SOPEO NOW OPD NOW

The longest wait is before care. OPD NOW shortens the visit.

An outpatient visit leaks time at every step — the gate, the reception queue, the wait for a consultant, the lab order, the bill. OPD NOW puts the whole visit on one live clock, from arrival to discharge, with a single objective: **reduce the average visit time.**

See the floor. Move the queue. Answer for every minute.

ARRIVE · SEEN · DISCHARGED

LIVE
THE WHOLE OPD ON ONE WALL
Command Centre · clinic by clinic

CLOCKED
WAITING TIME, MEASURED LIVE
Red · amber · green, not at month-end

TIMED
ARRIVAL TO DISCHARGE, PER VISIT
Per patient · per clinic · per day

HOW IT SHORTENS THE VISIT

See the whole floor

Command centre, clinic-ops and a waiting board put arrivals, queues, consulting and discharge on one live view — so a bottleneck is seen while it can still be cleared.

Keep patients moving

Self check-in, central-reception and clinic queues, and calling boards route every patient to the right desk and door — instead of letting them pile up.

Answer for the visit

Arrival-to-discharge is measured for every patient and reported by clinic, consultant and day — so the lost minutes have an owner.

ONE VISIT · ARRIVAL TO DISCHARGE

ARRIVED · CHECKED IN · IN QUEUE · CONSULTING · ANCILLARY · BILLING · DISCHARGED

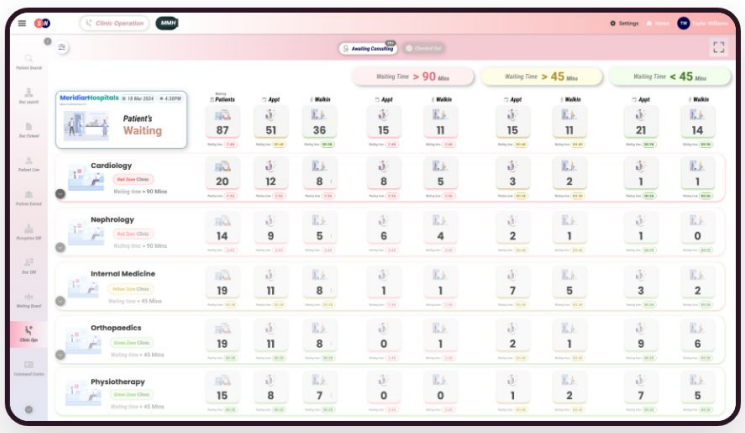
From the first arrival to the last discharge, the whole OPD is on one wall.

The command centre puts the entire outpatient department on a single live view. The clinic-operations board shows every clinic's load, zone by zone. And a waiting board tracks each patient through arrival, check-in, consulting and clinic — so no one waits in a queue nobody is watching.

THE OPD COMMAND CENTRE

The whole department, one screen — **arrived, awaiting, in consulting and done, with live waiting and consulting times for every clinic.** Appointment and walk-in turnaround side by side, arrivals by interval, patients by speciality, and a red / amber / green zone board. Supervisors stop asking for status, because the wall already answers.

REALTIME CLINIC OPERATIONS

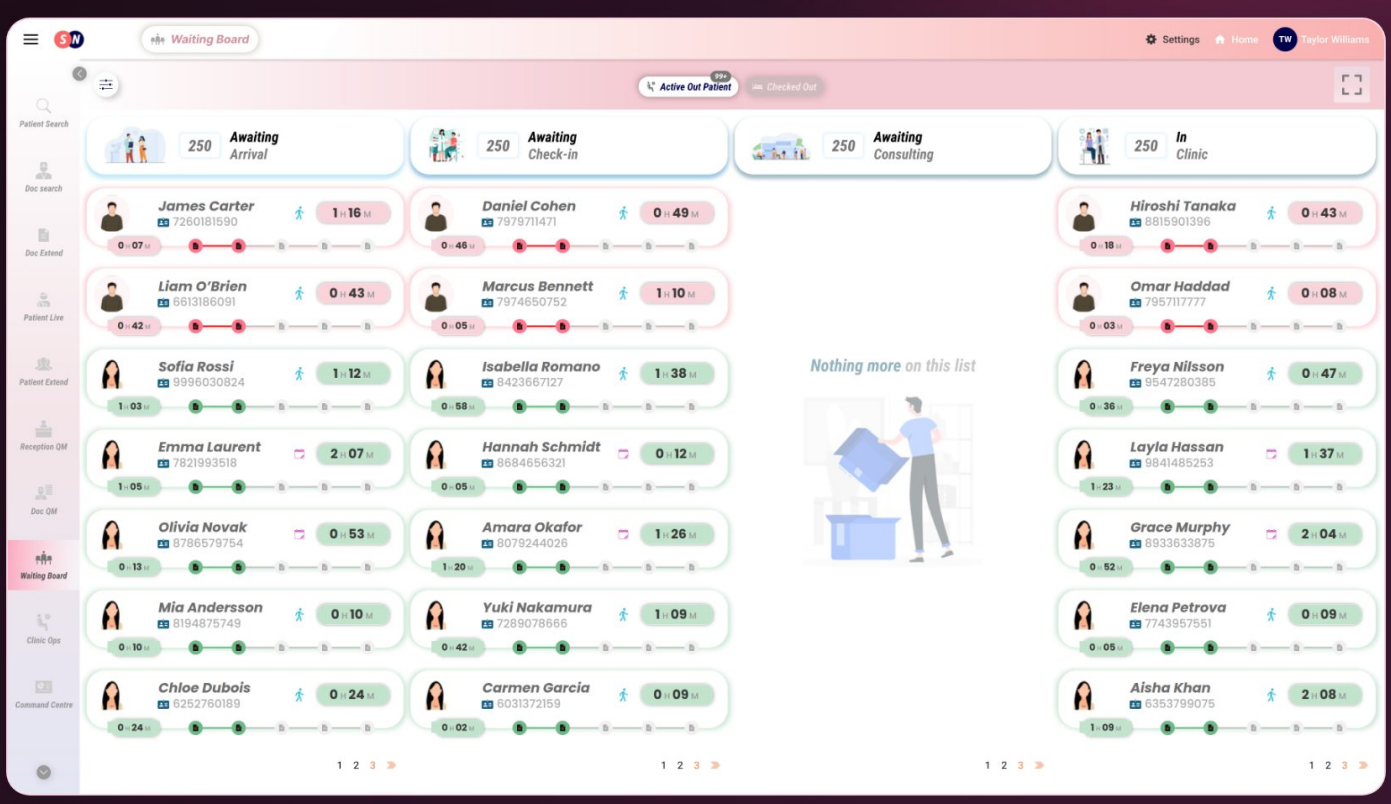


Every clinic's load, colour-coded.

Each clinic's waiting patients, appointments and walk-ins with live waiting times — **red over ninety minutes, amber and green below** — so the clinic that's backing up is obvious from across the floor.

A patient stuck in a red clinic can be moved to a quieter one **before the wait becomes a complaint.**

THE WAITING BOARD



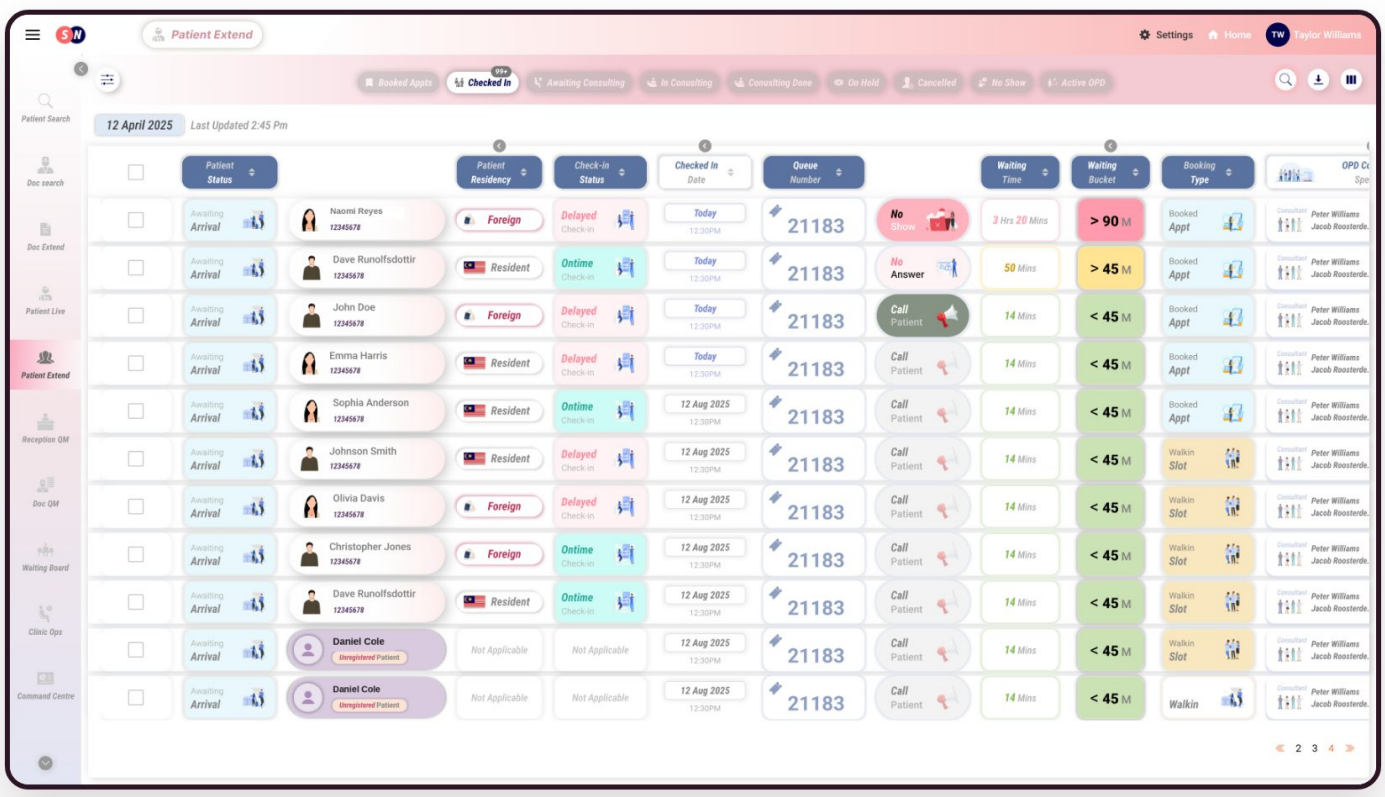
Four columns, the whole ecosystem.

Every patient sits in one live column — **awaiting arrival, awaiting check-in, awaiting consulting, in clinic** — across the entire OPD, with the waiting time on each card. The queue stops being a guess at the desk and becomes a measurement on the wall.

Keep the queue moving, and the visit gets shorter on its own.

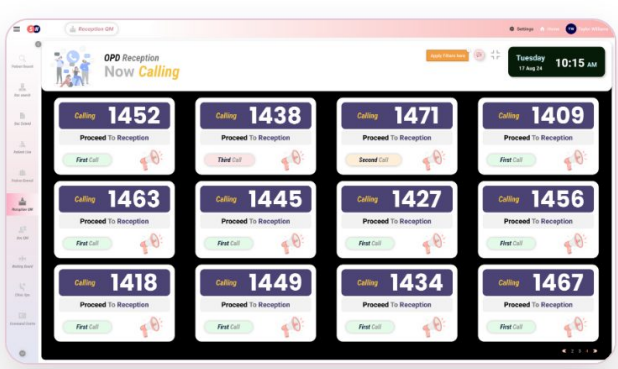
Half the visit is queueing. OPD NOW runs one integrated queue from central reception to each consultant's door, calls the next patient on a public board, and tells a waiting room when a doctor steps away — so the line keeps flowing instead of stalling at a closed desk.

INTEGRATED CENTRAL RECEPTION QUEUE



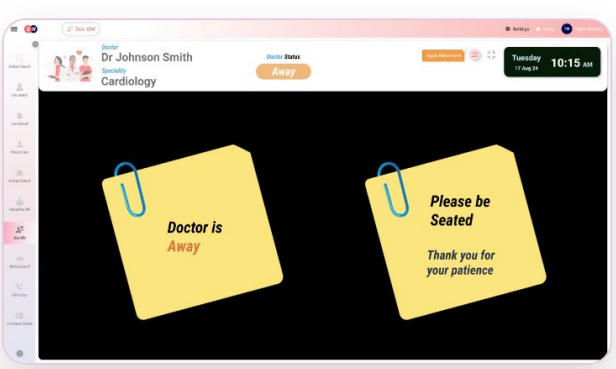
One reception queue for the whole OPD — **awaiting arrival, checked in, on time or delayed, called or no-answer** — with booked appointments and walk-in slots in the same list, each carrying a queue number. Reception calls the next patient straight from the screen; nobody is forgotten in a paper line.

Now calling, on the wall.



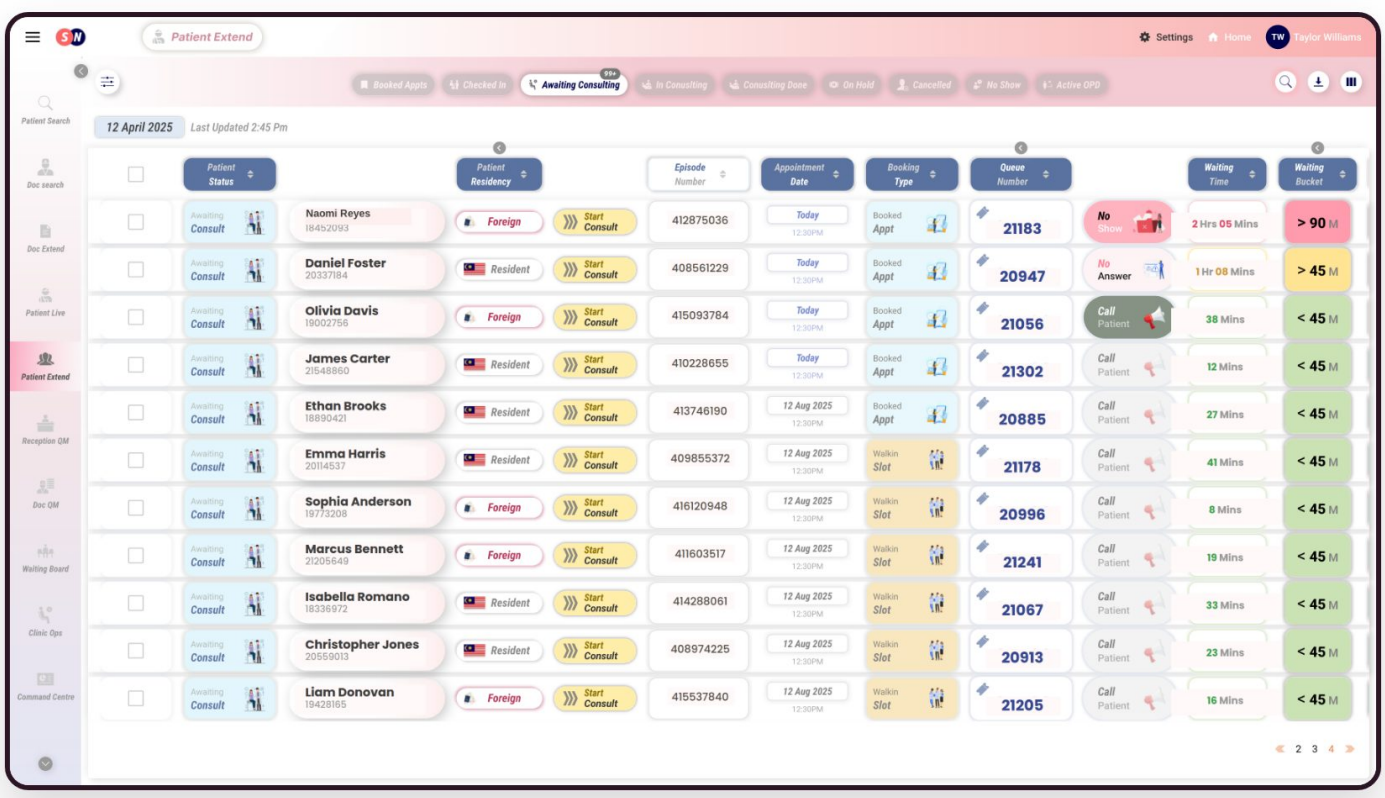
A public calling board shows each **queue number and the reception to proceed to** — so patients watch the board, not the desk, and the next one is ready before the counter is free.

When a doctor steps away.



If a consultant marks themselves **away**, the clinic display says so — “please be seated” — so the waiting room isn't left guessing and the desk isn't fielding the same question ten times.

INTEGRATED CONSULTANT CLINIC QUEUE

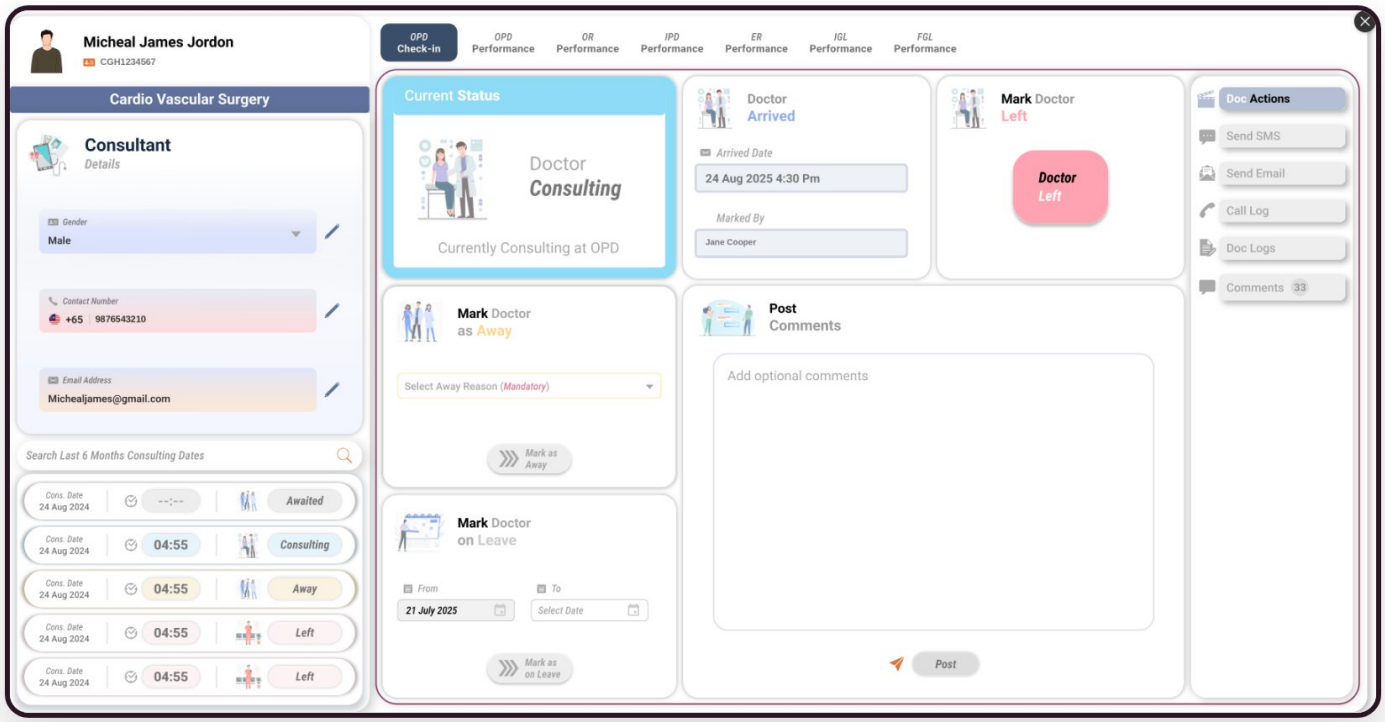


The same queue continues inside the clinic — **awaiting consult, called, in consult** — reconciled with the reception list, each patient still carrying the queue number, residency, booking type and live waiting time. A patient who has arrived and checked in is **never re-queued or lost** between the front desk and the consulting room.

A clinic only runs on time when every consultant's time is on record.

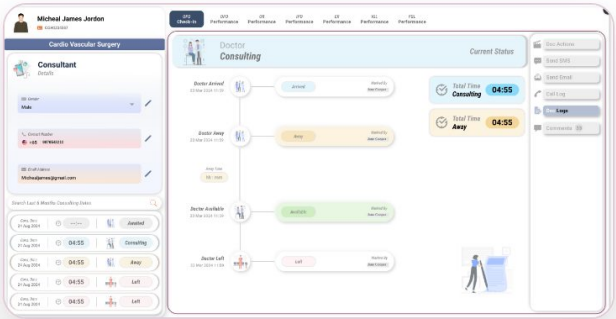
Utilization of the OPD is utilization of its consultants. OPD NOW tracks each doctor's live status, clocks the moment they arrive, step away and leave, and turns a quarter of consulting into numbers — actual hours against the clinic's own slots and against peers.

CONSULTANT STATUS — LIVE



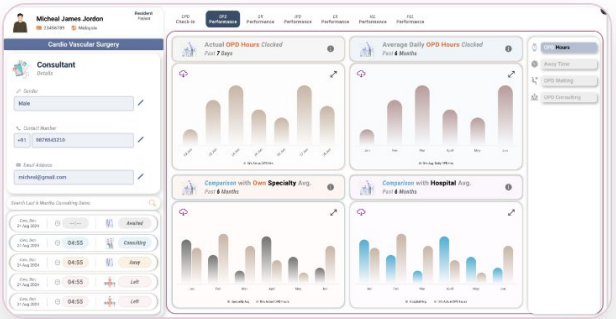
Arrived, consulting, away, left or on leave — **set live, with the reason and a timestamp** on every change. The floor knows which rooms are working right now, and an away reason is on record, not a rumour at the desk.

Every status, timestamped.



Doctor arrived → away → available → left, each **marked by a named person against the clock.** When a clinic starts late, the trail already shows why.

The quarter, on one card.

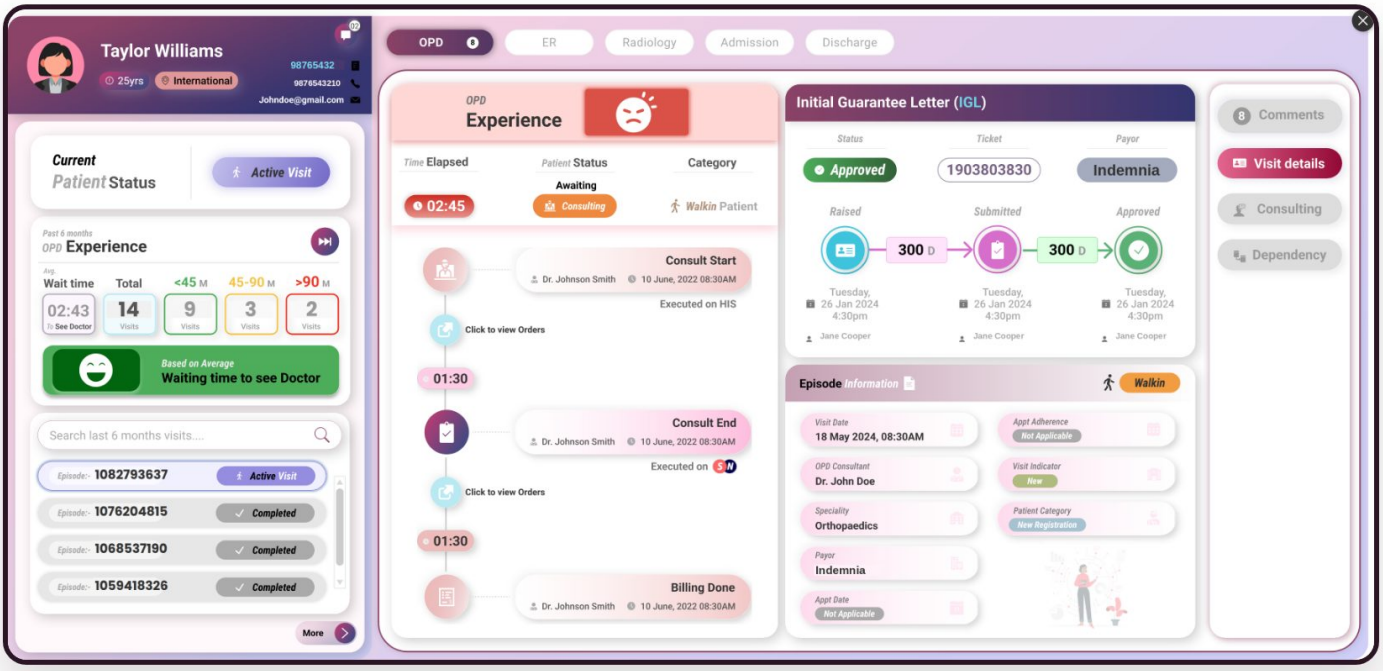


Actual OPD hours clocked, the daily average, and the doctor measured **against their own speciality and the hospital** — so the conversation starts from the same numbers.

Every step a patient takes
is on the visit timeline, as it happens.

The visit isn't only the consultation. OPD NOW runs each patient's journey live — consult start, consult end, billing done — with the insurance guarantee letter and every ancillary order tracked beside it, so a visit isn't held up by a lab result or an approval nobody chased.

REALTIME PATIENT JOURNEY



Each visit executed step by step on the HIS — **consult start, consult end, billing done** — with the patient's last six months of OPD visits, the episode detail, and the **Initial Guarantee Letter** raised, submitted and approved, names and timestamps on each. The desk answers from one screen, not three systems and a folder.

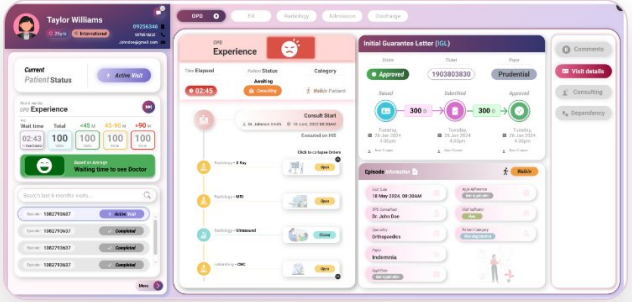
RAISED → SUBMITTED → APPROVED · STUCK → FLAGGED

ANCILLARY DEPENDENCY TRACKING

The order the visit is waiting on.

Every radiology and laboratory order raised during the consult, tracked **open or closed in real time** against the visit.

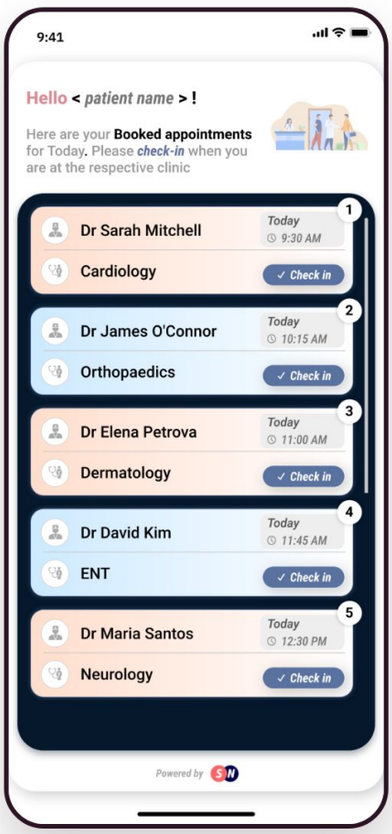
The consultant sees what's still pending **before discharging** — so the patient isn't sent home only to be called back.



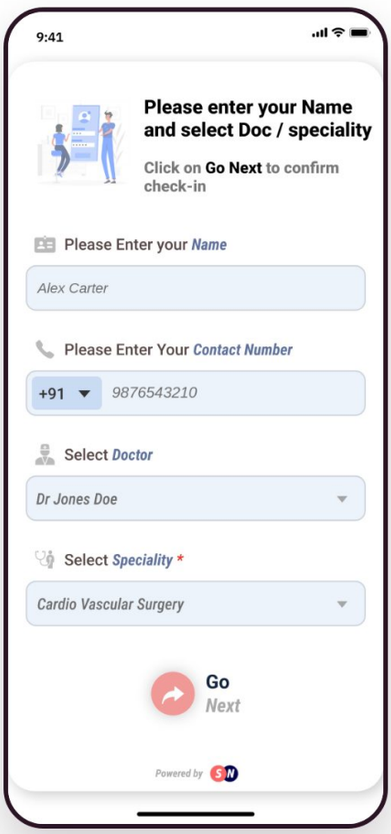
The shortest queue
is the one the patient joins from their phone.

Patient Connect moves check-in off the counter. Booked patients check in when they reach the clinic, walk-ins register themselves, everyone gets a queue number with the patients ahead and an estimated wait — and then watches their own visit progress, live, without asking the desk.

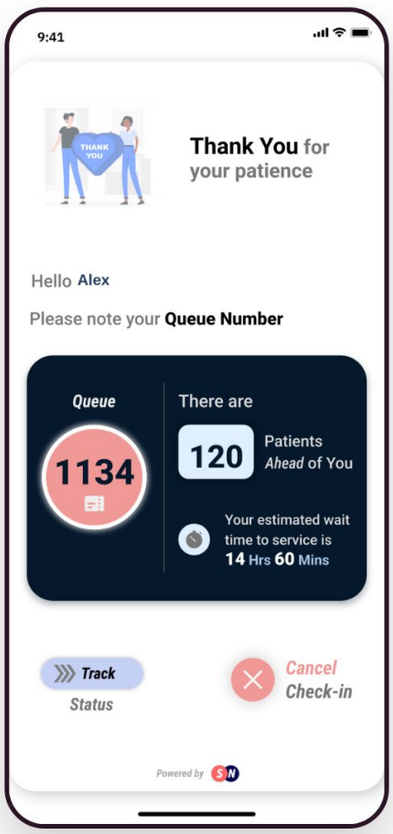
SELF CHECK-IN · VIA PATIENT CONNECT



Booked appointments — today's clinics and times in a list; one tap to check in at the right clinic.



Walk-ins — name, number, doctor and speciality, and the patient is in the queue without a form at the desk.



A queue number — position in line, patients ahead, and an estimated time to be seen.

TRACK THE VISIT, LIVE

"Where am I in the queue?"

Step by step on the patient's own phone — **each stage of the visit marked complete as it happens** — so families stop crowding the desk for an update.

The visit feels shorter **before it even is**, and the reception stops being a help desk.

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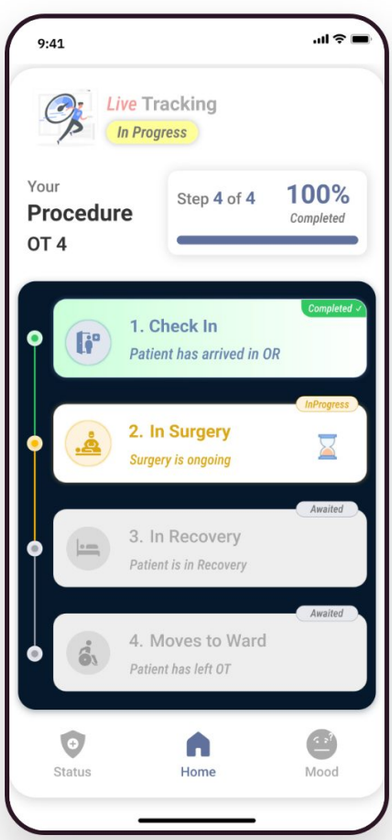
FORMS FILLED AT THE COUNTER

LIVE
VISIT STATUS, ON THE PHONE



Arrival to discharge, in writing.
Every clinic. Every day.

What the command centre shows live becomes the record the department runs on. The OPD executive summary measures the one number that matters — the time from patient arrival to check-out — for every patient, every appointment and every walk-in, and lands automatically, daily and monthly.

OPD EXECUTIVE SUMMARY

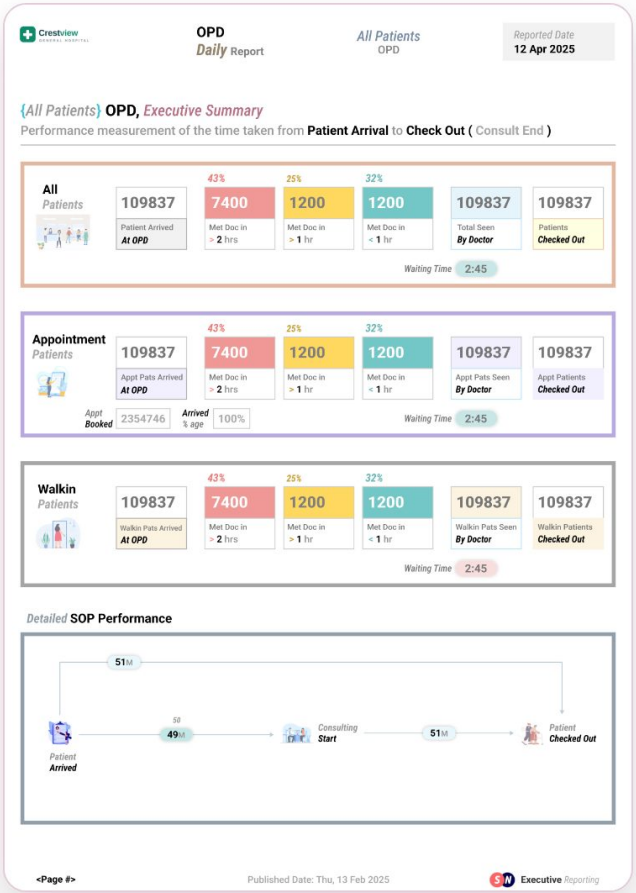
The visit, measured end to end.

Patient arrived at OPD → met the doctor → seen → checked out, with the **share of patients seen in under an hour, between one and two, and over two.** Appointment and walk-in measured separately, and a detailed SOP-performance flow from arrival to check-out.

DAILY
EXEC SUMMARY, EVERY MORNING

MONTHLY
ROLL-UP, EVERY MONTH

RAW
ONE-CLICK EXCEL EXPORT



One objective — a shorter visit.
Every feature pulling the same way.

OPD NOW runs on the same SOPEONOW platform as **OR NOW, ER NOW, Facilities NOW and Patient Connect** — one system underneath, nothing new to maintain. Book a walkthrough and watch your own visit times fall.

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