



# A STUDY ON OPD TO IPD CONVERSION, IN ONE OF THE LEADING HOSPITALS, BANGALORE

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## ABSTRACT

This research was conducted at a multispecialty hospital located in Bangalore, Karnataka, with the aim of identifying the reasons why some patients visited the hospital's outpatient department (OPD) frequently but did not prefer for admission despite the availability of affordable facilities. The possible factors associated with this trend were investigated, including financial constraints, dissatisfaction with consultation, inadequate personal attention, delayed service delivery, or recommendations for private consultations. The study adopted a census method to select a sample of OPD patients who did not take admission despite doctor's instructions. The collected data were analysed using descriptive statistics in a cross-sectional study design based on patient's observations and reasons for not seeking admission. The study aimed to identify the reasons behind this trend and its consequences for patients.

Keywords: out-patient, in-patient, admission, patients, consequences, and reasons.

## I. INTRODUCTION

The Outpatient Department (OPD) is the primary point of entry for patients seeking medical services in a hospital. Patients from various locations with diverse health concerns come to the hospital seeking medical attention. The conversion rate from the OPD to the Inpatient Department (IPD) provides insights into the number of patients who have been advised to get admitted and have actually been converted into the IPD. The next step would be to determine the number of non-conversions, which refers to the patients who were advised to get admitted but did not opt for admission and their reasons for doing so. Typically, the OPD to IPD conversion rate for Indian hospitals ranges from 10% to 15%.

Hospitals usually offer three main categories of services, including the OPD, IPD, and Emergency departments. The OPD is where patients visit the outpatient room, consult with the doctor for their ailment, receive prescription medication and leave. However, if the doctor deems it necessary, the patient may require admission and further treatment, which is provided in the IPD ward. The IPD patients are admitted to the hospital for various reasons, such as surgery, extensive testing, or intensive medical conditions. The Emergency or casualty department provides urgent treatment services to patients round the clock.

OPD to IPD conversion rate is influenced by hospital branding and advertising efforts. Hospitals need to invest in the right branding strategies and loyalty programs to ensure that patients are converted from the OPD to the IPD. Effective hospital branding initiatives increase brand awareness, top-of-mind awareness, and brand equity, leading to patient loyalty. Another approach could be to educate patients about the available services and offerings to increase the conversion rate.

## OBJECTIVES OF THE STUDY

1. To calculate the conversion of Out-patients to the In-patient department in a hospital.
2. To determine the reason for non-conversion.
3. To suggest measures to improve the conversion of OPD to IPD.

## II. REVIEW OF LITERATURE

**1)According to Kurt Kroenke MD; Minjin k lee PhD (2022)**, The increasing use of patient report outcome measures is forcing clinicians and health care systems to decide which to select and how to incorporate them into their records and clinical workflows.

**2)According to Crossnohere N L (2020)**, Patient report outcome are increasing used in clinical trials to provide patient's perspective regarding symptoms, health related quality of life and satisfaction with treatments.

**3)According to Prof. (Dr) Subhashish Chatterjee (2018)**, The study is to identify the consequences and its several reasons that lead to compelling low OPD-IPD conversion ratio. To analyze the effect of age and gender influence on the same

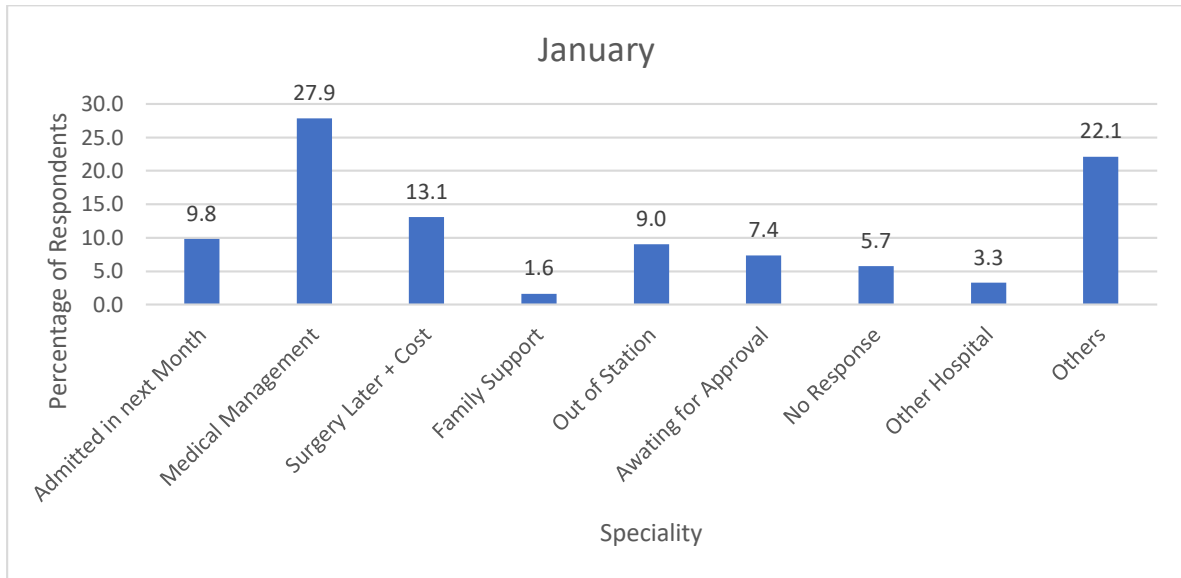
## III. METHODOLOGY

In this research, the aim is to enhance the conversion rate from OPD to IPD among patients in the chosen hospital. The data was collected through a census method, which involved gathering information from all 245 patients. Simple Percentage Analysis was used as the analytical tool. The study was conducted between January to March of 2023. However, certain limitations of the study need to be considered, such as concerns about confidentiality, unavailability of the Senior Leadership Management, and uncertainty regarding patient admissions.

## IV. ANALYSIS AND INTERPRETATION

### CHART 4.1.1

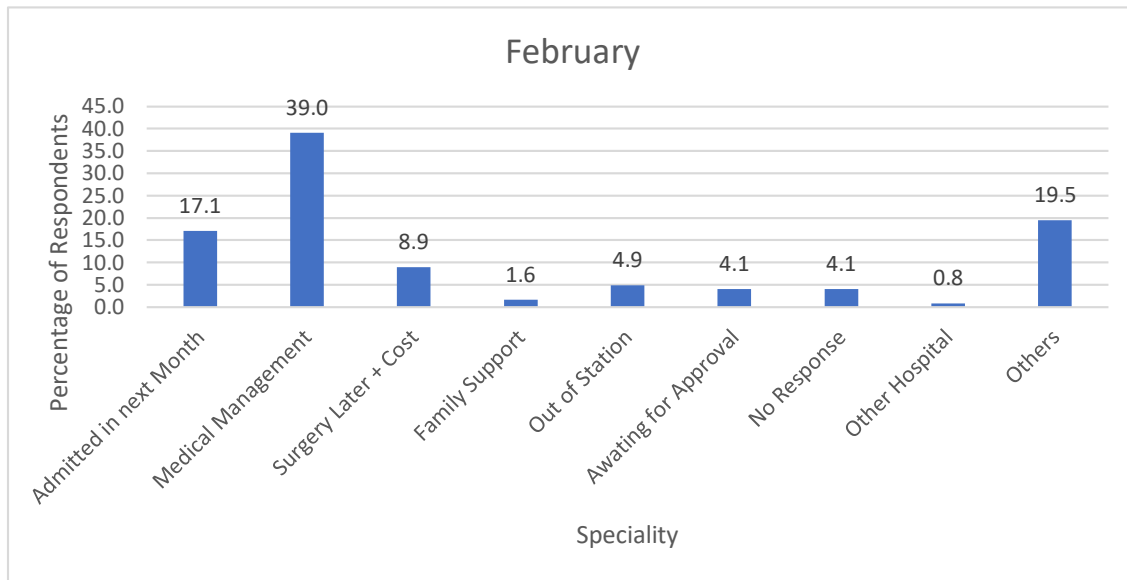
Chart showing the reasons for non-conversion in the month of January



### INTERPRETATION

Based on Chart I, it can be inferred that the highest number of patients, approximately 27.9%, are not being admitted due to medical management. The next highest reasons for non-admission are other treatment (22.1%), surgery later and surgery cost (13.1%), admission scheduled for next month (9.8%), out of station (9%), awaiting approval (7.4%), no response (5.7%), other hospital (3.3%), and family support (1.6%) in January.

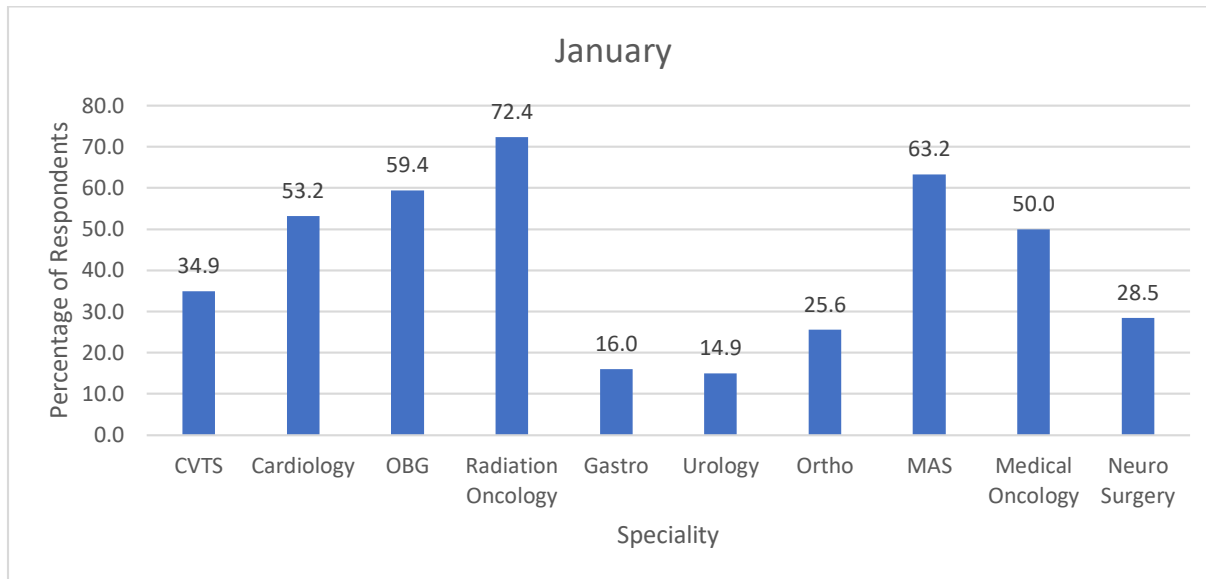


**CHART 4.1.2****Chart showing the reasons for non-conversion in the month of February****INTERPRETATION**

Based on the Chart II It can be inferred that the highest percentage of patients, which is about 39%, are not being admitted due to medical management issues. The next significant reason for non-admission is due to other treatment, accounting for 19.5%. About 17.1% of patients are being admitted in the following month, 8.9% are unable to undergo surgery due to cost or other factors, 4.9% are out of station, 4.1% are waiting for approval, and 4.1% do not respond to the admission process. Only 1.6% of patients cannot be admitted due to a lack of family support, while 0.8% choose to visit another hospital. This data is specific to the month of February.

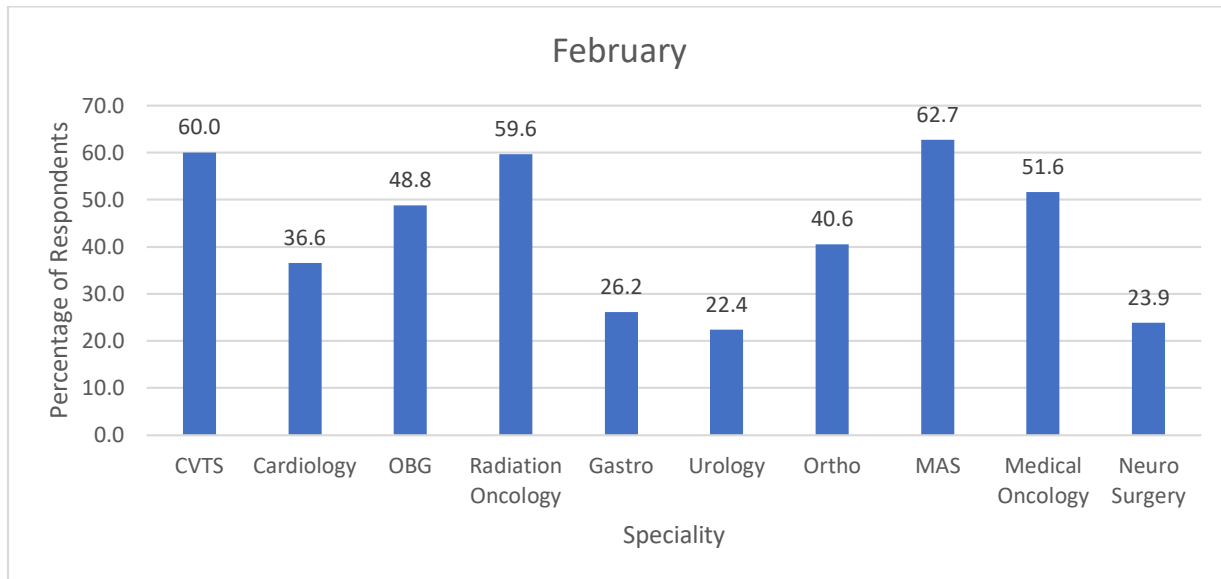
**CHART 4.1.3**

**Chart showing the non-conversion from OPD to IPD based on Specialization**

**INTERPRETATION**

From Chart III, it is evident that the majority of patients are not getting admitted in the radiation oncology department (72.4%), followed by MAS (63.2%), OBG (59.4%), cardiology (53.2%), medical oncology (50%), CVTS (34.9%), neurosurgery (28.5%), orthopedics (25.6%), gastroenterology (16%), and urology (14.9%) in the month of January.



**CHART 4.1.4****Chart showing the non-conversion from OPD to IPD based on Specialization****INTERPRETATION**

From chart IV, it is evident that the majority of patients were not admitted in the MAS department (62.7%), followed by CVTS (60%), radiation oncology (59.6%), medical oncology (51.6%), OBG (48.8%), ortho (40.6%), cardiology (36.6%), gastrology (26.2%), neurosurgery (23.9%), and urology (22.4%) in the month of February.

**V. MAJOR FINDINGS & RECOMMENDATIONS**

- 1) It can be inferred that the highest number of patients, approximately 27.9%(January) and 39%(February), are not being admitted due to medical management. The statement suggests that there are some patients who have a traditional approach to their health and solely depend on prescribed medications, which leads them to avoid hospital admissions.
- 2) The next highest reasons for non-admission are other treatment 22.1% in the month of January and 19.5% in the month of February.
- 3) The majority of patients are not getting admitted in the radiation oncology department (72.4%) in the month of January and the MAS department (62.7%) in the month of February.
- 4) Based on my observation patients who live far away from the hospital may find the admission process to be lengthy and complicated, which can discourage them from seeking admission and returning to the hospital for further treatment.

- 5) Based on my observation Patients may lose interest in revisiting the hospital because they have to go through a long queue and complete mandatory official processes before seeing the doctor for medical consultation every time.

The recommendations include,

- 1) It is important to ensure that patients understand the necessity of admitting to IPD. For patients who do not get admitted even after strict advice, it may be helpful to call them and their relatives to counsel them and explain the importance of getting admitted. This can help to address any concerns or fears that they may have about the hospitalization process and can also provide an opportunity to answer any questions they may have. Effective communication and counselling can go a long way in helping patients make informed decisions about their healthcare.
- 2) The conversion rate has to be improved in Radiation Oncology and MAS department.
- 3) Online admission process and cab facility can be provided for the far away patients for easy accessibility.
- 4) The appointment time is to be maintained and the patient waiting time is to be minimized.

## VI. CONCLUSION

OPD to IPD conversion rates typically range from 10% to 15% in many top Indian hospitals. OPD patients usually visit the hospital for immediate medical attention, such as consulting with a doctor, undergoing medical tests, or obtaining prescribed medications. IPD patients, on the other hand, are those who require admission to the hospital for various reasons, including surgery, extensive testing, or severe medical conditions.

While doctors may recommend hospitalization for some OPD patients, the hospital's marketing and advertising efforts often play a critical role in converting OPD patients to IPD patients. However, it is important to note that patients cannot be forced to get admitted, and hospitals must focus on establishing a strong brand image and providing effective loyalty programs to encourage conversions.

## VII. REFERENCE

- 1) Kurt Kroene MD, Miniji K. Lee PhD., 2022- Choosing and using patient – report outcome measures in clinical practice, volume 103, Issue 5, Journal of American congress of Rehabilitation Medicine.
- 2) Tim Benson 2022 – Patient Reported Outcomes and Experience; Chapter -12 pp99-110.
- 3) Cheryl Bamabe 2022 – Validation studies of Rheumatoid Arthritis patient 0607 – 73 (suppl9)  
Patient – Report outcome measures are commonly used in clinicals trials and research. Yet, in order to be effective a PROM needs to be understandable to respondents. The aim of this cross-sectional analysis was to assess reading level of PROM validated for use in common eye condition.
- 4) Rusheel Nayak et al.- Patient – Reported Outcomes and Radiographic Assessment in Primary and Revision stage .2021 Feb 22;6(11);2473011421992111.

5) Saangyoung E Lee BS – Readability of patient report outcome measure for head and neck oncology, volume 130, issue 12 p2839 – 2842.

6) Durdage N L, Calvert M., International guidance of selection of patient report measure in clinical trials 21.40(2022) qual lif res 30.

7) Kate Churruca, PhD, Research-Patient-reported outcome measures (PROMs): A review of generic and condition-specific measures and a discussion of trends and issues Health Expect. 2021 Aug; 24(4): 1015–1024. Published online 2021 May 5. doi: 10.1111/hex.13254

Langalibalele H Mabuza,

8) Olufemi B Omole, Indiran Govender, John V Ndimande and Herman S Schoeman: Inpatients' awareness of admission reasons and management plans of their clinical conditions at a tertiary hospital in South Africa: BMC Health Services Research:2015.

9) Improving hospital admission and discharge, for people who are homeless. This report was commissioned by the Department of Health to support the delivery of the commitment made by the Ministerial Working Group on 2011.

Sarah Purdy: Avoiding hospital

10) Sarah Purdy: Avoiding hospital admissions: What does the research evidence says? The Kings fund-ideas that change healthcare: December 2010.

