Summer Training at
Sir Ganga Ram Hospital, New Delhi
(April 3 to June 2, 2017)

• Deployment of Employees in IP Kitchen of SGRH
• Implementation and Impact of Training Process Mapping & Reasons of Delay in IP Pharmacy

By
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Under the guidance of
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MBA Hospital & Health Management
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Institute of Health Management Research
The IIHMR University, Jaipur
2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Ms. Ambika Mehrotra** has undergone summer training in **Sir Ganga Ram Hospital, New Delhi** from **3rd April to 2nd June 2017**.

The candidate herself completed the project assign to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

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This is to certify that

Ambika Mehrotra

has successfully completed his/her internship / Fellowship / Observership / Training

in the Department of Human Resource,

Sir Ganga Ram Hospital, New Delhi

w.e.f. April 3, 2017 *to* June 2, 2017.

During the above period his/her work & conduct has been found satisfactory.

Dr. S. NUNDY
Dean,
The Ganga Ram Institute for
Post-graduate Medical Education & Research
(GRIPMER)

Date June 2, 2017
Place New Delhi

Head of the Deptt.

Dr. S. Nundy
Dean, GRIPMER

ACKNOWLEDGEMENT

I express my great sense of gratitude to acknowledge the cooperation & support of sir Ganga Ram Hospital, New Delhi for giving me this unique privilege of completing my project by visiting its premises for 60 days.

I would like to extend my gratitude towards, **Mr Mohit Gupta,** Manager HR, and **Mr Siddharth Vaidya** (Deputy HR) for their invaluable support & time to time guidance who have been instrumental in helping me shape this study in a desirable way.

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I would like to express my sincere thanks, **Col. Dr. Ashok Kaushik**, Dean IIHMR and **Mentor, Dr. Tanjul Saxena** ma,am (HR faculty)also to all my faculty members for the proper guidance and cooperation extended by them. I am also grateful to my family and friends for giving me moral support.

However, I accept the sole responsibility for any possible error of omission and would be extremely grateful to the readers of this project report if they bring such mistakes to my notice.

Date- June 2, 2017 **Ambika Mehrotra**

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INTRODUCTION

Summer Training is an integral part of MBA Hospital & Health Management. As a part of curriculum, students are required to undergo 2 months training with reputed organisation to learn the daily operational Management & if possible to help the Management study and address some identified issues/ problems associated with some specific operational areas. The main purpose of training is to get exposure to the organisation & its daily working.

ABOUT SIR GANGA RAM HOSPITAL, NEWDELHI

Sir Ganga Ram Hospital is a 675 bedded multi-speciality state if the art Hospital in India. It provides comprehensive Healthcare India services, and has acquired the status of a premier Medical Institution. It is the only Hospital in the Private sector that has maintained nearly 100% bed occupancy due to its reputation of providing the highest level of medical services to patients from Delhi & neighbouring states.

The hospital was founded initially in 1921 at Lahore by Sir Ganga Ram (1851-1957) a Civil Engineer & leading philanthropist of his times. After the partition in 1947, the present hospital was established in New Delhi on a plot of land approximately 11 acres. The foundation was laid in April 1951 by Prime Minister of India Shri Jawaharlal Nehru and inaugurated by him on 13 April, 1954.

Sir Ganga Ram Hospital in India continues to maintain its charitable character in accordance with to the wishes of its founder. Funds generated from the hospital services are partially utilised for providing free health care to the poor and needy patients. All development activities of the hospital are financed from internal resources, with no financial assistance provided by the government or other external agencies.

Sir Ganga Ram Hospital is committed to make available 20% beds of total strength for admission of indigenous & financially weaker section of the society. On these beds all facilities (boarding, lodging, investigations, medicines and operative procedures) are free. In addition to that we are running regular OPDs for all disciplines where patients are seen free of charge. 40% of all the investigations are the OPD patients are free of charge. These facilities are provided strictly on a first come, first serve basis.

MISSION

Sir Ganga Ram hospital is committed to provide world class healthcare, teaching, training and research by a team of highly qualified doctors, dedicated nurses, paramedical and non medical staff with the help of state of the art diagnostic, therapeutic services in a comfortable, caring and safe environment at an affordable cost to all sections of society including free treatment to the economically weaker section as per vision of the founder.

QUALITY POLICY OF THE HOSPITAL

Sir Ganga Ram Hospital is a tertiary care charitable general hospital that has all broad and super specialities with firm commitment towards excellence in providing quality, ethical and affordable healthcare to all sections of the society with equal stress on integral components of Medical Education and Research. These are achieved by –

- Attracting medical professionals of eminence who develop each speciality as a centre of excellence in its field.
- Treating patients with respect, compassion and dignity.
- Providing free in and out- patient medical facilities to the economically weaker sections of the society and organising community outreach programs and camps.
- Conducting research, promoting academics and providing structured training to Medical and Paramedical professionals & post graduates.
- Complying with all legal requirements.
- Ensuring occupational health & safety standards and protecting our environment.
- Complying with requirements of NABH, NABL.
- Working towards continuous quality improvement, patient safety and patient satisfaction.

AWARDS

- 2013- NABH Accreditation for blood bank transfusion services.
- 2012- Adjusted among top 10 hospitals of India: 'THE WEEK'
- 2011- C II- exim bank award for business excellence; adjusted among the Hospitals in the NCT of Delhi.
- 2010- Adjusted among the top 10 hospitals of the country by the week magazine, Amity Leadership award for Business Excellence for leveraging IT in healthcare sector by Amity University, Noida for its IT Services.
- 2009- Best Information and Communication Technology (ICT) Hospital award.
- 2008- Overall best hospital- Non corporate by express Healthcare excellence awards.
- 2006- Asia Hospital Management Award by Singapore government.

VARIOUS DEPARTMENTS IN THE HOSPITAL CARE-

(FLOOR WISE FACILITY DISTRIBUTION)

EMERGENCY BUILDING

GROUND FLOOR

- Triage Area
- Paediatric emergency
- Triage Area, Stoma clinic
- Minor OT

FIRST FLOOR

- Private O.P.D.
- Dept of Vascular & Endovascular surgery
- Diabetic Foot care
- Endocrinology & Metabolism
- Institute of Minimal Access ,Metabolic& Bariatric surgery

SECOND FLOOR

- Surgical oncology & Research department

THIRD FLOOR

- Emergency ward

FOURTH FLOOR

- Department of Orthopaedics

FIFTH FLOOR

- Dharam Veera Heart centre
- Cath Lab
- Vascular Lab

SIXTH FLOOR

- Academic block

OLD BUILDING

GROUND FLOOR

- O.P.D.(G1,G2,G3,G4)
- Ultra sound, X-Ray, P.E.T., MRI, CT scan
- Bank
- Blood Bank
- Child development Clinic
- Kitchen dept., Bill dept., Cashier, T.P.A.
- Housekeeping desk, Linen dept.

- Echo Lab
- Urology dept.

FIRST FLOOR

- O.P.D.
- department of Medical Oncology
- department of neurophysiology
- department of Clinical Microbiology
- Dental clinic
- Foetal Medicine
- Institute of Liver Gastroenterology & Endoscopy, Immunology
- Paediatric
- I.V.F Centre
- E.T. Lab
- Labour Room

SECOND FLOOR

- Research Dept.
- Vascular H.D.U.
- OPD
- Discharge cell
- Dept. Of Orthopaedic

THIRD FLOOR

- Bronchoscopy Dept.
- Liver H.D.U.
- B.M.T
- Stem cell centre

FOURTH FLOOR

- Department of Internal Medicine
- Stroke Unit
- H.D.U.
- I.M.A.S. Office
- Joint Replacement Unit

FIFTH FLOOR

- Cath Lab Recovery
- Surgical Intermediate Care Unit (SIMCU)
- Surgical Intensive Care Unit (SICU)
- Paediatric Cardiac Intensive Care Unit (PCICU)

SPECIAL WARD BUILDING(SWB)

GROUND FLOOR

- Physiotherapy dept
- CIC

FIRST FLOOR

- Prenatal Intensive Care Unit(PICU)
- Neonatal Intensive Care Unit (NICU)

SECOND FLOOR

- Dialysis
- Renal Transplant Unit (RTU)

THIRD FLOOR

- ICU Gen. Ward.
- M.G. Ward
- C.C.HDU

SUPER SPECIALITY RESEARCH BUILDING (SSRB)

BASEMENT

- Purchase
- Pharmacy
- CSSD
- Summit Facility office
- Gas Manifold
- U.P.S. room
- Maintenance
- I.T small room
- PTS Control Room
- Housekeeping central
- Summit Facility office
- Parking

GROUND FLOOR

- Administration block
- I.C.U. waiting Area
- O.T. waiting Area
- Fire control Office
- Camera Control Office
- Cafeteria
- Reception

FIRST FLOOR

- Cytogenetic Lab
- Biochemistry Genetic Lab
- Molecular Genetic Lab
- Haematology Lab
- Biochemistry Lab
- Pathology Histopathology Lab
- Lab Report
- FNAC(Fine needle aspiration cytology) room

SECOND FLOOR

- Surgical Gastroenterology & liver Transplantation
- Rheumatology & Clinical Immunology
- Ophthalmology
- Rotary Central Eye Bank
- Urology

THIRD FLOOR
- Orthopaedic Surgery
- Institute of Robotic Surgery
- Laparoscopic & General Surgery
- Thoracic Surgery H.D.U.
- Plastic & Cosmetic Surgery
- Neurosurgery

FOURTH FLOOR
- ABG(arterial blood gas) Lab

FIFTH FLOOR
- Post of I.C.U. (POICU)
- Post of Day care
- Organ Transplant

SIXTH FLOOR
- O.T.

SEVENTH FLOOR
- O.T.

HUMAN RESOURCE BUILDING

GROUND FLOOR
- Maintenance
- Receiving
- Store
- Complaint cell

FIRST FLOOR
- Human Resource Department(HRD)
- Medical Record Department(MRD)
- IT Training

SECOND FLOOR
- MRD store
- Staff Canteen

HUMAN RESOURCE DEPARTMENT OVERVIEW

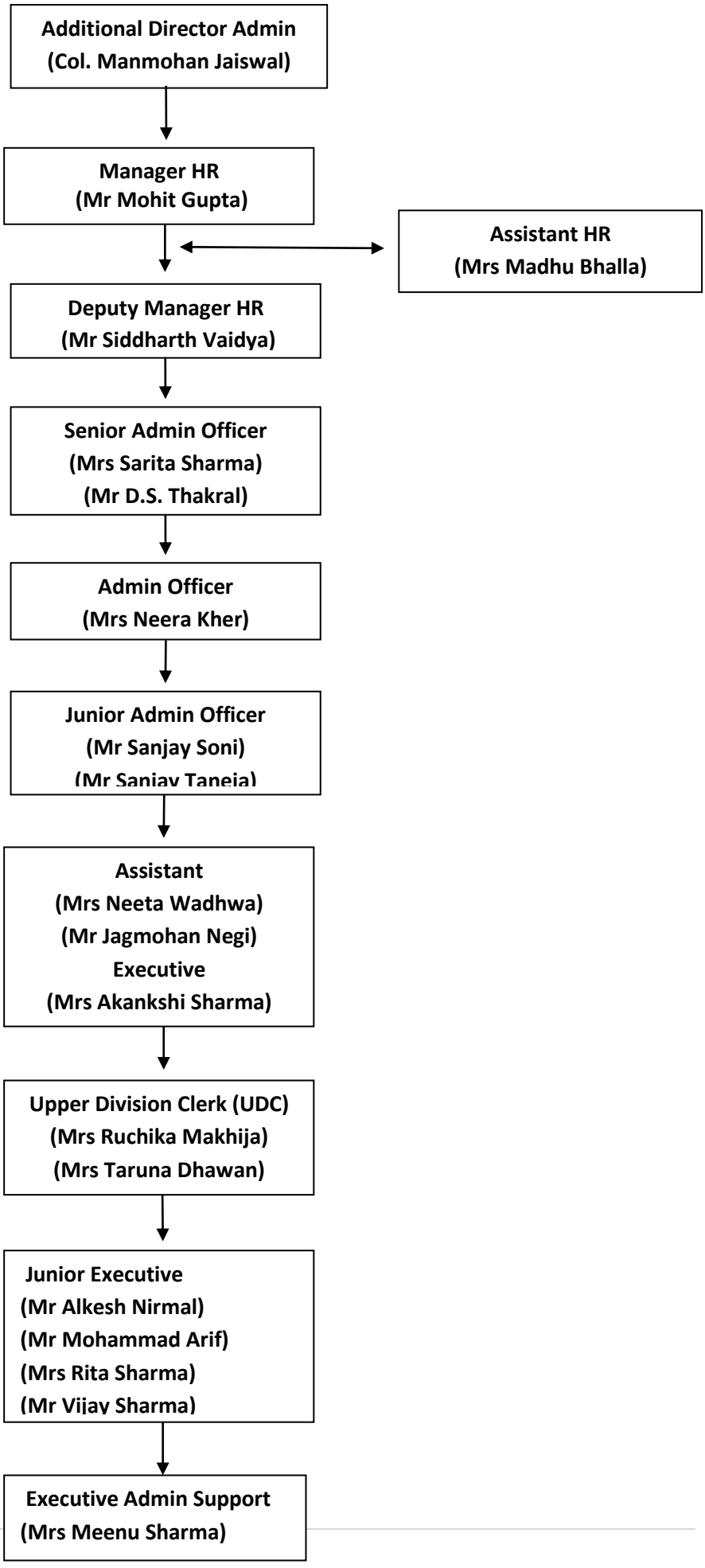
Head of the Department: COL. Manmohan Jaiswal
HR Manager: Mr Mohit Gupta
Deputy HR Manager: Mr Siddharth Vaidya

Goal: To implement plans & procedures to attract and retain the talented employees by providing them with training & development programs as per their job role from time to time that can help in meeting up the organisation goals.

Scope of services:
- Manpower Planning
- Recruitment Process
- Internal Job Posting Process

- Trainings
- Attendance & Leave Management
- Appraisal & Promotion Process
- Statutory Compliance
- Employee Welfare Programs
- Disciplinary Action
- Grievance Handling
- Payroll Management
- Budgeting

ORGANOGRAM OF HR DEPARTMENT

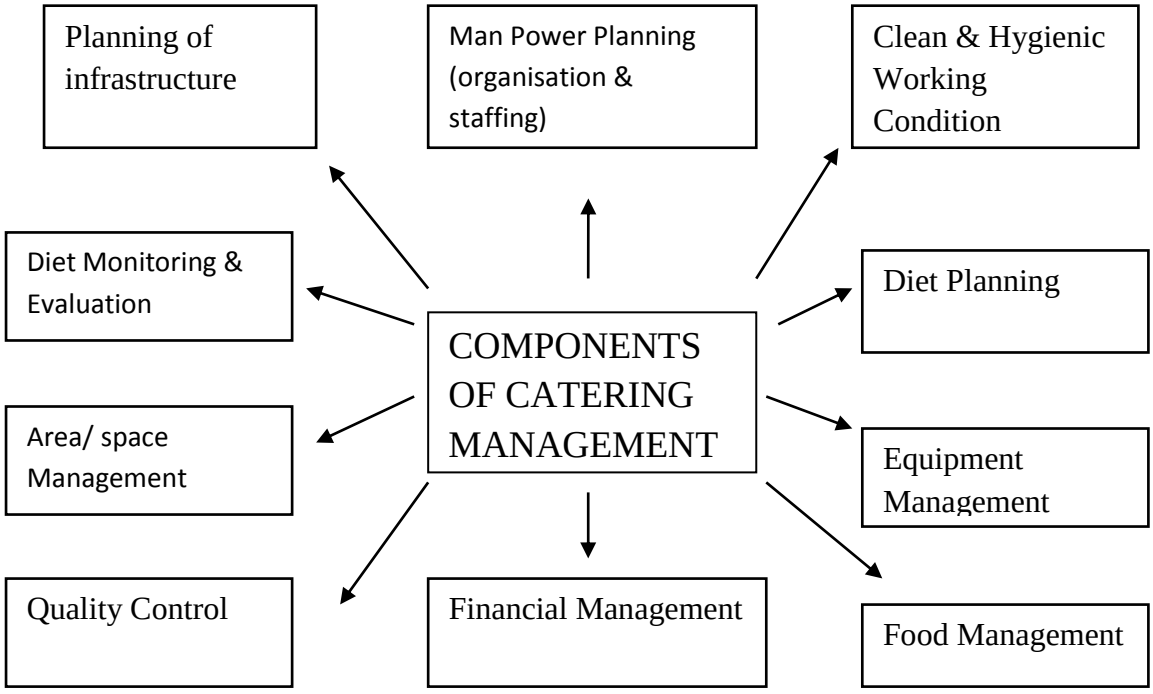


PROJECT (1)

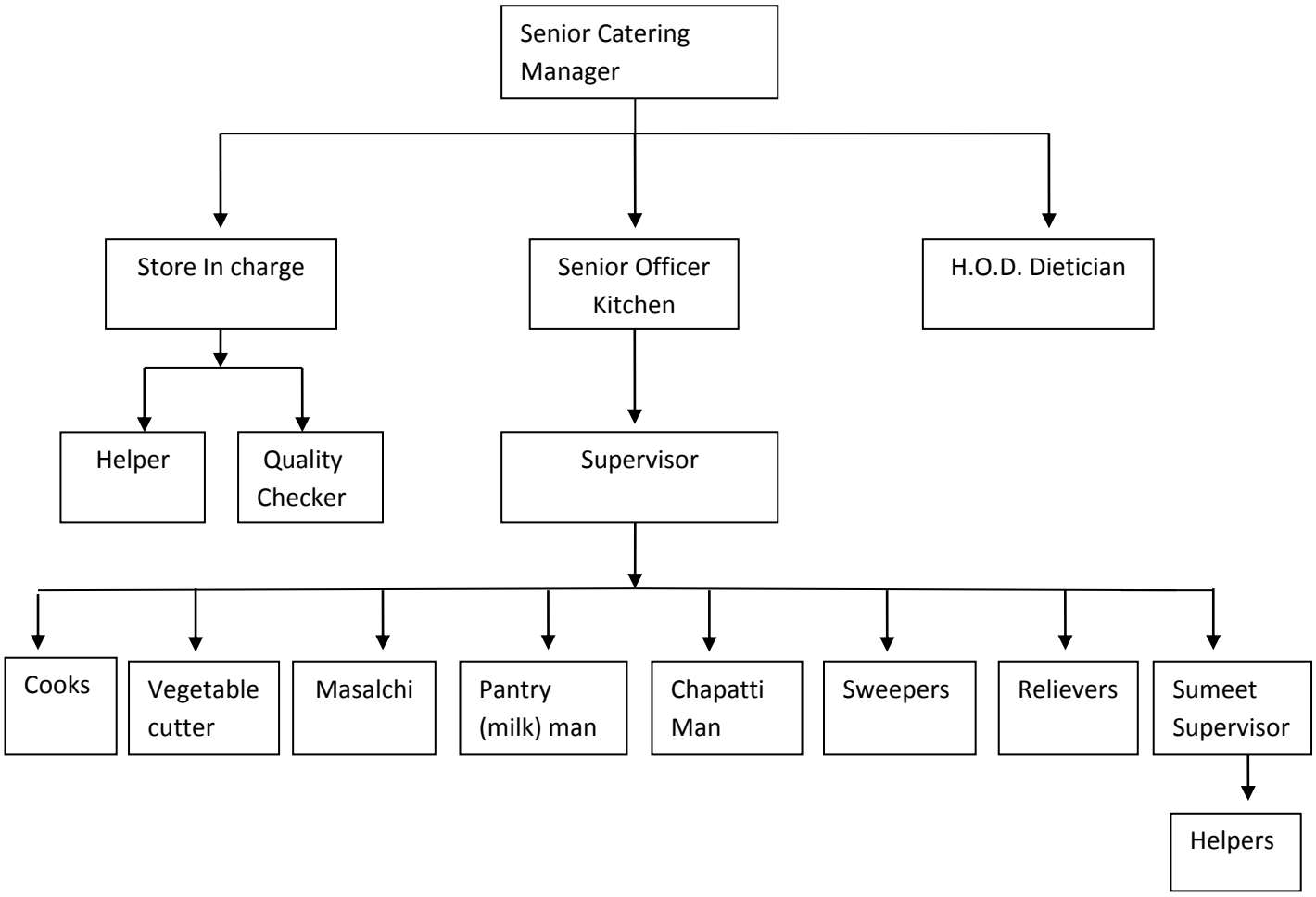
THE DEPLOYMENT OF EMPLOYEES IN THE IP KITCHEN

INTRODUCTION-

The catering/ dietary service is one of the most important supporting services of the hospital unlike any other supporting services. The purpose of the Pantry Department is to make provision for clean, hygienic & nutritious diet for the inpatients as per their caloric requirement. This service can be provided either by in house provision or by outsourcing. The appropriate availability of working staff is necessary for the smooth running of the Pantry. Instances like greater absenteeism and doubling of duties leads to excessive workload over the other person & also the financial pressure increases on the organisation as in order to compensate the required manpower extra person from the outsource facility is appointed. All these factors contribute to employee dissatisfaction which ultimately impacts patient care.



ORGANOGRAM OF CATERING DEPARTMENT:



REVIEW OF LITERATURE-

You're only as good as the people you hire." – Ray Kroc

Man Power Planning also termed as Human Resource Planning is a method of appointing the right number & right kind of people at the right place and at the right time which are best suited for the accomplishment of the organisation's goals. It's a method of analysing the current Man Power available and according to that future manpower forecasting is done. After its complete evaluation employment programmes are designed and according to that the process of Appraisal & Training can be implemented for the development and motivation of employees.

Employees are the ones who helps in accomplishing the goals– whether in finance, marketing or operations. Without them your vision would remain only a dream. In the hospital industry, the interaction between patient and hospital employee takes on a special meaning and importance, and patient satisfaction depends almost entirely on a smooth performance from the staff. A single inattentive steward could severely damage the reputation of the hospital. It is therefore most important to attract the right kind of employees, then induct them into the brand values and vision, then engage and support them, motivate and reward them and do what it takes to retain them.

Like that in the main kitchen of Sir Ganga Ram Hospital this method is used to identify the shortages and surpluses of the staff so that apt no. of employees can be deployed with contrast to the existing benchmarks.

People tend to forget the importance of hospital food services when comparing other clinical activities, and meal services are more prone to be subject to a budgetary cut than other services [7]. Therefore, it is difficult to find the balance between delivering quality food services and appropriate costs, mainly because of the lack of competencies required to perform this task and tools to enable proper management of the services. In addition, the quality of hospital food services has a critical effect on patient satisfaction, which influences the patient's perception of the quality of the services provided by the hospital. The potential impact on both health status and patient satisfaction emphasizes the need for proper manpower deployment.

OBJECTIVE:

- To observe the absenteeism of employees deployed in inpatient kitchen & to understand why the manpower is being engaged in extra duties.
- To analyse the factors which undermine the efficient operations of the inpatient kitchen & the associated pantries with the same suggesting solutions with logical illustrations wherever required.

RESEARCH METHODOLOGY:

- A descriptive study is conducted in Sir Ganga Ram Hospital, New Delhi for a period of about 10 days i.e. from April 21 to May 1st , 2017
- The sample size is 95-100 employees comprising both of Sir Ganga Ram Hospital & the Sumeet Facility (out sourced) appointed in the Pantry of the hospital.
- The employees were explained the purpose of the study before administering the pr ocess & data were collected with their cooperation.

DATA ANALYSIS AND INTERPRETATION

STAFFING BENCHMARK:

SNO	DUTY POINT / FLOOR	Total	Morning		Evening		Night	
			Sumeet	SGRH	Sumeet	SGRH	Sumeet	SGRH
1	5th	7	2	1	3	0	0	1
2	4th (A)	4	1	1	1	1	0	0
3	4th (B)	4	1	1	1	1	0	0
4	4th (C)	4	1	1	1	1	0	0
5	3rd (A)	4	1	1	0	2	0	0
6	3rd (B)	3	1	1	0	1	0	0
7	3rd (C)	4	0	2	0	2	0	0
8	2nd (A)	4	1	1	1	1	0	0
9	2nd (C)	2	0	1	0	1	0	0
10	PAEDIATRIC	8	1	3	1	3	0	0
11	LABOUR ROOM	2	1	0	1	0	0	0
12	TEA PACKING	1	1	0	0	0	0	0
13	FEED	2	1	0	1	0	0	0
14	CHAPATTI MAN+ D.W.	8	0	4	0	4	0	0
15	MASALCHI	2	1	0	1	0	0	0
16	PANTRY MAN	2	0	1	0	1	0	0
17	KITCHEN STORE (9a.m-5 p.m)	1	0	1	0	0	0	0
18	Dr Forum	1	0	1	0	0	0	0
19	HEALTH CHECKUP	1	1	0	0	0	0	0
20	Supervisor	4	1	1	1	1	0	0
21	Vegetable cutter	6	1	2	1	2	0	0
22	south Indian(dialysis)	0	0	0	0	0	0	0
23	COOK	9	0	5	0	4	0	0
24	OTHER	4	0	4	0	0	0	0
	TOTAL	**87**	**16**	**32**	**13**	**25**	**0**	**1**

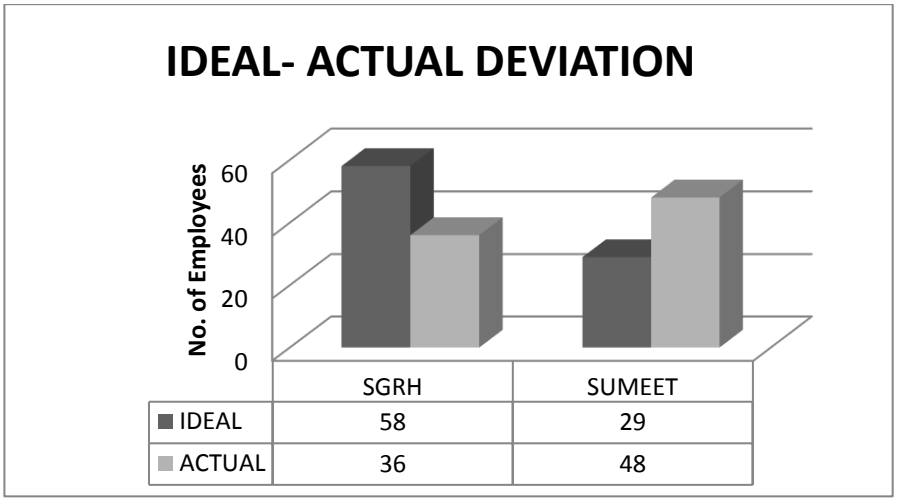
Interpretation-

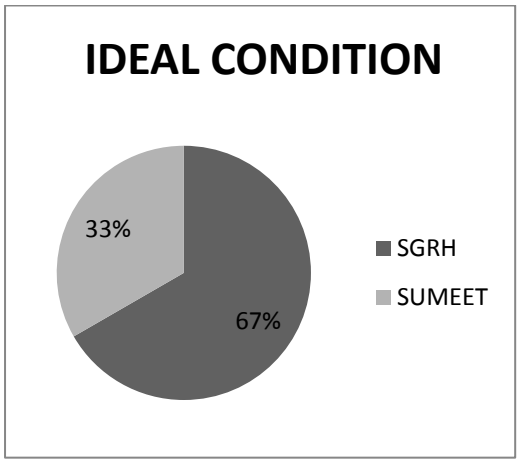
According to the benchmark ideally, there should be 58 employees (fixed point) of SGRH and 29 employees (fixed point) deployed in the inpatient kitchen of the hospital.

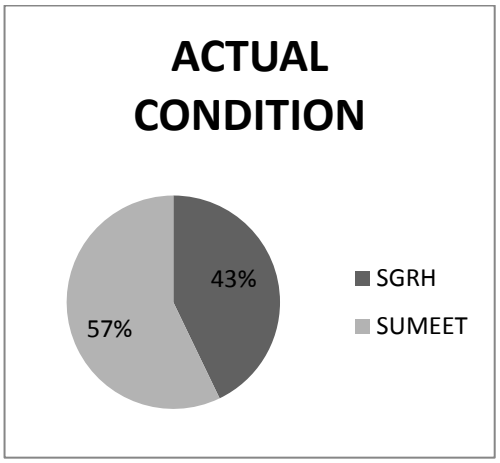
But according to one week analysis of roster i.e. from April 24th to May 1st 2017 following observations have been made-

(Annexure-1)

ANNEXURE 2(TABLE 2)

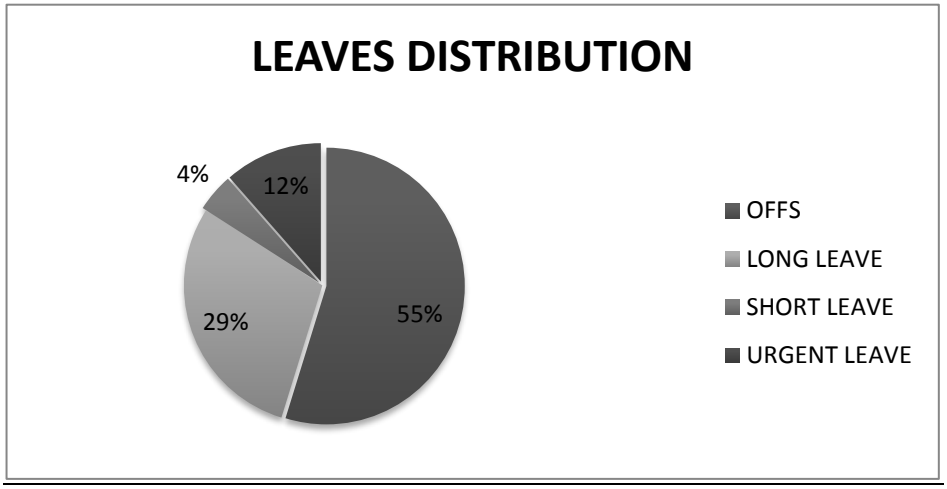






- It has been observed that after comparing with the staffing benchmark of 58, on an average just 36 employees of Sgrh are present in a week and in order to relieve them 48 employees on an average are deployed from Sumeet out of 29. This clearly depicts that ideally 67% staff should be of Sgrh and 33% of Sumeet. But the actual scenario shows that 43% staff of Sgrh is present as compared to 57% of Sumeet.

LEAVES DISTRIBUTION (ANNEXURE-2 TABLE-1)



INTERPRETATION-

- This throws the light on the absenteeism rate of the Sgrh IP kitchen staff. A week analysis shows that about 55% employees of Sgrh were on off , 29% was on Long Leave, 12% on Urgent Leave and the remaining 4% was on Short Leave.
- The reason behind too many offs was found that there were unequal no. of offs provided to the staff members in a month according to roster. Such that some were given 8 offs and some were given 6 or 5. Thus creating imbalance in the leaves distribution.
- Also approval of too many long leaves together to so many employees is not a good indicator, which leads to too much absenteeism amongst the employees of the IP kitchen.

FINDINGS & RECOMMENDATIONS:

- It has been noted that according to benchmark there should be 87 employees including both SGRH and Sumeet that must be appointed in the IP kitchen. But as per my week analysis, there was on an average 84 employees were deployed. This shows that in order to compensate for the absenteeism the supervisors are deploying less staff otherwise they'll have to pick the person from outsourced which will again increase the burden of supplementary bills. Such that if somewhere there should be 4 employees then they are taking work out of 3, which again increases the workload over the same thus leading to job dissatisfaction. Hence the absenteeism must be reduced to curb this problem.
- Staff should first report on time in the Pantry before leaving for their duties on respective floors such that the person who'll be on urgent leave on that day can be noticed at the earliest before the commencement of the shift and should be back with a valid proof & reason.
- There must be proper description of the leaves allotted so that equal number of leaves should be approved to every person. Due to unstructured leaves, they are unable to fix the duties in the Roster that leads to shortage of Ganga Ram staff which ultimately hampers the control process of outsource manpower deployed that day.
- All employees should be given 5/6 leaves within a month, such that the long leaves should not be approved together to too many employees together. A prior application should be submitted by them in case if they require long leaves. Strict action should be taken against the employee who is taking more leaves as compared to the allotted ones, then only the absenteeism can be reduced.

OTHER ISSUES :

It has been observed that the chapatti men complete their work within 4 hrs and are free for the rest 4 hrs in their shift. Sometimes they even leave early. Also they start doing the work at around 7:15 a.m. instead of 6:30a.m.

SUGGESTION-

To overcome this issue the chapatti men can be utilised for at least 2hrs per shift in vegetable cutting as the vegetables are cut in advance each day before the commencement of the next shift. The same can be done for the evening shift chapatti men. Such that it will be enough to deploy only 1 vegetable cutter in each shift instead of 2.

It has been observed that the expense over cutlery & other utensils is quite more as there is no proper record maintained of the no. of items that has been broken in a month.

SUGGESTION-

- There should be a circular released by the senior supervisors for the servicing staff that only after properly counting the utensils the person should handover the items to the next shift person by which the theft or loss of any cutlery due to damage can be controlled.
- There must be separate record maintained for the number of cutleries broken in a day as suggested in the below format.

BROKEN CUTLERY LOGBOOK FORMAT

DATE	TIME	WARD	ITEM	NUMBER	REASON	BY WHOM	NEWLY ISSUED ITEMS

RECOMMENDATIONS:

- The kitchen store in charge must maintain proper record of the slips as brought by the pantry employees on their demand which could help in checking the stock availability and also the theft if any.
- There must be a separate complaint register available 24x7 in the pantry depicting the reason, date, time, ward, who received the complaint & the possible action taken to overcome it so that the quality of the service can be improved and the delay so caused can be reduced.

COMPLAINT LOGBOOK FORMAT

DATE	TIME	WARD	REASON	COMPLAINT MADE BY	COMPLAINT RECIEVED BY	ACTION TAKEN	TOTAL TIME TAKEN

- There must be a feedback register for every ward which must be filled up by the patients on daily basis and the genuine problems should be identified & appropriate solutions should be implemented.

CONCLUSION

On the basis of the absenteeism, recordings, interviews conducted for around 10 days in the inpatient kitchen of the hospital it has been observed that the absenteeism among the employees of the Ganga Ram staff is persistently higher and in order to compensate the manpower, it becomes necessary to deploy outsource staff as relievers.

Also according to Gleicher's theory of change,

C=D*V*F > R

Where C= change, could be only brought up into the system/programme only when the product of these 3 factors- D= dissatisfaction with how things are now, V= vision of what is possible & F= first, concrete steps that can be taken towards the vision is greater than the R= resistance then change can be possibly brought up.

But, C= D*V*F < R in SGRH inpatient kitchen

Through our analyses we deduce that the dissatisfaction level, vision & the initiative taking capability to bring the change is quite low or next to zero in most of the deployed personnel of the inpatient kitchen which ultimately unveils that it is hard to bring any possible change in the trend that is prevailing since longer time. Thus as per our considerations it is hard to control the supplementary bills of the pantry which is disbursed on the outsourced manpower. But still if some alterations/modifications can be implemented then surely the system can be improved.

REFERENCES

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Prafulla Sharma : Manpower planning in Hospital

Hornby P, Ray DK, Shipp PJ, Hall TL. Guidelines for health manpower planning. Geneva: World Health Organization, 1980.

Determining hospital workforce requirement: a case study

Case Study: Strategy and HR Planning at the Capital Hotel

ANNEXURES

ANNEXURE 1

DEPLOYEMENT OF EMPLOYEES IN IP KITCHEN

24th April 2017

SNO	DUTY POINT	TOTAL	MORNING		EVENING		NIGHT	
	FLOOR		SUMEET	SGRH	SUMEET	SGRH	SUMEET	SGRH
1	5th	7	3 (1)	0	3	0	1(1)	0
2	4th (A)	4	2 (1)	0	1	1	0	0
3	4th (B)	4	2 (1)	0	0	2 (1)	0	0
4	4th (C)	4	1	1	1	1	0	0
5	3rd (A)	3 (-1)	1	1	0	1 (-1)	0	0
6	3rd (B)	4 (1)	1	1	1 (1)	1	0	0
7	3rd (C)	4	0	2	2 (2)	0	0	0
8	2nd (A)	4	2 (1)	0	2 (1)	0	0	0
9	2nd (C)	2	1 (1)	0	1 (1)	0	0	0
10	PAEDIATRIC	8	3 (2)	1	2 (1)	2	0	0
11	LABOUR ROOM	2	1	0	1	0	0	0
12	TEA PACKING	1	1	0	0	0	0	0
13	FEED	2	1	0	1	0	0	0
14	CHAPATTI MAN+ D.W.	8	1 (1)	3	2 (2)	2	0	0
15	MASALCHI	2	1	0	1	0	0	0
16	PANTRY MAN	2	1 (1)	0	0	1	0	0
17	KITCHEN STORE	1	0	1	0	0	0	0
18	Dr Forum	2 (1)	1 (1)	1	0	0	0	0
19	HEALTH CHECKUP	1	1	0	0	0	0	0
20	Supervisor	4	1	1	1	1	0	0
21	Vegetable cutter	5 (-1)	0 (-1)	2	2 (1)	1	0	0
22	south Indian(dialysis)	2 (2)	2 (2)	0	0	0	0	0
23	COOK	9	2 (2)	3	0	4	0	0
24	OTHER	1 (-3)	1 (1)	0 (-3)	0	0	0	0
	TOTAL	**86**	**30**	**17**	**21**	**17**	**1**	**0**

SGRH-34

SUMEET-52

25th April 2017

SNO	DUTY POINT	TOTAL	MORNING		EVENING		NIGHT	
	FLOOR		SUMEET	SGRH	SUMEET	SGRH	SUMEET	SGRH
1	5th	7	2	1	3	0	0	1
2	4th (A)	4	0	2 (1)	1	1	0	0
3	4th (B)	4	1	1	0	2 (1)	0	0
4	4th (C)	4	1	1	1	1	0	0
5	3rd (A)	3 (-1)	2 (1)	0	0	1 (-1)	0	0
6	3rd (B)	4 (1)	0	2 (1)	1 (1)	1	0	0
7	3rd (C)	4	0	2	1 (1)	1	0	0
8	2nd (A)	4	2 (1)	0	1	1	0	0
9	2nd (C)	2	0	1	0	1	0	0
10	PAEDIATRIC	8	1	3	3 (2)	1	0	0
11	LABOUR ROOM	2	1	0	1	0	0	0
12	TEA PACKING	1	1	0	0	0	0	0
13	FEED	2	1	0	1	0	0	0
14	CHAPATTI MAN+ D.W.	8	2 (2)	2	2 (2)	2	0	0
15	MASALCHI	2	1	0	1	0	0	0
16	PANTRY MAN	2	0	1	0	1	0	0
17	KITCHEN STORE	1	0	1	0	0	0	0
18	Dr Forum	2 (1)	1 (1)	1	0	0	0	0
19	HEALTH CHECKUP	1	0 (1)	1	0	0	0	0
20	Supervisor	4	1	1	1	1	0	0
21	Vegetable cutter	4 (-2)	0 (-1)	2	0 (-1)	2	0	0
22	south Indian(dialysis)	0	0	0	0	0	0	0
23	COOK	9	3 (3)	2	1 (1)	3	0	0
24	OTHER	0 (-4)	0	0	0	0	0	0
	TOTAL	**82**	**20**	**24**	**18**	**19**	**0**	**1**

SGRH-44

SUMEET-38

26 April
2017

SNO	DUTY POINT	TOTAL	MORNING		EVENING		NIGHT	
	FLOOR		**SUMEET**	**SGRH**	**SUMEET**	**SGRH**	**SUMEET**	**SGRH**
1	5th	7	2	1	3	0	0	1
2	4th (A)	4	2 (1)	0	2 (1)	0	0	0
3	4th (B)	4	1	1	1	1	0	0
4	4th (C)	4	2 (1)	0	1	1	0	0
5	3rd (A)	3 (-1)	1	1	1 (1)	0 **(-1)**	0	0
6	3rd (B)	4 (1)	2 (1)	0	1 (1)	1	0	0
7	3rd (C)	4	1 (1)	1	1 (1)	1	0	0
8	2nd (A)	4	1	1	1	1	0	0
9	2nd (C)	2	0	1	1 (1)	0	0	0
10	PAEDIATRIC	8	2 (1)	2	2 (1)	2	0	0
11	LABOUR ROOM	2	1	0	1	0	0	0
12	TEA PACKING	1	1	0	0	0	0	0
13	FEED	2	1	0	1	0	0	0
14	CHAPATTI MAN+ D.W.	8	2 (2)	2	2 (2)	2	0	0
15	MASALCHI	2	1	0	1	0	0	0
16	PANTRY MAN	2	0	1	1 (1)	0	0	0
17	KITCHEN STORE	1	1 (1)	0	0	0	0	0
18	Dr Forum	2(1)	1 (1)	1	0	0	0	0
19	HEALTH CHECKUP	1	1	0	0	0	0	0
20	Supervisor	4	1	1	1	1	0	0
21	Vegetable cutter	5(-1)	0	3 (1)	1	1 (-1)	0	0
22	south Indian(dialysis)	0	0	0	0	0	0	0
23	COOK	10(1)	0	6 (1)	0	4	0	0
24	OTHER	0(-4)	0	0	0	0	0	0
	TOTAL	**84**	**24**	**22**	**22**	**15**	0	**1**

SGRH-38

SUMEET-46

27th April 2017

SNO	DUTY POINT	TOTAL	MORNING		EVENING		NIGHT	
	FLOOR		SUMEET	SGRH	SUMEET	SGRH	SUMEET	SGRH
1	5th	7	2	1	3	0	0	1
2	4th (A)	4	2	0	1	1	0	0
3	4th (B)	4	1	1	1	1	0	0
4	4th (C)	4	2(1)	0	1	1	0	0
5	3rd (A)	3(-1)	1	1	0	1(-1)	0	0
6	3rd (B)	4(1)	1	1	1(1)	1	0	0
7	3rd (C)	3(-1)	2(2)	0	0	1(-1)	0	0
8	2nd (A)	4	1	1	1	1	0	0
9	2nd (C)	2	0	1	1(1)	0	0	0
10	PAEDIATRIC	**8**	**2(1)**	**2**	**3(2)**	**1**	0	0
11	LABOUR ROOM	2	1	0	1	0	0	0
12	TEA PACKING	1	1	0	0	0	0	0
13	FEED	2	1	0	1	0	0	0
14	CHAPATTI MAN+ D.W.	6(-2)	1(1)	2(-1)	2(2)	1(-1)	0	0
15	MASALCHI	2	1	0	1	0	0	0
16	PANTRY MAN	2	0	1	0	1	0	0
17	KITCHEN STORE	1	0	1	0	0	0	0
18	Dr Forum	2(1)	1(1)	1	0	0	0	0
19	HEALTH CHECKUP	1	1	0	0	0	0	0
20	Supervisor	4	1	1	1	1	0	0
21	Vegetable cutter	5(-1)	0(-1)	2	3(2)	0	0	0
22	COOK	9	2(2)	3	0	4	0	0
23	south indian (dialysis)	0	0	0	0	0	0	0
24	OTHER	0(-4)	0	0(-4)	0	0	0	0
	TOTAL	**80**	**24**	**19**	**21**	**15**	0	**1**

SGRH-35
SUMEET-45

28th April 2017

SNO	DUTY POINT	TOTAL	MORNING		EVENING		NIGHT	
	FLOOR		**SUMEET**	**SGRH**	**SUMEET**	**SGRH**	**SUMEET**	**SGRH**
1	5th	7	3 (2)	0	3	0	1(1)	0
2	4th (A)	4	1	1	1	1	0	0
3	4th (B)	4	2 (1)	0	0	2(1)	0	0
4	4th (C)	4	2(1)	0	2(1)	0	0	0
5	3rd (A)	3(-1)	1	1	1(1)	0(-1)	0	0
6	3rd (B)	4(1)	0	2(1)	2(2)	0(-1)	0	0
7	3rd (C)	4	1(1)	1	0	2	0	0
8	2nd (A)	4	1	1	2(1)	0	0	0
9	2nd (C)	2	1(1)	0	0	1	0	0
10	PAEDIATRIC	8	2(1)	2	3(2)	1	0	0
11	LABOUR ROOM	2	1	0	1	0	0	0
12	TEA PACKING	1	1	0	0	0	0	0
13	FEED	2	1	0	1	0	0	0
14	CHAPATTI MAN+ D.W.	8	2(2)	2	2(2)	2	0	0
15	MASALCHI	2	1	0	1	0	0	0
16	PANTRY MAN	2	1(1)	0	0	1	0	0
17	KITCHEN STORE	1	1	0	0	0	0	0
18	Dr Forum	2(1)	1(1)	1	0	0	0	0
19	HEALTH CHECKUP	1	1	0	0	0	0	0
20	Supervisor	4	1	1	1	1	0	0
21	Vegetable cutter	4(-2)	0(-1)	2	0(-1)	2	0	0
22	south Indian(dialysis)	3(3)	2	0	1	0	0	0
23	COOK	9	2(2)	3	2(2)	2	0	0
24	OTHER	0(-4)	0	0	0	0	0	0
	TOTAL	**85**	**29**	**17**	**23**	**15**	**1**	**0**

SGRH-32

SUMEET-53

29th April 2017

SNO	DUTY POINT	TOTAL	MORNING		EVENING		NIGHT	
	FLOOR		SUMEET	SGRH	SUMEET	SGRH	SUMEET	SGRH
1	5th	7	2	1	3	0	0	1
2	4th (A)	4	2(1)	0	1	1	0	0
3	4th (B)	4	2(1)	0	0	2(1)	0	0
4	4th (C)	4	2(1)	0	1	1	0	0
5	3rd (A)	3(-1)	2(1)	0(-1)	1(1)	0(-1)	0	0
6	3rd (B)	4(1)	0	2(1)	2(2)	0(-1)	0	0
7	3rd (C)	4	2(2)	0	0	2	0	0
8	2nd (A)	4	2(1)	0	1	1	0	0
9	2nd (C)	2	0	1	1(1)	0	0	0
10	PAEDIATRIC	8	1	3	3	1	0	0
11	LABOUR ROOM	2	1	0	1	0	0	0
12	TEA PACKING	1	1	0	0	0	0	0
13	FEED	2	1	0	1	0	0	0
14	CHAPATTI MAN+ D.W.	8	2(2)	2	2(2)	2	0	0
15	MASALCHI	2	1	0	1	0	0	0
16	PANTRY MAN	2	0	1	0	1	0	0
17	KITCHEN STORE	1	0	1	0	0	0	0
18	Dr Forum	2(1)	1(1)	1	0	0	0	0
19	HEALTH CHECKUP	1	1	0	0	0	0	0
20	Supervisor	4	1	1	1	1	0	0
21	Vegetable cutter	5(-1)	1	2	0(-1)	2	0	0
22	south Indian(dialysis)	2(2)	1	0	1	0	0	0
23	COOK	9	3(3)	2	3(3)	1	0	0
24	OTHER	0(-4)	0	0	0	0	0	0
	TOTAL	**85**	**29**	**17**	**23**	**15**	**0**	**1**

SGRH-33

SUMEET-52

1st May 2017

SNO	DUTY POINT	TOTAL	MORNING		EVENING		NIGHT	
	FLOOR		SUMEET	SGRH	SUMEET	SGRH	SUMEET	SGRH
1	5th	7	3(1)	0	2	1(1)	0	1
2	4th (A)	4	1	1	2(1)	0	0	0
3	4th (B)	4	0	2(1)	1	1	0	0
4	4th (C)	4	1	1	2(1)	0	0	0
5	3rd (A)	3(-1)	1	1	1(1)	0(-1)	0	0
6	3rd (B)	4(1)	2(1)	0	0	2(1)	0	0
7	3rd (C)	4	1(1)	1	1(1)	1	0	0
8	2nd (A)	4	1	1	2(1)	0	0	0
9	2nd (C)	2	0	1	0	1	0	0
10	PAEDIATRIC	8	2(1)	2	2(1)	2	0	0
11	LABOUR ROOM	2	1	0	1	0	0	0
12	TEA PACKING	1	1	0	0	0	0	0
13	FEED	2	1	0	1	0	0	0
14	CHAPATTI MAN+ D.W.	8	2(2)	2	2(2)	2	0	0
15	MASALCHI	2	1	0	1	0	0	0
16	PANTRY MAN	2	0	1	0	1	0	0
17	KITCHEN STORE	1	0	1	0	0	0	0
18	Dr Forum	2(1)	1(1)	1	0	0	0	0
19	HEALTH CHECKUP	1	1	0	0	0	0	0
20	Supervisor	4	1	1	1	1	0	0
21	Vegetable cutter	5(-1)	0(-1)	2	1	2	0	0
22	south Indian(dialysis)	3(3)	2	0	1	0	0	0
23	COOK	9	2(2)	3	1(1)	3	0	0
24	OTHER	0(-4)	0	0	0	0	0	0
	TOTAL	**86**	**25**	**21**	**22**	**17**	**0**	**1**

SGRH-39

SUMEET-47

ANNEXURE-2

LEAVES DISTRIBUTION TABLE

OFFS	86
LONG LEAVE	46
SHORT LEAVE	7
URGENT LEAVE	18

AVERAGE OF DEPLOYED EMPLOYEES

	SGRH TOTAL PRESENT	SUMEET TOTAL PRESENT	TOTAL STAFF PRESENT
24th April	34	52	86
25th April	44	38	82
26th April	38	46	84
27th April	35	45	80
28th April	32	53	85
29th April	33	52	85
1st May	39	47	86
AVERAGE	**36**	**48**	**84**

PROJECT-2

IMPLEMENTATION AND IMPACT OF TRAINING

INTRODUCTION

It is a function concerned with organizational activity aimed at bettering the job performance of individuals and groups in organizational settings. It involves the sharpening of skills, concepts, changing of attitude and gaining more knowledge to enhance the performance of employees. Programs may be focused on improving an individual's level of self awareness, increasing an individual's competence, or increasing an individual's motivation to perform the job well. Training is activity leading to skilled behavior.

- It is not what you want, but it knows how to reach it.
- It may not be quite the outcome you were aiming for, but it will be an outcome.

Training is about knowing where you stand at present, and where you will be after some point of time. Training is about the acquisition of knowledge, skills and abilities (KSA) through professional development. Training is growing importance to companies seeking to gain an advantage among competitors.

Employee training is the responsibility of the organization. The responsibility of management is to provide the right resources and an environment that supports the growth and development needs of the individual employee. For employee training and development to be successful, management should:

- Provide a well crafted job description- it is the foundation upon which employee training and development activities are built.
- To meet the basic competencies for the job. This is usually the supervisor's responsibility.
- Develop the good understanding of the knowledge, skills and abilities that the organization will need in the future.

Training and development are used together to bring about the overall acclimation, improvement, and education of an organization's employees. In general, training programs have very specific and quantifiable goals, understanding a specific process, or performing certain procedures with great precision. On the other hand, developmental programs concentrate on broader skills that are applicable to wider variety of situations, such as decision making, leadership skills, and goal settings. Once an organization implements a training program, it must evaluate the program's success; even it has produced desired results for other organizations. Organizations first must determine if trainees are acquiring the desired skills and knowledge. If not, then they must ascertain why not and they must figure out if the trainees are failing to acquire these skills because of their own inability or because of ineffective training programs.

The success of any organization depends upon the quality of the work force, but in order to maintain the quality of the work force, many organizations come across a number of obstacles. These obstacles include attraction of the qualitative workforce towards the organization,

recruitment of intelligent, dynamic as well as enthusiastic people in the organization, motivation of current employees with different techniques and retention of the current workforce for maintain the organizational status in the market.

TRAINING CALENDAR

S.No.	TRAINING PROGRAMMES	DURATION	RELEVANCE	TARGET
1	Performance appraisal.	1 hr	It provides the performance feedback OF the Employees.	Employees
2	Workplace Harassment prevention Training	2 hrs	Helps in preventing the sexual assault at workplace.	Employees
3	Critical Thinking Skills	45 min	Helps in understanding logical connections between ideas.	Employees
4	Emergency Colour Codes	1 hrs	Convey essential information quickly to staff in the hospital.	Employees
5	Health & Hygiene Training	30 min	Good health & Proper hygiene provides infectious free life to patients.	Staff
6	Spill management	1 hr	Helps to control and prevent the transmission of infectious diseases.	Staff
7	Time/Skills Management	30 min	Less stress, more free time, more opportunities, less effort.	Employees
8	Patient transfer procedure	1 hr	Maintains low accident rate and injury to minimum.	Nurses
9	Biomedical Waste Management	25- 40 min	Helps in decreasing the risk of infection and hazardous substances.	Doctors
10	Cardio Pulmonary Resuscitation (CPR)	1:30 hr	Saves life, can help in assisting.	Doctors
11	Workshop on Team Management	1 hr	Tasks are accomplished at a faster pace when done by a team.	Employees/ Staff
12	Communication skills	30 min	Help to reduce barriers generated because of language and cultural differences.	Employees & nurses
13	Motivation	30 min	Improves level of efficiency and leads to stability of work force.	Employees
14	Telephone etiquettes	30 min	Enhancement of communication skills and first impression.	Staff
15	Personality development	1 hr	Confidence, the ability to hold your own, is out going and well spoken.	Staff
16	Employee and patients rights and responsibilities	1:30 hr	Rights & responsibilities helps in a safe working environment.	Employee/ Patients

17	leadership	1 hr	Provide vision, make hard decision, and expand the world view.	Senior employee
18	Grievance handling	1 hr	Encourages employees to raise concerns without fear.	Nurses
19	Disaster management	2 hrs	To achieve the level of health for the people & the community in disaster.	Nurses
20	Ethic And Confidentiality Management	1:30 hr	It helps in maintaining the patient's privacy in certain cases.	Doctors
21	Customer Services Management	1:30hr	Helps in reduced searching and correlating customer needs.	Employees
22	Personal And Professional Life Management	2 hrs	Enhances effectiveness in every part of professional life.	Patients/ Employees
23	Human Resource Induction	2 hrs	Helps in establishing relationship with the colleagues.	Employees
24	Fire Management	45 min	Can save lives by providing with an early warning.	Staff & security
25	Security And Services Skills	45 min	Helps in dealing with the risks.	Security

Here is a training calendar of 25 trainings that were given in **Sir Ganga Ram Hospital, New Delhi**. These trainings were performed during the training and development sessions. Training in an organization has their different duration of conduction. Each training has certain relevance and is important for employees.. These programs improve the ability of the employee to perform the job efficiently and with excellence. Training imparts knowledge to the employees regarding different issues in the organization and the proper execution of these programs result in number of benefits such as development of adaptable as well as efficient organization and productive and contented employees. It is useful in the following manner:

- Employees are able to balance their work life and personal life in a better manner which leads to reduction of stress.
- These programs develop the employee morale, increase the productivity, job satisfaction and commitment of the employees towards the organization goals.
- They improve the communication between all levels of management which helps in minimizing conflicts between different levels of employees.
- These programs enhance the efficiency of management and strengthen employee organization.

4.3 RESEARCH DESIGN

- Analytical Descriptive Study
- Close ended Questionnaire
- Sample Size – 100

REVIEW OF LITERATURE

David Pollitt in the year (2008) has done his research in the topic "TRAINING ACCOUNTS FOR BIG IMPROVEMENTS AT FAIRBAIRN PRIVATE BANK and he has reviewed that a bank "shop window"- its customer service centre (CSC) was transformed by a training initiative that changed staff attitudes and behavior embedded a new client-centered approach in the organizational culture. At the end of 1999, Fairbairn Private Bank (FPB) introduced a five year program of change, with a strong training focus. The principal aims were to improve employee morale, make better use of new technology and above all, "to service clients better than any other financial services organization." Dramatic reductions have been seen across all these new areas and accounts are being opened at a rate almost twice that seen in 1999. The training has also enabled new standards of service to be introduced. Finally, the customer service centre (CSC) has evolved into a centre of excellence, setting very high standards of service undoubtedly because of the bespoke angle of the training program.

D.A. Olaniyan and Lucas B. Ojo in the year (2008) has done their research in the topic "STAFF TRAINING AND DEVELOPMENT: a vital tool for organizational effectiveness" and has reviewed that this paper is based on staff training and development. This paper is basically a conceptual paper. The author says that the need for improved productivity has become universally accepted and that it depends on efficient and effective training is not less apparent. It has further become necessary in view of advancement in the modern world to invest in training. Staff training & development are based on the premise that staff skills need to be improved for organizations to grow. Training is a systematic development of knowledge, skills and attitudes required by employees to perform adequately on a given task or job. Training and development are required for staff to enable them work towards taking the organization to its expected destination. Finally, this paper addresses that it is against the backdrop of the relative importance of staff training and development in relation to organizational effectiveness.

Greenberg, D.H. in the year (1980) has done his research in the topic **"Employees and Manpower Training Programs"** and he says that this paper covers system analysis as applied to manpower programs, with a view towards developing a rational, comprehensive basis for evaluating ongoing and proposed programs, and providing guidance for the design of future programs. The memorandum utilizes data collected directly from the personnel files of 16 companies which hired graduates from four manpower training programs.

4.5 OBJECTIVE: -

The specific objectives of the study are:

- To examine the effectiveness of training in overall development of skills of workforce.
- To examine the impact of training on employees.
- To study the changes in behavioral pattern due to training.
- To prepare employees for higher level task.
- To know the satisfaction level of employees towards training programme.

4.6 RESEARCH METHODOLOGY: -

Primary data was collected through:

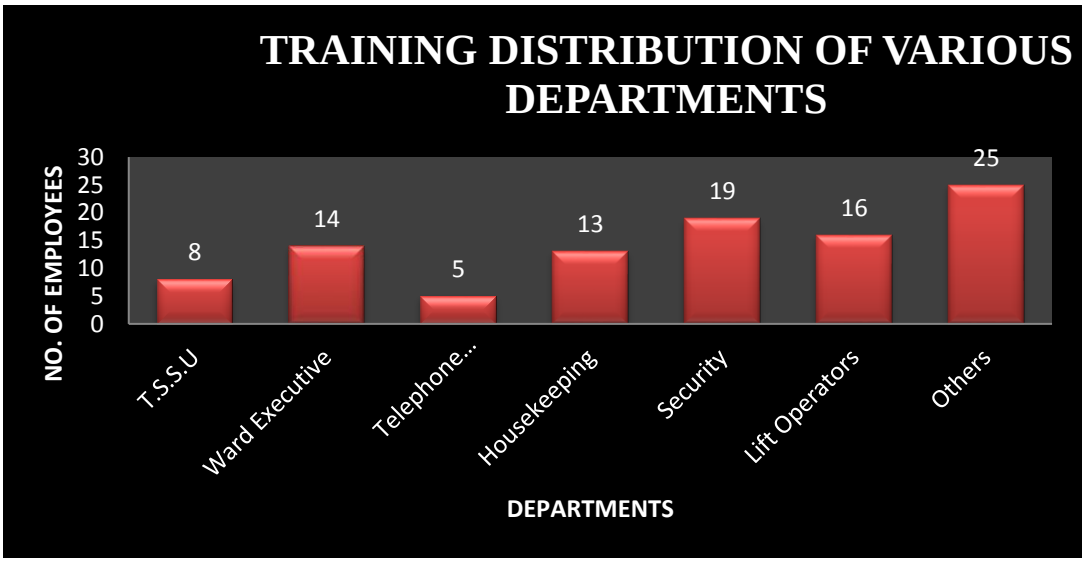
- Questionnaires
- Personal observations

Secondary data was collected through:

- Magazines (SGRH)
- Internet

4.7 DATA ANALYSIS INTERPRETATION:

Fig. 1:

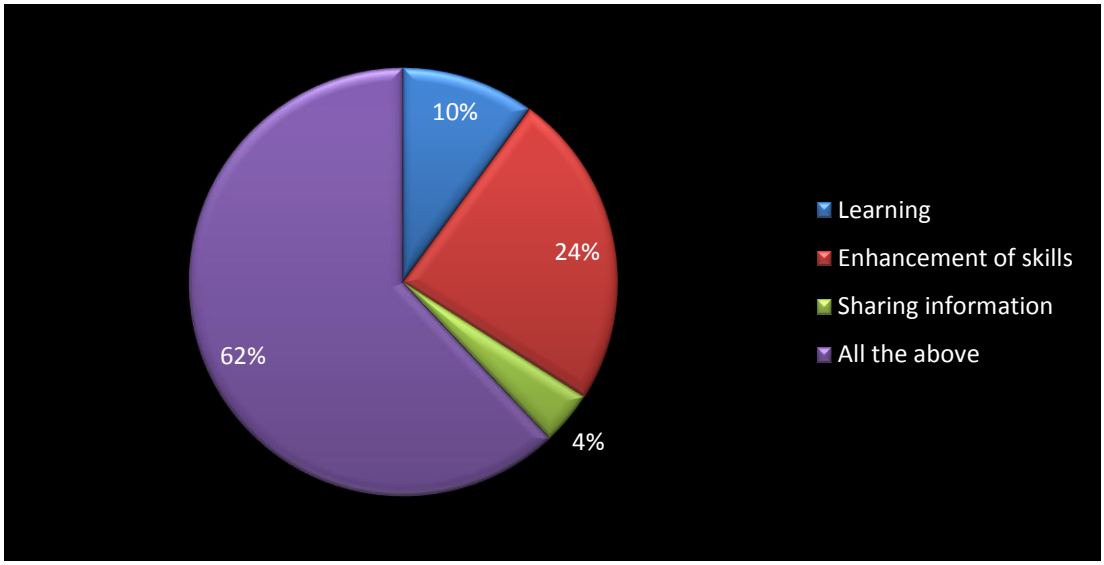


INTERPRETATION:

The above figure shows that higher number of participants was in Security Department that is of 19% and lowest no. was of Telephone Assistants (5%).

Table 2: What do you understand by training?

Fig. 2:



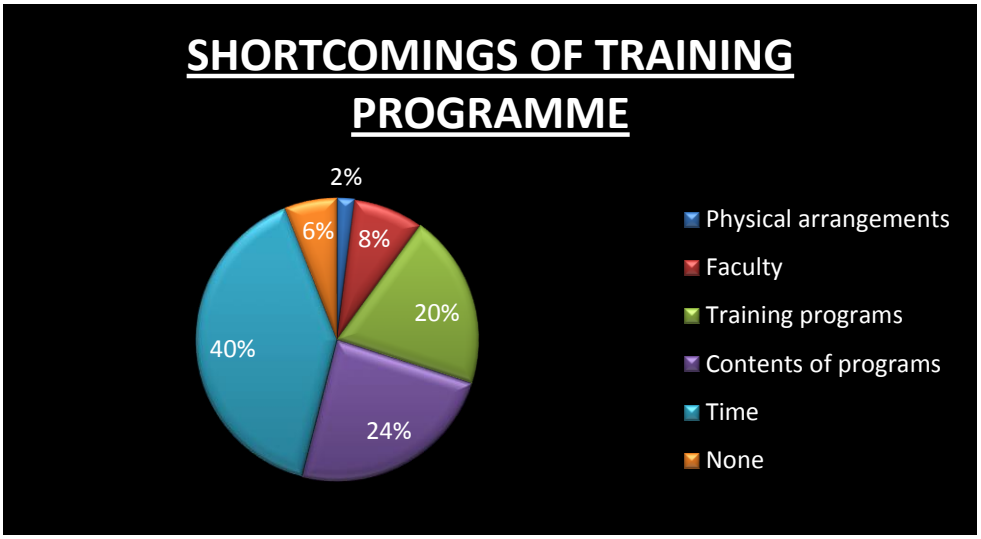
INTERPRETATION:

4% of the respondents think that training is only for sharing information. 24% of respondents support for enhancing skills whereas 10% opted training for learning. Mostly i.e., 62% opted for all the above.

This explains how basically employees/employers are aware on the conduction & its importance in their present jobs. This shows that most of the employees are aware and know the purpose of learning.

Table 3: Identify the short comings in training programmes if any, in the following? (Can tick multiple options)

Fig. 3:



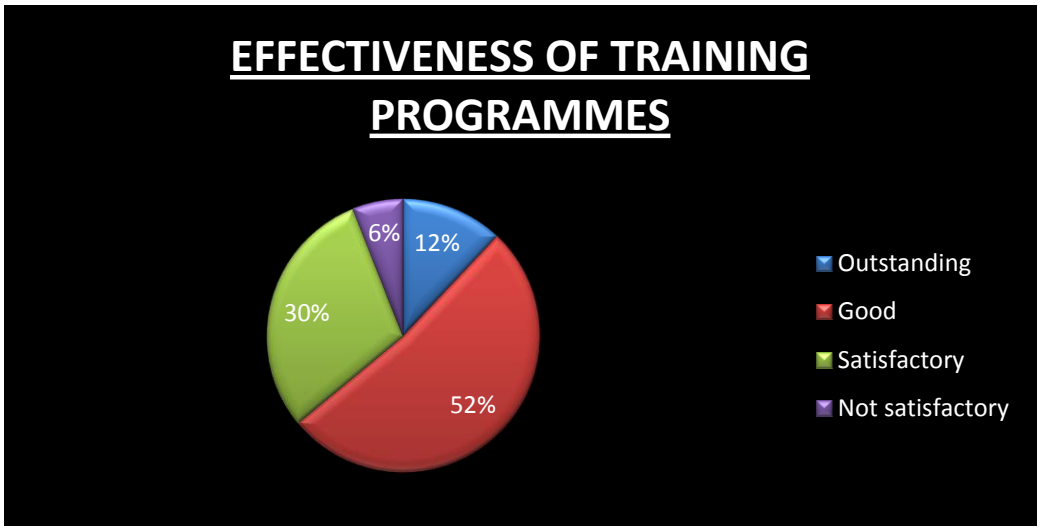
INTERPRETATION:

20% feel that training programmes need to be conducted more. 24% of them feel contents of program need to be revised. 40% feel that training period timings should be extended. 8% feel that they need better faculty having good knowledge. 2% feel physical arrangements should be more and 6% feelings are nil.

This tells us that after conduction of training programs, we need to take feedbacks on how the trainees are feeling about the sessions conducted. Identifying the shortcomings and rectifying them, so that no resources are wasted and best training can be provided to them.

Table 4: How satisfied you are with the effectiveness of training programs?

Fig. 4:



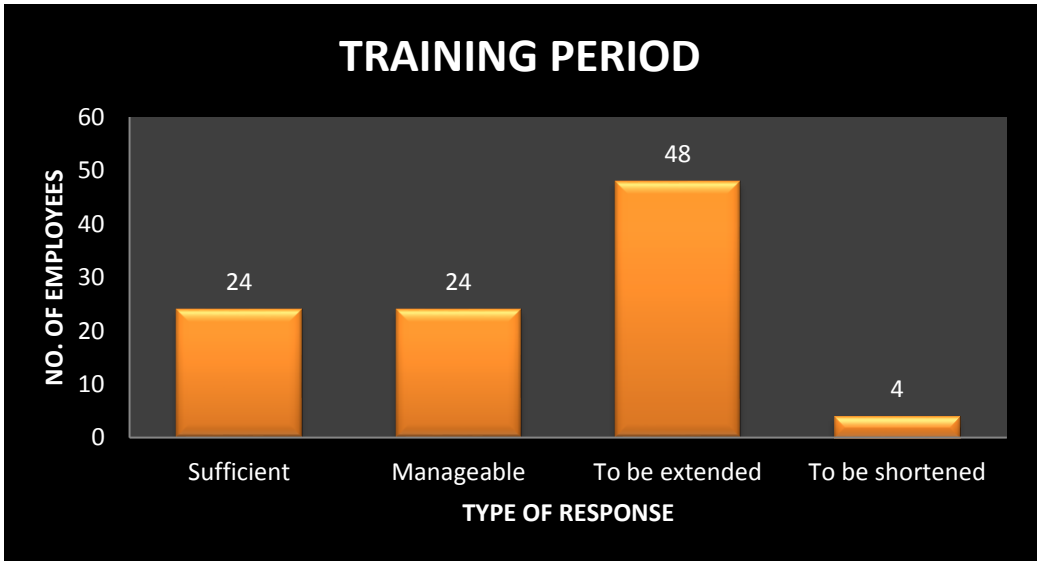
INTERPRETATION:

12% of respondents have outstanding satisfaction with the effectiveness of training programs, 52% of respondents have good satisfaction with the effectiveness of training programs. 30% were only satisfied and 6% were not satisfied with effectiveness of training sessions conducted.

This explains that after conducting training sessions, it is good to know about satisfaction levels of employees & employers. This helps in involvement of employers & employees in jobs and other organizational activities.

Table 5: The time given for the training period is?

Fig. 5:



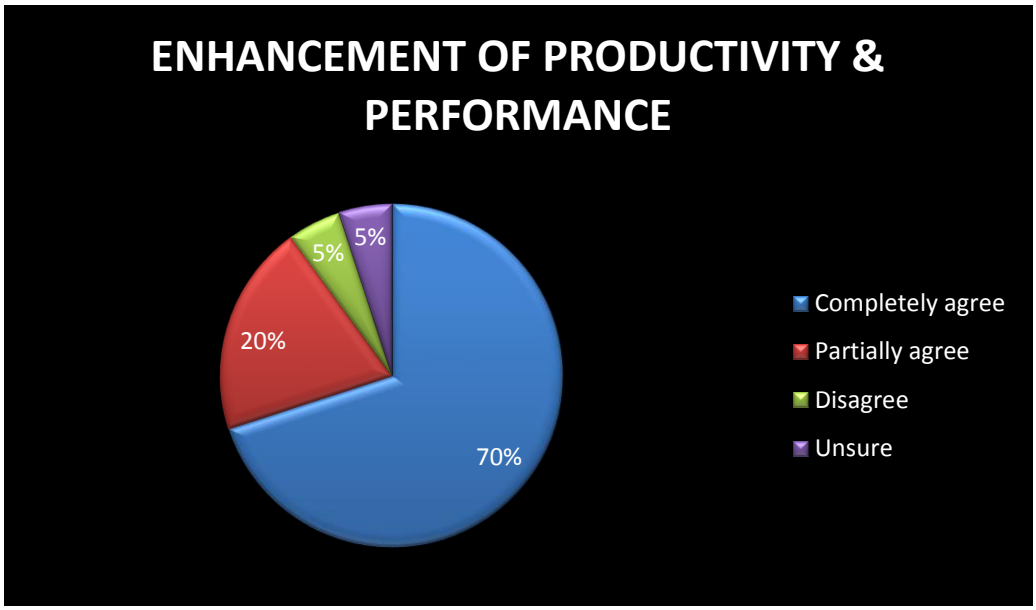
INTERPRETATION:

24% of respondents are satisfied with training period provided by the company. 24% felt that they can manage the training period, 48% need more training period & 4% wants the training period to be shortened.

This explains that each and everyone are different from others and take different times. Some require less time to grasp more from training period and some take more, some can manage the things. The time duration given for training period should be evaluated correctly, if not leads to expenditure.

Table 6: Training is must for enhancing productivity & performance. Do you agree with this statement?

Fig. 6:



INTERPRETATION:

70% of respondents agree completely that training enhances productivity & performance whereas 20% of respondents partially agree for this statement. 10% of respondents disagree and are unsure of this statement respectively.

This shows that employees and employers are aware of benefits provided by the training & tells that training is must for enhancing performance of an employee which in turn leads to change in good organizational culture, which helps in improving productivity of the company.

RECOMMENDATION: -

- The objective of the training should be clear to the participants.
- Better communication and co-ordination system among nursing staff and nursing in charge.
- More activities to make training interesting.
- Leaders and members of task forces and other implementation groups should be encouraged to attend this training where possible.
- Include an overview of the diversity of staff and how this may relate to issues of power and hierarchy. Encourage appreciation, value, respect, understanding and open communication.
- From the feedback Identify the shortcomings and rectify them, so that no resources are wasted and best training can be provided to them
- The organization may utilize both subjective and objective approach for the training programs.
- Suppose, an employee's skill level has not been improved over a period of time, his immediate supervisor should counsel him and try to know the problem.
- An employee can be rewarded if he attains a skill level rating, so that the co-employees would be motivated to perform their job effectively.

CONCLUSION: -

Analysis of all the facts and figures, the observations and the experience during the training period gives a very positive impression regarding the training imparted by the Human Resource Department of Sir Ganga Ram Hospital to its employees. The employees enjoy the training imparted especially the reality learning and simulation.

The training imparted meets the objectives like:

- Effectiveness of the training and its resultant in the performance of the employees.
- Assists the employees to acquire skills, knowledge and abilities and also enhance the same.
- Helps to motivate employees and helps in avoiding mistakes.

It becomes quite clear that there is no other alternative or short cut to the development of human resources. If we have to meet the challenges of technology, social and economic we have to train the employees irrespective to their category at which they work in the organization.

Overall the impact was positive on Employee's Performance.

ANNEXURES

ANNEXURE-1

QUESTIONNAIRE

Please fill the questionnaire, the information provided by you will be kept confidential and it will be used by me for an analysis only.

- Name –
- Age –
- Gender:- Male ☐
  Female ☐

- Department –

➢ **Please tick the option you agree upon:-**

Q1. Which of the following best describe your role in organization?

- Doctor
- Nurse
- Support function
- Paramedical

Q2. How long have you worked for organization?

- 0-5 year
- 5-10 years
- 10-15 years
- More than 15 years

Q3. Which method is most suitable for training you?

- On the job training
- In-house training
- Induction/basic training
- All of the above

Q4. How many training programmes have you attended in your entire service?

- Less than 3
- 3-5
- Above 7
- Nil/self training

Q5. What do you understand by training?

- Learning
- Enhancement of skills
- Sharing information
- All the above

Q6. Trainings are must for enhancing productivity and performance. Do you agree with this statement?

- Completely agree
- Partially agree
- Disagree
- Unsure

Q7. How satisfied you are with the effectiveness of training programmes?

- Outstanding
- Good
- Satisfactory
- Not satisfactory

Q8. Identify the short comings in training programmes if any, in the following?

- Physical arrangements
- Faculty
- Training methods
- Contents of the program
- Time
- None

Q9. The time for the training period is?

- Sufficient
- Manageable
- To be extended
- To be shortened

Q10. What do you expect from the training programme?

- Theoretical guidance
- Practical knowledge
- Vocational guidance
- Technical skills
- All of the above

Q11. How much learning experience you have obtained in your present job by attending training programmes?

- Lot
- Average
- Little
- None

ANNEXURE 2

Table 1: Which Department are you working?

WORKING DEPARTMENT	NO. OF RESPONDENT	PERCENTAGE
T.S.S. U	8	8%
Ward Executive	14	14%
Telephone Assistant	5	5%
Housekeeping	13	13%
Security	19	19%
Lift Operators	16	16%
Others	25	25%
Total	100	100%

Table 2: What do you understand by training?

S.NO.	TYPE OF RESPONSE	NO. OF RESPONDENTS	PERCENTAGE (%)
1	Learning	10	10%
2	Enhancement of skills	24	24%
3	Sharing information	4	4%
4	All the above	62	62%
	Total	**100**	**100%**

Table 3: Identify the short comings in training programmes if any, in the following? (can tick multiple options)

S.NO.	TYPE OF RESPONSE	NO. OF RESPONDENTS	PERCENTAGE (%)
1	Physical arrangements	2	2%
2	Faculty	8	8%
3	Training programs	20	20%
4	Contents of programs	24	24%
5	Time	40	40%
6	None	6	6%
	Total	**100**	**100%**

Table 4: How satisfied you are with the effectiveness of training programs?

S.NO.	TYPE OF RESPONSE	NO. OF RESPONDENTS	PERCENTAGE (%)
1	Outstanding	12	12%
2	Good	52	52%
3	Satisfactory	30	30%
4	Not satisfactory	6	6%
	Total	**100**	**100%**

Table 5: The time given for the training period is?

S.NO.	TYPE OF RESPONSE	NO. OF RESPONDENTS	PERCENTAGE (%)
1	Sufficient	24	24%
2	Manageable	24	24%
3	To be extended	48	48%
4	To be shortened	4	4%
	Total	**100**	**100%**

Table 6: Training is must for enhancing productivity & performance. Do you agree with this statement?

S.NO.	TYPE OF RESPONSE	NO. OF RESPONDENTS	PERCENTAGE (%)
1	Completely agree	70	70%
2	Partially agree	20	20%
3	Disagree	5	5%
4	Unsure	5	5%
	Total	**100**	**100%**

PROJECT (3):

PROCESS MAPPING AND REASONS OF DELAY IN INPATIENT PHARMACY

INTRODUCTION:

Medication Turnaround time (TAT) can be defined as the total time taken between the order placed by the prescriber or from the nursing unit (manually or electronically) , which is verified and processed in pharmacy, to the time the medication is administered to the patient. TAT begins from the time the order is placed by prescriber till the time medicine left the pharmacy. The basic purpose of the pharmacy is to see that the right kind of medications are issued and refunded at the right time, at the right place in right form & dose to the right person.

With increasing operation costs, patient safety awareness, and a shortage of trained personnel, it is becoming increasingly important for hospital pharmacy management to make good operational decisions. In the case of hospital inpatient pharmacies, making decisions about staffing and work flow is difficult due to the complexity of the systems used and the variation in the orders to be filled. Pharmacy turnaround time is a crucial metric for patient safety and caregivers' satisfaction. The goal is to help the pharmacy management team find the best process and workflow to get medications to the patients as quickly as possible.

Waiting for medicines was the main reason for delays in discharge from hospital; A patient's experience of waiting can radically influence his/her perceptions of service quality. Excessive patient waiting time undermines pharmacy efficiency. Such delay leads to patient dissatisfaction and thus may eventually result in loss of patronage in a competitive health care system.

Any kind of error or delays in delivery of drugs can prove to be a major contributing factor which hampers the efficient functioning of the pharmacy that ultimately leads to patient dissatisfaction. Reduction in TAT can improve efficiency, patient safety and quality of care.

It has been noticed that the pharmacy staff are diverted from the focused tasks (such as prescription order entry and order checking) to resolve issues related to delivery of medication orders and a potentially increased risk of errors. Tracking medication orders and answering questions about the status of medication order processing are time consuming tasks and represent a source of frustration for pharmacy and nursing staff.

But the implementation of IT into the IP stetting like the use of Digital Scanning Technology (

DST) can improve the functioning of the hospital pharmacy. Also computerised provider entry (CPOE) often integrated with other health IT applications can degrease the total medical turnaround time (TAT).

REVIEW OF LITERATURE

One hospital found a 23 percent reduction in medication turnaround time after CPOE implementation in their acute rehabilitation unit ($p=.008$)[2.] In a study comparing two hospitals, researchers found that first doses of antibiotics were administered 56 percent faster using CPOE with clinical decision support (CDS) compared to paper based methods ($p<.001$)[3].

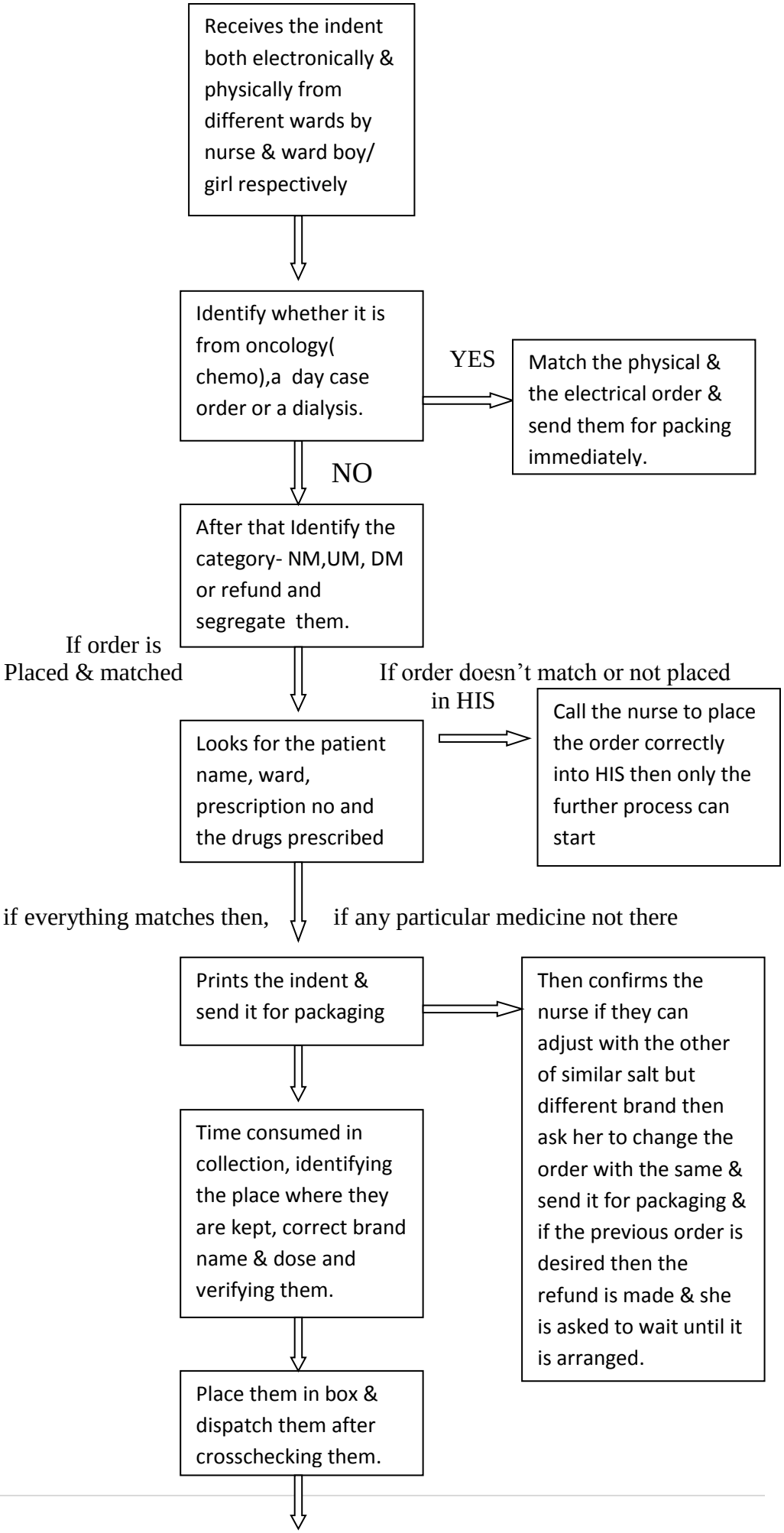
Research in specialty settings shows similar results. In a surgical intensive care unit setting (SICU) that implemented CPOE, researchers found a significant 64percent reduction in turnaround time from order to delivery.[4]

Another study found however, that when breaking down the process into two phases,

- Time from order composition to pharmacy order verification and
- from pharmacy verification to medication administration, only the time in the first phase decreased significantly, a reduction of 61 percent.[2]

A study conducted by MSDS Medical College, Fatehgarh showed that overall incidence of medication errors was found to be 28.3%. Out of total 86 medication errors detected in the study, majority of errors (67.4%) were due to nurses, 22.1% were due to pharmacists and remaining 10.5% were due to physicians. Out of total 86 medication errors observed in this study, 31.4% were 'Errors in medication ordering and transcription', 24.4% were 'Errors in medication dispensing', whereas 44.2% were observed as 'Nursing errors in medication administration'.

Pharmacy Process



Handovered to ward boy/girls their respective orders & their signatures are taken as they leave on the duplicate copy of the bill and the original copy is given to them.

OBJECTIVE:

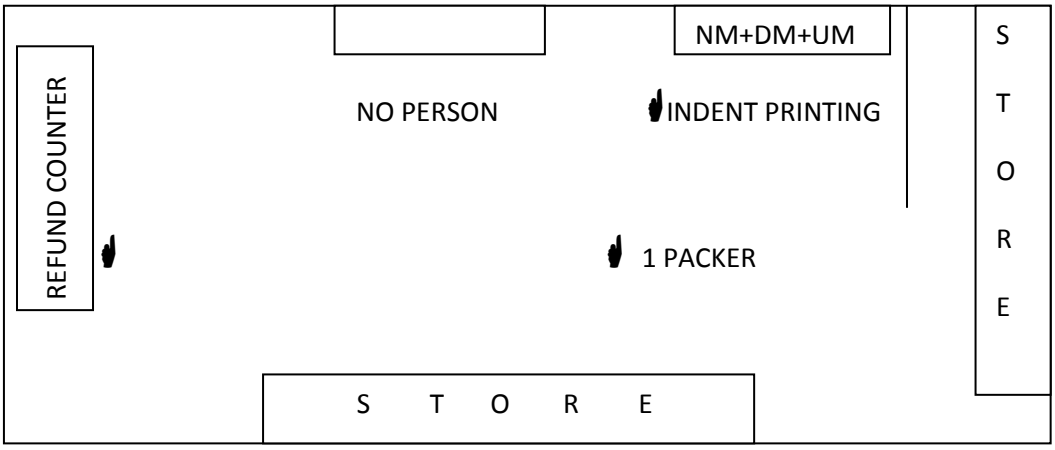
- To analyse the process & functioning of the Inpatient (IP) Pharmacy and to identify the reasons of delay in medication dispensing process that undermines the efficiency of pharmacy.
- To trace the delay in order and delivery system of IP Pharmacy and check the average total time consumed in delivering drugs and medical consumables to the patient.

RESEARCH METHODOLOGY:

An Observational study was done in the IP pharmacy of Sir Ganga Ram Hospital, New Delhi. A sample size of 657 indents was taken using non-probability convenient sampling methods. Out of 657 indents, 48% are new indents for new admissions (NM), 16% urgent indents (UM), 11% discharge indents (DM) and 25% are of the refund category (R) (ANNEXURE- TABLE 1). Interview of the staff, observation of pharmacy indents and patient file was done as a study technique. Microsoft excel is used for Data analysis.

OBSERVATIONS:

LAYOUT:



DUTIES OF INDENT PRINTING EMPLOYEE-

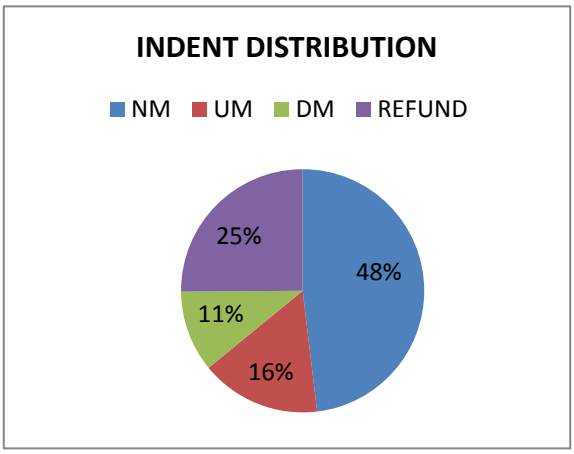
- ✓ To receive the order slip brought by the ward boy/ ward girls.
- ✓ Identify whether it is a pink slip (meant for issuing new medicine, discharge medicine) or white slip (urgent medicine)
- ✓ If urgent then packs them first also the slip of chemotherapy, dialysis and day case categories are given priority above all.
- ✓ Checks for the indents into HIS whether similar order has been placed by the nurse or not so that he can start the further indent printing process. In case the order is not placed then calls the nurse or tells the ward boy to inform nurse to place the order immediately.
- ✓ Checks the patient name, date, ward, prescription no, medications prescribed, its brand, dose etc while taking the print of the indent.
- ✓ Also sees whether particular drug is available at that time in pharmacy or not. In case it is out of stock (OOS) or Local Purchase (L.P.) then informs the nurse about the same and assure her till when she could send the ward boy back to take the order.
- ✓ Takes the print of the indent and give it to the person on packaging to collect the medicine fast.
- ✓ When medicines are packed then he/she crosschecks and verifies them whether they are correctly packed or not and then handover them carefully to the ward boy/ ward girl.
- ✓ Also he assures that costly/ sensitive drugs are dispatched carefully and also instructs the ward boy about the same.
- ✓ He make sure that ward boy/ ward girl also checks the drugs while receiving and they don't leave without signing the printed copy of the indent.
- ✓ Keeps track on the fact that the original copy of the printed indent is given to the ward boy/ ward girl with the medicines while the duplicate one should be left there in pharmacy(both signed for accountability).
- ✓ Also informs the nurses to take the drug of another brand but same salt in case the particular one as prescribed is not available.
- ✓ Helps the drug packer meanwhile in case more orders are coming which requires urgent delivery.
- ✓ Any other incidental works wherever/ whenever necessary in pharmacy.

DUTIES OF THE PERSON WHO PACKAGES MEDICINES:

- ✓ To receive the printed indent and identifies whether it needs to be urgently packed or not.
- ✓ Identifies the department of the indent to recall where its medicines are kept in store.
- ✓ Keeps packing the drugs by keeping track over its name, brand, dose, number and its date of expiry.
- ✓ In case the particular drug is not available then informs the person on the indent printing machine to make refund of that particular drug or as per his instruction he packs another drug of same salt but different brand.
- ✓ Keeps on verifying & checking while packing the drugs and keep them carefully into the boxes.
- ✓ Inform the ward boy / ward girls in case any particular drug requires careful handling.
- ✓ Dispatch the verified medicines by the ward boy to the ward.

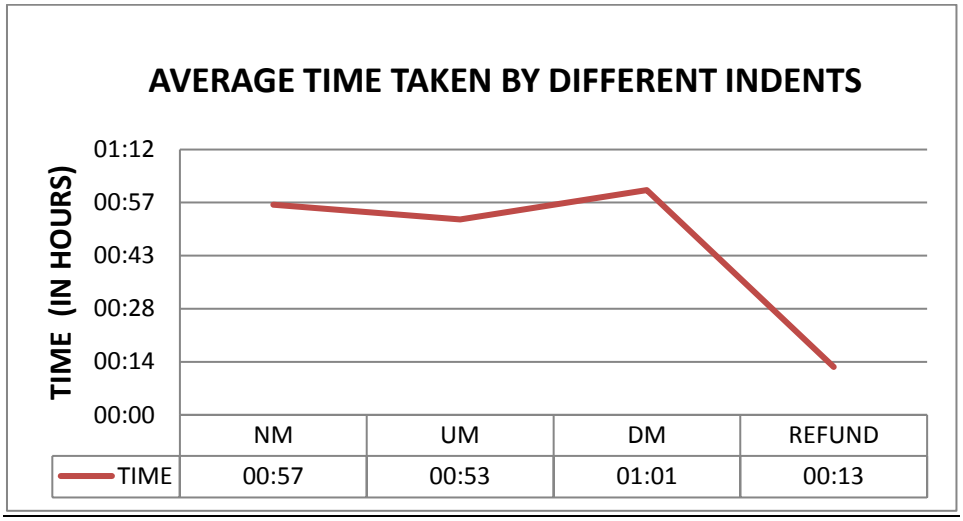
TIME	TYPE	NO. OF PERSONNEL
8a.m to 9 a.m	relax hours	1- refund counter
9a.m to 10 a.m	rush hours	1- refund counter
		1- indent printing counter
10a.m to 1p.m	rush hours	1- refund counter
		1- indent printing counter
		1-packaging
1p.m to 2:15p.m	lunch break + relax hours	1- indent printing counter
2:15p.m to 3p.m	relax hours	1- refund counter
		1- indent printing counter
		1-packaging
3p.m to 4p.m	rush hours	1- indent printing counter
		1-packaging
		1- indent printing counter
4p.m. To 5:30p.m	relax hours	1- indent printing counter
		1-packaging
		1- indent printing counter

- ✓ There comes 4 types of indents- NM, UM, DM, REFUND.
- ✓ Approximately 48% orders are for issuing of new medicine (NM), 16% for issuing of Urgent medicine (UM) and 11% for issuing discharge medicines.
- ✓ Around 25% orders come for the refund. (ANNEXURE -2,TABLE 1)

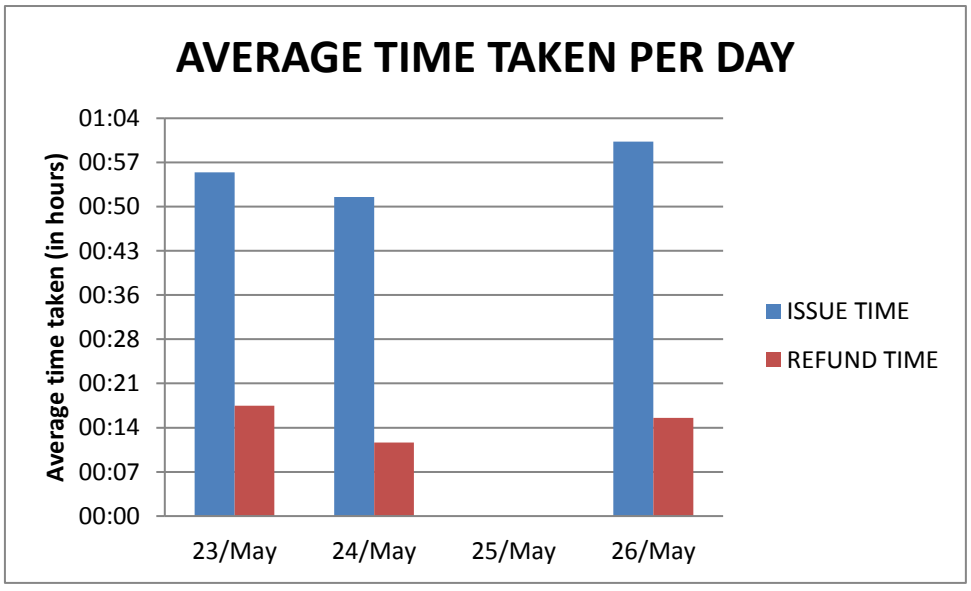


DATA ANALYSIS COMPILATION AND INTERPRETATION

- It has been observed that maximum time is consumed in dispatching the discharge medicines and urgent orders (about 50+ minutes) which needs to be corrected. As delay in such cases clearly highlights the problem of inefficiency of IP pharmacy. (ANNEXURE-2, TABLE-2)

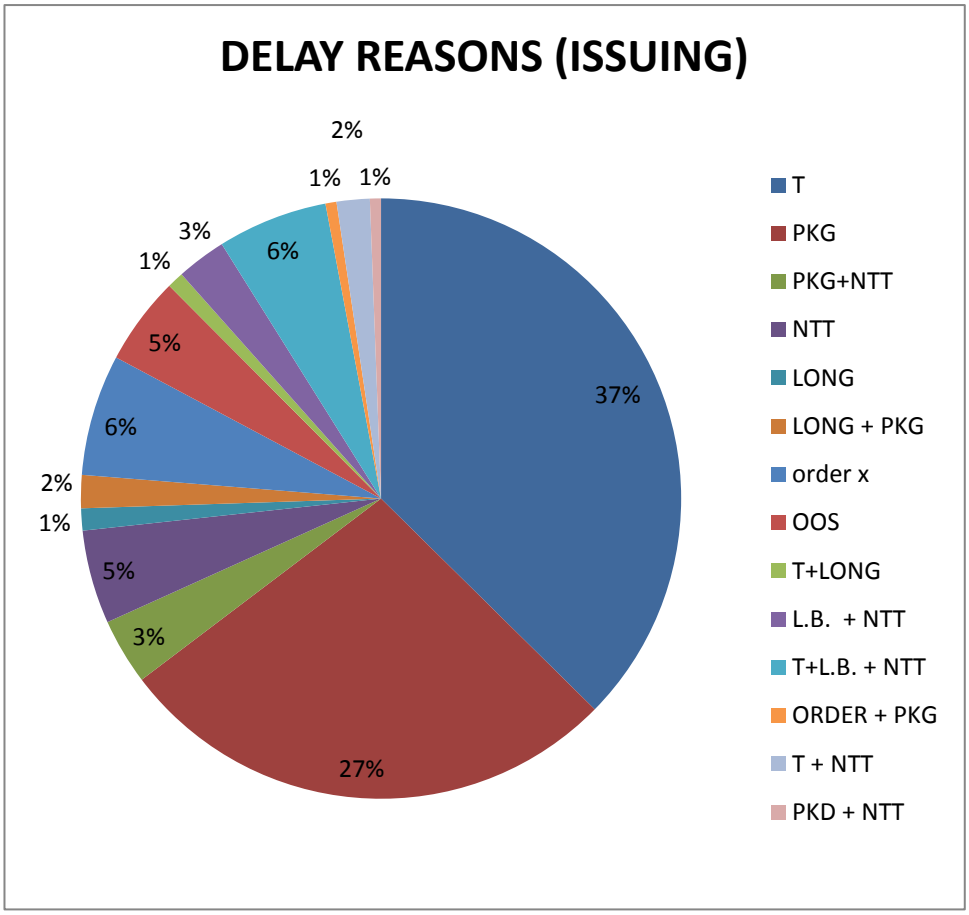


- Average time taken per day for both types of indents i.e. issue and refund is depicted in the graph below:
  The average time taken each day for issuing indents is more than 50 minutes which is quite more than it should be (< 30minutes) and the average refund time is near about 15 minutes that also needs to be reduced. (ANNEXURE-2, TABLE-3)



REASONS FOR DELAY IN ISSUING OF MEDICINES-

(ANNEXURE-2, TABLE-4)



T- Together Or simultaneously issued medicines like 3-4 orders together from same ward.

PKG- packaging delay as there is only one person on packaging

NTT- No one to take the order that is packed. (ward boy/ ward girl not there)

PKG + NTT- Delay due to both the factors

LONG- Long prescriptions require more packing time

LONG + NTT- Delay due to both

T + LONG- long medications all Together thus impacting packaging time

ORDER X- Order related issues

LONG + PKG- delay due to both

OOS- Out Of Stock issues

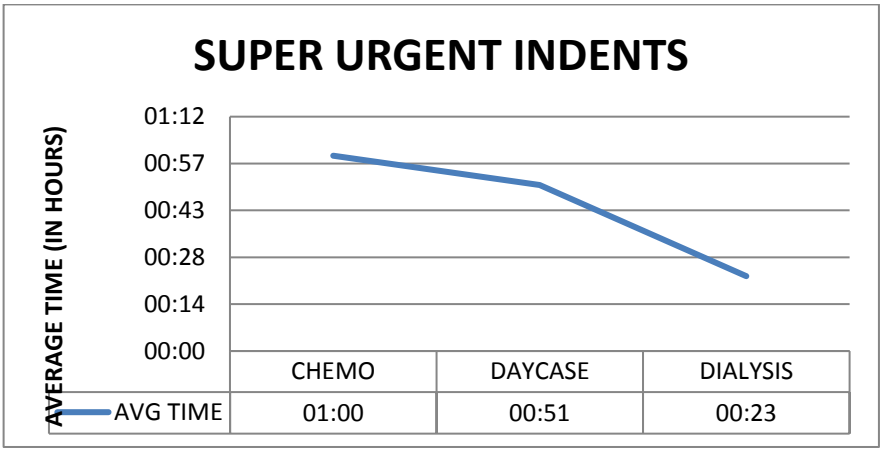
PKD + NTT- already packed but no1 to take them.

L.B + N.T.T- Lunch break (1:15-2:30p.m) when no the ward boys are there to receive

T+L.B+NTT- simultaneous orders at lunch time but nobody is there to take

INTERPRETATION-

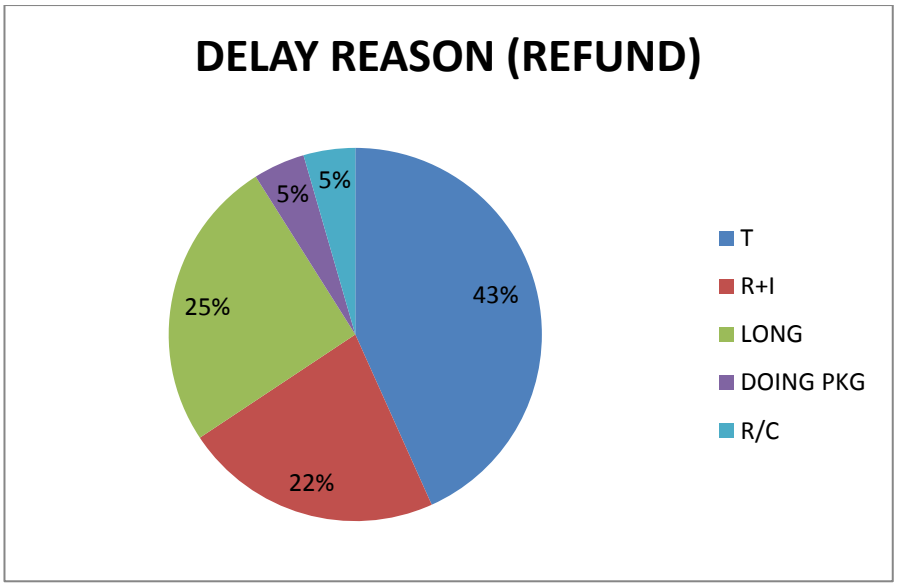
- ✓ The above chart clearly depicts that maximum delay is due to placement of too many orders together (T= 37%) and Packaging related problem (27%). Such that too many orders can't be controlled but altogether it occurs due to delay in packaging as there is only one employee who packs the medicines.
- ✓ Due to order related problems (order x=6%) like sometimes nurses forgot to place the indent into HIS or may sometimes place wrong order or wrong dose which doesn't matches with the manual slip.
- ✓ If lunch break falls in between (T+L.B+NTT=6%) i.e. the period between 1:00p.m to 2:00p.m which causes many orders to get delayed as shift duties of various ward boys/ girls , nurses changes due to which nobody comes to take the order and this gets piled up if the orders have longer prescription.
- ✓ Some medicines go out of stock quite frequently (OOS=5%) such that its refund has to be made hand to hand even if a single drug is not there in the prescription list because of which whole order has to wait and if those orders are many (together case) then lot time is consumed.
- ✓ Sometimes the indent printing in charge himself has to go for packing the medicines in case too many urgent orders comes altogether (generally happens during rush hours) thus leads to delay in taking prints of the indents that comes for issuing meanwhile.
- ✓ Drugs are already packed but no ward boys/ girls are there to receive them (generally happens in evening hours in case of routine medicines which are packed in advance).



INTERPRETATION- (ANNEXURE -2, TABLE-5)

- ✓ The order of chemotherapy drugs are quite long (~1 hour) and need to be urgently packed such that if more such orders comes then the person on packaging gets indulge into them thus causing delay in rest of the orders.
- ✓ The day case orders are also long and thus given priority over the rest while packing.
- ✓ Dialysis cases are neither much in number nor they have lengthy prescriptions but if such orders comes in between then they are given priority over others.
- ✓ Discharge medicines (esp. T.P.A) & urgent medicines also require early dispatching.

REASONS FOR DELAY IN REFUNDING OF MEDICINES: (ANNEXURE-2, TABLE-6)



T- Together too many orders of same ward to for refunding
R+I- Refund + Issue
LONG- lengthy refunds having many prescriptions
DOING PKG- Refund counter in charge also indulge in packaging (morning)
R/C- doing checking of the refunds received and placing them at their place by properly verifying them. (shift ending time- evening)

- ✓ Maximum time took place in refund whenever too many refunds all together comes leading to delay in further refunds.(43%)
- ✓ Many lengthy orders comes for refund having more prescriptions thus there proper counting, verification and documentation takes time.(25%)
- ✓ Many times the ward boys/ girls wait to take both issued medicines and refunded orders all together in order to avoid multiple rounds to pharmacy. (22%)
- ✓ It generally happens during morning hours i.e. between 8-10 when no staff on packaging is available such that the refund counter in charge look to both the counters and in case any urgent indent is placed then he/she has to leave the refund counter for issuing & packaging the same. Thus somewhere the orders that come meanwhile for refund have to hang in between.
- ✓ When the shift is about to last (one hour before) then the refund counter in charge has to make sure that all the refunded items should be kept back to their respective shelves under his/her supervision , especially the expensive and the exclusive orders. Thus in order to leave his/her counter, orders for refund comes in b/w which becomes the reason of some of the refund delays.

FINDINGS AND RECOMMENDATIONS:

- ✓ The study found that the average medical turnaround time per day of IP Pharmacy came out to be 56 minutes whereas normal medication Time taken is 30 minutes which shows that there is a huge deviation between the actual & the ideal scenario that needs to be corrected. Also average Time taken for refund is around 14 minutes (ANNEXURE-1). In addition 68.67% of the normal indents, 69.01% of the discharge indents, 60.95% of the urgent indents, 40.60% of the refunds were delayed. (ANNEXURE-2 TABLE-7) Also it was observed that the peak hours/ rush hours of the indents were b/w 9a.m to 1p.m and 3p.m to 4p.m. and the availability of workforce at that time was contradicting.
- ✓ Through the analysis it has been observed that maximum delay is due to the packaging problem in the IP pharmacy as the manpower which should be ideally present there at packing is less. There should be at least 2 persons appointed per shift for packaging so that the indent printing process doesn't get hampered.
- ✓ The chemotherapy indents are quite lengthy so one person at packaging must be allowed to pack the chemo medications while the other person completes the rest of the orders such that the delay of other indents which would be coming meanwhile could be prevented.
- ✓ In case of urgent & super urgent indents it should be shown / highlighted in the HIS at the time of reception of indent so that urgent indents should be dispatched in less time.
- ✓ The order related issues are quite persistent and can be prevented by proper training of the nurses from time to time regarding the necessity of placing orders in time & how they should be placed avoiding any kind of typing error such that the delay can be reduced.
- ✓ The person on the refund counter should only go for keeping back the medicines and checking them until the person of the next shift arrives in place of him/her on the counter, otherwise the new refund indents will get delayed.
- ✓ Nurses should be instructed and trained from time to time to not to issue many medicines altogether as this later overloads the refund process.
- ✓ Out of stock and L.P. issues could be managed effectively such that the drugs which are most frequently prescribed should be made available in advance before the commencement of the another shift.
- ✓ Nurses should be trained and explained properly about the colour of the slips such that they should not write all the new and not so urgent medications into urgent and discharge category such that this makes the order of urgent medicines look cumbersome and sometimes not taken seriously by the pharmacy department.
- ✓ Also pharmacy employees working shifts should be rotated properly and alternatively as employees generally looks exhausted and burned out due to continuous working hours and no holiday in a week.
- ✓ The ward boys/ girls should be instructed to reach the pharmacy on time & to take to take the medicines.
- ✓ Pharmacist order entry load must be evenly distributed such that there should be proper record maintained in the pharmacy about the total no. of orders dispatched per person per shift. And its monthly analysis should be done to check whether all are efficiently working or not and the one whose lacking should be made compatible through proper training.

- ✓ In the infrastructure facility the indent printing area lacks fan and proper air conditioner supply due to which employees feels suffocated thus affects their working efficiency.
- ✓ Training of employees of the IP pharmacy regarding pharmacology must be undertaken to update & upgrade the knowledge of the staff regarding the composition of drugs which results in delay of medicine dispensing.

CONCLUSION:

Through this study we were able to identify various points of delays, which were responsible in delivering indents to the patients. The results of the study revealed that all types of indents were delayed especially the urgent ones, which became the major area of concern. Immediate corrective measures should be implemented to enhance the efficiency of the IP Pharmacy and reduce the delay condition which currently prevails.

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NABH standards and Guidelines

ANNEXURES

ANNEXURE 1

	Average Time Taken					
S.NO	TYPE	FLOOR	IN TIME	OUT TIME	TOTAL TIME TAKEN	REASON
1	NM	ICU 2	13:32	15:38	02:06	L.B. + NTT
2	NM	ICU 3	13:32	15:38	02:06	L.B. + NTT
3	NM	ICU 4	13:32	15:38	02:06	L.B. + NTT
4	NM	ICU 4	13:32	15:38	02:06	L.B. + NTT
5	DM	SSRB 2A	11:59	15:03	03:04	L.B. + NTT
6	NM	JRU	12:46	15:15	02:29	L.B. + NTT
7	UM	CCHDU	12:53	15:15	02:22	L.B. + NTT
8	UM	ICU 4	13:03	14:00	00:57	L.B. + NTT
9	NM	POICU	13:18	14:05	00:47	L.B. + NTT
10	NM	SSRB 3A	10:50	10:58	00:08	L.P.
11	NM	CB 6	08:28	08:29	00:01	L.P.
12	NM	PICU	12:50	13:00	00:10	L.P.
13	NM	RENAL	12:30	12:32	00:02	L.P.
14	UM	4TH A	12:46	12:56	00:10	L.P.
15	DM	4 CD	13:25	13:28	00:03	L.P.
16	NM	POICU	11:16	12:56	01:40	LONG
17	NM	POICU	11:16	12:56	01:40	LONG
18	DM	CB 6	11:52	12:29	00:37	LONG
19	NM	2ND A	14:58	15:30	00:32	LONG
20	NM	POICU	16:17	16:50	00:33	NTT
21	UM	3 CD	11:12	13:04	01:52	LONG + PKG
22	UM	3 CD	11:12	13:04	01:52	LONG + PKG
23	NM	2ND CD	09:25	10:30	01:05	LONG + PKG
24	UM	2ND CD	09:25	10:30	01:05	LONG + PKG
25	DM	2ND CD	09:25	10:30	01:05	LONG + PKG
26	DM	SSRB 2B	09:34	11:00	01:26	LONG + PKG
27	NM	SWB 4	11:27	11:37	00:10	LP
28	NM	4 B	10:34	11:18	00:44	NTT
29	NM	PD 9	11:54	15:52	03:58	NTT
30	UM	PD 9	11:54	15:52	03:58	NTT
31	UM	CB 4TH	14:20	14:57	00:37	NTT
32	NM	CCU	09:30	10:11	00:41	NTT
33	NM	T HDU	10:07	11:02	00:55	NTT
34	UM	3RD A	13:02	14:40	01:38	NTT
35	NM	CCU	14:47	15:26	00:39	NTT
36	NM	CCU	14:47	15:26	00:39	NTT

37	NM	HDU	11:20	12:55	01:35	NTT
38	NM	WARD 7	11:30	12:32	01:02	NTT
39	NM	ICU 1	12:14	13:07	00:53	NTT
40	NM	FGW	14:47	15:26	00:39	NTT
41	NM	4 B	15:57	16:33	00:36	NTT
42	DM	MTYGW	16:20	16:52	00:32	NTT
43	DM	MTYGW	16:20	16:52	00:32	NTT
44	UM	3 HDU	10:27	13:47	03:20	OOS
45	NM	3 HDU	10:27	13:47	03:20	OOS
46	NM	PD 8	10:38	11:56	01:18	OOS
47	NM	PD 9	14:33	15:52	01:19	OOS
48	DM	SWB 4	10:48	13:58	03:10	OOS
49	NM	CB 3	11:23	13:30	02:07	OOS
50	NM	IMCU	13:21	15:26	02:05	OOS
51	NM	3 B	13:30	15:00	01:30	OOS
52	NM	PD 6	12:00	13:01	01:01	ORDER +PKG
53	DM	2ND A	12:10	13:07	00:57	ORDER +PKG
54	NM	SSRB 3B	10:05	10:45	00:40	order x
55	NM	CB 6	10:32	11:26	00:54	order x
56	NM	2A	11:17	12:40	01:23	order x
57	UM	LR	11:23	12:46	01:23	order x
58	NM	RHDU	11:25	12:29	01:04	order x
59	DM	VAS HDU	12:11	12:54	00:43	order x
60	DM	3RD A	12:35	13:10	00:35	order x
61	DM	4 CD	13:24	13:42	00:18	order x
62	UM	PD 6	14:30	15:52	01:22	order x
63	NM	POICU	14:41	15:30	00:49	order x
64	NM	SWB 4	09:18	09:54	00:36	order x
65	NM	2 CD	09:50	10:25	00:35	order x
66	UM	2ND CD	11:26	12:58	01:32	order x
67	NM	IMCU	12:13	12:45	00:32	order x
68	DM	CB 6TH	12:32	12:54	00:22	order x
69	DM	MGW	15:00	15:50	00:50	order x
70	DM	SSRB 2B	10:36	11:50	01:14	order x
71	NM	4TH A	10:45	11:36	00:51	order x
72	NM	2ND A	11:35	12:22	00:47	order x
73	NM	RHDU	11:42	12:47	01:05	order x
74	NM	PICU	14:58	15:30	00:32	order x
75	UM	LR	15:54	16:30	00:36	order x
76	NM	PD 8	16:38	16:50	00:12	PKD
77	NM	PD 8	16:38	16:50	00:12	PKD
78	NM	PD 8	16:38	16:50	00:12	PKD
79	NM	PICU	16:47	16:50	00:03	PKD
80	NM	NURSERY	16:49	16:52	00:03	PKD
81	NM	NURSERY	16:49	16:52	00:03	PKD
82	UM	CB 4TH	16:56	17:00	00:04	PKD
83	UM	CB 4TH	16:56	17:00	00:04	PKD
84	NM	3 B	10:42	11:48	01:06	PKD + NTT

85	NM	3 B	10:42	11:48	01:06	PKD + NTT
86	UM	SSRB 3B	10:05	10:45	00:40	PKG
87	DM	4 B	10:07	10:45	00:38	PKG
88	NM	4 B	10:07	10:45	00:38	PKG
89	NM	VAS HDU	10:29	11:48	01:19	PKG
90	UM	VAS HDU	10:29	11:48	01:19	PKG
91	NM	CB 4	10:00	10:29	00:29	PKG
92	NM	3RD A	09:50	10:29	00:39	PKG
93	NM	SWB RHDU	09:50	10:29	00:39	PKG
94	UM	CHEMO CB-2	10:49	12:26	01:37	PKG
95	DM	CB 4	10:52	12:26	01:34	PKG
96	NM	CD 2	10:54	12:17	01:23	PKG
97	NM	CD 2	10:54	12:17	01:23	PKG
98	DM	2ND A	10:57	11:45	00:48	PKG
99	DM	CB 6	11:18	12:25	01:07	PKG
100	NM	CCU	11:26	12:29	01:03	PKG
101	NM	CB 6	11:52	12:29	00:37	PKG
102	NM	PD 6	11:56	12:59	01:03	PKG
103	UM	DAY CASE	11:56	12:59	01:03	PKG
104	NM	NURSERY	14:09	16:23	02:14	PKG
105	NM	PD 8	14:33	15:52	01:19	PKG
106	NM	ICU 2	14:36	15:28	00:52	PKG
107	NM	ICU 2	14:36	15:28	00:52	PKG
108	UM	DAY CASE	14:38	15:47	01:09	PKG
109	UM	DAY CASE	14:38	15:47	01:09	PKG
110	UM	4TH A	16:25	16:55	00:30	PKG
111	NM	4TH A	16:25	16:55	00:30	PKG
112	NM	PD 6	09:35	10:30	00:55	PKG
113	UM	PD 8	10:55	12:08	01:13	PKG
114	NM	PD 8	10:55	12:08	01:13	PKG
115	NM	RESP HDU	10:58	12:23	01:25	PKG
116	NM	RESP HDU	10:58	12:23	01:25	PKG
117	NM	2ND A	11:02	11:50	00:48	PKG
118	NM	2ND A	11:02	11:50	00:48	PKG
119	DM	4TH CD	11:04	12:44	01:40	PKG
120	NM	PD 9	11:21	12:38	01:17	PKG
121	NM	PD 9	11:21	12:38	01:17	PKG
122	DM	SWB 4	11:27	12:28	01:01	PKG
123	NM	SWB 4	11:27	12:28	01:01	PKG
124	DM	VAS HDU	11:29	12:00	00:31	PKG
125	DM	SSRB 2A	11:29	12:04	00:35	PKG
126	NM	SSRB 2A	11:29	12:04	00:35	PKG
127	NM	3 CD	11:30	12:30	01:00	PKG
128	UM	3 CD	11:30	12:30	01:00	PKG
129	NM	CCU 3	11:44	12:46	01:02	PKG
130	UM	3 CD	15:01			PKG
131	NM	IMCU	15:02			PKG
132	NM	SSRB 3B	15:06			PKG

133	NM	EMERGENCY	15:08			PKG
134	NM	EMERGENCY	15:08			PKG
135	NM	PD 8	15:15			PKG
136	NM	PD 8	15:15			PKG
137	NM	SSRB 2A	15:20			PKG
138	UM	CB 4	15:31			PKG
139	UM	CB 4	03:31			PKG
140	NM	CB 6	15:35			PKG
141	UM	LTU	15:35			PKG
142	DM	CB 2	15:35			PKG
143	NM	CB 2	15:35			PKG
144	DM	SWB MGW	15:40			PKG
145	DM	SWB MGW	15:40			PKG
146	NM	SWB MGW	15:40			PKG
147	DM	SWB MGW	15:40			PKG
148	UM	SWB MGW	15:40			PKG
149	DM	PICU	10:25	11:26	01:01	PKG
150	NM	SSRB 3B	10:25	11:35	01:10	PKG
151	NM	SSRB 3B	10:25	11:35	01:10	PKG
152	DM	WARD 7	10:27	11:26	00:59	PKG
153	DM	EMERGENCY	10:27	11:50	01:23	PKG
154	DM	4A	10:28	12:48	02:20	PKG
155	NM	4 CD	10:40	12:29	01:49	PKG
156	NM	4 CD	10:40	12:29	01:49	PKG
157	NM	T HDU	10:41	12:30	01:49	PKG
158	NM	ICU 3	10:41	12:30	01:49	PKG
159	DM	SSRB 2A	10:38	11:50	01:12	PKG
160	DM	SSRB 2A	10:36	11:50	01:14	PKG
161	NM	2ND A	11:05	11:55	00:50	PKG
162	NM	2ND A	11:05	11:55	00:50	PKG
163	DM	3 CD	11:30	13:29	01:59	PKG
164	UM	3 CD	11:30	13:29	01:59	PKG
165	NM	RENAL	11:37	13:01	01:24	PKG
166	NM	3RD A	11:54	12:57	01:03	PKG
167	NM	3 B	12:34	13:04	00:30	PKG
168	NM	RHDU	12:46	13:27	00:41	PKG
169	NM	RHDU	12:46	13:27	00:41	PKG
170	NM	RHDU	12:46	13:27	00:41	PKG
171	NM	PD 9	14:22	15:38	01:16	PKG
172	NM	2ND A	14:58	15:30	00:32	PKG
173	NM	2ND A	14:58	15:30	00:32	PKG
174	DM	FGW	16:04	16:47	00:43	PKG
175	DM	FGW	16:04	16:47	00:43	PKG
176	UM	CHEMO CB-2	16:16	16:57	00:41	PKG
177	NM	ICU 3	10:41	15:10	04:29	PKG + NTT
178	NM	ICU 4	10:41	15:10	04:29	PKG + NTT
179	NM	RENAL	14:20	14:57	00:37	OOS
180	NM	PICU	11:02	12:15	01:13	OOS

181	DM	WARD 7	10:27	11:26	00:59	OOS
182	NM	CB 2	12:26	13:22	00:56	OOS
183	NM	PD 6	14:35	15:28	00:53	OOS
184	NM	MGW	15:50	16:30	00:40	OOS
185	DM	4TH A	11:11	12:27	01:16	PKG +NTT
186	NM	2ND A	13:02	15:00	01:58	PKG +NTT
187	NM	2ND A	13:02	15:00	01:58	PKG +NTT
188	NM	4 CD	10:04	13:47	03:43	PKG+ NTT
189	DM	4 CD	10:04	13:47	03:43	PKG+ NTT
190	DM	4 CD	10:04	13:47	03:43	PKG+ NTT
191	NM	4 CD	10:04	13:47	03:43	PKG+ NTT
192	NM	CC HDU	11:03	13:30	02:27	PKG+ NTT
193	NM	CC HDU	11:03	13:30	02:27	PKG+ NTT
194	NM	IMCU	12:42	13:28	00:46	OOS
195	NM	PICU	13:23	15:44	02:21	PKG+NTT
196	DM	SWB 4	14:22	14:52	00:30	OOS
197	NM	WARD 7	10:34	11:56	01:22	T
198	DM	WARD 7	10:34	11:56	01:22	T
199	NM	WARD 7	10:34	11:56	01:22	T
200	DM	SSRB 2B	10:55	12:26	01:31	T
201	DM	SSRB 2B	10:55	12:26	01:31	T
202	NM	SSRB 2B	10:55	12:26	01:31	T
203	NM	SSRB 2B	10:55	12:26	01:31	T
204	NM	SSRB 3A	10:55	12:26	01:31	T
205	DM	SSRB 3B	10:55	12:26	01:31	T
206	DM	SSRB 3B	10:55	12:26	01:31	T
207	NM	ICU 3	10:25	11:06	00:41	T
208	NM	ICU 3	10:25	11:06	00:41	T
209	NM	ICU 3	10:25	11:06	00:41	T
210	NM	ICU 3	10:25	11:06	00:41	T
211	NM	2A	11:17	12:40	01:23	T
212	NM	CB 3	12:00	12:47	00:47	T
213	NM	CB 3	12:00	12:48	00:48	T
214	UM	CHEMO CB-3	12:00	12:48	00:48	T
215	UM	CHEMO CB-3	12:00	12:48	00:48	T
216	UM	ICU 4	12:23	13:45	01:22	T
217	NM	ICU 4	12:23	13:45	01:22	T
218	NM	ICU 4	12:23	13:45	01:22	T
219	NM	ICU 4	12:23	13:45	01:22	T
220	NM	ICU 4	12:23	13:45	01:22	T
221	NM	ICU 1	13:32	14:10	00:38	T
222	NM	ICU 1	13:32	14:10	00:38	T
223	NM	ICU 1	13:32	14:10	00:38	T
224	UM	ICU 1	13:32	14:10	00:38	T
225	NM	ICU 4	14:55	15:38	00:43	T
226	NM	ICU 4	14:55	15:38	00:43	T
227	NM	ICU 4	14:55	15:38	00:43	T
228	NM	PD SURGERY	15:04	15:52	00:48	T

229	NM	PD 9	15:04	15:52	00:48	T
230	NM	PD 9	15:04	15:52	00:48	T
231	NM	PD 9	15:04	15:52	00:48	T
232	NM	SWB MGW	15:25	16:02	00:37	T
233	NM	SWB MGW	15:25	16:02	00:37	T
234	UM	DIALYSIS	15:25	16:02	00:37	T
235	UM	DIALYSIS	15:25	16:02	00:37	T
236	DM	SWB MGW	15:25	16:02	00:37	T
237	DM	SWB MGW	15:25	16:02	00:37	T
238	NM	MGW	15:41	16:13	00:32	T
239	NM	MGW	15:41	16:13	00:32	T
240	DM	MGW	15:41	16:13	00:32	T
241	UM	DAY CASE	08:15	09:15	01:00	T
242	UM	DAY CASE	08:15	09:15	01:00	T
243	UM	DAY CASE	08:15	09:15	01:00	T
244	UM	DAY CASE	08:15	09:15	01:00	T
245	UM	DAY CASE	08:15	09:15	01:00	T
246	UM	DAY CASE	08:15	09:15	01:00	T
247	UM	DAY CASE	08:15	09:15	01:00	T
248	UM	DAY CASE	08:15	09:15	01:00	T
249	UM	DAY CASE	08:15	09:15	01:00	T
250	NM	4TH A	09:12	09:48	00:36	T
251	NM	4TH A	09:12	09:48	00:36	T
252	UM	4TH A	09:12	09:48	00:36	T
253	NM	3RD A	09:15	10:11	00:56	T
254	NM	3RD A	09:15	10:11	00:56	T
255	NM	3RD A	09:15	10:11	00:56	T
256	NM	SWB 4	09:18	09:54	00:36	T
257	NM	SSRB 3B	09:27	10:11	00:44	T
258	NM	SSRB 3B	09:27	09:55	00:28	T
259	NM	SSRB 3B	09:27	09:55	00:28	T
260	UM	3RD HDU	11:04	12:30	01:26	T
261	UM	3RD HDU	11:04	12:30	01:26	T
262	UM	3RD HDU	11:04	12:30	01:26	T
263	UM	3RD HDU	11:04	12:30	01:26	T
264	NM	POICU	11:26	12:48	01:22	T
265	NM	POICU	11:26	12:48	01:22	T
266	NM	POICU	11:26	12:48	01:22	T
267	NM	POICU	11:26	12:48	01:22	T
268	NM	POICU	11:26	12:48	01:22	T
269	NM	3 CD	12:01	12:56	00:55	T
270	NM	3 CD	12:01	12:56	00:55	T
271	NM	3 CD	12:01	12:56	00:55	T
272	NM	IMCU	12:13	12:45	00:32	T
273	UM	ICU 4	11:20	12:06	00:46	T
274	UM	ICU 4	11:20	12:06	00:46	T
275	UM	ICU 4	11:20	12:06	00:46	T
276	NM	ICU 1	14:38	15:30	00:52	T

277	NM	ICU 1	14:38	15:30	00:52	PKG
278	UM	ICU 1	14:38	15:30	00:52	T
279	NM	ICU 1	14:38	15:30	00:52	T
280	UM	ICU 1	14:38	15:30	00:52	T
281	NM	ICU 1	14:38	15:30	00:52	T
282	NM	ICU 1	14:38	15:30	00:52	T
283	NM	ICU 1	14:38	15:30	00:52	T
284	NM	ICU 1	14:38	15:30	00:52	T
285	NM	PD 6	14:39	15:58	01:19	T
286	NM	PD 6	14:39	15:58	01:19	T
287	NM	PD 6	14:39	15:58	01:19	T
288	NM	PD 6	14:39	15:58	01:19	T
289	NM	PD 6	14:39	15:58	01:19	T
290	NM	PD 9	14:55	15:40	00:45	T
291	NM	PD 9	14:55	15:40	00:45	T
292	NM	PD 9	14:55	15:40	00:45	T
293	NM	PD 9	14:55	15:40	00:45	T
294	DM	MGW	15:00	15:50	00:50	T
295	NM	3RD A	10:25	11:35	01:10	T
296	NM	3RD A	10:25	11:35	01:10	T
297	UM	3RD A	10:25	11:35	01:10	T
298	DM	3RD A	10:25	11:35	01:10	T
299	NM	3RD A	10:25	11:35	01:10	T
300	DM	4TH A	10:45	11:36	00:51	T
301	UM	3 CD	11:30	12:27	00:57	T
302	NM	3 CD	11:30	12:27	00:57	T
303	NM	3 CD	11:30	12:27	00:57	T
304	NM	POICU	12:04	13:26	01:22	T
305	NM	POICU	12:04	13:26	01:22	T
306	NM	POICU	12:04	13:26	01:22	T
307	NM	4 CD	13:30	15:00	01:30	T
308	DM	4 CD	13:30	15:00	01:30	T
309	NM	4 CD	13:30	15:00	01:30	T
310	NM	CCU	14:35	15:38	01:03	T
311	NM	CCU	14:35	15:38	01:03	T
312	NM	CCU	14:35	15:38	01:03	T
313	NM	ICU 2	15:01	15:50	00:49	T
314	NM	ICU 2	15:01	15:50	00:49	T
315	NM	ICU 2	15:01	15:50	00:49	T
316	NM	ICU 4	15:01	15:50	00:49	T
317	NM	ICU 4	15:01	15:50	00:49	T
318	NM	ICU 4	15:01	15:50	00:49	T
319	UM	CHEMO PD-9	15:15	15:48	00:33	T
320	NM	PD 8	15:52	16:28	00:36	T
321	NM	PD 8	15:52	16:28	00:36	T
322	NM	PD 8	15:52	16:28	00:36	T
323	NM	PD 8	15:52	16:28	00:36	T
324	NM	SWB 4	14:54	15:24	00:30	T + NTT

325	NM	SWB 4	14:54	15:24	00:30	T + NTT
326	NM	SWB 4	14:54	15:24	00:30	T + NTT
327	DM	PD 9	11:36	12:24	00:48	T + NTT
328	NM	PD 9	11:36	12:24	00:48	T + NTT
329	NM	PD 9	11:36	12:24	00:48	T + NTT
330	NM	PICU	12:10	15:44	03:34	T+L.B. + NTT
331	NM	PICU	12:10	15:44	03:34	T+L.B. + NTT
332	NM	SWB 4TH	12:31	15:58	03:27	T+L.B. + NTT
333	NM	SWB 4TH	12:31	15:58	03:27	T+L.B. + NTT
334	UM	SWB 4TH	12:31	15:58	03:27	T+L.B. + NTT
335	UM	ICU 4	12:44	15:58	03:14	T+L.B. + NTT
336	NM	ICU 1	12:44	15:58	03:14	T+L.B. + NTT
337	NM	ICU 1	12:44	15:58	03:14	T+L.B. + NTT
338	NM	ICU 1	12:44	15:58	03:14	T+L.B. + NTT
339	NM	ICU 1	12:44	15:58	03:14	T+L.B. + NTT
340	NM	3 CD	12:55	13:45	00:50	T+L.B. + NTT
341	UM	3 CD	12:55	13:45	00:50	T+L.B. + NTT
342	NM	SSRB 3A	13:33	15:20	01:47	T+L.B. + NTT
343	DM	SSRB 3A	13:33	15:20	01:47	T+L.B. + NTT
344	NM	SSRB 3A	13:33	15:20	01:47	T+L.B. + NTT
345	NM	SSRB 3A	13:33	15:20	01:47	T+L.B. + NTT
346	UM	CHEMO PD-9	14:22	15:28	01:06	T+L.B. + NTT
347	NM	PD 9	14:22	15:28	01:06	T+L.B. + NTT
348	NM	PD 9	14:22	15:28	01:06	T+L.B. + NTT
349	UM	CHEMO PD-9	14:22	15:28	01:06	T+L.B. + NTT
350	NM	CB 2	09:09	10:50	01:41	T+LONG
351	NM	CB 2	09:09	10:50	01:41	T+LONG
352	NM	CB 2	09:09	10:50	01:41	T+LONG
353	DM	SSRB 3A	10:20	10:45	00:25	
354	UM	IMCU	11:15	11:28	00:13	
355	UM	4TH A	11:55	12:10	00:15	
356	UM	4TH A	11:55	12:10	00:15	
357	NM	ICU	12:05	12:29	00:24	
358	UM	CHEMO CB-2	12:19	13:35	01:16	
359	UM	CHEMO CB-2	12:19	13:35	01:16	
360	DM	CB 6	12:26	12:50	00:24	
361	UM	KTU	12:29	12:50	00:21	
362	NM	RHDU	12:30	12:33	00:03	
363	NM	PD 6	12:35	12:56	00:21	
364	NM	3 B	12:56	13:12	00:16	
365	NM	3 CD	13:01	13:17	00:16	
366	NM	PD 8	13:05	13:17	00:12	
367	NM	PD 8	13:05	13:17	00:12	
368	UM	4TH A	13:16	13:29	00:13	
369	NM	CC HDU	13:21	13:32	00:11	
370	NM	4 CD	13:24	13:42	00:18	
371	UM	3 HDU	13:28	13:47	00:19	
372	NM	BMT	14:25	14:48	00:23	

373	NM	3 B	14:25	14:48	00:23	
374	NM	CB 3	14:27	14:40	00:13	
375	NM	SSRB 3A	14:28	14:48	00:20	
376	NM	PD 6	14:30	14:48	00:18	
377	NM	PD 6	14:30	14:48	00:18	
378	UM	IMCU	14:42	15:11	00:29	
379	DM	MD HDU	14:43	15:03	00:20	
380	NM	4TH A	14:57	15:21	00:24	
381	NM	3RD HDU	15:06	15:30	00:24	
382	NM	EMERGENCY	15:19	15:30	00:11	
383	NM	PD 9	15:20	15:48	00:28	
384	UM	CB 6	15:27	15:41	00:14	
385	NM	IMCU	15:30	15:48	00:18	
386	NM	4TH CD	15:32	15:58	00:26	
387	NM	4TH CD	15:32	15:58	00:26	
388	DM	MTY GW	15:41	15:50	00:09	
389	UM	SWB 4TH	15:42	15:58	00:16	
390	UM	SWB 4TH	15:42	15:58	00:16	
391	UM	SWB 4TH	15:42	15:58	00:16	
392	NM	PCS ICU	15:43	16:02	00:19	
393	NM	PCS ICU	15:43	16:02	00:19	
394	NM	POICU	15:44	15:58	00:14	
395	NM	3RD A	15:45	16:05	00:20	
396	NM	3RD B	15:51	16:05	00:14	
397	NM	4TH B	15:42	16:10	00:28	
398	NM	4TH B	15:52	16:10	00:18	
399	UM	JRU	15:54	16:00	00:06	
400	NM	3 CD	16:01	16:12	00:11	
401	NM	3 CD	16:01	16:12	00:11	
402	UM	DAY CASE	16:33	16:45	00:12	
403	UM	BMT	16:37	16:40	00:03	
404	NM	ICU 1	16:37	16:43	00:06	
405	NM	PD 6	08:28	08:47	00:19	
406	UM	DIALYSIS	08:48	08:50	00:02	
407	UM	DIALYSIS	08:56	09:12	00:16	
408	NM	ICU 3	09:18	09:46	00:28	
409	NM	ICU 3	09:18	09:46	00:28	
410	NM	ICU 4	09:18	09:46	00:28	
411	NM	ICU 4	09:18	09:46	00:28	
412	NM	3RD B	09:18	09:46	00:28	
413	NM	3RD B	09:18	09:46	00:28	
414	NM	3RD B	09:18	09:46	00:28	
415	NM	4TH A	09:22	09:32	00:10	
416	NM	SWB 4	09:23	09:33	00:10	
417	NM	SWB 4	09:23	09:33	00:10	
418	DM	4 CD	09:42	10:11	00:29	
419	DM	4 CD	09:42	10:11	00:29	
420	NM	3 CD	09:44	10:11	00:27	

421	NM	3 CD	09:44	10:11	00:27	
422	NM	3 CD	09:44	10:11	00:27	
423	UM	CHEMO CB-2	09:45	10:20	00:35	
424	DM	CB 6	09:51	10:11	00:20	
425	UM	SWB 4	09:55	10:00	00:05	
426	DM	VAS HDU	10:08	10:25	00:17	
427	UM	chemo CB-2	11:39	12:00	00:21	
428	UM	SSRB 2B	12:13	12:27	00:14	
429	UM	DAYCASE	12:15	12:43	00:28	
430	NM	PD 8	12:27	12:43	00:16	
431	NM	PD 8	12:27	12:43	00:16	
432	NM	RENAL	12:30	12:53	00:23	
433	NM	3 B	12:36	12:53	00:17	
434	NM	ICU 4	12:45	13:08	00:23	
435	NM	ICU 4	12:45	13:08	00:23	
436	UM	2 CD	12:50	12:58	00:08	
437	NM	CB 4	12:58	13:45	00:47	
438	NM	CB 4	12:58	13:45	00:47	
439	NM	CB 4	12:58	13:45	00:47	
440	NM	SSRB 2A	13:01	13:10	00:09	
441	DM	FGW	13:03	14:10	01:07	
442	NM	CB 3	13:03	14:15	01:12	
443	NM	CB 3	13:03	14:15	01:12	
444	NM	CB 3	13:03	14:15	01:12	
445	NM	CB 3	13:03	14:15	01:12	
446	NM	4 CD	13:13	13:24	00:11	
447	NM	4 CD	13:13	13:24	00:11	
448	NM	4 CD	13:13	13:24	00:11	
449	UM	PD 6	10:37	10:59	00:22	
450	UM	CHEMO CB-2	10:42	12:07	01:25	
451	UM	CHEMO 2ND A	11:05	11:55	00:50	
452	UM	CHEMO CB-3	11:23	13:30	02:07	
453	UM	DAYCASE	11:35	11:50	00:15	
454	NM	PICU	12:07	12:25	00:18	
455	NM	HDU 3	12:14	12:42	00:28	
456	UM	SSRB 2B	12:15	12:42	00:27	
457	UM	SSRB 2B	12:15	12:42	00:27	
458	NM	MGW	12:17	12:39	00:22	
459	UM	SSRB 3B	12:24	12:41	00:17	
460	UM	SSRB 3B	12:24	12:41	00:17	
461	DM	3RD CD	12:32	12:58	00:26	
462	NM	ICU 4	12:39	12:50	00:11	
463	NM	ICU 4	12:39	12:50	00:11	
464	DM	4TH A	12:46	12:56	00:10	
465	NM	SWB 4	13:07	13:27	00:20	
466	UM	SWB 4	13:07	13:27	00:20	
467	NM	CB 3	13:11	13:17	00:06	

468	DM	CB 6	13:11	13:30	00:19	
469	NM	ICU 3	13:15	13:36	00:21	
470	UM	CHEMO PD-6	13:29	15:15	01:46	
471	UM	CHEMO BMT	13:30	13:44	00:14	
472	NM	3 B	13:30	13:44	00:14	
473	NM	3 B	13:30	13:44	00:14	
474	DM	4 CD	13:30	13:47	00:17	
475	DM	HDU	13:36	13:58	00:22	
476	UM	CHEMO CB-2	13:53	14:30	00:37	
477	NM	3RD A	14:31	14:35	00:04	
478	UM	CHEMO PD-6	14:35	15:28	00:53	
479	NM	4 B	14:35	15:00	00:25	
480	UM	ICU 3	14:44	14:47	00:03	
481	NM	CB 3	14:52	15:00	00:08	
482	NM	SICU	15:25	15:30	00:05	
483	NM	IMCU	15:25	15:30	00:05	
484	NM	PD 6	15:29	15:40	00:11	
485	NM	POICU	15:52	16:04	00:12	
486	NM	POICU	15:52	16:04	00:12	
487	NM	3 B	16:00	16:30	00:30	
488	NM	3 B	16:00	16:30	00:30	
489	NM	ICU 3	16:06	16:13	00:07	
490	UM	DAY CASE	16:37	16:50	00:13	
491	DM	CB 3	16:38	17:00	00:22	
492	DM	CB 3	16:38	17:00	00:22	
Average					**00:56**	

S.NO	TYPE	FLOOR	IN TIME	OUT TIME	TOTAL TIME TAKEN	REASON OF DELAY
1	REFUND	PD 6	09:45	10:00	00:15	T
2	REFUND	PD 6	09:45	10:00	00:15	T
3	REFUND	PD 6	09:45	10:00	00:15	T
4	REFUND	PD 6	09:45	10:00	00:15	T
5	REFUND	PD 6	09:45	10:00	00:15	T
6	REFUND	PD 6	10:00	10:13	00:13	
7	REFUND	PD 6	10:00	10:13	00:13	
8	REFUND	PD 6	10:00	10:13	00:13	
9	REFUND	CB 4	10:00	10:15	00:15	T
10	REFUND	CB 4	10:00	10:15	00:15	T
11	REFUND	CB 4	10:00	10:15	00:15	T
12	REFUND	CB 4	10:00	10:15	00:15	T
13	REFUND	CB 4	10:00	10:15	00:15	T
14	REFUND	CB 4	10:00	10:15	00:15	T
15	REFUND	CB 4	10:00	10:15	00:15	T
16	REFUND	CB 4	10:00	10:15	00:15	T

17	REFUND	STEM CELL	10:15	10:18	00:03	
18	REFUND	SSRB 3A	10:15	10:22	00:07	
19	REFUND	SSRB 3B	10:17	10:50	00:33	T
20	REFUND	SSRB 3B	10:17	10:50	00:33	T
21	REFUND	SSRB 3B	10:17	10:50	00:33	T
22	REFUND	SSRB 3B	10:17	10:50	00:33	T
23	REFUND	SSRB 3B	10:17	10:50	00:33	T
24	REFUND	SSRB 3B	10:17	10:50	00:33	T
25	REFUND	SSRB 3B	10:17	10:50	00:33	T
26	REFUND	SSRB 3B	10:17	10:50	00:33	T
27	REFUND	SSRB 3B	10:17	10:50	00:33	T
28	REFUND	SSRB 3B	10:17	10:50	00:33	T
29	REFUND	CB 6	10:50	11:05	00:15	T
30	REFUND	PD 6	10:50	11:05	00:15	T
31	REFUND	PD 6	10:50	11:05	00:15	T
32	REFUND	PD 6	10:50	11:05	00:15	T
33	REFUND	PD 6	10:50	11:05	00:15	T
34	REFUND	PD 6	10:50	11:05	00:15	T
35	REFUND	2ND A	11:02	11:08	00:06	
36	REFUND	HDU	11:42	11:45	00:03	
37	REFUND	4 CD	11:45	11:48	00:03	
38	REFUND	CB 6	12:00	12:20	00:20	R+I
39	REFUND	CB 6	12:00	12:20	00:20	R+I
40	REFUND	R HDU	12:10	12:21	00:11	
41	REFUND	CB 6	03:01	03:26	00:25	R+I
42	REFUND	CCU 2	03:01	03:26	00:25	R+I
43	REFUND	CCU 2	03:01	03:26	00:25	R+I
44	REFUND	CCU 2	03:01	03:26	00:25	R+I
45	REFUND	MD HDU	03:09	03:12	00:03	
46	REFUND	MD HDU	03:09	03:12	00:03	
47	REFUND	SSRB 3B	03:09	03:14	00:05	
48	REFUND	3 CD	03:01	03:15	00:14	
49	REFUND	3 HDU	03:01	03:15	00:14	
50	REFUND	SWB HDU	03:15	03:20	00:05	
51	REFUND	SWB HDU	03:15	03:20	00:05	
52	REFUND	SWB HDU	03:15	03:20	00:05	
53	REFUND	CB 2	03:20	03:30	00:10	
54	REFUND	CB 3	03:20	03:30	00:10	
55	REFUND	CB 4	03:20	03:30	00:10	
56	REFUND	CB 5	03:20	03:30	00:10	
57	REFUND	CB 6	03:40	03:59	00:19	LONG
58	REFUND	CB 6	03:40	03:59	00:19	LONG
59	REFUND	CB 6	03:40	03:59	00:19	LONG
60	REFUND	PICU	03:48	03:55	00:07	
61	REFUND	LTU	03:48	03:55	00:07	
62	REFUND	LTU	03:48	03:55	00:07	
63	REFUND	PD 6	08:27	08:55	00:28	R+I
64	REFUND	PD 6	08:27	08:55	00:28	R+I

65	REFUND	PD 6	08:27	08:55	00:28	R+I
66	REFUND	PD 6	08:27	08:55	00:28	R+I
67	REFUND	3RD B	09:22	09:32	00:10	
68	REFUND	4TH A	09:22	09:32	00:10	
69	REFUND	SWB 4TH	09:23	09:33	00:10	
70	REFUND	SWB 4TH	09:23	09:33	00:10	
71	REFUND	SSRB 3A	09:28	09:50	00:22	R+I
72	REFUND	SSRB 3A	09:28	09:50	00:22	R+I
73	REFUND	SSRB 3A	09:28	09:50	00:22	R+I
74	REFUND	4 CD	09:53	10:17	00:24	DOING PKG
75	REFUND	4 CD	09:53	10:17	00:24	DOING PKG
76	REFUND	4 CD	09:53	10:17	00:24	DOING PKG
77	REFUND	PD 9	10:17	10:24	00:07	
78	REFUND	4A	10:24	10:36	00:12	
79	REFUND	4A	10:24	10:36	00:12	
80	REFUND	WARD 7	10:36	10:38	00:02	
81	REFUND	VASC. HDU	10:38	10:40	00:02	
82	REFUND	STEM CELL	10:40	10:45	00:05	
83	REFUND	3 CD	10:43	10:51	00:08	
84	REFUND	CB 3	10:51	10:54	00:03	
85	REFUND	SWB 4TH	10:53	10:56	00:03	
86	REFUND	CB 2	10:58	11:03	00:05	
87	REFUND	SSRB 3B	11:04	11:10	00:06	
88	REFUND	SSRB 3A	11:04	11:10	00:06	
89	REFUND	MED HDU	11:10	11:13	00:03	
90	REFUND	2A	11:14	11:16	00:02	
91	REFUND	4A	11:21	11:26	00:05	
92	REFUND	PD 9	11:21	11:33	00:12	
93	REFUND	3B	11:35	11:38	00:03	
94	REFUND	SSRB 2A	11:40	11:48	00:08	
95	REFUND	SSRB 2A	11:40	11:48	00:08	
96	REFUND	4 CD	11:30	12:02	00:32	LONG
97	REFUND	4 CD	11:30	12:02	00:32	LONG
98	REFUND	4 CD	11:30	12:02	00:32	LONG
99	REFUND	4 CD	11:30	12:02	00:32	LONG
100	REFUND	4 CD	11:30	12:02	00:32	LONG
101	REFUND	4 CD	11:30	12:02	00:32	LONG
102	REFUND	4 CD	11:30	12:02	00:32	LONG
103	REFUND	4 CD	12:10	12:17	00:07	
104	REFUND	3RD A	12:12	12:17	00:05	
105	REFUND	PICU	13:00	13:05	00:05	
106	REFUND	PICU	13:00	13:05	00:05	
107	REFUND	3CD	13:06	13:15	00:09	
108	REFUND	3 CD	13:06	13:15	00:09	
109	REFUND	3 CD	13:06	13:15	00:09	
110	REFUND	CB 3	14:00	14:10	00:10	

111	REFUND	3A	14:10	14:22	00:12	
112	REFUND	CB 2	14:27	14:29	00:02	
113	REFUND	HDU 3	14:50	14:55	00:05	
114	REFUND	HDU 3	14:50	14:55	00:05	
115	REFUND	ICU	14:55	15:00	00:05	
116	REFUND	ICU	14:55	15:00	00:05	
117	REFUND	CB 6	15:01	15:26	00:25	LONG
118	REFUND	CCU 2	15:01	15:26	00:25	LONG
119	REFUND	CCU 2	15:01	15:26	00:25	LONG
120	REFUND	CCU 2	15:01	15:26	00:25	LONG
121	REFUND	MD HDU	15:09	15:12	00:03	
122	REFUND	MD HDU	15:09	15:12	00:03	
123	REFUND	SSRB 3B	15:09	15:14	00:05	
124	REFUND	3 CD	15:01	15:05	00:04	
125	REFUND	3 HDU	15:06	15:14	00:08	
126	REFUND	SWB HDU	15:15	15:20	00:05	
127	REFUND	SWB HDU	15:15	15:20	00:05	
128	REFUND	SWB HDU	15:15	15:20	00:05	
129	REFUND	CB 2	15:20	15:25	00:05	
130	REFUND	CB 2	15:20	15:25	00:05	
131	REFUND	CB 6TH	15:40	15:54	00:14	
132	REFUND	CB 6TH	15:40	15:54	00:14	
133	REFUND	CB 6TH	15:40	15:54	00:14	
134	REFUND	PICU	15:48	15:55	00:07	
135	REFUND	LTU	15:50	15:52	00:02	
136	REFUND	LTU	15:50	15:52	00:02	
137	REFUND	4CD	10:52	11:50	00:58	R+ I
138	REFUND	MGW	10:36	10:40	00:04	
139	REFUND	MTYGW	10:35	10:40	00:05	
140	REFUND	SSRB 2B	10:48	11:50	01:02	LONG
141	REFUND	CB 2nd	10:30	10:34	00:04	
142	REFUND	4th B	10:28	10:40	00:12	
143	REFUND	SSRB 3A	10:25	11:35	01:10	LONG
144	REFUND	SSRB 3A	10:26	11:40	01:14	R+ I
145	REFUND	3rd A	12:05	12:07	00:02	
146	REFUND	CB 2nd	12:06	12:18	00:12	
147	REFUND	CB 6	12:30	12:33	00:03	
148	REFUND	CB 2nd	12:10	12:25	00:15	LONG
149	REFUND	PD 9	14:22	14:35	00:13	
150	REFUND	PD 9	14:22	14:35	00:13	
151	REFUND	PD 9	14:22	14:35	00:13	
152	REFUND	4th A	14:50	14:53	00:03	
153	REFUND	PD 6	15:28	15:30	00:02	
154	REFUND	POICU	15:50	15:52	00:02	
155	REFUND	3 HDU	15:50	16:00	00:10	
156	REFUND	3B	16:00	16:26	00:26	R/C
157	REFUND	ICU 3	16:00	16:35	00:35	R/C
158	REFUND	3rd A	16:30	16:40	00:10	

159	REFUND	3rd A	16:30	16:40	00:10	
160	REFUND	3rd A	16:30	16:40	00:10	
161	REFUND	3rd A	16:30	16:40	00:10	
162	REFUND	3rd A	16:30	16:40	00:10	
163	REFUND	3rd A	16:30	16:40	00:10	
164	REFUND	3rd A	16:30	16:40	00:10	
165	REFUND	JRU	16:20	16:59	00:39	R/C

Average **14:53**

ANNEXURE-2

TABLE-1 INDENTS DISTRIUTION

TYPE	TOTAL
NM	316
UM	105
DM	71
REFUND	165
	657

TABLE-2 AVERAGE TIME TAKEN BY DIFFERENT INDENTS

TYPE	TIME
NM	00:57
UM	00:53
DM	01:01
REFUND	00:13

TABLE-3 AVERAGE TIME TAKEN PER DAY

	ISSUE TIME	REFUND TIME
23-May	00:56	00:18
24-May	00:52	00:12
26-May	01:01	00:16

TABLE -4 DELAY REASONS (ISSSUE)

REASON FOR DELAY (ISSUE)	**NO**
T	126
PKG	92
PKG+NTT	12

NTT	17
LONG	4
LONG + PKG	6
order x	22
OOS	16
T+LONG	3
L.B. + NTT	9
T+L.B. + NTT	20
ORDER + PKG	2
T + NTT	6
PKD + NTT	2
	337

TABLE-5 SUPER URGENT INDENTS

TYPE	AVG TIME
CHEMO	01:00
DAYCASE	00:51
DIALYSIS	00:23

TABLE-6 DELAY REASONS (REFUND)

REASON FOR DELAY (REFUND)	**NO**
T	29
R+I	15
LONG	17
DOING PKG	3
R/C	3
	67

TABLE-7

	TOTAL	DELAYED	PERCENT
NM	316	217	68.67%
DM	71	49	69.01%
UM	105	64	60.95%
REFUND	165	67	40.60%
	657	397	**60.42%**