

Communication Failure Regarding Consultant Availability in an Outpatient Department (OPD): A Case Study from a Tertiary Care Hospital

Mr Md. Nawshad Pervez

Group Executive Director, Human Resources, United Group

Abstract

Effective communication is a fundamental determinant of healthcare quality, patient satisfaction, and organizational efficiency. In outpatient departments (OPDs), where large volumes of patients seek timely consultations, communication failures can significantly disrupt service delivery and negatively affect patient perceptions of care.

This case study examines an incident in a tertiary care hospital where inaccurate information regarding consultant availability was communicated to a patient. The misinformation resulted in patient dissatisfaction, loss of trust, unnecessary financial expenditure, and operational inefficiencies. Through systematic root cause analysis, the study identifies deficiencies in communication protocols, consultant tracking mechanisms, accountability structures, and patient service processes.

The paper further explores the broader implications of communication failures on healthcare quality, patient experience, risk management, and institutional reputation. Immediate corrective measures and long-term system improvement strategies are proposed, including implementation of digital consultant tracking systems, standardized communication protocols, escalation procedures, staff training programs, and continuous quality improvement initiatives.

The findings demonstrate that even minor communication breakdowns can have substantial consequences in healthcare environments and underscore the importance of robust information management systems in enhancing patient-centered care.

1. Introduction

Healthcare delivery in the modern era is increasingly recognized as a highly complex, service-intensive, and experience-driven industry in which clinical excellence alone is no longer sufficient to ensure patient satisfaction, loyalty, or institutional reputation. While historically healthcare systems were primarily evaluated based on clinical outcomes such as mortality rates, surgical success, and disease management effectiveness, contemporary healthcare evaluation frameworks now place equal, and often greater, emphasis on patient experience, communication quality, service reliability, and operational efficiency.

Patients today behave as informed healthcare consumers who assess healthcare organizations not only on the basis of clinical competence but also on the quality, transparency, timeliness, and consistency of their overall care journey. This includes every interaction from appointment scheduling and registration processes to consultation experience, waiting times, staff behavior, and clarity of information provided at each stage. As a result, healthcare organizations are increasingly expected to deliver “total care experience,” where both clinical and non-clinical service dimensions are seamlessly integrated.

Within this evolving paradigm, communication has emerged as one of the most critical determinants of healthcare quality and patient satisfaction. Effective communication acts as the central nervous system of healthcare operations, connecting clinical teams, administrative staff, support services, and patients into a coordinated system of care delivery. The World Health Organization (WHO) has consistently identified communication failures as a major contributor to patient dissatisfaction, preventable operational inefficiencies, and avoidable adverse events in healthcare systems globally. Similarly, the Joint Commission International (JCI) recognizes communication breakdowns as one of the leading root causes of operational failures in hospitals, particularly in high-volume outpatient and emergency care environments.

In outpatient department (OPD) settings, the importance of accurate and real-time communication is further amplified due to the high variability and dynamic nature of consultant availability, patient flow, and scheduling complexities. Unlike inpatient care, where patients are admitted and monitored continuously, OPD services are characterized by short interactions, high patient turnover, and time-sensitive consultations. In such environments, even minor discrepancies in information regarding consultant availability can significantly disrupt patient flow and lead to cascading operational inefficiencies.

Communication regarding consultant schedules, presence, chamber availability, and expected consultation timing plays a particularly critical role in shaping patient expectations and decision-making. Patients often rely entirely on frontline hospital staff—such as receptionists, customer service officers, and nursing station personnel—for accurate real-time information. Any inconsistency or error in this information directly affects patient trust and perceived service quality.

The implications of inaccurate communication in OPD settings are especially significant in contexts such as tertiary care hospitals, where patients often travel long distances, sometimes from rural or semi-urban areas, to consult senior specialists or super-specialists. These patients frequently incur substantial indirect costs, including transportation expenses, accommodation costs for accompanying family members, and loss of income due to time away from work. Additionally, many patients arrive with heightened psychological stress and anxiety related to their medical conditions, making them more sensitive to delays, uncertainty, and perceived inefficiencies in service delivery.

In such circumstances, the provision of incorrect or incomplete information regarding consultant availability can have far-reaching consequences. Even when clinical services are of high quality, patients may perceive the institution as unreliable, unorganized, or indifferent if their expectations are not managed appropriately. This perception gap between clinical quality and service experience often results in diminished patient satisfaction, reduced trust in the healthcare provider, and lower likelihood of future utilization of services.

From an organizational perspective, communication failures in OPD operations not only affect patient experience but also lead to broader systemic inefficiencies. These may include unnecessary patient redirection, duplication of registration processes, increased workload for administrative staff, potential revenue loss due to service dissatisfaction, and heightened risk of formal complaints or reputational damage. In highly competitive healthcare environments, where patient choice plays an increasing role, such inefficiencies can significantly impact institutional credibility and long-term sustainability.

Furthermore, the absence of structured communication protocols and real-time information systems exacerbates the risk of inconsistency in service delivery. In many healthcare institutions, OPD communication relies heavily on informal verbal exchanges between departments, which are vulnerable

to human error, assumptions, and delays in information updates. Without standardized operating procedures (SOPs), accountability frameworks, and digital tracking mechanisms, the likelihood of miscommunication increases substantially.

This case study, therefore, examines a specific communication breakdown involving consultant availability at a tertiary care hospital and analyzes its operational, managerial, and patient-centered implications. It seeks to highlight how a seemingly routine informational error can escalate into a significant service failure with multi-dimensional consequences affecting patients, staff workflows, and institutional trust.

In addition, the study aims to extract broader organizational lessons for healthcare administrators by identifying systemic gaps and proposing structured interventions. These include the adoption of real-time consultant tracking systems, strengthening of communication protocols, implementation of standardized verification procedures, and enhancement of staff training programs focused on patient-centered communication and service recovery.

Ultimately, this analysis underscores the critical importance of robust communication infrastructure in healthcare delivery systems and reinforces the need for continuous quality improvement initiatives to ensure that operational processes align with the expectations of modern healthcare consumers.

2. Organizational Background

Tertiary care hospitals represent the highest and most specialized tier within the healthcare delivery system, designed to provide advanced diagnostic, therapeutic, and rehabilitative services for complex and critical medical conditions. These institutions function as referral centers, receiving patients from primary and secondary healthcare facilities who require specialized expertise, multidisciplinary intervention, and high-end medical technologies.

Unlike primary and secondary care facilities, tertiary hospitals operate within a highly intricate clinical and administrative ecosystem characterized by a broad spectrum of specialties, advanced subspecialties, and interdependent service units. They typically manage a diverse range of complex medical cases including but not limited to cardiovascular disorders, neurological conditions, oncology cases, critical surgical interventions, and chronic multi-system diseases requiring coordinated specialist input.

A defining feature of tertiary care hospitals is the presence of multidisciplinary consultation systems, where patient management often involves collaboration among multiple specialists, super-specialists, diagnostic departments, and allied healthcare professionals. This multidisciplinary structure enhances clinical decision-making but simultaneously increases operational complexity, particularly in scheduling, communication, and coordination across departments.

In addition, tertiary care institutions routinely experience high patient volumes, particularly within outpatient departments (OPDs), which function as the first and most frequently utilized point of contact between patients and the healthcare system. OPDs in such settings are typically high-throughput environments where efficiency, accuracy, and timeliness of service delivery are critical performance determinants. The OPD must accommodate large daily patient inflows while maintaining service quality, minimizing waiting times, and ensuring accurate clinical routing to appropriate consultants.

Specialist and super-specialist services further contribute to the complexity of operations. Consultants in tertiary hospitals often have tightly scheduled clinical commitments, including surgeries, inpatient rounds, academic responsibilities, emergency consultations, and administrative duties. As a result, their

availability is dynamic and subject to frequent changes, making real-time communication and coordination systems essential for smooth OPD functioning.

Within this operational framework, the outpatient department serves as the primary interface between patients and the healthcare institution. It is the critical “service gateway” through which patients access consultation, diagnosis, treatment planning, and follow-up care. The OPD not only facilitates clinical interactions but also shapes the patient’s overall perception of the hospital’s efficiency, professionalism, and reliability. Consequently, OPD performance is often considered a key indicator of institutional quality in both national accreditation systems and international healthcare standards.

The OPD ecosystem involves a diverse set of stakeholders, each playing a distinct but interdependent role in the delivery of patient care services. These stakeholders include consultants, who provide specialized medical expertise and decision-making; medical officers, who support clinical evaluation and preliminary assessment; nursing staff, who coordinate patient flow and clinical support functions; customer service representatives, who act as the primary communication bridge between patients and hospital systems; reception personnel, who manage registration, scheduling, and initial patient interaction; appointment coordinators, who oversee consultant scheduling and patient allocation; and hospital administrators, who are responsible for policy implementation, operational oversight, and resource management.

The effectiveness of OPD operations depends heavily on the seamless coordination and synchronization among these stakeholders. Any breakdown in communication or misalignment in workflow processes can lead to inefficiencies such as patient delays, incorrect guidance, duplication of tasks, or misallocation of resources. In high-volume tertiary care environments, even minor coordination failures can rapidly escalate into significant service disruptions affecting large numbers of patients within a short period of time.

Furthermore, OPD operations in tertiary care hospitals are increasingly influenced by digital transformation initiatives, patient-centered care models, and quality accreditation standards such as those set by the Joint Commission International (JCI), National Accreditation Board for Hospitals & Healthcare Providers (NABH), and other global healthcare quality frameworks. These standards emphasize the importance of structured communication systems, real-time information flow, patient safety protocols, and continuous quality improvement mechanisms.

Despite these advancements, many healthcare institutions—particularly in rapidly growing healthcare systems—continue to rely partially on informal communication channels such as verbal updates, manual logs, and non-integrated information systems. This reliance introduces variability, delays, and potential inaccuracies in critical operational information, particularly regarding consultant availability and scheduling.

In such a complex and dynamic environment, the OPD functions not only as a clinical service unit but also as a high-stakes operational coordination hub where clinical care, administrative processes, and patient experience intersect. The ability of the institution to maintain accurate, timely, and transparent communication across all stakeholder groups directly determines the efficiency of service delivery and the overall quality of patient care.

Therefore, understanding the organizational structure and operational dynamics of tertiary care hospitals is essential for analyzing communication-related failures. It provides the contextual foundation for examining how systemic gaps in coordination, information flow, and accountability can contribute to service delivery breakdowns, as illustrated in the case presented in this study.

3. Case Description

3.1 Patient Encounter

A patient attended the OPD specifically seeking consultation with Professor Mr. X, a highly reputed senior consultant.

Upon arrival, the patient approached the Customer Service Desk to confirm whether the consultant was available.

The Customer Service Executive contacted the OPD Nursing Station.

The nurse informed Customer Service that the consultant was not present in the hospital and would not be available for consultation.

Based on this information:

- The patient was advised to consult another physician.
- The patient agreed due to ongoing physical discomfort.
- Consultation fees were paid.
- Registration was completed.

However, while waiting, the patient observed Professor Mr. X entering the OPD and commencing consultations.

The patient realized that incorrect information had been provided.

4. Problem Statement

The incident raises a critical operational question:

How can healthcare organizations ensure accurate, timely, and reliable communication regarding consultant availability to prevent patient dissatisfaction and maintain organizational trust?

5. Literature Review

5.1 Communication in Healthcare

Healthcare communication involves the exchange of information among healthcare providers, patients, and administrative personnel.

According to the Joint Commission International (JCI), communication failures contribute to more than 60% of preventable healthcare incidents.

Effective communication improves:

- Patient satisfaction
- Clinical coordination
- Safety outcomes
- Operational efficiency

Poor communication leads to:

- Delays in care
- Misunderstandings
- Reduced trust
- Increased complaints

5.2 Patient Experience and Trust

Trust is a central component of healthcare relationships.

Research by Thom et al. (2004) suggests that trust directly influences:

- Patient compliance

- Return visits
- Treatment adherence
- Hospital reputation

When patients receive inaccurate information, trust deteriorates rapidly.

5.3 SERVQUAL Model

Parasuraman's SERVQUAL framework identifies five dimensions of service quality:

Reliability

Ability to provide accurate and dependable service.

Responsiveness

Prompt assistance to patients.

Assurance

Knowledge and credibility of staff.

Empathy

Personalized attention.

Tangibles

Physical facilities and systems.

This incident primarily reflects a failure in reliability and assurance.

6. Methodology

This study adopts a qualitative case study approach.

Data sources included:

- Patient feedback
- Staff interviews
- OPD process review
- Incident investigation findings
- Internal communication records

Analysis tools included:

- Root Cause Analysis (RCA)
- Fishbone Analysis
- Five Whys Technique
- Process Mapping

7. Root Cause Analysis

7.1 Five Whys Analysis

Problem:

Patient received incorrect information regarding consultant availability.

Why 1?

Nurse informed Customer Service that consultant was unavailable.

Why 2?

Nurse lacked updated information regarding consultant arrival.

Why 3?

No real-time consultant tracking mechanism existed.

Why 4?

Hospital relied on verbal communication processes.

Why 5?

No formal SOP had been established for consultant status verification.

Root Cause

Absence of standardized communication systems and real-time consultant tracking.

8. Fishbone (Ishikawa) Analysis

People

- Communication errors
- Assumptions by staff
- Lack of accountability

Process

- No SOP
- No escalation pathway
- Single-source verification

Technology

- No consultant tracking dashboard
- No electronic status updates

Management

- Inadequate monitoring
- Lack of audits

Environment

- Busy OPD environment
- High patient volume
- Frequent schedule changes

9. Impact Assessment

9.1 Patient Impact

Psychological Impact

- Frustration
- Anxiety
- Dissatisfaction

Financial Impact

- Additional consultation fees
- Transportation expenses

Behavioral Impact

- Reduced loyalty
- Potential avoidance of future visits

9.2 Organizational Impact

Reputation Risk

Negative experiences spread rapidly through:

- Family networks

- Social media
- Community referrals

Operational Risk

- Increased complaints
- Service recovery workload
- Refund processing

Financial Risk

- Potential patient attrition
- Reduced referral business

10. Risk Management Perspective

From a healthcare risk management standpoint, this incident qualifies as:

Service Delivery Failure

Communication Risk

Reputational Risk

Patient Experience Risk

Although no direct clinical harm occurred, the event had substantial implications for organizational credibility.

11. Immediate Corrective Actions

Patient Recovery Measures

The hospital should:

1. Offer a formal apology.
2. Explain the error transparently.
3. Arrange expedited consultation.
4. Waive duplicate charges if applicable.
5. Document the incident.

Research indicates that prompt service recovery can restore patient confidence and reduce complaint escalation.

12. Long-Term Improvement Strategy

12.1 Digital Consultant Tracking System

Develop a centralized electronic dashboard displaying:

- Consultant present
- Consultant delayed
- Consultant in procedure
- Consultant unavailable
- Estimated arrival time

Accessible to:

- Customer Service
- OPD Nursing
- Administration
- Appointment Center

12.2 Standard Operating Procedure (SOP)

Mandatory verification steps:

1. Verify with nursing station.
2. Check consultant chamber.
3. Verify with consultant assistant.
4. Contact consultant coordinator.
5. Update system immediately.

12.3 Communication Escalation Matrix

Situation	Escalation Authority
Consultant delayed	OPD Supervisor
Consultant absent	Consultant Coordinator
Schedule conflict	OPD Manager
Patient complaint	Patient Relations Officer

13. Quality Improvement Framework

Plan-Do-Check-Act (PDCA)

Plan

Identify communication gaps.

Do

Implement consultant tracking system.

Check

Monitor communication accuracy.

Act

Refine SOP based on performance indicators.

14. Key Performance Indicators (KPIs)

The following indicators should be monitored monthly:

KPI	Target
Communication accuracy rate	>98%
Patient complaints related to consultant availability	<2 per month
Consultant status update compliance	100%
Patient satisfaction score	>90%
Service recovery completion rate	100%

15. Discussion

The incident demonstrates how a seemingly minor operational failure can significantly affect patient trust and hospital reputation.

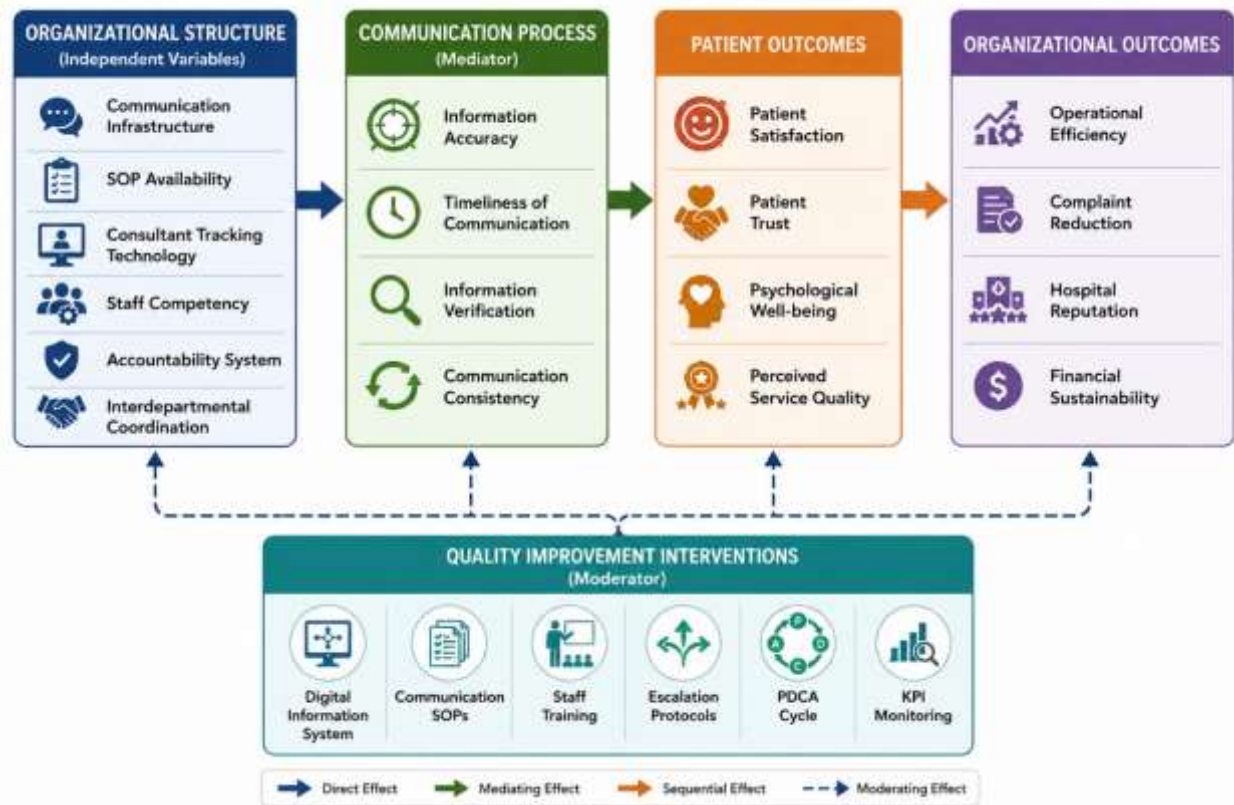
The primary lesson is that healthcare organizations cannot depend solely on informal verbal communication for critical operational information.

Reliable healthcare delivery requires:

- Structured communication systems
- Accountability mechanisms
- Real-time information management
- Continuous staff training

Healthcare organizations that invest in communication infrastructure often achieve higher patient satisfaction, improved operational efficiency, and stronger organizational credibility.

16. Conceptual Framework



16. Conclusion

This case study illustrates the profound impact that communication failures can have on patient experience and healthcare service quality.

The incident was not caused by individual negligence alone but by systemic weaknesses involving communication processes, technology, accountability structures, and operational coordination.

To prevent recurrence, healthcare organizations should prioritize:

- Real-time consultant tracking systems
- Standardized communication SOPs
- Multi-level verification processes
- Continuous staff development
- Robust quality assurance mechanisms

By strengthening communication systems and adopting patient-centered operational practices, tertiary care hospitals can significantly enhance patient trust, satisfaction, and overall service excellence.

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