

Process Mapping of Converted Leads of Homecare Services

By

Bhavika Jhiriwar

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2018-2020



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ABSTRACT

Process Mapping of Converted Leads of Homecare Services

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Introduction

Homecare Services are those which are provided at your comfort zone by professionals. Homecare includes personal care by attendant, trained nursing staff, medical equipment, pharmaceuticals, ICU set up at home, doctor consultation, pathology, etc. Process mapping is an art of understanding the whole process and the subsidiary process to achieve a goal. Along with process mapping if we also find the turnaround time of every service then it can help in knowing the critical paths of any activity, which can help in reducing the overall time of any process.

Objective

- To know the process flow of different services of homecare from getting the lead to its conversion.
- To know the turnaround time of steps, involve in process flow of lead conversion.

Methodology

Time period- The data has been collected from March1, 2020 till April30, 2020.

Study Area- Shalby Homecare, SG Unit, Ahmedabad.

Sample Size- 79 out of 220 leads converted in the time period of 2 months which makes around 36% of sample size.

Type of Sampling- Nonprobability convenient sampling.

Type of Study- Cross-sectional study design.

Approach- Quantitative, prospective.

Tools for Data Collection- Through observation in IPD & OPD rounds & CUG calls

Inclusion & Exclusion Criteria- Leads of physiotherapy, pharmacy, medical equipment, attendant & nursing from all lead sources are included while leads of Dr. consultation at home & diagnostic are excluded.

Data Analysis- With the help of MS excel

Results

- The average turn around time of homecare service for its conversion was observed to be 85 minutes.
- The highest turn-around time was of attendant i.e. 2 hours (121 min) while the lowest observed in physiotherapy was 48 min.
- In the process flow of medical equipment, maximum time has been consumed in arranging transportation i.e. 15 min which was basically observed for the leads whose source were outside. Also, max time is consumed for conversion of leads for respiratory device such as OC, BiPAP, etc.
- In the process flow of physiotherapy, the most time-consuming activity was billing which takes average of 23 min.
- In the process flow of pharmacy, the max time-consuming activity was delivery which cannot be changed as the distance between the hospital pharmacy to patient's home differ from patient to patient. After that the max time was consumed in taking patient's prescription as well as taking confirmation from pharmacy i.e. 24 min. Confirmation from pharmacy takes more time in outside patient than OPD.
- In the process flow of nursing, the most time-consuming activity was arrangement of staff which takes 59 min according to case history of patient & address.
- In the case of attendant, max time was consumed in arrangement of staff from the agency that takes 95 min.

Conclusion

It can be concluded through above results that majorly in all services, the gaps which were identified was arrangement issue which was both of staff as well as transportation. Also, it has been identified that the TAT of outside patients was more than of OPD or IPD patients. It can lead to patient dissatisfaction in delivery of any service. Though the process flow is driven by homecare staff, but still the main confirmation from patient side or arrangement from third party also increase the TAT.

Acknowledgement

The opportunity I had at Shalby Homecare, Ahmedabad was a great chance for professional learning and development. I am also grateful for getting a chance to meet so many wonderful people and professionals who lead me through this period.

I would also like to express my gratitude to my mentee in Shalby, Dr. Kartik Gupta (Head-Group Homecare) for their precious time, constant help, immense support, useful advices and expertise.

I would also like to thank Mr. Pinak Joshi (Patient Care Coordinator- Shalby Homecare, SG Unit) for his constant elevating encouragement and my colleagues for their time, support and kind supervision in the completion of this project.

I would also like to acknowledge Ms. Roshni Chovatia (HR) for her words of motivation and immense faith in me.

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Last, but not the least, my parents, grandmother who have always inspired me to do my best. So, with due regards, I express my gratitude to them.

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Abbreviation

IPD.....In Patient Department

OPD..... Outpatient Department

ER..... Emergency

ICU.....Intensive Care Unit

FB..... Facebook

PAN..... Present in All Nation

TAT..... Turn-around time

CSF..... Cerebrospinal Fluid

MBBS.....bachelor's in medicine & bachelor's in surgery

OC.....Oxygen Concentrator

SWOT..... Strengths, Weakness, Opportunity & Threats

MAX.....Maximum

MIN..... Minimum

COD..... Cash on Delivery

Min..... Minutes

ME..... Medical Equipment

Process mapping of Homecare Services

1. Aim

To know the process flow & turn-around time of homecare services.

2. Introduction

Homecare Services are those which are provided at your comfort zone by professionals. Homecare includes personal care by attendant, trained nursing staff, medical equipment, pharmaceuticals, ICU set up at home, doctor consultation, pathology, etc. The need of homecare arises with the aging population, the changing lifestyle and increasing pressure in work. Currently in the situation of increasing hospital infection & low availability of bed in hospitals, homecare is the best solution.

Process mapping is an art of understanding the whole process and the subsidiary process to achieve a goal. It helps in enlisting all the activities and a way easy to communicate to team members. It also helps in analyzing gaps, increasing efficiency. Along with process mapping if we also find the turnaround time of every service then it can help in knowing the critical paths of any activity, which can help in reducing the overall time of any process.

3. Background

Shalby Homecare is currently running seven service-

Attendant- Personalized medical care has been provided by trained non-clinical staff. Attendant are arranged from third party. Major lead sources were IPD & Just dial. They were required for 12 hours & 24 hours service.

Physiotherapy- Hospital trained physiotherapist are there specialized in ortho, neuro & cardio exercises. Major source was IPD patients.

Doctor Consultation- Medical officers (MBBS) were there for consultation at home for regular health check-up.

Pharmacy- Home delivery of medicines done PAN India on the valid prescription provided by the customer. Major lead sources were OPD, FB campaign, Google campaign, etc.

Nursing- Trained nurses were provided for 12 hours & 24 hours for critically ill patients. Along with that patients who need to put IV drips, injections, dressing, these types of services were also provided by homecare. Main lead source is ER, IPD, OPD, etc.

Medical Equipment- Recently started in January 2020. In medical equipment, we provide respiratory devices, cardiac devices, orthopedic devices. Major lead source is IPD, OPD, FB campaign.

Diagnostic- We provide sample collection at home and provide online reports. Special lab packages have been made for homecare. Main lead sources were OPD, FB campaign.

Shalby has been in the market from past 25 years providing the brand name to homecare. It is also a market leader in Knee replacement which provide a huge patient base to grow but every service has a scope to improve for that we must know the area of interest.

For these homecare services, there was no documented process flow. For the better results of any department, we need a standard operating process which needs amendment time to time. Also, there has been seen many operational issues for lead conversions. The first one is due to lack of manpower, secondly, we were lacking in technically aspects as we were doing majorly all things manually which consumes a lot time. To resolve these issues, we can find the gaps on which we can work for the better service provide in the market.

4. Literature Review

- By the author **Anne Holbrook (1)**, Process Mapping Evaluation of Medication Reconciliation in Academic Teaching Hospitals

The main objective of the study to identify the gaps by applying process mapping in medication reconciliation and the area of aspects to improve.

- By the author **Hrsikea R Sharma (2)**, 100 Steps of a DIEP Flap-A Prospective Comparative Cohort Series Demonstrating the Successful Implementation of Process Mapping in Microsurgery

The study has been done to improve the operational efficiency without disturbing the outcome of DIEP flap operation

- By the author **Nancy McLaughlin (3)**, Demystifying Process Mapping: A Key Step in Neurosurgical Quality Improvement Initiatives the cornerstone to all quality improvement strategies is the detailed understanding of the current state of a process, captured by process mapping. Process mapping empowers caregivers to audit how they are currently delivering care to subsequently strategically plan improvement initiatives.
- By the author **J P Hynes (4)**, Value stream mapping was used to analyze the workflow process & unnecessary steps were eliminated and variation minimized in the remaining processes.
- By the author **Lucius C Imoh (5)**, Laboratory-based Clinical Audit as a Tool for Continual Improvement: An Example From CSF Chemistry Turnaround Time Audit in a South-African Teaching Hospital *Monitoring turnaround times (TAT), especially for emergency tests, is important to measure the effectiveness and efficiency of laboratory services. Laboratory-based clinical audits reveal opportunities for improving quality. Our aim was to identify the most critical steps causing a high TAT for cerebrospinal fluid (CSF) chemistry analysis in our laboratory. A process-*

mapping audit trail of 60 randomly selected requests with a high TAT was conducted and reasons for high TAT were tested for significance.

5. Rationale

Through the literature review, it can be said that process mapping is used to improve the quality, increase the efficiency & to know how the current process is going on. It will help in analysis of gaps and their cause. Along with this, TAT will help in knowing the critical steps causing high TAT. By knowing the workflow along with the turn-around time of that step, we can directly think of the alternative by resource allocation with both the approaches, the operation part of service can be improved, also we can add some quality tools for betterment of services.

By knowing the weakness from SWOT analysis of homecare, we can get to know the gaps through process mapping and TAT, also the current process of by the time we get the lead till its conversion.

6. Research Question

What is the process flow & turnaround time of converted leads of homecare services in Shalby homecare, SG unit?

7. Objective

- To know the process flow of different services of homecare from getting the lead to its conversion.
- To know the turnaround time of steps, involve in process flow of lead conversion.

8. Specific Objective

To access the gaps found in process flow of all services through turn-around time.

9. Methodology

Time period- The data has been collected from March1, 2020 till May15, 2020. For TAT only five 5 services of homecare were there i.e. physiotherapy, nursing, medical equipment, attendant & pharmacy.

Sample Size- 79 (Physiotherapy- 39 Medical Equipment- 15 Pharmacy- 17 Nursing- 4 Attendant- 3) out of 220 leads converted in the time period of 2 months which makes around 36% of sample size.

Study Area- Shalby Homecare, SG Unit, Ahmedabad.

Type of Sampling- Randomized convenient sampling.

Type of Study- Cross-sectional study design.

Approach- Quantitative, prospective.

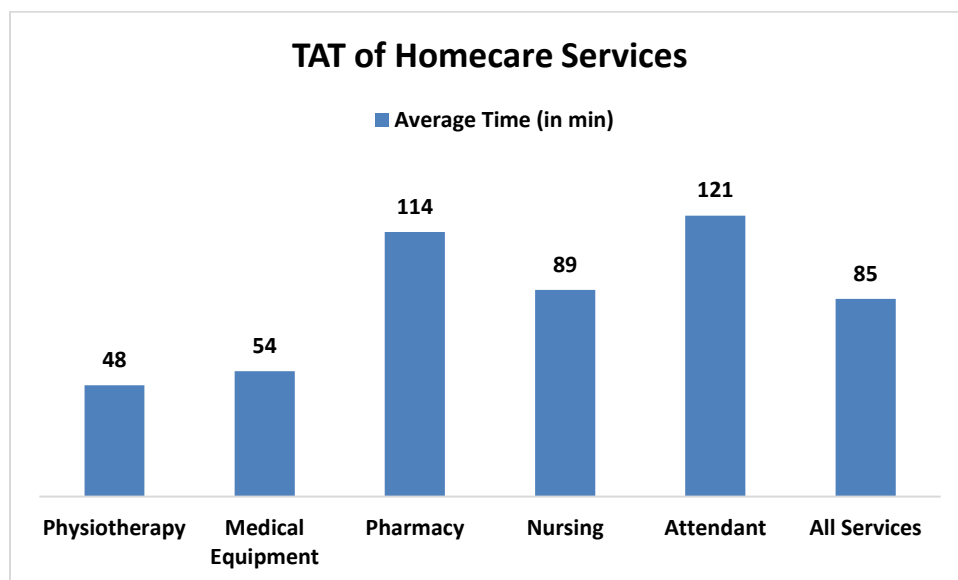
Tools for Data Collection- Through constant observation by taking IPD & OPD rounds & through call getting on official number and noting down the time on table.

Inclusion & Exclusion Criteria- Leads of physiotherapy, pharmacy, medical equipment, attendant & nursing from all lead sources are included while leads of Dr. consultation at home & diagnostic are excluded as there are very less leads of Dr. consultation as observed from previous months data while in case of diagnostic, leads will rarely come on the given official number.

Data Analysis- With the help of MS excel, data has been analyzed in form of charts & pivot table.

10. Findings

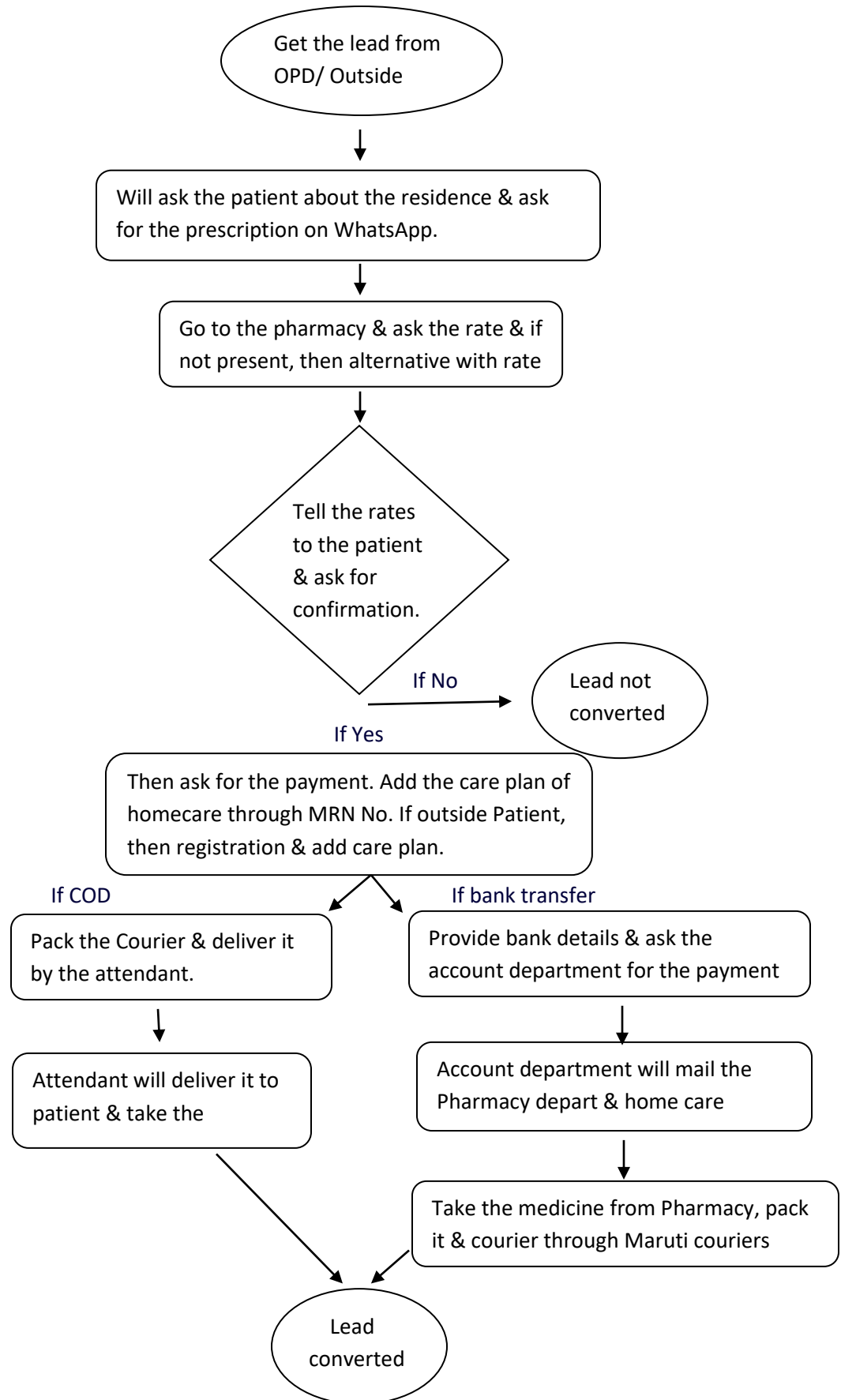
1. Through constant follow up for each service, the TAT of different services was as follows-



Graph 1: TAT of Homecare Services

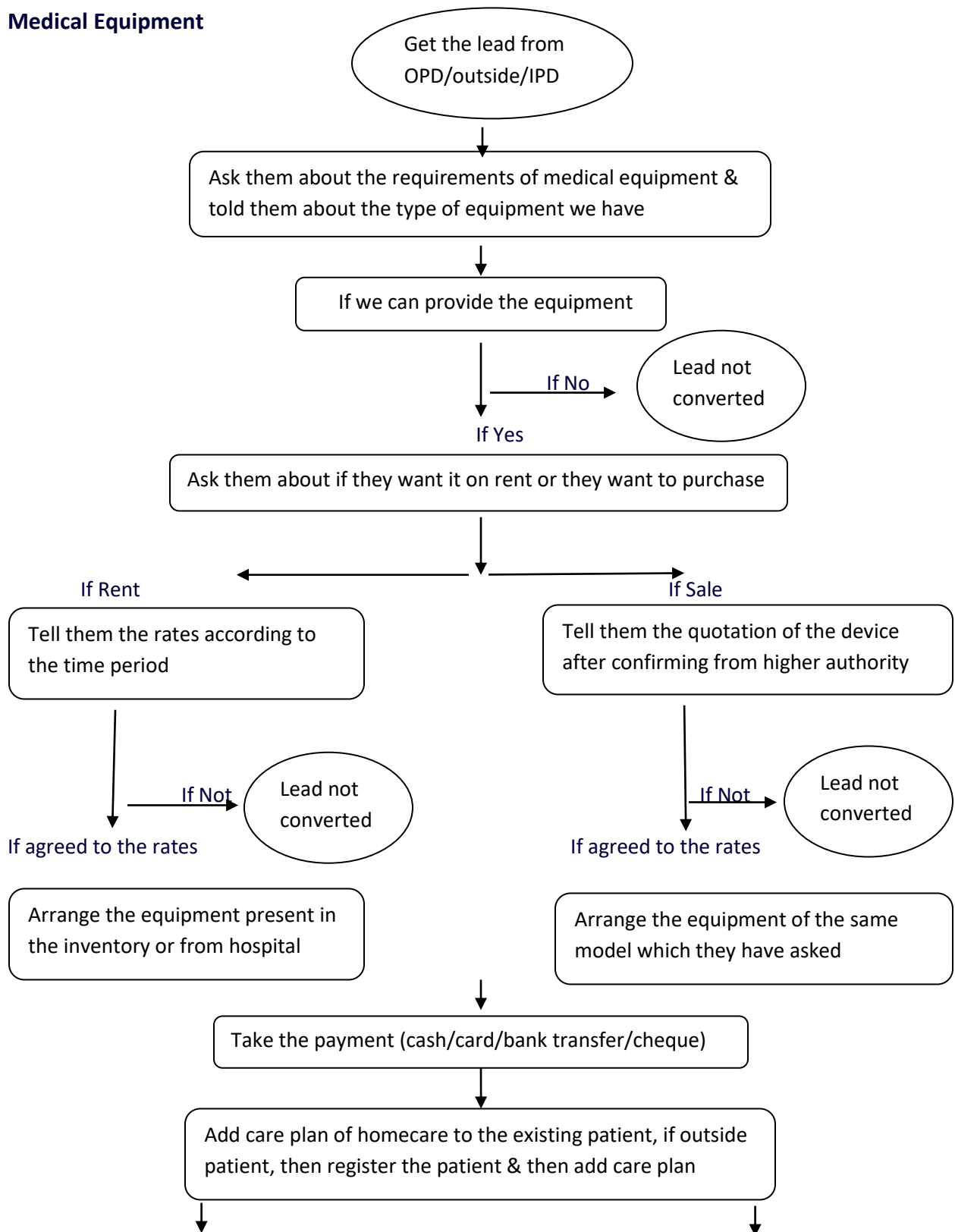
2. Through constant follow up for each service, the process mapping of different services was as follows-

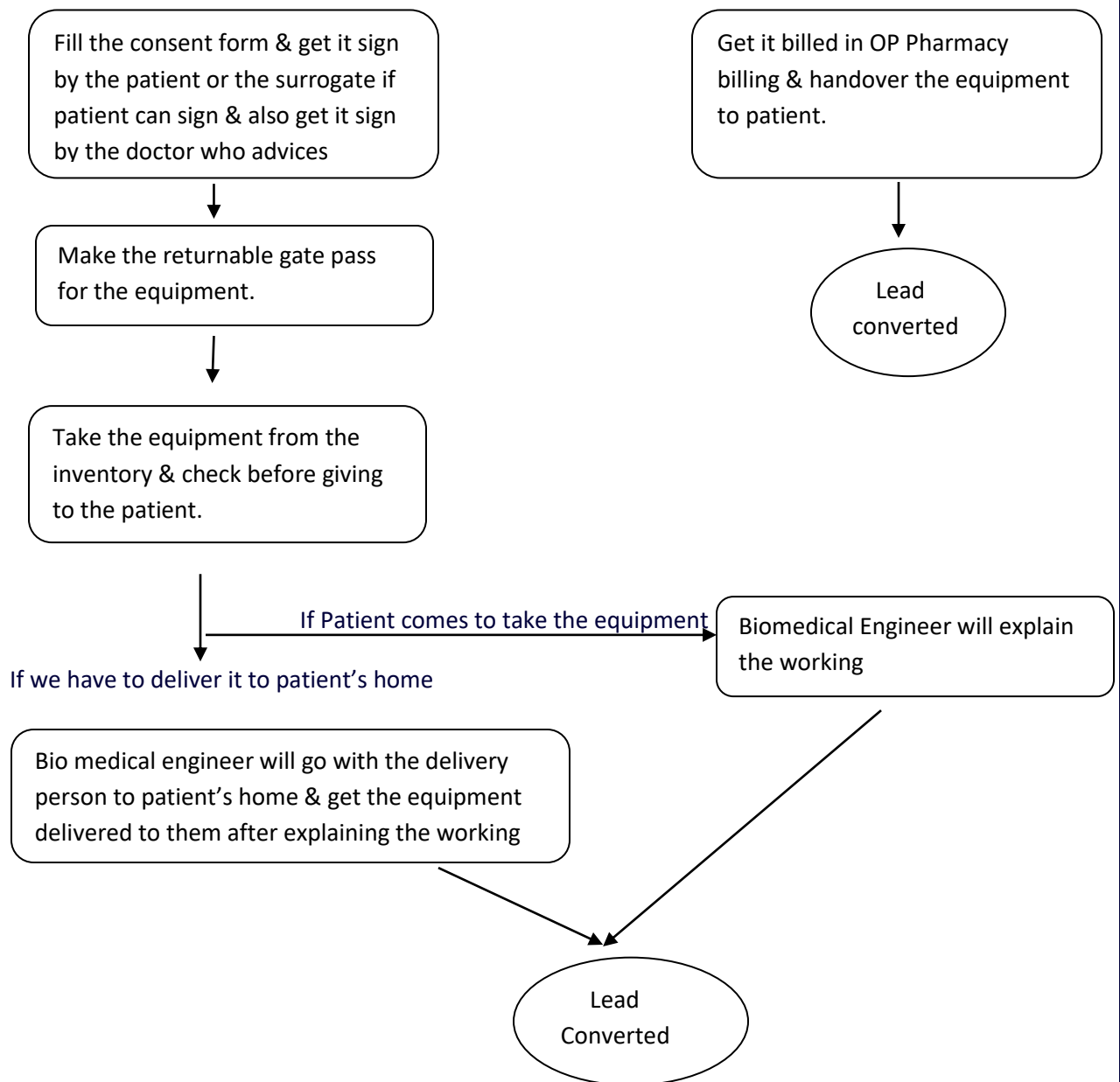
Pharmacy



Flow Chart 1

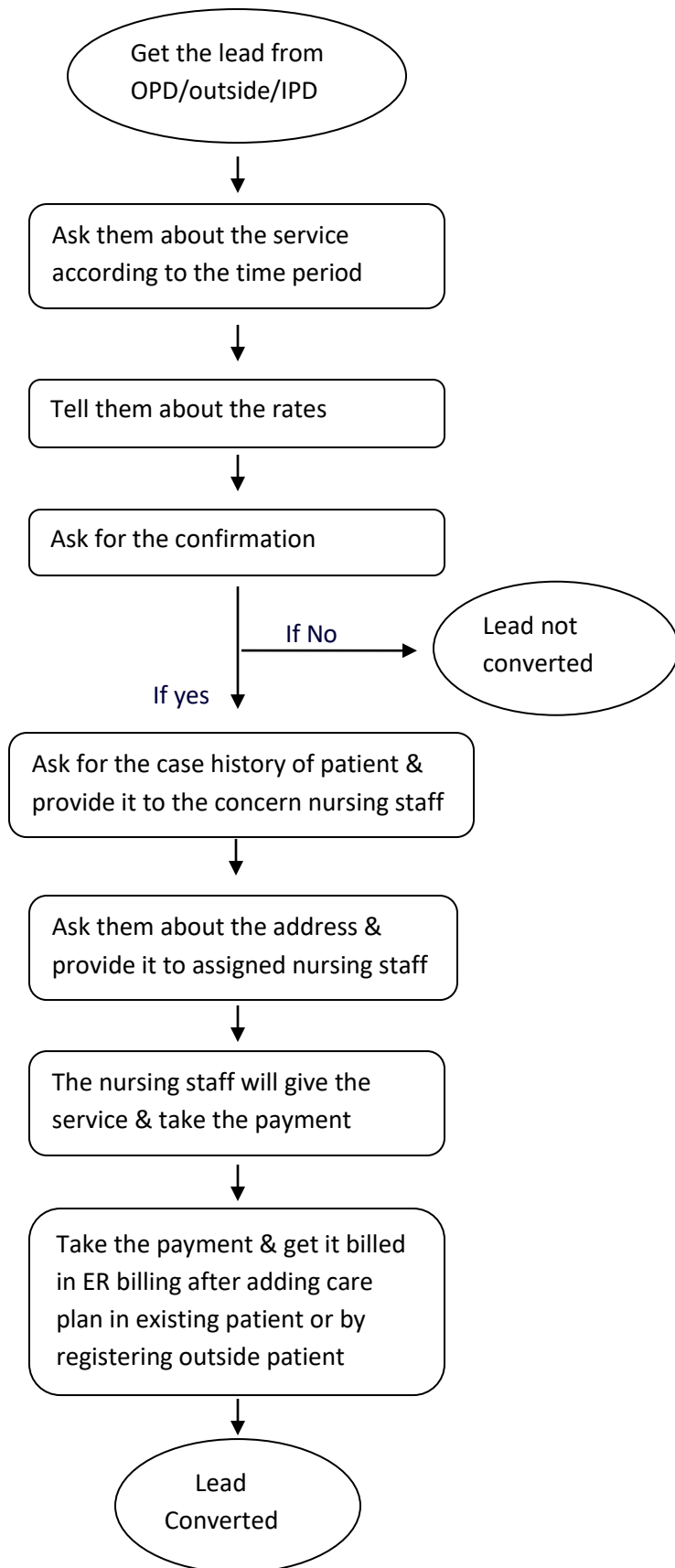
Medical Equipment





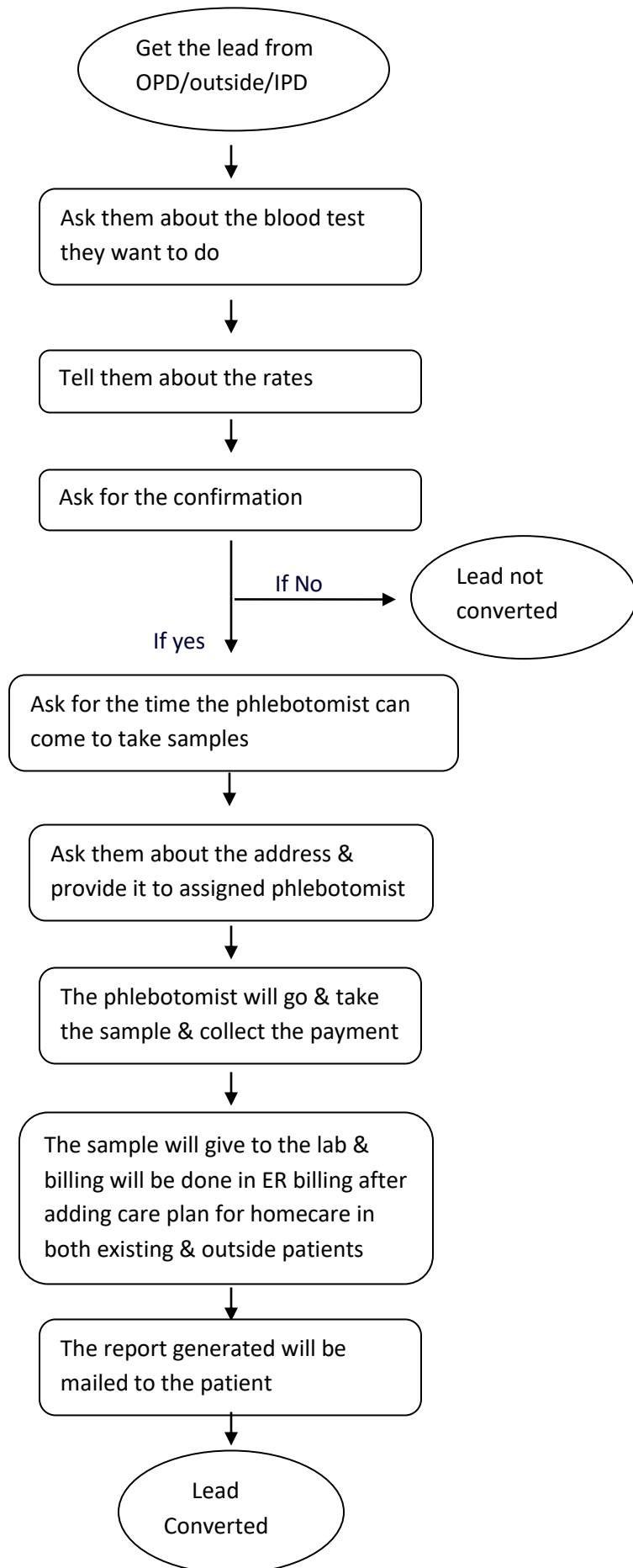
Flow Chart 2

Nursing



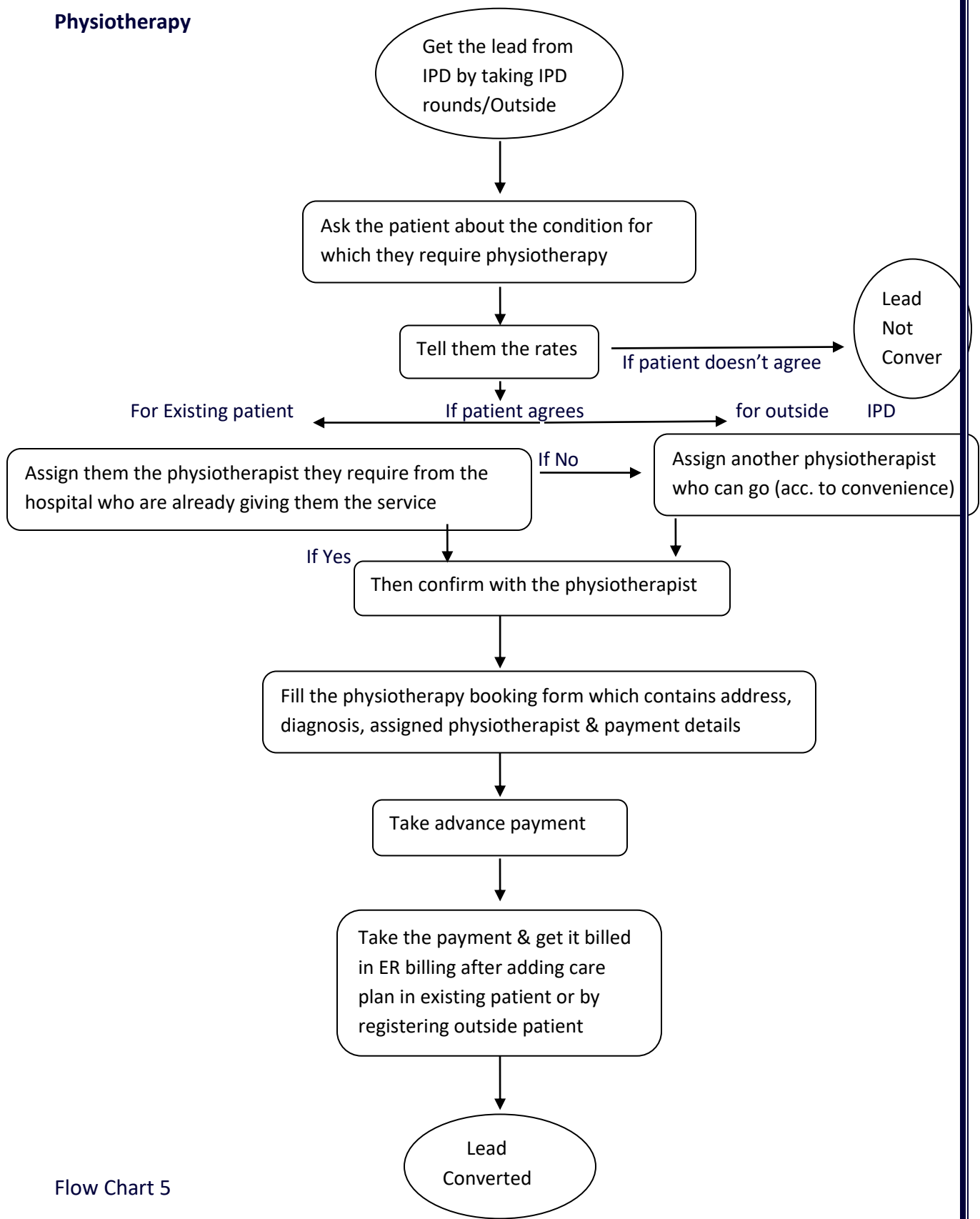
Flow Chart 3

Pathology



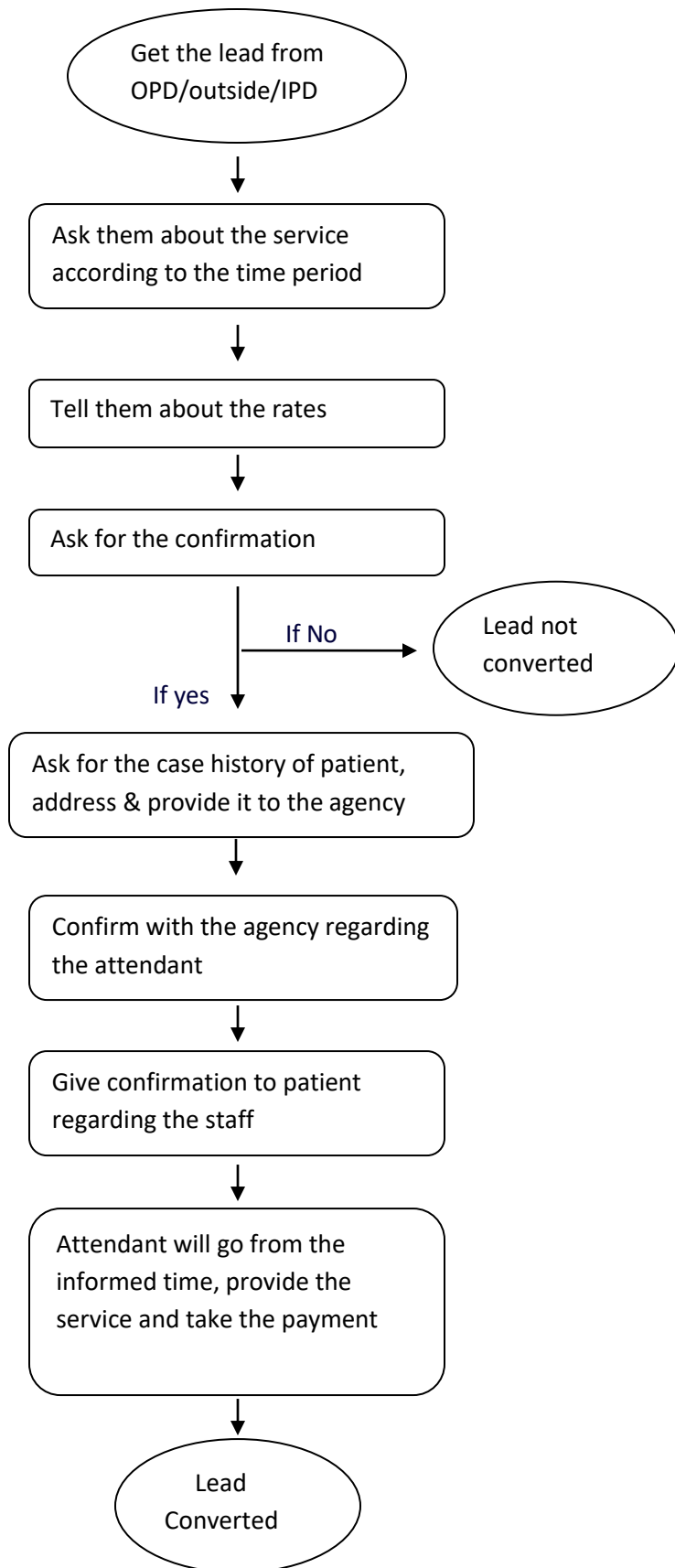
Flow Chart 4

Physiotherapy



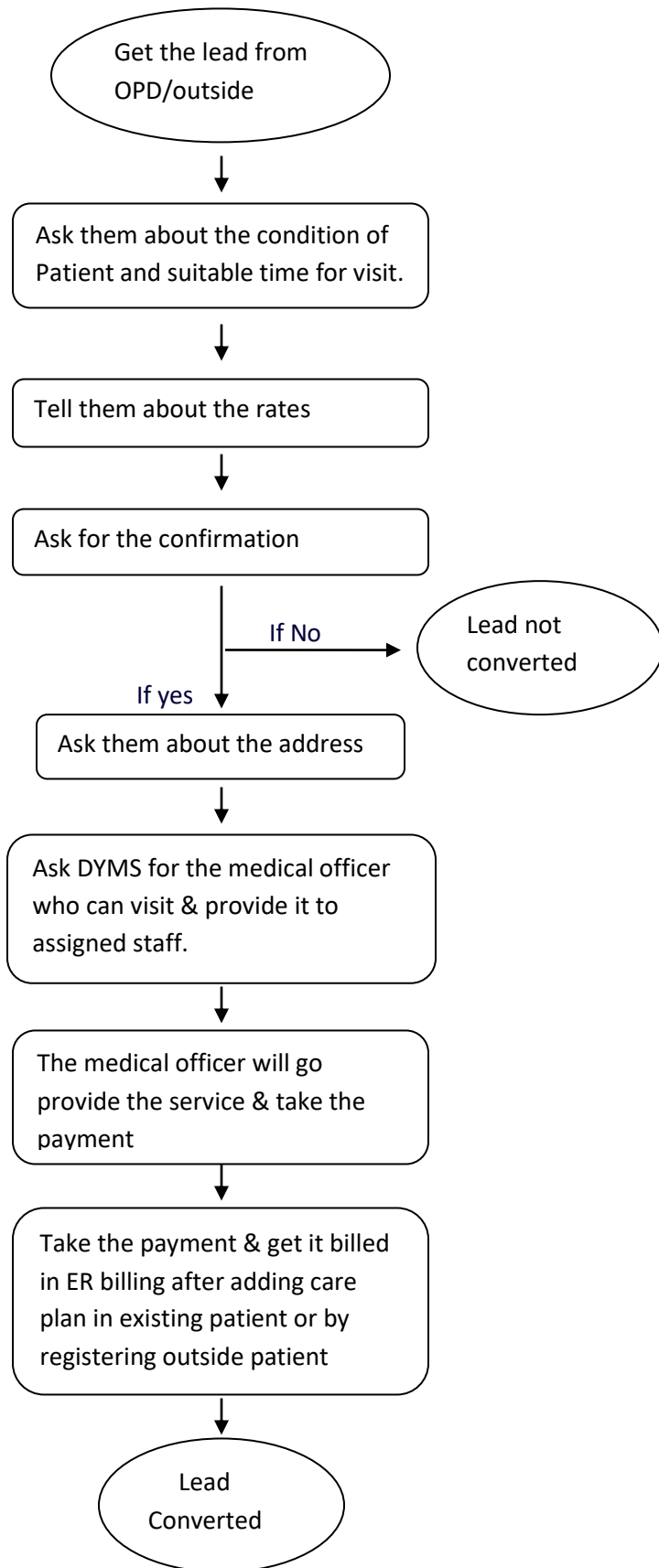
Flow Chart 5

Attendant



Flow Chart 6

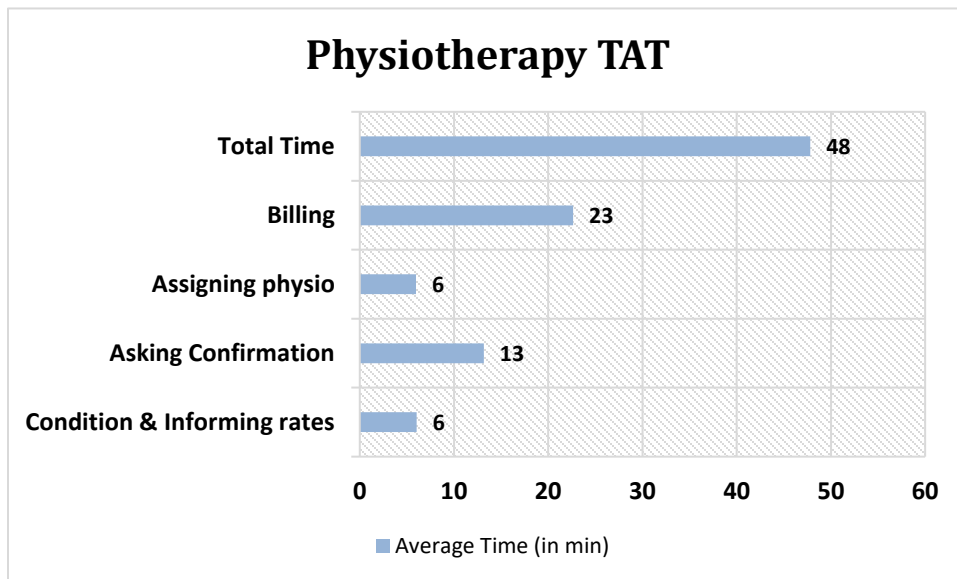
Doctor Consultation



Flow Chart 7

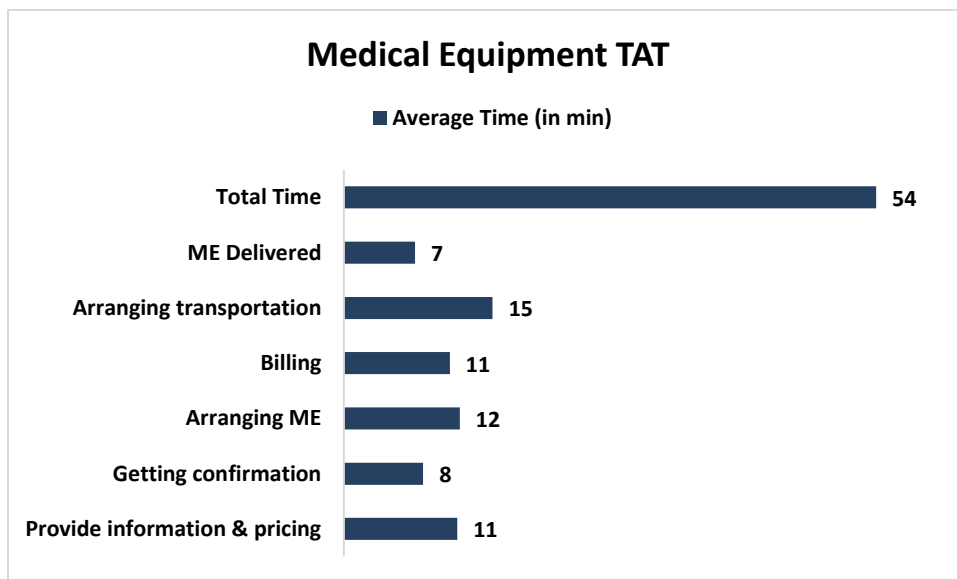
3. The observed TAT of different services was as follows-

a. **Physiotherapy**- The sample of 39 leads were taken which are from IPD only.



Graph 2: TAT of Physiotherapy

b. **Medical Equipment**- The sample of 15 leads were taken which were from OPD-3, IPD-9 & outside-3.



Graph 3: TAT of Medical Equipment

It has also been noted that the average TAT from different lead source were

Row Labels	Average of Provide information & pricing	Average of Getting confirmation	Average of Arranging ME	Average of Billing	Average of Arranging transportation	Average of ME Delivered	Average of Total Time
IPD	11	5	9	11	10	7	44
OPD	10	8	6	11		5	40
Outside	14	15	17	10	15	8	79
Grand Total	11	8	10	11	14	7	50

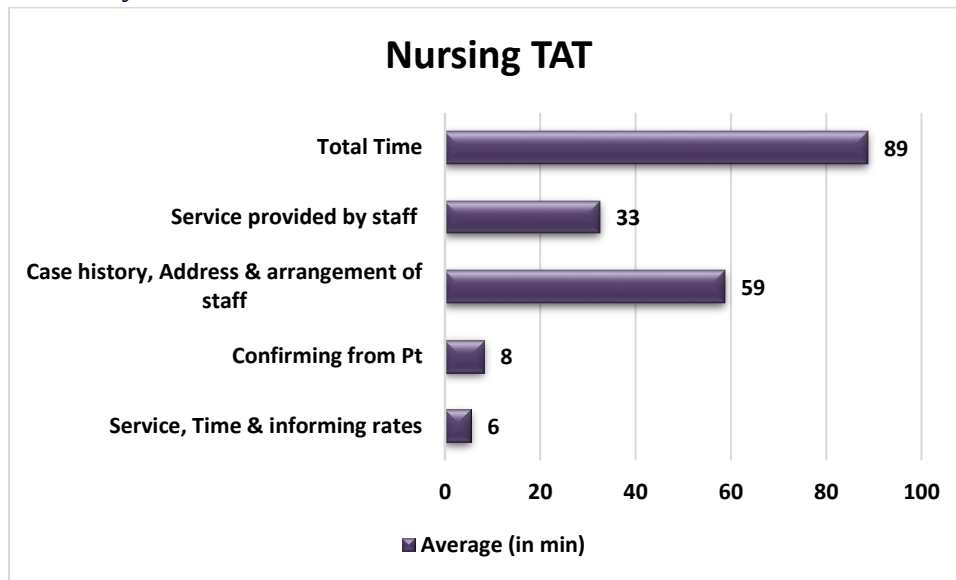
Table 1: TAT of IPD, OPD & Outside leads of medical equipment

The TAT of different devices-

Row Labels	Average of Provide information & pricing	Average of Getting confirmation	Average of Arranging ME	Average of Billing	Average of Arranging transportation	Average of ME Delivered	Average of Total Time
BiPap	15	10	35	10	20	15	105
OC	13	7	14	11	15	10	66
Sleep Study	15	30	5	7	10	5	72
Walker	8	6	6	10		5	36
Wheelchair	14	5	15	14		5	52
Grand Total	11	8	12	11	15	7	54

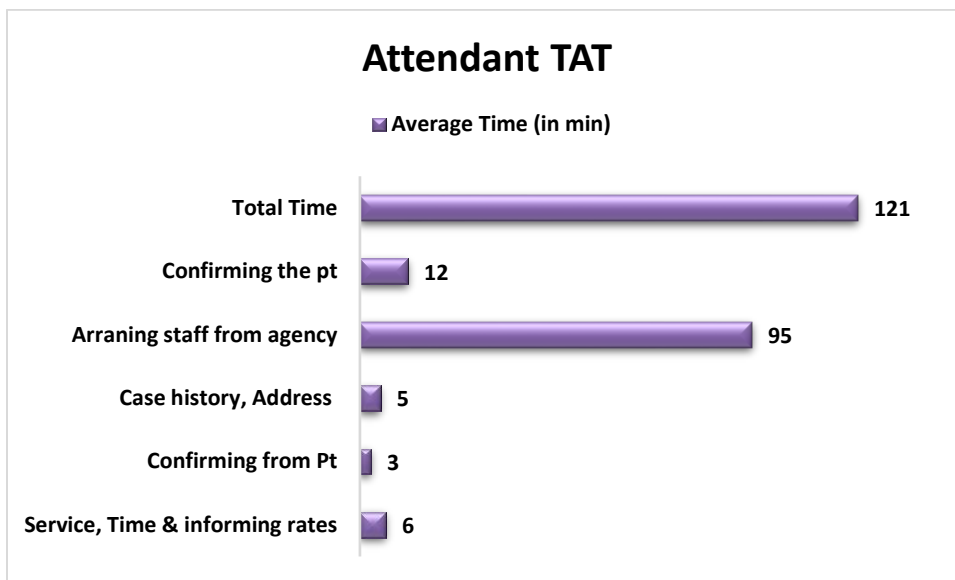
Table 2: TAT of Medical Equipment

- c. **Nursing** – There were only 4 leads which can be captured for TAT which were from OPD only.



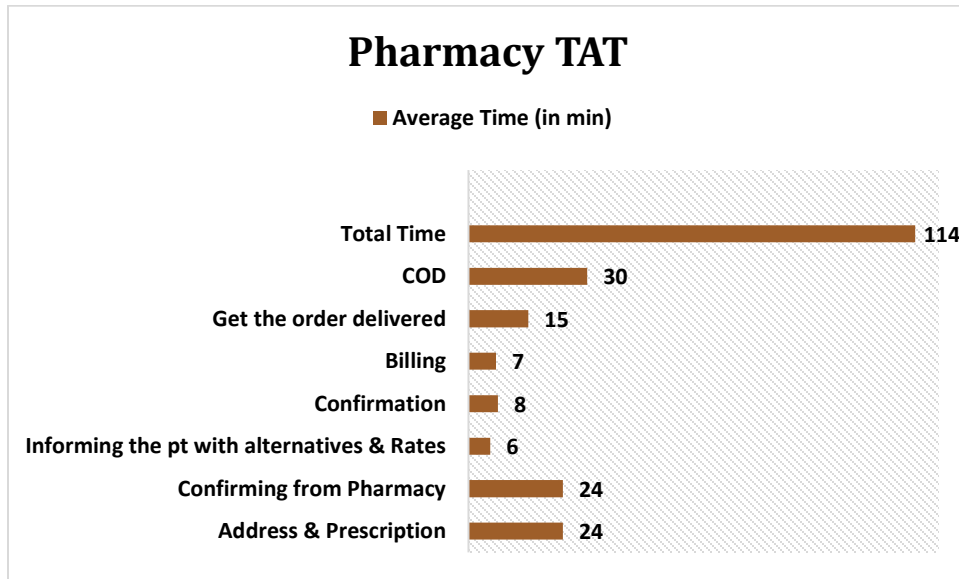
Graph 4: TAT of Nursing

- d. **Attendant**- The sample of 3 leads were captured which were from IPD only.



Graph 5: TAT of Attendant

e. **Pharmacy-** The sample of 17 leads were taken from both OPD-3, outside-14.



Graph 6: TAT of Pharmacy

It has also been observed that the average TAT of both OPD & outside was

Row Labels	Average of Address & Prescription	Average of Confirming from Pharmacy	Average of Informing the pt with alternatives & Rates	Average of Confirmation	Average of Billing	Average of Get the order delivered	Average of COD	Average of Total Time
OPD	5	27	6	5	6	18	38	105
Outside	28	24	6	8	7	15	29	116
Grand Total	24	24	6	8	7	15	30	114

Table 3: TAT of OPD & Outside of Pharmacy

11. Results

- The average turnaround time of homecare service for its conversion was observed to be 85 minutes.
- The highest turn-around time was of attendant i.e. 2 hours (121 min) while the lowest observed in physiotherapy was 48 min.
- In the process flow of medical equipment, maximum time has been consumed in arranging transportation i.e. 15 min which was basically observed for the leads whose source were outside. Also, max time was consumed for conversion of leads for respiratory device such as OC, BiPAP, etc.
- In the process flow of physiotherapy, the most time-consuming activity was billing which takes average of 23 min.

- In the process flow of pharmacy, the max time-consuming activity was delivery which cannot be changed as the distance between the hospital pharmacy to patient's home differ from patient to patient. After that the max time was consumed in taking patient's prescription as well as taking confirmation from pharmacy i.e. 24 min. Confirmation from pharmacy takes more time in outside patient than OPD.
- In the process flow of nursing, the most time-consuming activity was arrangement of staff which takes 59 min according to case history of patient & address.
- In the case of attendant, max time was consumed in arrangement of staff from the agency that takes 95 min.

12. Conclusion

It can be concluded through above results that majorly in all services, the gaps which were identified was arrangement issue which was both of staff as well as transportation. Also, it has been identified that the TAT of outside patients was more than of OPD or IPD patients. It can lead to patient dissatisfaction in delivery of any service. Though the process flow is driven by homecare staff, but still the main confirmation from patient side or arrangement from third party also increase the TAT.

13. Recommendations

- For physiotherapy from IPD, to lower the billing time, we can provide the physiotherapy form to patients at time of rounds after getting assigning physio so that at time of discharge when they come for IP billing for final process, at that time they can go directly to ER billing after the discharge process. At ER billing they can provide the forms to billing person and they get the bill done after putting care plan in patient profile. For that training should be provided to billing staff. After that at time, homecare staff will get the forms from there leading to surety of conversion.
- For ME, to lower the transportation arrangement, there can have trained delivery person who knows both four-wheeler & two-wheeler driver.
- For pharmacy, to lower the confirmation time from pharmacy, can have the rights in SRIT of pharmacy stock, so that the homecare staff will directly check the stock availability. If not, then there can be list of medicines provided to homecare which can be divided into H-scheduled drug, psychiatric drugs and other medicines along with the brand.
- For nursing, there can be defined roster such as each nursing staff should be allotted for injection, dressing & 12-hour service.
- For attendant, can recruit 1 trained attendant.

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Annexure

Physiotherapy

Date	Patient Name	Source	Get the Lead	Condition & Informing rates	Asking Confirmation	Assigning physio	Billing	Total Time
XX-XX-XXXX	XXXXXXXXXX	IPD	10:45	5	2	7	17	31
XX-XX-XXXX	XXXXXXXXXX	IPD	10:25	7	3	7	22	39
XX-XX-XXXX	XXXXXXXXXX	IPD	10:20	7	70	5	30	112
XX-XX-XXXX	XXXXXXXXXX	IPD	10:32	5	15	7	45	72
XX-XX-XXXX	XXXXXXXXXX	IPD	10:40	5	2	5	20	32
XX-XX-XXXX	XXXXXXXXXX	IPD	10:15	5	3	5	15	28
XX-XX-XXXX	XXXXXXXXXX	IPD	10:30	5	2	5	15	27
XX-XX-XXXX	XXXXXXXXXX	IPD	10:20	7	5	7	20	39
XX-XX-XXXX	XXXXXXXXXX	IPD	10:30	7	10	5	20	42
XX-XX-XXXX	XXXXXXXXXX	IPD	11:15	7	5	5	15	32
XX-XX-XXXX	XXXXXXXXXX	IPD	10:30	7	5	5	45	62
XX-XX-XXXX	XXXXXXXXXX	IPD	10:20	5	5	5	15	30
XX-XX-XXXX	XXXXXXXXXX	IPD	10:45	7	5	7	15	34
XX-XX-XXXX	XXXXXXXXXX	IPD	10:50	6	5	7	15	33
XX-XX-XXXX	XXXXXXXXXX	IPD	10:30	7	3	7	30	47
XX-XX-XXXX	XXXXXXXXXX	IPD	10:30	5	5	5	15	30
XX-XX-XXXX	XXXXXXXXXX	IPD	10:45	5	5	7	45	62
XX-XX-XXXX	XXXXXXXXXX	IPD	10:30	5	15	5	20	45
XX-XX-XXXX	XXXXXXXXXX	IPD	11:15	7	2	10	12	31
XX-XX-XXXX	XXXXXXXXXX	IPD	10:45	5	30	5	10	50
XX-XX-XXXX	XXXXXXXXXX	IPD	11:15	7	5	5	60	77
XX-XX-XXXX	XXXXXXXXXX	IPD	11:10	5	5	5	20	35
XX-XX-XXXX	XXXXXXXXXX	IPD	11:30	7	3	6	15	31
XX-XX-XXXX	XXXXXXXXXX	IPD	11:00	7	20	5	15	47
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XX-XX-XXXX	XXXXXXXXXX	IPD	10:45	7	20	5	45	77
XX-XX-XXXX	XXXXXXXXXX	IPD	11:00	7	5	5	20	37
XX-XX-XXXX	XXXXXXXXXX	IPD	11:10	7	5	5	15	32
XX-XX-XXXX	XXXXXXXXXX	IPD	10:30	7	5	6	15	33
XX-XX-XXXX	XXXXXXXXXX	IPD	10:40	5	5	6	20	36
XX-XX-XXXX	XXXXXXXXXX	IPD	10:00	7	3	6	15	31
XX-XX-XXXX	XXXXXXXXXX	IPD	10:05	7	5	7	30	49
XX-XX-XXXX	XXXXXXXXXX	IPD	10:15	5	30	5	35	75
XX-XX-XXXX	XXXXXXXXXX	IPD	10:50	5	5	5	20	35

XX-XX-XXXX	XXXXXXXXXX	IPD	11:30	7	5	5	15	32
XX-XX-XXXX	XXXXXXXXXX	IPD	11:45	5	2	7	15	29
XX-XX-XXXX	XXXXXXXXXX	IPD	12:15	5	180	10	12	207
Average Time (in min)				6	13	6	23	48

Medical Equipment

Date	Patient Name	Source	Equipment	Get the Lead	Provide information & price	Getting confirmation	Arranging N	Billir	Arranging	ME Deliv	Total Time
XX-XX-XXXX	XXXXXXXXXX	OPD	Walker	11:15	7	5	7	10		4	33
XX-XX-XXXX	XXXXXXXXXX	OPD	Walker	12:00	8	15	7	10		6	46
XX-XX-XXXX	XXXXXXXXXX	IPD	Walker	11:30	7	3	7	15		4	36
XX-XX-XXXX	XXXXXXXXXX	OPD	Wheel chair	12:15	15	5	5	12		5	42
XX-XX-XXXX	XXXXXXXXXX	Outside	leep Stud	11:30	15	30	5	7	10	5	72
XX-XX-XXXX	XXXXXXXXXX	IPD	Walker	11:15	12	3	7	12		5	39
XX-XX-XXXX	XXXXXXXXXX	IPD	Walker	12:15	10	5	5	7		4	31
XX-XX-XXXX	XXXXXXXXXX	Outside	OC	16:00	15	10	35	10	20	15	105
XX-XX-XXXX	XXXXXXXXXX	Outside	BiPap	16:00	15	10	35	10	20	15	105
XX-XX-XXXX	XXXXXXXXXX	IPD	OC	17:30	10	5	5	10		15	45
XX-XX-XXXX	XXXXXXXXXX	IPD	Wheel chair	17:00	12	5	25	15		5	62
XX-XX-XXXX	XXXXXXXXXX	IPD	OC	13:00	15	12	5	12	10	7	61
XX-XX-XXXX	XXXXXXXXXX	IPD	Walker	12:15	7	5	5	7		5	29
XX-XX-XXXX	XXXXXXXXXX	IPD	Walker	10:45	8	5	7	10		5	35
XX-XX-XXXX	XXXXXXXXXX	IPD	OC	11:30	15	5	15	12		10	57
XX-XX-XXXX	XXXXXXXXXX	Outside	OC	10:15	12	5	12	12	15	5	61
Average Time (in min)					11	8	12	11	15	7	54

Nursing

Date	Patient Name	Source	Get the lead	Service, Time & informing rates	Confirming from Pt	Case history, Address & arrangement of staff	Service provided by staff	Total Time
XX-XX-XXXX	XXXXXXXXXX	OPD	20:00	5	5	10	35	55
XX-XX-XXXX	XXXXXXXXXX	OPD	10:30	7	15	20		42
XX-XX-XXXX	XXXXXXXXXX	OPD	11:00	5	10	25		40
XX-XX-XXXX	XXXXXXXXXX	OPD	10:30	5	3	180	30	218
Average (in min)				6	8	59	33	89

Pharmacy

Date	Patient Name	Source	Get the lead	Address & Prescriptio	Confirming from Pharmacy	Informing the pt with alternatives & Rates	Confirmation	Online payment	Billin	Get the order delivered	COD	Total Time
XX-XX-XXXX	XXXXXXXX	Outside	11:15	5	30	5	2		6	30	15	93
XX-XX-XXXX	XXXXXXXX	Outside	11:45	25	35	7	3		7	25	20	122
XX-XX-XXXX	XXXXXXXX	Outside	11:30	10	15	5	45		10	10	15	110
XX-XX-XXXX	XXXXXXXX	Outside	12:30	30	20	5	5		6	10	10	86
XX-XX-XXXX	XXXXXXXX	Outside	11:15	60	10	7	7		6	5	25	120
XX-XX-XXXX	XXXXXXXX	Outside	10:30	10	15	5	5		7	5	30	77
XX-XX-XXXX	XXXXXXXX	Outside	14:30	15	20	5	5		10	30	45	130
XX-XX-XXXX	XXXXXXXX	Outside	11:30	120	30	7	7		6	10	30	210
XX-XX-XXXX	XXXXXXXX	Outside	15:30	5	20	5	7		7	10	45	99
XX-XX-XXXX	XXXXXXXX	Outside	10:30	5	30	5	7		6	5	40	98
XX-XX-XXXX	XXXXXXXX	Outside	11:45	10	20	5	5		6	10	45	101
XX-XX-XXXX	XXXXXXXX	Outside	12:45	75	25	5	5		6	5	30	151
XX-XX-XXXX	XXXXXXXX	Outside	13:00	15	15	7	5		15	5	35	97
XX-XX-XXXX	XXXXXXXX	Outside	11:10	10	45	5	5		5	45	15	130
XX-XX-XXXX	XXXXXXXX	OPD	8:30	5	45	7	5		5	5	60	132
XX-XX-XXXX	XXXXXXXX	OPD	9:45	5	20	5	5		6	5	25	71
XX-XX-XXXX	XXXXXXXX	OPD	10:45	5	15	5	5		6	45	30	111
Average Time (in min)				24	24	6	8		7	15	30	114

Attendant

Date	Patient Name	Get th	Service, Time	Confirmi	Case histor	Arraning sta	Confirmir	Total T
XX-XX-XXXX	XXXXXXXX	10:30	5	2	5	60	10	82
XX-XX-XXXX	XXXXXXXX	11:50	7	3	5	180	15	210
XX-XX-XXXX	XXXXXXXX	11:30	7	3	5	45	10	70
Average Time (in min)			6	3	5	95	12	121