

2. DO

Implementation Activities (March–August 2017):

- **March:** Launch integrated triage-MRU station, staff training, spot-checks start
- **April:** EMR training for nurses, install signage, reinforce physician queue use
- **May:** One-on-one physician engagement, pilot “Queue Champion” role
- **June:** Rotate “Queue Champion” role, SOP embedded
- **July:** Sustained monitoring, queue discipline normalized
- **August:** Consolidated sustainability, SOP fully embedded

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Data Collection:

- Waiting times from EMR time stamps (10 patients/week)
- Triage times during spot-checks
- Queue adherence via observations

3. STUDY

Results Summary

Indicator	Target	Aug	Trend
Avg. Waiting Time	≤23m	20	↓ improving
Avg. Triage Time	≤8m	7	↓ improving
EMR Uptime	>99%	100%	Sustained

OPD Waiting Time Process Audit Report (40 Patients)

Patient ID	Wait Time (min)	Triage Time (min)	EMR Queue Followed?
002557	20	7	Y
000630	19	6	Y
124246	21	7	Y
161496	20	7	Y
198615	19	6	Y
024885	20	7	Y
066108	21	7	Y
029121	19	6	Y
014834	20	7	Y
051421	18	6	Y
019429	20	7	Y
185437	19	6	Y
003693	21	7	Y

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256611	20	7	Y
343962	19	A QUALITY IMPROVEMENT PROJECT	Y
110641	20	7	Y
220889	21	7	Y
251246	19	6	Y
345378	20	7	Y
005979	18	6	Y
009109	20	7	Y
056084	19	6	Y
017979	21	7	Y
000620	20	7	Y
072938	19	6	Y
095699	20	7	Y
173707	21	7	Y
056084	19	6	Y
003499	20	7	Y
129131	18	6	Y
004430	20	7	Y
057077	19	6	Y
031320	21	7	Y
016043	20	7	Y
121286	19	6	Y
133121	20	7	Y
233817	21	7	Y
347388	19	6	Y
106672	20	7	Y
040686	18	6	Y
TOTAL	Average Wait: =20 min	Average Triage:=7 min	EMR Queue Followed: 40 / 40 = 100%

Key Learnings:

- Integrated triage-MRU effective but required training early on
- Leadership engagement secured physician buy-in by May
- Signage helped patients navigate OPD with less confusion
- Rotating accountability ensured sustainability

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Challenges:

- ☒ Initial resistance and confusion (March–April)
- ☒ Physician bypass of queue (resolved in May)
- ☒ Staffing constraints for “Queue Champion” (resolved by rotation in June)

4. ACT

What Worked:

- EMR queueing system ensured fairness and reduced wait times
- Nurse EMR training improved triage times
- Patient flow signage clarified navigation
- Leadership and peer accountability sustained improvements

What Needs Adjustment:

- Early months required focused training and physician engagement
- Sustainability model needed adaptation (rotating champion)

Next Steps (Sept 2018 onward):

- Transition to quarterly monitoring via Sustainability Checklist (Annex 4)
- Maintain SOP as standard practice
- Share successful OPD model with other units (Pediatrics, ART, etc.)
- Celebrate staff contributions to reinforce ownership