Internship Training

at

Max Super Speciality Hospital, Vaishali

Study on Average Length of Stay of patients staying more than 3 days in IPD

by

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Under the guidance of

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International Institute of Health Management Research

New Delhi

ABSTRACT

The study evaluates the average length of stay (ALOS) of patients staying more than three days and determines the reasons for long standing patients staying more than 3 days in the wards at Max Hospital, Vaishali. Cross sectional study had been conducted for one month and convenience sampling technique had been used. Sample size of 545 patients was used. Primary data had been collected from hospital censes and active patient files under the heading of patient name, I.P number, bed number, admission date, admission under which department, Patients panel, clinical status. After that length of stay (LOS) for each patient had been determined in excel by using the formula i.e. =TODAY ()-date of admission. ALOS of patient was determined by using the given formula:

ALOS of patients staying >3 days = Total LOS of inpatients / Total number of inpatients.

ALOS of patients staying more than 3 days had ALOS of 8.1 days. Patients staying more than 3 days in Radiation oncology had the ALOS of 12.81 days, followed by neurosurgery department which had ALOS of 11.5 days, followed by Obstetrics & Gynaecology department which had ALOS of 10.47, followed by ENT which had ALOS of 10 days, followed by Neurology which had ALOS of 9.58, followed by Medical Oncology which had ALOS of 9.44, followed by Surgical Oncology which had ALOS of 8.53 days, followed by Gastroenterology which had ALOS of 8.33 days, followed by Pulmonology which had ALOS of 8.18 days, followed by General surgery which had ALOS of 8.17 days, followed by Nephrology which had ALOS of 7.68 days, followed by Cardiology which had ALOS of 7.33 days, followed by Internal medicine which had ALOS of 7.1 days, followed by Orthopaedics which had ALOS of 6.66 days, followed by Paediatrics which had ALOS of 6.37 followed by Vascular Surgery which had ALOS of 6.36 days, followed by Plastic surgery which had ALOS of 6.17 days followed by Urology which had ALOS of 5.53 days.

Patients staying more than 3 days in channel wise or mode of payment break up: PSU patients had ALOS of 9.08 days, followed by IP patients which had ALOS of 9 days, followed by Cash patients which had ALOS of 8.8 day, followed by TPA patients which had ALOS of 7.3 days.

Patients staying more than 3 days shifted to ICU from wards were 12 in number out of them patients from Neurology department were 3, followed by Nephrology department with 3 patients, followed by General surgery department with 2 patients, followed by Neurosurgery, Gastroenterology, Internal medicine departments with 1 patient each.

Chronic ill patients and PSU panel patients were the most important reason for greater length of stay. Better understanding of these patients will decrease the length of stay.

ACKNOWLEDGEMENT

The opportunity provided to do internship at Max Super Speciality Hospital, Vaishali was an enriching and valuable experience. I am highly obliged to have met so many experienced professionals who led me throughout my internship period.

I would like to acknowledge, first and foremost my mentor Dr Nidhi M. Dev (Medical Superintendent, Max Super Speciality hospital, Vaishali), who inspired, guided and helped me to carry out my project at their esteemed organization during my internship. I choose this moment to acknowledge her contribution gratefully.

I am also highly grateful and would like to express my deepest sense of gratitude and special thanks to my guide Dr Anindya Aggarwal (Asst. Medical Superintendent, Max Super Speciality hospital, Vaishali) for showing confidence in me and encouraging me every step of the way.

I would also like to thank Dr Abhishek Garg (Asst. Medical Superintendent, Max Super Speciality hospital, Vaishali) whose support and guidance was extremely crucial for the completion of the project.

I recognise this opportunity as a big milestone in my career development. I will strive to use the skills and knowledge gained in the best possible way.

Sincerely

Dr.Akriti Mahajan

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ABBREVIATIONS

ABBREVIATIONS	DESCRIPTION
NABH	National Accreditation Board for Hospitals and Healthcare Providers
NABL	National Accreditation Board for Testing and Calibration Laboratories
LVAD	Left Ventricular Assist Devices
HIPEC	Hyperthermic Intraperitoneal Chemotherapy
HODs	Head of Departments
OPD	Out Patient Department
UHID	Unique Health ID
TPA	Third Party Administrator
IPD	Inpatient Department
ALOS	Average Length of Stay
ACLS	Advanced Cardiac Life Support
RR	Rapid Resuscitation
OT	Operation Theatre
ETO	Ethylene Oxide
ICU	Intensive Care Unit
PPA	Personal Protective Apparel
CT Scan	Computerized Axial Tomography
MRI	Magnetic Resonance Imaging
NAT	Nucleic Acid testing
GDA	General Duty Assistant
Hb	Hemoglobin
CSSD	Central Sterilization Supply Department
F&B	Food and Beverages
BME	Biomedical Engineering
LOS	Length of Stay
HDU	High Dependency Unit
IP	International Patients
PSU	Public Sector Undertaking
COMMANDO	Combined Mandibulectomy and Neck Dissection Operation
COPD	Chronic Obstructive Pulmonary Disease
LRTI	Left Respiratory Tract Infection
ERCP	Endoscopic Retrograde cholangiopancreatography
CKD	Chronic Kidney Disease
TKR	Total Knee Replacement
THR	Total Hip Replacement
UTI	Urinary Tract Infection
LSCS	Lower Segment Caesarian Section
Obs. & Gynae	Obstetrics and Gynecology

HIS PAC	Hospital Information System Pre-Anesthesia Checkup
SOPs	Standard Operating Procedures
HAIs	Hospital Acquired Infections

List of APPENDICES

Section A: Organization Profile

Max Healthcare is committed to the highest standards of medical and service excellence, 'patient centered care ', scientific knowledge and medical education. The country's leading comprehensive provider of standardized, seamless and international class healthcare service.

Max has successfully implemented the "**Medical Excellence Model**" through its clinical team of expert physicians and nurses, ordering tests, planning treatments, scheduling surgeries, monitoring progress and planning for early discharges to home.

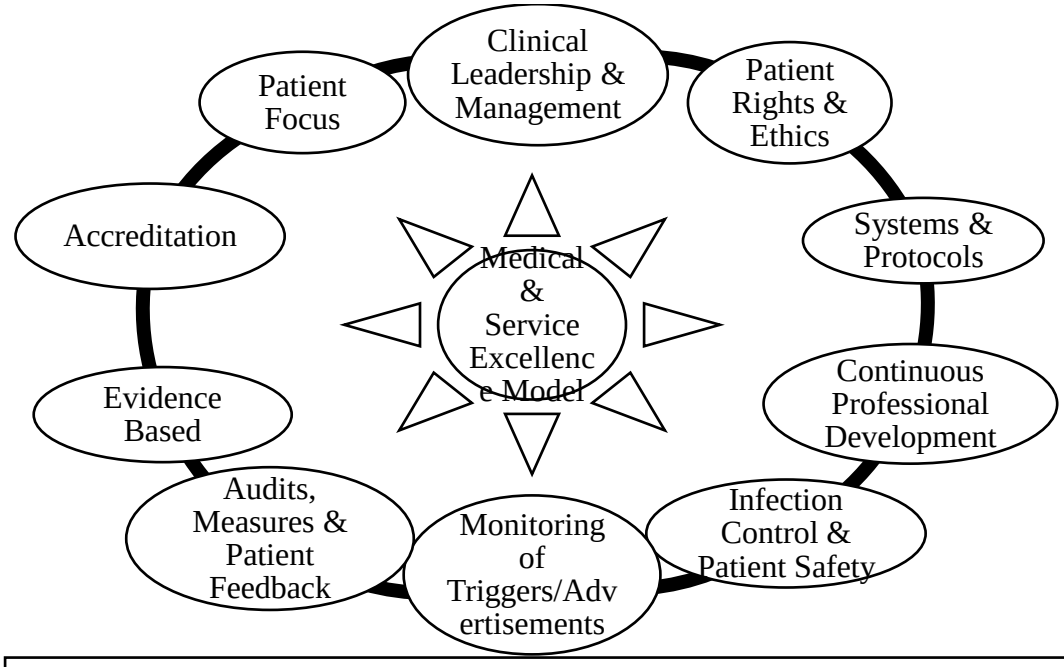

Figure 1.1: Medical excellence model

The pillars of this model include:

- Clinical governance
- Credentialing and clinical privileging of physicians & nurses
- Use of standardized, evidence-based protocols
- Patient and staff safety
- Infection control
- A culture of audit and continuous professional development

Every department of the hospital was observed carefully for its working, staff, hierarchy, physical set up and major challenges faced by them and suggestions were made to overcome those challenges.

Max Super Speciality Hospital, Vaishali

Max Super Speciality Hospital, Vaishali, is a 350+ bedded hospital offering unparalleled spectrum of preventive and diagnostic options across specialities like Cardiac Sciences, Aesthetic and reconstructive surgery, Orthopaedics and Joint replacement, Oncology, Nephrology and Kidney transplant. The hospital is accredited by NABH and NABL

On 1st June,2015 Pushpanjali Crosslay Hospital officially becomes Max Super Speciality Hospital.

Top Procedures performed in the hospital are:

- New minimally invasive procedures and latest techniques: Interventional Neurology
- Bone marrow transplant
- Kidney transplant
- Thoracic surgery
- Bariatric surgery
- Knee replacement surgery

- HIPEC
- Robotic surgery
- LVAD implantation

LOCATION:

W-3, Near Radisson Blu Hotel,

Sector 1, Vaishali, Ghaziabad, Uttar Pradesh 201012

VISION

- Deliver world-class healthcare with total service focus.
- Create an institute of the standards for medical and service excellence, patient care, scientific knowledge, research and medical education.

MISSION

- Create exceptional standards of medical and service excellence.
- Care provider of first choice.
- Principal choice of physicians.
- Ethical practices.
- Create an international centre of excellence for select super specialities.
- Safety – patients, customers and staff.

VALUES

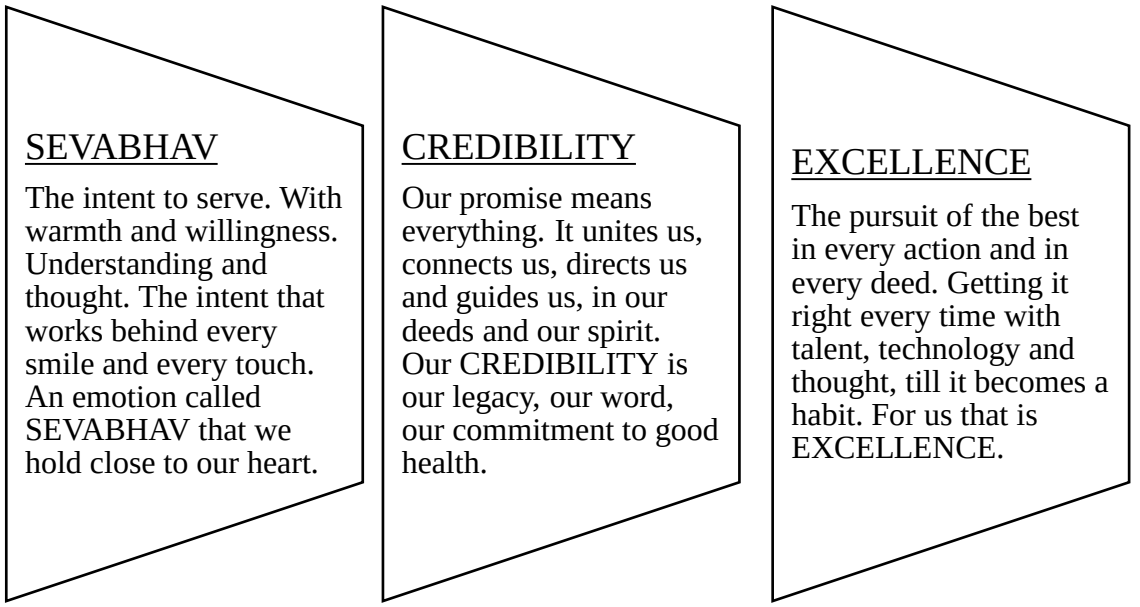

Figure 1.2: Values of Max Hospital

MODES OF DATA COLLECTION

Data collection involved discussions with the Administrative staff, the HODs on the managerial issues, communicating with the other staff and going through the records.

Sources of Data

- Primary
  - By interacting with HODs, executives, Doctors, Nursing staff and other valuable employees of the hospital.
  - Through direct observations.
- Secondary
  - Through registered records
  - Through website of the hospital

- Literature available about the hospital like magazines, pamphlets, brochures, written document.

FRONT OFFICE

- First contact point between the patients / their attendants coming to the facility.
- Gives directions to them about the locations of various departments.
- Performs in-patient and out-patient registration.
- Does appointment scheduling of the patients.
- Makes doctors' available summary.
- Insurance management.
- Does registration and scheduling of preventive health check-ups.
- Helps in planning timely discharge a day before by inquiring about the same from the concerned consultants.

Challenges

- Shortage of staff
- Huge rush during peak hours 9:00 am-12:00 pm.

OUT-PATIENT DEPARTMENT

- Each INSTITUTE of Max hospital, Vaishali, has its own OPD area as well as IPD area / day-care area wherever applicable with doctor's chambers and procedure rooms.
- Every OPD has a procedure room and its own Front Desk.
- Appointments are centralized and are recorded on the Hospital Information Management System. As soon as appointments are fixed, a text message is sent to the

patient confirming the appointment, and a reminder message is sent on the day before the appointment. No walk-in patient is turned away, and the staff try to accommodate these patients between the appointments already scheduled for the day.

- Each OPD waiting area has the capacity to handle 70-100 patients waiting.
- In case of a new patient, registration is done which is valid pan-Max and for life time of the patient and a UHID is created which becomes a unique identification for all his health-related information.

ADMISSIONS

- If the patient is admitted to the hospital, he/she first reports to the admissions desk wherein all the paperwork is completed, do's and don'ts as well as patient's rights and duties are explained to him. An initial token amount is deposited here by the patient which is according to his preference of the room (be it economy, single, double, classic deluxe or suite)
- In case of TPA patients, the admission must be reported to the insurance company within 24 hour

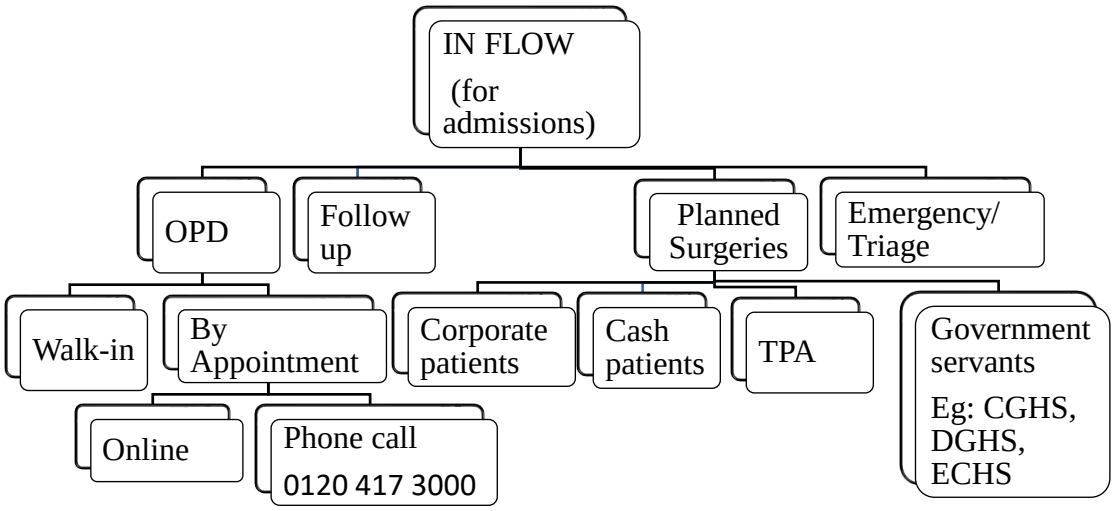

Figure1.3: Process flow of admissions

Challenges

- Huge departmentalization which causes co-ordination problems.

IN-PATIENT DEPARTMENT (IPD)

- IPD is distributed over 6 Floors
- Every floor has a central nursing station with Information Board covering:
  - Designation & Contact numbers of
    - Duty doctor
    - Administration Staff
    - Floor Mentor
    - Support Staff
    - Ward Secretary
    - Bed Manager

- Nurses' names with shift timing and designation (8-10 nurses per shift) and allotted Room Numbers.
    - Crash Cart parked next to the nursing station
    - Cupboards with forms- down time form, investigation track sheet, blood request form, PAC sheet, informed consent, inventory files and registers
    - Medication room – 1; Pantry – 1
    - Records room, Biomedical Waste Disposal.

- Nurse to bed ratio = 1:5 or 1:6
- General Duty Assistants (GDAs) = 2-3 in every shift
- Average Length of Stay (ALOS) for normal Laproscopic surgeries = 2-3 days
- Quality Indicators are: Patient Fall, Hypoglycaemia, Needle stick Injury.

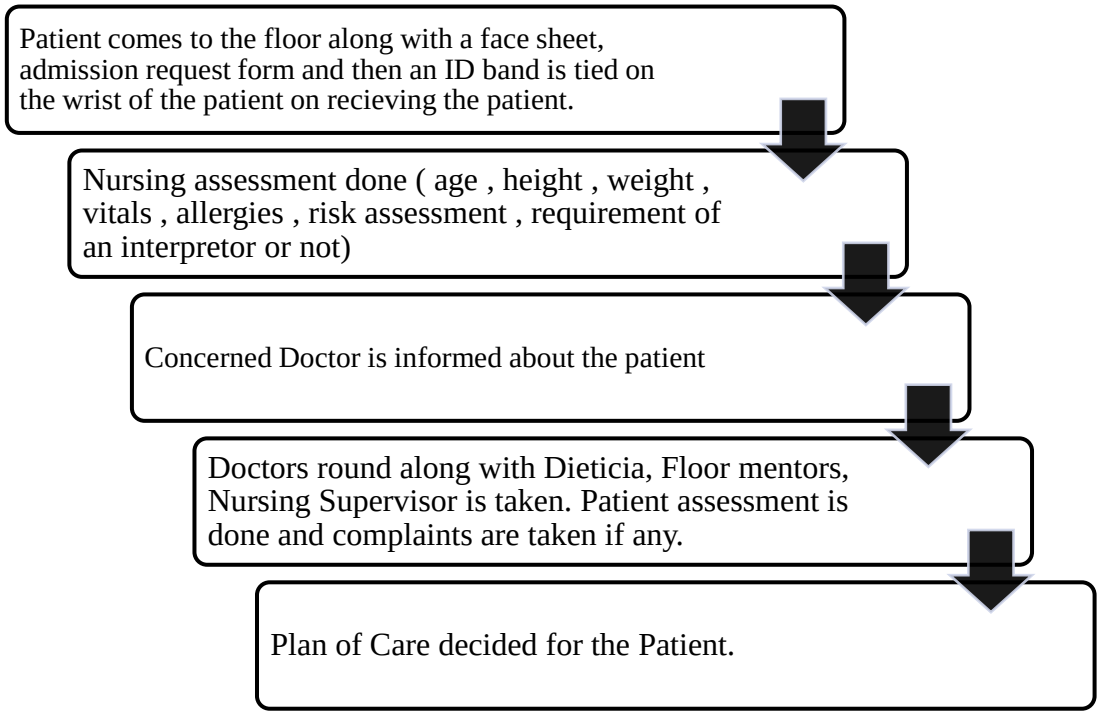

Figure1.4: Process flow of IPD

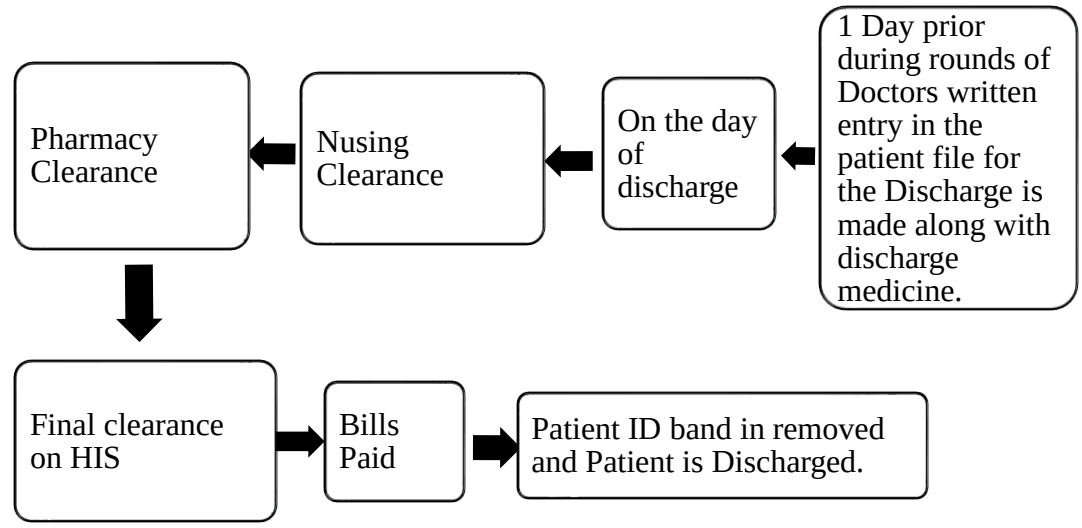

Figure1.5: Discharge Process of IPD

- Documents included in Discharge of a patient- Discharge Slip, In-patient Bill (Summary + Detailed), Discharge Summary, Pre-authentication approval letter (in case of TPA), Doctor's Clarification and reports of the patient.
- **Delay in Discharge** is seen due to Final Bill clearance, TPA approval, finalizing discharge summary.

EMERGENCY DEPARTMENT

- Due to the unplanned nature of patient attendance, this department provides initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention, except for major burns. It is located at the ground floor with its own dedicated entrance from outside and to inside of the hospital and operates for 24 hours a day.
- Ambulance - 2 ACLS (with CCTV camera for telemedicine, Suction Cardiac Monitor, Defibrillator, Oxygen Pump) and 2 BCLS (Stretcher, Oxygen Pump)
- Patients are either transferred to other departments or are discharged within 4 hours.

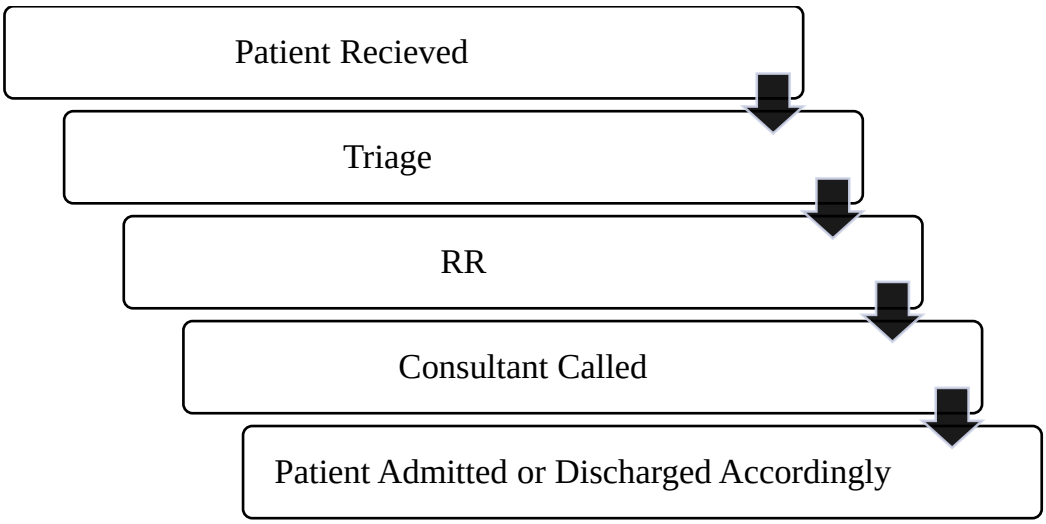

Figure1.6: Process FLOW OF Emergency department

OPERATION THEATRE

Operation theatre complex of Max Hospital, Vaishali is located on the second floor and third floor. Operation theatre complex on second floor has 7 operation theatre assigned to various departments- Cardiac, oncology, ENT, plastic surgery, orthopedic, neurology, kidney transplant, general and robotic surgeries are performed here. OT complex on on third floor is dedicated to gynecology department.

Organization of staff: The staffs of Operation Theatre are organized into four groups: Anesthetist- Surgeon, Nursing staff, Technician and Supportive staff.

- Nursing Station – 1
- Pre-Op Beds and Recovery Beds – 4 each
- Scrub Station - 2
- Average number of cases done per day – 20-25 in each wing, 15-16 Robotic Surgeries per month
- OT booking is done through online.
- Staffing ratio- Nurses: patients – 4:1(pre-op); 2:1(post-op)

  Technicians: patients- 1:1

- Sterilization is done by ETO (12 hrs); autoclave. Fumigation is done twice a day in the morning and evening.
- Bio medical waste disposal is done every 2 hours.
- Quality indicators: wrong patient, wrong surgeon, wrong surgery, return to OT (within 7 days), waiting time for OT.

<u>INTENSIVE CARE UNIT</u> (ICU)

- Max Vaishali has a total of 6 Intensive Care Units and 1High Dependency Units in the Hospital.
- All Intensive Care Units have a 24-hour service of Intensivist and an Anaesthetist.
- Each ICU has 1 medication room, 1 Nursing Station, 1 Doctor room
- Earlier information is given on call to the ICU for **transfer-in** of the patient

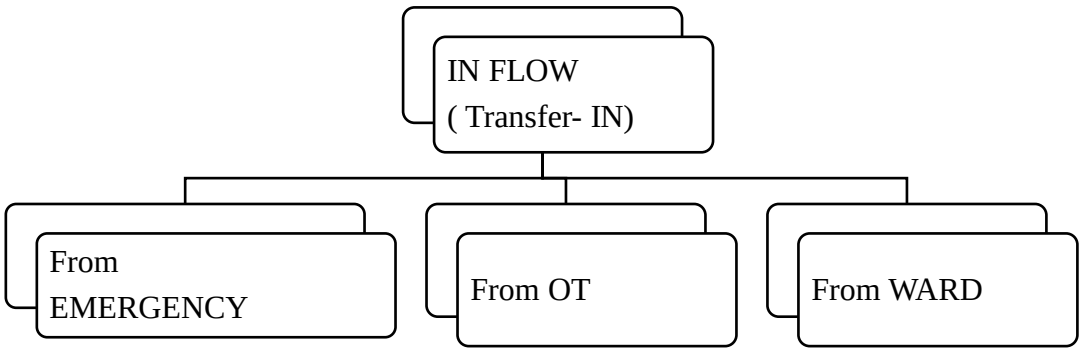

Figure1.7: Patient flow of ICU

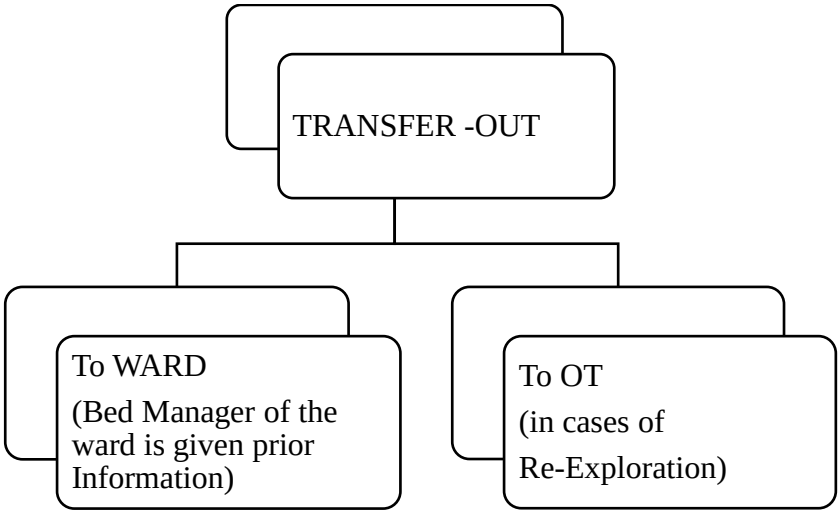

Figure1.8: Patient transfer of ICU

- Patient: nurse – 1:1(for all patients)
- Patient counselling – done throughout the day; Family Meeting – done twice a day by the Intensivist.
- Protocol for infected patients –
  - Isolation
  - Visitor's policy- no visitor allowed inside the isolation room
  - Aseptic policy
  - Full PPA
  - Separate linen disposal in separate bags
  - Separate dressing trolley
  - Separate housekeeping material- dusters, mops etc
- Quality indicators-
  - Patient falls
  - Bed sores
  - Medication error

- Nosocomial infections

All the Quality indicators are noted in “Quality Flash” and it is audited time to time and measures are taken to reduce the number of incidents.

DEPARTMENT OF LABORATORY SERVICES

INTRODUCTION

NABL accredited lab, it is open 24 hrs. a day. It’s a high-tech lab with fully automated instrument which are directly interfaced with **hospital information system and laboratory information system**. Facility of stat tests (emergency) and sample collection from home is also available.

LABORATORY COMPRISES OF THE FOLLOWING DEPARTMENTS-

- Biochemistry
- Haematology
- Immunoassay
- Histopathology
- Clinical pathology
- Serology
- Microbiology
- Cytology

LABORATORY INFORMATION SYSTEM- It is connected with hospital information system

- Sample received- red colour
- Samples acknowledged- yellow colour
- Test done- blue colour
- Result verified- green colour
- Billing done- pink colour

- Indemnity Insurance- Insurance policy to protect employees when they are found to be at fault for a specific event such as misjudgement.

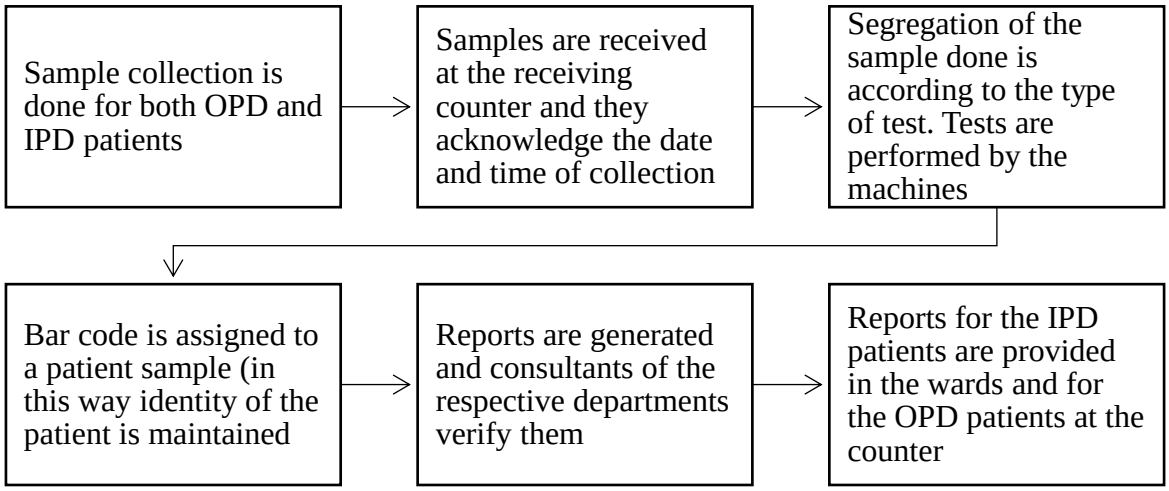

Figure1.9: Process flow of Laboratory services

RADIOLOGY DEPARTMENT

- Situated at the ground floor of the hospital.
- The Department headed by Dr Shalinder

Procedures done in the department

- Routine X-Ray studies: - Plain - e.g. chest, spine, etc. Routine fluoroscopic procedures e.g. Barium studies
- Routine ultrasound studies: -
  (a) Ultrasonography- Abdomen, Pelvis
  (b) Doppler studies peripheral (B/W & color) e.g. 2 D echo, vascular studies, etc.
- Mammography
- Dexa scan (Bone Densometry)
- Special imaging techniques

(a) CT Scan (Computerized Axial Tomography)

(b) MRI (Magnetic Resonance Imaging) - 1.5 Tesla, 3 Tesla

Department has:

- Reception: -Counter for appointment and billing
- Waiting room with general facilities like toilets, drinking water, air conditioning
- Diagnostic room
- Counseling room
- Changing room
- Film processing room
- Radiologist office
- Report collection room

There are one MRI and one CT scan machine in the department.

Timings for OPD patients: 8am to 8pm

In between this IPD and Emergency patients are also taken.

Main OPD hours: - 8am to 6pm and after 8pm only IPD and Emergency patients are taken

Report collection: - If the scan is done before 12pm, reports are ready by the evening and can be collected in the same evening. And if done after 12pm, report will be delivered next day.

Patient who comes in the radiology department either walks in or takes the appointment.

Appointment patients are given preference whereas walk in patients have to wait. **Emergency, doctor's referred patients or ICU patients scan is done as soon as possible.**

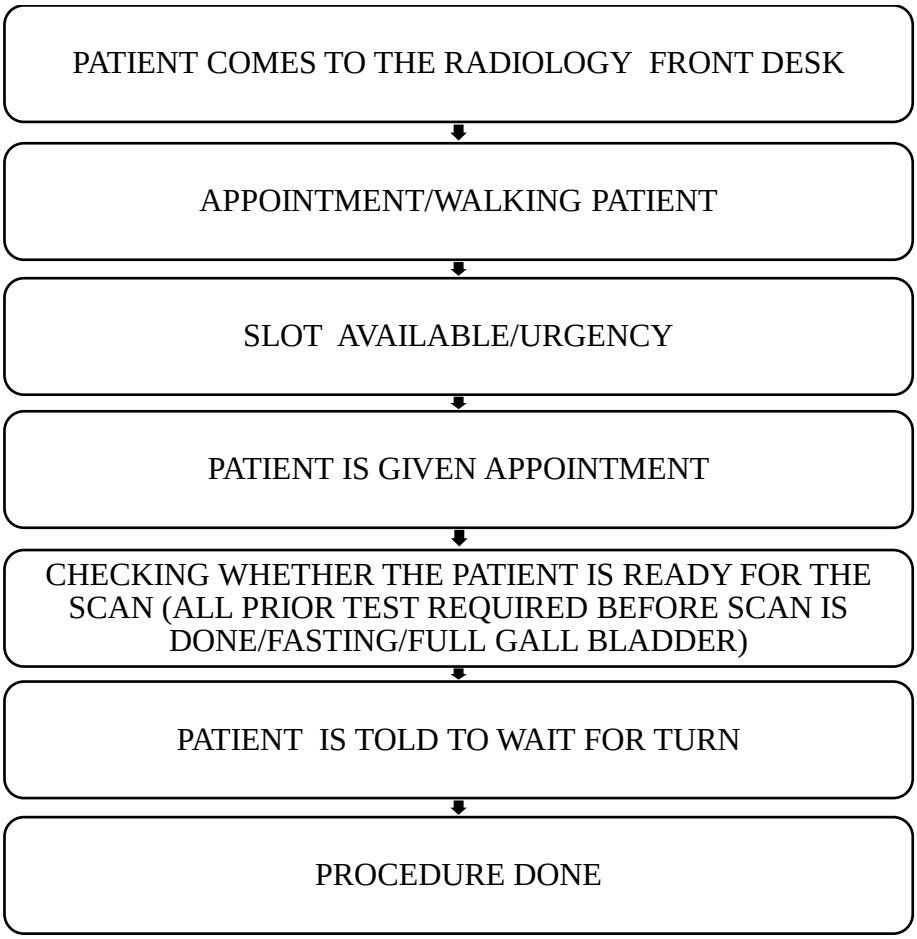

Figure1.10: Process flow of Radiology Department

Firstly, the patient comes to the radiology front desk after been prescribed by doctor for the scan; patient is either taken prior appointment or walk in patient. The availability of the slot required is then checked for the walk-in patient by the front desk. Once the slot is checked, the requirements for the scan i.e. condition of the patient required to undergo the scan is checked (E.g. Proper Creatinine level for renal patients). After that the patient is given the appointment and told to wait for his turn. Finally, the procedure is performed.

Warning sign with Red light is on when the procedure is going on in the room.

- Emergency patients especially with a critical diagnosis – highlighted in the register and the consultant is immediately informed about the findings.
- Procedures wherein contrast is to be given, for example MRI, consent of the patient is taken prior to the procedure.

BLOOD BANK

Max super specialty hospital has its own blood bank. All blood groups are available. It is mandatory for the in-patient attendants to donate blood or do replacement of the blood.

Blood bank consists of:

1. Sample collection area / reception area**:** In reception area a form is given to the attendant of the patient regarding their details before he/ she donates the blood.
2. Aphaeresis area: Blood has several components including red blood cells, platelets and Plasma. Donor aphaeresis is a special type of blood donation in which a specific component- platelet is withdrawn from donor.
3. Component room: In component room the whole blood is separated into packed cells (2-6^{o} C), FFP (-80^{o}C) and platelets (22^{o}C). Packed RBC can be stored for 42 days, Platelets for 5 days and FFP for 1 year.
4. TTI room: It is to diagnose transfusion transmitted infections. If donor is detected positive for TTI status it means donor have the potential to transmit the infection to their partner and children.
5. Issue room: This room is to issue the screened blood bags.
6. Quarantine Area: The untested units are stored in this area for 1 day after component separation. This area is also for nucleic acid testing (NAT)
7. Serology Room- Patient and donor's blood processing is done in this area.
8. Refreshment Area- The donors are provided refreshment after donating blood in this area.

Staff of blood bank consists of 1 HOD, 2 blood bank officer, 1 technician supervisor, 16 technicians, 2 staff nurse, 2 computer executives, 4 GDA.

- The blood donation timings are from 9am to 5pm. Blood can be donated after every 3 months.
- Voluntary Donor Card is valid for 1 year and Replacement Card is valid for 3 months.
- Record Maintenance – Both manually and digital.
- Post-Donation Testing is done for and informed to all the donors.
- Report is given only to the patient, if patient cannot come, then the reports are emailed to them.

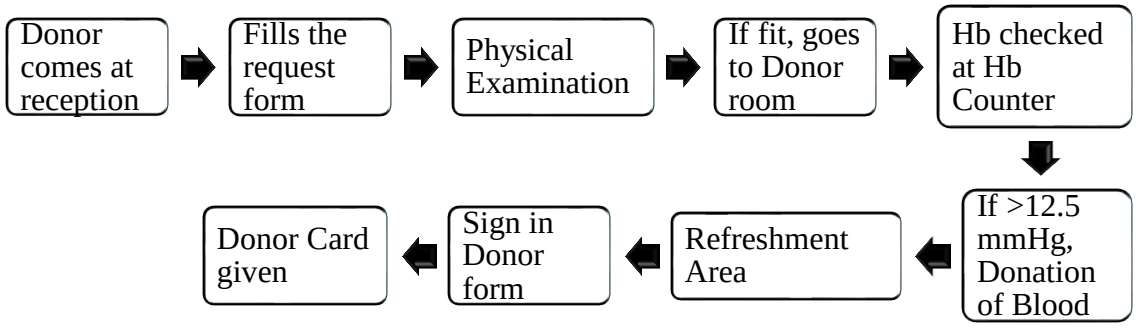

Figure1.11: Process flow of Blood Bank Department

CENTRAL STERLIZATION SUPPLY DEPARTMENT

INTRODUCTION

CSSD is the heart of the hospital infection control and the most important unit of the clinical support services. CSSD role lies in receiving, cleaning, packing, disinfecting, sterilizing, storing and disinfecting instruments as per well-delineated protocols and standardized procedures.

CSSD department in Max Hospital, Vaishali is a centralized department and the location of the department is in the basement.

The main aim of the CSSD department is to reduce the level of micro-organisms from 10^6 to 10^{-6}CF Units.

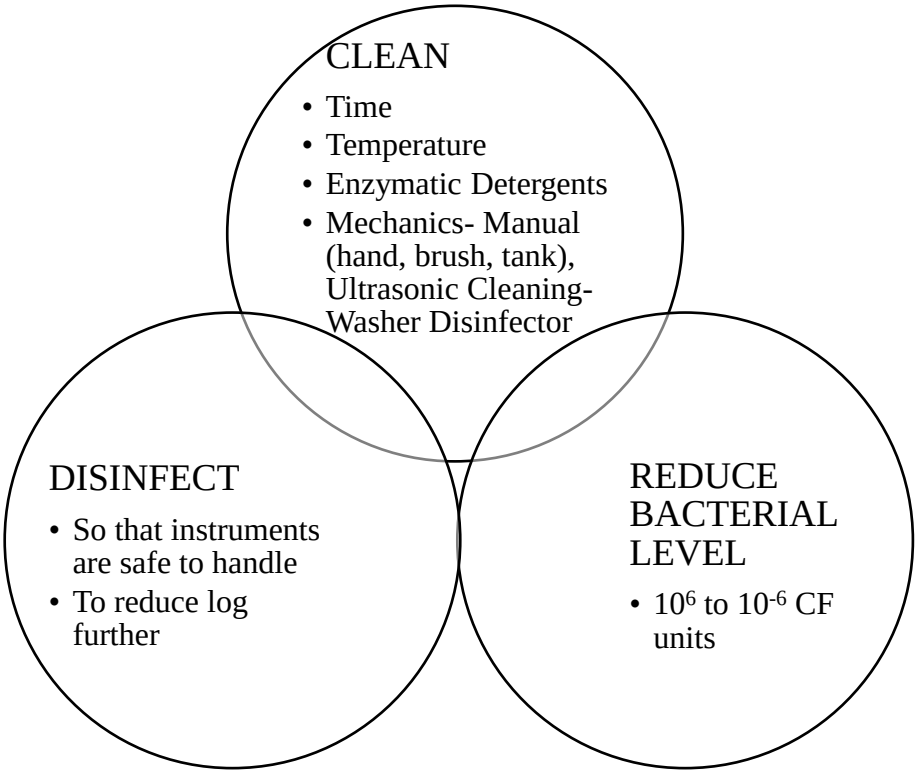

Figure1.12: Objectives of CSSD

Types of Sterilization

- Steam- uses saturated steam (heat + water) at 138ºC for 4minutes
- Ethylene Oxide
- Plasma

ZONES PRESENT :

- Decontamination Area
- Clean Zone — 18º to 22º C
- Sterile Zone- Temperature - 18º to 20º C

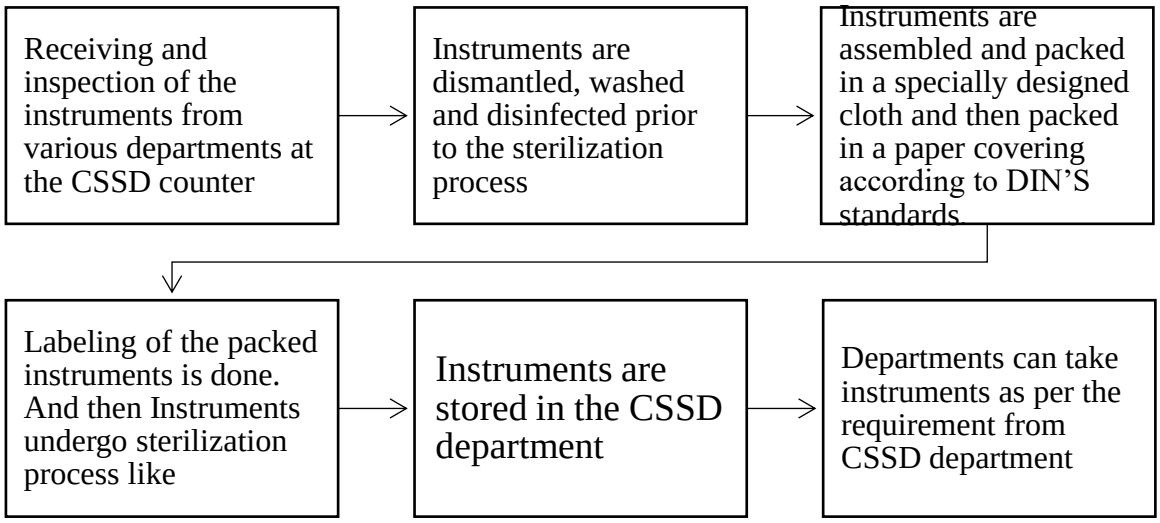

Figure1.13: Process flow of CSSD

- At the time of receiving the instrument at the CSSD department, the instruments are counted, checked for any damage, segregated according to the method of sterilization required for the instrument.
- Instruments used for the washing of the instruments are fully automated and according to the European standards.
- For packing of the instruments SMS (Stem-Mid-Stem bond) paper and cloths are used which are specifically designed for the purpose (they have a zig -zag pattern).
- Once sterilized and packed instrument can be used within 6 months.

Equipment List

- Washer
- Autoclave
- Plasma sterilizer
- ETO sterilizers

- Dryers
- Air-guns
- Water-guns
- Ultrasonic cleaners

FOOD & BEVERAGES

- Food & Beverage department is responsible for the supply of food to the in-patients and sometimes their attendants (if required) and also for arranging food during various meetings and conferences in the hospital.
- It is approved by NABH

7-8AM	Breakfast
10:30-11:30AM	Morning Tea/Soup
1-2PM	Lunch
4-5PM	Evening tea
6-7PM	Soup
8-9PM	Dinner

Table 1.1: Time table for the diet of the patient: (7 meals/day)

- If the patient is on Liquid diet, it is provided every 2 hours, 10 liq. Diet/day.
- Dinner of the same day, breakfast and lunch of the next day are decided prior in the evening and diet tickets are issued by the dietician and given to the chef.
- Apart from these if patients want to have something extra, those can be provided to the patient after consulting dietician.

- Different menus offered are:
  - Continental
  - Afghani – for middle east patients
  - No onion and garlic – for middle east patients
  - Indian

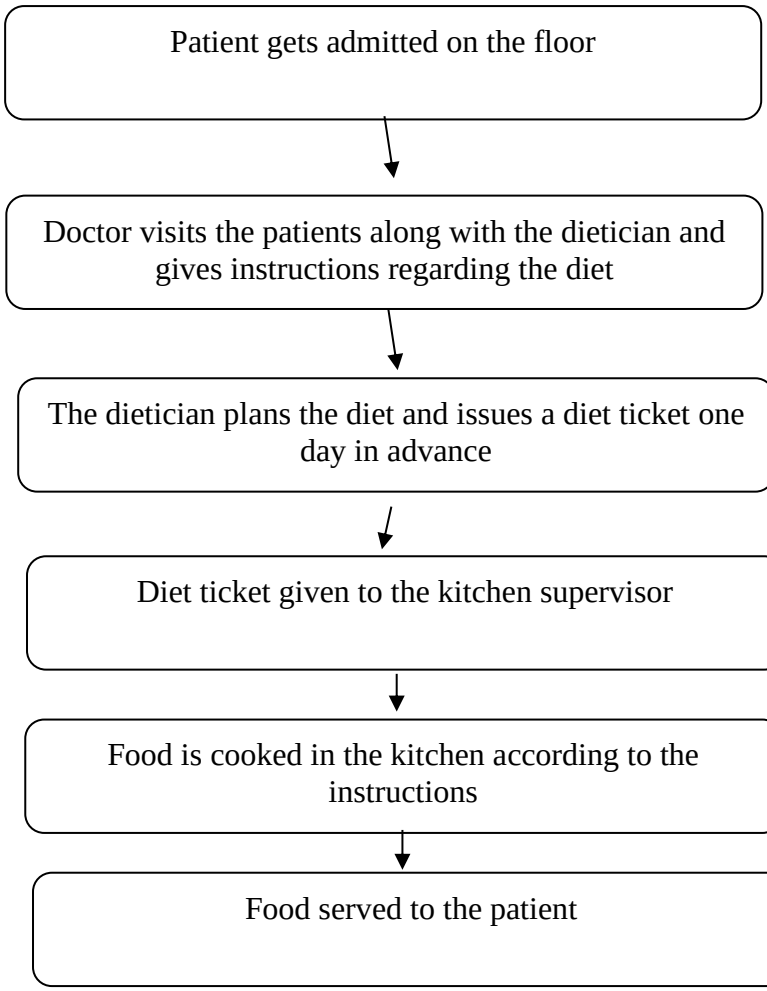

Figure1.14: Process flow of F&B department

Quality Indicators for F&B department: Food Receiving, Food storage, Staffing

- The raw material is received everyday between 6:30-7am, washed and stored. The cutting is done on colour coded chopping boards separately for Veg., Non-Veg. and Sea food.
- The food sample is tested for any infection every 15 days.

BIOMEDICAL ENGINEERING

- This department deals with purchase, installation and commissioning, training on operating, handling and maintenance of medical equipment in all departments of the hospital.
- Looks after running equipment and new equipment.
- For Running equipment
  - Preventive maintenance (PM) is done – to prevent breakdown, maintenance is done.
  - Calibration is done – i.e. to check how accurate an equipment is functioning

    There are white stickers on every machine that tells when the last PM and Calibration was done.
  - Breakdown call is checked for
  - Depreciation is measured
- For new equipment
  - Installation and commissioning is done

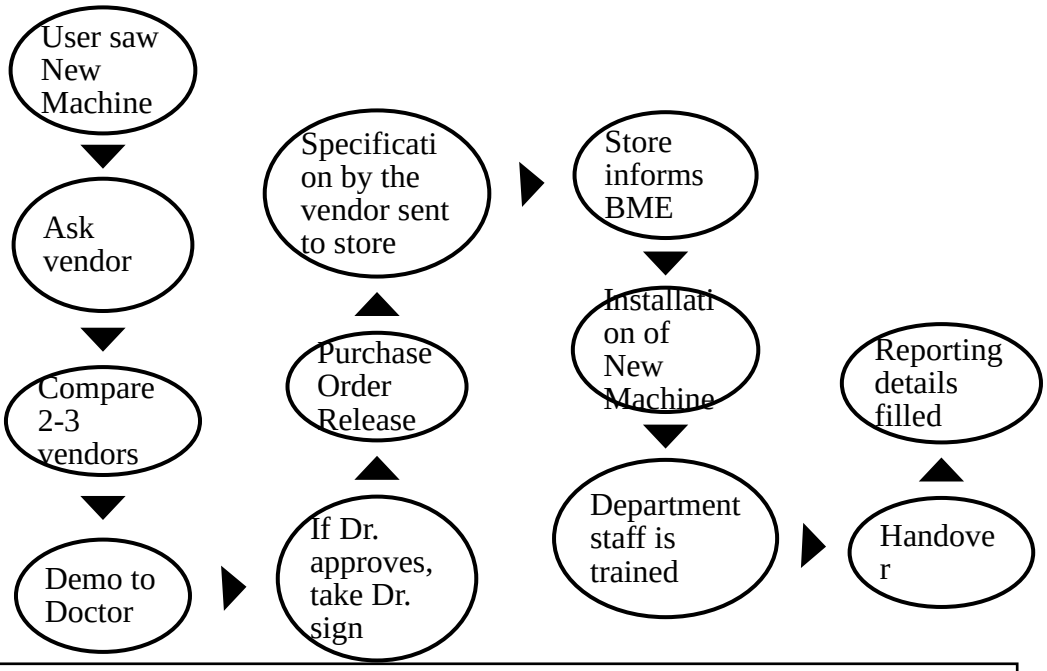

Figure1.15: Process flow of BME department

- Criteria for Up gradation-

i. The company supplying the equipment has been obsolete and BME recommends new machine

ii. The staff suggests a new machine, BME checks the budget of the department, if budget allows, and then procedure for procurement is done.

- AMC and CMC records are maintained.
- CAPEX (Capital Expenditure) and OPEX (Operating Expenditure) registers are maintained.
- Equipment Incident report is made in case of any physical damage – it is filled mentioning how the damage happened. Thereafter replacement or repair whatever is required is done.

PHARMACY

Max pharmacy is self-owned with Central Pharmacy situated at corporate office, Okhla. There are 1 In-patient pharmacy store and 1 Out-patient pharmacy in the hospital.

PURCHASE

- Auto purchase requisition is given to central purchasing team which is forwarded to vendor (outsourced).
- For purchasing the items ABC method is followed.

  A (mostly used drugs), B (Less used), C (Least Used)
- Weekly requisition is done and vendors take minimum 3 days for delivery of drugs to hospital.

STORING OF DRUGS

Medicines are arranged according to VISTA (e-care) in Client patient record system via generic name in alphabetic order in racks, shelves, cupboards and drawers. Oral,

parenteral and topical items are stored separately. Near expiry (expiry within 3 months) is stored in separate designated area to expedite the consumptions.

INDENT AND DISPENSE OF MEDICATIONS.

In patient pharmacy-

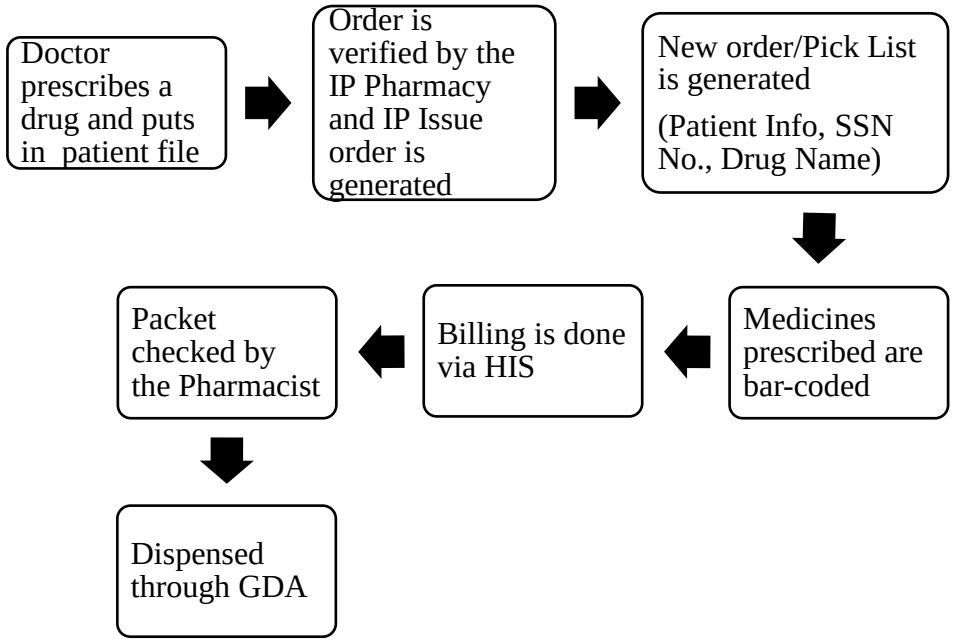

Figure1.16: Process flow of Pharmacy department

The Stat orders required immediately are dispensed within 30 minutes. The Now order is dispensed within 1 hour and routine order (White color) is delivered by 1 round per day.

NARCOTICS DRUGS

They are kept in double lock and key system with a label “High Alert Medicines”. Documentation of narcotic drugs is appropriately maintained.

Narcotics drugs under statutory regulation being used in max hospitals includes: injection and transdermal patch of Fentanyl and injection and tab. of Morphine.

LOOK ALIKE AND SOUND ALIKE DRUGS

Look alike and sound alike medications have high medication error due to similarities in nomenclature and packaging.

In the main pharmacy stores, (SALA Medications) are stored separately in 2 adjacent racks with blue colored sound alike and pink colored look alike medications warning stickers to avoid confusion while dispensing.

Medication Recall: If a drug is found to be defective, it is reported to the Okhla office where the records for that particular series of drugs dispensed is checked and verified for medication recall.

Licenses acquired by Max hospital pharmacy -

1) Pharmacist License

2) Narcotics License

INVENTORY MANAGEMENT PARAMETERS

I. ABC Class

A Items: 7 days

B Items: 10 days

C Items: 15 days

II. EOQ - (economic order quantity)

III. LEAD TIME – Time from ordering to delivery of drugs

IV. VED – Vital Essential Desirable (According To move of drugs)

CONCLUSIVE LEARNING

1. Employee Recognition Certificates and Star badges are given to Employees as Performance Appraisals.
2. Regular functions are held to build camaraderie amongst hospital staff. Example: Nursing Day function held on 7th June.
3. There is an information board on every nursing station which includes all the details of on-duty staff which is updated on daily basis
4. Floor-wise Interactive learning sessions were held by Nursing Staff educating everyone about Hand Hygiene and its importance.

Section B: Study on Average Length of Stay of patients staying more than 3 days in IPD:

Introduction: Length of stay is one of the key indicators of hospital which includes hospital care management, quality control, efficient use of hospital services, hospital planning, measuring efficiency and using hospital resources. As there are less number of beds in hospitals as compared to patient footfall, identification of factors for long stay of patient will help in resolving the issue related to bed supply within the available resources. Decreasing the unnecessary stay of patients will increase the outcome of the hospital and decrease the waiting time of the patients who want ward admission.

The ALOS is defined as the average number of days that patients spend in hospital. A lesser stay will decrease the cost per discharge and inpatient care will be shifted to less expensive outpatient settings. More average length of stay (ALOS) results in an increased cost to hospitals and for the patient it increases the risk of hospital acquired infection. ALOS = Total length of stay of patients / Number of admissions. Total length of stay of patients = Date of discharge – Date of admission.

ALOS is one of the quality indicators among the 64 other indicators given by NABH. As per NABH Length of stay (LOS) is used to determine the duration of a one period of patient stay in the hospital. Length of stay in hospital is known by subtracting date of admission from date of discharge. So patients coming and going back in a hospital on the same day have a length of stay of one day.

LOS varies with type of disease and speciality wise. Hospitals see an increase demand of inpatients, due to the diagnostic and therapeutic procedures. Efficient bed management is done strategically in the hospital, along with the employees and supplies involved, which results in the complex and expensive activity. Therefore, it is very important to have efficient bed management that results in better services. Length of stay is known mainly

by Doctors clinical judgment and health care factors. Patients and their attendants also participate in deciding the date of discharge. Day cases are not included.

At Max hospital Vaishali ALOS of patients was 5 and 4.85 for the month of December 2018 and January 2019 respectively. So this project was undertaken to work to find out the average length of stay of patients staying >3days and find out the reasons for long standing cases in the hospital. As per Max, patients who have stayed more than 3 days come under long standing cases. In this department wise ALOS is also done so that speciality wise drug and staffing can be done.

Theoretical model designed by Morgan and Beech that describes the determinant of LOS:

Determinants are:

1. Attributes of patients admitted
2. Attributes of the healthcare system
3. Planning of hospital care
4. Clinical practice features

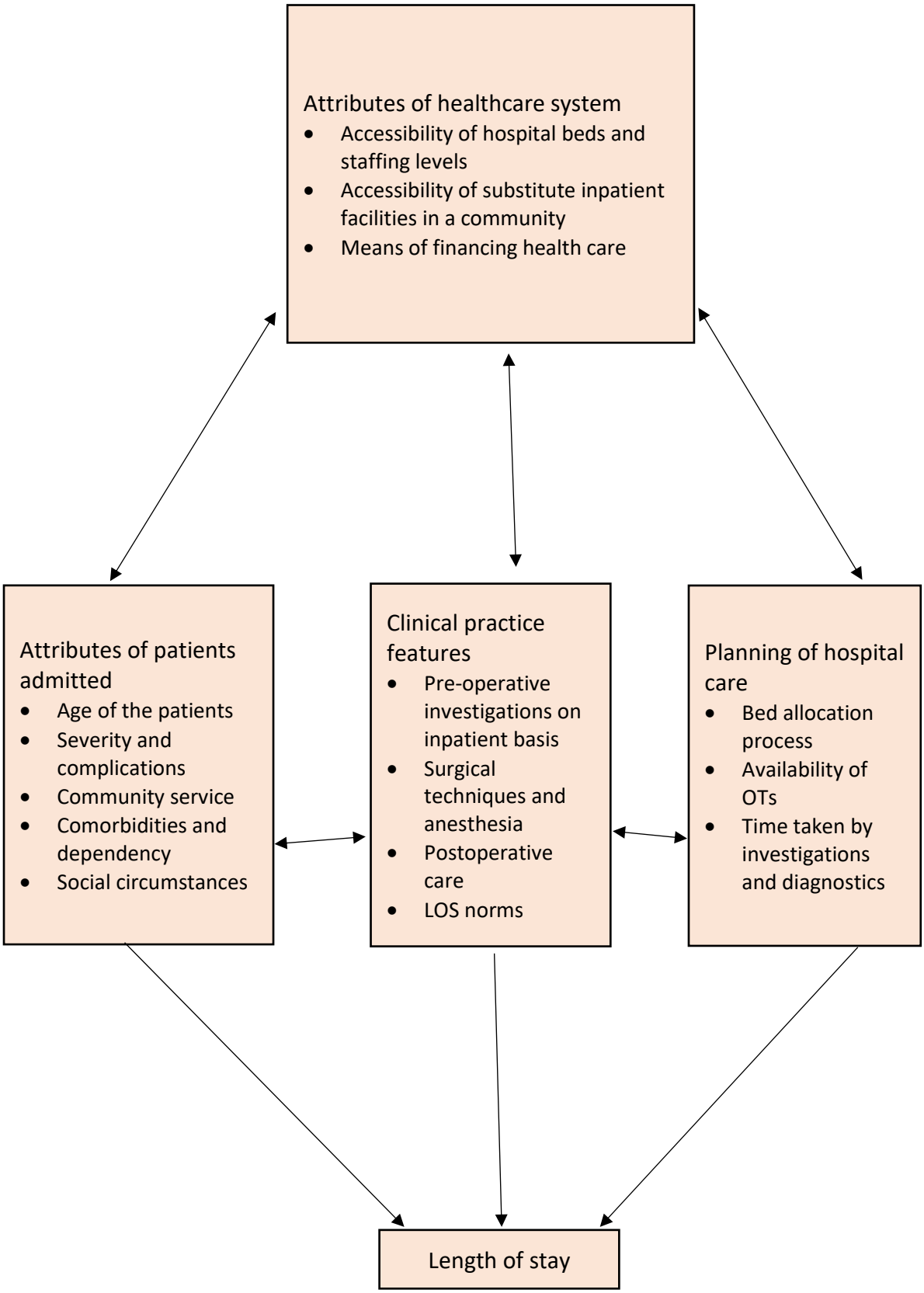

Figure2.1: Determinants of Length of stay (Morgan and

Literature Review: Study on attributes of short length of stay of patients of general internal medicine hospital done by Amol Verma and et al. 56055 admissions and 37700 patients sample was considered for the study. Patients who got discharged within 24 hours and in 72 hours contributed for 7.6% (4245) and 31.6% (13 442) admissions, respectively. After patient factors were controlled, male doctors were less likely than those of female doctors to have stay of their patients >24 hours. Patients who were admitted on weekdays and in night had stay < 24 hours or 72 hours as compared to those patients who got admitted at other time. Patients who had length of stay <24 hours and 72 hours, out of them 65.7% (2788) and 79.8% (10722), respectively were given medications intravenously and CT scans were done on 36.8% (1561) and 39.1% (5354) patients, respectively. Length of stay of patients of general internal medicine hospital were short and were related with patient, doctor and situational aspects.

Study on reasons of unnecessary hospital stay done by Lambert J.G.G.Panis and et al. The reasons of unnecessary stay were evaluated at two surgery wards- one at obstetric ward having 10 beds and another having 10 beds of gynaecology and 14 beds of ophthalmologic patients. Random sampling was used and sample of 610 days were collected. Results showed that more than 20% of the patient stay was unnecessary. The causes of unnecessary stay of patient were statistically important and associated with the age of the patients, the accessibility of home care services and medical specialty. The model they used in that only the medical specialty under which the patient was admitted proven to be the reason of unnecessary patient stay. In many patients unnecessary patient stay taken place in the course of the starting days of patient stay in the hospital and the duration earlier to the discharge of the patient. Unnecessary patient stay was also seen in 38.8% cases due to investigations or treatment delay, 27.5% cases due to delay in discharge process and 21.3% cases due to shortage of alternative substitute inpatient facilities.

Study on the aspects affecting the ALOS of the patients in the IPD of a tertiary care hospital done by Amrita and Amit. Observational study was done on sample size of 100 patients. The correlation of ALOS with nutritional level, educational level and insurance status of the patient was found to be statistically important. Elderly, women, malnourished, uneducated and insured patients had more length of stay. Illness complications mostly seen in malnourished and elderly patients while the uneducated patients had more LOS due to lack of understanding of the seriousness of the illness and these patients mostly miss the prescribed dosage of the medicine. The women were more prone to have some medical conditions like anaemia, malnutrition etc. that result in prolonged length of stay. Patients with insurance had prolonged length of stay as they prefer to have treatment and complete it nevertheless of its cost.

Study on correlation between number of cases of prostatectomies, outcomes of the patients, and average length of patient stay done by S.L.Yao and G.L.Yao. Sample size of 101604 cases of prostatectomies was collected from Medicare claims of the patients. Statistical analysis was done and the result came out that hospitals with lower number of prostatectomy cases had 30% more chances of readmissions and 43% chances of risk complications and 51% chances of mortality as compared with hospitals having higher number of prostatectomy cases. ALOS of patients in hospitals with lower number of prostatectomy cases had 9% higher ALOS as compared with hospitals with higher number of prostatectomy cases.

Study on patients who were imaged initially on the day of admission and their impact on ALOS by Juan Battle, Suanna and et. al. Sample size of 33226 was taken at the tertiary hospital. Out of these 10005 patients had more than 1 imaging test on the day of admission or 1 day prior to admission. The ALOS was much less in those who were imaged on the day of admission or 1 day prior to the admission as compared to those who were imaged later.

Study on analysis of length of stay by using patients medical records done by H.Baek, M.Cho and et al. Sample was collected from patients database of a tertiary care hospital in 2013 from January to December month in South Korea. The analysis was done and seen within four days 55% of patients were discharged. The rehabilitation medicine department had the highest ALOS of 15.9 days. Cerebral infarction, infarction of middle cerebral artery and myocardial infarction were associated with the longest ALOS. Patient having these conditions were shifted to the rehabilitation medicine department for rehabilitation. Delay in discharge process, duration of operation, duration of diagnosis, severity, bed type and type of insurance type was related with the length of stay of inpatients.

Aim: To determine the average length of stay of patients staying >3days in the ward and what are the reasons for long standing patients staying >3days in the wards.

Objectives:

- To determine the ALOS of patients staying >3days department wise and floor wise.
- To determine the reasons for long standing patients staying >3days in the wards (except ICUs & HDUs).
- To determine the channel wise break up of long-standing patients staying >3 days in the wards (except ICUs & HDUs).
- To determine the step-up to ICU from wards.

Methodology:

- Type of study: Observational, descriptive, cross sectional study.
- Study area: Max Super Speciality Hospital Vaishali, all wards of the hospital
- Duration of Study: 1 month

- Type of Data: Quantitative
- Technique: Direct Observation.
- Sample size: 545
- Sampling technique: Convenience sampling
- Data collection: Primary
- Data entry: Manually
- Data Analysis: Microsoft Excel for analysing the data and preparing the charts.
- Exclusion criteria: Sundays, patients of ICUs and HDUs and mortality cases
- Inclusion criteria**:** Week days and patients in wards

Data for 1 month i.e.1-3-2019 to 31-3-2019 had been collected by using convenience sampling. Sample size of 545 had been considered out of which 317 cases were PSU, 146 were TPA, 72 were cash and 10 were International patients (IP). It included all the patients of wards except ICUs and HDUs and patients who discharged on Sunday and mortality cases. Data under the heading of patient name, I.P number, bed number, admission date, admission under which department, patient panel or payment mode had been collected from HIS and clinical status of patient from active medical files of the patient had been collected. LOS for each patient had been determined in excel by using the formula i.e. =TODAY ()-date of admission. After that ALOS had been determined by the formula i.e. ALOS of patients staying>3 days = Total LOS/ Number of patients.

Results: ALOS of patients staying>3 days = Total LOS of Inpatients / Number of patients for a given duration

ALOS of patients staying>3 days = 4417/545

ALOS of patients staying>3 days = 8.1

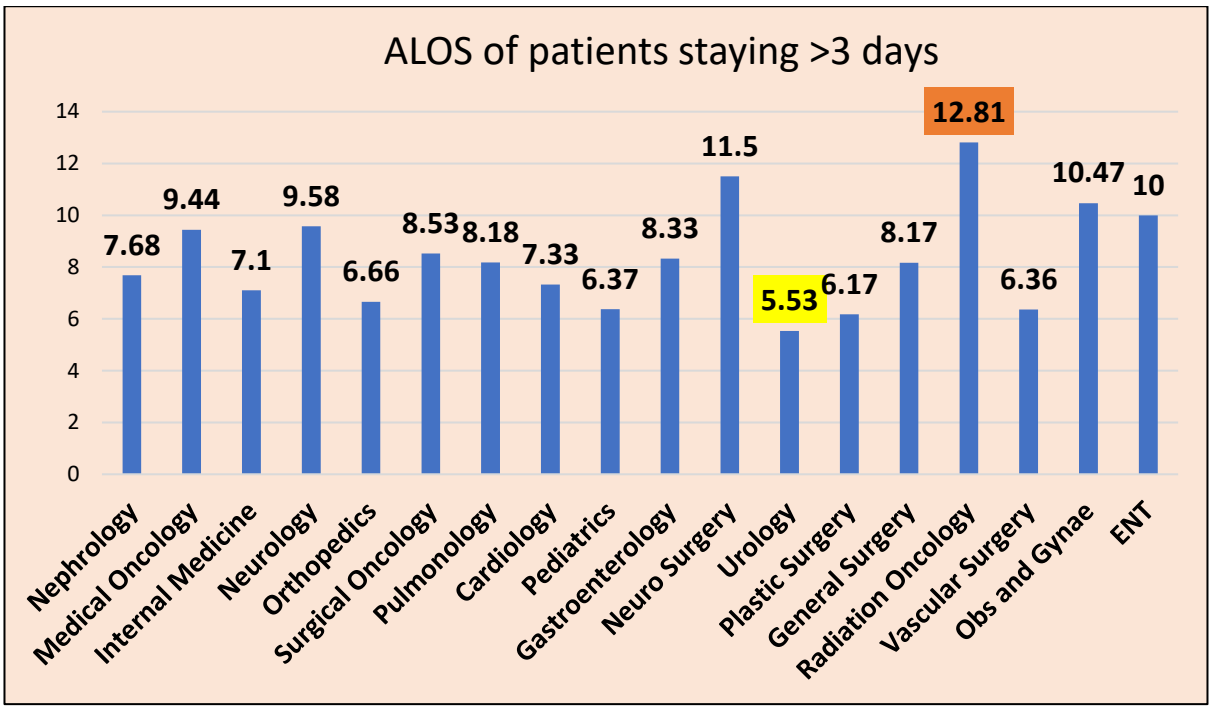

Figure2.2: ALOS of patients staying >3 days in wards with department wise breakup

Interpretation: In above graph patients staying more than 3 days in Radiation oncology has the ALOS of 12.81 days, followed by neurosurgery department which has ALOS of 11.5 days, followed by Obs. & Gynae which has ALOS of 10.47, followed by ENT which has ALOS of 10 days, followed by Neurology which has ALOS of 9.58, followed by Medical Oncology which has ALOS of 9.44, followed by Surgical Oncology which has ALOS of 8.53 days, followed by Gastroenterology which has ALOS of 8.33 days, followed by Pulmonology which has ALOS of 8.18 days, followed by General surgery which has ALOS of 8.17 days, followed by Nephrology which has ALOS of 7.68 days, followed by Cardiology which has ALOS of 7.33 days, followed by Internal medicine which has ALOS of 7.1 days, followed by Orthopaedics which has ALOS of 6.66 days, followed by Paediatrics which has ALOS of 6.37 followed by Vascular Surgery which has ALOS of 6.36 days, followed by Plastic surgery which has ALOS of 6.17 days followed by Urology which has ALOS of 5.53 days.

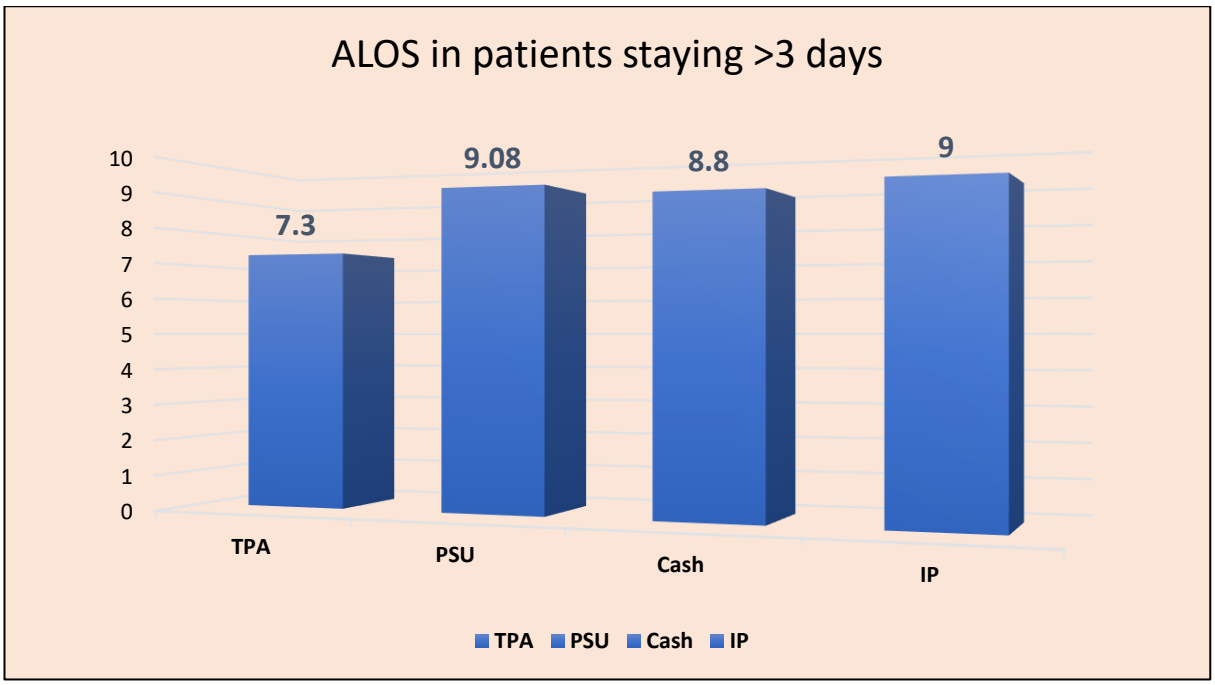

Figure2.3: ALOS of patients staying >3 days in wards with channel wise breakup

Interpretation: In above graph channel means mode of payment of the patient. TPA is third party administrator or patient is insured and insurance company will pay patients due, PSU is public sector undertaking, Cash means patient is paying in cash directly to the hospital, IP means international patients are paying according to the international rates to the hospital. Patients staying more than 3 days in PSU patients have ALOS of 9.08 days, followed by IP patients which have ALOS of 9 days, followed by Cash patients which have ALOS of 8.8 days, followed by TPA which have ALOS of 7.3 days.

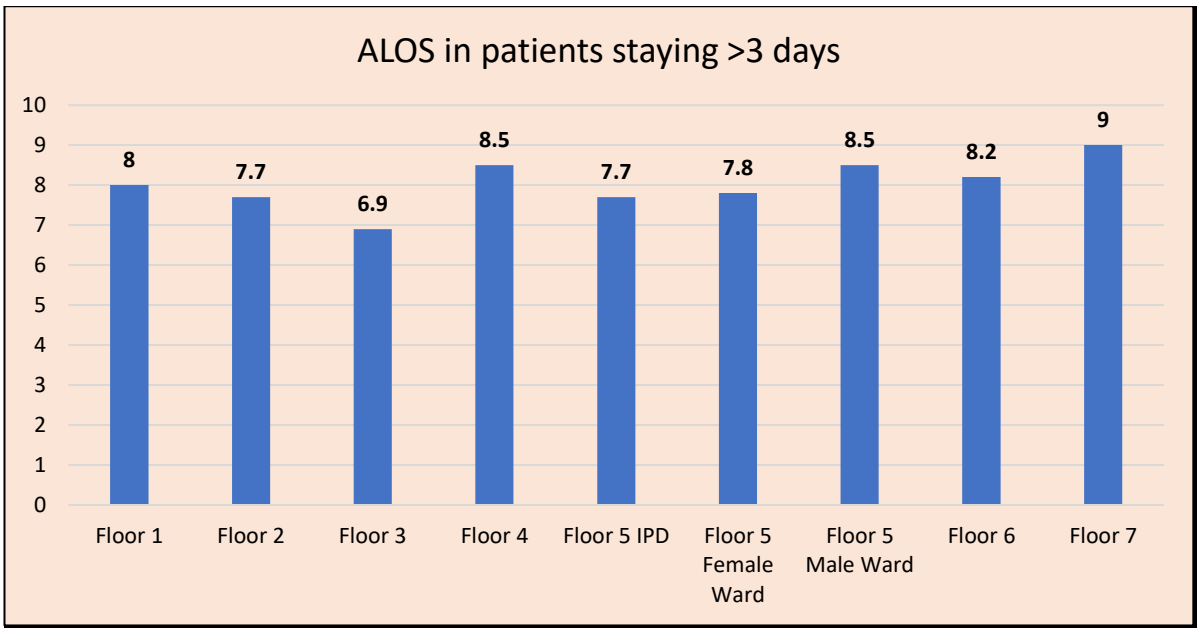

Figure2.4: ALOS of patients staying >3 days in wards with floor wise breakup

Interpretation: In above graph patients staying more than 3 days at Floor 7 have ALOS of 9 days, followed by Floor 4 and Floor 5 Male ward which have ALOS of 8.5 days, followed by Floor 6 which has ALOS of 8.2 days, followed by Floor 1 which has ALOS of 8 days, followed by Floor 5 female ward which has ALOS of 7.8 days, followed by Floor 5 and Floor 2 which have ALOS of 7.7 days, followed by Floor 3 which has ALOS of 6.9 days.

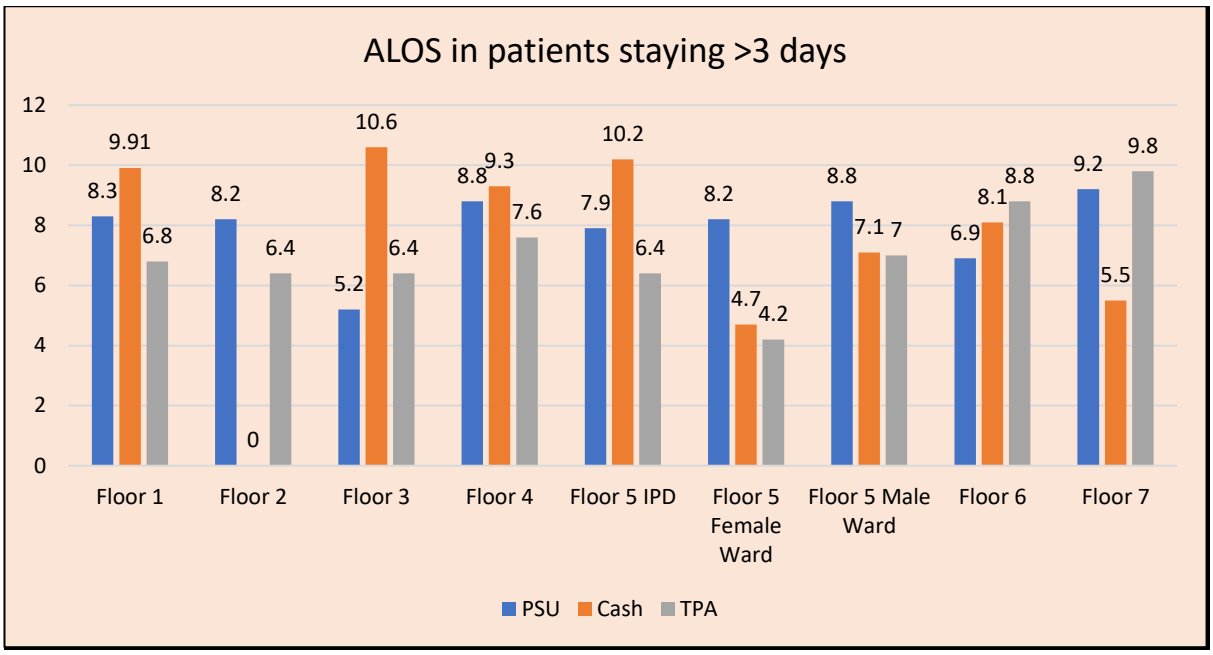

Figure2.5: ALOS of patients staying >3 days in wards with channel wise break up of floors

9.9 days for Cash patients, ALOS of 6.8 days for TPA patients, Floor 2 has ALOS OF 8.2 days for PSU patients, ALOS of 0 days for Cash patients, ALOS of 6.4 days for TPA patients, Floor 3 has ALOS OF 5.2 days for PSU patients, ALOS of 10.6 days for Cash patients, ALOS of 6.4 days for TPA patients, Floor 4 has ALOS OF 8.8 days for PSU patients, ALOS of 9.3 days for Cash patients, ALOS of 7.6 days for TPA patients, Floor 5 IPD has ALOS OF 7.9 days for PSU patients, ALOS of 10.2 days for Cash patients, ALOS of 6.4 days for TPA patients, Floor 5 Female ward has ALOS OF 8.2 days for PSU patients, ALOS of 4.7 days for Cash patients, ALOS of 4.2 days for TPA patients, Floor 5 Male ward has ALOS OF 8.8 days for PSU patients, ALOS of 7.1 days for Cash patients, ALOS of 7 days for TPA patients, Floor 6 has ALOS OF 6.9 days for PSU patients, ALOS of 8.1 days for Cash patients, ALOS of 8.8 days for TPA patients, Floor 7 has ALOS OF 9.2 days for PSU patients, ALOS of 5.5 days for Cash patients, ALOS of 9.8 days for TPA patients

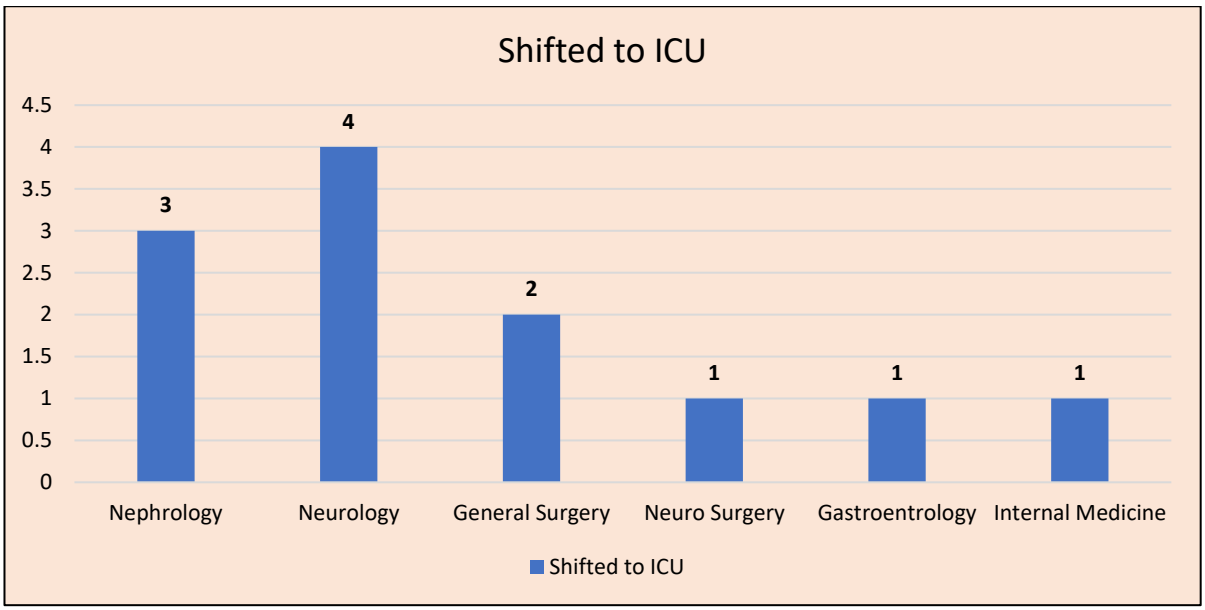

Figure2.6: Patients staying > 3 days shifted to ICU (step-ups) from wards are 12

Interpretation: Patients staying more than 3 days shifted to ICU from wards in Neurology department are 3, followed by Nephrology department with 3 patients, followed by General surgery with 2 patients, followed by Neurosurgery, Gastroenterology, Internal medicine departments with 1 patient each.

Discussion:

ALOS of patients staying more than 3 days having ALOS of 8.1 days. Radiation Oncology patients staying more than 3 days have highest ALOS of 12.81 days as patients are more chronically ill have carcinomas and are on palliative care. Patients of neurosurgery department staying more than 3 days have ALOS of 11.5 days as they are mostly the cases of head injury, brain tumor, spinal canal stenosis which are operated or had craniotomy or had lumbar canal stenosis & fixation. Patients of Obs.& Gynae and ENT departments have ALOS of 10.47 & 10 days respectively, but these departments have very few patients with long length of stay so it doesn't have much impact on ALOS. Patients of neurology department staying more than 3 days have ALOS of 9.58 days as they are the cases of acute stroke, meningo encephalitis, Parkinson's disease and dementia. Patients of medical oncology department staying more than 3 days have ALOS

of 9.44 days as they are the cases of carcinoma either with or without metastasis and are on chemotherapy or on supportive care. Patients of surgical oncology department staying more than 3 days have ALOS of 8.53 days as they are the cases of carcinoma which have been operated- laryngectomy, partial pharyngectomy, hemicolectomy, COMMANDO surgery etc. Patients of pulmonology department staying more than 3 days have ALOS of 8.18 days as they are the cases of pneumonia, COPD, LRTI, respiratory failure, bronchiectasis. Patients of general surgery department staying more than 3 days have ALOS of 8.17 days as they are the cases of ERCP induced duodenal perforation, cellulitis. Patients of nephrology department staying more than 3 days have ALOS of 7.68 days as they are the cases of acute on CKD, CKD with multiple haemodialysis, post renal transplant. Patients of Cardiology department staying more than 3 days have ALOS of 7.33 days as they are the cases of CAD and CABG. Patients of Internal medicine department staying more than 3 days have ALOS of 7.1 days as they are the cases of acute febrile illness, cellulitis, Hepatitis-A, Diabetic ketoacidosis, urticaria, eczema, aplastic anaemia. Patients of Orthopaedic department staying more than 3 days have ALOS of 6.66 days as they are the post op cases of TKR and THR. Patients of Urology department staying more than 3 days have lowest ALOS of 5.53 days as patients are with acute diseases like UTI, Renal calculi. Patients staying more than 3 days with PSU panel have highest ALOS OF 9.08 days as they likely to stay more in hospital and requesting their doctors to allow them to stay for more days. PSU patients prefer to stay in hospital as they get reimbursement for medicines and treatment they get in hospital. Cash and TPA patients staying more than 3 days have lower ALOS as compared to PSU patients i.e. 8.8 and 7.3 respectively. Floor 7 patients staying more than 3 days have highest ALOS of 9 as they have more IP patients and IP patients take both curative and rehabilitative treatment. Floor 3 patients staying more than 3 days have lowest ALOS of 6.9 days as there are mainly Obs. & Gynae cases, which are post op cases of LSCS & fewer cases of

carcinoma breast & cervix. Patients staying more than 3 days of Neurology department have a greater number of step-ups i.e. 4.

Recommendations:

- Doctors should be sensitized regarding the long-standing cases of their respective department on daily basis by sending list of long-standing cases of their department by e-mails.
- Doctors should be given continuous reminder on calls about their long-standing cases and push to discharge them timely.
- In long staying cases patients and their attendants should be counselled regarding homecare services
- In cases of radiation therapy and chemo therapy, patients and attendants can be counselled to come in day care for continuing the treatment.
- Floor managers should be told to track their long-standing cases on their respective floors and unnecessary stay of patients should be tracked and told to their respective doctors
- PSU patients should be tracked separately and should be counselled by doctor regarding impact of long staying in hospital.
- To reduce LOS there should be admission policy where in surgical cases should be done after PAC clearance.
- Hospital should have SOPs and clear-cut guidelines for discharge of cases.
- Hospital management information system needs to be strengthened as there is colour coding intimation for discharged and planned OT patients in HIS, we can introduce colour coding for patients staying more than 3 days.
- Doctors and nurses should know the importance of LOS and for this proper training should be organised.
- All measures for HAIs should be taken in long standing cases.

Conclusion: Chronic ill patients and PSU panel patients are the most important reason for greater length of stay. Better understanding of these patients will decrease the length of stay.

In this study, analysis of diverse variables associated with LOS has been studied so that management of long-standing patients can be improved. Research on the average length of stay of inpatients is very important as it recuperate the hospitals to manage its resources & patients more efficiently. Particularly, recognizing the factors which are related with the length of stay of patients in order to depict & administer the total number of inpatient days can be useful in managing resources of hospital.

Eradicating unnecessary stay of patients in hospital is a strategy to decrease the average length of stay.

Appendix 1: Data of ward patients

Sl No.	Patient Name	IP NO	Bed No	Adm. Date	ALOS	Department	Patient Panel	REMARKS
1	Mr. RAJESH SINGH	*****	VSH-FB-3421	##########	44	Neurology	Cash	case of G.B.S,T2dm,,HTN, post tracheostomy, closure will be after 3 days
2	Mr. NAVENDU SHEKHAR	*****	VSH-SG-3703	##########	35	Nephrology	Reliance General Insurance Company Ltd 2018 (VSH)	d/s
3	Mrs. DR PRACHI SAWHNEY	*****	VSH-SG-3324	##########	25	Obs.& Gnae	Cash	24 weeks pregnancy, cervical encirclage
4	Mr. P C GUPTA	*****	VSH-ECM-11	##########	25	Medical Oncology	Indian Oil Corporation Ltd (VSH)	Ca Urinary bladder, ckd, urine pseudomonas
5	Mr. ABHAY KUMAR SINHA	*****	VSH-FB-3419	##########	22	Surgical Oncology	Cash	Ca buccal mucosa and lower alveolus with DM, OT: rexploration(21/2), RT feed
6	Mrs. SHARDA .	*****	VSH-DL-3406	##########	22	Medical Oncology	DGEHS (NABH) (VSH)	Ca lungs,CAD, LVEF dysfunction, tlc=2.6, Hb=7.3. will be discharged when TLC level will increase after giving chemo
7	Mr. JAVED YUSUFZAI	*****	VSH-SG-3508	##########	19	General Surgery	CGHS - VSH	duodenal perforation with peritonitis, COPD

8	Mr. S S NEGI	*****	VSH-DL-3401	##########	18	Medical Oncology	GIPSA-United Healthcare Parekh Insurance TPA Pvt Ltd (VSH)	pleomorphic sarcoma metastatic pericardial,diaphragmatic, lung metastasis
9	Mr. SHRI KRISHNA GUPTA	*****	VSH-DL-3404	##########	18	Neurology	DGEHS (NABH) (VSH)	parkinsons disease with compressive myelopathy, hypoglycemia,anemia of chronic disease, Fe-17.3, TLC-17.3
10	Mrs. ASHYR GUL GAZAKOVA	*****	VSH-SG-3607	##########	16	Neurology	IPS 45 (VSH)	Meningo encephelitis, hip and knee contracture, OT-B/L tendon release(20/2), on physiotherapy once the patient start walking will be discharged.approx.2 days
11	MRS SHALINI SAINI	*****	VSH-SG-3505	##########	16	Medical Oncology	DGEHS (NABH) (VSH)	refractory multiple myeloma, CKD
12	Mr. ASHOK KUMAR	*****	VSH-SG-3545	##########	15	Internal Medicine	Cash	ward-27/2, follecular lymphoma, AFI, pedal edema, chemo planned for future,stem cell transplant after 2cycles
13	Mr. RAMCHARAN .	*****	VSH-FB-3418	##########	15	Internal Medicine	Narora Atomic Power Station (NAPS)-NABH (VSH)	Septic shock, MODS, T2dm, AKI, Lt. Leg cellulitis,COPD, CLD

14	Mr. SUBHAS KUMAR BHATTACHARYA	*****	VSH-DL-3512	##########	15	Neurosurgery	CGHS - VSH	rt. Sided basal ganglia bleed, lt side weakness, wards-28/2
15	Mrs. SANTOSH DEVI	*****	VSH-ECF-08	##########	14	Medical Oncology	CGHS - VSH	d/s
16	Mrs. SANWARI YADAV	*****	VSH-ECF-14	##########	12	Gastroenterology	CGHS Others/Cash (VSH)	CLD, Planned UGI endoscopy
17	Mr. RAVINDRA KUMAR VERMA	*****	VSH-SG-3506	##########	12	Nephrology	CGHS Serving Other Ministries (VSH)	CKD, HTN,DM, HD today
18	Mr. SHARAD KUMAR	*****	VSH-SG-3608	##########	11	Gastroenterology	Cash	CLD, PHTN,UTI(enterococci), pulmo review
19	Mrs. CHANDRAJYOTI DEVI	*****	VSH-DL-3509	##########	11	Pulmonology	GIPSA-Raksha Health Insurance TPA Pvt Ltd (VSH)	hemoptysis, LRTI, Necrotizing pneumonia with sepsis, TLC=11.92
20	Mr. DR SATISH KUMAR SRIVASTAVA	*****	VSH-SG-3709	##########	11	Medical Oncology	GIPSA-Raksha Health Insurance TPA Pvt Ltd (VSH)	Ca stomach, metastasis, tumor bleed,lt. Hemiperesis, TLC=7.68, Echo report pending
21	Mr. S P S TOMER	*****	VSH-DL-3409	##########	11	Surgical Oncology	CGHS - VSH	total laryngectomy, partial pharyngectomy, b/l neck dissection, primary closure
22	Mr. MAHIPAT SINGH NEGI	*****	VSH-SG-3424	##########	9	Surgical Oncology	CGHS - VSH	Ca rt. Colon with atrial fibrillation,Hemicolectomy(22/2)

23	Mrs. LALIMA BASU	*****	VSH-DL-3402	##########	9	Radiation Oncology	Cash	astrocytoma WHO grade 4, post op on EBRT
24	Mr. SUBHASH BHASKAR .	*****	VSH-SG-3114	##########	9	Othopedics	GIPSA-Health India Insurance TPA Services Pvt Ltd (VSH)	OA B/L knee, Sx-TKR (23/2)
25	Mr. CHAND SINGH	*****	VSH-ECM-18	##########	9	Pulmonology	Central Industrial Security Force(Indirapuram)-NABH (VSH)	hemoptysis, LRTI, Necrotizing pneumonia with sepsis, TLC=11.92
26	Mr. BHUDEV SINGH	*****	VSH-DL-3610	##########	8	Internal Medicine	CGHS - VSH	d/s
27	Mr. VINOD KUMAR	*****	VSH-ECM-01	##########	8	Internal Medicine	CGHS Others/Cash (VSH)	LRTI, pneumonia, influenza AB+, fever, planned for CECTabdomen
28	Mr. HARI KISHAN SHARMA	*****	VSH-DL-3408	##########	8	Internal Medicine	DGEHS (NABH) (VSH)	d/s
29	Mr. NIRANJAN NATH	*****	VSH-SG-3425	##########	7	Medical Oncology	CGHS - VSH	metastasis poorly differentiated adenocarcinoma-biliary tract/upper GIT
30	Mrs. SAVITRI BANERJEE	*****	VSH-ECF-06	##########	7	Surgical Oncology	CGHS - VSH	GB mass, biopsy review Ca GB
31	Mrs. SHANOO GUPTA	*****	VSH-DL-3116	##########	7	Cardiology	CGHS - VSH	LRTI,influenza+,TLC=10.3, CAG(23/2)
32	Mr. NARENDRA CHAWDHARY	*****	VSH-SG-3714	##########	7	Neurology	GIPSA-Park Mediclaim Insuranc	D/S

							e TPA Pvt Ltd (VSH)	
33	Baby AADYA SHARMA	*****	VSH-DL-3321	##########	7	Pediatrics	Family Health Plan Ltd 2018 (VSH)	UTI,Fever spikes(25/2),MCU planned tomorrow
34	Mrs. LEELA CHAMOLI	*****	VSH-ECF-07	##########	6	Gastroenterology	CGHS Others/Cash (VSH)	CABG, post PTBD(27/2). On total internal drainage
35	Mr. ANIL KUMAR	*****	VSH-SG-3702	##########	6	Gastroenterology	DGEHS (NABH) (VSH)	CaGB with metastasis,periampullary with planned OT, PET PT and GB biopsy report pending
36	Mr. AJOYKUMAR GHOSH	*****	VSH-FB-3125	##########	6	Neurology	Cash	Vascular dementia, DMtype2, rt. BG bleed,28/2- ward, RKT-25/2
37	Mr. GOPAL SINGH RANA	*****	VSH-SG-3711	##########	6	Pulmonology	Central Warehousing Corp (VSH)	H1N1, viral pneumonia,ARDS, tlc=11.31(27/2), TLC=9.25(28/2)
38	MRS RAJ KUMARI	*****	VSH-ECF-02	##########	6	Internal Medicine	Central Industrial Security Force(DMRC)-NABH (VSH)	COPD,HT,DM. PLANNED D/S
39	Mr. LAXMAN SINGH	*****	VSH-ECM-10	##########	6	Neurosurgery	Northern Railways -NABH (VSH)	WARD 26/2, rt. Side SDH, temporal contusion, advice NCCT head
40	Mr. SHYAM SUNDER ARORA	*****	VSH-DL-3403	##########	6	Othopedics	DGEHS (NABH) (VSH)	cervical myelopathy with lumbar canal stenosis, planned decompression and fixation at L4-L5
41	Ms. PRIYAN	*****	VSH-SG-3601	##########	6	Gastroenterology	Cash	choledocholithiosis with dilated CBD bilobar,

	KA YADAV							ERCP(25/2), fever episodes
42	Mrs. SHAKUNTALA DEVI	*****	VSH-DL-3120	##########	6	Internal Medicine	DGEHS (NABH) (VSH)	d/s
43	MRS REEMA RASTOGI	*****	VSH-DL-3124	##########	6	Internal Medicine	GIPSA-MDIndia Health Insurance TPA Pvt Ltd (VSH)	acute febrile, LRTI, DM uncontrolled, hypothyroidism, no fever spike since yesterday but still O2
44	Mr. UDIT GOEL	*****	VSH-SG-3109	##########	6	Pulmonology	GIPSA-MDIndia Health Insurance TPA Pvt Ltd (VSH)	ward(25/2), H1N1,TLC=8.21, Cough+
45	Mrs. NEELAM GUPTA	*****	VSH-DL-3407	##########	6	Surgical Oncology	Max Bupa Health Insurance TPA (2017) (VSH)	Ca endometrium, radical hysterectomy(25/2)
46	Mr. DEEPAK JAIN	*****	VSH-DL-3517	##########	5	Pulmonology	Paramount Health Services (TPA) Pvt. ltd (2018) (VSH)	ward(25/2) B/L pneumonia, RF, HTN, cough+,TLC=5.8
47	Mrs. AMINA .	*****	VSH-FB-3416	##########	5	Surgical Oncology	Cash	ward(26/2), Ca endometrium, DM, HTN, radical hysterectomy(25/2)
48	Mr. DEVENDER PAL SINGH	*****	VSH-DL-3118	##########	5	Gastroenterology	National Thermal Power Corp Ltd (Dadri) (VSH)	CLD,PHTN,LRTI,COPD, febrile-101.F, urine-E.coli, TLC=11.14
49	Mrs. ANITA .	*****	VSH-ECF-16	##########	5	Nephrology	NDMC (VSH)	swelling all over body, hypokalemia, DMtype2,

								hypothyroidism, HTN, CAD, COPD, fluid overload, creatinine=3, k=6.1
50	Mr. JAGDISH SINGH GAWAR	*****	VSH-SG-3427	##########	5	Pulmonology	Apollo Munich Health Insurance Company Lt (2016) (VSH)	LRTI, influenzaA/B+, CAD/postCABG,advice NCCT PNS
51	Mr. R S CHAUHAN	*****	VSH-SG-3503	##########	5	Medical Oncology	CGHS - VSH	d/s
52	Mrs. ATIYA BEGUM	*****	VSH-DL-3121	##########	5	Othopedics	Cash	Sx- rt.TKR(1 March)
53	Mrs. RAJESHWARI DEVI	*****	VSH-DL-3516	##########	5	Internal Medicine	DGEHS (NABH) (VSH)	LRTI, PFT test today
54	Mr. ISLAM ...	*****	VSH-ECM-08	##########	5	Pulmonology	NDMC (VSH)	d/s
55	Mr. JITENDER KUMAR	*****	VSH-FB-3417	##########	5	Neurology	GIPSA-Medi Assist Insurance TPA Pvt Ltd (VSH)	lt. SDH, post multiple bure hole evacuation,Sx-26/2
56	Mr. P R MITTAL	*****	VSH-SG-3104	##########	4	Othopedics	CGHS - VSH	RT. Knee arthritis,rt TKR(26/2)
57	Mrs. KIRAN GUPTA	*****	VSH-ECF-18	##########	4	Urology	CGHS Others/Cash (VSH)	renal calculi, PCNL+Rt DJ stunting(27/2)
58	Mr. ZAMIR UDDIN ANSARI	*****	VSH-SG-3504	##########	4	Nephrology	ONGC (VSH)	d/s
59	Mrs. SHANTI JOSHI	*****	VSH-DL-3122	##########	4	Othopedics	Paramount Health Services (TPA)	aseptic loosened bipolar lt hip,Sx-revision THR lt.(25/2)

							Pvt. ltd (2018) (VSH)	
60	Mrs. KUSUM SHARMA	*****	VSH-SG-3423	##########	4	Medical Oncology	Max Bupa Health Insurance TPA (2017) (VSH)	d/s
61	Mr. BHAGWAN BUX SINGH	*****	VSH-ECM-05	##########	4	Nephrology	CGHS - VSH	d/s
62	Mrs. NISHA GEORGE	*****	VSH-SG-3501	##########	4	Pulmonology	Apollo Munich Health Insurance Company Lt (2016) (VSH)	b/l pneumonia, H1N1, tlc=4.15, patchy areas of peribronchovascular consolidation rt. Middle lobe
63	Mrs. KUSUM JAIN	*****	VSH-FB-3422	##########	4	Medical Oncology	GIPSA-Park Mediclaim Insurance TPA Pvt Ltd (VSH)	Ca breast, bone metastasis? USG b/l venous dopler
64	MRS SAROJ SETH	*****	VSH-SG-3704	##########	4	Nephrology	CGHS - VSH	CKD, CAD- LBBB, LV dysfunction, S3 disorder, urea-124, creatinine-2.5
65	Mr. SURESH SATI	*****	VSH-SG-3701	##########	4	Nephrology	Paramount Health Services (TPA) Pvt. ltd (2018) (VSH)	d/s
66	Mr. SATISH CHAND	*****	VSH-ECM-12	##########	4	Nephrology	CGHS - VSH	CKD on MHD, COPD, T2DM, MBD, HTN, advice NCCT Kidney,

								urea=148, creatinine-9.8
67	Mr. VIKRAM KHATTRI	*****	VSH-SG-3548	##########	4	Othopedics	GIPSA-Vidal Health Insurance TPA Pvt Ltd (VSH)	d/s
68	Mr. RAJESH SINGH	*****	VSH-FB-3421	17-Jan-2019	44.9	Neurology	Cash	D/s
69	Mrs. DR PRACHI SAWHNEY	*****	VSH-SG-3324	##########	26.1	Obs.& Gnae	Cash	24 weeks pregnancy, cervical encirclage
70	Mr. P C GUPTA	*****	VSH-ECM-11	##########	26.0	Medical Oncology	Indian Oil Corporation Ltd (VSH)	D/s
71	Mr. ABHAY KUMAR SINHA	*****	VSH-FB-3419	##########	23.3	Surgical Oncology	Cash	Ca buccal mucosa and lower alveolus with DM, OT: rexploration(21/2), RT feed
72	Mrs. SHARDA .	*****	VSH-DL-3406	##########	22.4	Medical Oncology	DGEHS (NABH) (VSH)	Ca lungs,CAD, LVEF dysfunction, tlc=2.6, Hb=7.3. will be discharged when TLC level will increase after giving chemo
73	Mr. JAVED YUSUFZAI	*****	VSH-SG-3508	##########	19.9	General Surgery	CGHS - VSH	duodenal perforation with peritonitis, COPD
74	Mr. S S NEGI	*****	VSH-DL-3401	##########	19.3	Medical Oncology	GIPSA-United Healthcare Parekh Insurance TPA Pvt Ltd (VSH)	D/s

75	Mr. SHRI KRISHNA GUPTA	*****	VSH-DL-3404	##########	19.3	Neurology	DGEHS (NABH) (VSH)	parkinsons disease with compressive myelopathy, hypoglycemia,anemia of chronic disease, Fe-17.3, TLC-17.3. planned tomorrow d/s
76	Mr. PYAREL AL DUBEY	*****	VSH-DL-3407	##########	17.3	General Surgery	Reliance General Insurance Company Ltd 2018 (VSH)	ward-1/3, Adenocarcinoma intestine, exploratory lapro, on RT feed
77	Mrs. ASHYR GUL GAZAKOVA	*****	VSH-SG-3607	##########	17.3	Neurology	IPS 45 (VSH)	Meningo encephelitis, hip and knee contracture, OT-B/L tendon release(20/2), on physiotherapy once the patient start walking will be discharged.approx. 2 days
78	MRS SHALINI SAINI	*****	VSH-SG-3505	##########	17.1	Medical Oncology	DGEHS (NABH) (VSH)	refractory multiple myeloma, CKD
79	Mr. ASHOK KUMAR	*****	VSH-SG-3545	##########	15.9	Internal Medicine	Cash	ward-27/2, follecular lymphoma, AFI, pedal edema, chemo planned for future,stem cell transplant after 2cycles
80	Mr. SUBHAS KUMAR BHATTACHARYA	*****	VSH-DL-3512	##########	15.5	Neurosurgery	CGHS - VSH	rt. Sided basal ganglia bleed, lt side weakness, wards-28/2
81	Mrs. SANWARI YADAV	*****	VSH-ECF-14	##########	13.0	Gastroenterology	CGHS Others/Cash (VSH)	CLD, Planned UGI endoscopy
82	Mr. RAVINDRA	*****	VSH-SG-3506	##########	12.5	Nephrology	CGHS Serving Other	D/s

	KUMAR VERMA						Ministries (VSH)	
83	Mrs. SAROJ RANI	*****	VSH-DL-3121	##########	12.3	Cardiology	GIPSA-Raksha Health Insurance TPA Pvt Ltd (VSH)	ward 1/2, CAD-ACS,AF with FVR, hypothyroidism, CAG(27/2), proposed PPI
84	Mr. SHARAD KUMAR	*****	VSH-SG-3608	##########	12.2	Gastroenterology	Cash	CLD, PHTN,UTI(enterococci), pulmo review
85	Mrs. CHAND RAJYOTI DEVI	*****	VSH-DL-3509	##########	12.2	Pulmonology	GIPSA-Raksha Health Insurance TPA Pvt Ltd (VSH)	hemoptysis, LRTI, Necrotizing pneumonia with sepsis, TLC=11.92
86	Mr. DR SATISH KUMAR SRIVASTAVA	*****	VSH-SG-3709	##########	11.5	Medical Oncology	GIPSA-Raksha Health Insurance TPA Pvt Ltd (VSH)	Ca stomach, metastasis, tumor bleed,lt. Hemiperesis, TLC=7.68, Echo report pending
87	Mr. S P S TOMER	*****	VSH-DL-3409	##########	11.4	Surgical Oncology	CGHS - VSH	total laryngectomy, partial pharyngectomy, b/l neck dissection, primary closure, planned Monday discharge
88	Mr. MAHIPAT SINGH NEGI	*****	VSH-SG-3424	##########	10.4	Surgical Oncology	CGHS - VSH	Ca rt. Colon with atrial fibrillation, Hemicolectomy(22/2), planned for tomorrow discharge
89	Mrs. LALIMA BASU	*****	VSH-DL-3402	##########	10.2	Radiation Oncology	Cash	astrocytoma WHO grade 4, post op on EBRT
90	Mr. SUBHASH BHASKAR .	*****	VSH-SG-3114	##########	9.6	Othopedics	GIPSA-Health India Insurance TPA Services	d/s

							Pvt Ltd (VSH)	
91	Mr. CHAND SINGH	*****	VSH-ECM-18	##########	9.4	Pulmonology	Central Industrial Security Force(Indirapuram)-NABH (VSH)	hemoptysis, LRTI, Necrotizing pneumonia with sepsis, TLC=11.92
92	Mr. VINOD KUMAR	*****	VSH-ECM-01	##########	8.5	Internal Medicine	CGHS Others/Cash (VSH)	LRTI, pneumonia, influenza AB+, fever, planned for CECTabdomen
93	Mrs. SAVITRI BANERJEE	*****	VSH-ECF-06	##########	8.3	Surgical Oncology	CGHS - VSH	D/s
94	Mrs. SHANOO GUPTA	*****	VSH-DL-3116	##########	8.2	Cardiology	CGHS - VSH	LRTI,influenza+,TLC=10.3, CAG(23/2), planned for tomorrow discharge
95	Mr. TUSHANT SHARMA	*****	VSH-FB-3127	##########	8.1	Gastroenterology	Cash	ward-2/2, CLD, PTN, endoscopy with EVL
96	Baby AADYA SHARMA	*****	VSH-DL-3321	##########	8.1	Pediatrics	Family Health Plan Ltd 2018 (VSH)	D/s
97	Mr. ANIL KUMAR	*****	VSH-SG-3702	##########	7.3	Gastroenterology	DGEHS (NABH) (VSH)	D/s
98	Mr. AJOYKUMAR GHOSH	*****	VSH-FB-3125	##########	7.3	Neurology	Cash	D/s
99	Mr. GOPAL SINGH RANA	*****	VSH-SG-3711	##########	7.2	Pulmonology	Central Warehousing Corp (VSH)	H1N1, viral pneumonia,ARDS, tlc=11.31(27/2), TLC=9.25(28/2)
100	MRS RAJ KUMARI	*****	VSH-ECF-02	##########	7.2	Internal Medicine	Central Industrial Security Force(DMRC)-	D/s

							NABH (VSH)	
101	Mr. LAXMAN SINGH	*****	VSH-ECM-10	##########	7.2	Neurosurgery	Northern Railways -NABH (VSH)	shifted to NeuroICU
102	Ms. PRIYANKA YADAV	*****	VSH-SG-3601	##########	6.8	Gastroenterology	Cash	choledocholithiosis with dilated CBD bilobar, ERCP(25/2), fever episodes
103	MRS REEMA RASTOGI	*****	VSH-DL-3124	##########	6.4	Internal Medicine	GIPSA-MDIndia Health Insurance TPA Pvt Ltd (VSH)	D/s
104	Mr. UDIT GOEL	*****	VSH-SG-3109	##########	6.4	Pulmonology	GIPSA-MDIndia Health Insurance TPA Pvt Ltd (VSH)	ward(25/2), H1N1,TLC=8.21, Cough+
105	Mr. DEEPAK JAIN	*****	VSH-DL-3517	##########	6.3	Pulmonology	Paramount Health Services (TPA) Pvt. ltd (2018) (VSH)	D/s
106	Mrs. AMINA .	*****	VSH-FB-3416	##########	6.3	Surgical Oncology	Cash	D/s
107	Mr. DEVENDER PAL SINGH	*****	VSH-DL-3118	##########	6.1	Gastroenterology	National Thermal Power Corp Ltd (Dadri) (VSH)	CLD,PHTN,LRTI,COPD, febrile-101.F, urine-E.coli, TLC=11.14
108	Mrs. ANITA .	*****	VSH-ECF-16	##########	6.1	Nephrology	NDMC (VSH)	swelling all over body, hypokalemia, DMtype2, hypothyroidism, HTN, CAD, COPD, fluid overload,

								creatinine=3, k=6.1
109	Mr. JAGDISH SINGH GAWAR	*****	VSH-SG-3427	##########	5.9	Pulmonology	Apollo Munich Health Insurance Company Lt (2016) (VSH)	LRTI, influenzaA/B+, CAD/postCABG,advice NCCT PNS
110	Mrs. RAJESHWARI DEVI	*****	VSH-DL-3516	##########	5.5	Internal Medicine	DGEHS (NABH) (VSH)	LRTI, PFT test today
111	Mr. JITENDER KUMAR	*****	VSH-FB-3417	##########	5.4	Neurology	GIPSA-Medi Assist Insurance TPA Pvt Ltd (VSH)	D/s
112	Mrs. KIRAN GUPTA	*****	VSH-ECF-18	##########	5.4	Urology	CGHS Others/Cash (VSH)	renal calculi, PCNL+Rt DJ stunting(27/2)
113	Mrs. SHANTI JOSHI	*****	VSH-DL-3122	##########	5.3	Othopedics	Paramount Health Services (TPA) Pvt. ltd (2018) (VSH)	aseptic loosened bipolar lt hip,Sx-revision THR lt.(25/2)
114	Mr. BHAGWAN BUX SINGH	*****	VSH-ECM-05	##########	5.3	Nephrology	CGHS - VSH	obstructive uropathy,c/o CKD, OT(27/2) Lt.PCLNL+Lt. DJ stunting
115	Mrs. NISHA GEORGE	*****	VSH-SG-3501	##########	4.9	Pulmonology	Apollo Munich Health Insurance Company Lt (2016) (VSH)	D/s

116	Mrs. KUSUM JAIN	*****	VSH-FB-3422	##########	4.8	Medical Oncology	Insurance TPA Pvt Ltd	Ca breast, bone metastasis? USG b/l venous dopler
117	MRS SAROJ SETH	*****	VSH-SG-3704	##########	4.7	Nephrology	CGHS - VSH	CKD, CAD- LBBB, LV dysfunction, S3 disorder, urea-124, creatinine-2.5
118	Mr. SATISH CHAND	*****	VSH-ECM-12	##########	4.5	Nephrology	CGHS - VSH	CKD on MHD, COPD, DMType2,MBD, HTN, advice NCCT KUB, urea=148, creatinine=9.8
119	Mrs. VIRMATI .	*****	VSH-ECF-11	##########	4.4	Neurology	DGEHS (NABH) (VSH)	Thalemic lipoma, planned for tomorrow discharge
120	Mrs. POONAM SINGH	*****	VSH-SG-3712	##########	4.4	Medical Oncology	Health Insurance TPA	
121	Mr. R M PANDEY	*****	VSH-ECM-17	##########	4.3	Urology	Narora Atomic Power Station	**D/s**
122	Mr. SHARDHANAND SHARMA	*****	VSH-DL-3119	##########	4.3	Othopedics	NSIC (VSH) NABH	OT- TKR(2/3), Shifted to ICU
123	Mrs. SHAHNAZ RAFI	*****	VSH-DL-3510	##########	4.2	Internal Medicine	ONGC (VSH)	**D/s**
124	Mrs. ARCHANA AGARWAL	*****	VSH-ECF-03	##########	4.1	Pulmonology	Cash	ward-1/3, pneumonia, DM/HTN,LRTI, acute on CKD, TLC=10.67
125	Mrs. ANITA VARSHNEY	*****	VSH-ECF-09	##########	4.1	Neurosurgery	Cash	**D/s**
126	Mrs. SKAUNTALA DEVI	*****	VSH-ECF-01	##########	4.1	Neurology	CGHS Others/Cash (VSH)	acute stroke, post thrombolysis

127	MRS LOVELY BANERJEE	*****	VSH-DL-3514	##########	3.9	Pulmonology	Bajaj General Insurance	LRTI, d/s tomorrow
128	Mr. HARMAYA .	*****	VSH-ECM-20	##########	3.9	Internal Medicine	CGHS - VSH	hypovolemia, HT, acute gastritis, Na+119, K+4.2
129	Mrs. KUMUD MATHUR	*****	VSH-SG-3426	##########	3.7	Surgical Oncology	CGHS - VSH	
130	Mr. KRISHAN LAL	*****	VSH-ECM-19	##########	3.7	Urology	Central Industrial Security Force	Retention of urine, c/o pseudomonas, TLC=11.83
131	Mrs. NAYAB .	*****	VSH-ECF-15	##########	3.7	Gastroenterology	NDMC (VSH)	Liver abscess, aspiration done(1/3)
132	Mr. RAJESH SINGH	*****	VSH-FB-3421	##########	46.9	Neurology	Cash	case of GBS.shift to NSICU for tracheo closure
133	Mrs. DR PRACHI SAWHNEY	*****	VSH-SG-3324	##########	28.1	Obs.& Gnae	Cash	25 weeks pregnancy, cervical encirclage
134	Mr. ABHAY KUMAR SINHA	*****	VSH-FB-3419	##########	25.3	Surgical Oncology	Cash	D/S
135	Mr. JAVED YUSUFZAI	*****	VSH-SG-3508	##########	21.9	General Surgery	CGHS - VSH	duodenal perforation with peritonitis, COPD
136	Mr. SHRI KRISHNA GUPTA	*****	VSH-DL-3404	##########	21.3	Neurology	DGEHS (NABH) (VSH)	parkinsons disease with compressive myelopathy, hypoglycemia,anemia of chronic disease, Fe-17.3, TLC-17.3. planned tomorrow d/s
137	Mr. PYAREL AL DUBEY	*****	VSH-DL-3407	##########	19.3	General Surgery	Reliance General Insurance	ward-1/3, Adenocarcinoma intestine, exploratory lapro, on RT feed
138	Mrs. ASHYR GUL	*****	VSH-SG-3607	##########	19.3	Neurology	IPS 45 (VSH)	Meningo encephelitis, hip and knee contracture, OT-B/L tendon

	GAZAKOVA							release(20/2), on physiotherapy once the patient start walking will be discharged.approx. 2 days
139	Mr. ASHOK KUMAR	*****	VSH-SG-3545	##########	17.9	Internal Medicine	Cash	ward-27/2, follecular lymphoma, AFI, pedal edema, chemo planned for future,stem cell transplant after 2cycles
140	Mr. RAMCHARAN .	*****	VSH-FB-3125	##########	17.6	Internal Medicine	Narora Atomic Power Station (NAPS)	ward-2/3,rt.leg cellulitis,sepsis with MODS, viral hepatitis,had episode of hyperglycemia, TLC=18.79
141	Mr. SUBHAS KUMAR BHATTACHARYA	*****	VSH-DL-3512	##########	17.5	Neurosurgery	CGHS - VSH	rt. Sided basal ganglia bleed, lt side weakness, wards-28/2
142	Mrs. SANWARI YADAV	*****	VSH-ECF-14	##########	15.0	Gastroenterology	CGHS Others/Cash (VSH)	CLD, Planned UGI endoscopy
143	Mrs. SAROJ RANI	*****	VSH-DL-3121	##########	14.3	Cardiology	GIPSA-Health Insurance	ward 1/2, CAD-ACS,AF with FVR, hypothyroidism, CAG(27/2), proposed PPI
144	Mr. SHARAD KUMAR	*****	VSH-SG-3608	##########	14.2	Gastroenterology	Cash	CLD, PHTN,UTI(enterococci), pulmo review
145	Mrs. CHANDRAJYOTI DEVI	*****	VSH-DL-3509	##########	14.2	Pulmonology	Raksha Health Insurance TPA	hemoptysis, LRTI, Necrotizing pneumonia with sepsis, TLC=11.92
146	Mr. S P S TOMER	*****	VSH-DL-3409	##########	13.4	Surgical Oncology	CGHS - VSH	total laryngectomy, partial pharyngectomy, b/l neck dissection, primary closure, planned Monday discharge

147	Mrs. LALIMA BASU	*****	VSH-DL-3402	##########	12.2	Radiation Oncology	Cash	astrocytoma WHO grade 4, post op on EBRT
148	Mr. VINOD KUMAR	*****	VSH-ECM-01	##########	10.5	Internal Medicine	CGHS Others/Cash (VSH)	LRTI, pneumonia, influenza AB+, fever, planned for CECTabdomen
149	Mr. TUSHANT SHARMA	*****	VSH-FB-3127	##########	10.1	Gastroenterology	Cash	ward-2/2, CLD, PTN, endoscopy with EVL
150	Mr. GOPAL SINGH RANA	*****	VSH-SG-3711	##########	9.2	Pulmonology	Central Warehousing Corp (VSH)	H1N1, viral pneumonia,ARDS, tlc=11.31(27/2), TLC=9.25(28/2)
151	Mr. UDIT GOEL	*****	VSH-SG-3109	##########	8.4	Pulmonology	GIPSA-MDIndia Health Insurance TPA Pvt Ltd (VSH)	ward(25/2), H1N1,TLC=8.21, Cough+
152	Mrs. ANITA .	*****	VSH-ECF-16	##########	8.1	Nephrology	NDMC (VSH)	swelling all over body, hypokalemia, DMtype2, hypothyroidism, HTN, CAD, COPD, fluid overload, creatinine=3, k=6.1
153	Mr. JAGDISH SINGH GAWAR	*****	VSH-SG-3427	##########	7.9	Pulmonology	Apollo Munich Health Insurance Company Lt (2016) (VSH)	LRTI, influenzaA/B+, CAD/postCABG, advice NCCT PNS
154	Mrs. ATIYA BEGUM	*****	VSH-DL-3119	##########	7.5	Othopedics	Cash	B/L knee arthritis,OT-Left TKR (26/2), Rt.TKR(1/3)
155	Mrs. RAJESH WARI DEVI	*****	VSH-DL-3516	##########	7.5	Internal Medicine	DGEHS (NABH) (VSH)	LRTI, PFT test today
156	Mr. BHAG WAN	*****	VSH-ECM-05	##########	7.3	Nephrology	CGHS - VSH	obstructive uropathy,c/o CKD, OT(27/2)

	BUX SINGH							Lt.PCLNL+Lt. DJ stunting
157	MRS SAROJ SETH	*****	VSH-SG-3704	##########	6.7	Nephrology	CGHS - VSH	CKD, CAD- LBBB, LV dysfunction, S3 disorder, urea-124, creatinine-2.5
158	Mr. SATISH CHAND	*****	VSH-ECM-12	##########	6.5	Nephrology	CGHS - VSH	CKD on MHD, COPD, DMType2,MBD, HTN, advice NCCT KUB, urea=148, creatinine=9.8
159	Mr. SHARD HANAN D SHARM A	*****	VSH-DL-3117	##########	6.3	Othopedics	NSIC (VSH) NABH	OT- TKR(2/3)
160	Mrs. ARCHA NA AGARW AL	*****	VSH-ECF-03	##########	6.1	Pulmonology	Cash	ward-1/3, pneumonia, DM/HTN,LRTI, acute on CKD, TLC=10.67
161	Mrs. SKAUN TALA DEVI	*****	VSH-ECF-01	##########	6.1	Neurology	CGHS Others/Cash (VSH)	acute stroke, post thrombolysis
162	Mr. KRISHA N LAL	*****	VSH-ECM-19	##########	5.7	Urology	CISF (DMRC)-NABH (VSH)	Retention of urine, c/o pseudomonas, TLC=11.83
163	Mr. G N CHATU RVEDI	*****	VSH-FB-3129	##########	5.2	Surgical Oncology	Bharat Heavy Electricals Limited	Ca stomach, gastriclavage, ryles tube insertion, grade1 LVDD
164	Ms. SVARA VA DEVI	*****	VSH-FB-3415	##########	5.2	Internal Medicine	GIPSA-Medi Assist Insurance TPA Pvt Ltd (VSH)	
165	Mr. ANKIT SUYAL	*****	VSH-DL-3511	##########	5.0	Neurology	Cash	
166	Ms. RAJ RANI ADLAK HA .	*****	VSH-DL-3122	##########	4.6		CGHS - VSH	Chronic AF with FVR/ post ASD surgical closure, advice X-ray

167	Mr. RAM NATH AGGARWAL	*****	VSH-SG-3103	##########	4.6	Othopedics	GIPSA-Medi Assist Insurance TPA Pvt Ltd (VSH)	D/S
168	Mrs. SUSHMA GUPTA	*****	VSH-FB-3131	##########	4.5	Urology	GIPSA-Health India Insurance TPA Services Pvt Ltd (VSH)	
169	Mrs. REKHA SINGHAL	*****	VSH-SG-3549	##########	4.3	Nephrology	CGHS - VSH	
170	MRS USHA SINGH	*****	VSH-SG-3112	##########	4.3	Othopedics	Insurance Co Ltd (Jul-17)-VSH	B/L TKR(1/3)
171	Mr. S. B. MAITY	*****	VSH-SG-3426	##########	4.3	Surgical Oncology	Indian Council of Agricultural Research -NABH (VSH)	Ca left side base of tongue, OT-exploration and reconstruction with left PMMC flap (28/2)
172	Mrs. SUKRAMA .	*****	VSH-ECF-17	##########	33	Neurology	DGEHS (NABH) (VSH)	code RRT, shifted to MICU7, Breavement
173	Mrs. DR PRACHI SAWHNEY	*****	VSH-SG-3324	##########	30	Obs.& Gnae	Cash	25 weeks pregnancy, cervical encirclage
174	Mr. JAVED YUSUFZAI	*****	VSH-SG-3508	##########	24	General Surgery	CGHS - VSH	duodenal perforation with peritonitis, COPD, codeRRT shifted to MICU7
175	Mr. SHRI KRISHNA GUPTA	*****	VSH-DL-3404	##########	23	Neurology	DGEHS (NABH) (VSH)	parkinsons disease with compressive myelopathy, hypoglycemia,anemia of chronic disease, Fe-17.3, TLC-17.3(2/3), TLC=8.79(6/3)

176	Mrs. ASHYR GUL GAZAK OVA	*****	VSH-SG-3607	##########	21	Neurology	IPS 45 (VSH)	Meningo encephelitis, hip and knee contracture, OT-B/L tendon release(20/2), on **physiotherapy** once the patient start walking will be d/s.
177	Mr. ASHOK KUMAR	*****	VSH-SG-3545	##########	20	Internal Medicine	Cash	ward-27/2, follecular lymphoma, AFI, pedal edema, Dr Rashi **RT consultation**-to consider possibility of palliative RT.
178	Mr. RAMCHARAN .	*****	VSH-FB-3125	##########	20	Internal Medicine	Narora Atomic Power Station (NAPS)-NABH (VSH)	Septic shock with MODd/sS, T2DM, **planned tomorrow d/s**
179	Mr. SUBHAS KUMAR BHATTACHARYA	*****	VSH-DL-3124	##########	20	Neurosurgery	CGHS - VSH	Rt thalamic bleed, **planned for tomorrow d/s**
180	Mr. MOHAN SINGH	*****	VSH-SG-3601	##########	18	Neurology	Bajaj Allianz General Insurance Com (2016) (VSH)	Septic+ encephalitis, acute stroke, **TLC=16.2** advice CBC/KFT c/m
181	Mrs. SANWARI YADAV	*****	VSH-ECF-14	##########	17	Gastroenterology	CGHS Others/Cash (VSH)	CLD,portal HTN, ascitis,CKD, hematoma in limb
182	Mr. RAJESH KUMAR SHARMA	*****	VSH-ECM-11	##########	16	Surgical Oncology	CGHS - VSH	**D/s**
183	Mr. SHARAD KUMAR	*****	VSH-SG-3608	##########	16	Gastroenterology	Cash	CLD,shifted to MICU

184	Mr. S P S TOMER	*****	VSH-DL-3409	##########	15	Surgical Oncology	CGHS - VSH	total laryngectomy, partial pharyngectomy, b/l neck dissection, primary closure, **PICC line inserted**
185	Mr. ASHOK KUMAR SUKHEJA	*****	VSH-FB-3126	##########	15	Neurosurgery	Cash	**D/s**
186	Mrs. LALIMA BASU	*****	VSH-DL-3402	##########	14	Radiation Oncology	Cash	glioblastoma WHO grade 4, post op on EBRT, Grade2 pressure over sacral region
187	Mr. VINOD KUMAR	*****	VSH-ECM-01	##########	12	Internal Medicine	CGHS Others/Cash (VSH)	**D/s**
188	Mr. D K GHOSH	*****	VSH-SG-3703	##########	12	Internal Medicine	CGHS - VSH	**D/s**
189	Mr. S C SHARMA	*****	VSH-ECM-17	##########	12	Nephrology	Northern Railways -NABH (VSH)	ward-2/3, acute on CKD, IJV dialysis **catheter placement (6/3)**
190	Mr. GOPAL SINGH RANA	*****	VSH-SG-3423	##########	11	Pulmonology	Central Warehousing Corp (VSH)	ward- 2/3,LRTI, ARDS, RF, **TLC=9.25**
191	Mr. JAGDISH SINGH GAWAR	*****	VSH-SG-3427	##########	10	Pulmonology	Apollo Munich Health Insurance Company Lt (2016) (VSH)	**D/s**
192	Mrs. ATIYA BEGUM	*****	VSH-DL-3119	##########	10	Othopedics	Cash	**D/s**
193	MRS SAROJ SETH	*****	VSH-SG-3704	##########	9	Nephrology	CGHS - VSH	CKD, CAD- LBBB, LV dysfunction, S3 disorder, urea-91.2, creatinine-2
194	Mr. SATISH CHAND	*****	VSH-ECM-12	##########	9	Nephrology	CGHS - VSH	CKD1 on MHD, COPD, T2DM, MBD, HTN, HD on 5/3, **pulmo review**

195	Dr. INDRA NARANI TIWARI	*****	VSH-SG-3710	##########	8	Cardiology	CGHS - VSH	wards-5/3 CAD-DVD, LRTI, Post CABG, CAG-27/2, PCI+ stent
196	Ms. BABY OF ADITI DVIVEDI	*****	VSH-SG-3323	##########	8	Pediatrics	CGHS Others/Cash (VSH)	**D/s**
197	Mast. VIRAJ SINGH GAUTAM	*****	VSH-FB-3316	##########	8	Pediatrics	Family Health Plan Ltd 2018 (VSH)	Rt sided pneumonia, no fever spikes, **planned for tomorrow discharge**
198	Mast. MOHD ARISH	*****	VSH-FB-3416	##########	8		Bharat Heavy Electricals Limited-Haridwar-NABH (VSH)	NHL, LP today
199	Mr. SUNIL CHANDRA DUTTA	*****	VSH-FB-3418	##########	7	Gastroenterology	GIPSA-Medi Assist Insurance TPA Pvt Ltd (VSH)	**D/s**
200	Mrs. MAYA MISHRA	*****	VSH-DL-3512	##########	7	Nephrology	Cash	T2DM, HTN,Hypothyroidism, CKD on MHD, urea-38, creatinine-4.4, Bone marrow biopsy(4/2)- **report pending**
201	Mr. SATPAL MATTA	*****	VSH-SG-3708	##########	7	Neurosurgery	GIPSA-East West Assist Insurance TPA Pvt Ltd (VSH)	**D/s**
202	Mrs. PUSHPA	*****	VSH-SG-3543	##########	7	General Surgery	CGHS - VSH	**D/s**

	PAMNANI							
203	Mr. MANPAL	*****	VSH-ECM-16	##########	7	Radiation Oncology	Northern Railways-NABH (VSH)	Carcinoma Lt. lateral border of tongue (post op) on CT+RT
204	Mr. G N CHATURVEDI	*****	VSH-FB-3129	##########	7	Surgical Oncology	Bharat Heavy Electricals Limited-Haridwar-NABH (VSH)	Carcinoma stomach, **distal radical gastrectomy planned on 7/3**
205	Mr. ANKIT SUYAL	*****	VSH-DL-3123	##########	7	Neurology	Cash	criptococcal meningitis, HIV+, LAMA on 27/2, readmitted on the same day
206	Ms. RAJRANI ADLAKHA .	*****	VSH-DL-3122	##########	7		CGHS - VSH	**D/s**
207	Mrs. REKHA SINGHAL	*****	VSH-SG-3549	##########	6	Nephrology	CGHS - VSH	**D/s**
208	MRS USHA SINGH	*****	VSH-SG-3112	##########	6	Othopedics	ICICI Lombard General Insurance Co Ltd (Jul-17)-VSH	**D/s**
209	Mr. SUBHASH CHANDER GUPTA	*****	VSH-ECM-08	##########	6	Pulmonology	GIPSA-Safeway Insurance TPA Pvt Ltd (VSH)	ward-4/3, LRTI, CKD, arthritis, **TLC=10.32**
210	MRS MOHINI DEVI	*****	VSH-ECF-12	##########	6	Nephrology	CGHS - VSH	CKD, HD today, **planned for tomorrow discharge**
211	Mr. S. B. MAITY	*****	VSH-SG-3426	##########	6	Surgical Oncology	Indian Council of Agricultural Research	Carcinoma Lt side base of tongue, Sx(1/3)- Lt oral composite resection+ Lt neck exploration+ reconstruction

							-NABH (VSH)	
212	Mr. SATAN AND VISHWAKARMA	*****	VSH-ECM-14	##########	6	Neurosurgery	Coal India Limited NABH(VSH)	Lt parieto occipital SOL, **craniotomy planned on 8/3**
213	Mrs. SUSHEELA SACHDEVA	*****	VSH-ECF-15	##########	6	Internal Medicine	CGHS - VSH	Ca Ovary, ascitis fluid tapping(6/3), Xray abdomen today
214	Mrs. SUNITA .	*****	VSH-ECF-04	##########	6	Nephrology	DGEHS (NABH) (VSH)	**D/s**
215	Mrs. BALA .	*****	VSH-ECF-10	##########	6	Pulmonology	Tehri Hydro Development Corp ltd (VSH)	LRTI, viral pneumonia, cough+, **planned for tomorrow discharge**
216	Mr. R D GUPTA	*****	VSH-DL-3609	##########	6	Neurology	CGHS - VSH	**D/s**
217	Mr. ARIN SINGH	*****	VSH-SG-3702	##########	6	Pulmonology	GIPSA-Raksha TPA Pvt Ltd (VSH)	**D/s**
218	Mr. AMIT SHANKER	*****	VSH-SG-3548	##########	6	Internal Medicine	GIPSA-Raksha Health Insurance TPA Pvt Ltd (VSH)	dyselectrolytemia, LRTI?, **planned bronchoscopy, mantoux test report pending**
219	Mr. KAUR PAL	*****	VSH-SG-3701	##########	6	Vascular Surgery	Tasi Communication (VSH)	ward-5/3, CAD, OT(2/3)- CABG
220	Ms. SANCHIKA .	*****	VSH-ECF-08	##########	6	Neurology	Northern Railways -NABH (VSH)	RRMS(relapsing remitting multiple sclerosis), Femoral dialysis catheter for plasma exchange(1/3)
221	Mrs. MADH	*****	VSH-SG-3425	##########	6	Surgical Oncology	CGHS Others/C	**D/s**

	U VERMA						ash (VSH)	
222	Mrs. MEWA.	*****	VSH-ECF-07	##########	6	Internal Medicine	CGHS - VSH	**D/s**
223	Ms. TEENU.	*****	VSH-FB-3417	##########	5	Surgical Oncology	CGHS Others/Cash (VSH)	**D/s**
224	Mr. MEHFOOZ ALI KHAN	*****	VSH-SG-3504	##########	5	Pulmonology	DGEHS (NABH) (VSH)	wards-2/3, COPD with acute exacerbation, LRTI, CAD-post CABG, TLC=5.32, Lymphacytes-15.5
225	Mrs. RAJINI NAYYAR	*****	VSH-SG-3502	##########	5	Nephrology	CGHS - VSH	siginoidoscopy(2/3), CKD, DM, HTN, **planned for tomorrow discharge**
226	Mr. RAHUL KAUSHIK	*****	VSH-ECM-02	##########	5	Surgical Oncology	Central Industrial Security Force(DMRC)-NABH (VSH)	OT- VATS (6/3)
227	Ms. SIDDHI SONI	*****	VSH-SG-3102	##########	5	Pediatrics	GIPSA-Vipul Medcorp Insurance TPA Pvt Ltd (VSH)	ward- 5/3, CLD, Urea-56, K+-6, **nephro opinion**

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