**Summer Placement**

**In**

RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE

(18th May,2022-18th June,2022)


# A descriptive Time Motion Study of Drugs/ Medication from In-Patient Pharmacy

# to In-Patient Department in a Tertiary Care Hospital.

**Presented By**

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**Post Graduate Diploma in Hospital and Health Management**

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**International Institute of Health Management Research, New Delhi**

IIHMR DELHI

# ACKNOWLEDGEMENT

I would like to begin this project by sincerely thanking a select group of individuals without whose assistance it would not have been feasible to complete it.

I want to start by sincerely thanking Rajiv Gandhi Cancer Institute and Research Centre for giving me the chance to work with them.

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## Acronym/Abbreviations:

IPD – In-Patient Department

GDA – General Duty Assistant

PS – Pneumatic Shoot

SOP – Standard Operations Procedures

RGCIRC - Rajiv Gandhi Cancer Institute and Research Centre

TAT - Turn Around Time

OPD – Out-patient Department

TMS – Time Motion Study

IRDAI-Insurance Regulatory and Development Authority

NABH-National Accreditation Board for Hospitals and Healthcare Providers.

NABL-National Accreditation Board for Testing and Calibration Laboratories.

SAARC-South Asian Association for Regional Cooperation

PET-SCAN- Positron emission tomography-Magnetic Resonance imaging

OT-Operation Theatre

ICU- Intense Care Unit

TACE-Trans arterial Chemoembolization

TARE-Trans-arterial radio-embolization

## Certificate of Approval

The Summer Internship Project titled **"Medication turnaround time from Pharmacy Department to IPD of Rajiv Gandhi Cancer Institute and Research Center (RGCIRC), Rohini."**

is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned does not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approves the report only for the purpose it is submitted.

28/6/2022

**Name of the Mentor: Dr. Sumesh Kumar**

**Designation: Associated Dean Academics & Student Affairs**

**IIHMR, DELHI**

## SECTION 1: Observational Learnings

### About RGCIRC

Rajiv Gandhi Cancer Institute and Research Centre is a visionary project of Indraprastha Cancer Society and Research Centre aimed at providing the best oncological care to those who need it. Indraprastha Cancer Society and Research Centre is a "not-for-profit organization", formed under the Societies Registration Act 1860 and it had set up Rajiv Gandhi Cancer Institute and Research Centre, a standalone oncology care centre in Delhi, in 1996. The founders of the society are a group of socially responsible self-less philanthropists who had no financial resources but by dent of their hard work and sheer determination, were able to, initially, raise money for running the hospital.

Rajiv Gandhi Cancer Institute and Research Centre is today counted amongst Asia's premier exclusive cancer centers that offer the unique advantage of cutting-edge technology, put to use by renowned super-specialists. This potent combination of man and machine ensures world-class cancer care to not only patients from India, but also from the neighboring SAARC countries and others. We are fortunate to have touched the lives of more than 2.75 Lakh patients our inception in 1996.

The Institute offers super specialized tertiary care services in Medical, Surgical, and Radiation Oncology, streamlined into dedicated Site-Specific teams. Super Specialists at RGCIRC practice an organ-specific multi-disciplinary approach to cancer diagnosis and treatment, with the Tumor Board acting as a second opinion clinic for cases that are more critical than others.

Spread over nearly 2 Lakh square feet area, with a current capacity of 500 beds, RGCIRC is one of the largest tertiary cancer care centers in the continent. RGCIRC has 14 state-of-the-art well equipped modular Operation Theatres with three-stage air filtration and gas scavenging systems, and 2 Minor Operation Theatres for Day Care Surgeries.

RGCIRC is committed to bringing the benefits of cutting-edge technology to its patients. The Institute offers best-in-class techniques such as whole-body robotic surgery, Intra-Operative Brachytherapy, True Beam (the next generation Image Guided Radiation Therapy), PET- MRI fusion, High-Frequency Ultrasound, Tomosynthesis (first-of-its-kind revolutionary 3D mammography

machine), Nucleic Acid Testing (for safest possible blood), and advanced diagnostic and imaging techniques, including Digital PET CT, Circulating Tumor Cell testing, liquid biopsy, and Next-Generation Sequencing. Institute has established Molecular Laboratory for gene profiling, a Biorepository (Tissue Bank) for clinical and research purposes and a dedicated Cath Lab for cancer patients has been started to do all interventional radiology procedures, few such as portal venous embolization, carotid artery embolization, TACE, TARE etc.

RGCIRC has been consistently ranked amongst India's Best Oncology Hospitals and has been the recipient of many awards, including the National Business Leadership & Service Excellence Award 2017 for Best Oncology Hospital in India, Indywood Medical Excellence Award 2017, Most Trusted Hospital in Oncology 2017 by India Today (Reader's Digest), India's Most Trusted Hospital for Oncology (Readers' Digest Most Trusted Brands 2016) and Runner up in Finest India Skills & Talent Award 2020 organized by Fire & Security Association of India.

The Institute is accredited by **NABH** and **NABL** and has Green OT and Nursing Excellence certifications.

**VISION**

To Provide Affordable Oncological Care Of International Standard And Help To Eliminate Cancer From India Through Research, Education, Prevention & Patient Care.

**MISSION**

To be the premier cancer care provider in India and be the preferred choice of Patients, Care Givers, Faculty, and Students

- By Offering comprehensive services at an affordable price
- And excellence of our personnel leveraging the best technology

**VALUES**

We hold our patients in high esteem and work with ethics and compassion

We care and function with mutual respect, trust, and transparency

We deliver an accurate diagnosis, correct advice, and effective treatment.

## DEPARTMENTS OBSERVED:

- Operations Department
- Front-Desk
- In-patient Department
- Out-Patient Department
- Nursing Department
- Third Party Assurance Desk
- Administrative Department
- In-patient Pharmacy

### OPERATIONS DEPARTMENT:

An operations department ensures that the production process is completed from start to finish. These production processes need to line up with the goals and functions of all the departments within the Hospital.

Operations Department is responsible for managing all the operational departments which include all clinical and non-clinical departments to have a smooth working environment. Managing the healthcare facility's policies and procedures, ensuring the best practices are followed. Some of the functions performed by an operations Manager include supply chain management, product design, quality control and delivery Management.

### FRONT DESK:

The front office staff is responsible for attending the calls, answering inquiries, assisting patients in filling up documents. Ensure availability of treatment needed for the patient and file and retrieve patient records. Functions of the front office are: OP Registration, IP Registration, Making bed occupancy, To minimize waiting time for all patients, To satisfy patients/visitors by proper guidance. The main purpose of the front office is to provide assistance for people when they first enter the hospital.

### IN-PATIENT DEPARTMENT:

This department admits patients to the hospital at least overnight for treatment purposes. In this department, Patients are monitored by the doctor and nurses in a hospital setting and check patient conditions as frequently as per hospital protocol. Patients stay in this department for a long duration and it depends on the severity of the patient's illness.

OUT-PATIENT DEPARTMENT:

In this department patients visit the hospital for a consultation, diagnosis and treatment for a consultation, diagnosis, and treatment but don't get admission.

Outpatient Department provides services at a particular time of the day

Here Patients get medical services from a specific department based on their problem and the doctor provide a prescription for medicine.

NURSING DEPARTMENT:

Nursing department is an important oraganizational structure of a hospital that provides nursing services to the clients.

This department has two major services that are nursing education and nursing care service. It includes lots of duties such as Patient Care, Management, Education, Ward Planning and staffing, Monitoring and Evaluation, Ward Administration etc.

THIRD PARTY ADMINISTATION:

A Third Party Administrator is a body that processes insurance claims admission claims admissible under the medicalim policy. In general, these are independent but can also act as entity belonging to the insurers. These bodies are licenced by Insurance Regulatory (IRDAI)

TPA is held responsible for:

- High-Quality consistent services.
- Processing voluminous health insurance Claims.

ADMINISTRATIVE DEPARTMENT:

Administrative department deals with the overall management of a hospital. It set up protocol and procedures for all departments of a hospital.

This department is responsible for the hospital growth and development. An ideal administrative Department can run a hospital smoothly with huge financial benefits.

**DEPARTMENT OBSERVED AND WORKED ON**:

IN-PATIENT PHARMACY:

A pharmacy in the hospital is a dispensary that prepares, compounds, stores, and dispenses medications, especially for inpatient Clients.

Generally, Hospital pharmacy stocks a large number of medications.

A pharmacy must be monitored and controlled by registered pharmacists.

The major expectations from the pharmacy department in the hospital is to make right drug available at the right time. The delays in delivering of drugs and consumables interrupt in the smooth functioning of pharmacy. Monitoring medication turnaround time in-patient settings allows organization to measure the impact of their quality on the increased efficiency of patient care.

***Pharmacy process***: The process starting from the nurse indenting or placing an order for medicines in the electronic patient record system the ill porter supplying the medicines in the respective wards is broken down in number of following steps:

1. Ordering of medicine from wards, ICU or other areas.
2. Printing the order in the pharmacy department.
3. Time is taken in collecting drugs, Checking drug name, patient name or number, date of expiry of medicine.
4. Keeping the collected drugs on the respective racks as per the wards.
5. Verified and Dispatching.
6. Drugs reaching wards.

<u>General findings on learning from the organisation:</u>

1.The first thing which I learnt in the organisation is definitely teamwork.
2.During the entire process of internship hurdles came in, learned to tackle and manage the problem faced at each stage.
3.Got an opportunity to enhance my leadership and interpersonal skills.
4.Decision making was another area of learning to combat the limited time and resources provided from the authorities.
5.Communicating well with the authorities holding in the organisation and collaborating well with them to plan the task for the next day.
6.Development of patience in situations like when I was disagreed with other members of the team.
7.Development of problem-solving skills and how to dodge the deadlines of the next assignment.
8.One of the most valuable skill which i learnt was how to navigate and speak well with the people in the professional setting.
9.The internship experience made me more responsible and accountable for what decisions to make and how to execute what was been allocated to us.

**Limitations:**

Data collection in the In-Patient Pharmacy only and confined to In-Patient Department only.

**SECTION: 2 Project Report**

# TITLE OF THE PROJECT

**Medication turnaround time from Pharmacy Department to IPD of Rajiv Gandhi Cancer Institute and Research Center (RGCIRC), Rohini.**

## INTRODUCTION:

The pharmacy department's main responsibility in the hospital is to make the right drug available at the right time. The delays in delivering drugs and medical consumables interrupt the smooth functioning of the pharmacy. Monitoring medication turnaround time in the inpatient department allows organizations to measure the quality and efficiency of patient care. Turn-around time is one of the metrics used to evaluate the operating system algorithms. Medication turn-around time is considered the interval from the first time a medication indent is being received to the medication was delivered. Moreover, the time of the first indent received can be divided into two phases: the time when the order was composed to the time the pharmacy cross verify the order and the time from pharmacy verification to the time the drugs are being delivered.

Patients may experience some delay in care due to the delay in medication administration. Delays can be life-threatening as the effects can result in mortality. That is why continuous monitoring, the dedication of the whole staff, and coordination between staff member is required for the smooth running of the pharmacy process.

Many claims that electronic processes for ordering medications, pharmacy verification, and dispensing are more effective than paper-based systems because they can be: (1) instantly delivered to the pharmacy as opposed to manually written by the doctor, delivered to the appropriate department by the clerk, and transcribed to the medication administration record (MAR) by the nurse; and (2) easier to read as opposed to copies of providers' signatures. (3) more complete because of required fields and (4) legibility of the pharmacist, reduces the phone discrepancies to the provider. It is advocated that electronic processes from medication ordering and pharmacy verification and dispensing are more efficient than a paper-based system. Studies have found a statistically significant 70% reduction in their medication TAT

Improved medication turnaround time may aid physicians in adhering to evidence-based standards when drug delivery is prescribed for a specific period of time during the treatment of the patient.

## Literature Review:

A literature review was carried out to summarize the turnaround time of drugs in studies. The main search was based on the TMS in Hospital Pharmacy via Scholar and PubMed. In addition, the reference lists from relevant articles and additional articles by key authors were also reviewed. Three reviewers with previous scientific experience in HIS and interdisciplinary interventions selected and reviewed all papers. The decision about including and excluding a paper in our analysis was based on consensus discussion.

The study carried out has been experimenting with several approaches (e.g. MeSH-terms like “Medication Turnaround Time” or free text “time taken for delivering the drugs”. And all these resulted in a great number of hits, which proved to be very unspecific, and identified the term ‘turnaround time’ to be the most specific search criterion.

Our approach was to search for the term “turnaround time” in the title and abstract. The results were limited to those having an abstract. Papers not written in English were removed. As the main interests were the effects of the use of Information Technology, we further removed those not being related to the use of computerized systems.

A time and motion study is to analyze the work efficiency through the observation and timing of tasks. It helps you to see where you see your day could be more efficient, saving your time and energy.

This study is useful to structure the overall approach to improve patient care services and thereby reduce delays. It links up to the tools and other guidelines that provide more details. Many ideas and concepts have been borrowed to help manage health services.

**RESEARCH QUESTION**:

A. What is the time taken in delivering the drug and other consumables from IP Pharmacy to their respective floors.
B. What is the time difference between different types of indents.

**OBJECTIVE:**

To determine the average amount of time needed to deliver medicines and consumables to patients, as well as to identify any delays in the order and delivery system from the pharmacy to the IPD.

To determine whether or not the TAT they provided was accurate.

**MATERIALS AND METHODS:**

*Study Design:* The study population included the patients who reported in the in-patient department.
This study includes included all the patients for a time period of 10 days.

*Study Duration:* The study duration was 30 days.

*Study Technique:* Non-Probability Convenience Sampling

*Study Criteria:* This study included all the indents received in inpatient pharmacy and excluded the indents from OPD and received on weekends.

*Study Tool:* The study tool was a checklist prepared for the research study. It recorded the time from when the indent was received, time at which indent was pulled, time taken in billing, time taken by the pharmacist in checking, and time taken by GDA Staff in delivering the drug, etc.

*Sample Size:* A total of 310 sample size was taken.

*Data Collection:* Data Collection Analysis was done via Graphs and differences between variables.

*Ethical Considerations:* All the information collected was taken under the guidance of the Operations Department and Pharmacy Department. All information received has been kept confidential.

**DATA ANALYSIS AND FINDINGS:**

The data prior to the implementation was taken from Paras Software

Data Collection was done from 10th May to 20th May and evaluated the process of indents coming from IPD of the hospital.

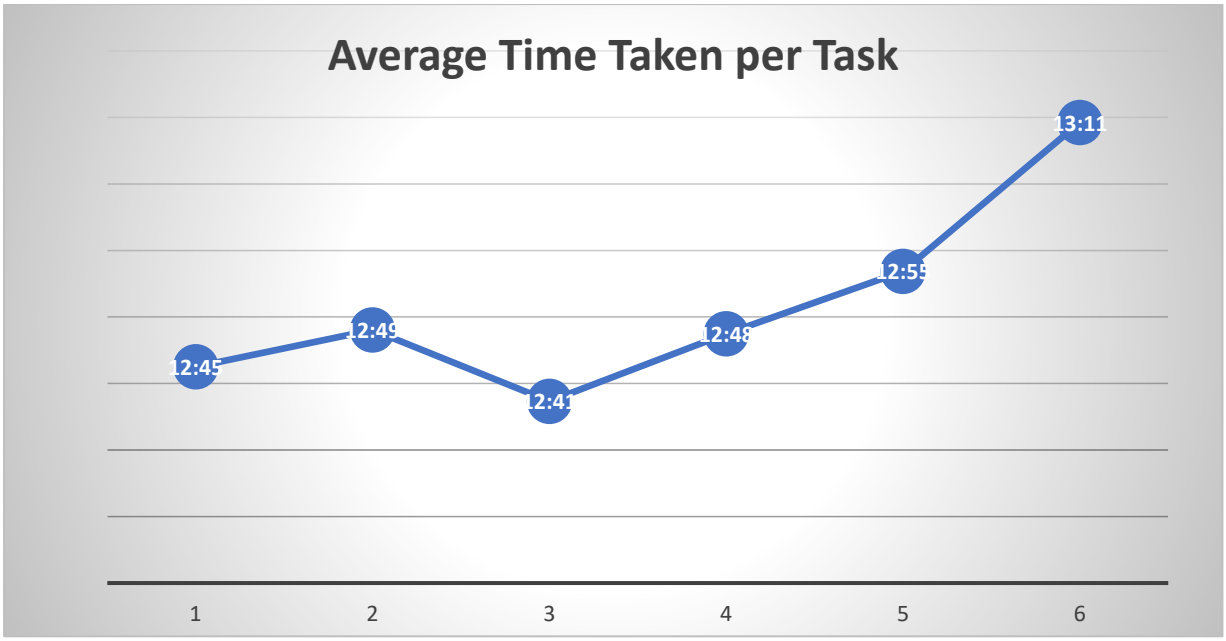
The total number of indents was 310.

Since, there are 4 types of Indents viz., Urgent Indents, Discharge Indents, Shoot Indents, and Normal Indents, data were segregated according to the indent types.

During the time period of 10 days in the IP Pharmacy Department of Rajiv Gandhi Institute and Research Centre, Rohini, a study on time and motion was conducted and the following are the observations:

1. The average time taken from which the indent was being received to the time at which Indent was being pulled is 12 minutes and 55 seconds.
2. The average time taken for collecting the drugs by the pharmacists is as observed as 12 minutes and 41 seconds.
3. The average time taken by the biller to bill the indent was 12 minutes 48 seconds.
4. The average time taken by the pharmacists to check the drugs according to the bill and checking the quantity of drugs as per mentioned in the puller sheet was 12 minutes and 55 seconds.
5. The average time taken for the exit of drugs from the pharmacy store was found to be 13minutes and 11 seconds.

   Finally, the average TAT for delivering the drug to the respective floors is 0:52 minutes.



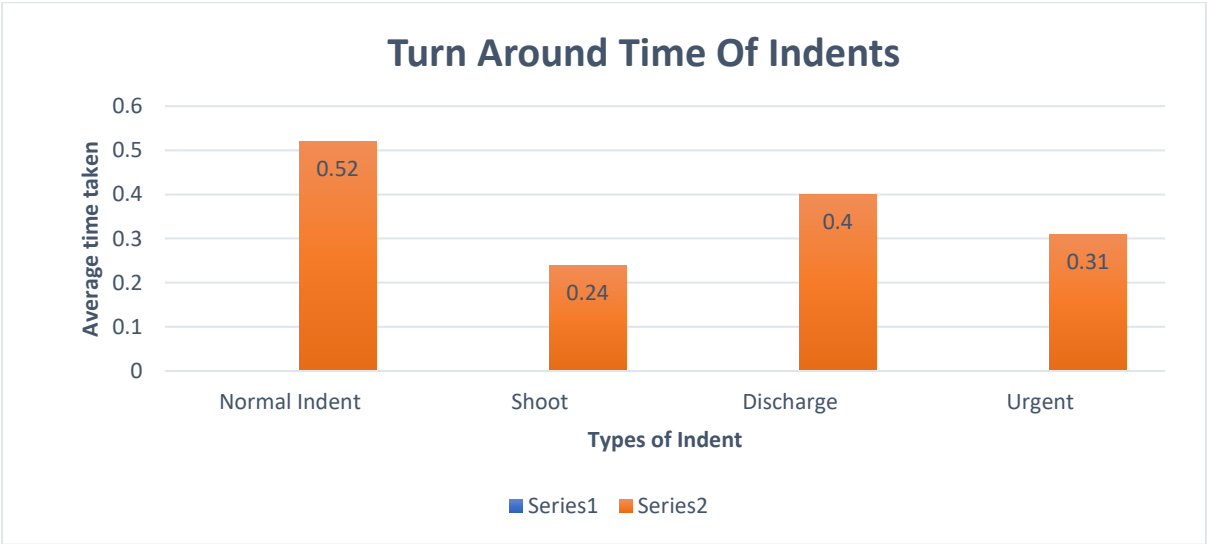

TAT Of Indents:

The average time taken by Normal Indents: 0.52 minutes.

The average time is taken by Indents sent by Shoot 0.24 minutes.

The average time taken by Discharge Indents0.40 minutes.

The average time taken by Urgent Indents is 0.31 minutes.




In-patient pharmacies are an integral part of the hospital and medical practices and provide the best emergency services to patients admitted to In-Patient Department. Pharmacy is a very crucial and active department of the hospital

with a constant flow of indents from the pharmacy department to their respective floors. It consists of pharmacists and GDA staff. In a hospital like RGCICR which is specialized in oncology, emergencies related to a patient who has cancer are given priority. The IP department has well segregated their staff to their respective areas like Billing, picking of drugs, checking of drugs, and delivering the drugs and consumables to the patient and some emergency drugs were sent by Pneumatic Shoot (PS) also which delivers the drugs and emergency consumables in just 1 minute.

The Checklist Included the Date, time at which indent was received on System, time at which it is approved if has insurance, time at which it was pulled, time taken by the pharmacist in picking up the drugs from their respective areas, time at which it is being billed, time taken by the pharmacist in checking and time taken by GDA staff in delivering the drugs at their respective floors.

## **STRENGTH AND LIMITATIONS**:

The study's merits were that it covered all the indents of the patient admitted in the In-Patient Department and all the urgent indents were reaching at the time and the precise time of each action was recorded.

The study's limitations were that it did not include indents of the patients who were reporting to the OPD.

## **DISCUSSION:**

**Pharmacy Process:** The process starts from when the nurse places the indent for medicines in the electronic patient record system till the porter supplying the medicines in the respective wards is broken down into the following steps:

1. Ordering of medicine from IPD nursing station
2. Printing the order in the pharmacy department
3. Time is taken in collecting the drugs, Checking drug name, patient name, and number, and date of expiry of medicine.
4. Keeping the drug in the basket and entering the time at which it gets dispatched.
5. Verified and dispatched
6. Drugs reaching the wards.

## RECOMMENDATION:

The drugs can be dispatched with the name of respective patients so that at the nursing stations, less time will be consumed in segregation. In case of urgent idents, different baskets can be made to avoid delays of especially urgent idents. Items for urgent idents and discharge indents should be immediately despatched after collection and not be kept in the same basket. For dispatching immediately, manpower should be checked and priority should be given to urgent indents.

The nurse ordering drugs for the patient should indent the complete order at once, instead of indenting numerous times.

In case of peak hours, the GDA staff can also help in entering the dispatched time to avoid delays in the delivery of the drugs.

## CONCLUSION:

Patient safety is ensured when every step of the process, from writing the prescription to dispensing the medication is optimized to prevent delays in therapy and medication errors. Ultimately, it is most important that effective communication takes place to ensure accurate prescriptions and optimal patient care. The results of this research study have organizational applications. On an organizational level, the results of this study can be used to build and strengthen internal administration and /or Nursing, and physician support. Also, from this study, we were able to obtain information about ordering practices and information could be quite useful for training requirements within the departments and organization. But more importantly, the results of this study will benefit in improving TAT and patient care.

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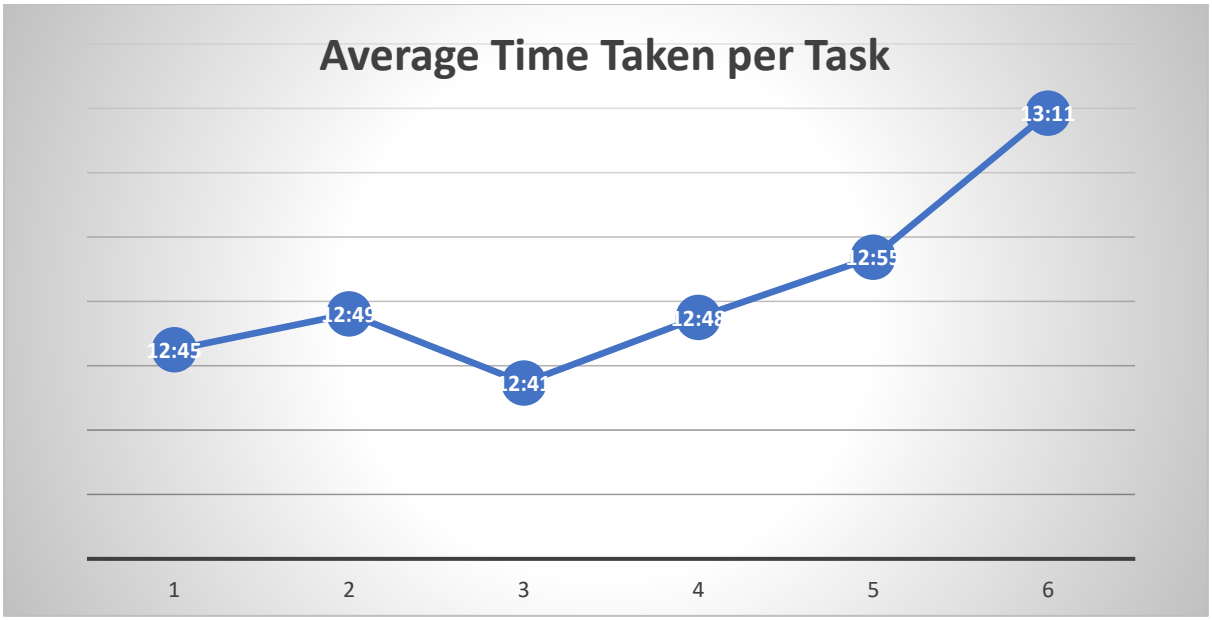
International Journal of Research and Development in Pharmacy and Life Sciences https://www.omicsonline.org/open-access-pdfs/medication-turnaround-time-in-hospital-pharmacy-department-.pdf

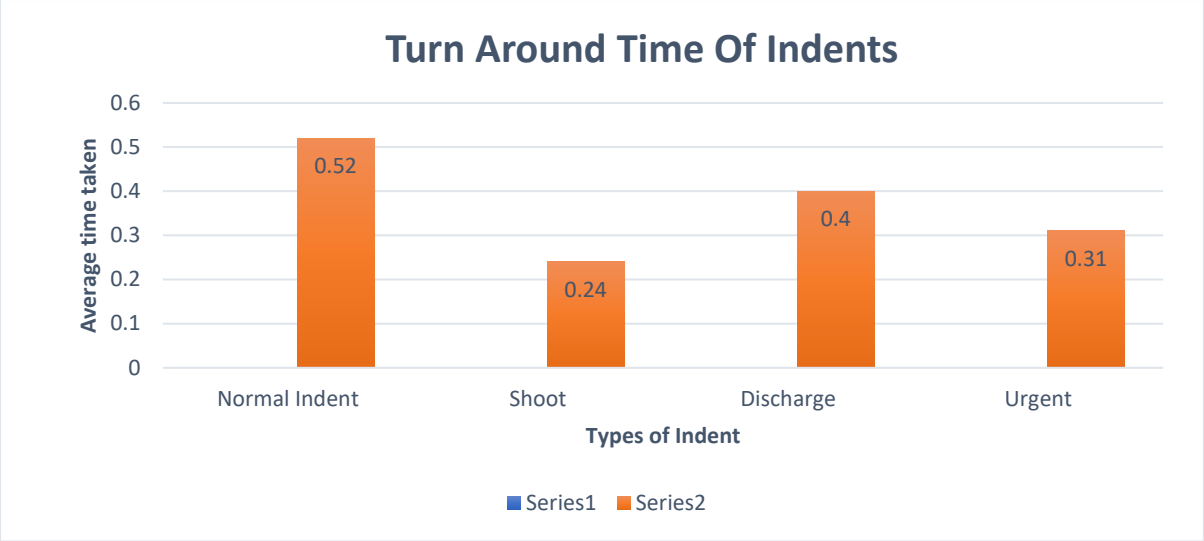
**ANNEXURE:**

| S.No | Name of the Department | Date of Visit | % of Time Spent | Interacted with |
|---|---|---|---|---|
| 1. | Admin | 25th April | 6 hours | Dr. Himani |
| 2. | Admin | 26th April | 6 hours | Dr. Himani |
| 3. | Admin | 27th April | 6 hours | Dr. Himani |
| 4. | Admin | 28th April | 6 hours | Dr. Himani |
| 5. | IPD Pharmacy | 10th May | 7 hours | Mr.Rajesh |
| 6. | IPD Pharmacy | 11th May | 7 Hours | Mr.Rajesh |
| 7. | IPD Pharmacy | 12th May | 7 hours | Mr.Rajesh |
| 8. | IPD Pharmacy | 13th May | 7 hours | Mr.Rajesh |
| 9. | IPD Pharmacy | 14th May | 7 Hours | Mr.Rajesh |
| 10. | IPD Pharmacy | 16th May | 7 hours | Mr.Rajesh |
| 11. | IPD Pharmacy | 17th May | 7 hours | Mr.Rajesh |
| 12. | IPD Pharmacy | 18th May | 7 hours | Mr.Rajesh |
| 13. | IPD Pharmacy | 19th May | 7 hours | Mr.Rajesh |
| 14. | IPD Pharmacy | 20th May | 7 hours | Mr.Rajesh |

| Pt. Name | Indent Received Timings | Time is taken by TPA | Indent Pulled timing | Time is taken by Pharmacist | Time is taken in Billing the Indent | Time is taken In checking | Time at which Drugs received at their respective st. | TAT |
|---|---|---|---|---|---|---|---|---|
| Ajay Jain | 10:18 | 10:20 | 10:24 | 10:50 | 10:53 | 11:04 | 11:30 | 01:12 |
| Neelam Ghai | 10:43 | | 10:46 | 10:54 | 10:59 | 11:10 | 11:30 | 00:47 |
| Chandra Tiwari | 10:38 | 10:45 | 10:47 | 10:53 | 11:02 | 11:20 | 11:30 | 00:52 |
| Satyanarayan | 10:06 | 10:07 | 10:08 | 10:30 | 10:53 | 11:12 | 11:46 | 01:40 |
| Pramod Pandey | 10:08 | 10:11 | 10:12 | 11:00 | 11:05 | 11:26 | 11:46 | 01:38 |
| Anirudh Singh | 10:08 | 10:11 | 10:12 | 11:00 | 11:07 | 11:11 | 11:46 | 01:38 |
| Nisha Kumar | 10:20 | | 10:25 | 10:55 | 11:12 | 11:33 | 11:47 | 01:27 |
| Anita Sarkar | 10:10 | 10:11 | 10:13 | 11:07 | 11:02 | 11:40 | 11:48 | 01:38 |
| Neelam Ghai | 10:12 | 10:13 | 10:22 | 11:00 | 11:41 | 12:15 | 12:30 | 02:18 |
| Manju Chetri | 11:08 | | 11:11 | 11:44 | 11:48 | 12:18 | 12:30 | 01:22 |
| Manish | 11:30 | | 11:36 | 11:50 | 11:55 | 12:20 | 12:54 | 01:24 |
| Ramesh | 11:33 | | 11:43 | 11:55 | 12:20 | 12:35 | 12:54 | 01:21 |
| Jyoti | 10:33 | | 10:47 | 11:48 | 11:53 | 12:40 | 12:50 | 02:17 |
| Pushpa Singh | 11:48 | | 11:52 | 12:01 | 12:27 | 12:45 | 12:54 | 01:06 |
| Rama Sharma (Shoot) | 14:46 | 14:47 | 14:48 | 14:50 | 14:54 | 15:00 | 15:02 | 00:16 |
| Kesh Bhadur (Urgent) - Dis | 14:32 | 14:52 | 14:54 | 14:55 | 14:55 | 15:00 | 15:04 | 00:32 |
| Hemlata Gupta(Shoot) | 14:16 | | 14:26 | 14:34 | 14:59 | 15:04 | 15:07 | 00:51 |
| Pooja Sharma(Shoot) | 14:29 | | 14:34 | 14:42 | 14:56 | 15:12 | 15:14 | 00:45 |
| Rekha Chandra(Shoot) | 14:12 | 14:14 | 14:27 | 14:53 | 15:13 | 15:30 | 15:34 | 01:22 |
| Pooja Arora(Shoot) | 15:35 | | 15:36 | 15:40 | 15:42 | 15:50 | 15:52 | 00:17 |
| Vishal Yadav | 15:40 | | 15:46 | 16:00 | 16:05 | 16:12 | 16:35 | 00:55 |
| Kalimullah | 15:45 | | 16:02 | 16:02 | 16:08 | 16:14 | 16:35 | 00:50 |
| Khem Singh | 15:50 | 15:51 | 15:54 | 15:58 | 16:08 | 16:14 | 16:35 | 00:45 |
| Anu | 09:38 | | 09:43 | 09:49 | 09:59 | 10:12 | 10:30 | 00:52 |
| Narendra Singh Solanki | 09:45 | 09:51 | 09:53 | 10:05 | 10:06 | 10:20 | 10:30 | 00:45 |
| Anirudh Singh (Shoot) | 10:07 | | 10:09 | 10:14 | 10:15 | 10:22 | 10:30 | 00:23 |
| Baljinder Kaur (Shoot) | 10:07 | | 10:08 | 10:09 | 10:14 | 10:15 | 10:30 | 00:23 |
| Sandeep Kumar (Shoot) | 09:57 | 09:58 | 09:59 | 10:10 | 12:00 | 10:23 | 10:32 | 00:35 |
| Puranmal meena (Shoot) | 10:02 | | 10:04 | 10:14 | 10:15 | 10:20 | 10:32 | 00:30 |
| Mukesh Kumar (Shoot) | 10:09 | | 10:10 | 10:20 | 10:23 | 10:26 | 10:35 | 00:26 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Radhey shyam (Discharge) | 10:20 | | 10:22 | 10:30 | 10:31 | 10:40 | 10:52 | 00:32 |
| Vandana Tandon (Shoot) | 10:28 | | 10:29 | 10:37 | 10:38 | 10:46 | 10:52 | 00:24 |
| Kanwarjeet Singh (Shoot) | 10:30 | | 10:31 | 10:40 | 10:41 | 10:48 | 10:53 | 00:23 |
| Kamaljeet Kaur | 10:27 | 10:28 | 10:29 | 10:45 | 10:47 | 10:55 | 11:28 | 01:01 |
| Neelam Sumit Pandey | 10:42 | | 10:43 | 10:49 | 10:50 | 10:56 | 11:28 | 00:46 |
| Kalyana Bhagat | 10:48 | | 10:49 | 11:04 | 11:05 | 11:09 | 11:29 | 00:41 |
| Ashok Kumar Arora | 10:44 | | 10:45 | 10:57 | 11:03 | 11:13 | 11:30 | 00:46 |
| Anju (Discharge) | 10:53 | | 10:54 | 11:05 | 11:06 | 11:15 | 11:32 | 00:39 |
| Krishna Kumari | 10:49 | | 10:50 | 11:04 | 11:06 | 11:20 | 11:32 | 00:43 |
| Dharamveer Gupta | 10:55 | | 10:57 | 11:05 | 11:09 | 11:25 | 11:47 | 00:52 |
| Gyamar Tamang(Shoot) | 09:42 | | 09:43 | 09:52 | 10:05 | 10:05 | 10:07 | 00:25 |
| Radhe Shyam(Shoot) | 09:55 | | 09:55 | 09:59 | 10:02 | 10:07 | 10:09 | 00:14 |
| Hiba Khan(Shoot) | 10:27 | 10:29 | 10:30 | 10:35 | 10:36 | 10:42 | 10:43 | 00:16 |
| Sushil Kant Gupta(Shoot) | 10:29 | | 10:30 | 10:35 | 10:36 | 10:45 | 10:47 | 00:18 |
| Ashutosh Singh(Shoot) | 10:30 | | 10:31 | 10:35 | 10:36 | 10:45 | 10:47 | 00:17 |
| Anita Sarkar(Shoot) | 10:52 | | 10:53 | 11:02 | 11:03 | 11:03 | 11:05 | 00:13 |
| Ramesh Chandra Tiwari (Dis) | 10:41 | | 10:44 | 10:53 | 10:55 | 11:04 | 11:06 | 00:25 |
| Ravindra(discharge) | 11:20 | | 11:23 | 11:30 | 11:35 | 10:45 | 11:47 | 00:27 |
| Meeta Khanna | 10:51 | 10:55 | 10:57 | 11:05 | 11:15 | 11:30 | 11:49 | 00:58 |




Turn Around Time Of Indents
Average time taken
0.6
0.5
0.4
0.3
0.2
0.1
0
0.52
0.24
0.4
0.31
Normal Indent
Shoot
Discharge
Urgent
Types of Indent
Series1
Series2