

**Summer Training at
P.D Hinduja National Hospital
and
Medical Research Centre
(April 9-June 2, 2012)**

**By
Rishab Gupta**

**Under the guidance of
Dr. Kapil Garg**

**Post Graduate Diploma in Hospital and Health Management
2011-2013**



**Institute of Health Management Research,
Jaipur
2012**

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Certificate

This is to certify that Dr. Rishab Gupta has undergone summer training in P.D Hinduja Hospital and MRC, Mumbai from 09th April to 2nd June, 2012

The candidate carried out all the studies related to summer training himself. His approach to the studies has been sincere, scientific, and analytical. This summer training in partial fulfillment of the course requirement is recommended for the award of Post Graduate Diploma in Hospital & Health Management.

I wish him success in all future endeavors.



Dr. P. R. Sodani
(Dean Academics and student affairs)



Dr. Kapil Garg
(Professor)

**P. D. HINDUJA NATIONAL HOSPITAL
& MEDICAL RESEARCH CENTRE**

(Established and managed by the National Health & Education Society)

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June 1, 2012

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Rishab Gupta, a student of Post Graduate Diploma in Hospital Management, from Institute of Health Management and Research (IHMR), Jaipur did his project in our Hospital from April 9 2012 to June 1, 2012. During this period his assignment was on the different departmental study as well as :

- 1) A study on compliance of active IPD medical records as per the NABH standards
- 2) A study on Transportation of Patients in OPD building premises.
- 3) Time Motion study in billing and discharge process.
- 4) A project on Employee satisfaction survey of Hinduja Hospital

I wish him all the success in future endeavors.

Joy Chakraborty
Director Administration



Acknowledgement

Acknowledgement

This project report is the result of eight weeks whereby I have been accompanied and supported by many people. It is a pleasant aspect that now I have the opportunity to express my gratitude to all of them.

I am gratified to **Mr. Joy Chakraborty**, Director – Administration who found me suitable as Management Trainee in this organization and gave me permission for two months training and doing project work.

I am deeply indebted to Dr. Preeti Goraksha **Manager Operational Excellence**. Without her able guidance and painstaking efforts and constant encouragement, this training program could have not been through to completion.

I express my heartfelt thanks to Mrs. Ranjana R. Varadkar, Manager Medical Records, Mr. A.S. Rodrigues Manager Admission and Billing, Ms Juhi Bhandari senior manager ambulatory services, Mrs. Gauri Executive OPD who have helped me in all aspects in completing the various projects.

I pay lot of thanks to all the departmental heads and working staffs whoever came as source of help in completion of the project. Special thanks to all the working staffs of this organization for all the assistance and information.

I am glad to acknowledge **Dr. S. D. Gupta**, Director IIHMR, **Dr. P.R Sodani**, Dean, Academic and Students' Affairs, IHMR and **Dr. Kapil Garg** Professor and Mentor, IHMR, for incorporating right attitude in me towards learning and for helping and supporting whenever required. I am grateful to them for giving me an opportunity to learn administrative tricks and styles, so that I come to know how a hospital caters their patients successfully and how a hospital gives quality treatment to patients.

I would like to thank my colleagues Dr. Ayushi Gupta, Dr. Ila Shaktawat, Dr. Poorva Nandedkar and Dr. Neha Asija for being part of many brain storming sessions which have been of immense help in successful completion of the project.

I genuinely thank my parents, family and friends for their blessings and support. Last but not the least I am thankful to God, for getting an opportunity to learn from this organization

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ABBREVIATIONS

A&E	Accident and emergency
AKD	Artificial kidney dialysis
AERB	Atomic energy regulatory board
AMO	Assistant medical officer
ALOS	Average length of stay
BMD	Bone mineral densitometry
BRIT	Board of Radiation and Isotope Technology
BMC	Bombay municipal corporation
CE	Chief executive
CT SCAN	Computerized tomography scan
CSSD	Central sterile supply department
CDC	Child development centre
CMO	Casualty medical officer
CEO	Chief executive officer
CCC	Customer Care Centre
DA	Director administrator
DPS	Deputy professional services
DN	Director – nursing
DIR	Director
DSA	Digital Subtraction Angiography
E & M	Engineering and maintenance
ENT	Ear nose throat

EEG	Electroencephalography
FSD	Food service department
GLP	Good Laboratory Practices
GCP	Good Clinical Practices
HH	Hinduja hospital
HRCT	High resolution scanning
HK	House keeping
HR	Human resource
HOD	Head of department
IPD	In patient department
ICU	Intensive care unit
ID	Identity card
IRB	Indian regulatory board
ICD	International classification of diseases
IT	Information technology
LIC	Life insurance corporation
MRD	Medical record department
MRI	Magnetic Resonance Induction
NOC	No objection certificate
NABH	National accreditation for board of hospital and health
OPD	Out patient department
OT	Operation theatre
MLC	Multileaf collimator
PACS	Picture archiving and communication system.
TPA	Third party assurance

NOC	No objection certificate
NABH	National accreditation for board of hospital and health
OPD	Outpatient department
OT	Operation theatre
MLC	Multileaf collimator
PACS	Picture archiving and communication system.
TPA	Third party assurance

Section -1



Introduction

Summer training is an integral part of Post Graduate Diploma in Hospital and Health Management (PGDHM). Summer internships offer the important opportunity to work closely with professionals in own field, and to develop knowledge, competencies, and experience related directly to career goals. This training was a good platform for us to reflect on theories and concepts learnt in the classroom to observe and apply in real life situations. It reinforced the classroom learning through practice. This has helped us a lot in learning corporate etiquettes, understand corporate culture – all through own experiences and observations. Working here at P.D Hinduja hospital has helped us to build self confidence and enhance our self esteem.

We consider ourselves to be fortunate to have got this exposure in one of the pioneer hospitals of the country, boasting of a successful standing of 60 exemplary years.

Objective: The overall objective of the field training is to:

1. To understand and learn day to day operational management of a Hospital and its service centres,
2. To study identified issues/ problems associated with some specific operational area /programme.
3. To evaluate the role that we, as future managers are expected to perform in the healthcare industry.
4. To Work on the specific issue/ project work assigned by the hospital management.

SECTION – 2

METHODOLOGY

The time of eight weeks that we spent at Hinduja hospital saw us interact and communicate with a variety of people. The experience was diverse and exhilarating, as it gave us the opportunity to actually learn and understand the aspects of hospital management. The department studies and project reports prepared during tenure were possible because we employed the following methodologies of data collection, generation and analysis.

2.1 Primary data sources:

1. We actively interacted with the staff of organization in various departments.
2. Interviews with the respective in-charge of the departments in the hospital.
3. Checklist prepared for each department.
4. Direct observation.

2.2. Secondary data sources:

1. Through registered records and manuals.
2. Through Internal Website of the hospital.
3. Literature available about the hospital like Magazines, pamphlets, written documents, manuals.

Apart from these, there has been made extensive use of MS-Excel in the formulation and analysis of the various projects undertaken.

Section-3

Profile of

P.D HINDUJA NATIONAL HOSPITAL & MEDICAL RESEARCH CENTRE





Introduction

P. D. Hinduja National Hospital & Medical Research Centre is an ultra modern tertiary care hospital, internationally acclaimed for its world class medical services with 402 inpatient beds including 57 critical care beds, covering all specialties and diagnostics. The inpatient services are complemented with a day centre, outpatient facilities and an exclusive centre for health check of executives.

Behind this mission to assimilate the finest in medical and surgical talent and technique, lies a 60 years old dream of our great founder, Shri Parmanand Deepchand Hinduja, who laid the foundation of the National Hospital, way back in 1951.

Mr. Parmanand Hinduja pooled resources and set-up an outdoor clinic the ‘Seth Deepchand Gangaram Hinduja Health Care’ in December 1951 at Dubash house, Cadell Road(now Veer Savarkar Marg),to cater primarily, to the needs of the refugees. It had elementary outpatient facilities and its own dispensary. Just a year later ,in February 1953,the ‘National Hospital’ came into being with 30 beds; the bed strength gradually went up to 70.To make the hospital’s management broad based, it was handed over to the “National Health &Education Society” after the Society was formed and registered under the Public Trusts Act

It was the 1st hospital to pioneer the concept of “full time consultants”. Today it has 86 such committed doctors.

This journey which commenced in 1951 shall move forward with greater determination and momentum, all the while keeping the identified philosophy and goals in view. The quest for excellence will be never-ending for this “Temple of Modern Health Care”

Location

Located in Mumbai, the heart of the financial and commercial capital of India, it is landmark in itself.

Situated in Mahim, Veer Sarvakar Marg, its unique structure and immensity of size immediately distinguishes it from rest of the surrounding. The OPD block (Hinduja Clinic) and IPD (West block) is connected through a bridge over the road. The hospital is well connected through roads, railway and air.

Philosophy

The Hospitals philosophy is **'To provide World Class Quality Health Care Services to all sections of the society'** with emphasis on philanthropy.

Mission

To create Hinduja Hospital as a world class medical institution by delivering quality medical care to all patients as well as continuing medical education to all doctors and training to nurses and by under taking basic and clinical research with a focused on the needs of the country

Vision

Quality healthcare for all

Principles

- Work to give
- Word is bond
- Think Global act local
- Partnership for growth
- Advance fearlessly

Goals

- Excellence in performance standards
- Professionalism
- Research
- Retain Talents
- Self Sufficiency
- Social Obligation

Quality policy

To **our** patients **we** commit **our** best we aim to

- Assure best outcome
- Build seem less services.
- Create values.
- Satisfied with personalized care.
- Pledge to set and practice high standards through an effective quality management system and ensure that our services always meet the expected requirement of our clients and patients.

Achievements

- Hinduja Hospital is first in INDIA to GET HACCP accreditation.
- Hinduja hospital was the first disciplinary tertiary care hospital to have been awarded the prestigious ISO 9002 certification from KEMA of Netherlands for quality management system.
- Hinduja Hospital was awarded the prestigious „Golden Peacock Global Award for Philanthropy in Emerging Economies 2006.

- The First Hospital Laboratory in India to be accredited by the College of American Pathologists.
- P.D. Hinduja Hospital is the second hospital in the city to receive the NABH accreditation, on July 1, 2009.
- Hinduja Hospital was recently awarded the IMC Ramakrishna Bajaj Award for Quality.

Milestones Achieved by Hinduja Hospital

The Firsts to Hinduja Hospital Credits to

The Firsts to Our Credit

- For the first time in India, awake craniotomy for epilepsy surgery was performed at the hospital
- One of the first hospitals in India to perform laparoscopic gall bladder surgery
- Hinduja hospital is one of the first few hospitals in India to perform Cochlear Implantation
- The first [hospital in India](#) to start a Pain Management Clinic
- Hinduja Hospital offers the facility for Therapeutic drug monitoring for the highest number of drugs in the India
- Hinduja Hospital started the first screening Centre for breast cancer in Mumbai
- Hinduja Hospital is the first private hospital in Mumbai to perform cadaver kidney transplant & peripheral blood stem cell transplant
- Hinduja Hospital was the first one in Mumbai to introduce high resolution scanning (HRCT) of the lungs
- Hinduja Hospital is amongst the first few in Mumbai to introduce MR Angiography and popularize non invasive screening protocols combining color Doppler and MRA for indications like carotid screening
- The first hospital in Mumbai to install Digital Video EEG for recording the electrical events of the brain
- The first hospital in Mumbai to start Home Care, which is a service of nursing care at your doorstep.
- Hinduja Hospital is the first hospital in India to set up Vulvar Clinic

Basic Facts about P.D.Hinduja Hospital:

- Bed Strength = 402 beds
- Bed occupancy Rate = 100%
- ALOS = 4.5 days
- **Patient to Nurse Ratio**
Critical ICU 1:1/2

VENTILATOR 1:1

STEP DOWN ICU 1:2-3

FLOOR 1:5-7
- Number of Admissions/month = approximately 2000
- Number of Discharges/day = 60-70
- Number of OPD patient /day = 900-1000
- Number of emergency case = 45- 50/ day
- Building of Hinduja Hospital = 3
Hinduja Clinic (OPD) = 4 floors (3 + 1 floor)

West Block (IPD Block) = 16 floors

Lalita Girdhar Block = 12 floors

Committee in Hospital

Quality and safety committee

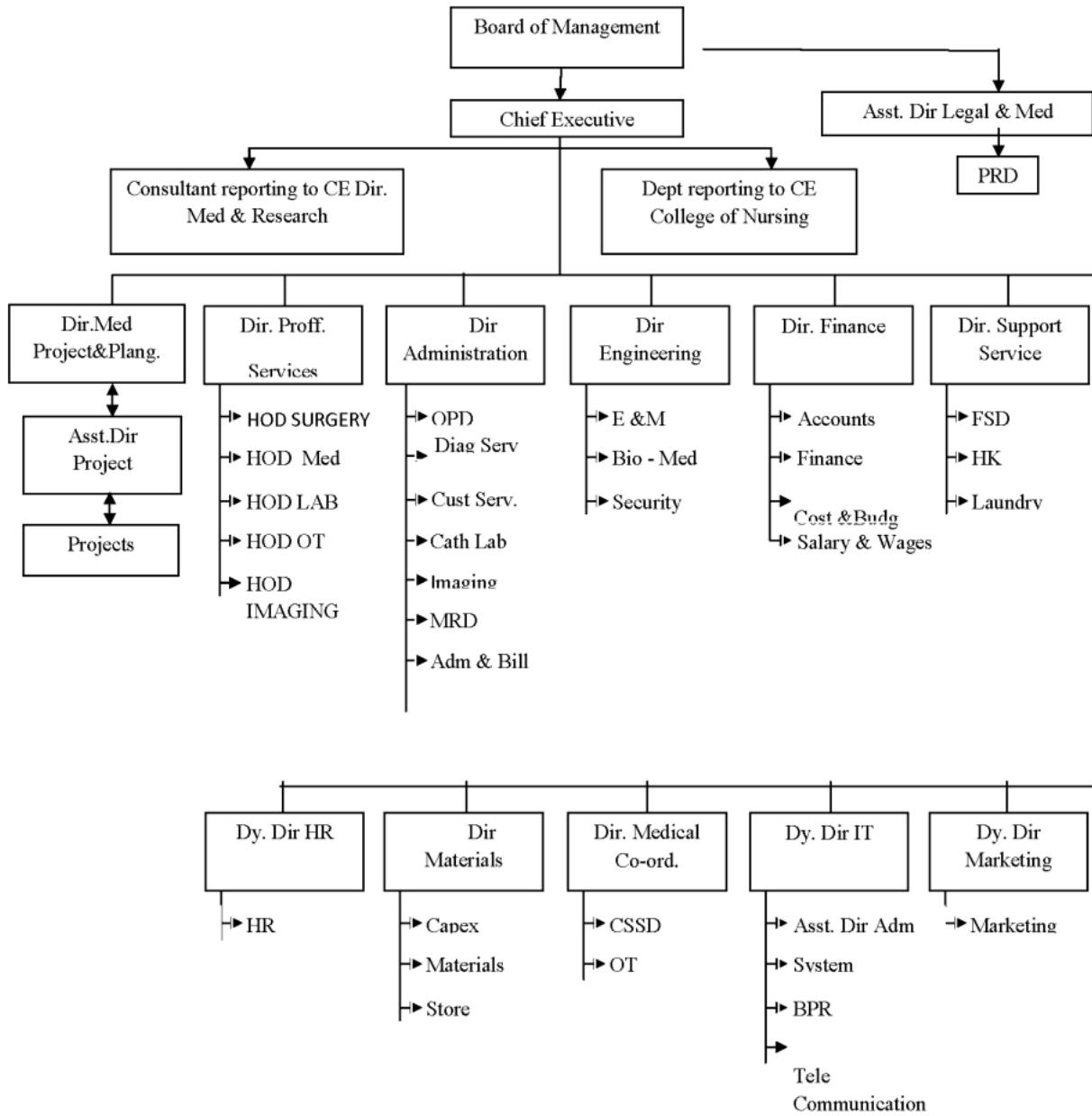
Disaster management committee

Medical audit committee

Cardiac arrest evaluation committee

Drug and therapeutic committee

ORGANOGRAM OF
P.D. HINDUJA NATIONAL HOSPITAL AND RESEARCH, MUMBAI.



SECTION-4: GENERAL FINDINGS

CLINICAL SERVICES

4.1 OUT PATIENT DEPARTMENT

Location and Layout:

Floors	Wing 1	Wing 2	Wing 3	Wing 4
Ground Floor	Medical/Surgical Oncology.	Radiation Oncology.	AKD Dept.	Gamma knife, Medical reports delivery counter and OPD Path Lab.
First Floor	Consultants	General Radiology and Ophthalmic.	ENT and Medical Records.	<i>Consultants</i>
Second Floor	Consultants, Neurology Dept	Consultants	Consultants, CDC and Physiotherapy.	Dental and Consultants.
Third Floor	Blood Donor Room, Blood Bank	Endoscopy Bronchoscopy	Cardiac, PFT Lab, Consultants.	Executive health checkup

Following services are offered in the OPD –

- i. Medical / Surgical Consultations.
- ii. Preventive Health Check packages.
- iii. Laboratory Investigations.
- iv. Imaging services.
- v. Cardiology investigations.
- vi. Neurology investigations.
- vii. Pulmonology investigations.
- viii. Pain management.
- ix. AKD (Artificial Kidney Dialysis).
- x. Gamma knife.
- xi. Endoscopy.
- xii. Bronchoscopy.
- xiii. Urodynamic study.
- xiv. Physiotherapy.
- xv. CDC (Child Development Centre).
- xvi. ENT (Ear, Nose, Throat).
- xvii. Ophthalmology.
- xviii. Dental procedures.
- xix. Oncology.

4.1.3 Sections and Timings of OPD:

OPD is divided into

(a) **Hinduja Clinic**, where patients have to pay for the services rendered

(Timings: 07.00 hrs to 22.00 hrs - From Monday to Friday

07.00 hrs to 20.00 hrs - On Saturdays)

(b) **Free OPD** – where patients get free Consultations (Timings: as per Consultant schedule)

(c) **Report delivery**

(Timings: 08.00 hrs to 22.00 hrs - Monday to Friday, 08.00 hrs to 20.00 hrs - On Saturdays)

ACCESS TO OPD SERVICES

Hinduja Hospital Card (HH Card)

All patients who visit the Hinduja clinic or Free OPD for the first time for consultation/other services are issued a card. This card is known as the HH card and is attached to the registration form and is issued to the patient at the time of registration. The HH number is present on the card.

The HH card and number are important, for it is only with the help of the HH number, that the patient's Medical Record folders can be accessed. Patients are advised to always carry their HH card number whenever they come for follow up visits to the OPD or when they have to be admitted as inpatients.

Patient Card- Staff

All full time employees of the Hospital and their dependent family members are entitled to free treatment, as one of the staff welfare measures. For this purpose the employees are issued a card known as PATIENT CARD- STAFF.

External Patient Token Number

Out patients visiting OPD for the first time, as referrals from external sources, and requiring only investigations, are not issued a HH card. The system generates an EX No (External Number) for that particular transaction only.

OPD Appointment

Appointments can be fixed over the telephone to the call centre (facility for patient appointments have been out sourced) or personally across the Reception counter. Fax and e-mail facilities are also available.

Non- Appointment Patient

In the normal course, consultants in the Hinduja Clinic see the patients only by prior appointment. However exceptions are made to this system in the interest of the patients, and Non appointment or Walk-in patients are given appointment if a time slot is available.

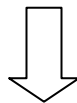
Patients, who have come as Non appointments are normally seen by the consultants after all the other waiting patients with prior appointments, are seen (except in emergency cases)

Health check up

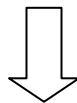
The Executive Health check up department, a part of the OPD services, is a wing of this Multispecialty Hospital dedicated to the diagnostic and preventive side of patient care.

Process flow

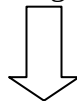
The health check up executive is required to book an appointment in advance, before reporting for health check up. An appointment number will be issued at the time of booking an appointment. Depending on the category of health check up plan chosen by the executive, full payment is collected by OPD while fixing an appointment.



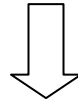
When the executives approach the health check reception area on the day of appointment-they are given a token number,a registration form(only if the executive is not previously registered)and a medical history form to be filled by them and asked to wait inside the wing4,tv room.



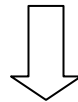
Executives are called according to their token number at the reception desk,where they produce their appointment number,and make their payments according to the package they have selected. Executives who are coming to the hospital for the first time are also registered and given an HH card number and than voucher is made for their package



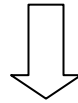
The executive then receives a package specific badge,a days schedule(for special and comprehensive package)and a copy of the health check brochure.After the voucher preparation,of which four copies are generated,two are given to the executive.(one is the original copy that is stamped and signed,and second is for the technician,to be handed over during blood collection).A stool sample collection kit is also issued.



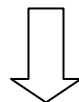
The executive then proceeds towards the nursing station to the health check nurse from where the nurse then directs the executive to the blood sample collection room where the executive hands over a copy of voucher to the technician.



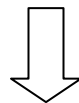
After blood collection,the executive is given a urine sample collection bottle and two labels(one for labeling the stool container and one for their urine container. After giving the sample ,executive are sent in groups for their chest x-ray along with the attendants on the 1st floor. The attendants hands over the vouchers to the x-ray technicians and one after another the executives finish with their x-ray's and are sent back to the 3rd floor health-check reception once their film is approved.



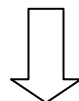
Once on the 3rd floor the sister sends the executive for their ECG,where the technician requires their H.H card number,and after the ECG the patient can have his/her breakfast located in the health check area.



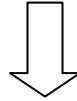
Before starting their breakfast the executives have to note down the starting time on a register to be maintained by the pantry boy so that 2 hours after they can be sent for their post prandial blood and urine sample.



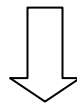
After breakfast executives are sent for their PFT in wing no 2 and then a physician consultation for history is carried out.Here the executive informs the doctors about his/hermedical history after which his blood pressure is checked and based on the ECG the doctor decides whether the executive should undergo a stress or a 2D echo test



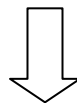
The executive is then sent for the dental check-up ,ENT and ophthalmic check up in 2nd and 1st floors respectively,from where on package sister guides them,sends them for their post-prandial blood and urine test,surgery/gynecology test.



On the first fl's ENT test which includes examination by ENT specialist with audiometry is performed and eye check up which includes refraction ,and if requires post dilation check up is carried out including a consultation with the ophthalmologist is carried out.



Once the executive is on 3rd floor he/she is sent for stress/2d echo test and then they will be served lunch.After which there is a dieticians session following which would be the final physician consultation with reports.



The executive leaves after the final physicaian consultation along with his/her reports and the final summary report is dispatched to his/her residence or personally collected by him/her as per convenience.before leaving tea/biscuits are served in the health check dining room.

4.2ADMISSION & BILLING DEPARTMENT

Introduction:

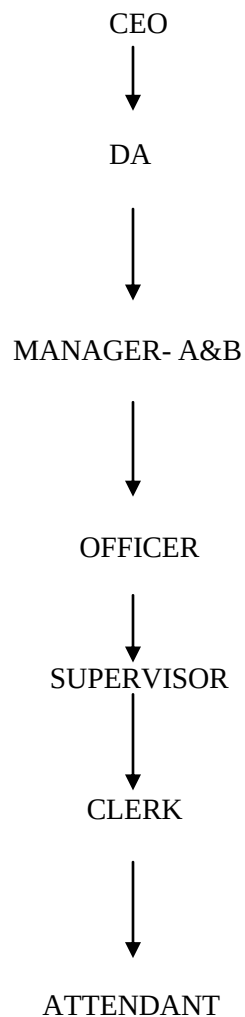
Admission & Billing Department in its endeavor ensures:

1. To provide excellent quality health care to all sections of society.
2. To provide a friendly, compassionate, humanely, & satisfactory atmosphere during the stay of the patient at the hospital.
3. To create an environment of high quality patient care, treatment, & management delivered effectively & efficiently starting from admission to discharge.

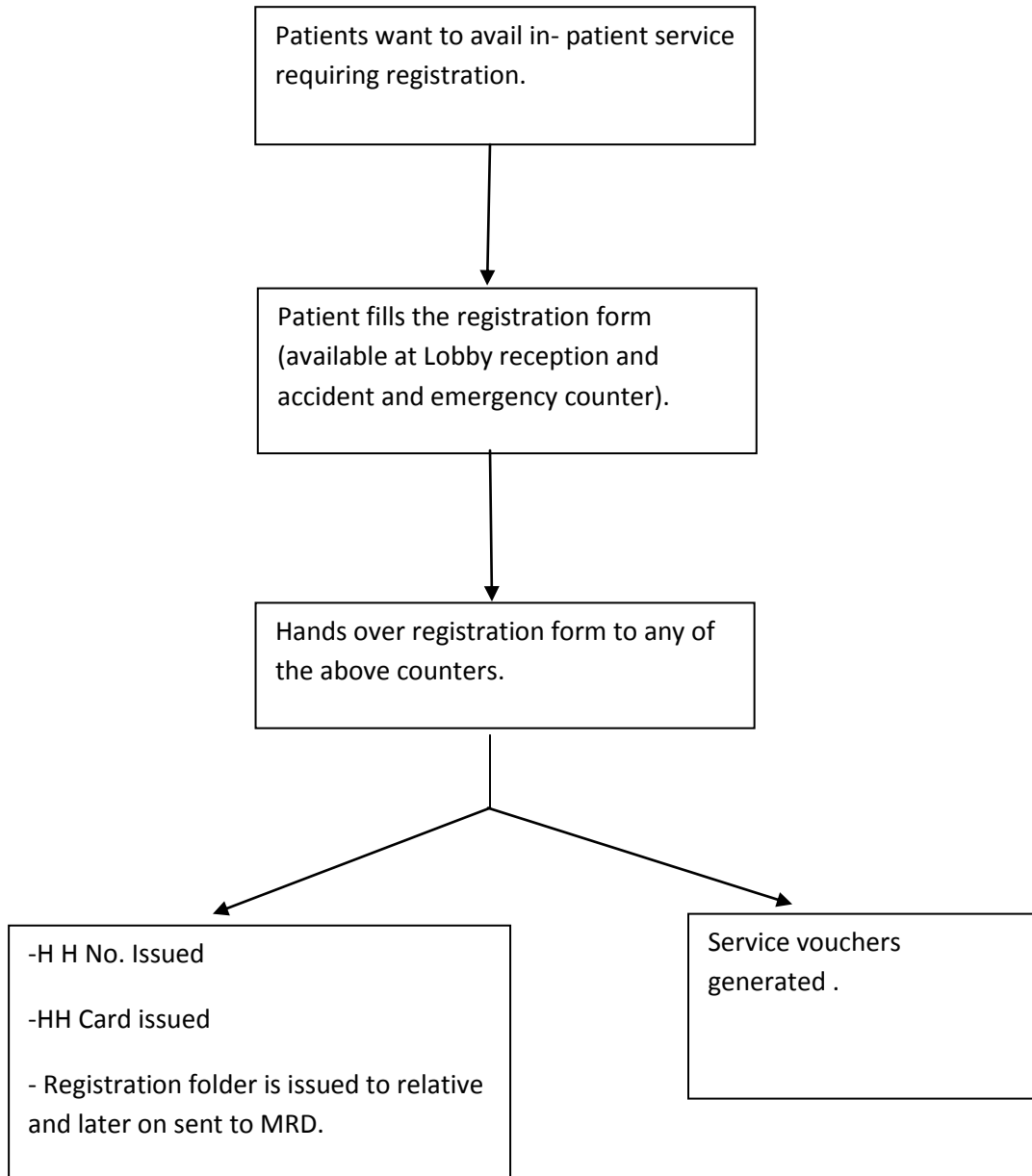
Following are the **services** offered -----

1. Registration of the new patient
2. Booking / Reservation – Bed & Operation Theatre
3. Admission
4. Billing
5. Discharge
6. Corporate / T.P.A. Help Desk
7. T.P.A. Deficiency
8. Outstanding Counseling & Recovery
9. Lobby Reception
10. Accident & Emergency Counter

Organogram



Registration





4.3 SHORT STAY SERVICE UNIT (SSSU) -4th Floor, West Block

SSS wing offers 19 beds, with four of these beds in premium category. SSS patients will have access to quality care through state-of-the-art operation theatres, labs and qualified doctors. Designed with the comfort and convenience of patients as its guiding principle, billing, nursing, attendants waiting area and doctor's rooms are located on the same floor. The operation theaters are only one floor away and diagnostics wing is two floors away.

All categories of surgeries which require only a day stay are done in short stay services. This chiefly caters to patient undergoing surgeries and procedures that require a day's stay in the hospital i.e. a patient can get admitted in the morning and is discharged the same evening

Benefit to patients:

Lower cost due to reduced length of stay.

Insurance companies are increasingly accepting short stay procedures.

Access to state of the art operation theatres, labs and highly qualified doctors.

Reduced length of stay ensures a faster return to work and community

Home care service is also available to patients after their discharge

Personalized customer care service will ensure the maximum comfort to the patient and the relatives

Post discharge patient can reach to the doctor for any complications with the help of emergency number.

A team of customer service personnel will be on hand at all times, to guide patients right from admissions to check out, and keep track of patients recovery even after discharge. A high nurse to bed ratio ensures personalized service for all patients

STAGE I – Patient Selection

The patient concerned will be seen by the Consultant on an OPD basis. For a new patient, there would be necessarily Registration followed by vouchering.

In the event that the patient meets the selection criteria for Short Stay surgery, the patient has to precede with Pre admission procedures.

STAGE II -Pre Admission Procedure

The patient would proceed to do OT / Bed booking in SSSU

Completion of relevant Lab investigations

STAGE III Pre Operative Stage

Based on the consultant's decision for Preoperative anesthetists work up, fitness for surgery would be given by the anesthetists.

Patient would follow up with concerned surgeon with lab reports / relevant investigation reports / fitness certificate

In the event that the patient is fit to operate, the consultant can choose to give Consent for the same at this stage.

STAGE IV - Pre Admission

Patients will be asked to report at the Reception desk in Casualty area one hour prior to the scheduled timing. A designated CCC will then escort the patient to the SSSU billing area

STAGE V- Admission

Following billing formalities, the patient will be taken into the SSSU.

The nursing staff will inform the OT desk / concerned Consultant / Registrar about the arrival of the patient.

The SSSU staff nurse will coordinate transport of the patient to the OT at the scheduled time.

Following surgery the recovery area staff nurse will keep the SSSU staff nurse informed on the patient's status.

After the patient has been shifted to the recovery area, concerned surgeon would need to visit and complete the discharge formalities including preparation of discharge.

Admitting Consultant / nominated medical officer will examine the patient and will give the order to physically discharge the patient.

The SSSU nursing staff would discharge the patient, based ONLY on written order from the concerned authority.

STAGE VI- Discharge

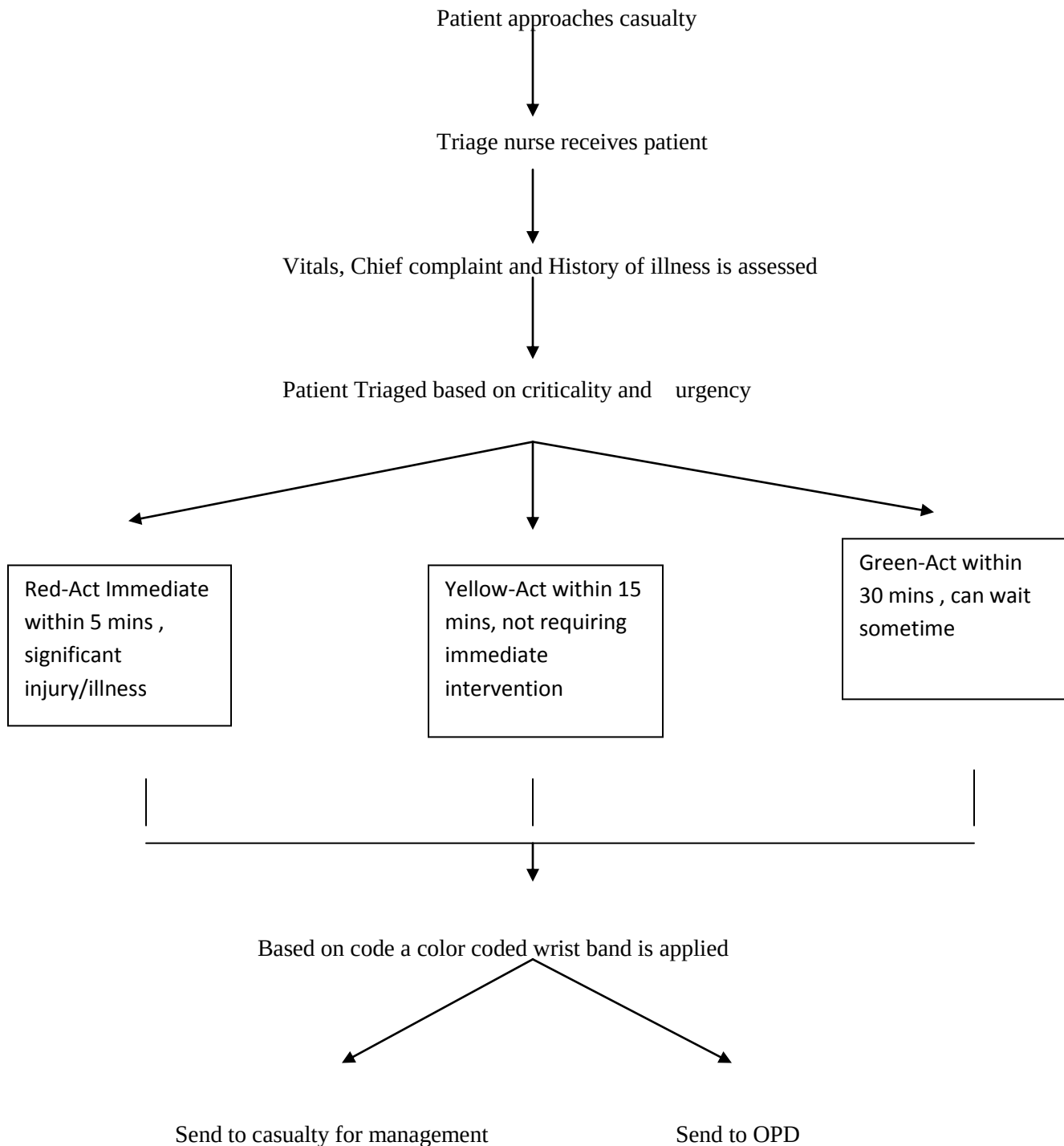
Following recovery in SSSU and discharge, the patient will be shifted in wheel chair / stretcher; herein the patient will be accompanied by the CC till Casualty exit.

The CC will also enquire on the necessity of clinical care for the patient, and if so, details of "Care @ Home" will be given.

4.4ACCIDENT & EMERGENCY

- The department is responsible for treatment of emergency cases.
- The department is responsible for informing the police in cases of traumas, poisoning, suicide, homicide, rape, assault etc and notification of all notifiable diseases to BMC.
- A&E is also a centre for all immunizations for staff as well as patients. The needle stick injury protocol for all staff is also carried out here.
- A & E is a very important constituent of the disaster management team – internal as well as external.
- First aid camps/ teams Responsible to arrange for the ambulance services for transportation or transfer of patients.

Triage Process Flow



Purpose:

To ensure a standardized system whereby patients seeking medical Care in the Accident & Emergency are seen in order of priority.

There were 6 beds and in cases there are more patients then they are adjusted depending on the condition of patient. It is well equipped with defibrillators, capnograph monitors, Ventilators, Suction apparatus and other life support system manned round the clock by efficient doctors and sisters.

There is an attached minor OT where all the emergency minor surgeries can be performed. It also provides ambulance for the patients.

There are three ambulances, one cardiac which is well equipped with all the life saving equipment and other two for non cardiac patients. .If the patient is to be moved for some reasons, ambulance requisition form is filled and thus it is called for.

A report for investigations of casualty patients is given within an hour (verbally).

Staff-

CMO 2 (three shifts)

Nurses 1 (incharge)

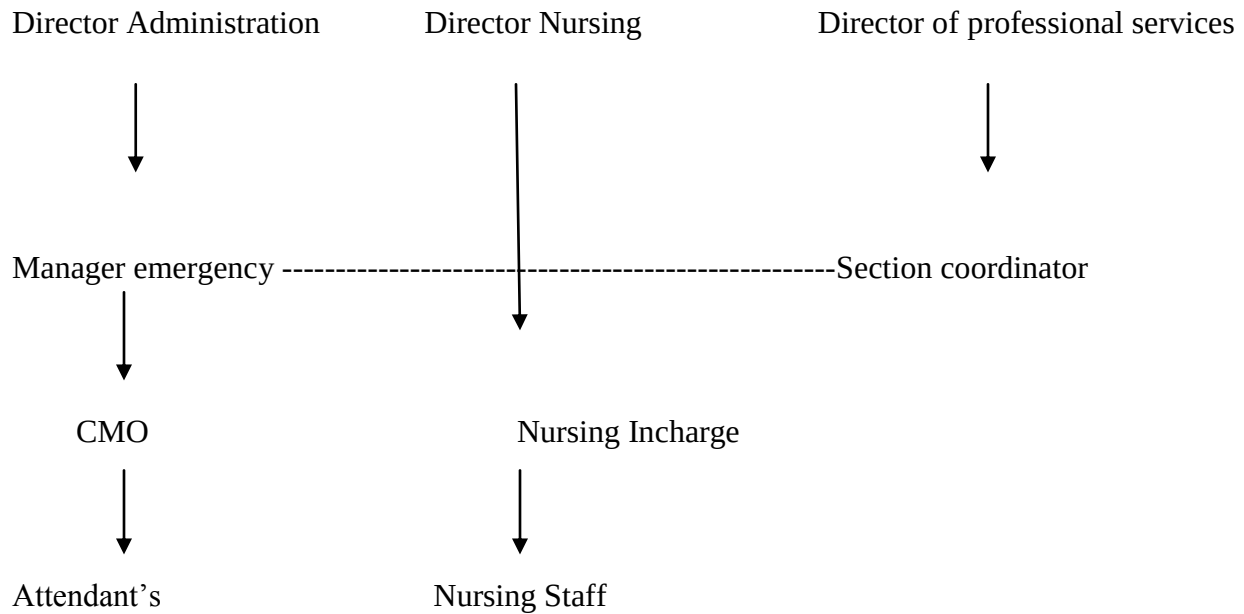
Nurse 1 (minor OT)

Staff nurse's 3

Clerk 2

Attendant 4

Organogram



Quality indicators for the department are-

- Immediate response to red triage patients(within 5 minutes)
- Time interval between arrival of patient and initial therapy/treatment (should not be more than 45 minutes)
- Average length of stay of patient in the department should not be more than 5 hours.

On an average 50 -60 emergencies come to the department in a day, out of which around 15- 20 are red triage patients.

SECURITY

It involves visitor management, pass issuing and checking, protection for staff and building, mail and material movement and checking, handling violent behavior of patient's relatives. At the entrance gate, each person is checked with the help of dual film metal detector (DFMD). There is installation of CCTV cameras in the lobby area. Total strength of department is 150 which includes head of department, senior officer's, supervisors, guard commando's, guards, senior liftmen, liftmen, 6 firemen and 1 supervisor fire and safety

This department includes 5 sections namely

- Transport
- Security guards
- Fire and Safety
- Elevators
- Dispatch

Dispatch deals with collection of all the postal mails from all the departments to be dispatched and distribution of all the received mails. They have a **franking machine** which puts stamp on all the mails. Then it is dispatched to the post office on a daily basis.

Elevator deals with maintenance and smooth functioning of lifts. There are 14 lifts and 38 liftmen which work in 3 shifts. The elevators work round the clock and there are separate lifts for patients and visitors. The maintenance is done by engineering department.

Transport deals with the maintenance and management of all the vehicles owned by hospital which includes 3 ambulances (1 cardiac, 2 non cardiac), 3 Buses which have a capacity of 50. Nine other vehicles. There are 24 drivers and 2 cleaners.

Fire and Safety deals with all the guidelines to be followed to prevent any such mishappening. There are fire equipments, water pumps, extinguishers, smoke detectors, sprinkler system heat detectors in food service dept. There is also storage of water in tank for cases of fire. The maintenance and refilling is done by the fire supervisor and firemen.

There is a hotline number attached to the local fire station which is 10 minutes away. There are minimum 2 fire drills in a building annually.



4.5 Total Quality Management at the Department of Lab Medicine:

Department of Lab medicine comprises of 6 Labs:

1. Biochemistry
2. Histopathology
3. Hematology
4. Microbiology
5. RIA
6. Blood Bank

The lab is enrolled for >75 proficiency testing surveys with college of American Pathologists (CAP) USA

Quality cell of Hinduja hospital is responsible for the total quality management of the lab and comprises of Executive Quality Assurance and Quality Cell Coordinator.

The Quality cell monitors all internal and external quality aspects as well as all short and long term quality improvement measures (Q- Probes and Q- Tracks)

Goal:

“Provide, nurture and improvise Quality health care services with enthusiasm, at an affordable cost to all class of society”

Policy:

“To provide effective quality management in entire process of department of lab medicine”

Policy will be achieved by forming a quality team representing one member from each section that shall be responsible for continuously receiving the sectional systems and procedures to improve quality.

Purpose:

Effective management for quality assurance in all activities of department of lab medicine.

Scope:

1. Effective management of QC programme
2. Monitoring of pre-analytical process
3. Effective temperature control
4. Effective management of analyzers
5. Monitoring post-analytical process
6. Receiving quality manual programme

Quality control protocol:

1. For Total Quality Assessment, patient feedback survey is done once in 6 months both for inpatient as well as outpatient
2. Suggestions are taken and periodic audits are carried out and feedback is forwarded to HOD
3. Good quality assurance for department of lab medicine
4. Surprise and scheduled audits
5. Working as a team
6. Quality circle meeting
7. Review of quality management programmed is reviewed annually and recurrent problems are addressed and actions are documented.
8. Updating of organizational chart is done twice a year(march and September)

THREE PHASES

- Preanalytical
- Analytical
- Post analytical

Preanalytical pathway

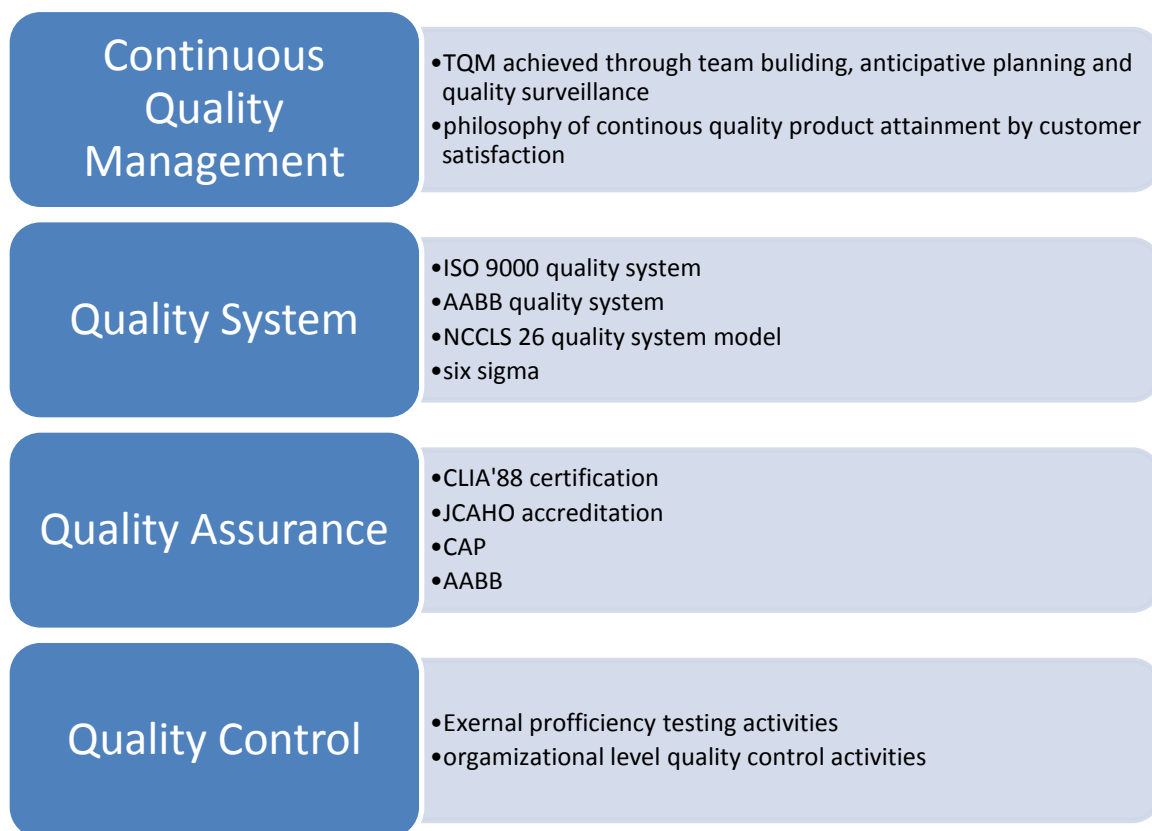
Test ordering- specimen collection - specimen transport – specimen processing

Analytical pathway

Testing – result review and follow-up – interpretation – result reporting and archiving – specimen retention

Post analytical process

Report printing – report checking – report signing by consultants – reports dispatching.



LAB SAFETY POLICY AND CHEMICAL HYGINE PLAN

1. Water quality report both chemical and microbial prepared once in 6 months
2. Weighing machine calibration once in a year.
3. Pipette calibration once in 6 months
4. Pipette check record once in 6 months
5. Inclusion/ explosion/ expired chemicals once in 6 months
6. Chemical hygiene plan once in 6 months
7. Fire alarm/ evacuation drill once in 6 months
8. Vision test for new recruits once in 6 months
9. Chemical good/ custody of all records
10. Documented records for accidental spillage or breakage of chemicals.
11. Documented records for staff personnel having met with accidental events
12. Update of first aid kit
13. Review of display sign boards

OPERATING PROCEDURE FOR BIOLOGICAL SAFETY- 10 COMMANDMENTS

1. Preparation
2. Disinfection(swab, spray)
3. Assemble material
4. Purge(pre use)
5. Perform procedure
6. Personal procedure (protective clothing-masks gloves etc.)
7. Purge(post use)
8. Personal procedures (removal og gloves masks etc.)
9. Terminal disinfection
10. Turn on UV lamps for 30 minutes and then turn off UV and blower.

LAB SAFETY POLICY

To ensure safe, clean and hygienic environment on all the sections or departments in lab medicine for all the employees and patient's is achieved through the following-

1. Employee and patient safety
2. Chemical safety
3. Fire safety
4. Proper disposal of hazardous wastes
5. Equipment and glassware safety
6. Electrical safety
7. Disaster management

Biochemistry

Biochemistry lab is at the 3rd floor in the Lalita Girdhar building. The department has an automatic machine to carry out various tests. A machine print out is received, entered in the register and report is generated. The biochemistry dept. also maintains a follow up card for patients. The tests on OPD samples are conducted here, and also any special tests on OPD as well as IPD sample is also conducted here.

Hematology

Hematology lab is on the 5th floor of the Lalita Girdhar Building. The department has got an automatic machine for CBC (Complete Blood Count). It has a separate Coagulation Fluo-cytometry room, for carrying out various tests.

Histopathology

Histopathology lab is on the 5th floor of the Lalita Girdhar Building. There is no automatic machine in the department and all the tests are done manually. The department is divided into 2 sections - Surgical Pathology and Cytopathology. All the tests related to microscopy are performed here. It has a rotary microtome, staining machine and tissue processor.

Microbiology

The microbiology department is on the 5th floor of Lalita Girdhar Building. It has got a separate Mycobateriology room for tuberculosis tests, where a negative pressure is maintained. The lab has a hot room, storage area, incubators and refrigerators. There is laminar airflow arrangement .

Serology

The department of serology is a part of microbiology department only. It receives in test tubes and the various tests are performed. The department consists of a Laminar Air Flow machine for culture preparation.

Radio immunoassay

The RIA lab is on the 4th floor of Lalita Girdhar building. The various radio immunoassays like hormone assays, tumor markers, hepatitis and other infectious disease markers can be done. This is a specialized service for critical tests.

4.6 Human Resource Development

HR Mission

“we will strive to develop a sustained atmosphere of transparency, integrity and respect to enhance employee morale and satisfaction. We will also empower and support all our employees to enable a successful and unified efforts in providing excellent support to our patients.”

The human resource experts advice to management in all aspects of human resources mangement and plays a key role in strategic planning.

The department is staffed by skilled HR professionals and through best practice HR policies, promotes a working environment which is conducive to positive employee relations and promotes the personal and professional development of employees.

Responsibilities

Resourcing and retention: it involves the recruitment and selection of staff in the organization. It is the aim of HR department to source and retain high caliber staff for the organization who will add value to the hospital in the future.

HR services: The HR depatment is responsible for the implementation of hospital policy on terms and condition of employment e.g employee remuneration, leave arrangements including sick leave, maternity leave etc.

Employee relations: The HR department is responsible for providing advice, support and representation to services delivery managers throughout the hospital and for ensuring compliance with national and local aggrements in relations to employee relations matter

Learning and development: The HR department assists in continuous learning and personal deveolpment of managers and stff within guidelines of best practice, developments in employee enricchment and organizational objectives.

Medical HR: The HR department is responsible for the recruitment and administration of the hospital's medical staff. it provides advice and support to management and medical staff in all aspects of medical HR department.

Manpower of organization

Total employee strength of 2200 approx

Hospital team consists of doctors, administrative managers, nurses, technicians, attendants and support service staff.

Categories of employees

A-H:support and technical staff

I-L: Supervisors and officers

N1-N8:nursing staff

M+:management category

JMS:Junior medical staff

Consultant:Recruitment/selection flow chart

Process flow



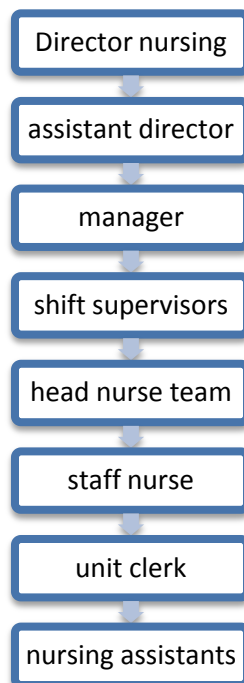
4.7Department of nursing

Nursing at P.D Hinduja hospital believes in “A commitment to diversity in nursing” and this influences policies,practices,decision making,clinical experience and the recruitment/retention of nurses.There are around 600 nurses working in Hinduja Hospital.All the nurses working together as colleagues, create a safe, diverse environment which transforms progressively to prepare nurse leaders, and practitioners who can meet the demands of population who expect us to care for them with sensitivity and cultural competence.

Scope of nursing services

Quality nursing care is ensured through a host of activities.nurses working in various cadres like Director nursing,executive nursing,nursing officer,shift charge nurse,head nurse and staff nurse contribute towards achieving the hospital vision of quality health care for all.

ORGANOGRAM



Nurse patient ratio

Critical ICU 1:1/2

VENTILATOR 1:1

STEP DOWN ICU 1:2-3

FLOOR 1:5-7

Nursing specialities at hinduja hospital

Oncology nurses

Enterostomal nurse

Home care nurse

Pain management nurse

Breast clinic nurse

Infection control nurse

Other speciality nurses: triage nurse, kidney transplant nurse, CPR nurse, Diabetic Nurse and RRT nurses.

Unique features and achievements of nursing division

First in country for

CPR Training

Nursing leadership program in mumbai city recognized by S.N.D.T Women's university.

There is a continuous training program for nurses. one week orientation is provided to every new nurse in the hospital and during first month of their joining, they act as observers. Every Thursday mass gathering is conducted.

Work flow-

Whenever a patient comes for admission or through casualty



Patient is sent to the respective floor



At the Nursing station, nurse guides the patient to the bed.



Within 30 minutes of patient arrival, nursing assessment with nursing diagnosis is prepared.



Then the patient is oriented well according to the orientation checklist about the floor, bed, personnel around, food.



After orientation patient signs the orientation checklist.



Registrar doctor comes and assesses patient condition and formulates a provisional diagnosis.



Main consultant visits within 24hours of admission



Treatment starts



Nurses indents medication through HMIS



Pharmacy provides the indented medication.

For all the investigations that patient requires, request is made through the system and the respective departments attend the inpatient on priority basis.

For regular investigation like blood, x-ray etc, samples are collected on the bed only and transported to respective sections.

Patient is attentively observed and progress of convalescence is recorded .Once the doctor on round is sure about recovery and stability of the patient, predictable discharges are done by nurses as it reduces the delay caused by waiting for doctor's arrival.

Quality Indicators- There are 5 quality indicators for the nursing department-

- From doctor's discharge orders, the discharge process from nursing station to billing should be completed in 1 hour.
- After all the formalities of documentation and bill clearance, patient should physically leave the floor within 30 minutes.
- Pre admission assessment, preoperative preparation and checklist should be timely done.
- Incidence of bed sores developed during hospital stay hospital stay should be less than 2 per thousand patients .
- Nurse to Patient ratio in various areas should be maintained as previously mentioned.

Training and Staff Development-

It is provided based on TNA (Training Need Assessment) and appraisal of the employee by Head nurse.

Staff development is in three forms -

- In service training
- Continuous education
- Workshops and conferences

One week orientation for new nurses is given along with unit level orientation, where he/she is supposed to work.

Every Thursday a mass meeting of nurses takes place, which helps in knowledge enrichment and experience sharing and issue handling, if any.

Attrition Rate

Turnover rate of nurses in Hinduja is comparatively less compared to other hospitals.

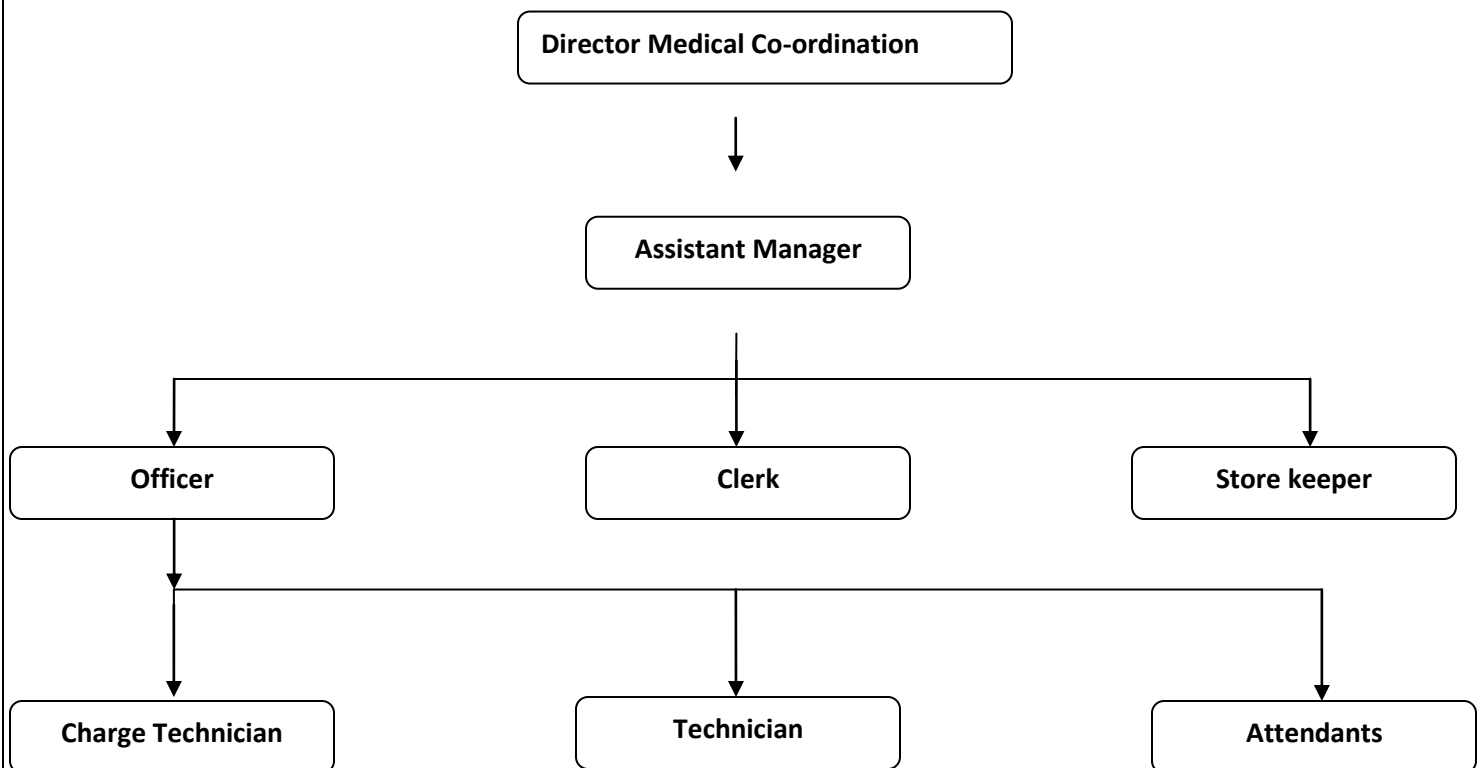
The reasons for turnover are mainly-

- Some leave for better career growth and opportunities abroad.

Some go on deputation for higher education (are encouraged to pursue higher learning) with agreement to come back to the organization

4.8CSSD

Organogram



Introduction:

The department is located on the 5th floor close to the O.T. The used material (linen, equipment etc.) and sterilized material from and to the O.T. are conveyed through two separate dedicated elevators. From wards CSSD personnel collect the used articles every night.

During the day the used articles from the wards are sent to CSSD by their personnel.

The layout of the department and flow of materials ensures that there is no possibility of mix up of unsterilized materials.

The department is divided into 3 parts- dirty area, clean area and sterile area.

All sterilizers are cleaned once a week. The inside of the sterilizer is cleaned every morning with a disinfectant solution.

Microbiology department checks the air count weekly and issues a report of sterile area. In case of unsatisfactory levels, microbiology department intimates the CSSD within its report.

Objectives of the department

Central sterile supply department is responsible to sterile material for use in the O.T and wards in order to control the incidence of nosocomial infection.

The department is also responsible for maintaining sufficient stock level of all surgical instruments, drapes and other accessories required for surgical procedures in good condition.

The following types of items are sterilized:

- i. Surgical instruments
- ii. Catheters (rubber)
- iii. Linen
- iv. Dressing materials
- v. Laparoscopic instruments
- vi. PVC Tubing etc.

Staffing plan No.

Category

Asst. Mgr.	01
Officer	01
Sr.charge technician	02

charge technician	03
Sr. technician	06
Technician-II	13
Assistant-II	01
Store keeper	01
Attendants	24

Standard operating procedures/protocol

Cleaning activities

- Floor mopping
- Surface cleaning
- AC duct cleaning-2.5% Hygenol followed by clean water every fortnight.

Quality Check

- ✓ Each cycle graph is analysed.
- ✓ Color change of biological indicator.
- ✓ Color change of indicator of pH.

Resterlization of CSSD goods

Sterile articles are stocked in sterile area as per standard stock in FIFO protocol. Every day in the morning all sterile stock is checked for its expiry date. Articles are taken out for resterlization a day prior to its expiry date. Articles packed in linen remains sterile for one week, articles packed in non-woven material remains sterile for 3 months, articles packed in peel pouches remains sterile for 6 months, Articles packed in paper remains sterile for 1 month.

4.9 DEPARTMENT OF IMAGING

The Imaging Department is a diagnostic department where various investigations of the patients are done. Both OPD & IPD patients come for investigation either through an appointment or as walk in patients. In the department walk in patients means patients without having an appointment. The patient comes for the investigation and after viewing the images of the scan the radiologists report. On the basis of the reports the diagnosis is done.

The Imaging department can be divided into 11 sections namely:

- X ray(General radiology)
- Ultra Sonography
- Computed Tomography scan(CT scan)
- Fluoroscopy
- Mammography
- Colour doppler
- DSA combo (Digital Subtraction Angiography)

- BMD(Bone Mineral Density)
- PET scan (Positron Emission Topography)
- Nuclear medicine
- MRI(Magnetic Resonance Imaging)

MRI is located at the Ground Floor and rests are on the 1st Floor of the New Building. There is separate X-ray for the OPD patients located in the OPD building. There are two reception counters, one located on the 1st Floor for the sections located on the 1st Floor and the other on the Ground Floor for MRI.

Objectives of the Department

1. To do quality imaging using all necessary safety measures in radiation.
2. To perform quality reporting and interacting with clinicians on regular basis through follow ups.
3. Conduct teaching programme for residents in imaging as well as for clinical branches.
4. Monitor the work of all Technicians on regular basis to maintain as well as improve quality.
5. Monitor and regulate usage of different equipments in Imaging Department.
6. Interact with Bio-medical department on regular basis for upkeep of all equipments.

Quality Indicators of Imaging

- 1) Report turnaround time (TAT)

SECTION

TAT for Reports

X-Ray done from 7 am to 4 pm

same day after 6 pm

X-Ray done from 4 pm to 7 am

Next working day after 12 noon

CT scan

Next working day after 6 pm

MRI

Next working day after 6 pm

USG

Next working day after 6 pm

Color Doppler

Next working day after 6 pm

Digital Mammography

Next working day after 6 pm

Nuclear Medicine

Next working day after 6 pm

2) Daily Calibration checking of machines

3) Downtime record

4) Maintenance of record.

5) Equipment failure reporting system.

Location and layout:

OPD x-ray: 1st floor east block wing no.2

IPD x-ray: 1st floor west block

X-ray procedures: 1st floor west block

Ultrasound (USG): 1st floor west block

Color Doppler: 1st floor west block

Mammography: 1st floor west block

BMD: 1st floor west block

CT: 1st floor west block

DSA: 1st floor west block

Nuclear Medicine: 1st floor west block

MRI: Ground floor west block

Procedures

Appointment can be given on the following basis:

a) Telephone Appointment:

Receptionist does the appointments on telephonic calls from the patient/relative/consultant on the basis of following details:-

- 1) H.H Card NO – However appointment can also be given on basis of executive number.
- 2) Referral doctors name.
- 3) Date and description of registration/procedure.
- 4) Receptionist does the appointment on the basis of date and slot availability tells the patient about the same and gives the following instructions to the patient:-
 - a) Inform date and time of registration/ procedure.
 - b) Inform charges of investigation/procedure.
 - c) Asks to bring consultant's letter.
- 5) Ask to bring all earlier investigation/ procedure reports and films.
- 6) Instructions about the diet intake specific for the investigation/ procedure.

b) OPD / Walk in appointment:

- 1) Receptionist does the appointment on the basis of consultant's letter brought by patient/ relative and available slot.
- 2) Inform date and time of investigation/ procedure.
- 3) Inform charges of the investigation/ procedure.
- 4) Ask to bring consultant's letter.
- 5) Ask to bring all earlier investigation/ procedure reports and films.
- 6) Instructions about the diet intake specific for the investigation/ procedure.
- 7) Receptionist gives a manual written appointment slip having details of date/ time of appointment.
- 8) Appointment for nuclear medicine scan is given by receptionist from the appointment register.
- 9) For PET scan and some other scans deposit amount is taken at the time of giving appointment or DSA procedures. The appointment is given by DSA technician after taking patient's clinical history.

In-patient appointment

Appointments for MRI

- 1) Staff floor nurse sends the MRI request from two copies by attendant to the receptionist at the MRI counter for appointment for the technician inside the department.
- 2) It is the responsibility of the technician to take care of the slot and the same day or any earlier slot available.
- 3) Receptionist enters the patients name and demography details/ date and description of the procedure in the request form.
- 4) Receptionist gives the white and blue copies of the MRI request to calling up of the patients for the procedure.

Appointments for x-ray procedures / USG / Colour Doppler/ Nuclear Medicine/ Mammography/ C.T

- 1) Staff floor nurse does the online entries of registration for any above investigation of the system.
- 2) In every 30 minutes receptionists check the outer floor. Wise request statement after the details in the same; she does the booking in the molecule (system).

PACS- Picture Archival Communication System

It is an image management system. Under this system, the pictures generated in various departments of radiology are uploaded in the system, to make them available to the consultants. Login and passwords are given to all the departments. The consultants can view them from any computer in the hospital using intranet. These pictures are also available on internet in read only mode.

Legal requirements and guidelines

1. All sections in the Imaging department follow various legal guidelines set by Government of India. All Imaging Services follow regulation by the AERB and all new interaction are subject to approval by AERB before commencement of services.
2. For all Radiation emitting (or) generating equipments in medical use, whether it is in diagnosis (or) treatment purpose [such as X-ray (low energy), X-ray (high energy), Brachy therapy units, CT,

Fluoroscopy, Dental X-ray Units, PET CT, and Gamma Camera etc.], the hospital should get first authorization from AERB to use the above units in the hospital.

3. Next, hospital should get NOC from AERB for importing the units/ radioactive source from BRIT/ outside country/ private – it is valid only for 1 year and for subsequent usage the hospital needs to apply for the NOC for each units.

4. Next after importing units/ radioactive source the hospital should send the form for registration units (of installation) with plan. Type approval certificate of unit, QA details, Survey details to AERB/ RSD. In the case of radioactive source, the hospital should intimate the arrival of above from (inland/ outland) in a particular form, and then only the hospital can to use the unit (or) source after confirmation.

5. In the case of radioactive source used (or) decayed, hospital should get NOC from AERB for re-export to supplier outside country (it is internationally accepted norms). This will also be valid for 1 year only.

6. The AERB conducts random checks of the department on routine basis.

CATH LAB

The department deals with services which can be both diagnostic for detection of the diseases and therapeutic, on the basis of diagnostic findings. It covers mainly

- Coronary angiography (radial , femoral package's)
- Intra aortic balloon pump(IABP)
- Temporary pacemaker
- Cardiac catheterization
- Pericardial tapping
- Aortogram
- Combo coronary angiography
- Coronary angioplasty

- Balloon angioplasty
- Permanent pacemaker
- Valvuloplasty

Staff-

Executive administrator	1
Nurses	7
Technicians	4
Receptionists	2
Hospital attendants	4

Process flow-

There are patients coming from SSS, IPD.

Patients are appointed only from the dept on phone after taking a detailed history (in person) and analyzing the condition or status of the patient and informing relatives about various packages available.

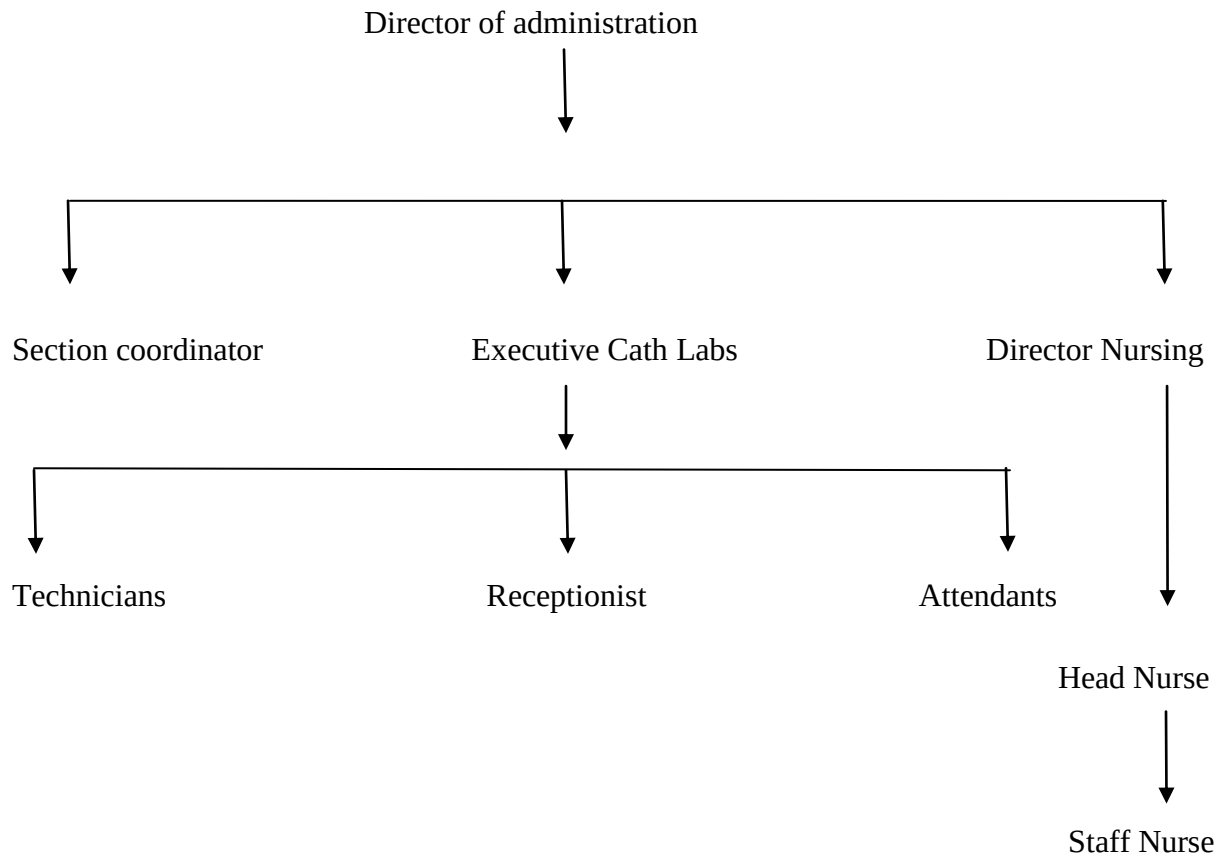
According to the appointments the patient is taken in, all the necessary preparation is done, with the team of cardiac surgeon, consultant, nurses, attendants, technicians.

A separate chargesheet is prepared for each patient that records all things consumed during the surgery or procedure.

After the procedure, the patient is kept under observation depending upon the approach and case.

Reports for all day care procedures are given the same day and that for angioplasty before discharge.

Organogram

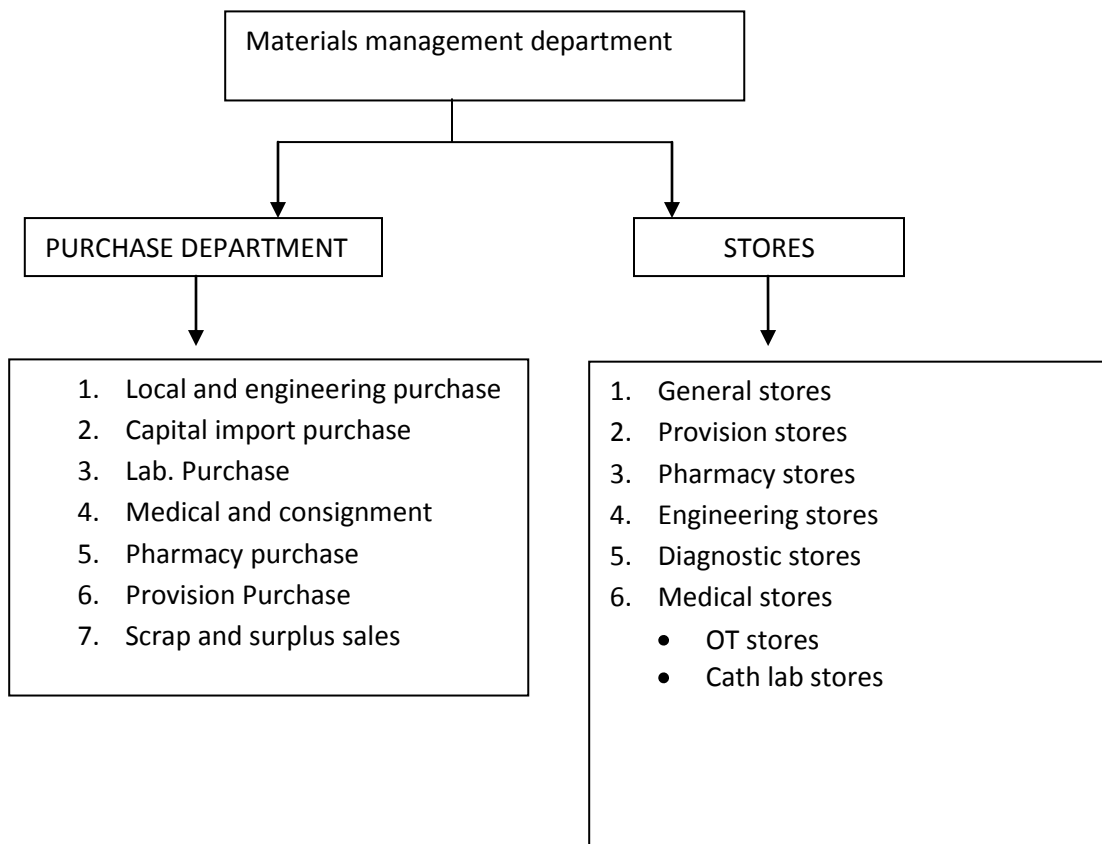


Cath lab coordinates with DSA for such procedures. It offers different femoral and radial packages for angiography. Cath Lab also shares a common door with ICU thereby maintaining proximity

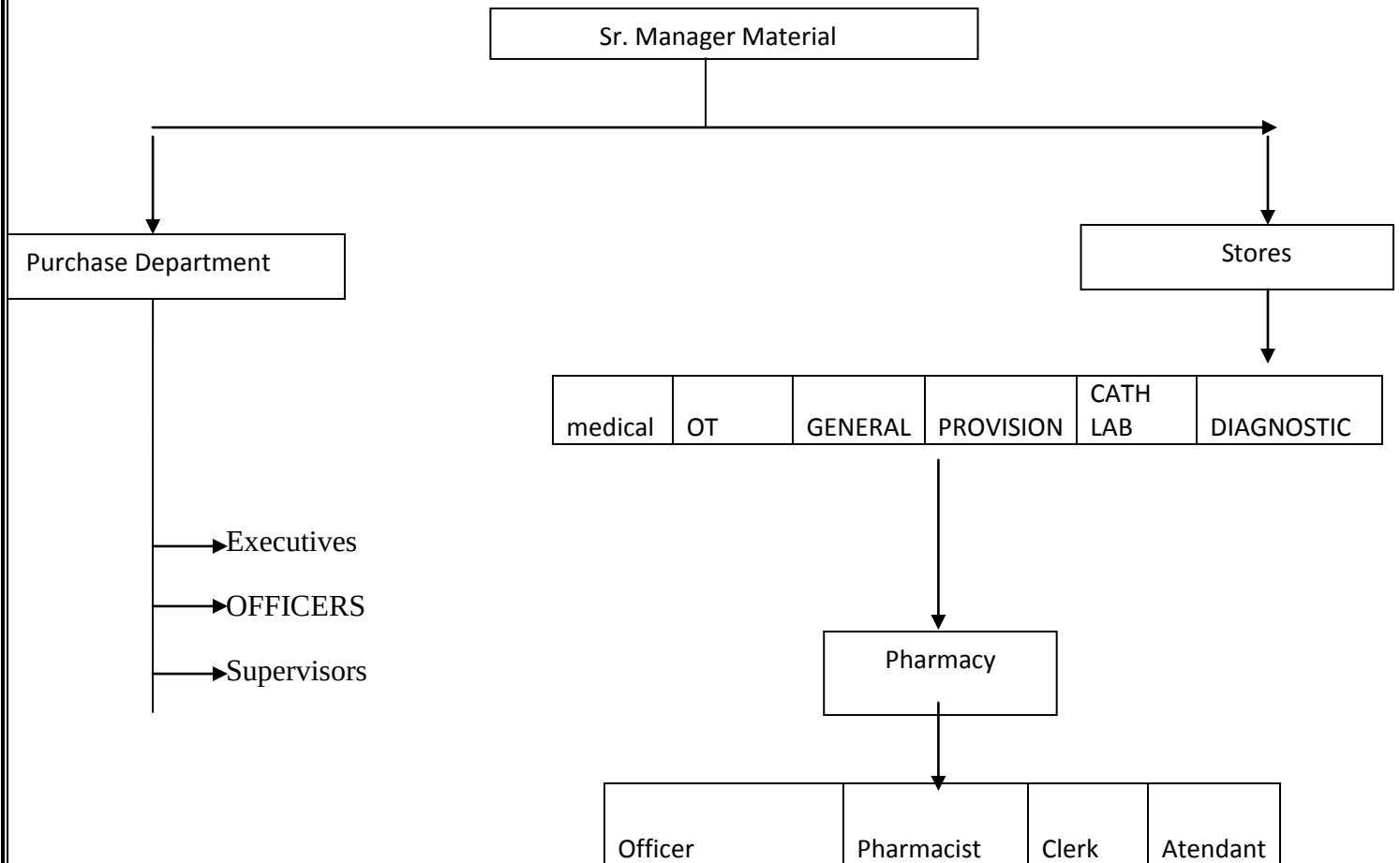
4.10 MATERIAL MANAGEMENT DEPARTMENT

The materials management department aims at maintaining uninterrupted supply chain without affecting cost, quality and service parameters.

The materials management department can be classified majorly under 2 heads i.e. purchase department and stores.



4.11 Pharmacy



Staffing of Pharmacy

Manager stores-1

Officer pharmacy-2

Bulk stores pharmacist-2

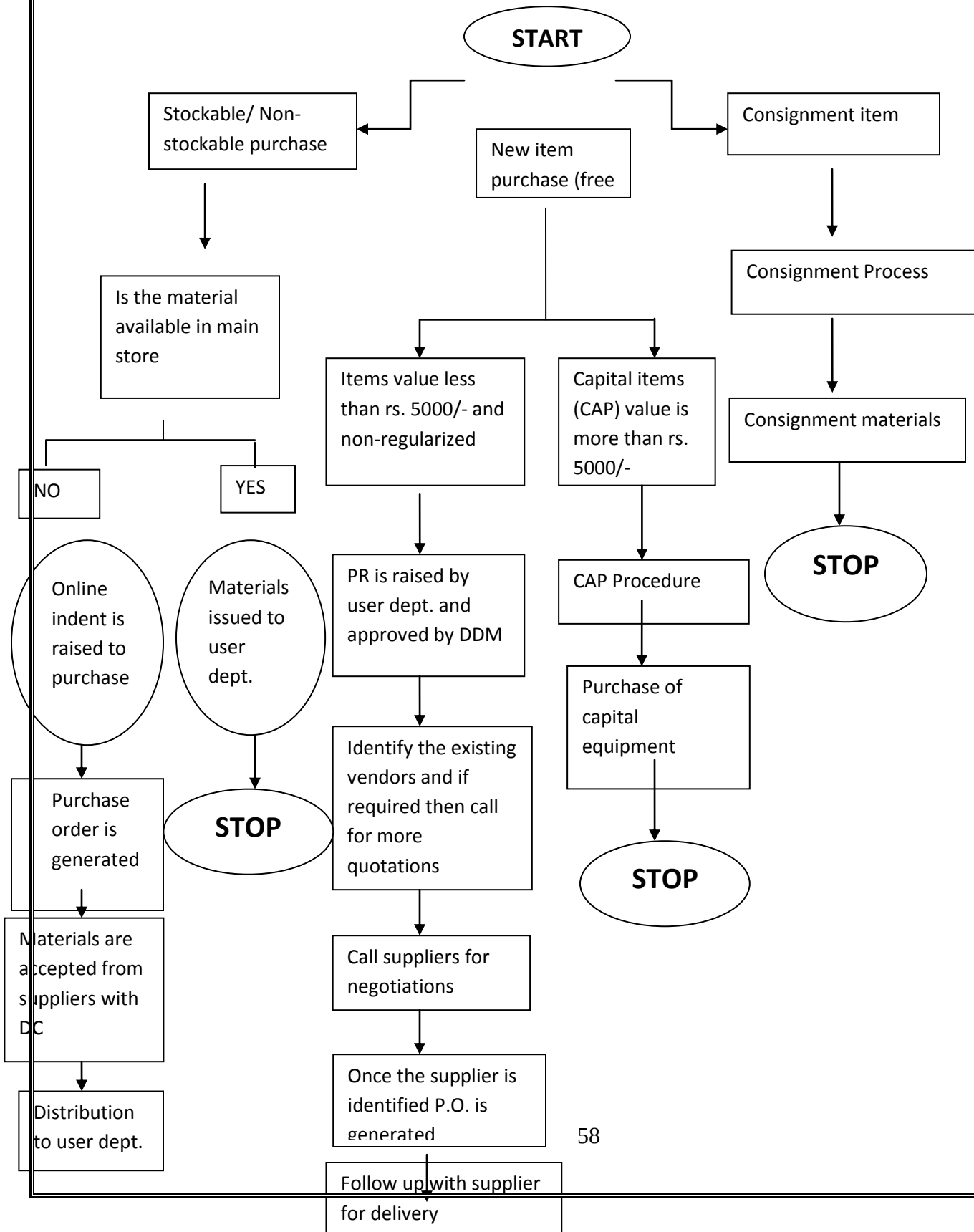
Dispensing pharmacist-14

Head clerk-1

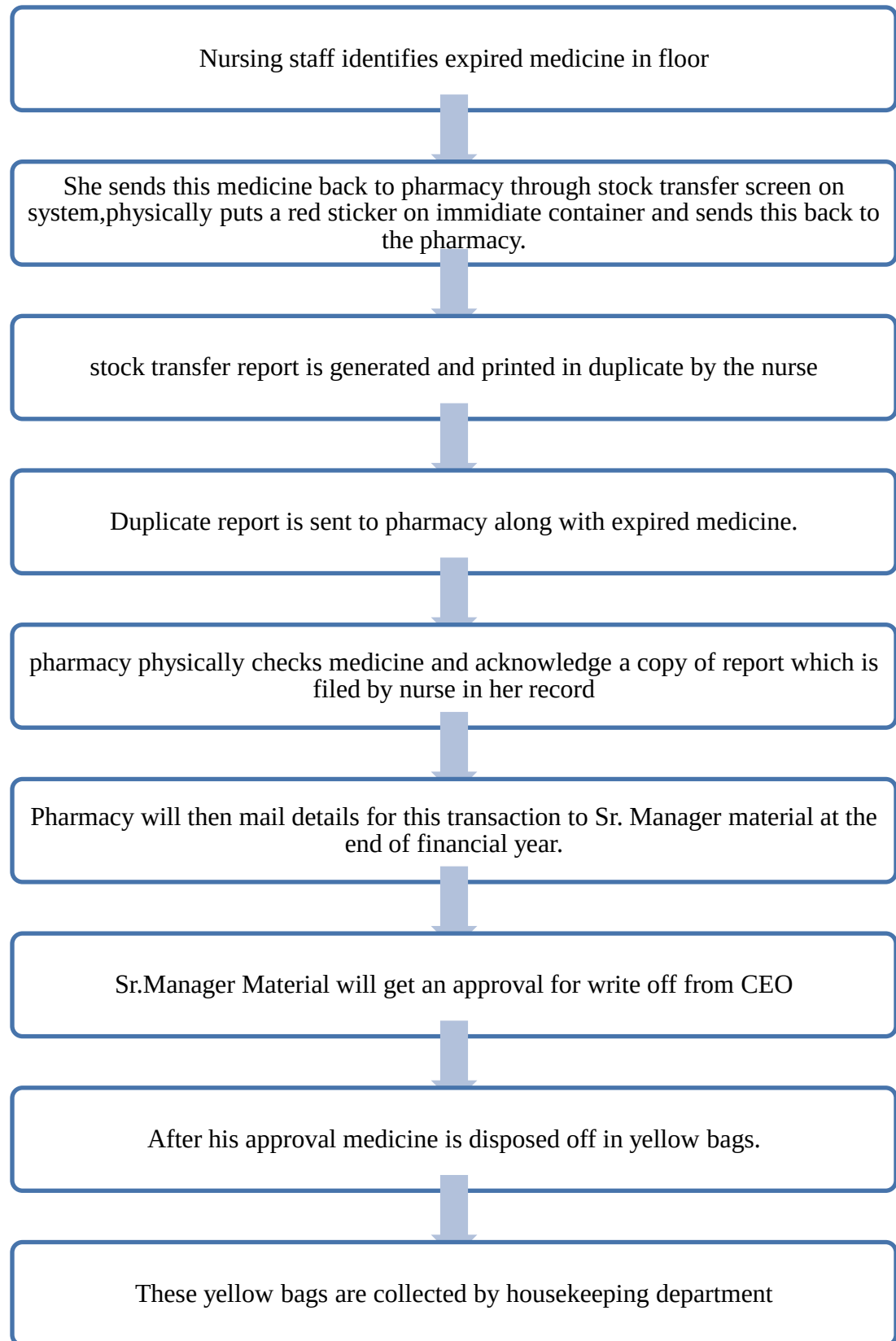
Attendant-12

Process flow

Purchase Section



Process of return of expired medicines from floors to pharmacy



Narcotic Drugs

Hospital falls under zone-3.

NDPS11 license has to be renewed every 2 years

Pharmacy license has to be renewed every 5 years.

Drug and Therapeutic Committee:

This committee is established to discuss the issues related to usage of drug products. This committee directly reports to chief executive

Committee Members

Director of quality and Medical education

Director Professional Services

Director Admin

Director Nursing

Head Lab Medicine

H.O.D Pharmacy

Usually in stores various systems are followed to classify and arrange items-

1. VED- Vitals, Essentials and Desirables (According to importance of items)
2. HML- High, Medium, Low cost
3. SDE- Scarce, Difficult, Easy to procure
4. FSN- Fast, Slow and Non moving items

The basic process of issue and distribution to related departments, inventory management is same for all, which is as follows-

Related department makes monthly indent through the system by planning and forecasting based on their daily consumption



Based on consumption by the related department, store maintains inventory and issues timely requests for material procurement based on lead time



Purchase department contacts the vendor and ensures delivery of required items at right time



Once the requested numbers of items are received (it goes through thorough security check, as security is also provided with the list of requested items)



Goods receipt note is sent to the Purchase department for payment to the vendor

- For goods ordered on consignment, if unused or short expiry, are immediately returned back to the supplier by issue of a gate pass, for security's reference .Also, returned item's balance is deducted from the amount to be paid.
- The issue of items and usage in the department follows FIFO(First In First Out) principle.

MEDICAL STORE-

- It maintains the inventory of all the consumables required during surgeries, procedures directly except medicines like paraffin, micro sheets, germicide, plastic masks, films, tubing's, surgical sutures, OT consumables, Cath lab items etc.
- All the items are delivered to respective departments in the first week of the month depending on the monthly indent issued.
- Record is maintained of all the monthly indent requests, supply record, returned items.

- Expiry checks occur weekly or once on two weeks.
- For storage of heparinised fluid and sterile swabs, temperature in the refrigerator is maintained between 2-8 degree C.
- Inventory has a turnover of 1200 items per month.
- Expensive item are ordered twice a month and regularly checked.
- Store is open from 8:30a.m to 7 p.m.
- STAFF-

Manager



1 Senior officer, 2 Pharmacists



2 Clerks



3 attendants

OT STORE-

It maintains inventory of items for over 60- 65 surgeries.

Items are of two types –

- Pharmaceutical(emergency drugs, narcotics, chemicals)
- General(sutures, drapes, consumables etc)

It is situated on the 3rd floor, and surrounded by operation theatres.

- List of the surgeries to be scheduled for next day with surgeon's name is provided a day before, so that all the preparation and required items are kept ready arranged in the tray.

Two trays are provided-

One with anesthesia and other with general consumables and special requirements like implant materials etc.

- With each tray different charge sheets are given, in which all the items used during surgeries are recorded and helps in keeping an account of all the materials provided and returned back to the store , any missing can easily be recorded.
- If an item is required from medical/pharmacy store on emergency basis, it is taken on loan and indent is issued to store later.
- Weekly checking of all items is done.
- Narcotics are kept locked.
- Warmer is kept at 60 degree C, to keep warm saline ready if required.
- Whenever any item is purchased from the supplier, batch no. , expiry and M.R.P is always checked.
- List of (diminishing) and non- available items is generated daily.
- Staff-

There are 2 Senior Supervisors, 5 clerks and boys.

PROVISION STORE-

- It is a part of Food Services Department, which looks into maintaining storage and availability of raw materials as per the consumption and menu.
- They maintain buffer stock of 2 days. However it very much depends on shelf life of the item.
- But that for vegetables, daily indent is made depending on next days' menu, a peeling and cutting on such a large scale takes time and stored in fridge in the cooking area.
- Fridge in the store area is to store butter, milk products, fruits and rawa (as worms appear if kept at room temperature).

- Indent for fruits are made weekly.
- Every Monday the indent is made.
- Arrangement in the racks is such that consumption pattern follows FIFO principle.
- Daily cleaning is done and Gel treatment is done weekly.
- Payment for goods received is done by Purchase either weekly, fortnightly or monthly depending on items.
- Menu for the week is prepared by chef and dietician.
- STAFF- 1 Store in charge, 2 clerks and 2 attendants.

ENGINEERING STORE-

It keeps various spare parts that may be required in electrical equipments, plumbing and mechanical items for maintenance of equipments.

- Around 300-400 items are regularly moving items.
- Care record- regular maintenance
- Quest record- Inventory management.

Process flow-

Breakdown or requests for replacement



Department complains to Engineering



System generates complain no./docket



Requirement of material to stores



Issue of the required part

- First week of every month, indent for stores are raised through system to purchase department, based on consumption of last three months.

STAFF-

1 storekeeper and one store clerk.

- Records maintained- requisition book, issue book, guarantee card book.
- For a part to be discarded HOD certifies for condemnation and then it goes to discard department.

GENERAL STORE-

- It maintains an inventory of all the stationary items, plastic items, general items like tissues, etc, capital and diagnostic items.
- From here the items are delivered to the respective departments.
- It has around 700-800 items and turnover of 450-500 items per month.
- For bulky items they deliver thrice a month.
- For non stock able item, purchase is made through stores but the delivery is directly done to the department and it is not stored.
- STAFF-

One officer and two clerks.

BIOMEDICAL STORE-

- It keeps storage of all the spare parts, accessories of the biomedical machines used in hospital and not general electronic or mechanical machines.
- Its inventory has high cost and difficult to procure items.
- For routine parts (stored in compactor), no indent is required and are supplied directly as per need.
- For occasional special parts,



Indent made by biomedical engineer' requisition



Purchase order



Delivery



Payment from purchase department

- If the part to be replaced is of high priority and is unavailable, standby arrangement is made.
- In case the warranty period is on, the Company is called for the maintenance and problem handling and replacement if any.

4.12 SUPPORT SERVICES-

This includes Housekeeping, Laundry and Food Services

HOUSE KEEPING

Introduction

Housekeeping services play a vital role in providing support services to the staff, patients, administration. The main responsibility of the department is providing clean and hygienic sanitation facilities. It also ensures infection free environment through process and procedure which are reviewed and updated from time to time. They also manage biomedical waste as per the regulation and comply with legal norms. They also play a vital role in safe transport of patients on wheel

chair, beds, stretchers which require an alert housekeeping staff to follow safe practices across hospital.

Staffing

Assistant Manager 01

Sr. Officer and Officer 03

Sr. Supervisor and Supervisors 04

Team Leaders 04

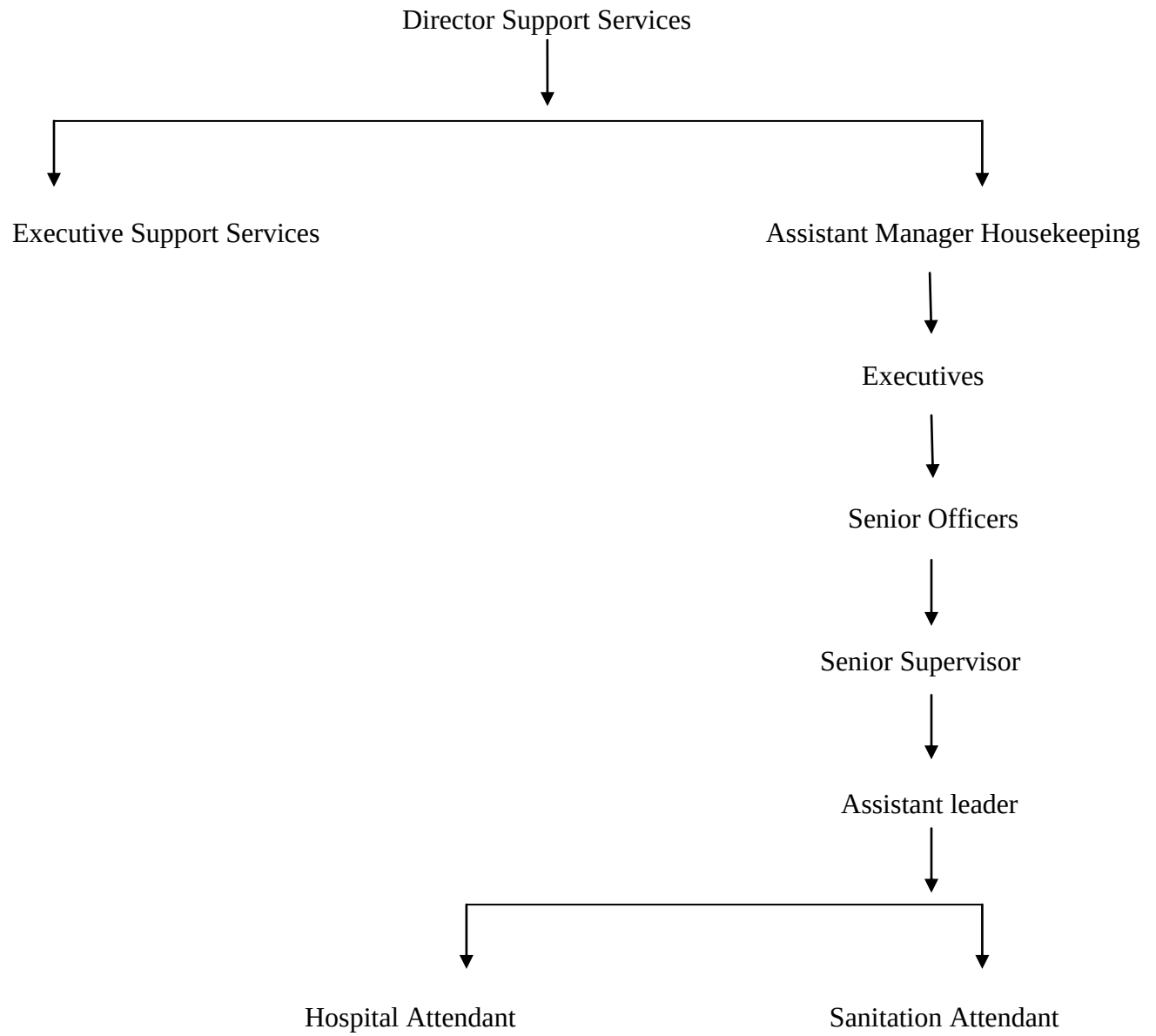
Healthcare workers 309

Total Manpower 321

Scope of Activities

- Maintaining the aesthetic and cleanliness of all the hospital properties which include inpatient and outpatient areas and S1 building.
- Planning and controlling of all inventories to ensure clean, hygienic and safe environment.
- Systematic collections and disposal of hospital waste.
- Quality sanitary procedure in every area including the sanitary needs of the patient.
- Issuing and controlling replacement of furniture to other departments as per their requirement.
- Accurate and timely meal services for patient and their relatives.
- Safe transportation of patients.
- Pest control management.

Organogram



LAUNDRY SERVICES

Laundry Service includes the laundering of linen, storage of clean linen and repair and replacement of linen. The importance of a clean, hygienic, un-stained and defect free linen is essential for optimum patient care. Laundry service is responsible for providing an adequate, clean and constant supply of linen to all users. The laundry facilitates is designed, equipped and ventilated to reduce the dissemination of microorganisms on to finished linen. The laundry component is responsible for efficient laundering operations and linen component comprises of procurement, classification, holding , distribution repair and replacement of linen.

Scope of Department

- Sorting, washing, extracting, drying, ironing, folding, mending and delivery of linen.
- Storage and distribution of clean, unstained and defect free linen to various areas of hospitals like floors (for patients), CSSD (for sterile linen supply to operation theaters), housekeeping and food service department (for conference and other functions).
- Cleaning, storage and distribution of uniform to all employees and consultants.
- Specific procedure for handling, including labeling of materials contaminated with hazardous materials or body fluids.
- Policies and procedures for cleaning of contaminated materials.
- Storage and distribution of curtains across the hospital facilities.
- Maintaining the stock of linen and meet the requirements of various departments.

The process flow in department is systematic and with utmost care practices are done. There is an inbuilt chute system at every floor from where laundry bags are stored and transferred directly to the sorting area where the linen is sorted according to the kind. The infected stained linen due to body fluid like blood are segregated. The linen is separated also on the basis of color difference. The OT towels, white towels, OT linen , ICU linen in green and white is separated. The counting

is rechecked and then floor wise sorting is done. The infected linen is transferred in red colored bags and also red trolleys are used for soiled linen.

There are 6 washer extractors which have special hydro features which spin at high speed and water is extracted, only 4% water is remnant. For soiled white linen there are two cycles: pre-wash cycle consists of two wash cycles in the span of 5 minutes at 50 – 70 degrees, along with detergent, boost and super washing is done. Then oxygen bleach is done. The drained water is monitored and pH check is done in case of any deviation from the neutral pH 7 it is reported immediately. There is also a hygienic barrier. The clothes are ironed with the help of flat work machine, steam presses and rolling and rotation of linen is done.

FOOD SERVICES-

PROCESS FLOW-

- Menu for the week is fixed by the Chef and Dietician.
- This menu is approved by Manager, further approved by Director Support Services and clerks finally take the print out.
- Menu is fixed in terms of items i.e.
 - For breakfast- One Indian item and fruit is served. On special request toast and Jain food is also served.
 - For lunch and dinner- Soup, salad, rice, daal, vegetable (gravy and dry) and one sweet or fruits alternately.
 - For evening- tea and snacks
- As per dietician's special instructions to some patients, special food is prepared for them.
- Quantity of normal and special meals to be served are displayed on the board.
- Indent for vegetables is made one day prior as the cutting of vegetables takes time, cut vegetables are stored in refrigerator.
- Finally after cooking the food is served
- On an average there are 1500 people for lunch and 1000 for dinner per day.

- STAFF-

Manager-1

Assistant Manager-1

Dieticians- 9

Cooks- 19

Chef /Supervisors- 7

Attendants-54

- There are three shifts for people. In every shift there are two normal cooks and one diet only in 12-8p.m.(who prepares special food as per dietician's prescription).
- The list from all the floors according to dietician's prescription is sent to the department through system, so that they already have an estimate of normal and special diets to be prepared.
- Pre cook area- where peeling, cutting, masala grinding occurs on large scale.
- There are 3 cutters in every shift.
- Baking area- where breads, cakes, cookies are baked.
- Cooking area- where cooking actually takes place.
- Quality check of the food is done regularly before serving.
- Also raw material is also checked before using it, if there is something wrong, menu is changed and replaced according to the availability of items.

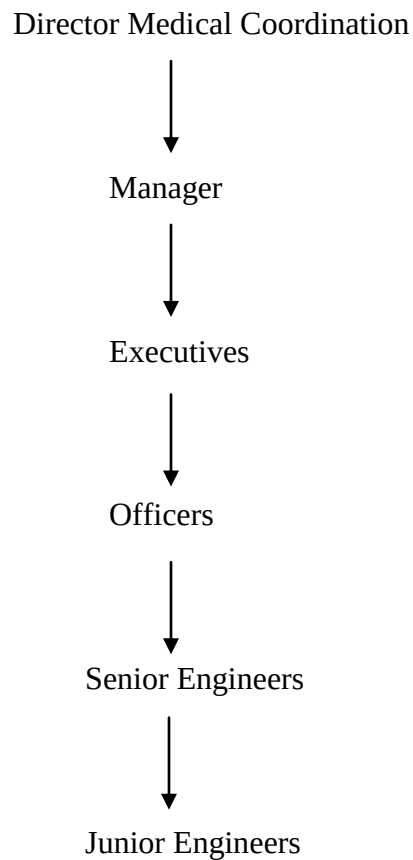
BIOMEDICAL ENGINEERING-

It is the department which is responsible for maintenance of all the biomedical equipments and machines used. They are required to immediately attend to breakdowns and failures to minimize the downtime of the machine.

Staff-

They have 12 people in the department, working in two shifts of 8a.m to 4p.m and 2p.m to 10p.m.

Organogram-



Work flow-

All the Engineers are divided according to the departments. Example-

Two for OT, two for ICU etc.



In case of breakdown



Engineer for the respective department is contacted; he provides solution orally on phone



If problem is not solved, Engineer reports to the department



Stand by option, if any is arranged



Machine is fixed as soon as possible

- If the machine is to be taken to Company for servicing, returnable gate pass is issued.
- If machine is to be returned to Company for replacement, non returnable gate pass is issued.
- In warranty period Company person is called for maintenance and breakdowns from BMD.
- Every 6 months , quality assurance and calibration is done
- Maintenance is done 3 monthly.
- For Laboratory machines, calibration is done regularly.

IN VITRO FERTILISATION CLINIC(IVF)-

It is on 11th floor of S1 building. The examination and consultation is only on appointment basis.
When a new patient comes to the department-

- **Process Flow-**

Registration at the reception



Detailed History is taken in the separate history taking room



Phlebotomist takes the blood sample for tests



Appointment is given to the patient for consultation and examination

- There are two examination rooms.
- One Intra Uterine Inemination(IUI) room, which is done on OPD basis. The procedure takes around half an hour, however needs regular follow up.
- Daily, average 40-50 patients come to the clinic.
- There are around 2-3 OT cases per day.
- Emergency set up is kept ready in case need arises.
- There is OT, an embryology laboratory, genetic room (DNA Testing), andrology lab, cryopreservation room (for spare embryos).

- **Staff-**

Nursing staff – 6

Consultants- 2

Embryologists-2

Assistant doctor-1

Rotational doctor-1

Sanitary attendant-1

Ward boy-1

- **Timings-**

OPD- 11a.m to 2p.m

OT- 8a.m to 11a.m

- On 12th floor, 4 beds are especially kept for patients from IVF.
- There are various packages offered by IVF, one offers consultation with IUI and the other offers consultation with all sonographies.
- Pharmacists are available to dispense medicines as required.

Project report-1

Medical records department

A Study on compliance of active IPD medical records as per the NABH standards

Introduction

A medical record, health record, or medical chart is a systematic documentation of a patient's medical history and care. The term 'Medical record' is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. MR is intensely personal documents and there are many ethical and legal issues surrounding them such as the degree of third-party access and appropriate storage and disposal.

MR are traditionally compiled, stored and maintained by MRD of the P.D.Hinduja hospital from 1987. Terminal Digit System of file is most secure and safe system as far as the identification of the file is concern.

The information contained in the medical record allows health care providers to provide continuity of care to individual patients. The medical record also serves as a basis for planning patient care, documenting communication between the health care provider and any other health professional contributing to the patient's care, assisting in protecting the legal interest of the patient and the health care providers responsible for the patient's care, and documenting the care and services provided to the patient. In addition, the medical record may serve as a document to educate medical students/resident physicians, to provide data for internal hospital auditing and quality assurance, and to provide data for medical research. Personal health records combine many of the above features with portability, thus allowing a patient to share medical records across providers and health care systems.

Process flow

New Registration forms are kept at various station i.e.OPD, Casualty, Admission counter etc. Patient or next of kin fill up the form for all demographic details and puts the signature, and then the entry is done by the receptionist at counter in the system.



The patient is given a ID card which has 6 digit HH no, and name, sex ,age etc.The file has 6 digit number where last 3 digits are color coded. The filing system is dependent on the last three digits; hence total confidentiality of the patient's file is maintained.



. Patients are sent to the ward along with these “administrative documents” and then “clinical documents” are attached with it.



Whenever decision is taken to discharge the patient, a discharge summary and a discharge slip is prepared and patient is discharged from the hospital. All medical records of the patient are then submitted to the medical records partment.



ICD-10 and ICP-9 Classification is done By the Medical transcriptionist



File is sent to medical record store for scanning and storage

The most basic rules governing access to a medical record dictate that only the patient and the health care providers directly involved in delivering care have the right to view the record. The patient, however, may grant consent for any person or entity to evaluate the record.

Medical Record Department of Hinduja maintains a single integral and comprehensive health record chart of the care it provides to its patients. These policies and procedures are adopted by Medical Staff Advisory Committee (MSAC) upon the recommendation of Medical Records Committee (MRC) and approved by the Management Team (MT) as part of the Hospital's Clinical Policy and Procedure Manual.

The Medical Record File should have various Documents:

1. Complete identification and demographic data
2. Medical History
3. Informed Consent to the extent required by Hospital Policy(routine and special both)
4. Progress Notes (including routine and specialized)
5. Reports of multiple investigation
6. Notes of special examination by referral consultants
7. Record of Medical treatments advised
8. Details of procedures and operations done
9. Anesthesia Record
10. Nurses Notes
11. Final associate and secondary diagnosis.
12. Discharge notes

1) Identification and demographic data

The data which is entered immediately at the first contact with the patient which remains unaltered like name, age , address, telephone number etc

2) History and physical examination

This includes chief complaints, history of present sickness with duration, past history including duration, social and family history, systems review, current medications and dosages, known allergies, physical examination and provisional diagnosis

Under the NABH standard CQI3h, The indicator states that - History form should have plan of care written and signed by the consultant within 24hrs which should include curative, preventive, rehabilitative care. The indicator shall be captured during the stay of the patient and not from the medical record department. It shall be collected on a monthly basis. The sampling base shall be patients who have completed 24 hours of stay in the hospital and immediate corrections should be initiated, when gaps are seen on a real time basis.

3) Informed consent

- Prior to admission for inpatient treatment
- Before any invasive or surgical procedure or chemotherapy
- In case of discharge against medical advice

4) Progress notes

Progress of the patient should be daily documented by the consultants and junior medical staff.

The doctors have separate specimen signature in which they should print their names and Signature at least once to be easily identifiable. In case of death, the events preceding the death, date and time of death and signature and name of physician who pronounces the death.

5) Report of Investigations:

Duplicate copies of patients or summary of all reports from Lab Medicine, Imaging, Nuclear Medicine departments, Cardiac Lab, Neurophysiology lab and Pulmonary function lab shall be filed on the left side inside the file.

6) Notes of special examination by the referral consultants:

The Medical Staff shall write all consultation requests for inpatients on the prescribed yellow color form in the health record chart. Such requests must indicate the name of the consultant requesting the consultation and the reason for the consultation.

7) Record of Medical Treatment:

Physician orders shall be legible, dated, time and signed by ordering physician. Verbal or Telephonic orders must be entered on the chart and authenticated within 24 hours of giving them. The drug administration chart will be maintained and authenticated by administering nurse.

8) Details of operations and procedure:

Immediately after surgery or any invasive procedure the treating consultant or the Junior Medical staff shall write operative notes on the prescribed form "OPERATIVE RECORD" which shall contain preoperative diagnosis, a description of the findings, the technical procedures used, the specimens removed, the post operative diagnosis and other columns and shall be authenticated by the operating consultant.

8) Anesthesia Record:

The anesthesiologist must record and authenticate a pre procedure and post anesthesia recovery room notes in the patient's health record chart.

10) Nursing Notes

In case of inpatients, relevant nursing notes in prescribed formats shall be legible and promptly written and signed.

11) Final and Secondary diagnosis:

In case of inpatients, the medical staff should record all diagnosis (primary, associate and secondary) and operations and procedures done (with dates) shall be entered on every patient's face sheet and signed by admitting consultant. These will be then coded as per

latest WHO code/ ICD code as determined by Medical Record Committee from time to time.

12) Discharge Notes:

The discharging physician shall record the condition of the patient on discharge as well as treatment advised and specific instruction to the patient.

13) Discharge Summary:

In case of discharge of inpatient patients, the JMS shall write or dictate a concise narrative summary on prescribed form which includes Final and associate diagnosis, Chief complaint and history with duration, Pertinent physical findings, Pertinent investigation data, Course in hospital, Operative diagnosis and date, Complications, Condition at the time of discharge, Treatment and Advice.

LITERATURE REVIEW

NABH Standards from Chapter 10 (Information Management System)

IMS1: policies and procedure exist to meet the information needs of the care providers, management of the organization as well as other agencies that require data and information from Organization.

IMS2: the organization has processes in place for effective management of data.

IMS3 : The organization has a complete and accurate medical record for every patient.

Objective Element	Remark(s)
a)Every medical record has a unique identifier	HH no. can be used to identify and track the patient records
b)Organization policy identifies those authorized to make entry in the medical records	Different categories of personnel has to fill different kind of records like progress note by doctors and medication administration chart by nurse

For IPD patients

5 yrs

c) every medical record entry is named, signed, dated and timed

All entries should be done not later than 1 hr after the completion of the procedure

d) the author of the entry can be identified

Full name should be written or if initials are written then specimen signature form should be filled properly.

e) The contents of the medical record are identified and documented in series

e.g. Admission order, Face sheet, IP sheet, Discharge Summary, Consent form, Doctors order

f) The record provides an up to date and chronological account of patient care.

Standard format is there for maintaining the continuity of records.

g) Provision is made for 24 hrs availability of the patients record to the healthcare provider to ensure continuity of care

Medical records should be easily retrievable

IMS4: Medical Record reflects continuity of care:

The medical record contains the information regarding the reasons for admission, diagnosis and plan of care.

Operative and other procedures performed should be incorporated in the medical record.

The medical record department checks for the completion of medical records and based on these checks the deficiency reports are generated. The discharge papers are arranged in the patient file as per the assembling order of the documents. For every discharge the ICD and for operation procedure the ICP codes are given.

IMS5: Policies and procedures are in place for maintaining confidentiality, integrity and security of information.

IMS6: Policies and procedures exist for retention time of records, data and information.

For OPD patients	3 yrs
Death Cases	Permanent but in Archived form after the expiry
MLC cases	10 yrs (more than 10 yrs records are kept in archived form)
Minor Records	Till he/she attains the age of 21 yrs
Research Records	15 yrs

IMS7: The organization regularly carries out review of Medical Records

All the medical records are reviewed for the deficiency checks in them. Based on the review, deficiency report is generated which is circulated to the concerned person for the completion

Objective Elements	Remark(s)
Medical Records are reviewed periodically	
The review uses a representative sample based on statistical principles	Sampling can be done systematically or randomly
The review is conducted by identified care providers.	
Review focuses on the timeliness, legibility and completeness of medical records	
Review process includes both active and discharged patients	
Review points out and documents any deficiency in records.	It can be done with the help of a checklist.
Appropriate corrective and preventive measures are undertaken within a defined period of time and are corrected	Based on the review, deficiency report is generated which is circulated to the concerned person for the completion.

Standard operating procedure: Hinduja Hospital

Deficiency check

- Incomplete records i.e. disease, operating procedures not written on admission records.
- History/operative notes/physician orders with time and sign.
- List of incomplete records will be displayed at faculty office, library of JMS on 12th of every month. They have to complete their records by 25th of every month otherwise accounts department is informed to withhold the salary.
- Consultant gets the reminder note for completion and on their visit to MRD. The incomplete files are retrieved and kept for them to complete.
- The discharge card stopped and only discharge summary/card is issued. It contains the final diagnosis and the procedure details, hence the ICD /ICP coding done and entered on admission face sheet. So the deficiency has become nil for JMS and notice is not put up since compliance is observed.

1. Executive Summary:

According to the NABH standards, the complete documentation of the active bedside files of the inpatients should be there within the 24 hrs after the procedure is done and that too in a proper sequence so that it becomes easy to keep the medical record of the patient in proper manner and subsequent pains of searching the concerned medical staff and making them complete the records is minimized. Regular audits are carried out for this purpose by management staff of the medical record department to keep a regular check on the completion of the documentations like signature on the specimen signature forms, plan of care in history form, date, time and signature on the physicians order and consent form etc.

2. A special checklist was prepared for accessing the % of compliance in the active bedside file of the IPD patients. Random visits to the IPD floors were carried out and the list of the compliance in 100 randomly selected files was prepared in the duration of 10 days with the help of the checklist. A reminder note of the deficiencies in the file was also kept in the file as

a reminder for the concerned personnel and the data was analyzed for the total % of compliance in the MR

3. Methods and Sampling:

3.1 OBJECTIVE OF THE STUDY

- 1) To Identify the Gaps / compliance of active IPD medical records in Hinduja Hospital as per the NABH standards

3.2 METHODOLOGY

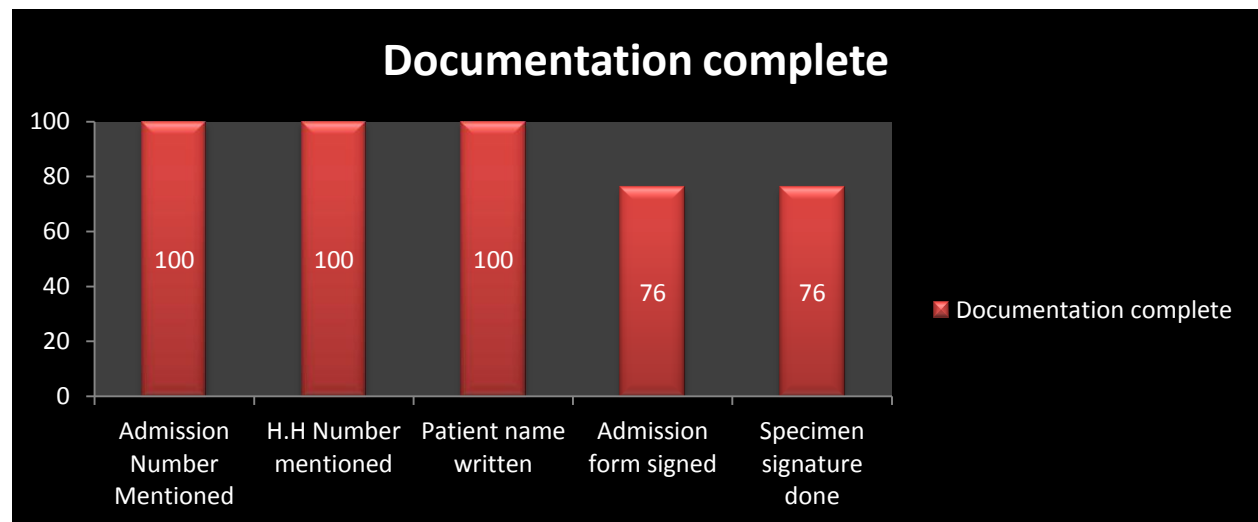
- i. Study Period:- (12th to 30th April 2012)
- ii. Sample Size: 100 active files in IPD.
- iii. Tools used : Check List (*Annexure 1*)
- iv. Data Source: - Primary data.

According to NABH standards, the medical records should be completed with all the details. We made the checklist including the details which are necessary in accordance with NABH guidelines.

We took the rounds of the wards to check the compliance of the I.P.D active bed side files of the patients. Then we put a reminder slip in the files having deficiency to remind the consultants, JMS and nurses about it.

Analysis

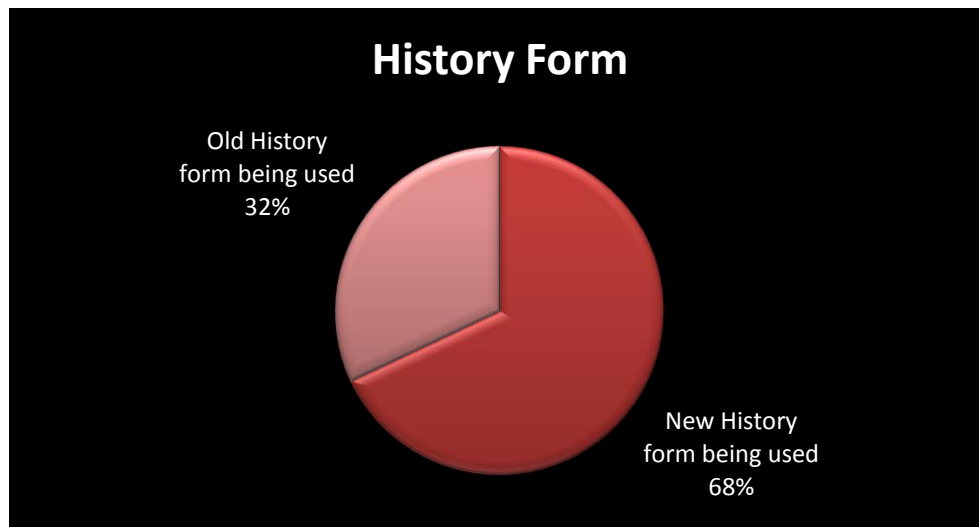
	Total number	Documentation complete	Incomplete
Admission Number Mentioned	100	100	0
H.H Number mentioned	100	100	0
Patient name written	100	100	0
Admission form signed	100	76	24
Specimen signature done	100	76	24



Interpretation: In all the cases observed, admission number, H.H number and patient name documentation was found complete. However the consultants had not signed in 24% cases. so, we put a reminder in the files for the consultants/JMS.

History form

New History form being used	68
Old History form being used	32



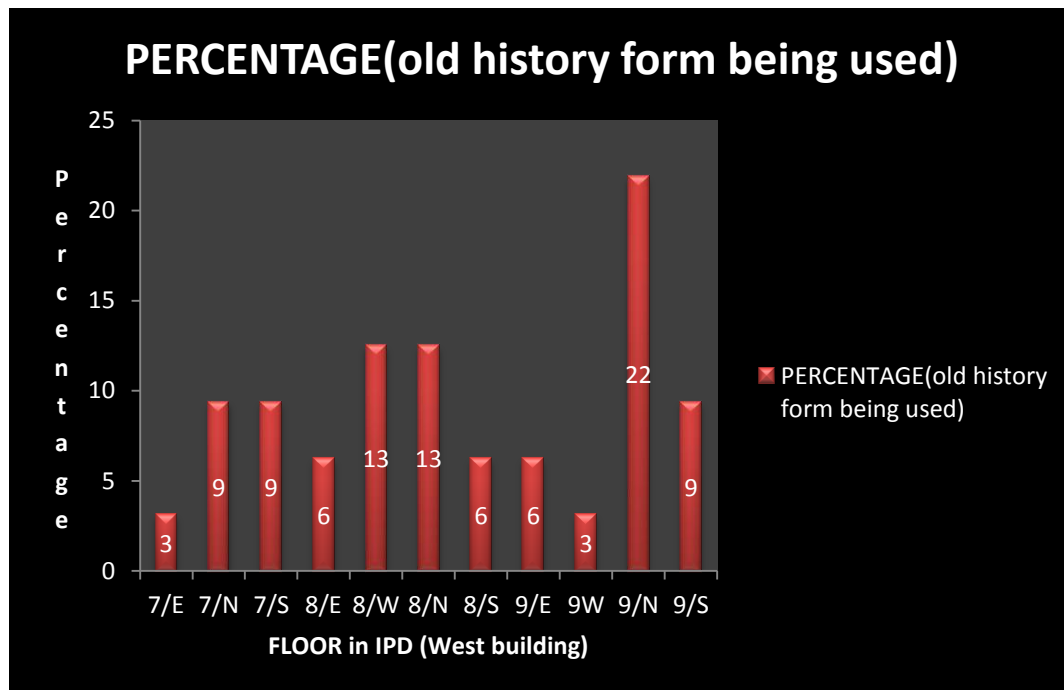
Interpretation:

The compliance of using new history forms was found to be 68%.the difference in the new history form is that, a new column of plan of care has been added which is in accordance with NABH criterion

Use of old history forms

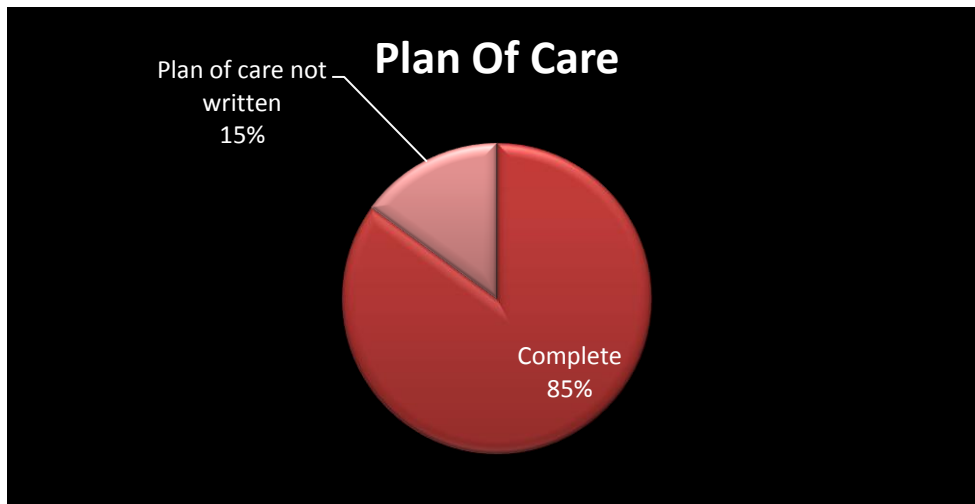
FLOOR	OLD HISTORY FORM BEING USED	PERCENTAGE(old history form being used)
7/E	1	3
7/N	3	9
7/S	3	9
8/E	2	6

8/W	4	13
8/N	4	13
8/S	2	6
9/E	2	6
9W	1	3
9/N	7	22
9/S	3	9
Total	32	100



Out of 100 cases, 32 cases were still found to be using old history form. In 9th floor (north wing), maximum frequency of non compliance forms were observed.

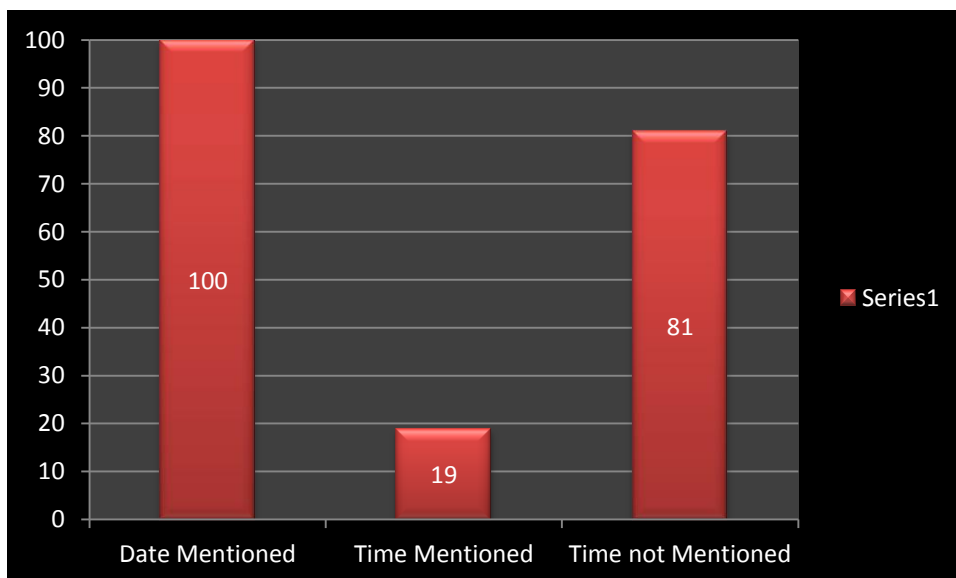
Plan of care



Interpretation

Amongst the wards using new history forms, it was found that plan of care was not written in 15 % cases.

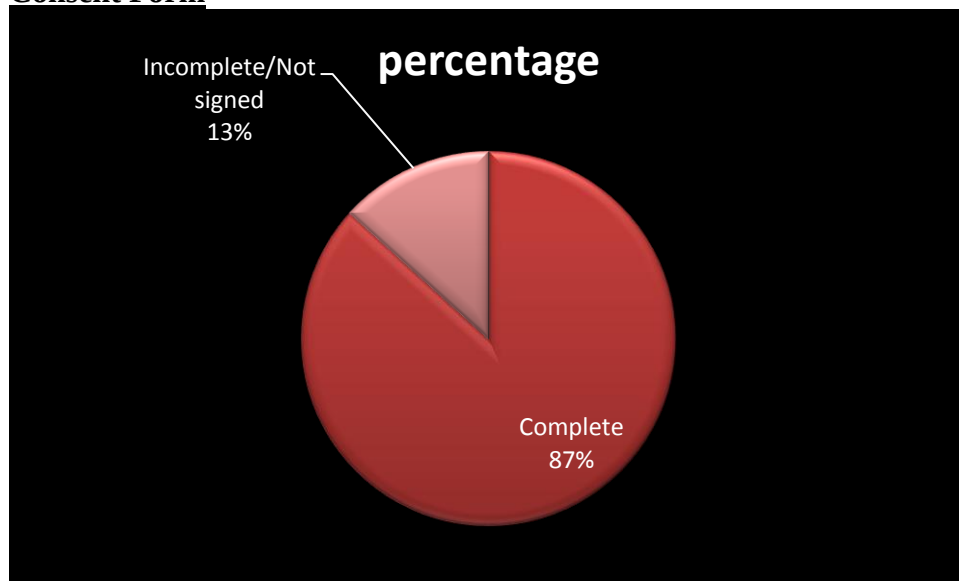
Physician order



Interpretation

In the physician's order, only in 19 cases the time and date were both mentioned. Whereas, in 81 cases time was not found mentioned.

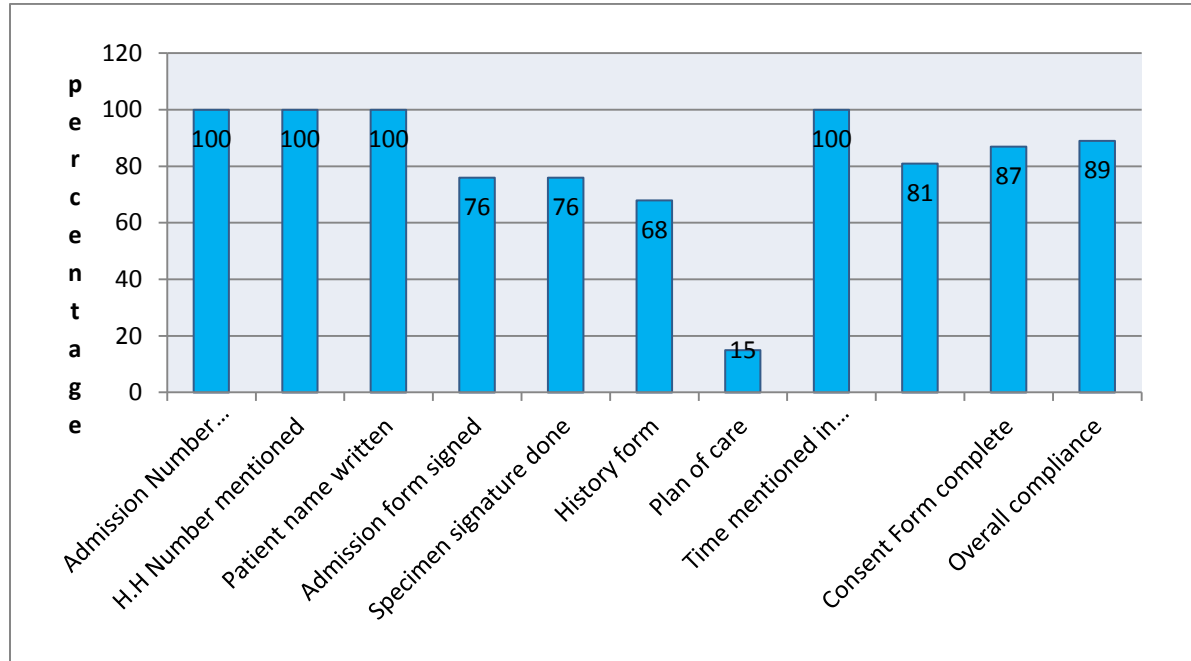
Consent Form



In 87% of cases consent form was signed by the patient/patient's relatives as well as by the doctor

Conclusion:

Overall Compliance



	Total number	Documentation complete
Admission Number Mentioned	100	100
H.H Number mentioned	100	100
Patient name written	100	100
Admission form signed	100	76
Specimen signature done	100	76
History form	100	68
Plan of care	100	15
Time mentioned in physicians order	100	100
Date mentioned in physician's order	100	81
Consent Form complete	100	87
Overall compliance	100	89

In our study we have observed that the overall compliance comes out to be 89%.but in the plan of care the compliance is as low as 15%. As under the NABH standard CQI3h, The indicator states that - history form should have plan of care written and signed by the consultant within 24hrs which should include curative, preventive, rehabilitative care. The indicator shall be captured during the stay of the patient and not from the medical record department; therefore it's very important to improve this indicator.

Also the indicator for specimen signature and for signature on the admission form has been found low and needs to be considered attention. Its very important that the author of entry can be identified. Full name should be written or if initials are written then specimen signature form should be filled properly.

Recommendations:

1. Frequent audits and reminders should be given on the floors for the completion of the records.
2. Brochures containing the information on the importance and necessity of completion of the records on time should be circulated to the new joining medical staff.
3. A reminder or information exchange session on the medical records completion can be kept in between the CMEs of Doctors
4. In each floor a nurse could be made accountable for checking that all the documentation is complete and should report directly to manager MRD

Project report-2

A study on Transportation of Patients in OPD building premises.

1) Executive Summary:

The transportation of the patients, mainly vulnerable patients, from the entrance gate to the various consultants chambers located on different floors is an important task which is performed by skilled attendants of the OPD department. Due to the high patient inflow in the OPD at Hinduja Hospital, the availability of a wheelchair becomes a problem. To ensure a more efficient system of patient transportation, a study was conducted from 8am to 8pm for a week by numbering the wheelchairs available with the OPD department. The waiting time of a patient to obtain a wheelchair was noted as well as the time that the patient left the hospital after their consultation in that wheelchair was noted and recorded. Furthermore, the time the wheelchair was available again for the next patient was also recorded and we tried to analyze the reasons for delay in providing wheel chair.

2) Methods and Sampling:

2.1 OBJECTIVE OF THE STUDY

- To understand the utilization of wheelchairs/ trolley in OPD.
- To understand waiting time for patient to obtain wheelchair/ trolley.
- To understand average trip time.

2.2 METHODOLOGY

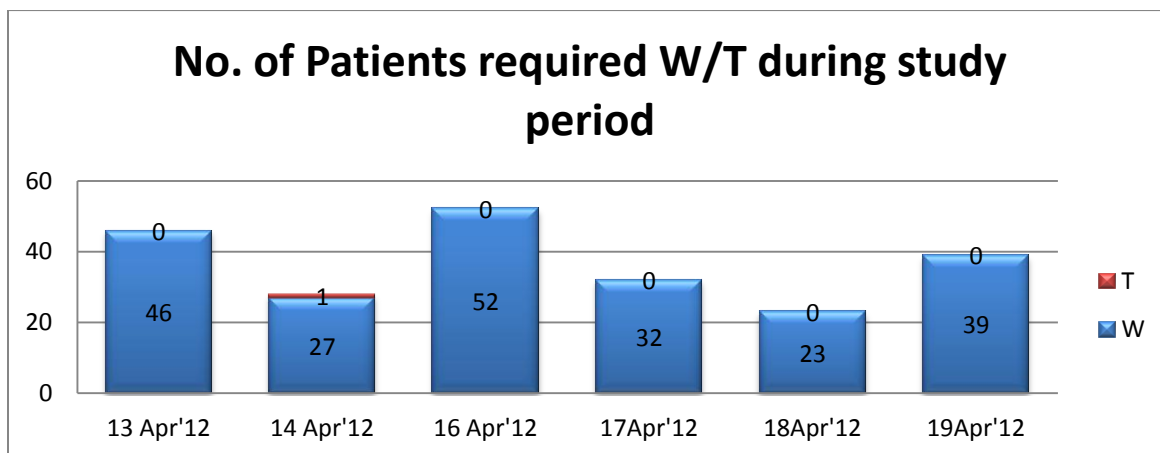
- Study Period:- One Week (13th to 19th April 2012) between 8 am to 8pm
- Sample Size: Universal (All the patients requiring wheelchair/ trolley).
- Tools used : Data Tracking Sheet (*Annexure 2*)
- Data Source: - Primary data.

4. Results/ Findings:

FINDINGS:

I. Total number of wheelchairs/ trolleys used for patients during 13/04 2012 to 19/04/2012

	13/04/2012	14/04/2012	16/04/2012	17/04/2012	18/04/2012	19/04/2012	Total
W	46	27	52	32	23	39	219
T	0	1	0	0	0	0	1
							220

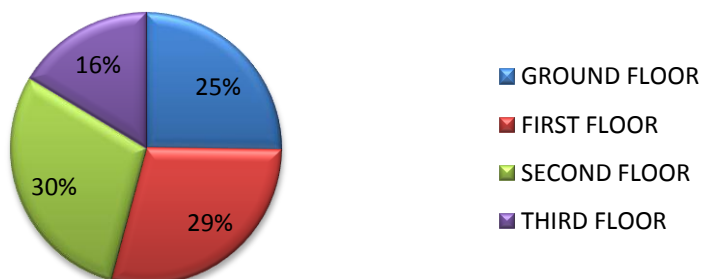


Interpretation:-During one week study on patient transportation in OPD building, it has been observed that Maximum patients were transported on Monday i.e. 16/04/2012 followed by Friday 13/04/2012. Only once during the study Trolley was required for the patient. Total 220 observations were noted.

II. Floor wise frequency of patient transportation.

FLOOR WISE TRANSPORTATION OF WHEEL CHAIRS/ TROLLEY	
FLOOR	FREQUENCY OF TRANSPORTATION
GROUND FLOOR	54
FIRST FLOOR	62
SECOND FLOOR	63
THIRD FLOOR	35
IPD Building	6
	220

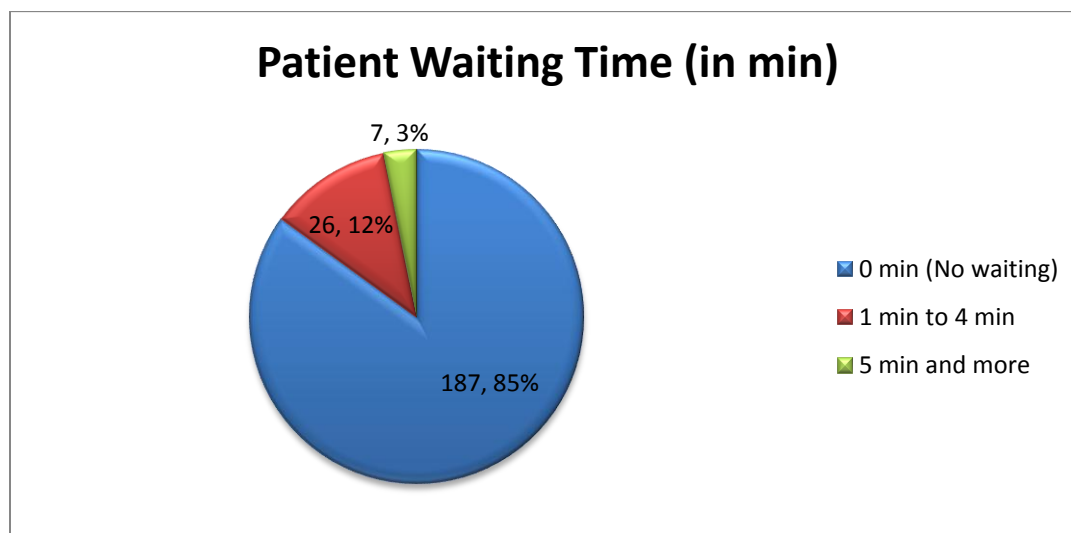
Floorwise Frequency of Transportation



Interpretation:- The graph shows that maximum patients are transported to 2nd Floor followed by 1st Floor. The rehabilitation department is located on 2nd floor and orthopaedic consultations rooms are on 1st floor hence transportation of W/T are more frequent on these floors.

III. Patient waiting time to obtain Wheelchair / Trolley.

Waiting time in Minutes	Total no. Patients Waiting
1 min to 4 min	26
5 min and more	7
	33



Interpretation: - In 85% cases wheelchair / trolley was instantaneously available when patient demanded. Only in 3% cases patient had to wait for more than 5 minutes to obtain W/T.

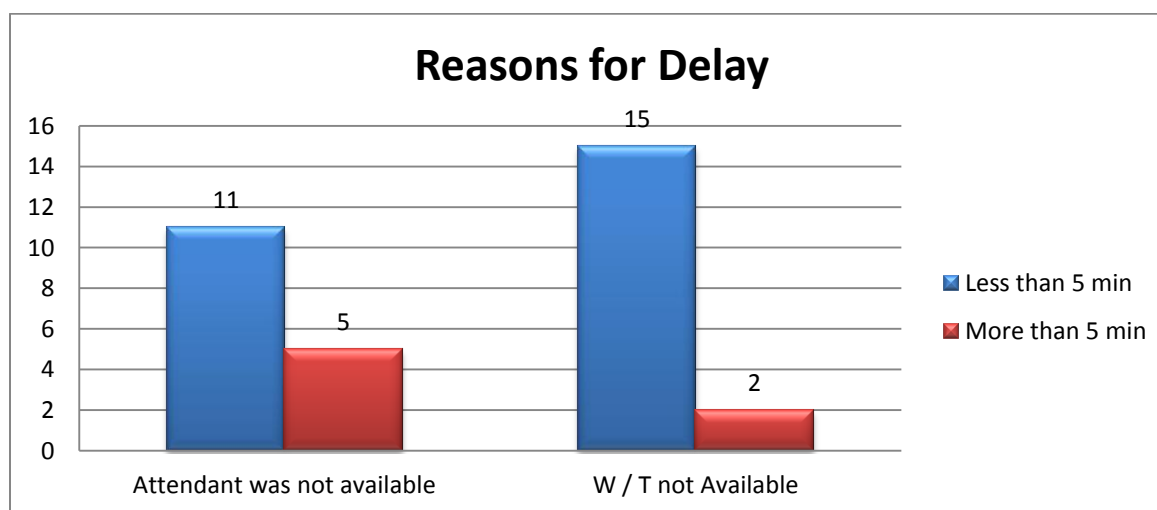
IV. Analysis of patient waiting time:-

Reasons for Delay	Less than 5 min	More than 5 min	Total
Attendant was not available	11	5	16
W / T not Available	15	2	17
Total	26	7	33

The total percentage of delay is 15%

Percentage of delay for less than 5 min: - 12%

Percentage of delay for more than 5 min: - 3%



Interpretation: - Out of 220 observations only in 33 observations waiting time for getting W/T was noted. Further analysis of waiting period also shows that only in 3% patients had to wait for more than 5 min to get W/T. The factors causing delay are:-

- W/T not available in 7 % cases out of which only 2 patients had to wait for more than 5 min.
- Attendant was not available in 7% cases out of which only 5 patients had to wait for more than 5 min.

Conclusion:-

The results of the study were quite satisfactory and only in 7% cases the delay was found in delivering the wheelchair to the patient.

Recommendations

- Attendant should make frequent rounds of IPD building to bring the wheel chairs back.
- After the consultation when the patients wait for their vehicle then we can make the patients wait on the normal benches instead of the wheel chairs. This will make wheel chair available for other patients.
- Separate permanent wheel chair can be provided on every floor for the purpose of transporting the patients from the bench to the consultant's room.

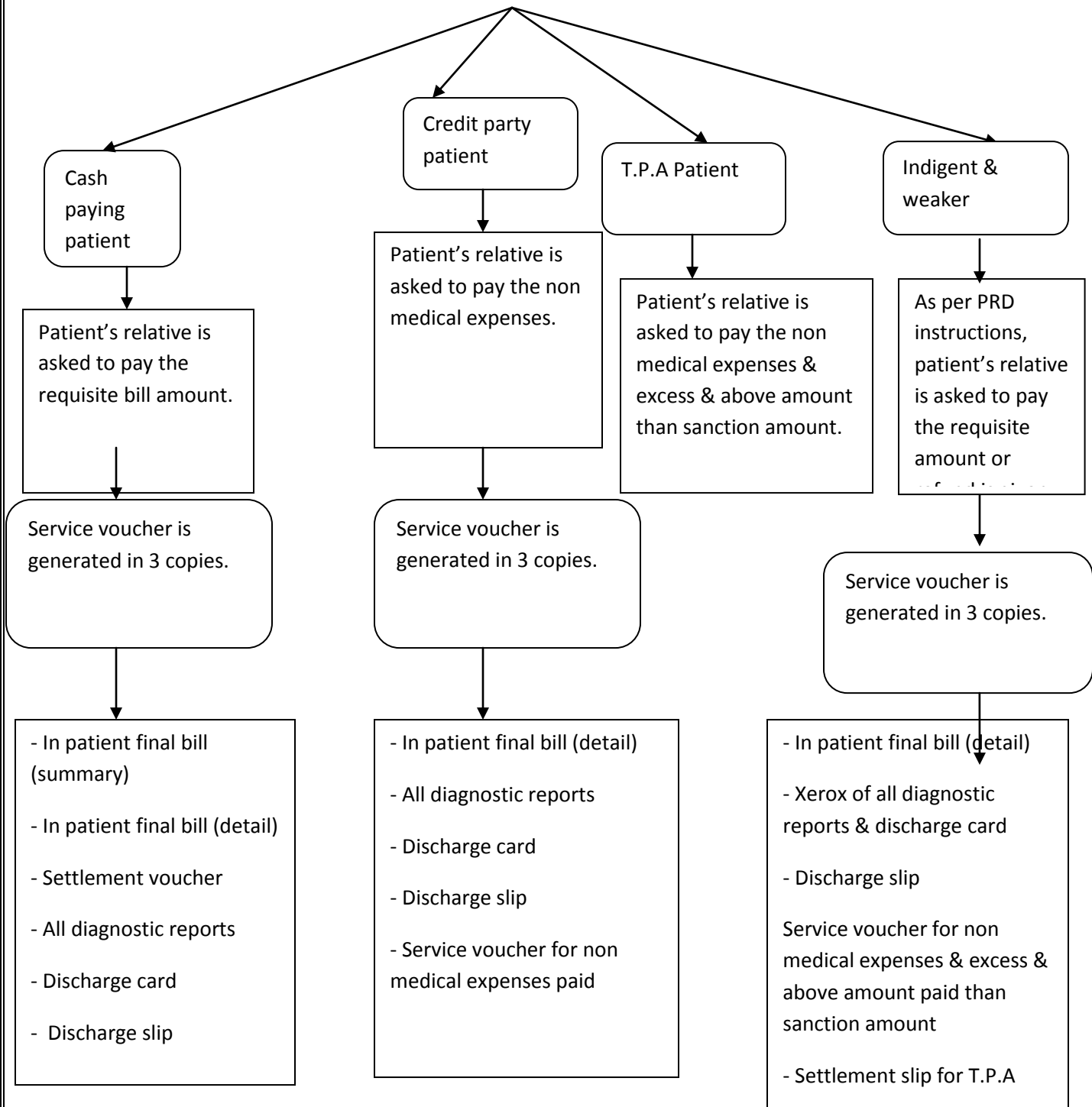
Project Report-3

Report of Short study on

TIME MOTION DISCHARGE STUDY AT BILLING

Discharge process

Discharge Process



Final Bill Generation

Unit clerk brings the "Ward Billing Folder" if comprises of admission paper – ward copy/ O.T/ Scopy/ procedure charge sheet/ Investigation requisition slip/ Anesthesia charge sheet/ consumable sheet

Billing counter

Billing staff audits & verifies the entries of services rendered in the care billing module

Final bill (summary) /
Final bill (detail) /
Credit note /
Debit note /

- Billing heads
- Anaesthesia
- Bed charges
- Doctors fees
- Cardiology
- Hospital services
- Lab medicine
- Imaging

Final bill (summary) /
Final bill (detail) /
IPT for cash payment /
Staff / Staff dependents patients

Final bill (summary) /
Final bill (detail) /
ICR for credit party /
T.P.A patients

Definition of “Time and Motion” study

Time management is the systematic, priority based structuring of time allocation & distribution.

The main objective of time management is to prevent wastage of time.

Time motion study measures the amount of time taken to complete a task by an individual.

Executive Summary: This study was conducted in Admission and Billing department for 2 days to identify any delay between billing and full settlement time. Benchmark for the discharge process in department is 45 minutes. The process begins as soon as the ward clerk brings the patient folder to the billing department. I have made several observations for the deviation from the benchmark.

2.1 OBJECTIVE OF THE STUDY:

- To find out the time taken from billing till full settlement.
- To identify the reasons for the deviation from the benchmark of admission and billing department.

2.2 METHODOLOGY

Study Period:- Two days

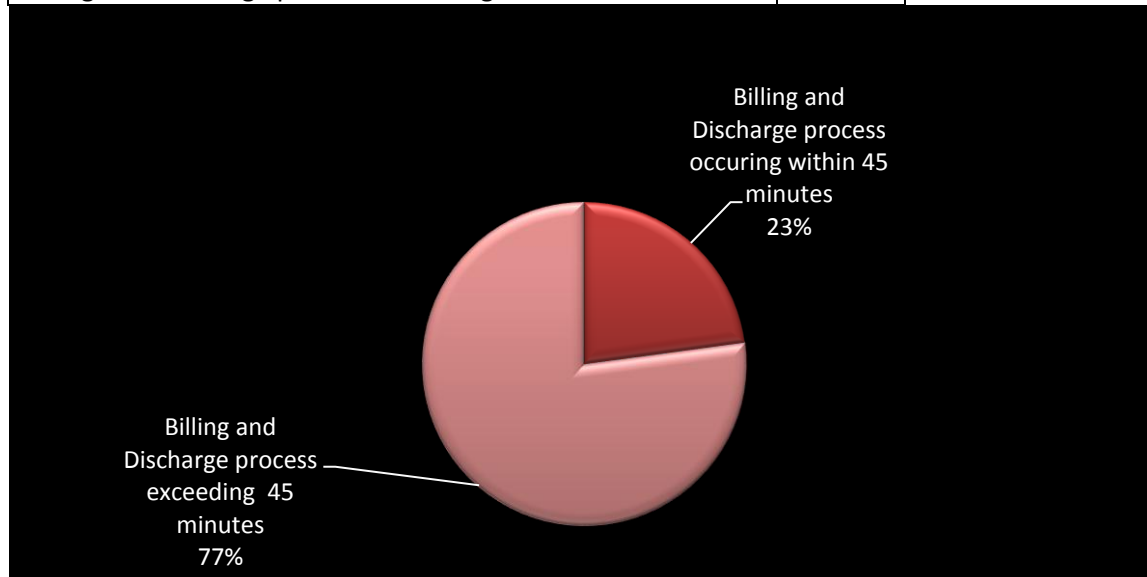
Sample Size: 70

Tools used: Data Tracking Sheet (*Annexure 3*)

Data Source: - Primary data.

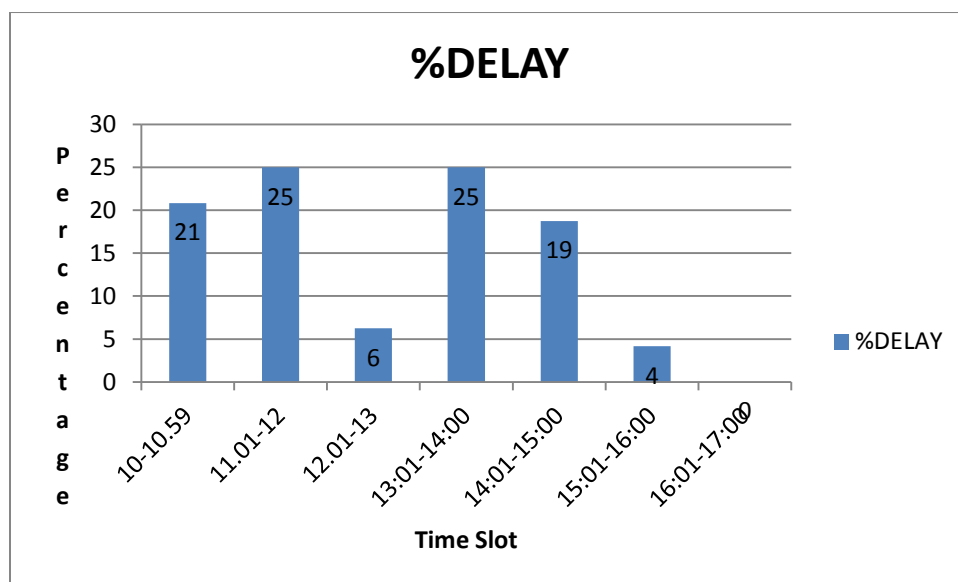
Analysis

Billing and Discharge process occurring within 45 minutes	16
Billing and Discharge process exceeding within 45 minutes	54



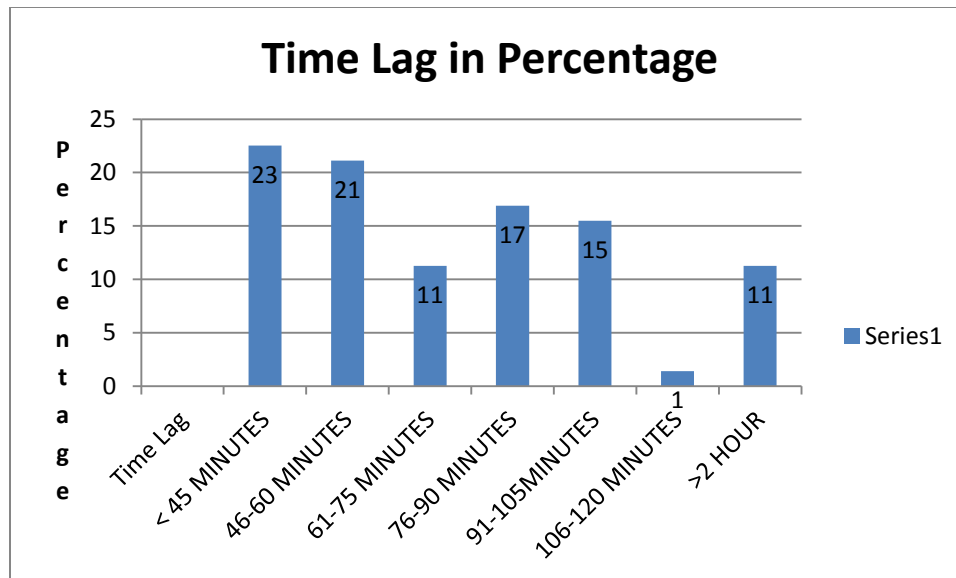
Interpretation: In 77% cases the time taken between billing and full settlement was greater than 45 minutes.while only in 23%cases billing and full settlement was done in 45 minutes. This leads to the dissatisfaction amongst patient's relatives. Also the time lag is more In cases where full settlement is to be done by TPA.

% Deviation from benchmark according to Time Slot



Interpretation:

The maximum deviation from benchmark is observed during 11am-12 pm because after 11 pm the half day bed charges for next day apply. So even the ward clerks and the patients have got the tendency to get the billing done prior to 11.00am. This leads to huge rush at the billing counter and many patient folders come at same time and hence the overall process gets delayed.



Interpretation:

In most of the cases the time taken between billing and full settlement lies between 45-60 minutes. The delay above 2 hour usually happens in cases of TPA/ Insurance.

Observations

- 1) Ward clerks are not entering the correct time when they are bringing the patients financial folders. There is a difference of approximately 15-20 minutes. This in turn leads to overall increase in time lag between billing and discharge. One reason is that they are entering the approximate time.
- 2) Sometimes the patient's relatives accompanies the ward clerks ,thus it leads to a rush at the counter and leads to dissatisfaction amongst patient's relatives because they have to wait for approximately 30-60 minutes for the billing procedure to be completed.
- 3) In some cases though the billing process gets completed, still the full settlement takes time because the patient's relatives are not found available. In such a case clerk informs the respective wards through extension.
- 4) Time delay in full settlement takes place in the insurance /corporate cases.
- 5) Rush is especially observed around 11 am.

Recommendations:

- **Relatives of the patient should be informed as soon as the billing process starts.**
- Assistance from customer care can speed up the process of discharge. The guidance from customer care department can reduce the time lag between receipt of discharge slip by the patient's relative and the physical discharge of patients.
- As the procedure of billing and discharge takes 45-60 minutes (approx.) the patients and their relatives sitting in the waiting area can be provided with knowledge materials or media.
- The inpatients waiting time can be reduced by better coordination with the nursing staffs at the floors.

Project Report-4

Report on Employee Satisfaction Survey

INTRODUCTION-

A strong relationship exists between employee satisfaction and patients' perceptions of the quality of their care, measured in terms of their intent to return and to recommend the hospital to others. Employee dissatisfaction can negatively affect quality of care and have an adverse effect on patient loyalty and, thus hospital profitability. Therefore, health care marketers should regularly measure employee satisfaction as one way to monitor service quality. Health care marketers must work more closely with their human-resource departments to understand and influence employees' work environment and maintain a high level of job satisfaction. Marketers also should place an increased emphasis on both employee and patient perceptions of satisfaction when developing internal and external strategic marketing plans and formulating future research.

Hence the need to measure and document employee satisfaction of the employees in the organization.

OBJECTIVE OF THE STUDY

- To know how the employees view the workplace, pay, benefits and their supervision
- To reduce the barriers between communication.
- To recognize the need of employees for providing training program.

METHODOLOGY

- Study Period:-Ten days (22nd May to 1st June 2012)
- Sample Size: Systematic random sampling (15% of total employees).
- Tools used : Questionnaire
- Data Source: - Primary data.

ANALYSIS AND FINDINGS:

After the grade wise sampling, forms were collected according to different grades of employees. The forms were then thoroughly analyzed and evaluated.

The total number of forms collected were 365 comprising 48 of A-C grades , 95 of D-H, 72 OF I-L, 74 OF N1 TO N8, 30 JMS, 22M+ and 24 of these were unknown of which 19 were of unknown grade and 5 of unknown grade and department.

GRADE	TOTAL NO. OF EMPLOYEES	15% OF TOTAL	TARGET	UNKNOWN	RECEIVED
A-C	314	47	47	-	48
D-H	600	90	90	-	95
I,J,K,L	286	43	43	-	72
N1-N8	568	85	85	-	74
JMS	199	30	30	-	30
M+	127	19	19	-	22
UNKNOWN	-	-	-	24	24
TOTAL	2094	314	314	-	365

UNKNOWN GRADE = 19
UNKNOWN GRADE AND DEPARTMENT = 5

For computing grade wise analysis of the questionnaire VOICE 2012, averages for each category of the questions for respective grades were calculated. The questions were scored on Likerts scale ranging from 1 to 5 wherein 1 was for strongly agree, 2 for agree, 3 for undecided, 4 for disagree and 5 for strongly disagree. The results were as follows:

A - C		D - H	
Overall Hospital Impression	1.4	Overall Hospital Impression	1.84
My Job	1.64	Career Development	2.05
Supervisor	1.65	Co-worker/Teamwork	2.09
Co-worker/Teamwork	1.67	My Job	2.19
Relationship with managers	1.75	Supervisor	2.27
Career Development	1.76	Work Environment	2.29
Recognition and Rewards	1.78	Relationship with managers	2.33
Compensation and Benefits	1.89	Recognition and Rewards	2.45
Work Environment	2.02	Compensation and Benefits	2.5

I,J,K,L		JMS	
Overall Hospital Impression	1.69	Overall Hospital Impression	1.78
Career Development	1.94	Co-worker/Teamwork	1.84
Supervisor	1.96	Career Development	1.92
Co-worker/Teamwork	2	Recognition and Rewards	2.17
My Job	2.01	My Job	2.15
Relationship with managers	2.04	Relationship with managers	2.22
Recognition and Rewards	2.11	Supervisor	2.29
Work Environment	2.26	Work Environment	2.29
Compensation and Benefits	2.28	Compensation and Benefits	2.45

ALL NURSING		M+	
Career Development	1.752	Overall Hospital Impression	1.844
Overall Hospital impression	1.755	My job	1.94
Co-worker/teamwork	2.05	Supervisor	2.04
Work Environment	2.22	Co-worker/Teamwork	2.07
My Job	2.3	Recognition and Rewards	2.09
Supervisor	2.32	Relationship with managers	2.12
Recognition and Rewards	2.38	Compensation and Benefits	2.31
Relationship with managers	2.45	Career development	2.32
Compensation and Benefits	2.77	Work environment	2.56

The forms were also analyzed based on categories of questions such as my job , work environment, co workers/ team work , recognition and rewards, supervisor, relationship with manager, career development and overall hospital impression. Nested questions of each of these categories were analysed to assess the total agree percentage that corresponds to satisfaction levels.

DIMENSIONS	QUESTIONS	No of forms	Agree (<3)	Disagree (>3)	Agree %
MY JOB	My job at Hinduja hospital provides me an opportunity to be innovative	331	299	32	90.33
	My work load and work responsibilities are reasonable	313	255	58	81.46
	I feel secure in my job and feel a sense of ownership towards it	321	279	42	86.91
	Overall I am satisfied with my job at Hinduja hospital	310	269	41	86.77
WORK ENVIRONMENT	Hospital provides sufficient resources that I need, to do my job well	324	285	39	87.96
	Physical conditions(cleanliness, hygiene, light, heat, space, safety) in my work area are good.	352	324	28	92.04
	I feel there is lot of politics in the hospital	264	169	95	64.01
	I am satisfied with the recreational facilities provided by the hospital	278	201	77	72.30
CO-WORKERS/TEAMWORK	I am satisfied with the professionalism of the people with whom I work	318	288	30	90.56
	My division encourages me to co-ordinate with different	325	292	33	89.84

	departments.				
	There is good communication among my team members	337	313	24	92.87
	There is a spirit of teamwork at Hinduja hospital	341	311	30	91.20
	I feel valued at Hinduja Hospital	317	286	31	90.22
RECOGNITION AND REWARDS	If I do good work I can count on being promoted	285	235	50	82.45
	The performance appraisal system of hospital is fair.	270	206	64	76.29
	I receive recognition from my boss when I do a good job	319	263	56	82.44
SUPERVISOR	My supervisor keeps me informed about what's going on in the hospital	322	283	39	87.88
	My supervisor asks for my ideas and suggestions for improvement	310	260	50	83.87
	It is easy to talk to my supervisor about the things that go wrong in my job	311	277	34	89.06
	My supervisor encourages me to find better ways to do things	313	275	38	87.85
	I receive useful and constructive feedback from my superior	311	263	48	84.56
COMPENSATION AND BENEFITS	Hospital provides sufficient health benefits and packages	333	305	28	91.59
	Retirement and compensation benefits	232	171	133	73.70

	are good at Hinduja hospital				
	My salary is fair for my responsibilities	281	133	148	47.33
	I am satisfied with the leave policy of the hospital	316	262	54	82.91
RELATIONSHIP WITH MANAGERS	Management at Hinduja hospital promotes high quality patient care	346	327	19	94.50
	Communication from management is efficient and frequent	307	275	32	89.57
	Management at Hinduja hospital responds promptly to the problem areas	298	258	40	86.57
	Management treats all its employees fairly	278	216	62	77.69
	I have freedom to put my opinions freely without any fear	289	220	69	76.12
CAREER DEVELOPMENT	I receive adequate trainings in hospital as per my job	321	301	20	93.76
	Being part of Hinduja hospital, I have opportunities to learn and grow	337	316	21	93.76
OVERALL HOSPITAL IMPRESSION	The hospital emphasizes on the importance of patient care	348	341	7	97.98
	Hospital is conscious about the impact of its processes on the environment	341	334	7	97.94
	The hospital policies are fair, transparent and employee friendly	302	279	23	92.38
OVERALL HOSPITAL IMPRESSION					

	I would recommend health services provided here to friends and relatives	328	311	17	94.81
	I would recommend my hospital as a good place to work.	329	310	19	94.22
	I am proud to work for Hinduja Hospital	336	328	8	97.61
	I feel satisfied with the brand image of Hinduja hospital	348	334	14	95.97

It was observed that overall hospital impression, which includes emphasis on importance of patient care, consciousness about impact of processes on environment, brand image of hospital and recommendation of hospital as a good place to work, was one of the major satisfying factors.

The major cause of dissatisfaction emerged as salary which was rated to be unfair compared to responsibilities. The recreational facilities, performance appraisal and retirement and compensation benefits were areas of concern.

AREAS OF IMPROVEMENT

Following are the points for which responses suggest the dissatisfaction of the employees, areas where improvement is required:-

- I feel there is lot of politics in the hospital.
- My salary is fair for my responsibilities.
- Retirement and compensation benefits are good at HINDUJA HOSPITAL.
- I receive recognition from my boss when i do a good job.
- Managements treat all employees fairly.
- The performance appraisal system of hospital is fair.
- I have freedom to put my opinion freely without any fear.
- I am satisfied with recreational facilities provided by the hospital.
- My workload and responsibilities are reasonable.
- Increase the manpower to reduce the workload.
- My supervisor asks for my ideas and suggestions for improvements.

RECOMMENDATIONS:

- Build healthy relations at work place although, Hinduja is a living example of a brilliant good work culture, still more efforts can be made towards building healthier relations at work.
- Satisfactory salary structure: as most employees were not happy with the salary they are getting.
- Design good retirement and compensation policies for an employee: this is one feature which makes an employee work with a peace of mind although.
- Promotion policy should be fair enough.
- All the employees should be equally treated.
- Employees should be appraised for their performance system.
- Employees should be asked for their opinion: there are some examples wherein employees from grade A to C have given solutions and fruitful ideas which when implemented gave outstanding results.
- Provide recreational facilities to the staff.
- My workload and work responsibilities are reasonable. Involve employees in decision making.
- Increase the manpower to reduce the workload.

ANNEXURES

Annexure-1

				<u>Quality Indicators Of Medical Records Department in Hinduja Hospital (sample size-100)</u>						
DATE	SR	AD.NO.	HH.NO	PT NAME	HP	PHY	SP SIG	CONSN	RE-ASS	OR
12-Apr	1	1176067	262269	ROY CHOUDHARY	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	COMPLETE	COMPLETE	DONE	YES
12-Apr	2	1038205	798612	SAVANT PARAG	COMPLETE	TIME NOT WRITTEN	COMPLETE	COMPLETE	DONE	YES
12-Apr	3	1175574	1165571	SHETTY BALKRISHNA	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
12-Apr	4	1174259	1235937	DESAI DHANESH	COMPLETE	COMPLETE	COMPLETE	COMPLETE		YES
12-Apr	5	1175878	759669	SUPAL VIJAY	OLD HISTORY FORM USED	TIME NOT WRITTEN	NOT SIGNED	COMPLETE		YES
13-Apr	6	1175846	1222530	PHADTERE PARTH	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		NO
13-Apr	7	1176064	1241191	SHEIKH IMRAN	COMPLETE	TIME NOT WRITTEN	COMPLETE	DOCTOR NOT SIGNED		NO
13-Apr	8	1175271	1239581	PETKAR	COMPLETE	TIME NOT WRITTEN	COMPLETE	NOT REQUIRED		NO
13-Apr	9	1175491	1232994	PATIL ANUSAGA	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	NOT REQUIRED		NO
13-Apr	10	1175663	1234126	AGARWAL ABHA	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	NOT REQUIRED		NO
14-Apr	11	1176236	1242930	VAKHARIA PRAKASH	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
14-Apr	12	1176157	1235835	PATEL TTENA	COMPLETE	TIME NOT WRITTEN	COMPLETE	COMPLETE	DONE	YES
14-Apr	13	1175782	1242300	PARIKH NAVNEET	COMPLETE	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
14-Apr	14	1175913	1242309	PKIRKE NILKANTH	COMPLETE	TIME NOT WRITTEN	COMPLETE	NOT REQUIRED		NO
14-Apr	15	1175092	1125785	V.AKATAI	PLAN OF CARE NOT WRITTEN AND NOT SIGNED	TIME NOT WRITTEN ALONG WITH DATE	COMPLETE	COMPLETE		NO
16-Apr	16	1175789	1240944	KATARIA TARUNA	COMPLETE	COMPLETE	COMPLETE	COMPLETE	DONE	YES
16-Apr	17	1175577	1027207	M.AGARWAL	COMPLETE	TIME NOT WRITTEN	COMPLETE	COMPLETE	DONE	YES
16-Apr	18	1175663	1234126	AGARWAL ABHA	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES

16-Apr	19	1176261	1242325	PATARKAR VIJAY	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
16-Apr	20	1176072	1240113	DHAKER SINGH	OLD HISTORY FORM USED	TIME NOT WRITTEN	NOT SIGNED	COMPLETE		YES
16-Apr	21	1175846	1222530	PHADTERE PARTH	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
19-Apr	22	1176372	1243416	jaiswal pramila	OLD HISTORY FORM USED	COMPLETE	NOT SIGNED	COMPLETE		YES
19-Apr	23	1176311	1243703	kundlani	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
19-Apr	24	1176398	1238522	thombare vijay	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
19-Apr	25	1176204	1243854	chandanshine ayush	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		NO
19-Apr	26	1176465	1158617	sheikh saher salim	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
19-Apr	27	1176521	1244352	dhankani ahok	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
21-Apr	28	1176309	1242329	rajpurohit	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
21-Apr	29	1176465	1158617	sheikh saher salim	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
21-Apr	30	1176159	705153	puralkar shashikantawasti	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
21-Apr	31	1175746	1235916	awasti anil	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		NO
21-Apr	32	1176727	1013241	kyadarisudarshan	OLD HISTORY FORM USED	COMPLETE	COMPLETE	COMPLETE		YES
21-Apr	33	1176717	1235299	MANGE PRAMILA	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
21-Apr	34	1176789	1238574	KATRE ASHAY	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
21-Apr	35	1175885	1241827	YADAV NANDLAL	COMPLETE	TIME NOT WRITTEN	NOT SIGNED	COMPLETE		NO
21-Apr	36	1176805	553184	KATHAR SANDHYA	COMPLETE	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
21-Apr	37	1176305	314410	PARWAL BHAGOI	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	COMPLETE	DOCTOR NOT SIGNED		NO
23-Apr	38	1176799	885778	DOMAL VIJAY KUMAR	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	NOT SIGNED	COMPLETE		YES
23-Apr	39	1176559	1214829	SHAIKH ILIYAS	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	NOT SIGNED	COMPLETE		NO
23-Apr	40	1175559	1220056	AWALE ADITYA NAND	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		NO
23-Apr	41	1176856	1241896	GAIKWAD PRATIK	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		NO
23-Apr	42	1175763	1121327	CHAUHAN RAJKUMAR	OLD HISTORY	COMPLETE	COMPLETE	COMPLETE		NO

					FORM USED					
23-Apr	43	1176869	824074	SHAH RAJESH	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	NOT SIGNED	NOT REQUIRED		NO
23-Apr	44	1176159	705153	PURALKAR VISHRAM	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
23-Apr	45	1176891	729946	CHANDARIA	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	NOT SIGNED	COMPLETE		YES
23-Apr	46	1176812	1238941	NAVNEET KUMAR	OLD HISTORY FORM USED	COMPLETE	COMPLETE	COMPLETE		NO
23-Apr	47	1176798	1243433	INSAR ALI	COMPLETE	COMPLETE	COMPLETE	COMPLETE		YES
23-Apr	48	1173335	1219956	S.VISHAL	COMPLETE	TIME NOT WRITTEN	COMPLETE	COMPLETE		NO
24-Apr	49	1176403	1243718	M.MAHADEV	COMPLETE	TIME NOT WRITTEN	NOT SIGNED	COMPLETE		YES
24-Apr	50	1176877	1229660	PATEL MUKESH	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
24-Apr	51	1176908	1243545	RAO VENKAT	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	COMPLETE	COMPLETE		NO
24-Apr	52	1176704	1236732	JADAV NAMDEO	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
24-Apr	53	1175649	1238639	KUMAR GAUTAM	COMPLETE	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
24-Apr	54	1177001	812666	BAKLIWAL KANAHIYA	COMPLETE	NEW PATIENT	NOT PRESENT	NOT SIGNED		YES
24-Apr	55	1176877	1229660	PATEL MUKESH	PLAN OF CARE NOT WRITTEN	COMPLETE	COMPLETE	COMPLETE		YES
24-Apr	56	1176580	1240157	WANJANASINON	OLD HISTORY FORM USED	COMPLETE	NOT SIGNED	NOT SIGNED	DONE	YES
24-Apr	57	1176896	1244171	ASHOK	OLD HISTORY FORM USED	TIME NOT WRITTEN	NAME NOT WRITTEN	COMPLETE		YES
24-Apr	58	1183789	1214483	LILANI MANOHARLAL	OLD HISTORY FORM USED	COMPLETE	COMPLETE	COMPLETE	DONE	YES
24-Apr	59	1176953	1032932	PASSI CHOTELAL	PLAN OF CARE NOT WRITTEN	COMPLETE	COMPLETE	COMPLETE		YES
24-Apr	60	1176579	1239644	KARAN JAANKAR	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	NAME NOT PRESENT	COMPLETE		NO
24-Apr	61	1176987	1225303	GAURAV SAHDEV	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	NOT SIGNED	NOT SIGNED	NOT SIGNED	YES
24-Apr	62	1176559	1214829	SHEIKH ILVAS	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	NOT SIGNED	NOT SIGNED	DONE	YES
24-Apr	63	1171108	1199327	YAMEEVAR AJAY	OLD HISTORY FORM USED	TIME NOT WRITTEN	NOT SIGNED	COMPLETE	DONE	YES
24-Apr	64	1176817	281913	kilwani pratap	COMPLETE	TIME NOT WRITTEN	NOT SIGNED	NOT REQUIRED		NO
24-Apr	65	1176683	890105	sampat prashant	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	NOT SIGNED	NOT REQUIRED		NO
24-Apr	66	1176815	458120	singh dinesh	OLD HISTORY FORM USED	TIME NOT WRITTEN	NOT SIGNED	NOT REQUIRED		NO
24-Apr	67	1173614	517719	n.gopal	OLD	TIME NOT	COMPLETE	COMPLETE		NO

					HISTORY FORM USED	WRITTEN				
24-Apr	68	1175559	1220056	aditya	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
24-Apr	69	1176911	1231805	deshmukh	COMPLETE	COMPLETE	COMPLETE	COMPLETE		YES
25-Apr	70	1176910	116587	shah nayna	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
25-Apr	71	1176352	1212959	guela kavila chanderlal	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	NOT SIGNED		YES
25-Apr	72	1176900	1244561	gadhe mangala	COMPLETE	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
25-Apr	73	1176581	678017	deshpande geeta	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
25-Apr	74	1174794	1237120	siddhiqui	COMPLETE	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
25-Apr	75	1176905	856359	sakpal asha	COMPLETE	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
25-Apr	76	1176735	1236354	khatoon aditya	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
25-Apr	77	1176885	1245402	BHAJPAI VIMLESH	OLD HISTORY FORM USED	COMPLETE	COMPLETE	COMPLETE		YES
25-Apr	78	11785577	1027207	SANE VRINDA	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
25-Apr	79	1176919	583653	GUTKA BHARTI	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
25-Apr	80	1176859	1154914	DESHMUKH	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		NO
25-Apr	81	1176898	1198412	C.SUDHA	OLD HISTORY FORM USED	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
25-Apr	82	1176698	124102	MHATRE VANDANA	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	NOT SIGNED	NOT SIGNED		YES
25-Apr	83	1177079	1242810	D.JAYALAXMI	COMPLETE	TIME NOT WRITTEN	NOT SIGNED	NOT SIGNED		NO
25-Apr	84	1176711	1241524	PUNJABI PUSHPA	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	NOT SIGNED	NOT SIGNED		NO
27-Apr	85	1176925	1244286	yadav shreya suresh	COMPLETE	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
27-Apr	86	1175797	1238616	bhatri zaman	COMPLETE	COMPLETE	COMPLETE	COMPLETE		YES
27-Apr	87	1177180	1244505	chavan b/o shital umesh	COMPLETE	COMPLETE	COMPLETE	NOT REQUIRED		NO
27-Apr	88	1176872	749229	gangurde	COMPLETE	TIME NOT WRITTEN	COMPLETE	NOT REQUIRED		NO
27-Apr	89	1177041	1222576	ARORA AMANDEEP SINGH	COMPLETE	COMPLETE	COMPLETE	COMPLETE		NO
27-Apr	90	1177105	1245123	PATIL PALLAVI	COMPLETE	COMPLETE	COMPLETE	NOT REQUIRED		NO
27-Apr	91	1176309	1242329	RAJ PUROHIT	COMPLETE	TIME NOT WRITTEN	COMPLETE	NOT REQUIRED		NO
27-Apr	92	1177082	1222926	PRANAV	plan of care not written	TIME NOT WRITTEN	COMPLETE	NOT REQUIRED		NO
27-Apr	93	1176850	1245107	KOTHARI VYOM SOHIL	COMPLETE	TIME NOT WRITTEN	NOT SIGNED	NOT REQUIRED		NO
27-Apr	94	1177162	1246159	JAIN BHAVIKA	COMPLETE	COMPLETE	COMPLETE	COMPLETE		NO

27-Apr	95	1177090	1243473	OZA HINAL	COMPLETE	TIME NOT WRITTEN	COMPLETE	NOT REQUIRED		NO
27-Apr	96	1177179	1243137	TOTLANI PUNEET	COMPLETE	COMPLETE	COMPLETE	COMPLETE		NO
27-Apr	97	1177274	721572	SHEIKH ZAKUL ISLAM	PLAN OF CARE NOT WRITTEN	TIME NOT WRITTEN	COMPLETE	COMPLETE		YES
27-Apr	98	1176331	1243408	BUCH CHAITI	COMPLETE	TIME NOT WRITTEN	COMPLETE	NOT SIGNED		NO
30-Apr	99	1172099	39906	TIWARI RAM	OLD HISTORY FORM USED	TIME NOT WRITTEN	NOT SIGNED	NOT REQUIRED		NO
30-Apr	100	1176802	1219399	RASHID SIDDHIKI	COMPLETE	TIME NOT WRITTEN	COMPLETE	NOT REQUIRED		NO

Annexure-2

WHEEL CHAIR MOVEMENT-13 april-19 april(6 days)-sample size 221

(compiled by Dr.ayushi Gupta,Dr.Rishab Gupta(I.H.M.R jaipur)

Date	W/T	W/T no.	Patient Name	Location(From)	Location(to)	Time when patient required	Time in	Time out	Remarks	TRIP TIME	W Ti
13-Apr	W	3	MR. TARACHAND	GROUND FLOOR	THIRD FLOOR	08:45	08:45				00
13-Apr	W	9	MRS. KANCHAN	GROUND FLOOR	GROUND FLOOR	08:50	08:52	10:00	PATIENT WAS WAITING FOR HER TURN TO GIVE SAMPLE	01:10	00
13-Apr	W	11	MRBRIJESH KHANDELWAL	GROUND FLOOR	FIRST FLOOR	09:15	09:15	11:15	PATIENT WAITED 40 MIN FOR THERE TRANSPORT TO ARRIVE	02:00	00
13-Apr	W	14	MRS LALITA NAGDA	GROUND FLOOR	SECOND FLOOR	07:50	07:50	10:30	PATIENT WAS WAITING FOR DR AND THEN WAITED FOR BLOOD TEST	02:40	00
13-Apr	W	1	MRS KAMLA RAJANI	GROUND FLOOR	THIRD FLOOR	09:20	09:20			#####	00
13-Apr	W	7	MR.SHASHIKANT	GROUND FLOOR	THIRD FLOOR	09:35	09:35	11:47		02:12	00
13-Apr	W	14	MRS LALITA NAGDA	SECOND FLOOR	FIRST FLOOR	10:32	10:32	10:55	PATIENT WAITED FOR LONG FOR TRANSPORT	00:23	00
13-Apr	W	13	MRS KUCHELI DAS	GROUND FLOOR	FIRST FLOOR	09:55	09:55	10:22		00:27	00

13-Apr	W	8	MR. J. HAZARE	GROUND FLOOR	GROUND FLOOR(AKD)+F75	10:00	10:00	11:50		01:50	00
13-Apr	W	9	MRS. RAJ RAJESHEWARI	GROUND FLOOR	FIRST FLOOR	10:03	10:05	19:00	TREATMENT PROCEDURE WAS LONG	08:57	00
13-Apr	W	4	MR. ABDUL HAKIM	GROUND FLOOR	SECOND FLOOR	10:05	10:05	11:12		01:07	00
13-Apr	W	10	MRS PUSHPA	GROUND FLOOR	FIRST FLOOR	10:14	10:14			#####	00
13-Apr	W	2	MR ASHWIN DISILWA	GROUND FLOOR	FIRST FLOOR	10:23	10:23	11:17		00:54	00
13-Apr	W	5	MRS KAMLA TIWARI	GROUND FLOOR	SECOND FLOOR	10:32	10:32	12:10	PATIENT WAITED FOR THE TRANSPORT FOR 4 MINS	01:38	00
13-Apr	W	6	MISS ROHINI	GROUND FLOOR	FIRST FLOOR	10:37	10:37	12:15		01:38	00
13-Apr	W	3	MRS KUMUD CHITRE	GROUND FLOOR	AKD GROUND FLOOR	11:00	11:00	11:25		00:25	00
13-Apr	W	13	LALITA	GROUND FLOOR	SECOND FLOOR	11:08	11:08	12:10	PATIENT WAITED FOR LONG FOR TRANSPORT	01:02	00
13-Apr	W	14	ABDUL RAHIM	GROUND FLOOR	FIRST FLOOR	11:09	11:09	13:48	PATIENT WAITED FOR LONG FOR TRANSPORT	02:39	00
13-Apr	W	7	SASHIKANT YADAV	GROUND FLOOR	THIRD FLOOR	11:13	11:13	12:42	PATIENT WAITED FOR LONG FOR TRANSPORT	01:29	00
13-Apr	W	4	ABDUL SHEIKH	GROUND FLOOR	THIRD FLOOR	11:15	11:15	12:41		01:26	00
13-Apr	W		JM SAKLEJA	GROUND FLOOR	SECOND FLOOR	11:16	11:16			#####	00
13-Apr	W	2	KRITIKA JAIN	GROUND FLOOR	FIRST FLOOR	11:24	11:24	12:04		00:40	00
13-Apr	W	15	RUMA SEN GUPTA	GROUND FLOOR	SECOND FLOOR	11:27	11:27	13:00		01:33	00
13-Apr	W	7	NANKI DUMARYA	GROUND FLOOR	FIRST FLOOR	12:55	12:55	14:27		01:32	00
13-Apr	W	4	KANTA SEN	GROUND FLOOR	CASUALTY	13:25	13:25	17:20		03:55	00

13-Apr	W	16	AHMED THOKAR	GROUND FLOOR	SECOND FLOOR	13:30	13:30			#####	00
13-Apr	W	3	MRS. PROMILLA	GROUND FLOOR	FIRST FLOOR	13:45	13:45			#####	00
13-Apr	W	6	MR. MOHD SHARAFAT	GROUND FLOOR	SECOND FLOOR	13:48	13:48			#####	00
13-Apr	W	5	MR. GOVIND RAM	GROUND FLOOR	SECOND FLOOR	14:22	14:22			#####	00
13-Apr	W	8	D. SHANKAR	GROUND FLOOR	GROUND FLOOR	14:37	14:37	15:45		01:08	00
13-Apr	W	2	SARITA MUREY	GROUND FLOOR	GROUND FLOOR	14:55	14:55	19:00		04:05	00
13-Apr	W	17	MUKESH CHEDA	GROUND FLOOR	THIRD FLOOR	15:30	15:30	18:50	APPOINTMENT TAKEN AT 5 PM BUT SEEN AT 6:40	03:20	00
13-Apr	W	7	RAM KRISHNA MUREY	GROUND FLOOR	SECOND FLOOR	15:35	15:35	17:11		01:36	00
13-Apr	W	A&E 8	ABDUL HAKEEM	GROUND FLOOR	THIRD FLOOR	15:37	15:37	16:45		01:08	00
13-Apr	W		KANTABEN	GROUND FLOOR	SECOND FLOOR	15:38	15:38			#####	00
13-Apr	W	8	KANCHAN KUBADIA	GROUND FLOOR	SECOND FLOOR	15:55	15:55	13:15		#####	00
13-Apr	W	14	SATISH	GROUND FLOOR	GROUND FLOOR	16:30	16:30	18:30	WAITED LONG FOR HIS TURN	02:00	00
13-Apr	W	10	SAMITI ACHARYA	GROUND FLOOR	THIRD FLOOR	16:45	16:47	19:14	TREATMENT PROCEDURE WAS LONG	02:29	00
13-Apr	W	12	NH PASTEKLI	GROUND FLOOR	FIRST FLOOR	17:06	17:06	17:55		00:49	00
13-Apr	W	A&E 8	ANANDI BAI	GROUND FLOOR	SECOND FLOOR	17:10	17:10			#####	00
13-Apr	W	8	BV KURUNKAR	GROUND FLOOR	THIRD FLOOR	17:36	17:36			#####	00
13-Apr	W		KAILASH	GROUND FLOOR	THIRD FLOOR	17:47	17:47	19:32		01:45	00
13-Apr	W	15	HENRY	GROUND FLOOR	SECOND FLOOR	18:07	18:07	18:32		00:25	00
13-Apr	W	7	NEELAM	GROUND FLOOR	GROUND FLOOR	18:14	18:14			#####	00

13-Apr	W	12	MAVIK	GROUND FLOOR	FIRST FLOOR	18:15	18:15			#####	00
13-Apr	W	16	PARMESH	GROUND FLOOR	GROUND FLOOR	18:50	18:50			#####	00
14-Apr-12	w	17	pobres	GROUND FLOOR	GROUND FLOOR	8:20	8:20			#####	00
14-Apr-12	w	11	ej balsara	GROUND FLOOR	THIRD FLOOR	8:57	9:00	10:22	no attendant present.security person took the patient to 3 F	01:25	00
14-Apr-12	w	3	ASHA SHARMA	GROUND FLOOR	THIRD FLOOR	9:00	9:05	11:40	attendant not present	02:40	00
14-Apr-12	w	5	ogle	GROUND FLOOR	GROUND FLOOR	9:10	9:10	12:10		03:00	00
14-Apr-12	w	13	d.shankar	GROUND FLOOR	GROUND FLOOR(r.o)	9:23	9:23	14:06		04:31	00
14-Apr-12	w	16	saate	GROUND FLOOR	GROUND FLOOR(r.o)	9:25	9:25	10:25		01:00	00
14-Apr-12	w	6	nirmala punjabi	GROUND FLOOR	THIRD FLOOR	9:26	9:26			#####	00
14-Apr-12	w	13	devi	GROUND FLOOR	FIRST FLOOR	9:30	9:30	12:05		02:35	00
14-Apr-12	w	10	hansa	GROUND FLOOR	Ground floor(akd)	9:43	9:43	11:03		01:20	00
14-Apr-12	w	2	ram chand	GROUND FLOOR	FIRST FLOOR	9:57	9:57	11:09		01:12	00
14-Apr-12	w	15	prerna acharya	GROUND FLOOR	THIRD FLOOR	9:57	9:57			#####	00
14-Apr-12	w	16	DAMODAR	GROUND FLOOR	AKD GROUND FLOOR	10:42	10:42			#####	00
14-Apr-12	T		SUNANDA BHOORE	GROUND FLOOR	SECOND FLOOR					00:00	00

14-Apr-12	w	11		GROUND FLOOR	GROUND FLOOR(R.O)	11:01	11:01			#####	00
14-Apr-12	W	12	PRAMODINI	GROUND FLOOR	FIRST FLOOR	11:01	11:01	11:46		00:45	00
14-Apr-12	W	9	TARABAI	GROUND FLOOR	THIRD FLOOR	11:01	11:01	12:21	\	01:20	00
14-Apr-12	W	2	SATISH	GROUND FLOOR	GROUND FLOOR(R.O)	11:43	11:43	12:20		00:37	00
14-Apr-12	W	14	MOHANDAS ROHRA	GROUND FLOOR	FIRST FLOOR	11:43	11:43			#####	00
14-Apr-12	W	10	SUDAM MANDLIK	GROUND FLOOR	CASUALTY	11:43	11:43			#####	00
14-Apr-12	W	12	KAUSUSLYA	GROUND FLOOR	THIRD FLOOR	11:43	11:43			#####	00
14-Apr-12	W	14	PRARADK	GROUND FLOOR	SECOND FLOOR	12:55	12:55			#####	00
14-Apr-12	W	16	SARORANI	GROUND FLOOR	SECOND FLOOR	12:55	12:55			#####	00
14-Apr-12	W	3	SHAKUNTALA	GROUND FLOOR	THIRD FLOOR	13:25	13:25			#####	00
14-Apr-12	W	13	ZAHARA	GROUND FLOOR	GROUND FLOOR(LAB)	14:07	14:07			#####	00
14-Apr-12	W	3	MUKESH CHEDA	GROUND FLOOR	THIRD FLOOR	14:22	14:22			#####	00
14-Apr-12	W	8	MADHVI HATI	GROUND FLOOR	GROUND FLOOR(AKD)	14:45	14:45			#####	00
14-Apr-12	W	2	VISHWAMOHINI	GROUND FLOOR	FIRST FLOOR	14:50	14:50			#####	00
14-Apr-12	W	OPD	NAVEEN	GROUND FLOOR	FIRST FLOOR	16:20	16:26		wheel chair available, attendant not present	#####	00

16-Apr	W	14FLOOR	MRS SAVITRI	GROUND FLOOR	CASUALTY	8:40	8:40	8.50		03:20	00
16-Apr	W	10	MR SHARVIN	GROUND FLOOR	SECOND FLOOR	9:01	9:01	11.45	PATIENT WAITED FOR LONG FOR TRANSPORT	01:47	00
16-Apr	W	8	MR DUA ROHIT	GROUND FLOOR	FIRST FLOOR	9:25	9:25			#####	00
16-Apr	W	16	MRS DWARKA	GROUND FLOOR	SECOND FLOOR	9:35	9:35	11.31		21:51	00
16-Apr	W	13	MRS DISOZA	GROUND FLOOR	SECOND FLOOR	9:38	9:38	11.45		01:10	00
16-Apr	W	6	MR FANEFACIO	GROUND FLOOR	THIRD FLOOR	9:39	9:39	0.46	PATIENT WAITED FOR LONG FOR THE TRANSPORT	01:24	00
16-Apr	W	13	MR FRANCIS	GROUND FLOOR	SECOND FLOOR	10:20	10:20	0.50	PATIENT WAITED FOR LONG FOR THE TRANSPORT	01:35	00
16-Apr	W	4	MR JANARDAN HAZARE	GROUND FLOOR	GROUND FLOOR	10:30	10:30	0.46		00:32	00
16-Apr	W	17	RAMUWIN SATRA	GROUND FLOOR	GROUND FLOOR	10:37	10:37	0.53		02:06	00
16-Apr	W	11	MRS PRASAD	GROUND FLOOR	SECOND FLOOR	10:50	10:50	01:45		#####	00
16-Apr	W	9	MR KEVIN	GROUND FLOOR	THIRD FLOOR	10:50	10:50	13:55		03:05	00
16-Apr	W	5	MR PATARI	GROUND FLOOR	THIRD FLOOR	10:50	10:50	14:30		03:40	00
16-Apr	W	11FLOOR	MR ROHAN	GROUND FLOOR	GROUND FLOOR	10:51	10:51	11:35	PATIENT WAITED FOR LONG FOR THE TRANSPORT	00:44	00
16-Apr	W	NO NO.	D.SHANKAR	GROUND FLOOR	GROUND FLOOR	10:55	10:55	12:07		01:12	00
16-Apr	W	12	MRS KUMUD CHITRE	GROUND FLOOR	GROUND FLOOR	11:02	11:02	11:25		00:23	00
16-Apr	W	AKD	MRS NANDA YADAV	GROUND FLOOR	FIRST FLOOR	11:10	11:13	15:45		04:35	00
16-Apr	W	6	MR SATISH	GROUND FLOOR	GROUND FLOOR	11:12	11:14	13:30		02:18	00

16-Apr	W	6	CASUALTY	MRS PRAMILA	GROUND FLOOR	FIRST FLOOR	11:15	11:15	12:50		01:35	00
16-Apr	W	12		MISS ISHRAT	GROUND FLOOR	GROUND FLOOR	11:26	11:27			#####	00
16-Apr	W			MRS HADEVI	GROUND FLOOR	FIRST FLOOR	11:23	11:45	11:45	PATIENT WAITED LONG FOR WHEELCHAIR AND WENT WITHOUT THAT	00:22	00
16-Apr	W	4		MRS NEELAM	GROUND FLOOR	GROUND FLOOR(AKD)+F75	11:35	11:35	14:55	PATIENT WAITED FOR LONG FOR THE TRANSPORT	03:20	00
16-Apr	W	16		MRS PARVATI	GROUND FLOOR	THIRD FLOOR	12:35	12:35	11:46		#####	00
16-Apr	W	2		MR PRAKASH	GROUND FLOOR	THIRD FLOOR	10:10	10:10	11:46		01:36	00
16-Apr	W	8FLOOR		MR FULOR	GROUND FLOOR	THIRD FLOOR	12:05	12:05	13:50		01:45	00
16-Apr	W	2		MR ANANDI	GROUND FLOOR	THIRD FLOOR	12:11	12:11	12:50		00:39	00
16-Apr	W	13		MRS ANANDI BEN	GROUND FLOOR	SECOND FLOOR	12:15	12:15	16:40		04:25	00
16-Apr	W			MRS NAIDU	AKD	WEST BLOCK	12:10	12:10			#####	00
16-Apr	W	10		MR DAGLI	GROUND FLOOR	FIRST FLOOR	12:15	12:15	13:20		01:05	00
16-Apr	W	AKD		MERA DEVI	GROUND FLOOR	SECOND FLOOR	12:04	12:04	13:25	UNAVAILIBLITY OF THE WHEEL CHAIR	01:21	00
16-Apr	W	15		MR SANTARAM	GROUND FLOOR	FIRST FLOOR	12:52	12:52	16:30		03:38	00
16-Apr	W	11FLOOR		MR GODWANI	GROUND FLOOR	SECOND FLOOR	12:52	12:52	14:10		01:18	00
16-Apr	W	6CASUALTY		MASTER HRIDAYA	GROUND FLOOR	FIRST FLOOR	13:07	13:07			#####	00
16-Apr	W	17		MRS FATIMA	GROUND FLOOR	SECOND FLOOR	13:20	13:20	14:30		01:10	00

16-Apr	W	2	MR DIGANBAI	GROUND FLOOR	SECOND FLOOR	13:25	13:25	15:00		01:35	00
16-Apr	W	1	MRS PYARI BAI	GROUND FLOOR	SECOND FLOOR	13:26	13:26		PATIENT GONE FOR ADMISSION IN WEST BUILDING	#####	00
16-Apr	W	AKD	MR CHOTELAL	GROUND FLOOR	FIRST FLOOR	13:36	13:36			#####	00
16-Apr	W	6	MR BHUVAN MATRE	GROUND FLOOR	SECOND FLOOR	13:57	13:57	15:25	PATIENT WAITED FOR LONG FOR THE TRANSPORT	01:28	00
16-Apr	W	11	MR PRAINOT	GROUND FLOOR	FIRST FLOOR	14:06	14:06	14:55		00:49	00
16-Apr	W	16FLOOR	MRS ROHINI	GROUND FLOOR	FIRST FLOOR	14:15	14:15	16:11		01:56	00
16-Apr	W	A&E3	MRS TANUJA	GROUND FLOOR	SECOND FLOOR	14:30	14:30	16:37		02:07	00
16-Apr	W	4	MRS KAMINI	GROUND FLOOR	GROUND FLOOR	14:54	15:00			#####	00
16-Apr	W	17	MR KJAISWANI	GROUND FLOOR	FIRST FLOOR	15:52	15:52	16:25		00:33	00
16-Apr	W	5	SIDDHIQI	GROUND FLOOR	FIRST FLOOR	16:07	16:07			#####	00
16-Apr	W	12	OGLE	GROUND FLOOR	GROUND FLOOR	16:35	16:35			#####	00
16-Apr	W	11FLOOR	MR B R PORE	GROUND FLOOR	GROUND FLOOR	16:40	16:40	18:15		01:35	00
16-Apr	W	13	KAITHARNE FRACE	GROUND FLOOR	FIRST FLOOR	16:55	16:55	19:20		02:25	00
16-Apr	W	8	SUDAM MANDLIK	GROUND FLOOR	SECOND FLOOR	17:45	17:45	18:29		00:44	00
16-Apr	W	15	MRS SHANTI DEVI	GROUND FLOOR	SECOND FLOOR	18:15	18:15			#####	00
16-Apr	W	3	MR PRABHAT	GROUND FLOOR	SECOND FLOOR	18:16	18:22	19:35	ATTENDENT NOT PRESENT	01:19	00
16-Apr	W	6	MR MURLIDHAR	GROUND FLOOR	FIRST FLOOR	18:16	18:24	19:40	LIFT ATTENDENT HAD TO COME FOR HELP.ATTENDENT NOT PRESENT	01:24	00

16-Apr	W	11	K PAYYARD	GROUND FLOOR	FIRST FLOOR	18:29	18:29		patient got the wheel chhair,but waited for attendant	#####	00
16-Apr	W	14	SUBHLAXMI	GROUND FLOOR	GROUND FLOOR	18:52	18:52			#####	00
17-Apr	W	9	SHANKAR LAL AGGARWAL	GROUND FLOOR	SECOND FLOOR	9:05	9:05	10:04		00:59	00
17-Apr	W	8TH FLOOR	PRATIBHA	GROUND FLOOR	SECOND FLOOR	9:10	9:10			#####	00
17-Apr	W	1	KAMLA	GROUND FLOOR	SECOND FLOOR	9:12	9:12	10:10		00:58	00
17-Apr	W	7	NANDINI	GROUND FLOOR	FIRST FLOOR	9:13	9:15	10:07	ATTENDANT NOT PRESENT	00:54	00
17-Apr	W	11	MEENU	GROUND FLOOR	FIRST FLOOR	9:20	9:20	10:15		00:55	00
17-Apr	W	6	TABADIA	GROUND FLOOR	SECOND FLOOR	9:30	9:30			#####	00
17-Apr	W	3	CHANDRAKANT	GROUND FLOOR	SECOND FLOOR	9:40	9:44	12:30	ATTENDENT NOT PRESENT	02:50	00
17-Apr	W	8TH FLOOR	SAROJ	GROUND FLOOR	FIRST FLOOR	10:05	10:05			#####	00
17-Apr	W	8	PRIYA	GROUND FLOOR	THIRD FLOOR	10:10	10:10			#####	00
17-Apr	W	11	NATWARLAL	GROUND FLOOR	GROUND FLOOR	10:20	10:20			#####	00
17-Apr	W	1	ZEENAT	GROUND FLOOR	GROUND FLOOR	10:25	10:25			#####	00
17-Apr	W	3 CASUALITY	JAYANTI	GROUND FLOOR	FIRST FLOOR	10:30	10:30	11:30		01:00	00
17-Apr	W	15	MANGLA	GROUND FLOOR	FIRST FLOOR	10:40	10:40			#####	00

17-Apr	W	T4	MOHIT	GROUND FLOOR	TO IPD	10:43	10:44	15:05	TROLLEY WITH PATIENT WAS LEFT IN CORRIDOR WITHOUT ATTENDANT FOR SOME TIME	04:22	00
17-Apr	W	14	DHINGARA	GROUND FLOOR	SECOND FLOOR	10:43	10:47		ATTENDANT NOT PRESENT	#####	00
17-Apr	W	17	NAINA	GROUND FLOOR	FIRST FLOOR	10:50	10:50	11:15	ATTENDANT NOT PRESENT. PATIENT TAKEN BY RELATIVES IMMEDIATELY	#####	00
17-Apr	W	16	TANYA	GROUND FLOOR	THIRD FLOOR	10:58	10:58	12:47		01:49	00
17-Apr	W	9	SEEMA	GROUND FLOOR	SECOND FLOOR	11:15	11:15	0:00		12:45	00
17-Apr	W	A AND E CASUALTY	PRABHAKAR	GROUND FLOOR	FIRST FLOOR	11:30	11:30			#####	00
17-Apr	W	7	SHAKTI GUPTA	GROUND FLOOR	SECOND FLOOR	11:37	11:37	15:35		03:58	00
17-Apr	W	16	SANJAY	GROUND FLOOR	GROUND FLOOR	12:05	12:05	12:07		00:02	00
17-Apr	W	3	SHUBHAM	GROUND FLOOR	THIRD FLOOR	12:40	12:40	15:00		02:20	00
17-Apr	W	8TH FLOOR	AGASI	GROUND FLOOR	THIRD FLOOR	12:40	12:40			#####	00
17-Apr	W	9	SINDHU	GROUND FLOOR	FIRST FLOOR	12:59	13:00	15:10		02:11	00
17-Apr	W	3	LANS DANE	GROUND FLOOR	SECOND FLOOR	13:50	13:50	15:00		01:10	00
17-Apr	W	8	JITESH	GROUND FLOOR	FIRST FLOOR	14:13	14:15	15:32		01:19	00

17-Apr	W	7 CASUALITY	KIRAN	GROUND FLOOR	THIRD FLOOR	14:20	14:20			#####	00
17-Apr	W	17	D.SHANKAR	GROUND FLOOR	GROUND FLOOR	14:37	14:37	15:05	PATIENT WAITED TILL 4.10 FOR HIS TRANSPORT ON THE WHEELCHAIR	00:28	00
17-Apr	W	9	KHAIRULINA	GROUND FLOOR	SECOND FLOOR	15:27	15:27			#####	00
17-Apr	W	8	UEMLA	GROUND FLOOR	SECOND FLOOR	16:27	16:27	19:00		02:33	00
17-Apr	W	4 CASUALITY	NIKITA	GROUND FLOOR	SECOND FLOOR	16:25	16:25			#####	00
17-Apr	W	7	YOGI	GROUND FLOOR	THIRD FLOOR	16:50	16:50			#####	00
18-Apr	W	9	OGLE	GROUND FLOOR	GROUND FLOOR	8:40	8:40	9:25		00:45	00
18-Apr	W	4	samita	GROUND FLOOR	GROUND FLOOR(AKD)+F75	8:49	8:49			#####	00
18-Apr	W	7	prakash	GROUND FLOOR	THIRD FLOOR	9:03	9:03	10:57		01:54	00
18-Apr	W	17	hazari	GROUND FLOOR	GROUND FLOOR(AKD)+F75	9:55	9:55	11:45		01:50	00
18-Apr	W	9	raj	GROUND FLOOR	FIRST FLOOR	10:32	10:32			#####	00
18-Apr	W	12	kumud chitre	GROUND FLOOR	GROUND FLOOR(AKD)+F75	10:35	10:35	11:04		00:29	00
18-Apr	W	17	hansa	GROUND FLOOR	GROUND FLOOR(AKD)+F75	10:04	10:04	11:03		00:59	00
18-Apr	W	14	panduram	GROUND FLOOR	SECOND FLOOR	10.53	10.55		NO ATTENDANT	#####	00
18-Apr	W	3	DUBASH	GROUND FLOOR	GROUND FLOOR	10.56	10.58		NO ATTENDANT	#####	00

18-Apr	W	2	RUBKUMAR	GROUND FLOOR	SECOND FLOOR	11:33	11:35	12:00	NO ATTENDANT TO RESPOND TO BELL IMMEDIATELY	#####	00
18-Apr	W	17	YASMIN	GROUND FLOOR	SECOND FLOOR	11:53	11:53	12:04		00:11	00
18-Apr	W	7	RAJEEV SHETH	GROUND FLOOR	THIRD FLOOR	12:01	12:01	14:00		01:59	00
18-Apr	W	6	LIKHTGAL	GROUND FLOOR	FIRST FLOOR	12:05	12:05	16:05		04:00	00
18-Apr	W	17	YESJI TADUKAR	GROUND FLOOR	SECOND FLOOR	12:52	12:52	16:05		03:13	00
18-Apr	W	13	KANTA	GROUND FLOOR	SECOND FLOOR	14:05	14:05			#####	00
18-Apr	W	7	KAMLA	GROUND FLOOR	SECOND FLOOR	14:22	14:22	15:05		00:43	00
18-Apr	W	CASUALITY	LOCHISMAN	GROUND FLOOR	GROUND FLOOR(ONCO)	14:40	14:40			#####	00
18-Apr	W	11	SANDEEP	GROUND FLOOR	GROUND FLOOR(AKD)+F75	14:57	14:57	16:05		01:08	00
18-Apr	W	17	SHARIFAN	GROUND FLOOR	GROUND FLOOR(R.O)	15:00	15:02	18:34	no attendant	03:34	00
18-Apr	W	8	GURUNATH SHANKAR	GROUND FLOOR	SECOND FLOOR	16:20	16:20			#####	00
18-Apr	W	7	MANOHAR	GROUND FLOOR	SECOND FLOOR	16:50	16:50	17:55	patient waited for transortation for 15 min	20:22	00
18-Apr	W	11	TOBATA	GROUND FLOOR	SECOND FLOOR	18:08	18:08	18:35		14:16	00
18-Apr	W	7	SUBHLAXMI	GROUND FLOOR	GROUND FLOOR(R.O)	18:40	18:40	19:35		13:44	00
19-Apr	W	13	OGLE	GROUND FLOOR	GROUND FLOOR(R.O)	8:50	8:52	09:15	NO ATTENDANT PRESENT,NEED TO CALL THEM	00:25	00
19-Apr	W	OPD GROUND FLOOR	NITIN	GROUND FLOOR	FIRST FLOOR	9:15	9:16	10:35		01:20	00

19-Apr	W	13	HAMEDA	GROUND FLOOR	THIRD FLOOR	9:37	9:37	17:50		08:13	00
19-Apr	W	14	MASTER AMAN	GROUND FLOOR	GROUND FLOOR(R.O)	9:43	9:43	13:40		03:57	00
19-Apr	W	SSS UNIT	B.K NAYAK	GROUND FLOOR	FIRST FLOOR	9:45	9:45	11:05		01:20	00
19-Apr	W	A AND E CASUALTY	AKBAR	GROUND FLOOR	CASUALTY	10:00	10:00			#####	00
19-Apr	W	11	LALITA	GROUND FLOOR	SECOND FLOOR	10:00	10:00	10:58		00:58	00
19-Apr	W	9	SUNITA SHAH	GROUND FLOOR	FIRST FLOOR	10:10	10:10	11:07		00:57	00
19-Apr	W	17	LOUSIE	GROUND FLOOR	GROUND FLOOR LAB	10:15	10:15			#####	00
19-Apr	W	AKD	LAXMI BEN	GROUND FLOOR	SECOND FLOOR	10:17	10:17	11:00		00:43	00
19-Apr	W	7	FRANCIS	GROUND FLOOR	FIRST FLOOR	10:25	10:25	13:20		02:55	00
19-Apr	W	15	ABHA KHAN	GROUND FLOOR	GROUND FLOOR(AKD)	10:25	10:25	16:00		05:35	00
19-Apr	W	6	SUNDAR BAI	GROUND FLOOR	FIRST FLOOR	10:27	10:27			#####	00
19-Apr	W	1	S1 PATIENT	GROUND FLOOR	GROUND FLOOR(AKD)	10:30	10:30	11:08		00:38	00
19-Apr	W	8	KHEMCHAND	GROUND FLOOR	THIRD FLOOR	10:56	10:56			#####	00
19-Apr	W	11	VENKATESH	GROUND FLOOR	SECOND FLOOR	11:03	11:03			#####	00
19-Apr	W	10	LAXMI BEN	GROUND FLOOR	FIRST FLOOR	11:09	11:09	11:57		00:48	00
19-Apr	W	SSS UNIT	RUCHI	GROUND FLOOR	FIRST FLOOR	11:12	11:12			#####	00
19-Apr	W	1	MANIBEN	GROUND FLOOR	FIRST FLOOR	11:43	11:43	12.56		01:43	00

19-Apr	W	4	CHADWAL	GROUND FLOOR	FIRST FLOOR	11:57	11:57	15:05		03:08	00
19-Apr	W	AKD	PARWATI	GROUND FLOOR	FIRST FLOOR	12:00	12:00	14:25		02:25	00
19-Apr	W	10	SHOBHA	GROUND FLOOR	SECOND FLOOR	12:10	12:11	14:25		02:15	00
19-Apr	W	12	CLAUDIO	GROUND FLOOR	GROUND FLOOR(ONCO)	12:11	12:13	12:45	NO ATTENDAR AND NO WHEELCHAIR WHEN PATIENT DEMANDED	22:37	00
19-Apr	W	MEDICAL ONCO	PRAKASH	GROUND FLOOR	SECOND FLOOR	12:25	12:25			#####	00
19-Apr	W	12 TH FLOOR	TATHA	GROUND FLOOR	FIRST FLOOR	12:45	12:49	14:02		01:17	00
19-Apr	W	1		GROUND FLOOR	GROUND FLOOR	13:10	13:10	13:35		00:25	00
19-Apr	W	11 TH FLOOR	SANTO	GROUND FLOOR	FIRST FLOOR	13:16	13:16			#####	00
19-Apr	W	1	AKATAI VISHNU	GROUND FLOOR	FIRST FLOOR	14:10	14:11	14:45		00:35	00
19-Apr	W	14	V B SIG	GROUND FLOOR	FIRST FLOOR	14:14	14:14	14:34		00:20	00
19-Apr	W	16 FLOOR	PRAVEEN BHAI	GROUND FLOOR	GROUND FLOOR(ONCO)	14:44	14:45	19:25		04:41	00
19-Apr	W	1	SANJAY KUMAR	GROUND FLOOR	GROUND FLOOR(ONCO)	14:50	14:54	16:35	NO ATTENDANT	01:45	00
19-Apr	W	14	AVINASH	GROUND FLOOR	SECOND FLOOR	14:56	14:56	17:20	PATIENT CAME INSIDE WITH RELATIVE AND THEN ATTENDANT TOOK HIM	02:24	00

19-Apr	W	13	MAKTI	GROUND FLOOR	FIRST FLOOR	14:59	15:05	16:50	PATIENT WAITING.NO ATTENDANT	01:51	00
19-Apr	W	2	PRABHU JOSHI	GROUND FLOOR	SECOND FLOOR	15:02	15:05	16:00		00:58	00
19-Apr	W	7	RAJENDAR	GROUND FLOOR	SECOND FLOOR	15:07	15:07	16:29		01:22	00
19-Apr	W	4	AGGARWAL	GROUND FLOOR	SECOND FLOOR	15:25	15:25			#####	00
19-Apr	W	10	GAURI SHARMA	GROUND FLOOR	FIRST FLOOR	15:58	15:58			#####	00
19-Apr	W	14	K SHRISHU	GROUND FLOOR	GROUND FLOOR(ONCO)	16:40	16:40			#####	00
19-Apr	W	2	AKA TAI	GROUND FLOOR	FIRST FLOOR	17:06	17:06			#####	00

ANNEXURE-3

TIME MOTION DISCHARGE STUDY AT BILLING

By Dr. Rishab Gupta(I.H.M.R jaipur)

NAME OF THE PATIENT	ADMISSION NUMBER	TIME ENTERED BY WARD CLERK	BILLING DONE	FULL SETTLEMENT	TIME LAG(In hours)
TIGDI ARVIND	1177795	10:30	10:58	11:49	1:19
DESAI MEENA	1178342	10:55	11:32	11:47	0:52
PRAVIN SATRA	1178162	10:55	11:38	11:53	0:58
NITESH	1177937	10:55	11:28	11:32	0:37
JAIN	1177570	10:55	11:24	11:34	0:39
BHARDWAJ	1178302	11:00	11:28	12:23	1:23
GONSALVES	1178036	11:10	11:25	SENT TO TPA	
ANTHONY	1178087	11:10	11:42	12:42	1:32

YESVDAS

PRADESH	1178147	11:20	12:06	SENT TO TPA	
NAMBIAR					
ESHOL	1177919	11:30	11:51	11:58	0:28
SHAIKH	1177934	11:45	12:03	13:29	1:44
CHAVAN	1177912	11:45	11:57	12:34	0:49
VANITA	1177844	11:45	13:14	13:26	1:41
SATISH	1178363	11:45	12:14	14:46	3:01
SAYEE	1178393	11:45	12:18	12:57	1:12
SUMAN					
CHAUDHARY	1177824	12:15	12:46	13:01	0:46
KUSUM	1177835	12:30	13:29	13:37	1:07
GAGRLANI	1117286	13:00	13:52	14:17	1:17
PANCHAL	1117757	13:30	14:02	14:34	1:04
ROY PUSHPA	1178066	14:00	14:33	14:59	0:59
JAIN VARSHA	1178080	14:00	14:07	14:58	0:58
TUKARAM	1178011	14:00	14:43	16:38	2:38
CHETAN	1189061	14:00	14:22	15:34	1:34
SAPKAL	1178249	14:00	14:30	15:03	1:03
LALANI	1178326	14:00	15:38	16:21	2:21
MAHESHWARI	1177812	14:00	14:36	14:45	0:45
SANJAY	1177988	14:15	14:51	15:57	1:42
MAHEEP	1178343	14:15	15:45	15:46	1:31
URMILA	1177884	14:30	15:13	16:02	1:32
RAJANI	1177927	14:30	15:16	15:59	1:29
RAMESH	1178614	14:30	15:10	16:37	2:07
SAWANT	1178305	14:55	15:14	16:27	1:32
SANGVI	1177287	14:55	15:14	15:25	0:30
UPADYEJAYE	1178330	15:00	15:25	15:48	0:48
SAHU	1178315	15:00	15:20	15:42	0:42
SONANLAL					
SHAH	1177565	15:00	15:33	15:55	0:55
PATEL RUTVI	1178158	9:00	10:45	12:13	3:13
MAHIDA					
DAMODAR	1178151	8:30	8:54	10:53	2:23
POOJARI	1177946	9:00	9:29	9:53	0:53
VERMA	1178135	10:00	10:02	10:33	0:33
MOLLAN	1178251	9:50	10:02	10:23	0:33
DUBEY	1178244	10:00	10:25	10:54	0:54
KAPADIA	1178038	10:00	10:15	11:09	1:09
PATIL	1178150	10:00	10:20	10:35	0:35
KHATRI	1178348	10:00	10:31	11:27	1:27
SHAMILA	1178407	10:00	10:37	11:00	1:00
NARESH	1177845	10:20	10:48	11:38	1:18

PUNJABI

TALEKAR	1178421	10:45	10:53	12:03	1:18
SAMUAL	1177452	10:45	10:57	12:08	1:23
PARUGHESE	1178301	10:45	11:18	11:26	0:41
SUNANDE	1177092	10:45	11:10	11:19	0:34
SAVITA					
SAWANT	1178352	11:00	12:07	12:52	1:52
MRS GUPTA	1178154	11:15	11:20	11:35	0:20
MR GUPTA	1178299	11:15	11:20	12:42	1:27
ADITYA GUPTA	1178444	11:15	11:51	12:36	1:21
SINHA DEBU	1176882	11:15	12:00	12:59	1:44
,ORKO					
RAGHUVAR	1178428	11:15	12:02	12:42	1:27
ANURADHA	1178450	11:15	11:30	12:07	0:52
NANDI	1178002	12:00	12:54	13:39	1:39
DAWANI					
KARAN	1178321	12:10	13:54	14:40	2:30
MODH	1177708	12:10	12:39	13:13	1:03
PATIL LATA	1178340	13:00	13:06	13:59	0:59
MULLA					
HUSSAIN	1178020	14:00	14:21	15:20	1:20
MAKHIJA	1178005	14:30	15:25	14:43	0:13
REVABEN	1177933	14:45	15:00	15:18	0:33
LAYAN SINGH	1177733	14:00	15:30	16:12	2:12
RATHOD	1178341	14:55	15:49	15:49	0:54
SUKHAI	1178439	15:15	16:41	16:53	1:38
CHANDRAKANT	1178221	16:20	16:24	16:30	0:10
PAWAR					
CHANDRAKANT	1177802	15:15	16:14	16:27	1:12

TIME MOTION DISCHARGE STUDY AT BILLING (cases where benchmark time was exceeded)

NAME OF THE PATIENT	ADMISSION NUMBER	TIME ENTERED	BILLING DONE	FULL SETTLEMENT	TIME LAG
		BY WARD CLERK			
TIGDI ARVIND	1177795	10:30	10:58	11:49	1:19
DESAI MEENA	1178342	10:55	11:32	11:47	0:52
PRAVIN SATRA	1178162	10:55	11:38	11:53	0:58
BHARDWAJ	1178302	11:00	11:28	12:23	1:23
ANTHONY	1178087	11:10	11:42	12:42	1:32

YESVDAS

SHAIKH	1177934	11:45	12:03	13:29	1:44
CHAVAN	1177912	11:45	11:57	12:34	0:49
VANITA	1177844	11:45	13:14	13:26	1:41
SATISH	1178363	11:45	12:14	14:46	3:01
SAYEE	1178393	11:45		12:57	1:12
SUMAN					
CHAUDHARY	1177824	12:15	12:46	13:01	0:46
KUSUM	1177835	12:30	13:29	13:37	1:07
GAGRLANI	1117286	13:00	13:52	14:17	1:17
PANCHAL	1117757	13:30		14:34	1:04
ROY PUSHPA	1178066	14:00	14:33	14:59	0:59
JAIN VARSHA	1178080	14:00	14:07	14:58	0:58
TUKARAM	1178011	14:00	14:43	16:38	2:38
CHETAN	1189061	14:00	14:22	15:34	1:34
SAPKAL	1178249	14:00		15:03	1:03
LALANI	1178326	14:00	15:38	16:21	2:21
MAHESHWARI	1177812	14:00	14:36	14:45	0:45
SANJAY	1177988	14:15	14:51	15:57	1:42
MAHEEP	1178343	14:15	15:45	15:46	1:31
URMILA	1177884	14:30	15:13	16:02	1:32
RAJANI	1177927	14:30		15:59	1:29
RAMESH	1178614	14:30		16:37	2:07
SAWANT	1178305	14:55	15:14	16:27	1:32
UPADYEJAYE	1178330	15:00	15:25	15:48	0:48
SONANLAL SHAH	1177565	15:00	15:33	15:55	0:55
PATEL RUTVI	1178158	9:00	10:45	12:13	3:13
MAHIDA					
DAMODAR	1178151	8:30	8:54	10:53	2:23
POOJARI	1177946	9:00	9:29	9:53	0:53
DUBEY	1178244	10:00	10:25	10:54	0:54
KAPADIA	1178038	10:00	10:15	11:09	1:09
KHATRI	1178348	10:00	10:31	11:27	1:27
SHAMILA	1178407	10:00	10:37	11:00	1:00
NARESH PUNJABI	1177845	10:20	10:48	11:38	1:18
TALEKAR	1178421	10:45	10:53	12:03	1:18
SAMUAL	1177452	10:45	10:57	12:08	1:23
SAVITA SAWANT	1178352	11:00	12:07	12:52	1:52
MR GUPTA	1178299	11:15	11:20	12:42	1:27
ADITYA GUPTA	1178444	11:15	11:51	12:36	1:21
SINHA DEBU	1176882	11:15		12:59	1:44
,ORKO					
RAGHUVAR	1178428	11:15		12:42	1:27

ANURADHA	1178450	11:15		12:07	0:52
NANDI	1178002	12:00	12:54	13:39	1:39
DAWANI KARAN	1178321	12:10	13:54	14:40	2:30
MODH	1177708	12:10	12:39	13:13	1:03
PATIL LATA	1178340	13:00	13:06	13:59	0:59
MULLA HUSSAIN	1178020	14:00	14:21	15:20	1:20
LAYAN SINGH	1177733	14:00		16:12	2:12
RATHOD	1178341	14:55	15:49	15:49	0:54
SUKHAI	1178439	15:15	16:41	16:53	1:38
PAWAR					
CHANDRAKANT	1177802	15:15	16:14	16:27	1:12

