

Summer Training

at

Manipal Hospitals

May 12 to July 6th, 2021

A Report

by

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Under the Guidance of

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MBA Hospital and Health Management

2020-22





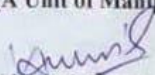
06th July 2021

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Mr. Sushil Kumar** has worked as an **Intern** in the department of **Operations** at **Manipal Hospital, Jaipur** (A unit of Manipal Health Enterprises Pvt. Ltd.) from 12th May 2021 to 06th July 2021.

His conduct was found to be good during the training period.

For Manipal Hospital, Jaipur
(A Unit of Manipal Health Enterprises Pvt. Ltd)


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ACKNOWLEDGEMENT

Summer internship was the phase of the activity during my study in which I was expected to expand my creative thinking ability and to get the training of how to work in the hospital and how all works were undertaken in the hospital. It was a great satisfaction and pleasure to present this report in Manipal Hospital, Jaipur.

Firstly, I express my heartfelt gratitude to THE IIHMR University for providing me this fantastic opportunity to complete my project in Manipal Hospital, Jaipur. I take this opportunity to thank Dr. **Piyusha Majumdar**. I thanks my mentor for providing without which it would have been difficult to achieve.

It was a good experience for me to work with Manipal. I am thankful to **Mr. Sudeep Singh**, Manager-Operations, **Arpita Roy**, Team Lead – IPD Operations, **Dr. Rasheed Ahmed**, HOD Cardiology Department.

Last, I feel grateful to **Staff of Manipal (Cardiology, Vaccination & EPABX)** who are their for me to help me directly or indirectly during my internship duration.

Sushil Kumar

MBA Hospital & Health Management

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ABBREVIATIONS

- **MHJ** – Manipal Hospital, Jaipur
- **CT** - Computed tomography
- **IVUS** - Intravascular Ultrasound
- **ECG** - Electrocardiography
- **TAT** – Turn around Time
- **EPABX** - Electronic Private Automatic Branch Exchange
- **IPD** – In Patient Department
- **OPD** – Out Patient Department
- **MRD** – Medical Record Department
- **OT** – Operation Theater
- **NICU** – Neonatal intensive care unit
- **USG** - Ultrasound sonography test

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CHAPTER 1

OBSERVATIONAL LEARNING

1.1 Introduction:

Manipal Hospital is a chain of multispecialty hospital in Jaipur. It is a unit of manipal health enterprises pvt. Ltd.

It is a 225 bedded multispecialty hospital.

MHJ which is a NABH & NABL accredited.

Vision

LIFE'S ON

1.2 Mode of data collection

The data was collected the information from the organization by visiting each department and took an overview from respective department heads and staff and learned the working that how the different departments are run by the organization.

1.3 General findings or learning

- Ø MHJ is one of the acclaimed hospital in Jaipur. This corporation has provided me a good exposure while our internship period; it has given us a practical learning and information for various sector and topics that we have needed for our internship project.
- Ø In organization I was placed to work in Administration and to observe the working of organization.

Logo:



Fig – 1

1.4 Values of Manipal Hospital, Jaipur: The core values of MJH are:

Table 1- Values of MJH

• Centricity of patient	• Integrity	• Teamwork
• Ownership	• Innovation	

1.5 Specialties:

Table 2- Specialties at MJH

• Accident & Emergency Care		• Geriatric Medicine	• Orthopedics
			Joint Replacement
			Sports Medicine
• Anesthesiology		• Growth & Hormone	• Pediatrics
• Bio – Chemistry		• ICU & Critical Care	• Pathology
• Cancer Care		• Infection Disease	• Physiotherapy
Medical Oncology	Pediatric Hemato Oncology		
Surgical Oncology	Bone Marrow Transplant		
Radiation Oncology			
• Cardiac Surgery (CTVS)		• Internal Medicine	• Plastic & Cosmetic Surgery
• Cardiology & Electrophysiology		• Intervention Radiation	• Psychology & Psychiatry
• Dental Medicine		• Kidney Transplant (KTP)	• Pulmonology (Respiratory & sleep Medicine)
• Dermatology		• Laparoscopic Surgery	• Radiology
• Diabetes & Endocrinology		• Medical Gastroenterology	• Rheumatology
• Ear Nose & Throat		• Microbiology	• Spine Care
• General Surgery		• Nephrology	• Surgical Gastroenterology
• Genetics		• Neuro Surgery	• Transfusion Medicine
		• Neurology	• Urology
		• Nutrition & Dietetics	• Vascular Surgery
		• Obstetrics & Gynecology	
		• Ophthalmology	

1.5.1. Facilities

• Bronchoscopy	• Endoscopy & Colonoscopy	• Radiotherapy
• Cath Lab	• Flow Cytometry	• Rotablator
• Coblator	• Holmium Laser	• Thoracoscopy
• Color Doppler	• IVUS	• TMT
• CT Scan	• Mammogram	• Ultrasound
• ECG	• Manometry	• Urodynamic - Check
• Echocardiography (2D)	• Morcellator	• Uroflowmetry
• Electro Physiology (EP) Study With 3D Mapping	• MRI	• Vascular Age
• Endocrinology Lab	• Neurophysiology Lab (EEG/EMG)	• X- Ray
	• Pedography	

1.5.2. 24 Hours Services

• Ambulance	• Emergency	• Pharmacy
• Blood Bank	• Intensive care unit	• Radio Diagnosis & Imaging
• Dialysis	• Laboratory	

1.5.3. Other Services

• Cafeteria	• Home lab sample collection	• Parking
• Home care	• International Insurance	• Preventive Health Check -Up
• Home Delivery-Medicine	• International Patient care	

1.6. ROLE OF HOSPITAL ADMINISTRATOR

- Role towards patients
- Role towards organization
- Role towards personal management
- Role towards hospital information system.

ROLE TOWARDS PATIENTS	ROLE TOWARDS ORGANIZATION
• Clinical needs • Physical needs • Staff attitude • Safety needs • Emotional needs • Educational needs • Patient satisfaction	• Patient care services • Public relations • Marketing management • Hospital information system • Maintenance services • Supply management • Hospital safety • Planning & decision making

PERSONAL MANAGEMENT	HOSPITAL INFORMATION SYSTEM
· Manpower planning · Rewards & promotion · Wedges & salary · Disciplinary procedure · Training · Staff selection · Performance appraisal · Grievance	· Medical records · Control functions · Inventory management · Billing & payment · Operational planning & budgeting · Patient feedback system · 2way communication

Organogram - Operations

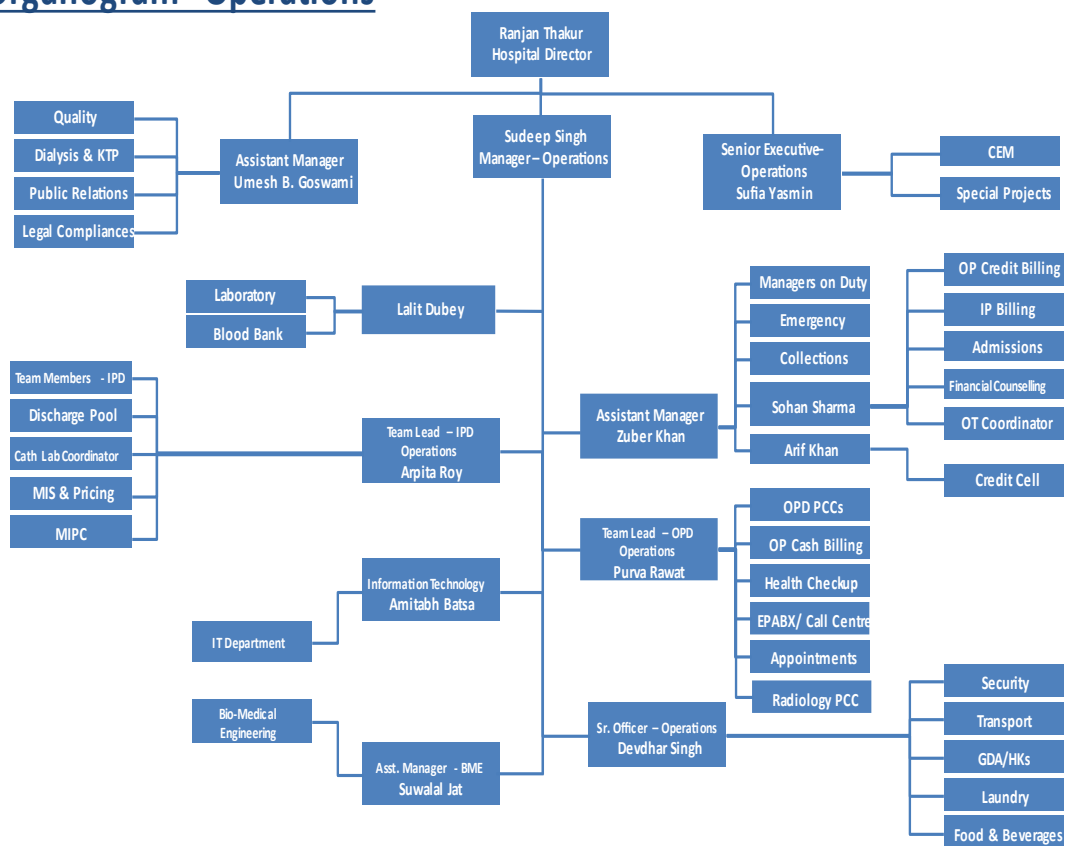
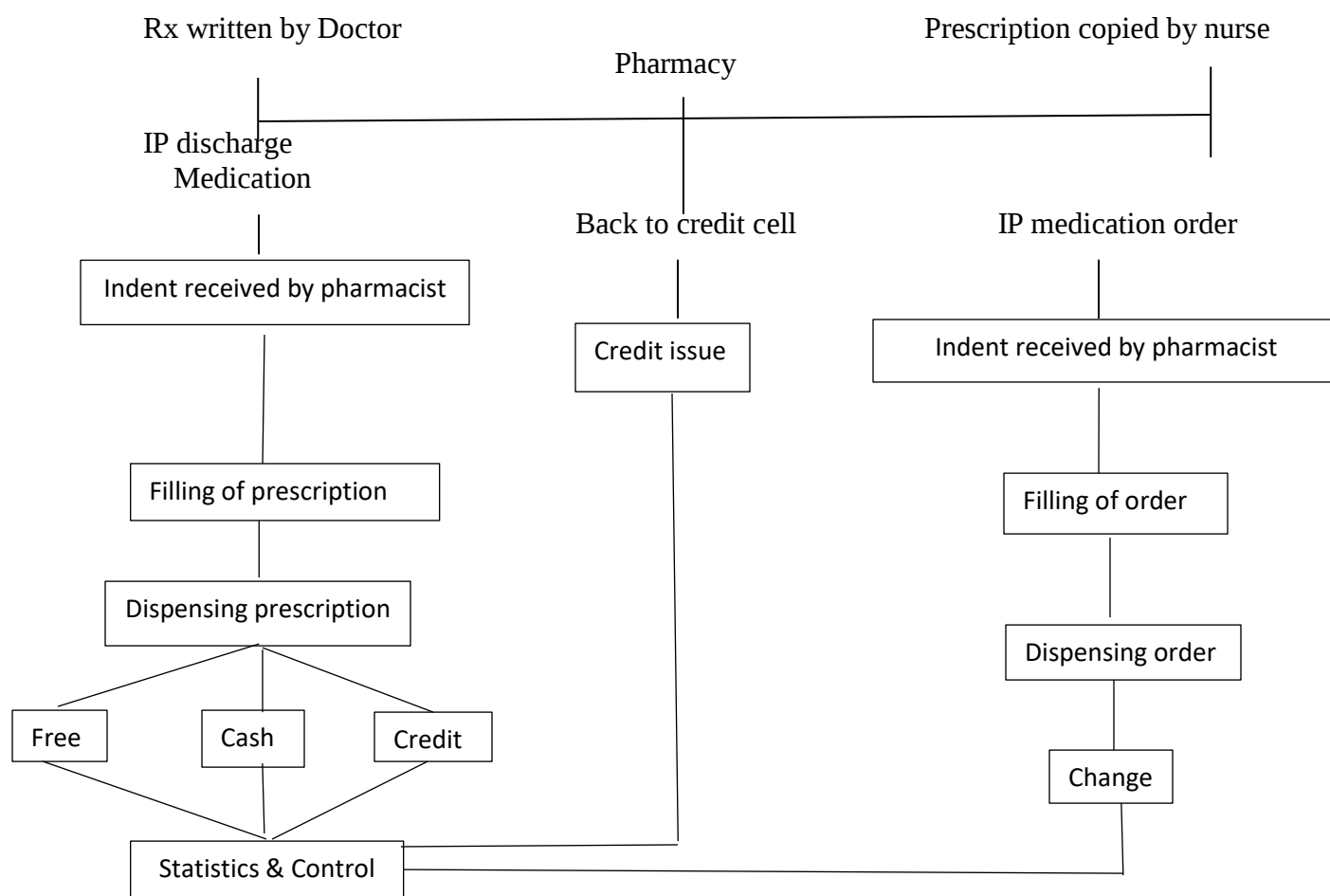


Fig -2

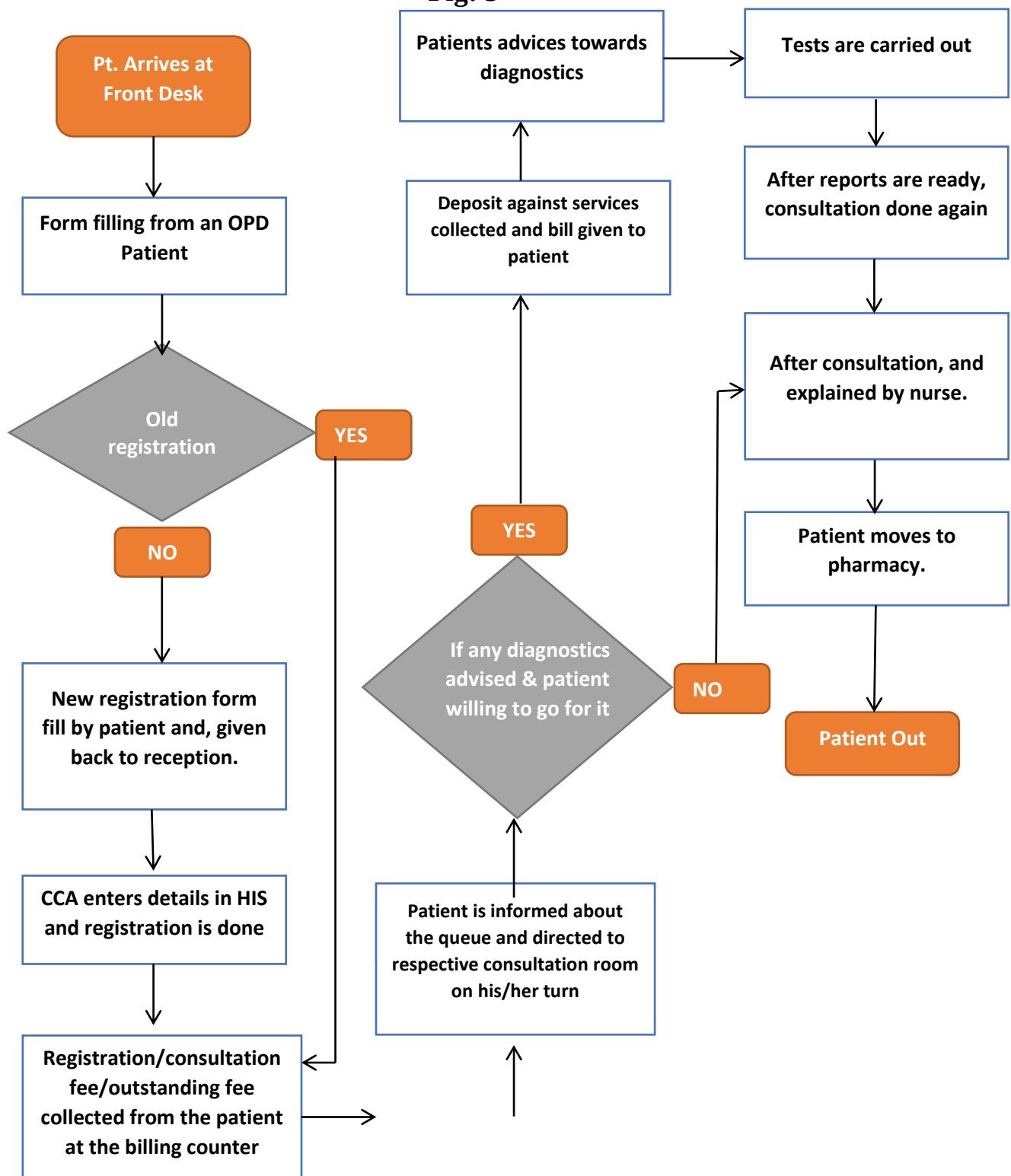
1.7. FLOW CHART FOR IN-PATIENTS

Table Number: 2



1.8 Patient Mapping of the OPD Patient

Fig: 3



1.9. General Outlay

- No. of floors - 5
- No. of staircase - 3
- No. of lifts – 5
- No. of operational beds – 225
- Area of hospital – 19 Acres
- Height of hospital – 44meters
- Entry & Exit points – 2
- MGPS - Medical Gas Pipeline System

1.10. Affiliations/Accreditations

MHJ convictions that the accreditation of doctor's facility's projects and division's is a major achievement that lifts the foundation's position in the human services area and will add to its prestigious nature of restorative administrations

MHJ is NABH accredited. It set quality benchmarks in healthcare industry. MJH laboratory is also accredited by National Accreditation Board for Laboratory.

1.11. Infrastructure

S. No.	Floor	Areas
1	Basement	• Radiology • Biomedical lab • Blood Bank • Lab • Dietician • Radiation Oncology • Physiotherapy • Engineering • Laundry • Central Pharmacy • MRD
2	Ground	• OPD (A)

		• OPD (B) • Hospital Reception • Pharmacy • LOBY • CANTEEN • MIPC • Vaccination Centre • Dialysis • Deep Freezing Room • Labor OT • Emergency • Credit Cell
3	First	• Cath Lab • OPD (C) • CCU/CTICU • OT • Day Care • NICU • PICU •
4	Second	• Administration Block • General Ward • MICU • Training Room • Board Room • HDU • RICU • PG Ward

5	Third	• SSW • BMT • Day Care
6	Fourth	• Staff Cafeteria

CHAPTER 2

CATH LAB TAT ANALYSIS

2.1. Introduction

Catheterization laboratory, commonly referred to as a cath lab, is an examination room in a hospital with a diagnostic imaging equipment used to visualize the arteries & other veins of the heart and the chambers of the heart & treat the problem.

2.2. Procedure done at Cath lab

- Balloon Angioplasty Balloon Angioplasty.
- Coronary & left ventricular digital Angiography.
- Coronary Intravascular.
- Right & Left Heart catheterization.
- Rotational Atherectomy.
- Stent Implantation.
- Thrombectomy.

2.3. Procedure

The procedure of documentation & record keeping in the cardiology department is performed according to a type of patient. The patient first consults with the doctor in OPD once the registration and billing are completed.

If doctor suggest any of Cath lab procedure, the patient first go for the counseling. After counseling, if patient decided to go for suggested procedure hospital staff assist the patient in admission.

After admission the patient has to go for Covid 19 RT PCR test, if report comes to negative after that the patient will go for procedure as per time and date allotted.

While the IPD patient is directly brought into the procedure room, prepared for the procedure and immediately shifted to the ward again.

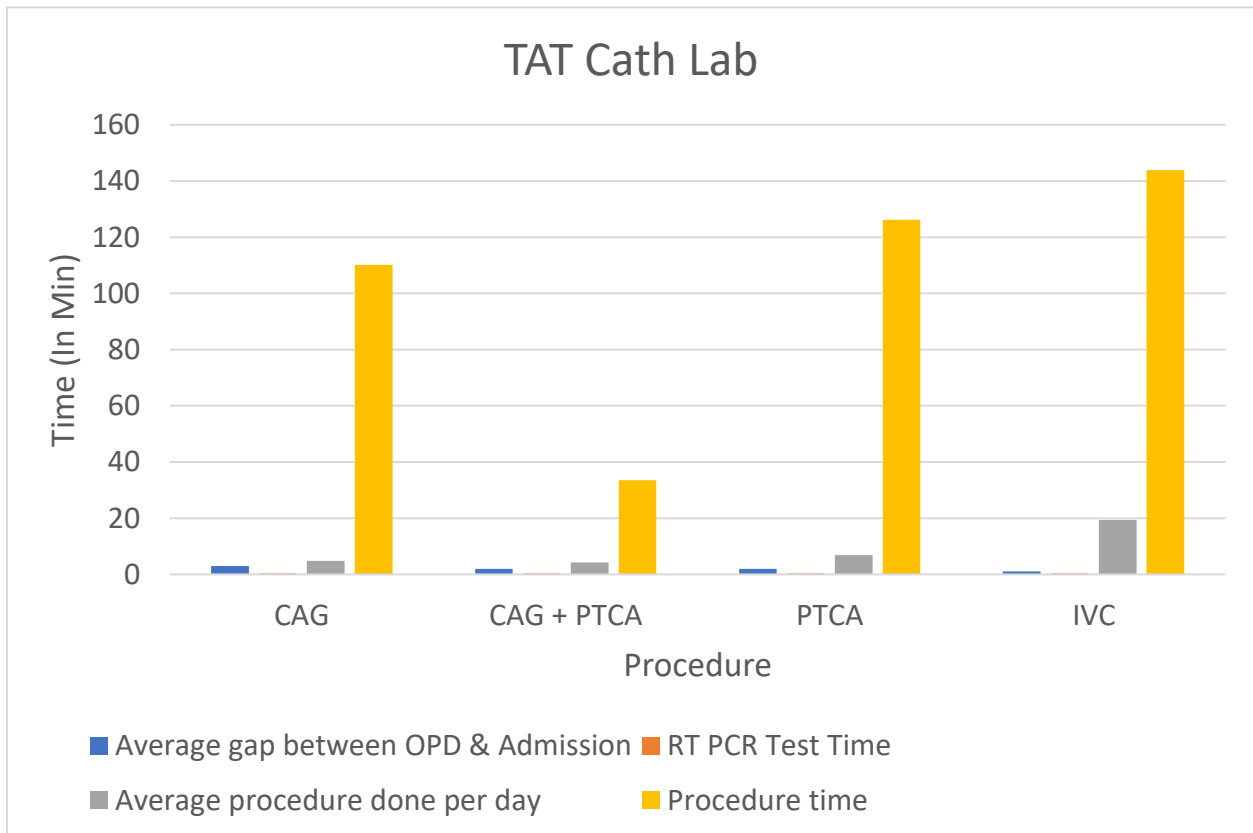
By calculating the time from registration, coordination with doctor & technician, we can calculate the Turnaround time of the patient.

2.4. Mode of data collection

- Observational study.
- Interviews.
- Questionnaire.

2.5. Observational Data from CATH LAB

S.no.	Procedure	Average day gap between OPD & Admission	RT PCR Test time	Average Procedure Done per day	Procedure Time
1	CAG	3 Day	10 Hrs.	7	20 Mins.
2.	CAG + PTCA	2 Day	10 Hrs.	4	35 Mins.
3.	PTCA	2 Day	10 Hrs	2	45 Mins.
4.	IVC	1 Day	10 Hrs.	1	2 Hrs.



2.6. Recommendations

1. Collect Patient Feedback – Device effective ways to collect patient feedback. This can be done by installing a tablet (such as iPad) at the point of care that will allow the patient to provide the feedback immediately.

2. Minimize serial process and evaluate parallel process – Split tasks into serial or parallel processes. In a serial process, each required step adds to the total time involved. Reducing the time spent per step will reduce the overall time.

In the parallel process, the focus is only on the longest step. Hence, reducing the time spent during the longest process will reduce the overall process time significantly.

3. Introducing web check-in – For one group of clients, we can incorporate web-based technology like online check-in system.

4. There is less warning placard placed on or around the door of the X-Ray room in the Radiology department. Till the time a permanent is been installed, a temporary poster can be placed on the soft notice board outside the X-Ray room.

GAP ANALYSIS				
Existing Structure	Expected Goals	Audience	Benefits	Barriers
The warning placard for Pregnant women is missing. The red light on the procedure room is many times not turned on.	To promote cautionary measures and decrease chances of accidents.	This will be helpful for the Management and the Patients.	This will reduce the chances of accidents and promote best practices within the department.	Lack of cognizance. For Solutions, kindly see recommendations

Chapter 3

SARS-CoV-2 Vaccination

3.1 Introduction

Coronavirus disease 2019 (COVID 19) is a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first known case was identified in Wuhan, China in December 2019. The disease has since spread worldwide, leading to an ongoing pandemic.

3.1.1 Initial approvals, launch of vaccination program

3.1.1.1 First Phase

3.1.1.2 Second Phase

3.1.1.3 Third Phase

3.2. Vaccine

A vaccine is a biological preparation that provides active acquires immunity to a particular infections disease. A vaccine typically contains an agent that resembles a disease- causing microorganism and is often made from weakened or killed form of the microbe, its toxins, or one of its surface protiens.

The administration of vaccine is known as vaccination. Vaccination is the most effective method of preventing infectious disease.

SARS-CoV-2 vaccine available for vaccination drive under the vaccination campaign started by Government of India “ Maitri “ at Manipal hospital, Jaipur :

3.3 Covid 19 Vaccination: Managing Patient Flow

Here is a step-by-step breakdown of our preparations to date:

3.3.1. Finding Space

At Manipal Hospital, Jaipur OPD (A) was allocated for the vaccination drive which is on ground floor.

- Total Number of room's: 5
- Waiting space outside hospital building: 100 Individual with Tent cooler, drinking water, etc
- Waiting space inside hospital building for post vaccination observation: 50 Individual
- Billing Counter

3.3.2. Developing Plan

We held a practice meeting to reach agreement with all our staff and GPs to action a clinic. All agreed with both the principle and the functional plan. It was agreed that separation of the COVID vaccination clinic from normal daily activity would be essential.

3.3.3. Ordering supplies

Placing an order as per the requirement or availability of vaccine.

3.3.4. Storage capacity

We next turned our thoughts to freeing up space in our vaccine refrigerators. All Indian vaccines being developed against the coronavirus will have to be stored at 2-8 degrees Celsius.

3.3.5. Booking

We are also anticipating increased calls from patients who are looking for more information about COVID vaccinations and bookings. To deal with this Government of India had launched COWIN (Cowin.gov.in) or Aarogya Setu App on which a patient can book their respective slot and get all important notification via SMS.

3.3.6. Updating our website

In order to provide patients with the most up-to-date information as possible, we are putting together some unique content on our website, which will provide background information on the vaccines, the COVID-19 Vaccine Rollout strategy and patient prioritization and booking information.

Apart from this a patient also get up-to-date information on Co-win (Cowin.gov.in) or Aarogya Setu App.

3.3.7. Assessing the layout of the clinic space

This includes looking at patient flow through the clinic from the registration desk, pre-vaccine waiting area, two vaccination rooms set for privacy, post-vaccination waiting area, and then the exit desk.

3.3.8. IT connectivity

We identified that we will need laptops. One to be used for patient identification, eligibility and registration, and the other for inputting to the Co-win Immunization Register and the doctor's clinical notes.

3.3.9 Staffing

To run the clinic as efficiently as possible, we determined we will require a receptionist, practice Nurse, Doctor, Security.

3.3.10 Rostering

Based on the staffing requirements outlined above, we developed a schedule for availability of medical and non-medical staff.

3.3.11 Booking

Once we have received the vaccines and are ready to go, then we will need to go through our patient base and identify those who are eligible patients in Phase 1,2 and 3 of the COVID-19 Vaccine Rollout Strategy and create a listing for calls for attendance.

3.4. Patient flow Management

3.4.1 Smart appointment scheduling

A scheduling system allows you to plan your staffing and work at your full capacity, while cutting waiting times, and helps patients to keep a safe distance while waiting for their turn. Patients who schedule an appointment will get a booking confirmation and reminder.

There are many different factors which will need to be considered when dealing with scheduling appointments. It could be a patient's first vaccination, or their second. If it's their first round, then there needs to be a means to schedule their second within a certain time. There may be many different types of vaccines at the same centre with different amounts of stock available – so the patient's booking must conform with the availability of the correct type of vaccine.

3.4.1.1 Register for COVID Vaccination in Co-WIN

Everyone who qualifies for the vaccination drive can register themselves using the Co-WIN portal.

3.4.1.2 Register for Vaccination in Co-WIN using Aarogya Setu App

The process can also be completed using the Aarogya Setu app. However, doing so involves a different set of steps.

3.4.1.3 Register for Vaccination in Co-WIN the UMANG app

One can also register on Co-WIN using the UMANG app.

3.4.1.4 List of Documents needed for Co-WIN Registration

Those registering would need to furnish one of the following documents while registering for the Covid-19 vaccine:

- **Aadhaar card**
- **Voter ID**
- **Passport**
- **Pension document**
- **Driving license**
- **PAN card**
- **Aadhaar card**
- **EPIC or the Electoral Photo Identity Card**

3.4.1.5 Other way of registration

The government has also devised an offline registration system for people who do not have access to the internet, or simply prefer to pursue an offline registration.

- **On-site registrations** - Individuals would need to walk into designated government and private clinics to register themselves and also get the vaccine shot.

Keep in mind that two shots are necessary to complete the vaccination course, and that both doses have to be of the same vaccine (such as Covaxin or Covishield). However, once registered, one would not need to re-register before the second shot.

Once you have been vaccinated, you can download a vaccination certificate from the Co-WIN portal or the Aarogya Setu app using your mobile number used at the time of registration. This proof of vaccination can be essential in case of travel, or for some vents.

3.4.2 Arrival and registration management: The key to efficient patient flow management

This is arguably the most important things when handling vaccinations. With hundred people that come for vaccinations per day, make sure that social distancing is still practiced upon their arrival.

Here are a few things on managing patient flow to manage patient flow efficiently for vaccination programs.

3.4.2.1 Clear information and updates

Communicate everything clearly in advance if possible, to avoid confusion. This can be done by including the message in the booking confirmation and reminder for example, and then reinforced with clear signage on premise.

3.4.2.2 Manage registration efficiently

The arrival point is the area where bottlenecks are likely to happen. A few minutes spent for each person to check in can accumulate and potentially create delays or crowding in your registration area.

- **Consent form Filling:** Patient have to fill the consent form before the vaccination.

Figure 2

Manipal-Hospitals
COVID-19 Vaccination Consent Form

Recipient Name: _____ DOB: _____ Age: _____ Gender: _____ Date: _____
Male _____ Female _____ Other _____ Marital Status: _____
To Number / Address Number/Registration Number: _____
Address of the recipient: _____
Mobile/Phone Number: _____
Emergency Contact Details: _____
Name: _____ Relation: _____
Mobile/Phone Number: _____
Kindly answer following questions

S. No.	Questionnaire	Yes	No	Unknown
1	Are you feeling sick today?			
2	In the last 14 days, have you had a COVID-19 test or been told by a health care provider or health department to isolate or quarantine at home due to COVID-19 infection or exposure?			
3	Have you been treated with antibody therapy for COVID-19 in the past 90 days (3 months)? If yes, when did you receive the last dose as furnished on document?			
4	Have you had a or reading in the past 14 days (2 weeks) including flu shots? If Yes, please mention the date _____			
5	Are you planning for pregnancy/ currently expecting/ lactating mother?			
6	Are you on any medication for a long-standing disease? If yes please mention below name of the disease: _____			
7	Do you take any medications that affect your immune system, such as corticoids, oral or other steroids, and cancer drugs, or have you had any radiation treatments?			
8	Have you ever had a serious or life-threatening allergic reaction, such as hives or difficulty breathing, to any second or shot?			
9	Do you have cancer, leukemia, HIV/AIDS, a history of autoimmune disease or any other condition that weakens the immune system?			

Additional Declaration: _____

MH/COVID/FR/Q/001 Manipal Hospitals Jaipur, Sec-05 Vidhyadhar Nagar Jaipur- 302030

Figure 3

Manipal-Hospitals
COVID-19 Vaccination Consent Form

Recipient Name: _____ DOB: _____ Age: _____ Gender: _____ Date: _____
Male _____ Female _____ Other _____ Marital Status: _____
To Number / Address Number/Registration Number: _____
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- **Onsite registration:** The arrival point is the area where bottlenecks are likely to happen. A few minutes spent for each person to check in can accumulate and potentially create delays or crowding in your registration area.

Giving patients the option to self-register can speed up the process significantly, and reduce the burden on staff. With arrival solutions, staff can be notified when a patient checks in.

Figure 4



Figure 5



Figure 6

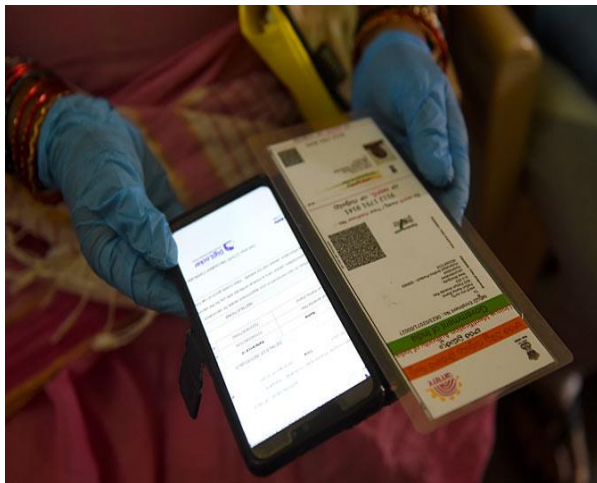


Figure 8



Figure 7

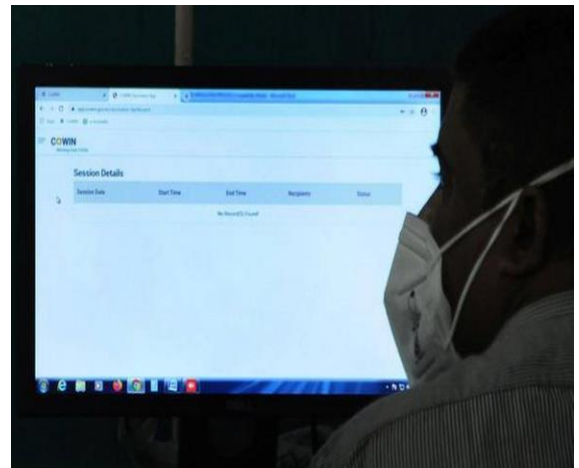


Figure 9



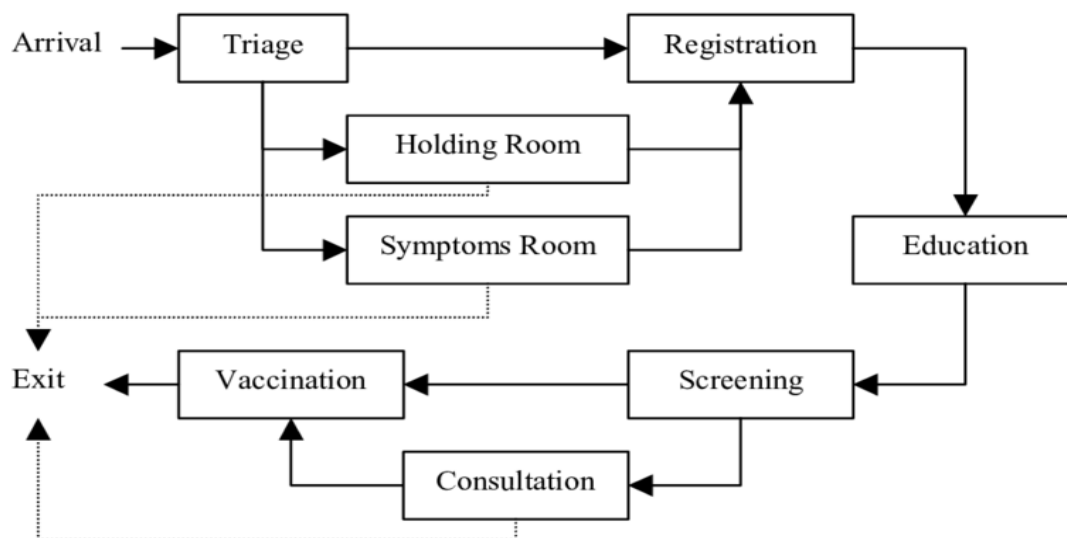
3.4.2.3. Managing queues with virtual solutions

Having a specific time slots for vaccinations helps vaccine providers to maintain a good patient flow. However, with limited space and a large number of people that come in a day to get vaccinated, it's always good to reduce the number of people indoors when possible.

Having a token or is one way of keeping the waiting area clear, as patients can wait remotely outside the building until it's their turn. With a token, patients can monitor their place in the appointment order and get a notification when it's their turn to go in

3.5 Flowchart of Patient flow

At the hospital, after receiving a conformation SMS, each patient proceeded to the waiting area, which was outside the clinic building. At this station patient registration on COWIN, completion of consent form and token will be given.



3.6 Data Collection

Station	Measured from exercise
Registration	5 Mins
Screening	5 Mins
Billing	10 Mins
Consultation	2 Mins
Vaccination	2 Mins
Post vaccination Waiting time	10 Mins
Other Waiting time	30 Mins

Table: 4