



DEDER GENERAL HOSPITAL

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

BY: HSQU

March 2025

Deder, Eastern Ethiopia




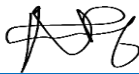
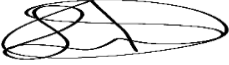








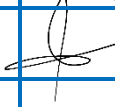



SMT SOP APPROVAL				
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	Version: DGH-SOP-OR-006			
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1.0 PURPOSE

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
% Compliance	___%	___%	___%	___%	

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)

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

2. Process Monitoring

Activity	Planned Frequency	Actual Conducted	% Achieved	Remarks
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:

-

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4. Sustainability Checklist for OPD Waiting Time QI Project

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