OPD GROWTH

Increase OPD patients: diagnose before you spend

A thin OPD has one of five problems. Camps, discounts and ads assume the rarest one. Find yours first.

Swipe →

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FIVE PROBLEMS

Where the path to a visit breaks

DEMAND	Not enough people need what you offer, or the mix is wrong
FINDABILITY	They search and do not find you, or find a wrong version
CONVERSION	They enquire and it never becomes an appointment
AVAILABILITY	The doctor they want is not bookable when they want
RETURN	First visits happen; follow-ups do not

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FOUR-WEEK DIAGNOSIS

Do what your patients do

1. Split OPD into new and repeat, by specialty and doctor
2. Count every call, message, form and aggregator request in one sheet
3. Search yourself on a phone, in their language, from three localities
4. Call your own hospital at eleven, two and seven; ask for a named doctor

Those three calls tell you more than the monthly MIS.

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FINDABILITY

Usually the cheapest fix

- One verified map listing per unit, right category, answered phone, OPD hours
- Every doctor a page: conditions, languages, real OPD days and timings
- Aggregator profiles match your own site exactly
- Pages, listings and phone greeting in the catchment's language
- Carry reviews about three-hour waits to the unit head monthly

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CONVERSION

If nobody answers, nothing upstream matters

- Every call answered in a few rings; missed calls worked within the hour
- A messaging number that books a real slot
- Whoever answers can book on the call, not take details
- Fee and cashless answered on the first call

Track enquiry-to-appointment rate by specialty every week.

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AVAILABILITY AND RETURN

Make the doctor bookable, then bring patients back

PUBLISH	OPD days on every doctor page and listing; slots bookable online
ALTERNATIVE	Offer a named colleague when the preferred doctor is full
RECONCILE	Calendar and real schedule checked daily; no phantom slots
RECALL	Capture the advised follow-up date; remind a few days before
SCHEDULES	Diabetes, antenatal, vaccinations: hold the schedule for the patient

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MEASURE WEEKLY

A busier reception is not evidence

- New and repeat OPD, reported separately
- Enquiries by source, and how many became bookings
- Booked against attended, so no-shows are visible
- One registration field for where each new patient came from
- Follow-up completion: of those advised to return, how many did

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AVOID

The default playbook, and why it fails

- Discounting the consultation fee: price-shoppers, cheapened doctors
- Broad paid campaigns on generic terms that aggregators win
- Counting camp headcount as success instead of follow-ups
- Paid media before findability and conversion are fixed

  It amplifies whatever path exists, including a broken one

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READ THE FULL GUIDE

Increasing OPD patients, in full

- Telling the five problems apart with four weeks of data
- Referral doctors, corporate tie-ups and second opinions
- Running a camp as a funnel, not a photo
- gauravphogat.com/how-to-increase-opd-patients-in-hospital

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