Summer Training
At
Medanta ,The Medicity Gurugram

FROM 10/5/2021 TO 2/7/2021

A REPORT

QUANTITATIVE STUDY ON THE APPLICATION OF TELEMEDICINE PLATFORM (MEDANTA E CLINIC) IN INTERNAL MEDICINE OPD DURING COVID IN MEDANTA, THE MEDICITY ,GURUGRAM

BY

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Global Health
Private Ltd.

Date: 09.07.2021

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Sankalp Chaudhary** student of MBA (Hospital and Health Management) Batch 2020-2022 IIHMR University, Jaipur has successfully completed his Internship with **Global Health Private Ltd. (GHPL) Medanta – The Medicity**, Sector 38, Gurgaon-122001(Haryana)

. Department- Medical Administration & Clinical Operations

. Project Title-1 A Quantitative study on the application of Telemedicine Platform (Medanta E Clinic) in Internal Medicine OPD during COVID.

. Project Duration: 10.05.2021 to 02.07.2021

We wish him all the best for his future endeavors.

For **GLOBAL HEALTH PVT. LTD**

ASHISH ADHIKARI
DEPUTY GENERAL MANAGER - HR

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GHPL
Gurgaon

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I would further like to extend my gratitude to Humeet for making past two months one of my best learning experiences

I would like to especially thank the entire management team of the Hospital of Study for making this study meaningful and for accommodating me in their busy schedules .I am grateful to the entire staff of the Hospital for welcoming me to conduct my study and providing substantial resources for the same.

At last but not the least , I thank my family and friends for their patience and continuous encouragement and unwavering support.

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LIST OF ABBREVIATIONS

AHCPR	Agency for Health Care Policy and Research
CPR	Computer Based Patient Record
DICOM	Digital Imaging and Communications in Medicine
EDI	Electronic Data Interchange
HIS	Hospital Information System
MRI	Magnetic Resonance Imaging
TIE	Telemedicine Information Exchange

OBSERVATIONAL LEARNING

HOSPITAL OVERVIEW

INTRODUCTION

Medanta-Medicity, one of the India's largest and most prestigious multi super speciality medical institute is located in Gurugram,Haryana.It was established in year 2009 under the vision of Dr Naresh Trehan, Cardiac surgeon.

Spanned on 2.1 million square feet land , the institute has 1250 beds,350 critical beds and 45 operation theaters.

MODE OF DATA COLLECTION

PRIMARY DATA SOURCES

1) I Interacted directly with patients via telephonic conversation

2) I directly talked to the head of the department of internal medicine

3) Direct observation of in patient opd.

SECONDARY DATA SOURCE

1) Literature available about the hospital like internet, magazines, pamphlets and written document

SPECIALITIES

Medanta provides integrated primary, secondary and tertiary care services spanning over 29 super specialties and high-end services covering every aspect of human health, housing 10 Institutes, 8 Divisions and 11 Departments.

INSTITUTES

1. The Medanta Heart Institute.
2. The Medanta Institute of Neurosciences.
3. The Medanta Bone & Joint Institute.
4. The Medanta Kidney & Urology Institute.
5. The Medanta Cancer Institute.
6. The Medanta Institute of Digestive &Hepatobiliary Sciences.
7. The Medanta Institute of Minimally Invasive Surgeries.
8. The Medanta Institute of Transplant & Regenerative Medicine.
9. The Medanta Institute of Critical Care &Anaesthesiology.
10. The Vattikuti Institute of Robotic Surgery.

DEPARTMENTS

1. Department of Clinical Immunology & Rheumatology.

2. Department of Pathology & Laboratory Medicine.
3. Department of General Surgery.
4. Department of Internal Medicine.
5. Department of Dental Surgery.
6. Department of Physiotherapy & Sleep Medicine.
7. Department of Transfusion Medicine (Blood Bank).
8. Department of Pediatric Gastroenterology, Hepatology& Liver Transplantation.
9. Department of ENT & Head Neck Surgery.
10. Department of Physiotherapy & Rehabilitation.
11. Department of Ophthalmology.

DIVISIONS

1. Division of Endocrinology & Diabetes.
2. Division of GI & Bariatric Surgery.
3. Division of ENT & Head Neck Surgery.
4. Division of Peripheral Vascular & Endovascular Sciences.
5. Division of Gynaecology & Gynaec-oncology.
6. Medanta Breast Services.
7. Division of Plastic, Aesthetic and Reconstructive Surgery.
8. Division of Radiology & Nuclear Medicine

MISSION, VISION AND VALUES

Medanta has evolved into one of the recognised and reputed organisations in healthcare industry by sticking to its fundamental values which includes

Leadership and excellence a commitment to give best outputs in everything they do through exemplary actions and behaviour.

Integrity and courage keeping patient's interest as top-most priority and maintain highest ethical standards and demonstrate the courage to accomplish the rightful task

Compassion and service a culture where everyone is committed to care for patients and their caregivers beyond their assigned duties.

Collaboration, learning and innovation promote collaborations, creativity, teamwork and encourage innovations for achieving their goals in the best possible and sustainable ways.

OBSERVATIONAL LEARNING -INTERNAL MEDICINE OPD

Clearly defined entrance and direction for the location of internal medicine opd on 9th floor separate opd rooms for each doctor, separate room for coordinator, well furnished and huge waiting area for patients ,proper drinking water and coffee facility in the pantry area well managed registration and enquiry counter, separate room for billing counter staff ,separate wash rooms for doctors ,OPD rooms of doctors were based on hierarchy , the room of HOD was first and then others .

Punctuality as the HOD used to come at 8 30 in the morning regularly and this was important as people down in the hierarchy learn from the behaviour of people on the top and this culture trickles downwards

I was instructed by my mentor to sit and observe a PG doctor who making the telemedicine calls to the patient . I did this practice for initial of 3 days .During this I learned how to access the HIS system of the hospital along with medanta E clinic platform.Also I learned how to talk to patients and extract information from their

After 3 day I was given the sole responsibility to make telephonic calls to all the patients which have booked appointment with my mentor Dr Sushila Kataria and to prepare complete synopsis having medical history , treatment and reports of all the Opd patients

During this process I learned about the insides of their telemedicine platform medanta e clinic ,what I also learned is that during the covid time patients were highly motivated to do consultations via telemedicine platform rather den opting for in patient visits ,also during this process I got to know the latest treatment protocols that have been followed for management of covid 19,also I got a chance to administer the lasted launched drug 2 DG to one of the covid patients, during this process I also got to know how difficult it was for hospitals to manage the deficiency of ICU beds in the hospital

I also came to know the operational problems faced by co-ordinators during the OPD management process. As sometimes nursing staff do not follow the clear instructions given to them leading to confusion and hampering the patient service satisfaction

Also as the account manager counter was right next to me I came to know about the billing process for vaccination drive through and other RWA and corporate camps going on

OBSERVATIONAL LEARNING CEO OFFICE (GROWTH AND STRATEGY)

Open sitting arrangement along with 2 huge conference hall for meetings,once in every 2 or 3 day head of all the departments meet with the CEO in the conference halls and discuss important progress made , I worked under different people their and got myself into different work profiles , some of them are like managing the CRM activity, market research for new product launch etc

One of the very first work of mine was to classify different marketing creatives related to vaccination drive into different categories so that they can be send in the form of a structured file to other branches such as medanta Patna and Lucknow as well

The next work given to me was to create a checklist for account managers and camp managers involved in vaccination drive through and other camps.The next work given to me was to to market research on Retail health clinics and also to study the retail health clinics of USA .The next work was to help them to design a health and wellness package for old age people in which what kind of test must be included , what should be the price range and what should be the potential customer to target

In the next move I was involved in the team which handled CRM calling for patient which have opted of the follow up services during the covid period which had undergone surgeries in the hospital earlier .In the CRM process my role was to supervise the whole process along with the senior manager to understand what filters must be applied to extract the data and also what kind of script must be given to OCC.

Next I was involved in supervising the discharge calling and understanding the process and finding the reasons why we are not getting conversions when we pitch our products like medanta care at home to the patients. I was also involved in doing the market research for new subscription model for our hospital and also to prepare a questionnaire to find what patient actually want if we pitch them with subscription services. What are they willing to pay for such a service and what all services they want to get included in the product.

Also I was given an opportunity to visit the whole hospital floor by floor and to understand which marketing flyer , poster can be applied to which location so that it can gain more traction from the patients .Also I was given the work to design a market product ,Nursing at home by medanta. In this my responsibility was to filter out which category of patient will be be best target for the nursing at home product we were designing .

Also by talking to one of my senior manager I got to learn the importance of data in each and every operation of hospital. Whether it is vaccination drive or anhy marketing campaign or designing a product , role of data is crucial.

OBSERVATIONAL LEARNING HR DEPARTMENT

On the first 3 day we were given the induction programme where we were made to sit in the auditorium and we were given information about the hospital and its doctors its staff .We were also given e learning about the quality standards followed at the hospital and also about the fire safety protocols followed.

Also I was given the opportunity to meet the HR head which ensured me of starting a collaboration between our college and the hospital.

LIMITATIONS

Internal medicine opd

Long queues at billing counter,Dispute at the billing counter mostly of CGHS patient,patient gets confused about the exact opd timing ,patients were confused whether in-patient opd are still working or not, co-ordinator was overburdened with work ,staff under co-ordinator was facing miscommunication issues

HR department

As we are students with clinical backgrounds so the HR people are having a bias to give us roles which justify our background that's why most were given Medical operations department. But being a MBA student the intern must get the exposure of all the other departments like marketing, finance ,HR, quality as well , which was missing.

SUGGESTION

To make better standard operating procedures for the billing counter functions,clear communication about the fact when the opd will start and when it will close,to ease the work of co-ordinator ,clear communication to the patient whether in patient opd is working or teleconsultation is going on

PROJECT REPORT

INTRODUCTION

Telemedicine is a newly emerging technology which has a huge potential and application in healthcare industry. One of the most important advantage of this technology is that it helps in overcoming the geographical barrier which has become a very important concern during the time of covid.

As we also know in India 60% population lives in rural area and for them getting access to modern healthcare facilities is super tough. This technology solves this problem also.

Also when you look at the market of telemedicine the trend is quite clear it has been expanding very rapidly. Now looking at the different waves that are emerging one after the other it is quite clear that this pandemic will turn into an endemic soon and we have to learn to live with this new normal.

So this report is based on the application of this newly emerging technology in the hospitals during the covid pandemic period. What are its advantages and disadvantages. What are the challenges faced by different stakeholders like doctor ,patient and hospital during its application in the hospital setup.

Telemedicine can be classified on the basis of duration and interaction as shown in figure

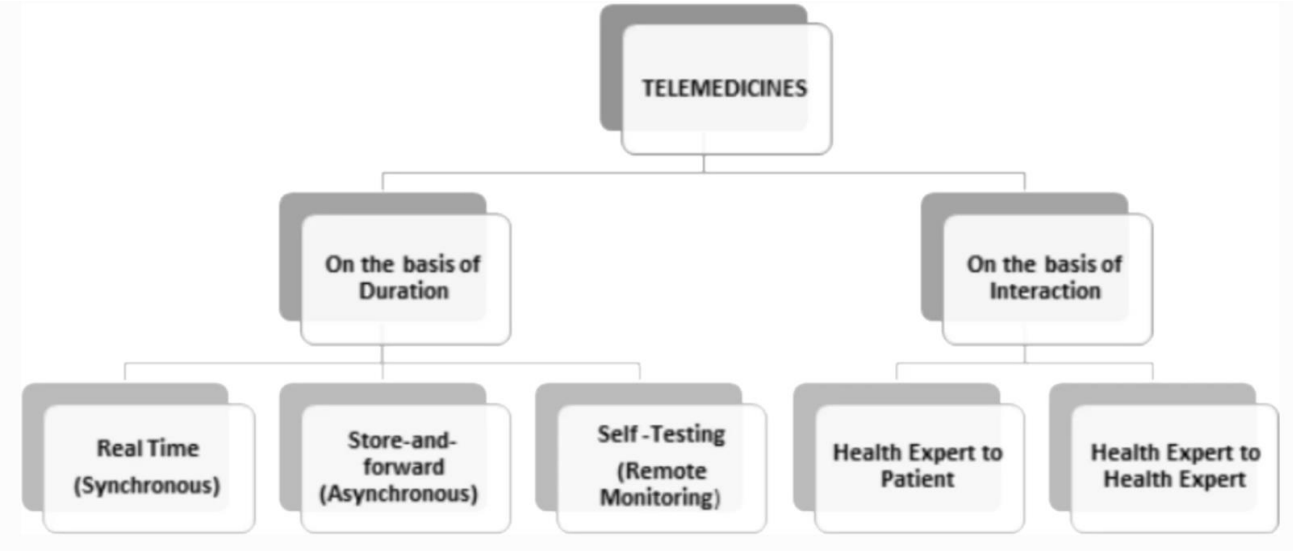

Fig 1 telemedicine classification

RATIONALE

Due to covid 19 pandemic, the way in which doctors interact with patients has completely been disrupted. Earlier people used to directly visit the OPD for their regular follow up and check ups, but now due to the strict social distancing regulations ,people are now afraid to come to hospital because they fear that they will get infected by the virus

Now this situation acts as a big problem for the hospital management as now patients are afraid to come to hospital and here comes the role of telemedicine. Telemedicine has a unique role that it solves the problem of providing quality consultancy to the patients who don't want to come to hospital and are far away from hospital

So in this covid pandemic period this was a new experiment for the hospital to introduce medanta e clinic app.So the rationale of this study is to know how hospitals have adapted to this new need by shifting to online mode of consultancy .

Also to understand what is the typical patient profile of those opting for telemedicine services. What are the problems faced by doctors , patients and co-ordinators during the process .Also what are the advantages of telemedicine platform for doctors ,patients and the hospital.

At the end the rationale of this study was also find the role of an MBBS doctor during the teleconsultation process to assist the specialist doctor, How to improve it and how this integration can save time and improve performance of the hospital and also enhance the patient satisfaction

RESEARCH QUESTIONS

1 What is the profile of teleconsultation patients in the internal medicine opd during covid

2 What are the challenges faced by the Co-ordinator ,doctor and patient during the teleconsult

3 What are the possible advantages of shifting to teleconsult mode for hospital ,doctor and patients

4 What are the possible measures that can be taken to improve the teleconsulting process .

5 What is the role of a MBBS doctor in assisting the specialist doctor during the teleconsultation process

OBJECTIVES

1 To understand the teleconsultation patient profile in internal medicine opd during the covid to determine which category of patient to be targeted for teleconsultation services.

2 To take action to reduce the problems faced by the Co Ordinator patients and doctors during the teleconsult.

3 To identify the possible reasons for the problems faced by doctors and patients during the teleconsult process.

4 To suggest measures to improve the teleconsult process.

5 To identify the importance of a MBBS doctor In assisting specialist doctor during the teleconsultation process

METHODOLOGY

Study type

Quantitative Cross Sectional Study.

Study Area

Internal Medicine OPD

Study period

17th May to 10th June 2021

Population

Most of the patients were post covid who were undergoing their treatment under my mentor. Some of them were follow up , few were IPD patients looking for follow up after discharge. Most of the other patients were suffering from multiple disorders like Hypertension,Diabetes Mellitus ,Coronary Artery Disease, Hypothyroidism etc

Sample size

101 cases . The total sample data collected by me was 321 but due to patient confidentiality related to many of the VVIP patients like some cabinet minister, IFS officers and also Chief Minister,so I was allowed to conduct my study on a sample of 101 only after the data filtration by the hospital administration.

Sampling method

Patient data was collected by having a telephonic conversation with them and all the data was completely enumerated.

Data type

Qualitative, Primary and Secondary data

Data collection method

Primary data was collected by directly talking to patients through telephonic conversation and secondary data was collected from hospital information system and direct access to Medanta E-clinic Application.

Analysis

While the process was being executed ,the data was regularly filled in the calling sheet . Cases covered were dated from 17th may to 10th June. At the end to do the analysis the data was segregated in different categories using **MECE principle** given by McKinsey &Company according to which a set of items can be grouped into another subset that are mutually exclusive and completely exhaustive so that no information is double counted in hierarchy. The data was analysed using MS Excel.

MEDANTA e CLINIC APPLICATION INTRODUCTION

The medanta e clinic application has following components (operator window)

1) Request to be processed
   This section contains requests for which no action has been taken
2) Call back requests
   This section contains requests for which a call back has to be made
3) Consultations Scheduled
   This section contain the name of patients which are already scheduled for consultation
4) Consultations Completed
   This section contains name of patients for which consultation has been completed
5) Follow up After Consultation
   This section has patient information requiring follow up after consultation
6) Book New Appointment
   This section can be used to book new appointments
7) Payment Status
   This section will reflect pending or pre paid status
8) Appointment booking Issues

This section will have list of patients having any issue regarding consultation

9) Patient reports
   This section can be used to access all the patient reports
10) Rescheduled appointments
   This section helps to reschedule appointment
11) Link Patient ID
   This section helps us to link patient having 2 different IDs (old and new)
12) Report Generation
   This section helps us to generate new reports
13) Book New Appointment
   This section helps to start booking new appointment

FILTERS AVAILABLE TO NARROW DOWN APPOINTMENT

1) Request Date
2) By Doctor
3) By Patient ID
4) MODE- Offline,Phone call, Video call ,In person, Telemedicine
5) Appointment Date
6) By Patient
7) By Coordinator
8) By Facility ID (Gurugram, Delhi, Lucknow)

CONSULTATIONS SCHEDULED TRACKER

It has following tabs

1) Request Date
   This segment has the date on which request is made to book appointment
2) Appointment Date
   The final date on which appointment is given
3) Patient Name
4) Doctor Name
5) Consultation Type
   This section defines whether the consult is a video call or a phone call
6) Payment Status
   All the patients who have done the payment will be shown as pre paid in this section

APPOINTEMENT DETAILS

This section opens up after you click on any patient name .It has following information

1) Patient name
2) Patient ID
3) Age
4) Gender

5) Mobile Number
6) Email
7) Location
8) Patient Query
9) Download Report tab
10) Generate Payment Link
11) View Past Appointments
12) Cancel Appointments
13) Print
14) Get Meeting ID

PART 1 PATIENT PROFILE INSIGHTS DURING TELECONSULTATION

I)GENDER

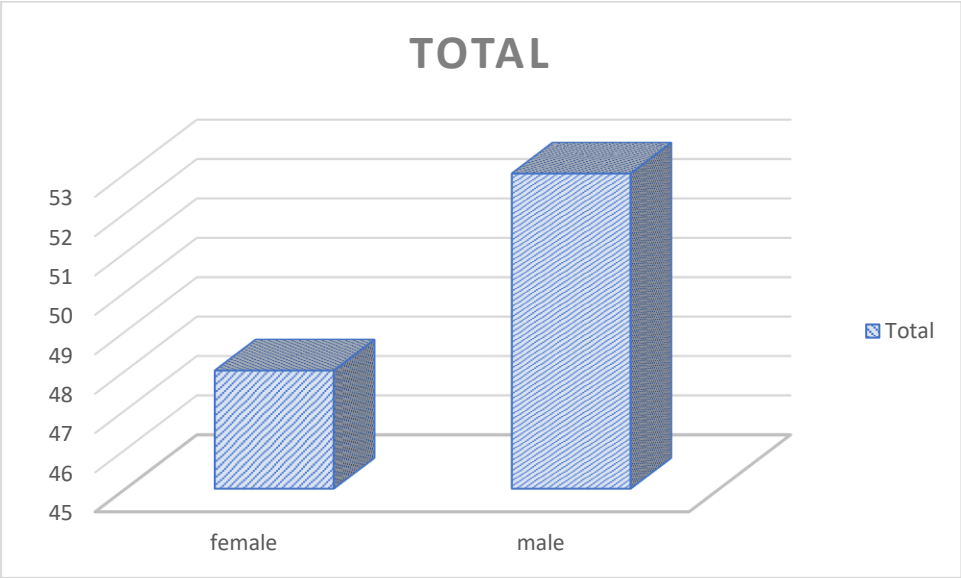

Fig 2 gender profile

Out of the total sample ,52% patients were male and 48% were female. That shows that slightly more males were opting for teleconsult than women. And that observation matches with the finding that males were having more severe covid disease in comparison to female.

II) AGE

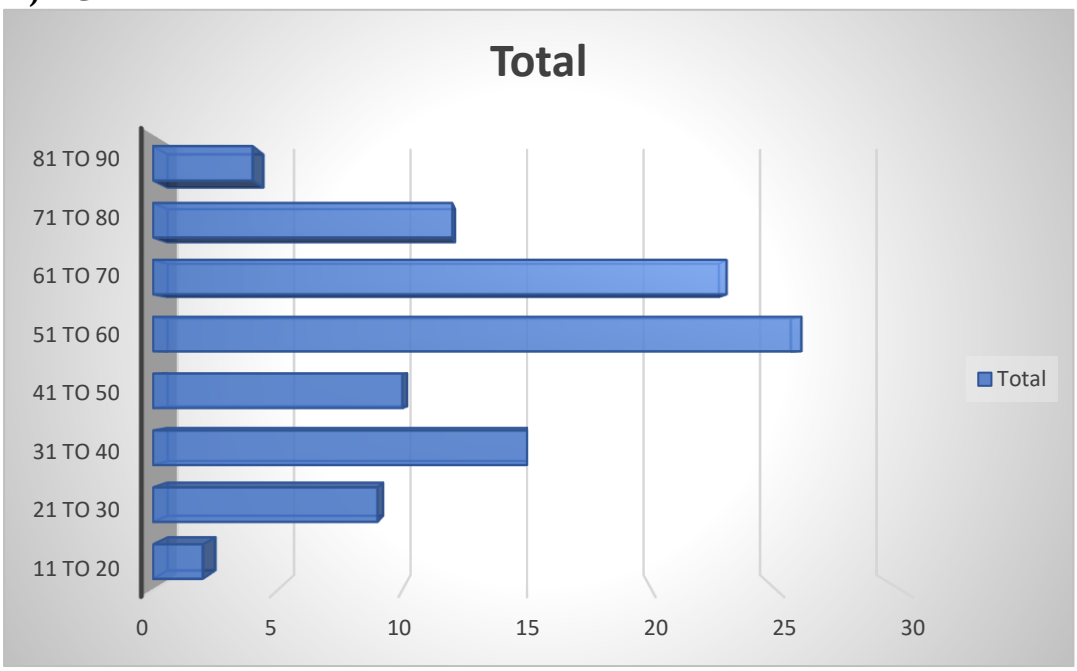

Fig 3 age profile

Patients of Age group 11-20 were 2 ,21-30 were 9, 31-40 were 15, 41-50 were 10 ,51-60 were 26 ,61-70 were 23,71-80 were 12, 81 -90 were 4,91-100 were 0. So that show that people of the age group 51 to 70 were more interested in getting the teleconsult.

III) DISEASE CATEGORY

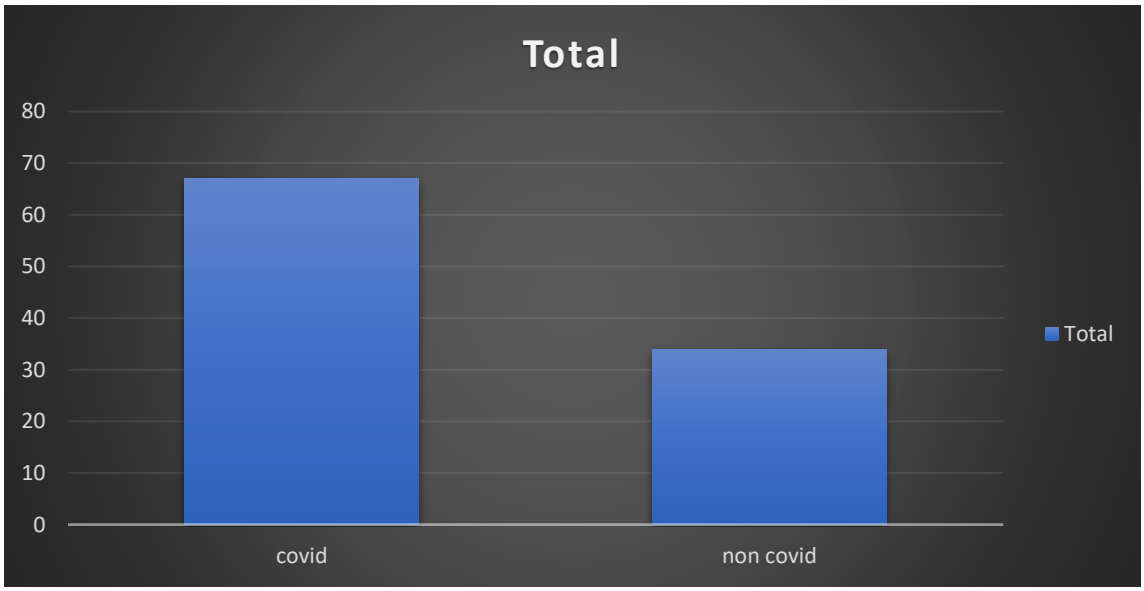

Fig 4 covid profile

66.3% patient (67) were covid patient and 33.7% (34) were non covid patient,so that clearly shows that people who ere infected with covid were in fear and were more anxious to reach to hospital and for that they were opting for teleconsultation.

IV) COVID DISEASE TYPE

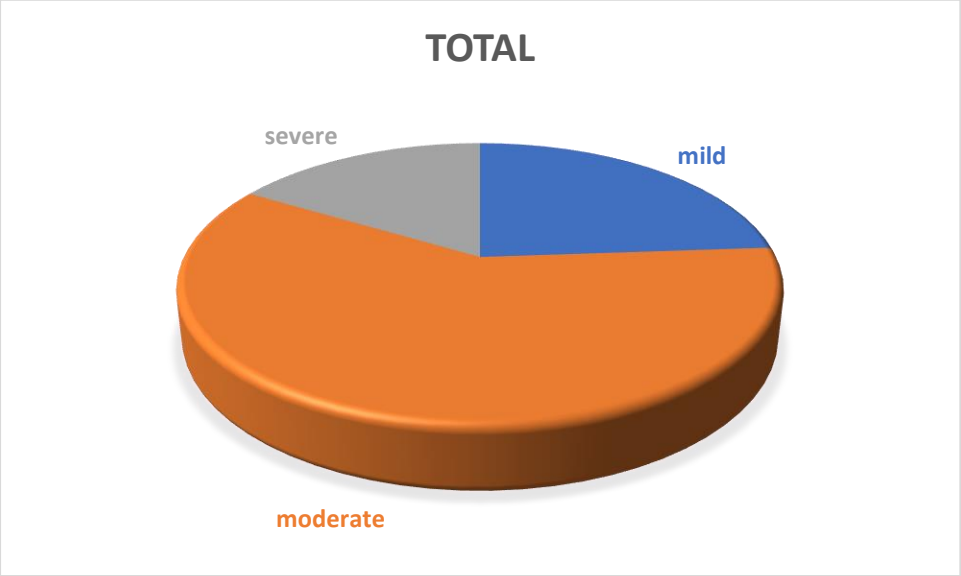

Fig 5 covid severity profile

24% had mild disease,60% had moderate disease and 16% had severe disease. This shows that patients who were having mild disease were opting for self isolation and were taking primary care from the nearby hospitals. Now all those patients who were having severe disease were forced to take admission in the hospitals as their situation was critical .So the only category of patient who were more interested in getting a 2nd opinion from a renowned hospital like medanta were people who were having a disease of moderate category.

V) PATIENT CATEGORY

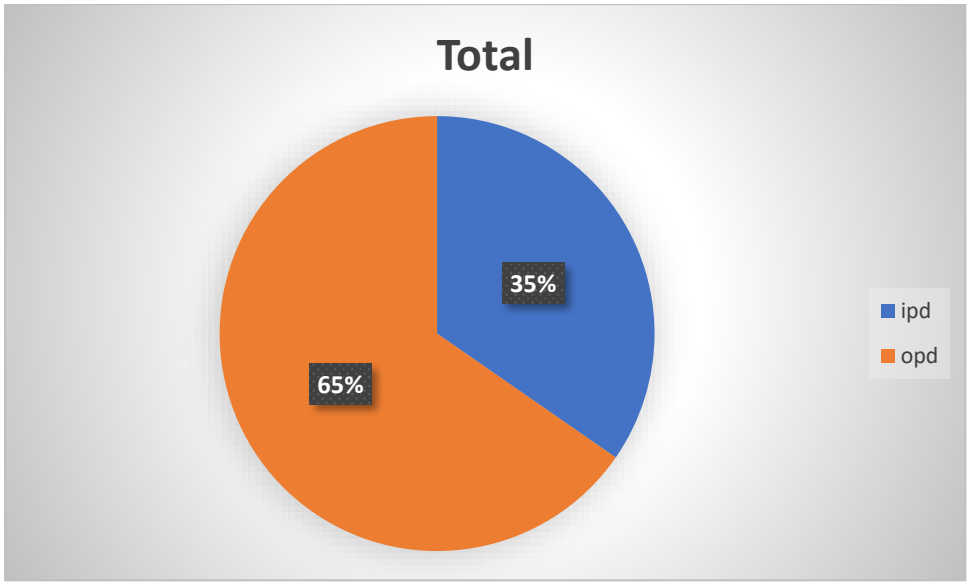

Fig 6 ipd vs opd

65 % patient (66) were opd and 35% patient (35) were ipd patient.so this shows that most of the patients who were admitted in the hospital for either covid or some surgery were opting to visit the doctor in patient only as they had already contracted the virus and were less afraid of it.Whereas the patient who have never visited hospital were afraid of getting the infection and were opting for teleconsultation.

VI) REASON FOR CONSULT

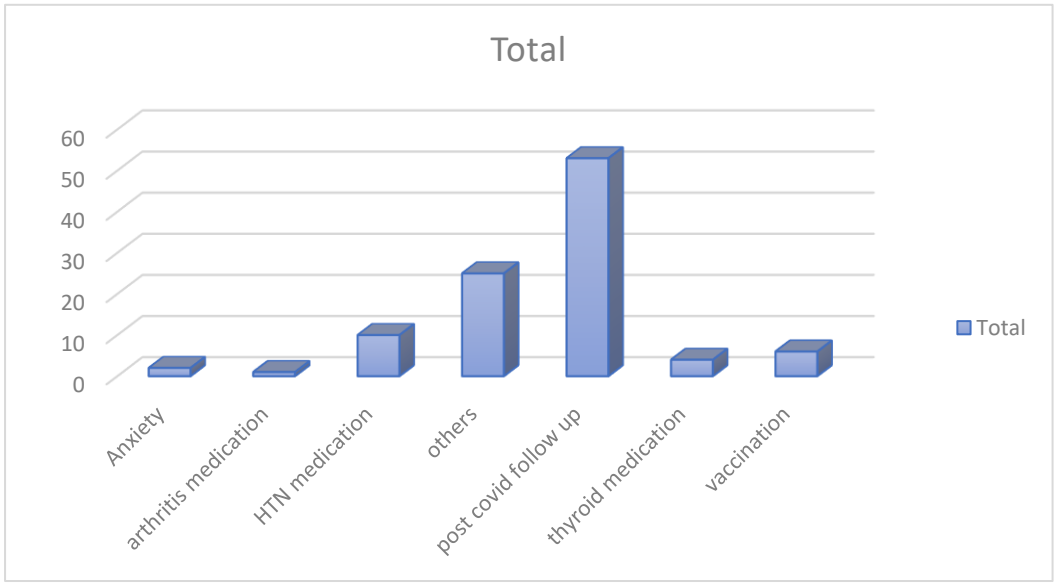

Fig 7 Reason for consult

52.47% needed post covid follow up ,9.9 % needed advice for Hypertension medication, 3.96% needed consult for thyroid medication,5.94% needed consult for vaccination,24.75%

needed consult for others category which included back ache, stomach ache, breathing issues , skin rash etc.so it is quite clear people who were having covid were interested more in getting the consultations and also people wanted to know more about the vaccination protocols as most of the patients were confused that if they have contracted the virus then whether they should get vaccinated or not and also whether covaxin is better or covishield and also to know the exact spacing time between 2 doses.

INTERPRETATION

From the above data analysis it is quite clear that most of the teleconsultation opd during the covid time was deriving its volume from the covid patients requiring post covid follow up . .Number of men in the opd were than women. Typical age group consisting major volume of the teleconsultation opd was 51 to 70 .Most of the patients opting to choose teleconsultation were of moderate disease category .Most of the patient of severe category usually needs admission.

PART 2 CHALLENGES DURING TELECONSULTATION

I) PROBLEM FACED BY CO-ORDINATOR

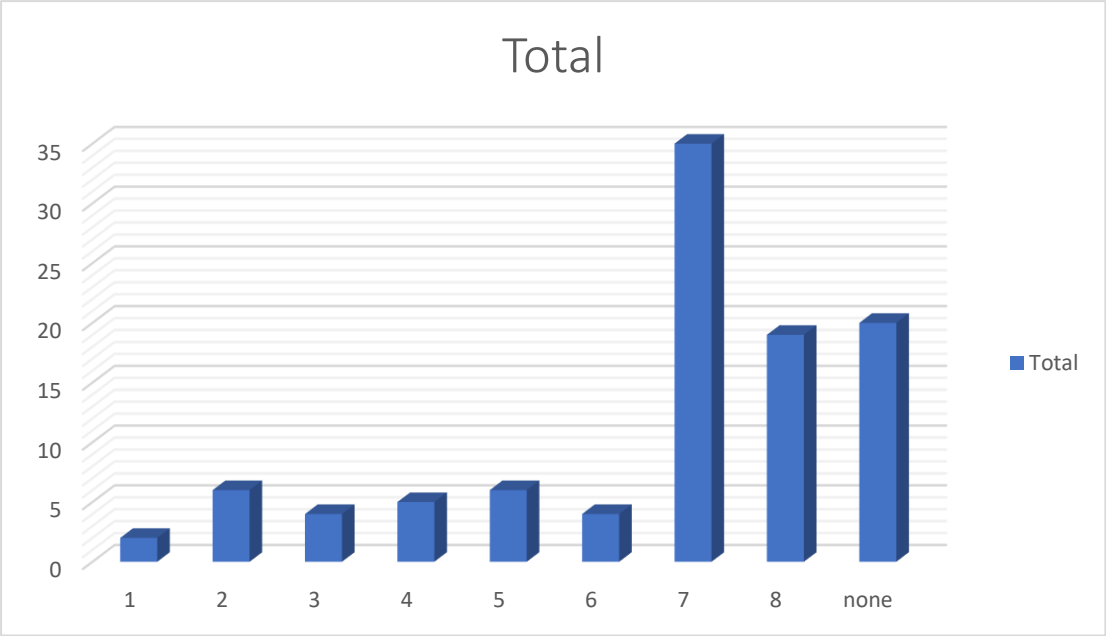

Fig 8 challenges faced by co-ordinator

1 patient not picking the call (1.98%),2 patient not joining through zoom link (5.94%),3 patient have not uploaded reports in the medanta e clinic app (3.96%),4 patient got registered at the very last moment leading to chaos (4.95%),5 patient not able to understand the medicine written in the prescription (5.94%),6 patient at the end moment wants to join what's app call cause they don't know how to use zoom(3.96%) ,7 repeated calls of patients asking

for follow up appointments (34.65%),8 Patient using a different patient ID for subsequent consults leading to difficulty in extraction of patient information from the system (18.81%),9)None (19.81%)

So it is quite clear that patient making repeated call for booking a follow up appointment is the major challenge for the co Ordinator as it was difficult to get a slot within the next 7 days of the visit and 7 to 14 days is the typical follow up period in major internal medicine consults

II)PROBLEM FACED BY PATIENT

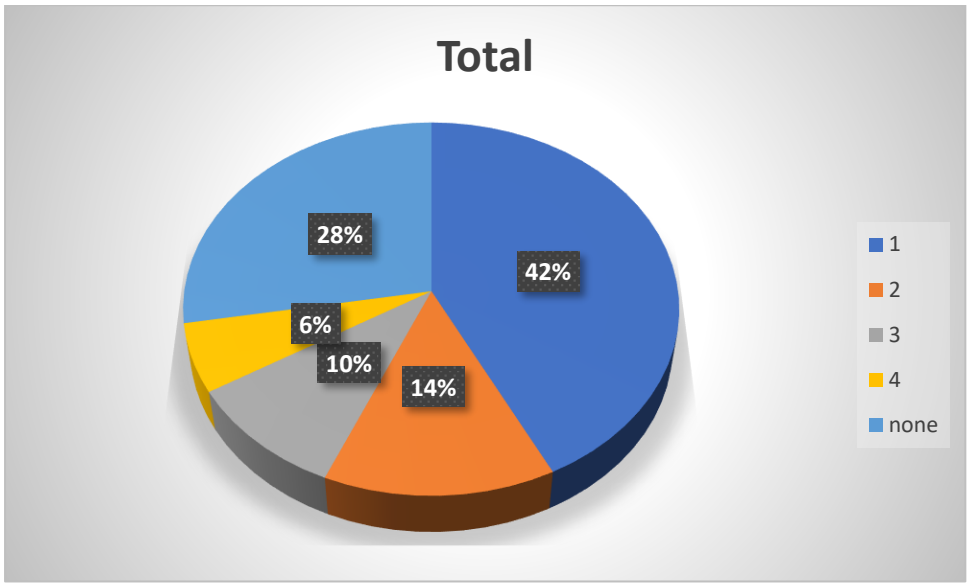

Fig 9 challenges faced by patient

1 Not getting the follow up consult with the doctor within the stipulated time due to heavy pre booking (42%),2 internet connectivity and voice issues (14%),3 patients are not tech savvy hence problem in operating the zoom app (10%),4 some are not able to upload the files on medanta E clinic (6%),5 none 28%

III)PROBLEM FACED BY DOCTOR

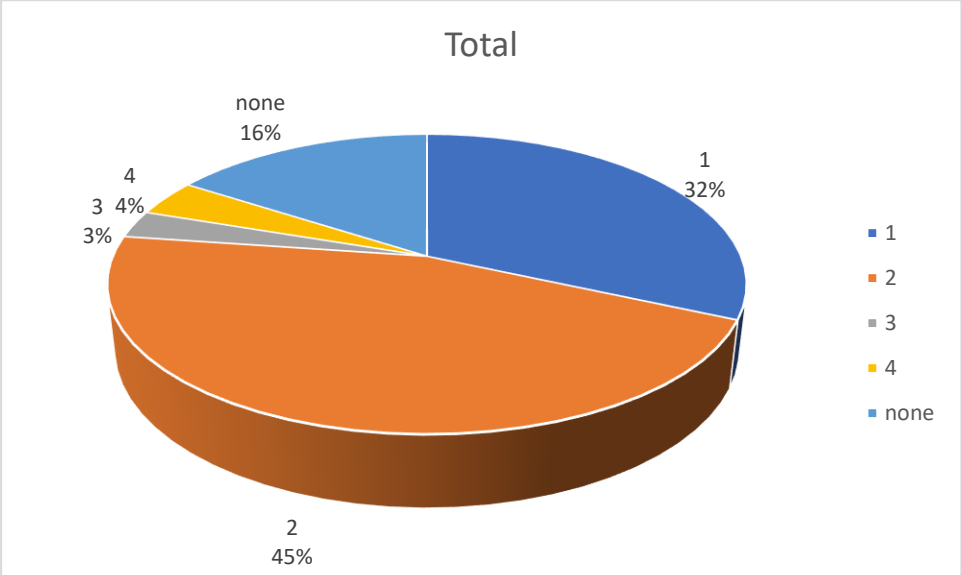

Fig 10 challenges faced by doctor

1 Patient taking too much time in explaining irrelevant points in his history taking process . (32%),2 Some times patient do not upload the reports on medanta e clinic app making it difficult for doctors to see the reports on the spot (45%),3 Network issues and delay in the doc on app (3%),4 reduced coverage as every patient taking nearly 20 to 30 min during the teleconsult so total patient that can be covered in a 4 hr opd is only 8 to 10 (4%),5 None 16%

INTERPRETATION

As it is quite clear from the data that the most common problem faced by the co-ordinator is that they get repeated calls of patients asking for follow up appointments
Also the second most common problem faced by them is that patient in his previous visit books the appointment through an id and changes it during subsequent new booking making it difficult to extract data from the system
The most common complain of patients is they are not able to get follow up appointments within the stipulated time period resulting in missed consults .
The most common problem faced by the specialist doctor is that the patient take too much time to explain irrelevant points which has no clinical relevance in patient history
The second most common problem faced by specialist doctor is that patients do not upload the relevant diagnostic reports in medanta e clinic app.

PART 3 ADVANTAGES OF TELECONSULTATION

I) **FOR PATIENT**

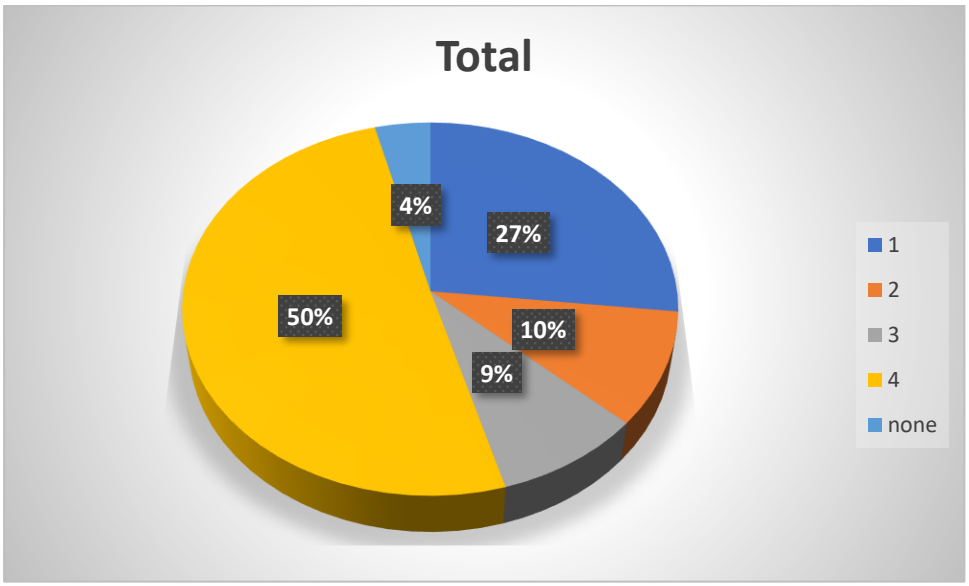

Fig 11 Advantages for patient

1 Risk Of infection reduced (27%),2 Getting consult of quality doctors while sitting at home (10%),3 Improves patient engagement (9%),4 Reduces distance and lockdown barrier (50%),5 none 4%

II) **FOR DOCTORS**

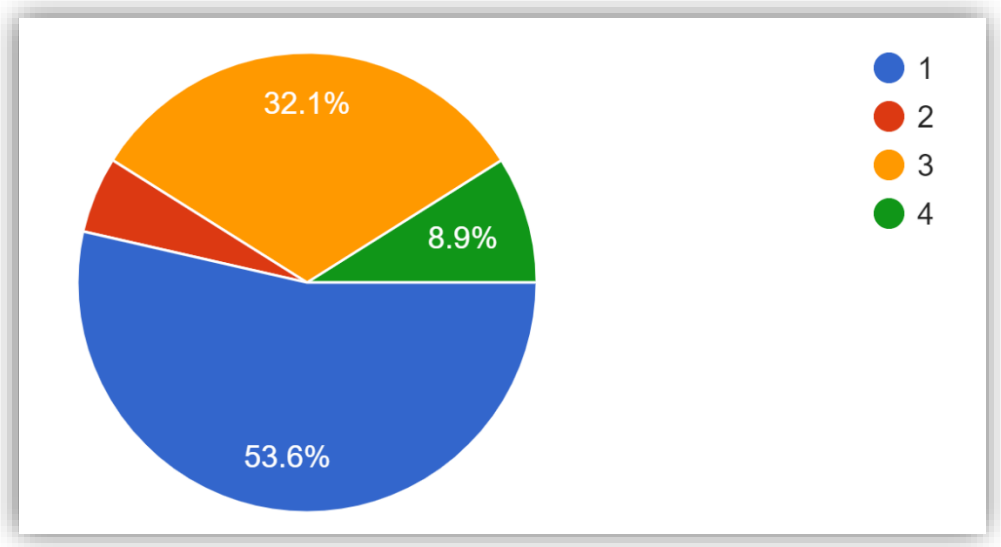

Fig 12 advantages for doctors

1 reduced risk of infection (53.6%),2 Increases practice revenue.(5.4%),3 Reduces the location barrier and reaches more patients (32.1%), 4 Reduces practice overhead and administrative process.(8.9%)

INTERPRETATION

As it is quite obvious from the data that both patient and doctor felt that they were benefitted by the teleconsultation process due to i) reduced risk of transmission of corona virus ii) reduced geographical barrier and also lockdown barriers.
This clearly states that telemedicine helps both doctors and patients to overcome the distance barrier and interact with each other to avail quality healthcare service

PART 4

ROLE OF A MBBS DOCTOR TO ASSIST SPECIALIST DURING TELECONSULTATION PROCESS

During my trainee period under my mentor I was assigned the job to assist my mentor during her teleconsultation opd Most crucial problem faced by the doctor during the teleconsultation process was the amount of time consumed during the process.

As the patient do not know what is relevant information and what is not , that's why they end telling irrelevant points to the doctor which has no relevance clinically leading to increased time duration and decreased quality and performance
My role during my trainee period was to ensure that I should call the patient telephonically before the actual video consultation with specialist doctor begin.

Also I have to log in into the medanta e clinic platform to look into the reports uploaded by the patient and finally I have to prepare a comprehensive written synopsis of each patient having his clinical history along with treatment drugs he/she is undergoing and the latest reports .Also I was supposed to submit this written synopsis every day for each day to my mentor and just before the video consult process begin I have to give a brief oral description about the overall profile of the patient.

This practice helped the specialist doctor to get a better clinical understanding of the patient and also the required need of consult. Also this practice reduced the amount of time spend during each consultation process to less than 15 min which was earlier used to be around 30 to 40 min.

Getting the written patient profile beforehand results in doctor providing improved quality consultation advice to the patient and also increasing the volume of patients that can be treated in a single day resulting in increased revenue.

RECOMMENDATION AND CONCLUSION

Patients must be educated regarding the importance of using a single patient id during subsequent visits thus preventing the difficulty faced by the co Ordinator during the data extraction from the system

A proper time scheduling and patient tracking mechanism to be built to allow patients who are close to their follow up date should get their appointment booked on e clinic app directly by automation or manual process .A new position of medical officer specially for the teleconsultation process should be started in hospital so that the process becomes smooth and the patient should not waste the time of specialist doctor doing irrelevant talks .Patients should be educated how to use medanta e clinic app and the importance of uploading the report in the correct format at the right time.

As it is quite clear from this report that the advantages of this new emerging technology is more than its disadvantages. What is the need of the hour is that hospitals must make policies which are in alignment with speedy implementation plans for application of this technology at the ground level and to take rapid feedback and improve and innovate on that .

In this new era of digitalisation where everything which can go digital is going digital. So Indian healthcare industry can't be left behind in this process. One of the most crucial barrier for the implementation of this new technology is that hospital owners and corporates want to see the financial return on investment of this technology in the bottom line of their balance sheet.

Now we need to understand the most important fact that when we are focusing on data and its application it takes a minimum time period of at least a decade to show its final result. As data needs to cleaned and analysed and that takes time. All the corporate owners needs to have a long term vision to see the far reaching implications of this technology.

Also the fact that any new innovation and its application has some inherent challenges within it .Same is true for telemedicine also. But with continuous improvement and innovation all these challenges can be overcome.

This Covid 19 pandemic has shown us the importance of digitalisation and has fasten up the process of innovation and during these uncertain it becomes crucial that technology like telemedicine should be given focus by keeping in mind the health and safety of humanity.

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ANNEXURE

TIME SCHEDULE

S.NO	NAME OF THE DEPARTMENT	DATE(s) OF VISIT	% OF TIME SPENT	INTERACTED WITH (NAME AND DESIGNATION)
1	**MEDICAL ADMINISTRATION**	13May-10June	56.86%	DR.SUSHILA KATARIA(HOD OF INTERNAL MEDICINE)
2	**STRATEGY,CEO OFFICE**	11 June -2 July	43.14%	ASHIMA KHURANA(DGM STRATEGY,CEO OFFICE)