

Internship Training

at

Medanta-The Medicity

Streamlining the discharge process

by

Dr.Chitwan Kaur

PG/13/014

Under the guidance of

Dr.Preetha G S

Post Graduate Diploma in Hospital and Health Management

2013-15



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



Date 07.05.15

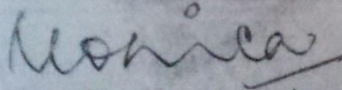
### INTERNSHIP COMPLETION LETTER

This is to certify that Dr. Chitwan Kaur, student of Post Graduate Diploma in Hospital & Health Management (PGDHHM), Batch 2013 -15 International Institute of Health Management Research, Delhi has successfully completed her internship with us.

- Project Title - Streamlining Discharge Process
- Project Duration - 02<sup>nd</sup> Feb 2015 to 30<sup>th</sup> April 2015

During the period of her internship programme with us she was found to be punctual, hardworking and inquisitive.

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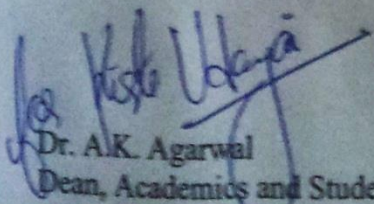
TO WHOMSOEVER IT MAY CONCERN

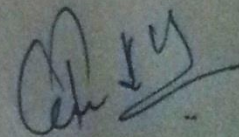
This is to certify that Dr.Chitwan Kaur, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at Medanta -The Medicity from 2<sup>nd</sup> February to 1<sup>st</sup> May.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

  
Dr. A.K. Agarwal  
Dean, Academics and Student Affairs  
IIHMR, New Delhi

  
Dr. Preetha G S  
IIHMR, New Delhi



## Certificate of Approval

The following dissertation titled "STREAMLINING THE DISCHARGE PROCESS" at "MEDANTA- THE MEDICITY" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily 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 do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Dr Poonam Rayput  
Dr Preeti S  
Ms. DNYA AGGARWAL

Signature

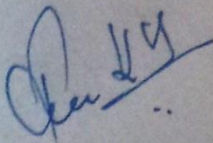
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**Certificate from Dissertation Advisory Committee**

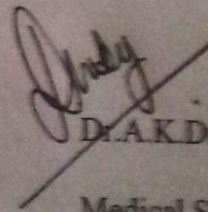
This is to certify that **Dr. Chitwan Kaur**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled "Streamlining the discharge process" at "Medanta-The Medicity" in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



Dr. Preetha G S,  
Assistant Dean (Research)

IIHMR, New Delhi



Dr. A.K. Dubey  
Medical Superintendent

Medanta-The Medicity

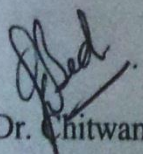


INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT  
RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled --"Streamlining the discharge process"  
submitted by Dr.Chitwan Kaur ,Enrollment No. PG/13/014 under the supervision of  
Dr.Preetha G S, for award of Postgraduate Diploma in Hospital and Health  
Management of the Institute carried out during the period from 2<sup>nd</sup> February to 1<sup>st</sup> May  
5, 2015 embodies my original work and has not formed the basis for the award of any  
degree, diploma associate ship, fellowship, titles in this or any other Institute or other  
similar institution of higher learning.

Signature

  
Dr. Chitwan Kaur



# FEEDBACK FORM

Name of the Student: Dr. Chitwan Kaur

Dissertation Organisation: Medanta - The Medicity, Gurgaon

Area of Dissertation: 6<sup>th</sup> Floor - B wing  
Medical Administration

Attendance: 89% Attendance

Objectives achieved: ① Observed Existing functions involved in the process of discharge

② Identified barriers for delay

③ Recommended action plan to improve discharges

Deliverables:

- Discharge Rate before 12pm improved from 43% to 64% in a time span of 3 months

Strengths:

- streamlined discharges

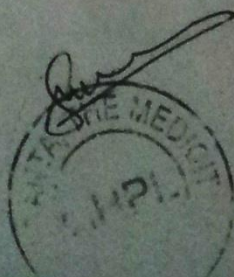
→ very hardworking, excellent people management skills, empathetic towards both internal and external customers.

Suggestions for Improvement:

① More assertiveness would help her deal with situations better.

Date: 13.05.2015

Place: Gurgaon.



## **ABSTRACT**

Maslow's hierarchy of needs is often portrayed in the shape of a pyramid with the largest, most fundamental levels of needs at the bottom and the need for self-actualization at the top.

At any hospital, the physiological need of any patient becomes the need to be treated. On interacting with the patients, it was seen that the second most important need of the patient is his need to be discharged-after being treated. (Of course!)

This report summarises the various steps involved in the process of discharging a patient and how the discharges can be streamlined effectively to reduce the time taken for the same. The report further looks upon the time motion study of the discharges and gives supportive examples of how these bottle necks can be overcome.

At the end of the report, it can be seen that the discharges on the particular 6<sup>th</sup> floor of the concerned hospital has increased from a mere percentile of 42 % to 64% in a time span of 3 months.

The discharges however need not only be within the particular TAT but should be a part of the admission process into the hospital. It should be a continual process from the beginning rather than an event on the day of discharge itself and for a patient, being discharged should not only be the end of care from the hospital, and rather it should be a part of the continual care from it.

Being an important step for the patient, the discharge process plays a very important role in the revenue generation of the hospital as well. The report outlines the various steps in the discharge process, the TAT time to be achieved and the various steps to achieve it!



## **ACKNOWLEDGEMENT**

*“Knowledge is in the end based on acknowledgement.”*

*—Ludwig Wittgenstein*

On the very outset of this report, I would like to extend my heartfelt & sincere gratitude towards all the personages who have helped me in my endeavour. Without their active guidance, help, cooperation & encouragement, I wouldn't have been able to make headway in this project.

I am indebted to Dr. A.N.Jha, Dr.Jyoti Sardana, Dr.Richa Bakshi, Ms.Ishani for their guidance and encouragement to accomplish this assignment.

I am extremely thankful and pay my gratitude to my mentor Dr.Preetha G S and the faculty at IIHMR,Delhi for their valuable guidance and support in seeing this project to its end.

I extend my deeply felt gratitude to Dr. Sumana Arora (Deputy Medical Superintendent),Dr. A. K. Dubey (Medical Superintendent) and Mr. Pankaj Sahni(COO) for giving me an opportunity to work with Medanta, for being an inspiration and for all their support throughout my tenure as an Intern.

In the end, I would also like to acknowledge with a deep sense of reverence, my gratitude towards my husband, Ravkeerat Singh and my family who have believed in me, every step of the way.

Any omission in this brief acknowledgement does not mean lack of gratitude.

Thanking You

Dr.Chitwan Kaur



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**ACRONYMNS/ABBREVIATIONS**

<b>Serial No.</b>	<b>Abbreviation</b>	<b>Full form</b>
1	TAT	Turnaround time
2	IPD	In patient department
3	Ortho	Orthopaedics
4	Admin	Administrator
5	OPD	Outpatient department
6	ER	Emergency room
7	ICU	Intensive care unit
8	OT	Operation theatre
9	GI	Gastrointestinal
10	ALOS	Average length of stay
11	EDD	Estimated day of departure
12	ENT	Ear nose throat
13	MRI	Magnetic resonance imaging
14	CT	Computerized tomography
15	HIS	Hospital information system
16	UG Floor	Upper Ground Floor
17	UHID	Unique hospital identification number
18	SOP	Standard operating procedure
19	GDA	Ground/general duty assistant
20	DEPT.	Department
21	IT	Information Technology
22	IP	In patient
23	CGHS	Central Government health services
24	TPA	Third party administrator
25	CSC	Computer sciences corporation
26	NHS	National health services

## **INTRODUCTION**

### **IMPROVING PATIENT FLOW**

Our healthcare systems have become complex over time with resources being shared between processes for expediency's sake. We see that there is inherent variation in our processes, and we have not eliminated all these sources of variation to make our processes high quality, repeatable and safe. As a consequence our teams try to compensate via the existing systems, often through working increasingly harder and longer rather than smarter. The evolution of healthcare processes over time has led to systemic issues that include: Poor scheduling of appointments and resources, overly complex pathways, a lack of ownership and control of patients pathways, a lack of subsequent management of patients once they are on their pathway, few defined processes and standard working and poorly quantified capacity and demand. The problems of delayed feedback and poor booking, administration and information systems mean we often find out too late about problems in the system to take effective action. The combined effect of all these factors is poor patient flow which in turn affects quality of care, safety, patient and staff satisfaction and effective utilization of resources. To improve flow we need to redesign the systems and processes that produce the interruptions to patient journeys, but we need to ensure that high performance is not achieved at the expense of quality.

### **DISCHARGE OF A PATIENT:**

It is the process by which an episode of treatment of a patient is formally concluded by a health professional or a hospital.

Going home is perhaps the most welcomed, appreciated, and greatly anticipated event in a hospital stay. Discharge process being the final step in the hospital, is likely to be well



remembered by the patient. Even if everything else went satisfactorily, a slow, frustrating discharge process can result in low patient satisfaction.

One research finding that amazes healthcare professionals is this: Patients who experience longer stays at hospitals are significantly less satisfied— no matter what their diagnosis. The data tells us that, typically, patients want to go home at least as much as the hospital staff wants to see them go home. Most salient is the prospect that, by reducing length of stay, facilities can simultaneously achieve higher patient satisfaction and significant cost savings.

Hospital discharge must be viewed as a process rather than an event.

### OBJECTIVES/KEY RESEARCH QUESTIONS

The aim is to streamline the discharge process on the 6<sup>th</sup> floor B wing (comprising of 53 beds)

#### **OBJECTIVES**

- To observe the existing functions involved in the process of the discharge and transfer of a patient.
- To identify barriers and the reasons for delay in discharge and movement of patient inside the hospital.
- To understand the application of managerial tools and techniques in the organization.
- To analyze these bottlenecks and to make recommendations for the same.
- To implement these recommendations and measure their impacts in terms of percentage of planned discharge as well as the percentage of patients moving out of the hospital before 12 pm(noon)

## **OUTLINE OF RESEARCH APPROACH**

Accurate observations were made and recording of existing work methods to identify the critical activities and look for indicators from which new methods might emerge. Different work patterns were observed and time was recorded to determine the time it takes the qualified worker to complete a specific job to the current required level of performance.



## **LITERATURE REVIEW**

- 1) In a report by the Kings Fund published in January 2005 to sustaining reductions in waiting times, it was found that successful Trusts started to address the task of reducing waiting times in a systematic way and persevered with the task
- The redesign of flow through healthcare processes follows four key steps:

- Simplification;
- Identification, control and elimination of variation;
- Setting up feedback and control systems;
- Managing and refining the process on an ongoing basis.

- 2) A variety of studies have attempted to find the causes of excessive queuing in clinical environments, the resultant backlogs and extended waiting times. Most often a perception is held that there is insufficient capacity (beds, facilities, diagnostics, doctors, nurses, etc) to meet demand, however various studies (Sylvester et al (2003) - Modernisation Agency) have found that a lack of capacity is typically not the major issue. More often the main cause of queues developing is the mismatch between demand for a service and the capacity available. In addition there is often no correlation between waiting times and the level of patient demand.

For healthcare managers and clinicians trend analysis of the data is of utmost importance. ALOS, Queuing time, Admission time, Discharge time, Transfer time, Average midnight utilization are few things which needs a constant track at all junctures.

- 3) Roy *et al.* (2005) found in their study that 41 percent of patients' test results were returned after discharge and of these 9 percent to 11 percent were actionable. Results from surveys of primary care physicians showed that 66 percent of physicians were unaware that their patients' test results were ready. Of the actionable test results, physicians agreed with the research team that 12 percent of them required urgent action.
- 4) Discharge planning should start before admission (for a planned admission) or at the time of admission (for an unplanned admission). A combination of individual factors, most notably age, medical factors such as presence of multiple pathology, and organizational factors such as lack of alternative forms of care facilities put patients at risk of delayed discharge. Moreover, lack of nurses' participation also contributes toward the delaying of discharge. ( Pirani & Sabza, 10)
- 5) In a review of discharge planning from hospital to home, Shepperd et al (2003) report that nearly 30 per cent of all hospital discharges are delayed for non-medical reasons. The causes of such delay, reported by the U.S. Department of Health in 2003, include inadequate assessment resulting in, e.g., poor knowledge of the patient's social circumstances' poor organization, e.g., late booking of transport and poor communication between the hospital and providers of services in the community.
- 6) The average delay for 3,111 patients awaiting discharge from acute to sub-acute care in 80 North Carolina acute care general hospitals during May 1999 was 16.7 days. A comparable Michigan study identified a rate of 6.5 days. Delayed discharges are believed to compromise the quality of patient care, reflect a lack of



efficiency and effectiveness within the continuum of care as well as a lack of service coordination. The authors of the study note heavy-care patients no longer requiring acute care but with needs exceeding the capacity of nursing homes are occupying hospital beds for long periods of time relative to traditional acute stays (Falcone et al 1991).

- 7) Patients may leave hospital without adequate preparation when staff nurses are unaware of the discharge date. The ICU have complicated care needs at the time of discharge; nurses and family members/caregivers need to be notified of and prepare for discharge well in advance. The authors were unable to locate data on awareness of discharge date after a comprehensive literature search. The authors conclude that discharge planning may be overlooked or not well communicated in the fast-paced environment of the acute care hospital (Lipson et al 2006).
- 8) A study of 80 social workers employed in 36 not-for-profit acute care hospitals in Cook County, Illinois concludes that discharge planning consists primarily of concrete resource provision with a counseling component based upon decision-making. They cite a study that found that in discharge planning, psychosocial problems and relationship issues are addressed to the extent that they interfere with timely discharge (Kadusin & Kulys 1993).
- 9) A study within a large integrated NHS in Northern Ireland associated poor communication among health and social care professionals with quality problems in discharge planning (McKenna et al 2000).

- 10) Connolly *et al.* (2004) undertook a series of focus groups conducted amongst hospital-based health professionals (nurses, allied health staff, social workers and a physician) to understand the discharge planning process in a British hospital. Results from the study demonstrated that health care professionals are faced with many challenges, particularly when discharging a complex patient. These challenges are further exacerbated by: a lack of care co-ordination; communication barriers with internal colleagues and external healthcare providers.
- 11) Auslander *et al.* (2007) implemented the discharge planning process in 11 Israeli hospitals. Results showed that discharge planning was largely successful across these different types of patients and hospitals. Failed discharge planning was attributed to the 'fragmented nature of the health care system in Israel' where the personal needs and household-related services of the discharge planning process were largely unmet.
- 12) Preen *et al.* (2006) undertook a randomized controlled trial of patients to determine the impact of multidisciplinary hospital-coordinated discharge care plans on length of stay, quality of life, and patient and general practitioner satisfaction with the discharge planning process. Results from the study demonstrated that patients in the intervention group were significantly more satisfied with the discharge planning process than those in the control/usual care group. Results also demonstrated that the time for hospitals to contact general practitioners was lower in the intervention

group. General practitioners reported that a third of all discharge summaries received contained errors, and that only 27percent are received at all.

13) Halayamani *et al.* (2008) developed a discharge checklist for adult patients, based on a literature review of all materials relating to discharge. Results from the review identified a number of key elements integral to the discharge process: key findings, test results, condition at discharge, medications, and follow-up appointments. These elements were incorporated into a checklist, and validated by 120 practicing hospitalists, nurses, case managers and social workers.

14) There is a well-documented *NHS best practice on effective discharge processes* (2007). Examples of these include: estimated date of discharge ( EDD), regular morning ward rounds, a policy on (care) Home of Choice led from a senior level, nurse-led discharge arrangements, timely "to take out" medicines, well used discharge lounges, and well supported multi-disciplinary meetings.



## **METHODOLOGY**

### **RESEARCH DESIGN:**

The study is a descriptive study as well as quantitative research. It's a Descriptive research as it includes surveys and fact-finding enquiries of different kinds like enquiry for patient satisfaction related to waiting and delays in hospital activities like discharge transfer etc. at Medanta- The Medicity Hospital. It is a quantitative research as it enumerates the percentage of discharges within time and enumerates and analyses the time span of each of the steps for discharge as well as various elements leading to discharges on or off time.

### **SAMPLING**

All patients discharged from the 6<sup>th</sup> floor IPD-B Wing from 1<sup>st</sup> February 2015 till 1<sup>st</sup> May 2015 are included. (A sample of 653 patients)

For each phase IP subjects at Medanta were studied using the method study technique for identifying the critical processes and look at possible ways of reducing the cycle time.

These patients are from variety of segments including Cash paying, Corporate, International, Insured (TPA) etc.

### **RESOURCES USED**

- Hospital Staff (including GDAs, medical transcriptionist, ward secretary and nurses)
- HIS (By CSC)
- Patients

### **PROCEDURE ADOPTED**

- Information regarding the Institute, concept behind the establishment, location, area, history, planning, manpower, organizational hierarchy and other details

were collected from hospital's manual, records, concerned authorities and from other sources.

- Various departments/services (clinical, supportive, ancillary and administrative) of the Institute were studied by observation.
- Training in these identified areas / departments also involved collection of information and data from co-coordinators, personal observation and by assisting the concerned personnel in daily operational management of that area.

## DATA COLLECTION

Data was collected by primary and secondary sources:

### **I. Primary:**

- Participatory observation
- Group Discussion with nurses
- Key informant interviews with ward secretary, doctors and medical transcriptionist
- Time motion study

### **II. Secondary:**

- Work manual of the departments.
- Registered records of particular departments.
- Brochures, pamphlets, magazines, etc.
- Data was also collected from hospital website
- Information was collected for location/layout, equipment's used, policies and procedures and other managerial issues.

**EXPECTED OUTCOME:**

The aim of time motion study is to analyze a situation, examine the objectives of the situation and then to synthesize an improved, more efficient and effective method or system. Accurate observations were made and recording of existing work methods to identify the critical activities and look for indicators from which new methods might emerge. Different work patterns were observed and time was recorded to determine the time it takes the qualified worker to complete a specific job to the current required level of performance.

**TIME FRAME:**

Feb 1<sup>st</sup> – March 31<sup>st</sup> 2015( Phase I and Phase II- Observation Phases)

**PLAN**

The aim of method study is to analyse a situation, examine the objectives of the situation and then to synthesize an improved, more efficient and effective method or system. In a method study accurate observation was done and recording of existing work methods to identify the critical activities and look for indicators from which new methods might emerge.

The study was undertaken in 3 phases.

**Table 1: Different phases of the project**

<b>PHASE 1(Observation phase)</b>	1 month	1 <sup>st</sup> Feb-28 <sup>th</sup> Feb
<b>PHASE 2(Observation phase)</b>	1 month	1 <sup>st</sup> March-31 <sup>st</sup> March
<b>PHASE 3(Implementation phase)</b>	1 month	1 <sup>st</sup> April-30 <sup>th</sup> April



## DATA TYPE

Quantitative and descriptive data was collected for this study.

## DATA ANALYSIS TECHNIQUE

The observational findings and the information collected were compiled, analyzed manually as well as on excel sheet and a report was prepared.

## TIME MOTION STUDY

### Definition

A time and motion study (or time-motion study) is a business efficiency technique combining the Time Study work of Frederick Winslow Taylor with the Motion Study work of Frank and Lillian Gilbreth. It is a major part of scientific management (Taylorism).

### Purpose

A time and motion study would be used to reduce the number of motions in performing a task in order to increase productivity. The best known experiment involved bricklaying. Through careful scrutinizing a bricklayer's job, Frank Gilbreth reduced the number of motions in laying a brick from 18 to about 5. Hence the bricklayer both increased productivity and decreased fatigue. The Gilbreths developed what they called therbligs ("therblig" being "Gilbreth" spelled backwards), a classification scheme comprising 18 basic hand motions. 1920 Frank B. and Lillian Gilbreth developed their time and motion studies. The Gilbreths showed the importance of the total working environment by reducing unnecessary motions.

## Need

Time and motion study are two broad groups of techniques constituting the field of work study. Work study may be defined as systematic examination of methods of carrying out activities so as to improve the effective use of manpower and equipment and to set up standards of performance for the activities being performed. Motion study, also called method study is the systematic recording and critical examination of the ways of doing things to make improvements. It involves investigation of existing or alternate proposed methods of work and improving them.

Time study, also called work measurement, is application of systematic techniques to establishing time standards for carrying out specified jobs. It estimates how long a job should take and the manpower and equipment requirements for a given method.

## ADVANTAGES

The advantages of time and motion study in hospital industry are same as that in any other industry. These include the following:

1. To improve the methods or procedures adopted in performance of various jobs.
2. Improving the layout of the facility. For example in a hospital it may include lay out for facilities such as overall hospital layout, lay out of beds in a ward, layout of support facilities such as kitchen and reception area.
3. To improve utilization of resources. For hospitals will include resources like hospital staff, operation theatres, hospital equipments, and diagnostic equipments.
4. To reduce human effort by proper design of processes. In hospitals this can also include reducing the efforts patients need to make for different actions involved in their treatment as well as for their routine hospital treatment and care.
5. To develop suitable working conditions. In hospitals this would include design to suit the requirements of hospital staff as well as the patients.

## **FINDINGS**

### **HOSPITAL DISCHARGE POLICY**

- The hospital check-in/ check-out time is 12 pm
- Discharge process is initiated after discharge order is given by the doctor or discharge request is made by patient
- Bill Clearance is required in Billing Department for further processing of the discharge process.
- A copy of all documents in patient IP case file except patient investigation reports are kept with hospital for further Physical Discharge Process
- No patient is advised to leave without a discharge summary. The discharge summary will specify the date for follow up, especially in case of surgery. Patient should note that the first follow up is free of any charges.
- Patients are requested to fill the feedback at the time of discharge and give their valuable suggestions.

### **POST DISCHARGE POLICY**

- Medical claims for reimbursement purposes will be attested by registration dept and can be collected between 9.00am to 5.00pm from Monday to Saturday after a payment of Rs.125 only
- Pending reports are to be collected from-
  - For corporate/ TPA patient: corporate cell (Room no.5) between 9.00am to 5.00pm
  - For regular paying patient- Sister-in-charge of the ward you were admitted

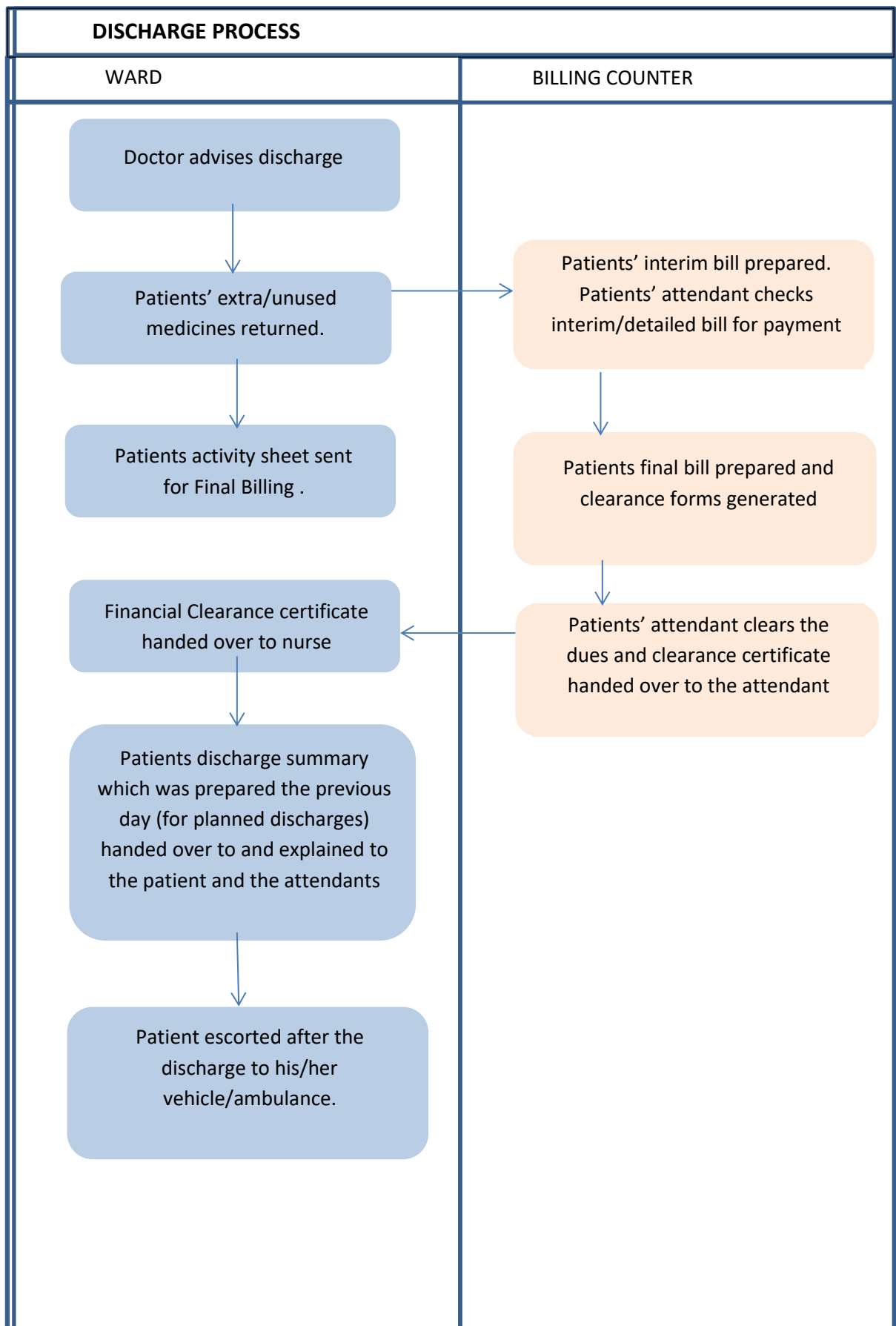


## DEPOSITS

- All patients are required to deposit security fee at the time of admission. These amounts will depend on the category of admission and the type of treatment.
- Thereafter regular requests for further deposits will be intimated as and when required.
- Such requests will largely depend on the amount of the patient's bill. Patient may ask for 'interim bill' at such times.
- Patients availing TPA facility have to deposit Rs.10, 000 per lac for indoor patient treatment. This amount is refundable once the claim is settled. (on an average after 2 months)

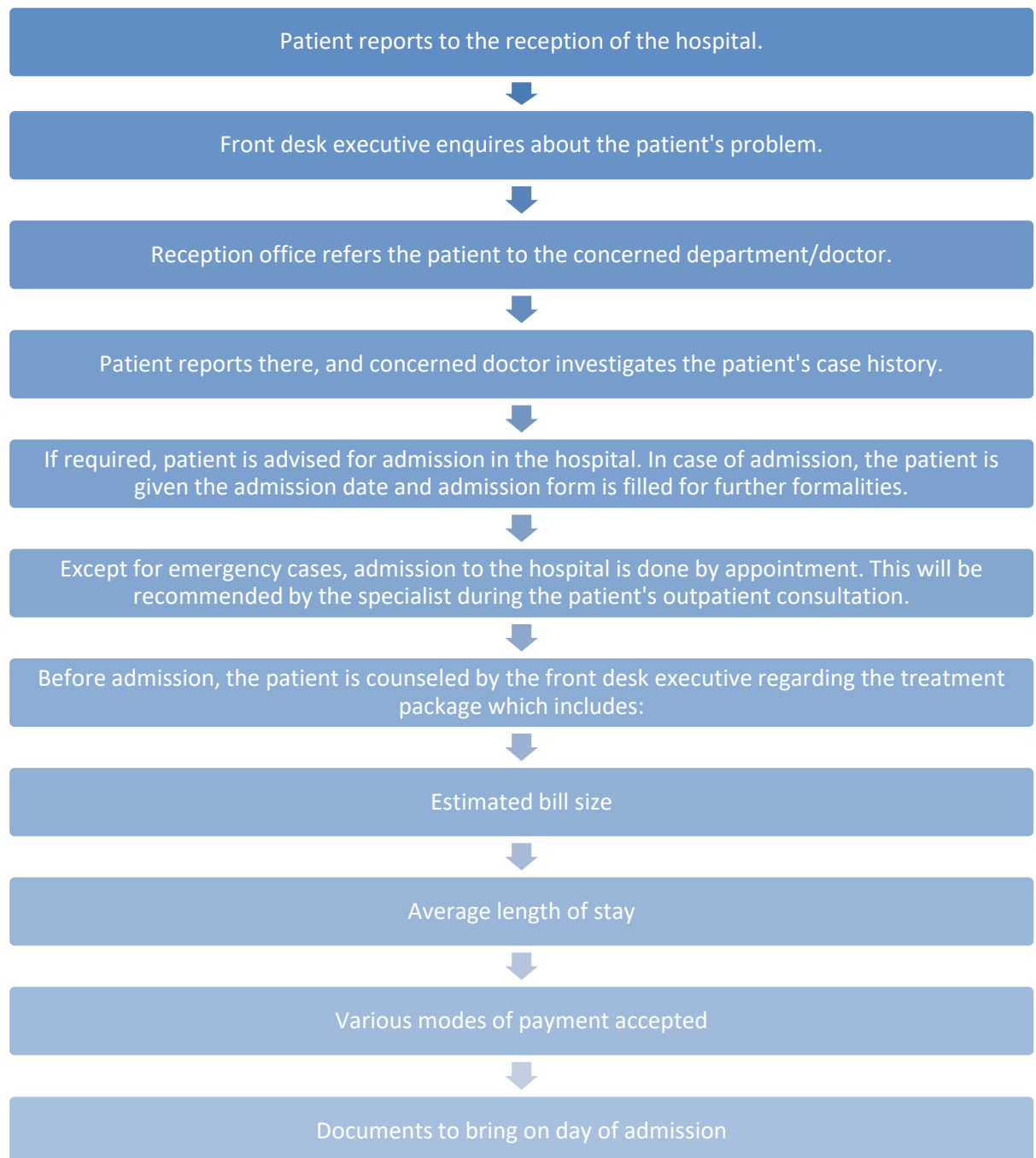
## PATIENT TYPES AT MEDANTA

1. Cash paying patients
2. Insured (TPA) patients
3. Corporate patients
4. International patients

Table 2: Interdepartmental coordination- 6<sup>th</sup> Floor B Wing

## **INITIAL PROCESS MAPPING**

- **PREADMISSION PROCESS**





- DURING THE STAY

When the patient arrives at the ward, our ward staff will orientate the patient to the ward and the facilities available. Patient will then be assessed by the ward doctor - this involves taking a detailed medical history and ordering of tests if necessary.



During the patient's stay in the hospital, he/she will be attended by a team doctors comprising of medical specialists, assisted by medical officers and consultants. Every care is taken in respect of patient care, treatment, meals, dress and health recovery.



The daily routine in the ward includes activities such as ward rounds by doctors, medication, meals, visiting hours and bedtime. However, this routine may vary as laboratory tests, x-ray, treatment and other procedures will take place when required.



If required, the doctors operate the patient as part of the treatment.



The patient's medical records and information on their medical condition are confidential. We will only share this information with the patient and the next-of-kin. If the immediate family members wish to know more about the patient's condition, they can approach the appropriate coordinator to arrange for convenient time to meet the concerned doctor.



The safety and wellbeing of our patient is our utmost concern to us. We advise our patients to remain within the hospital premises until they are discharged by the concerned doctor.



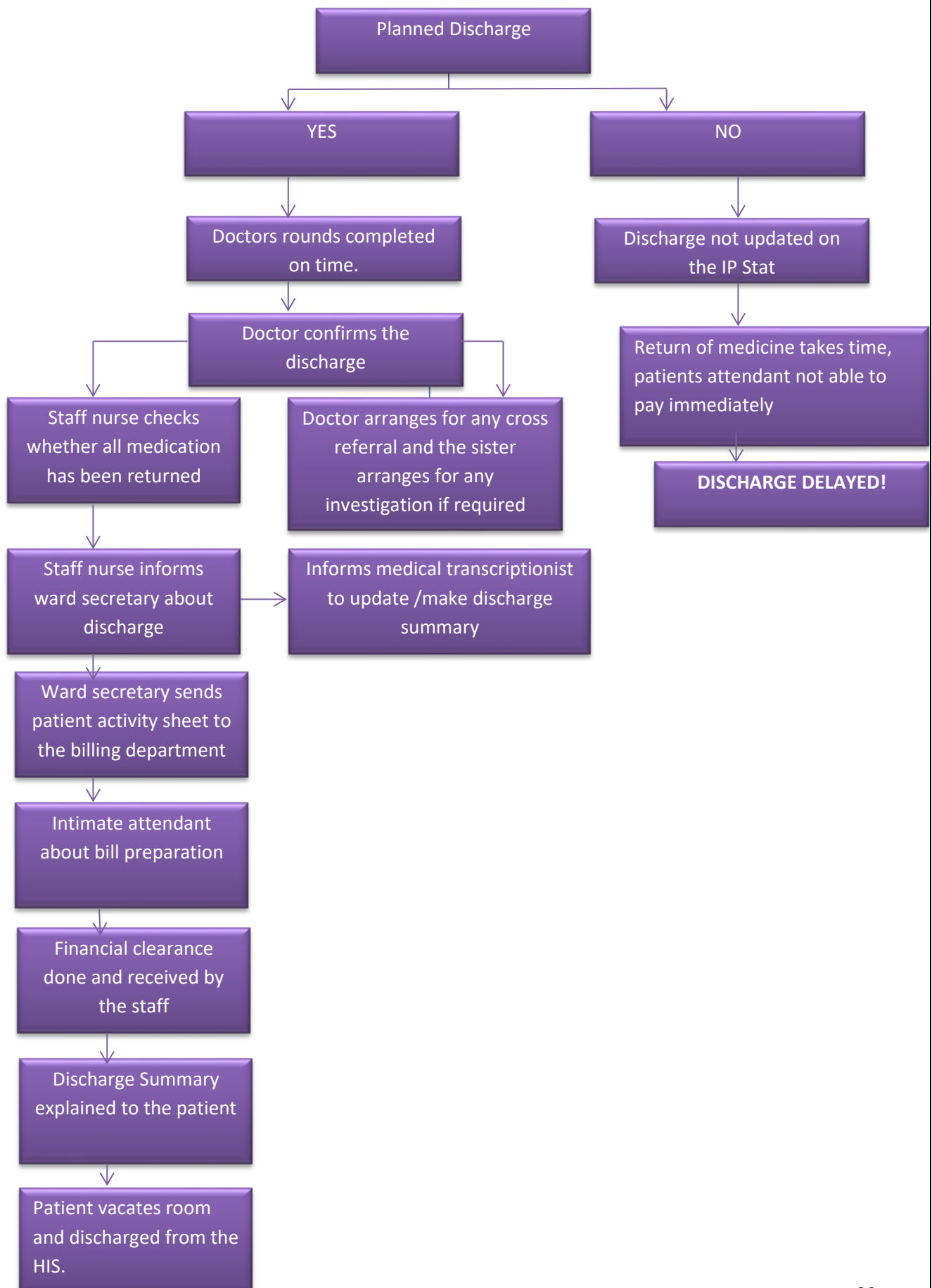
A discharge summary certificate will be given to the patient before leaving the ward. In case the patient needs a medical certificate, he/she has to inform the doctor or nurse in advance so that it can be prepared before the patient's leaves

- FOLLOW UP CARE & APPOINTMENT

Before leaving the ward, patient is handed over with detailed discharge summary, which includes doctor's advice on their further follow-up treatment, daily routine diet, and medical prescription. It may also include a chart by the endocrinologist in case the patient is a diabetic.



The doctors may give the patient an appointment for follow-up at the Specialist Outpatient Clinic. If the patient needs to reschedule the outpatient appointment after discharge, they can feel free to contact the concerned doctor.

**PLANNED DISCHARGE ACTIVITY FLOW**

## RESULT & DISCUSSION

### Metric – ACTIVITY WISE LENGTH OF DISCHARGE PROCESS

**Unit – Minutes**

**Definition – Total time taken from the expected time of doctor's rounds (confirmation for discharge) till the patient physically leaves the room. Doctor's intimation can be telephonic or physical round.**

**Note: The time taken does not include time taken to return the medications**

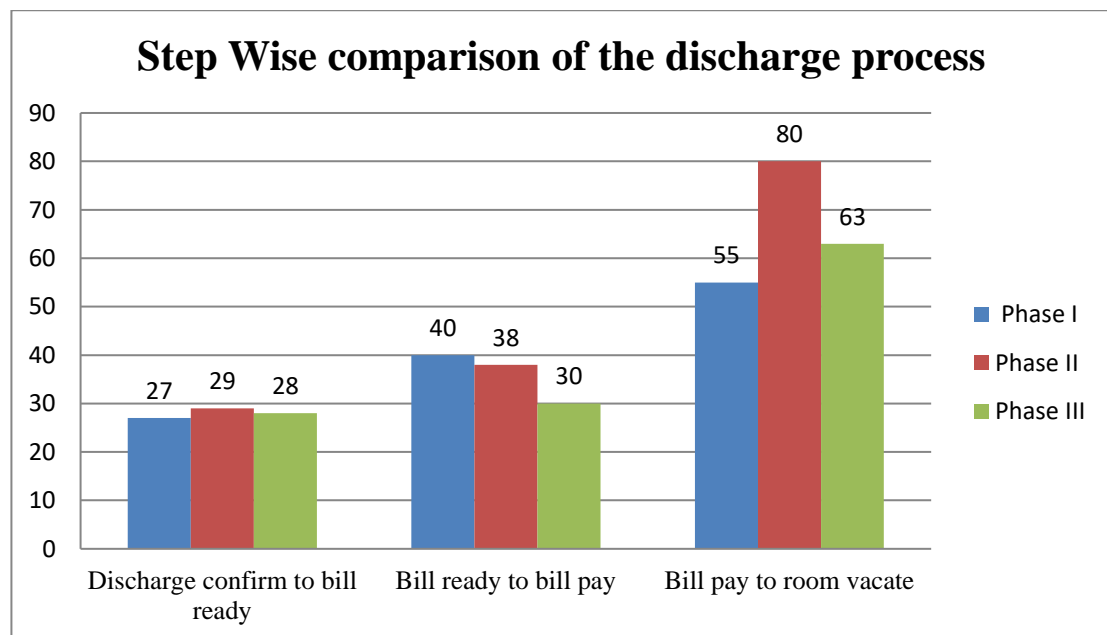
**Source of data – HIS/ Observation**

Discharge process divided into 3 steps:

Table 3: Activity wise length of discharge process

	Phase I( in mins.)	Phase II (in mins.)	Phase III (in mins.)
Discharge confirm to bill ready	27	29	28
Bill ready to bill pay	40	38	30
Bill pay to room vacate	55	80	63

Figure 1: Step wise comparison of discharge process



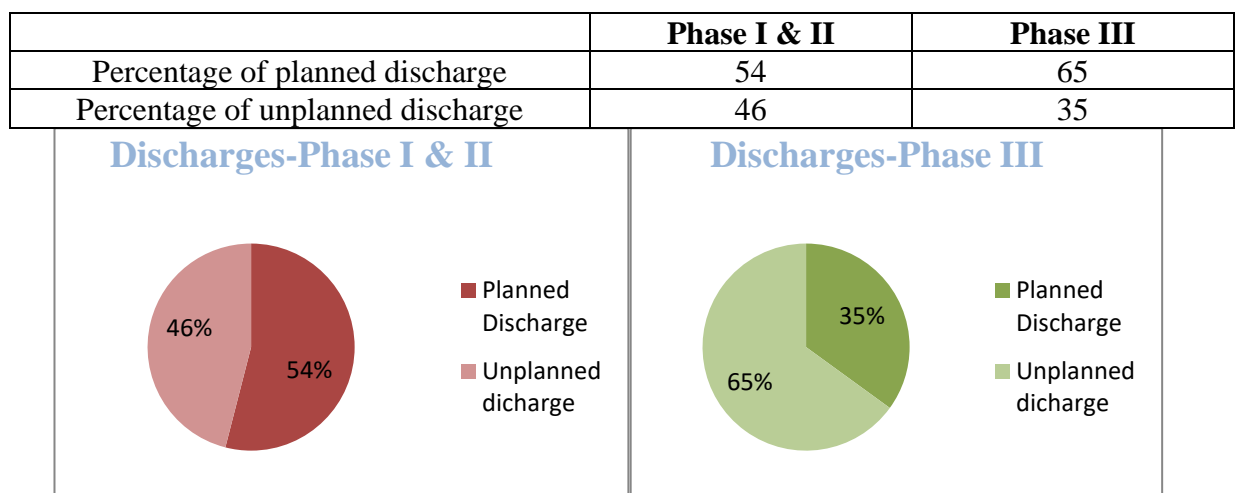
Source:HIS ,Medanta Hospital

RESULT: There is a decrease in the total discharge process time among the observation and the implementation phase. The total time taken for a discharge for corporate, cash as well TPA patients on an average for the month of April is 121 minutes which has reduced from an average of 135 minutes in Phase I and Phase II.



**Metric- Percentage of planned discharges****Unit – percentage****Definition - Discharges that are planned and communicated an evening in advance to the Bed Manager and stakeholders divided by the total discharges that actually happened.****Calculation Methodology – No. of planned discharges /Total discharges from wards****Source Of Data – HIS/ Manual**

Table 4: Percentage of planned discharges

**Source: HIS ,Medanta Hospital**

RESULT: The percentage of unplanned discharges has increased. This could be due to any of the below mentioned reasons:

- The 6<sup>th</sup> floor B wing has gradually changed from a neurosciences floor to a mixed/multi-specialty floor due to which the number of night billings and planned discharges has reduced drastically.
- Many of the patients are medically managed rather than surgically managed due to which the plan of care can't be judged easily.
- Due to new staff on the floor, the IP Stat isn't regularly updated which increases percentage of unplanned discharges

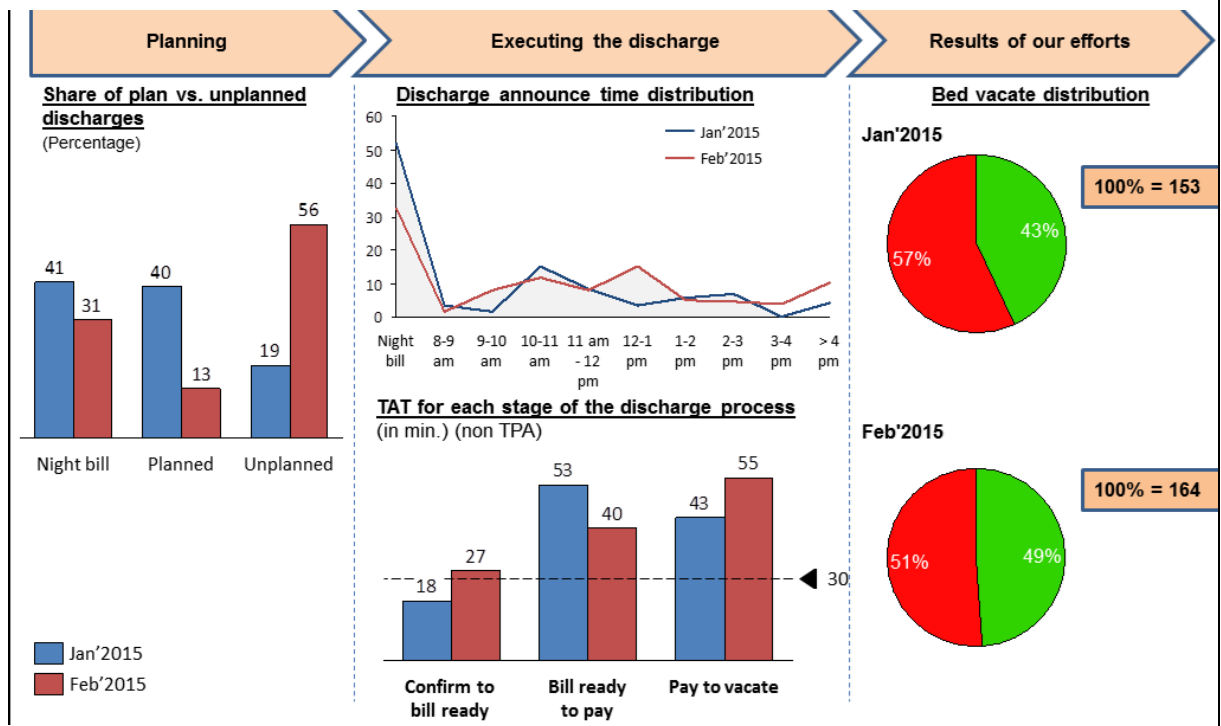


Figure 4: Discharges in the month of February

In comparison with January '2015, the discharges in February'2015 have increased by 6 percent. During this period of observation, it was noticed that there was an erratic time at which the doctors rounds took place and the doctors announced the discharges (either physically or via the phone). This can be seen by the raised peaks at the time period 10-11 am, 12-1 pm. The unplanned discharges also increased. This could be due to lack of D-1 counselling of the patients or the non-compliance of the doctors to plan the discharges or the miscommunication between the floor managers and the doctors and the Team leader. The time for the bill ready to bill pay stage reduced, which substantially proves that the D-1 counselling of the patients was managed well.

These discharges were mainly in the B2-B3 Wing comprising of 35 patients of neurology and neurosurgery. The total discharges that took place in the month of Feb were 164.

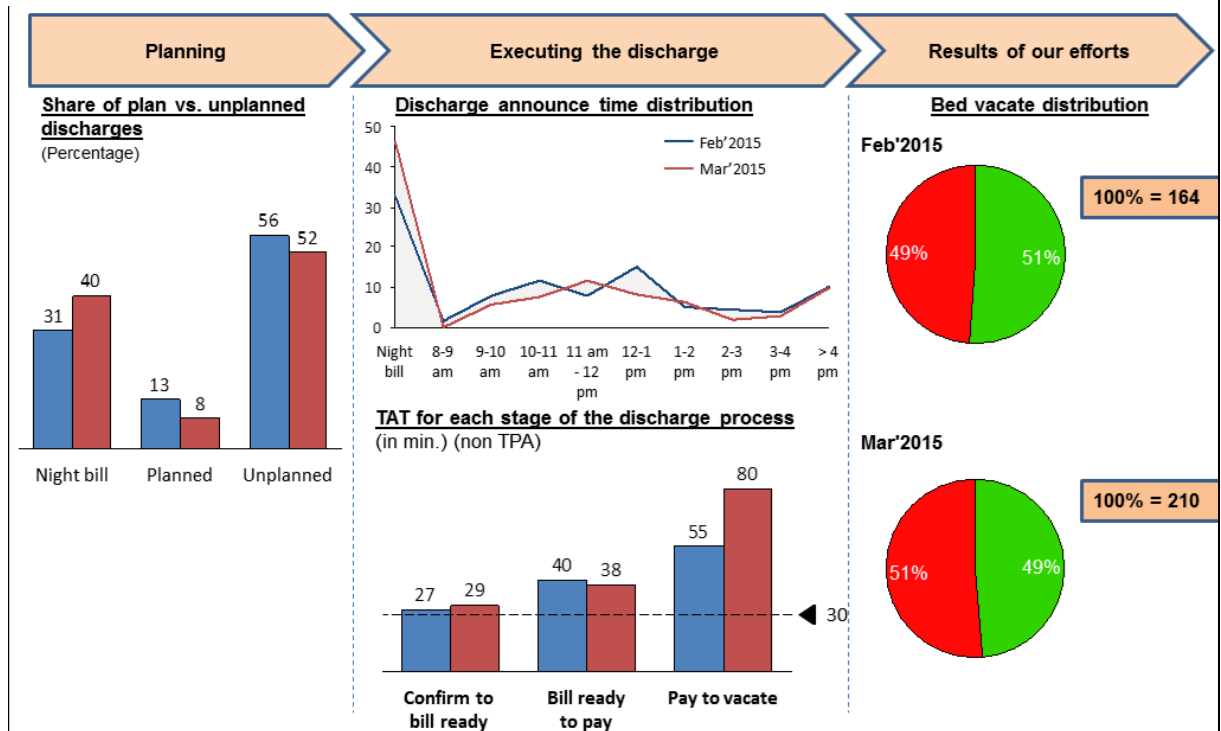


Figure 5: Discharges in the month of March

In comparison with February '2015, the discharges in February'2015 have decreased by 2 percent. During this period of observation, it was noticed that the erratic time at which the doctors rounds took place and the doctors announced the discharges (either physically or via the phone), now became more systematic. This can be seen by the raised peaks at the time period 11am-12 pm. The unplanned discharges decreased with the percentage of the night billings increasing. The time for the bill ready to bill pay stage reduced, which substantially proves that the D-1 counselling of the patients was managed well. The bill payment to bed vacating time increased. This could be due to the type of patients in the hospital – more of the patients could be bed ridden. This could also be due to the delay in the discharge summaries being prepared and handed over to the patients. These discharges were in the B1-B2-B3 Wing comprising of 53 patients of neurology, neurosurgery and cardiology. The total discharges that took place in the month of March were 210.

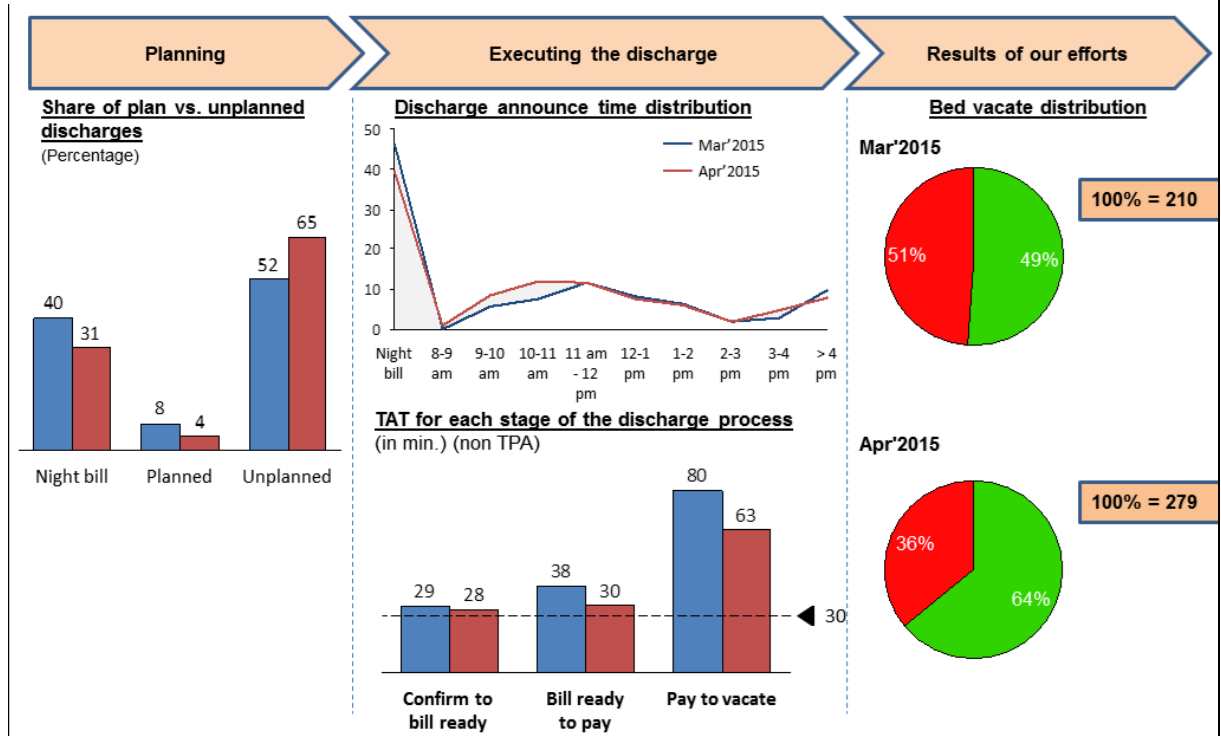


Figure 6: Discharges in the month of April (IMPLEMENTATION PHASE)

In comparison with March'2015, the discharges in April'2015 (the implementation phase) have **increased by a whopping 15 % percent**. During this period of implementation, it was noticed that the erratic time at which the doctors rounds took place and the doctors announced the discharges (either physically or via the phone), now **became much more systematic**. This can be seen by the raised peak mainly between 10-11 am and the gradual decrease in discharges thereafter. The unplanned discharges however increased with the percentage of the night billings decreasing. This could be due to the shift of the type of the patients in the ward. **The time for the bill ready to bill pay stage reduced and the bill payment to bed vacating time also decreased**, which substantially proves that the D-1 counselling of the patients was managed well.

These discharges were in the B1-B2-B3 Wing comprising of 53 patients of neurology, neurosurgery along with other super specialties like Plastic surgery, dermatology, gastroenterology, respiratory, urology etc.

The total discharges that took place in the month of April were 279.

## CONCLUSION

- **BOTTLENECKS IN EFFECTIVE DISCHARGES (on Time)**

- 1) **Cross referrals:** It was noted that that cross consultations on the day of discharge were leading to discharge delays as the patient could not be confirmed for discharge until and unless seen by the doctor referred.
- 2) **Nursing Ratio:** This poses a problem when out of five, three patients of the same nurse are about to get discharged. It adds great amount of pressure on the nursing staff in terms of preparing the patient for discharge and explaining him/her their respective medications.
- 3) **Waiting time for doctor in OPD:** At many instances it was noted that even though the consultant had met the patient in the morning rounds while instructing him/her about the discharge, the patients did not want to leave without meeting their consultant in the OPD to clarify any further doubts about their care plan.
- 4) **Billing Issues:** Though there are set packages for certain orthopedic procedures, many a times the bills of patients overshoot the amount estimated at the time of admission. This led to delays in clearing the financial dues.
- 5) **Dietary, diabetic and physiotherapy counseling:** These counseling sessions were usually being done on the day of the discharge. Even if the financial clearance was being there were instances when patients had to wait for any of these counseling sessions.



- 6) **Late Doctor's rounds:** Timings of consultant rounds have a great impact on the discharge process. If the rounds are taken late in the day it gets difficult to discharge the patient by noon. This further leads to bed crisis for new admissions and patients to be transferred from critical care beds to the wards.
- 7) **Patient issues:** Along with unavailability of transport, there are other issues from the patient's perspective. These include waiting for a particular attendant to finish the discharge formalities, unavailability of patient dress, and arrangement of money for exceeding amount.
- 8) **Pharmacy return:** Initially pharmacy returns were being done by the staff nurse after confirmation of discharge but in the later phases this was done in the night for all discharges planned for coming morning.
- 9) **Availability of resources (GDA, wheel chairs etc):** Even though all discharge formalities for a patient used to get over still the patients used to wait for the wheelchairs and GDAs to be physically moved out of the room.
- 10) **Medical issues:** Sudden tests that need to be done on the day of discharge
- 11) **Delay in Radiology and lab reporting:** The turn-around time for radiology and lab reporting was high which resulted in unavailability of hard copies of the reports and led to delays in preparing and completing the patient files.

- 12) **Discharge summary preparation:** It was noted that the discharge summary preparation was being done after the confirmation of discharge by the doctor. This added to further delays in discharging the patients.
- 13) **Discharge summary explanation:** The resident doctors on the floor are responsible for explanation of the discharge summary to the patient. Many instances have been noted where resident make the patient wait for explanation as they are occupied with many things at one point of time (transfer in patients, admissions, dressing, rounds etc.).
- 14) **Financial Clearance:** After clearing the bills, patient's attendants are given a financial clearance slip that is to be deposited with their respective nurse. The attendants delay depositing the slip with the nurse out of their personal interest such as the patient might not be served food as they will have to vacate the room once the slip is received. It becomes difficult to trace the attendants which results in further delays.
- 15) **Purchasing medicines on day of discharge:** Currently the attendant goes to the OPD pharmacy to purchase those medicines and while he is doing it, the bed is blocked. This can take anywhere from 15 minutes to one hour.
- 16) **International patients**-Delay arises mostly because the patient just waits for hotels/interpreters to understand the discharge summaries, diet and physiotherapy advice.

- SUGGESTIONS TO OVERCOME THE BOTTLENECKS

(On D-1 day: The day before the discharge)

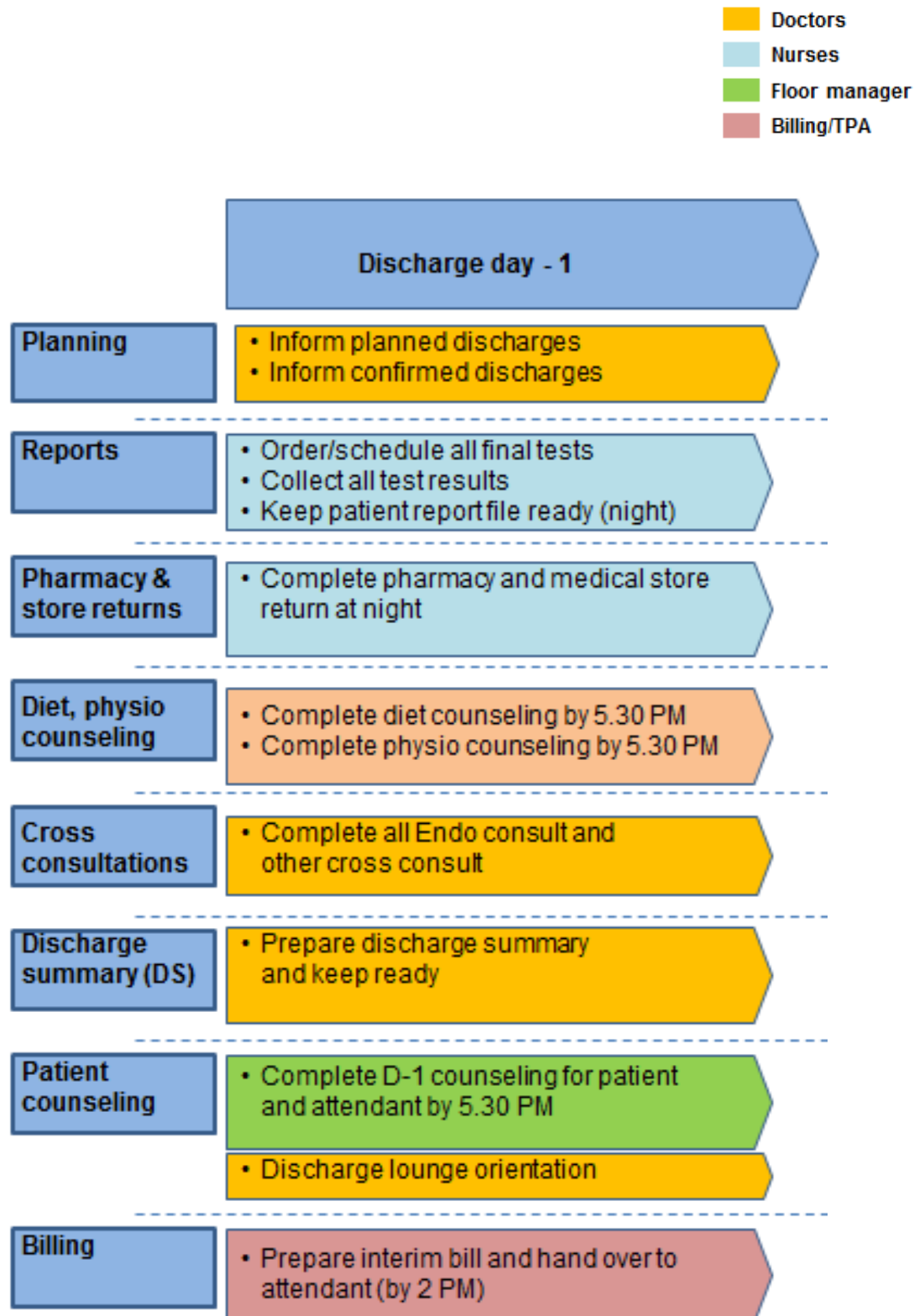


Figure 7: Suggestions to overcome the bottlenecks on the day before the discharge

- SUGGESTIONS TO OVERCOME THE BOTTLENECKS

(On D day: The day of the discharge)

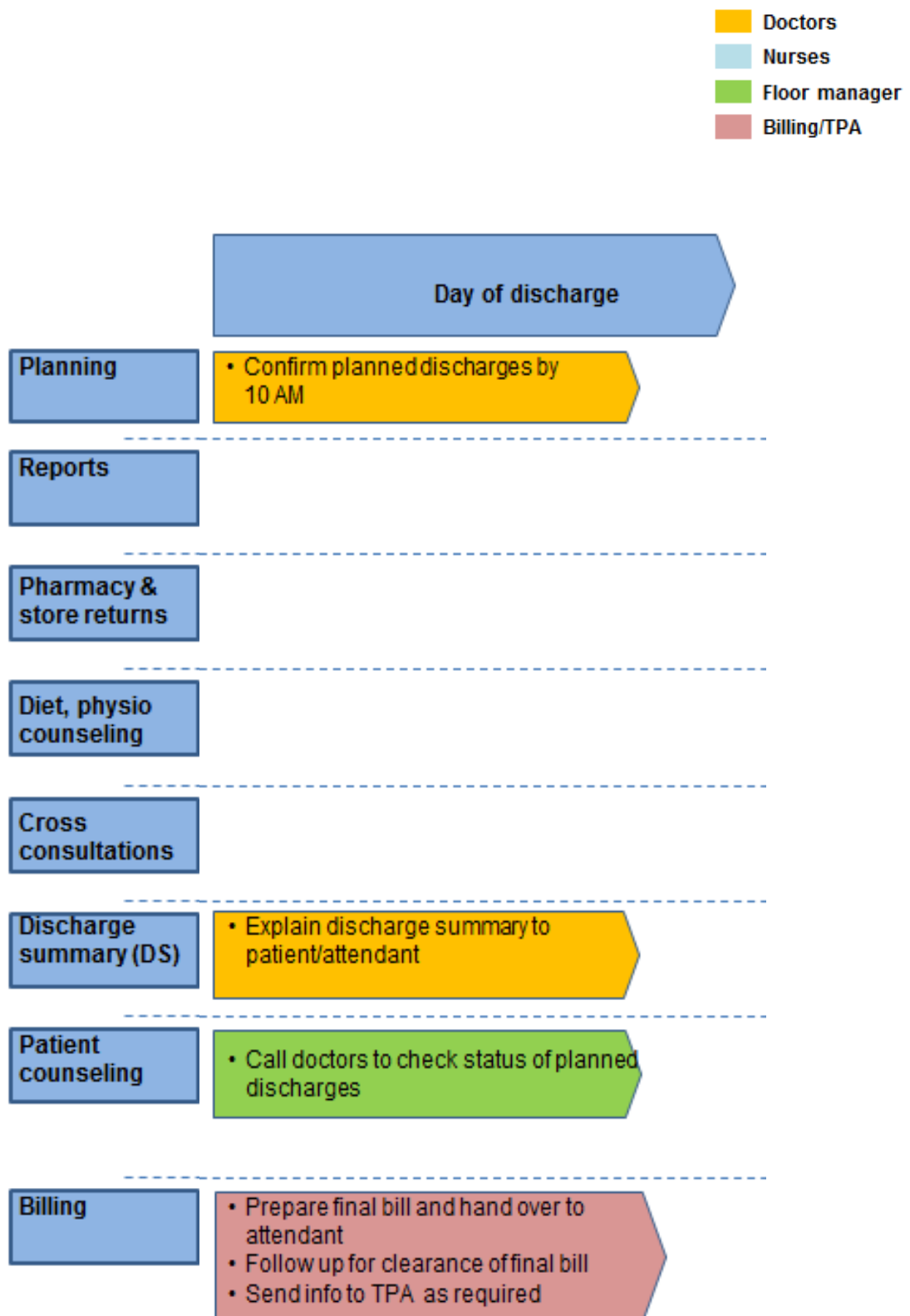


Figure 8: Suggestions to overcome the bottlenecks on the day before the discharge

## INSTRUMENTATION

A checklist was prepared to help implement the discharges in the third phase of the project .This checklist was further subdivided into:

- Patient details
- Patient work complete
- Discharge summary
- Financial clearance

6th IPD		Planned discharg date:						17-03-2015					
Patient details					Patient work complete				Dischg. summary		Financial clearance		
Bed No.	UHID	Patient Name	Doctor name	Payor Type	All tests done	Cross consults done?	Counselling pending?	File complete	DS ready?	DS signed?	Interim Bill status	Final bill updated?	Bill paid?
											@ 4.30 PM		
4602	593875	Mr. Ashok Kumar	Dr Himanshu Garg	cash									
4621	140178	Mr. Amardip Singh	Dr Rajesh Puri	cash									

Checklist for discharges used in the implementation phase



Other resources included:

- Request for Admission: This software enabled the employees under patient care services to prepare a RFA form which would in turn help in analyzing the exact time of admission of the patient. This in turn was helpful for implementing the discharges for the TPA patients.

**medanta** REQUEST FOR ADMISSION [Planned Admissions List](#)

**Patient Detail**

Patient Name : Mr. Har Bhagwan Mangalvi UHID : MM00288777

Date of birth : 09/20/1929 Age : 84Y 5M Sex : M

Address : BHIMA BASTI FATHEBAD

**Speciality**

**Room Category \***

☐ Multi bed ☐ Twin Sharing ☐ Single ☐ Single Deluxe ☐ Super Deluxe ☐ Suite ☐ ICU ☐ HDU ☐ Daycare

**Admission/patient category/type \***

☐ Emergency ☐ Elective ☐ Daycare ☐ Next day surgery

**Billing type \***

☐ Cash ☐ Credit

Figure 9: Request for admission software

- HIS: The HIS enables us to perform all the steps to admit, transfer or discharge a patient in one platform .It also provides with all the information of the patient regarding the bill, contact details, choice of room , tests performed and OT notes in case of surgery.

Test66 Healthcare Information System (Version 12.0.1) **Ritesh Mittal** 19/02/2014 18:22 **CSC**

**Admit Patient**

Apply | Reset | Menu

Admission For: --- Select ---

Booking Ref No: --- Select ---

Patient ID: --- Select ---

Referral ID: ---

**Admission** | Financial Details

**Nursing Unit Details**

Specialty: --- Select ---

Service: --- Select ---

Bed Class: --- Select ---

Bed No: ---

Nursing Unit: --- Select ---

Sub-service: --- Select ---

Bed Type: --- Select ---

Room/Cubicle No: ---

**Encounter**

Admission Date: 19/02/2014 18:22

Ambulatory Status: --- Select ---

Expected Discharge Date: ---

Admission Type: --- Select ---

Expected Days of Stay: ---

Procedure/Surgery Date/Time: ---

Admitting Practitioner: ---

Medical Team: --- Select ---

Reason for Admission: ---

Admission Remarks: ---

**Escort/Ambulance Service**

Mode of Arrival: --- Select ---

Name: ---

TV Regn No: ---

Tel No: ---

Emergency Detail: ---

[Contact Details](#) | [Previous Encounters](#) | [Referral Details](#)

Figure 10: HIS

**APPENDIX**

- The HIS stores the information of the discharges in excel sheets which are on a daily basis sent to us by the IT Senior manager. This data when analyzed helped in the foundation of this report.

Admitting Doctor	Bed No	UHID	Patient Name	D. Advice	FC	D. Date	Billing Group	Bill Prep	FC (in min.)	Bed Vacate (in min)
Dr Sumit Singh	4626	MM00 672448	Mr. Budhiman Mahajjan	09:43:00	10:49:26	11:53:00	International Patient (D11)-B-Cash-15%	50	16	63
Dr Sumit Singh	XX6A 01	MM00 498078	Ms. Pooja Singh	10:50:00	12:38:39	13:07:00	CASH PAYMENT	60	47	28
Dr Monica Thomas	4611	MM00 674624	Mrs. Surbhi Dhawan	09:42:00	13:05:30	14:07:00	Insurance	187	16	61
Dr Arun Garg	4620	MM00 672707	Mr. Jagdeep Singh	02:00:00	14:26:14	14:35:00	Insurance	743	2	8
Dr Vijay Chopra	4642	MM00 628707	Mr. Baleshwar Prasad	13:12:00	16:21:35	19:28:00	Insurance	187	1	186
Dr Sumit Singh	4634	MM00 672057	Mr. Swaraj Singh Chauhan	02:27:00	10:59:03	11:58:00	CASH PAYMENT	298	213	58
Dr Aditya Gupta	4604	MM00 667159	Mrs. Sarita Wadhwa	02:17:00	11:10:07	12:58:00	CASH PAYMENT	294	238	107
Dr Karanjit Singh Narang	4618	MM00 674781	Mr. Bijender Singh	02:27:00	11:09:31	13:29:00	CASH PAYMENT	294	228	139
Dr Anil Bhan	4637	MM00 445207	Mrs. Anis Gul	11:23:00	13:25:36	14:16:00	International Patient C-Cash- 20%	52	69	50
Dr Kumud Kumar Handa	4630	MM00 665119	Mr. Muslim Nazal Abdul Ridha	10:41:00	12:48:31	14:33:00	International Patient (D12)-A-Cash-35%	51	76	104
Dr Arun Garg	4626	MM00 418698	Mr. Ramji Das Agarwal	13:44:00	14:46:38	15:23:00	CASH PAYMENT	35	26	36
Dr Sumit Singh	4619	MM00 511713	Mr. Moni Kumar Subba	15:13:00	15:38:17	18:23:00	CGHS- Private 14	24	0	164
Dr Atma Ram Bansal	4629	MM00 675438	Mrs. Amina Mobashir	11:23:00	16:31:46	18:23:00	Insurance CGHS - Private Corp 14	279	29	111
Dr Balbir Singh	4642	MM00 675048	Mr. Deepak Kumar Roy	12:21:00	16:43:41	18:36:00	14	119	143	112
Dr Monica Thomas	4603	MM00 371421	Mr. Yash Pal Sahdev	13:14:00	18:27:56	21:01:00	Insurance	258	55	153
Dr Naresh Trehan	4643	MM00 671410	Mr. Prahlad Nath	17:22:00	18:33:10	22:40:00	CASH PAYMENT	13	57	246
Dr Sanjay Mittal	4651	MM00 675930	Mr. Madu Ram	17:59:00	18:14:05	00:04:00	CASH PAYMENT	3	11	349
Dr Aditya Gupta	4635	MM00 673301	Mr. Pardeep Kaushik	01:50:00	09:58:58	11:41:00	CASH PAYMENT	196	292	102
Dr Arun Garg	4602	MM00 676193	Mr. Sudhir Kumar Agrawal	10:16:00	11:57:38	11:57:00	CASH PAYMENT	75	26	-1
Dr Balbir Singh	XX6B 01	MM00 676426	Mr. Aditya Kumar	10:23:00	12:40:06	14:31:00	Insurance	134	2	110
Dr Atma	4617	MM00	Mr. Ram	01:49:00	12:57:15	15:06:00	CASH	212	455	128

Ram Bansal		659963	Chander	0				PAYMENT			
Dr Atma		MM00	Mr. Abhay	11:49:0				CASH			
Ram Bansal	4630	630117	Kushwaha	0	16:00:33	16:09:00		PAYMENT	227	24	8
Dr Atma	XX6A	MM00	Ms. Khel	10:40:0							
Ram Bansal	01	274873	Priya	0	21:00:38	03:21:00		Insurance	548	71	380
Dr Gaurav		MM00	Mrs. Sunita	02:21:0				CASH			
Goel	4632	667239	Gupta Mrs.	0	07:57:13	10:38:00		PAYMENT	150	185	160
Dr Arun		MM00	Sharda	02:22:0							
Garg	4633	666866	Singh	0	11:01:41	11:20:00		Insurance	497	22	18
Dr Arun	XX6A	MM00	Mr. N K	09:30:0							
Garg	01	676152	Saluja	0	11:40:29	11:48:00		Insurance	126	4	7
Dr T		MM00	Sri Krishan	10:04:0				CASH			
Kataria	4650	665079	Sharma	0	11:19:08	11:49:00		PAYMENT	34	40	29
Dr Aditya		MM00	Mrs. Mumtaza	09:33:0				CASH			
Gupta	4629	675051	Aktaar	0	11:51:28	11:51:00		PAYMENT	60	78	-1
Dr Vijay		MM00	Mr. Daminabo					International Patient			
Chopra	4610	528622	Amanyana bo Opubo	02:17:0	10:43:20	11:52:00		(D12)-A-Cash-35%	265	240	68
Dr Arun	XX6A	MM00	Mr. Tajendra	11:30:0				CASH			
Garg	03	676190	Singh	0	12:28:20	13:08:00		PAYMENT	45	12	39
Dr Arun	XX6A	MM00	Mrs. Meenu	11:54:0				CASH			
Garg	02	671911	Choudhary	0	14:02:17	14:11:00		PAYMENT	110	18	8
Dr Rajneesh		MM00	Mrs. Indu	17:30:0				CASH			
Kapoor	4646	678513	Verma	0	18:42:33	21:24:00		PAYMENT	18	53	161
Dr Sumit		MM00	Mr. Kamal	16:19:0							
Singh	4609	420002	Chand Jain	0	20:57:18	22:55:00		Insurance	206	71	117
Dr R R		MM00	Mr. H C	02:43:0				CASH			
Kasliwal	4648	674471	Mathur	0	08:01:33	08:30:00		PAYMENT	165	152	28
Dr Sumit		MM00	Mrs. Manphul	02:52:0				CASH			
Singh	4605	672218	Yadav	0	10:30:15	14:23:00		PAYMENT	197	260	232
Dr Sumit		MM00	Mr. Hari	02:54:0				CASH			
Singh	4608	678864	Singh	0	08:07:18	14:24:00		PAYMENT	198	114	376
Dr Praveen		MM00	Dr. Urmila	12:42:0				CASH			
Chandra	4636	363420	Misra	0	13:48:40	16:48:00		PAYMENT	23	43	179
Dr Balbir		MM00	Mr. Krishan Lal	11:34:0							
Singh	4645	677736	Chhabra	0	13:55:45	16:48:00		Insurance	131	9	172
Dr Aditya		MM00	Dr. Radha	11:32:0				CASH			
Gupta	4610	090701	Mohan Mehrotra	0	13:34:03	19:34:00		PAYMENT	61	60	359
Dr Atma		MM00	Mast. Rahul	11:38:0							
Ram Bansal	4634	232649	Yadav	0	17:43:25	19:35:00		Insurance	360	4	111
Dr Sumit		MM00	Mrs. Jeewan	02:56:0				CASH			
Singh	4619	677787	Prabha	0	05:45:37	19:37:00		PAYMENT	140	29	831
Dr Sumit		MM00	Mr. K. K.	11:33:0				CGHS-Semi-Private 14	46	35	403
Singh	4631	327654	Chandna	0	12:55:00	19:38:00		CASH			
Dr Sumit		MM00	Mr. Irshad	15:21:0				PAYMENT	4	11	414
Singh	4604	361474	Alam	0	15:36:49	22:31:00		International Patient			
Dr Arun		MM00	Mr. Mohan	02:40:0				(D11)-B-Cash-15%	142	107	238
Garg	4607	091937	Gauchan	0	06:50:17	10:49:00					
Dr Rajneesh		MM00	Mr. Jaswant	09:56:0				CASH			
Kapoor	4647	571669	Prasad	0	11:29:11	11:56:00		PAYMENT	27	66	26
Dr Sumit		MM00	Mrs. Neetu	12:12:0				CASH			
Singh	4611	676587	Singh	0	13:30:34	14:09:00		PAYMENT	61	16	38
Dr Sumit		MM00	Mrs. Geeta	09:09:0							
Singh	4603	654968	Devi	0	15:00:27	19:04:00		Insurance	343	8	243
Dr Praveen		MM00	Mr. Ramroop	11:29:0				CASH			
Chandra	4644	050102	Prasad Kushwaha	0	17:24:54	19:05:00		PAYMENT	44	311	100
Dr Sumit		MM00	Mr. Dharam Pal	13:00:0				CASH			
Singh	4621	091005	Joshi	0	13:25:04	22:39:00		PAYMENT	6	19	553
Dr Sumit		MM00	Mr. Sushil	12:45:0							
Singh	4620	678188	Madan	0	15:56:28	23:01:00		Insurance	186	4	424

Dr Balbir Singh	4651	MM00 395442	Mr. Sachin Gupta	14:00:00	0	19:36:15	03:06:00	Insurance	322	13	449
Dr Sumit Singh	4616	MM00 678168	Mr. Charan Singh	16:34:00	0	18:19:03	07:19:00	CASH PAYMENT	49	55	779
Dr Arun Garg	4613	MM00 646665	Mr. Avinash Kumar Sharma	14:59:00	0	18:00:11	07:20:00	CGHS - Semi Private Corp 14	82	98	799
Dr Sumit Singh	4629	MM00 661408	Mrs. Shashi Singh	02:00:00	0	07:29:32	09:22:00	CASH PAYMENT	164	164	112
Dr Aditya Gupta	4628	MM00 001708	Ms. Priyanka Pathak	02:00:00	0	10:04:42	11:42:00	CASH PAYMENT	158	325	97
Dr Anil Bhan	4646	MM00 679911	Mr. Vikramditya Dubey	10:28:00	0	10:44:39	11:53:00	CASH PAYMENT	0	16	68
Dr Monica Thomas	4622	MM00 676144	Mrs. Sheila Singh	02:00:00	0	10:31:06	12:31:00	CGHS - Private Corp 14	484	26	119
Dr Jyoti Sehgal	4601	MM00 663436	Mr. Satnam Singh	02:00:00	0	11:57:33	13:50:00	Insurance	594	3	112
Dr Sumit Singh	4625	MM00 666935	Mr. M M Bhardwaj	11:41:00	0	12:22:42	14:40:00	CASH PAYMENT	32	9	137
Dr Rajneesh Kapoor	4643	MM00 522872	Mr. Ajab Singh	12:26:00	0	13:33:00	15:37:00	CASH PAYMENT International Patient (D12)-A-Cash-35%	44	22	124
Dr Naresh Trehan	4638	MM00 678197	Mr. Abdulkhay Kadirov	14:23:00	0	15:43:49	17:10:00		3	77	86
Dr Sumit Singh	4602	MM00 486034	Mr. Vidya Sagar Jain	02:00:00	0	19:34:09	23:13:00	Insurance	1,042	11	218
Dr Aditya Gupta	4610	MM00 449519	Mr. Sachin Saini	02:29:00	0	08:20:23	10:25:00	CGHS-Semi-Private 14	110	240	124
Dr Arun Garg	4617	MM00 678181	Mr. Raj Kumar Dahiya	02:26:00	0	09:50:51	10:38:00	CASH PAYMENT	94	350	47
Dr Aditya Gupta	4631	MM00 588717	Mr. Kameshwar Mandal	04:18:00	0	08:50:32	10:52:00	CASH PAYMENT	19	252	121
Dr Sumit Singh	4605	MM00 680193	Mr. Niral Purty	11:04:00	0	11:28:38	11:32:00	CASH PAYMENT	9	14	3
Dr R R Kasliwal	XX6B 02	MM00 680111	Mrs. Alka Gupta	11:04:00	0	11:20:38	11:33:00	CASH PAYMENT CGHS-Semi-Private 14	9	7	12
Dr Atma Ram Bansal	4618	MM00 332418	Mr. Yash Pal	02:25:00	0	11:38:19	11:47:00		544	8	8
Dr Aditya Gupta	4620	MM00 567614	Mr. Charan Singh	02:26:00	0	11:53:43	11:54:00	CASH PAYMENT	117	450	0
Dr Sudhir Dubey	4607	MM00 679413	Mr. Raghunandan Goyal	11:24:00	0	12:37:36	14:03:00	CASH PAYMENT	1	72	85
Dr Rajneesh Kapoor	XX6B 01	MM00 678482	Mrs. Anandi Devi	11:23:00	0	13:43:29	14:03:00	CASH PAYMENT	16	123	19
Dr Nagendra Chouhan	4645	MM00 236407	Mr. Shri Prakash	13:23:00	0	13:57:56	15:13:00	CASH PAYMENT	15	19	75
Dr Praveen Chandra	4644	MM00 662646	Mrs. Raj Chawla	01:50:00	0	15:25:49	18:30:00	CASH PAYMENT	545	270	184
Dr Aditya Gupta	4616	MM00 678927	Mr. Prakash Dahal	02:27:00	0	08:18:18	11:47:00	CASH PAYMENT	193	157	208
Dr Aditya Gupta	XX6A 02	MM00 674829	Mr. Shubhkaran Singh	09:58:00	0	12:53:58	13:01:00	CASH PAYMENT	169	6	7
Dr Jyoti Sehgal	XX6A 04	MM00 680654	Mr. Mayank Khanna	11:00:00	0	14:26:36	14:58:00	Insurance	199	7	31
Dr Karanjit Singh Narang	4632	MM00 681572	Mr. Raju Jhamb	11:27:00	0	12:11:57	14:58:00	CASH PAYMENT	2	42	166
Dr Balbir Singh	XX6B 01	MM00 029670	Mr. Sudarshan Nakra	11:43:00	0	14:57:30	14:59:00	CASH PAYMENT	93	100	1

Dr Sumit Singh	4648	MM00 679811	Mast. Chirag ..	01:58:00	12:12:32	14:59:00	CASH PAYMENT	611	2	166
Dr Atma Ram Bansal	XX6A 01	MM00 120736	Baby Tamanna Rani	11:20:00	17:08:19	17:38:00	CASH PAYMENT	314	33	29
Dr Balbir Singh	4643	MM00 015947	Mr. Sanjay Kataria	11:15:00	17:20:27	19:55:00	Insurance	357	7	154
Dr Ajaya Nand Jha	4601	MM00 677963	Mr. Kulwant Singh	01:50:00	07:01:26	08:22:00	CASH PAYMENT International Patient	148	162	80
Dr Sumit Singh	4612	MM00 678733	Mrs. Betty Mukuhi Kinyua	02:08:00	08:11:43	10:15:00	(D12)-A-Cash-35%	128	235	123
Dr Sumit Singh	4604	MM00 680058	Mr. S P Chatterjee	09:16:00	09:48:55	11:29:00	CASH PAYMENT CGHS	1	31	100
Dr Sudhir Dubey	4633	MM00 678002	Mr. Kanwar Singh	10:05:00	11:16:03	11:29:00	Cash-Gen 14	31	39	12
Dr Vijay Chopra	4641	MM00 448636	Mr. Yatindra Kumar Kapil	01:30:00	08:55:43	11:31:00	CASH PAYMENT International Patient	201	244	155
Dr Vinayak Agrawal	4653	MM00 493185	Mr. Hasan Hussein Kadhim	01:30:00	09:35:18	11:52:00	(D12)-A-Cash-35%	287	197	136
Dr Balbir Singh	XX6B 02	MM00 681100	Mr. Amrendra Kumar Mandal	11:57:00	13:22:50	13:40:00	CASH PAYMENT	70	15	17
Dr Balbir Singh	XX6B 01	MM00 681081	Mr. Om Parkash Mehta	10:57:00	12:49:38	14:42:00	Insurance CGHS	83	29	112
Dr Sumit Singh	XX6A 04	MM00 673760	Mr. Narender Singh	11:59:00	14:35:34	15:13:00	Cash-Gen 14	121	34	37
Dr Monica Thomas	4621	MM00 461521	Mr. Vijay Kumar Wadhwa	13:39:00	14:39:39	15:14:00	CGHS - Semi Private Corp 14	59	0	34
Dr P Venkata Krishnan	4624D	MM00 081236	Mr. Manas Mohan Sengupta	13:03:00	15:41:13	17:27:00	Insurance	152	5	105
Dr Balbir Singh	4648	MM00 677736	Mr. Krishan Lal Chhabra	16:17:00	16:45:49	17:36:00	TPA(Cash)	21	7	50
Dr Balbir Singh	4651	MM00 681906	Mr. Saurabh Raj Singh	17:18:00	17:53:38	21:12:00	CASH PAYMENT	0	35	198
Dr Rajneesh Kapoor	4643	MM00 209145	Mr. Dashrath Singh Chauhan	19:40:00	21:13:31	22:10:00	CASH PAYMENT	12	80	56

50%

Dr Sumit Singh	4604	MM00 681050	Ms. Sanarya Hamid Ahmad	22:06:00	23:00:06	00:04:00	International Patient (D12)-A-Cash-35%	8	45	63
Dr Atma Ram Bansal	4605	MM00 681400	Ms. Divyanshi .	13:50:00	16:24:29	17:18:00	CASH PAYMENT	142	12	53
Dr Sumit Singh	4617	MM00 676150	Mr. Tanmay Shekhar	02:00:00	08:55:34	11:47:00	CASH PAYMENT	261	153	171
Dr Jyoti Sehgal	4629	MM00 408083	Mrs. Janet Loyall	15:53:00	19:32:09	20:02:00	CASH PAYMENT	193	25	29
Dr Ajaya Nand Jha	4630	MM00 510396	Mr. Bhagat Ram	02:00:00	08:01:39	11:32:00	CASH PAYMENT	64	296	210
Dr Sumit Singh	4633	MM00 635674	Mr. Satya Narayan Khemka	15:13:00	17:34:14	19:27:00	Insurance	139	1	112
Dr Naresh Trehan	4648	MM00 676535	Mr. Brind Behari Verma	01:21:00	12:52:07	14:53:00	Insurance	668	22	120
Dr Balbir Singh	4649	MM00 673521	Mr. Anandi Lal Sharma	01:21:00	10:10:07	11:48:00	CASH PAYMENT	135	393	97



Dr Rajneesh Kapoor	4650	MM00 681647	Mr. Birendra Kumar Singh	09:56:00	11:25:40	11:51:00	Insurance	54	34	25
Dr Jyoti Sehgal	XX6A 01	MM00 681669	Ms. Shivani Singh	11:32:00	12:43:26	14:03:00	CASH PAYMENT	28	42	79
Dr Jyoti Sehgal	XX6A 03	MM00 679123	Mr. Arun Kumar	11:59:00	15:01:58	15:10:00	CASH PAYMENT	22	160	8
Dr Madhukar Shahi	XX6B 03	MM00 681822	Mr. Syed Asfar Hassan	11:40:00	14:05:32	14:24:00	CASH PAYMENT	143	2	18

57%

Dr Jyoti Sehgal	4609	MM00 300717	Mr. Suresh Kumar Kuku	01:42:00	09:09:26	10:44:00	CASH PAYMENT	361	86	94
Dr Sudhir Dubey	4612	MM00 663258	Mrs. Saraswati Sharma	10:57:00	12:00:42	14:46:00	CASH PAYMENT	18	45	165
Dr Arun Garg	4628	MM00 626387	Mrs. Parveen Goel	01:44:00	09:02:36	11:50:00	TPA(Cash)	354	84	167
Dr Atma Ram Bansal	4629	MM00 320892	Ms. Ankita Dhondiyal	09:57:00	10:43:59	11:19:00	CASH PAYMENT	20	26	35
Dr Sumit Singh	4635	MM00 672714	Mr. Manoj Agarwal	01:44:00	13:15:13	14:44:00	Insurance	678	12	88
Dr Balbir Singh	4641	MM00 681127	Mr. Murli Dhar Agrawal	01:29:00	11:06:26	11:45:00	CASH PAYMENT	289	287	38
Dr Kartikeya Bhargava	4653	MM00 683645	Mr. Ghanshyam Dass Gemini	01:30:00	12:40:11	14:15:00	Insurance	664	5	94

50%

Dr Himanshu Dabral	4601	MM00 682951	Mrs. Savitri Devi	12:15:00	13:16:16	13:47:00	CASH PAYMENT	19	41	30
Dr Atma Ram Bansal	4617	MM00 683683	Ms. Anjali Sehrawat	01:52:00	09:53:15	11:21:00	CASH PAYMENT	290	190	87
Dr Sumit Singh	4621	MM00 681508	Mrs. Vijai Lakshmi Singh	15:12:00	16:12:38	16:50:00	CASH PAYMENT	27	33	37
Dr Arun Garg	4630	MM00 683960	Mr. Inderbhan ..	17:40:00	18:11:39	19:09:00	CASH PAYMENT	0	31	57
Dr Karanjit Singh Narang	4631	MM00 678421	Mr. Tafsir Ahmad	01:52:00	09:59:22	11:47:00	CASH PAYMENT	285	202	107
Dr Sumit Singh	XX6A 03	MM00 556866	Mr. Ajay Singh Sethia	11:59:00	12:49:11	13:03:00	CASH PAYMENT	6	43	13

91%

Dr Aditya Gupta	4604	MM00 660963	Mrs. Manju Devi	09:59:00	10:41:30	11:15:00	CASH PAYMENT	22	20	33
Dr Sumit Singh	4608	MM00 680835	Mr. Prem Shankar Gupta	02:23:00	09:48:26	11:11:00	CASH PAYMENT	318	126	82
Dr Aditya Gupta	4609	MM00 681630	Mr. Mandeep Khati	02:30:00	09:43:58	11:15:00	CASH PAYMENT	430	3	91
Dr Gaurav Goel	4610	MM00 679478	Mr. Brij Mohan	02:26:00	11:15:09	11:36:00	CASH PAYMENT	205	323	20
Dr Aditya Gupta	4613	MM00 684528	Ms. Vanshika ..	15:16:00	15:42:13	18:14:00	CASH PAYMENT	13	13	151
Dr Ajaya Nand Jha	4614	MM00 671920	Mrs. Omvati ..	10:53:00	11:36:55	11:51:00	CGHS Cash-Gen 14	28	15	14
Dr Aditya Gupta	4628	MM00 678274	Mrs. Amina Gazi	02:27:00	11:45:41	11:50:00	CASH PAYMENT	236	322	4
Dr Arun Garg	XX6A 01	MM00 623693	Mr. Rahul Goyal	11:07:00	17:02:19	18:14:00	Insurance	332	23	71

Dr Gaurav Goel	XX6A 02	MM00 593815	Mr. Nikhil Handa Mrs. Prem Lata	11:24:00 0	12:40:04	12:40:00	Insurance	70	5	-1
Dr Aditya Gupta	XX6A 03	MM00 680199	Sharma	11:30:00 0	13:53:56	14:27:00	Insurance	141	2	33
Dr Neelam Mohan	XX6A 04	MM00 675573	Mr. Jatin Kumarm	11:26:00 0	12:34:37	12:40:00	Insurance	57	10	5

86%

Dr Atma Ram Bansal	4608	MM00 685742	Mr. Mayank Shrivastava	09:53:00 0	10:46:39	11:06:00	CASH PAYMENT	45	8	19
Dr Sudhir Dubey	4618	MM00 685459	Mr. Manish Sharma	12:54:00 0	17:15:42	18:00:00	Insurance	255	6	44
Dr Arun Garg	4619	MM00 676626	Mr. Sunil Agrawal	02:21:00 0	09:37:38	11:30:00	CASH PAYMENT	46	390	112
Dr Adarsh Chaudhary	4649	MM00 677244	Mrs. Priya Goel	02:41:00 0	08:50:09	11:46:00	CASH PAYMENT	367	1	175
Dr Himanshu Verma	4651	MM00 682741	Mr. Gurmeet Singh	10:31:00 0	11:11:43	11:46:00	CASH PAYMENT	15	25	34
Dr Sumit Singh	XX6A 01	MM00 680198	Arockiasa my	11:46:00 0	14:57:00	15:56:00	Insurance	169	21	58
Dr Aditya Gupta	XX6A 03	MM00 375768	Mrs. Rwishema Josepha Mukamana	11:21:00 0	12:56:43	13:17:00	International Patient (D12)-A-Cash-35%	38	56	20

80%

Dr Jyoti Sehgal	4602	MM00 595417	Mr. Shailesh Mani Tripathi	09:52:00 0	10:38:39	11:46:00	CASH PAYMENT	12	33	67
Dr Atma Ram Bansal	4603	MM00 686202	Mr. H S Bisht	16:29:00 0	17:39:20	18:34:00	Insurance	38	31	54
Dr Jyoti Sehgal	4620	MM00 684392	Mr. Gewhar Chand Baid	02:02:00 0	05:47:45	08:22:00	CASH PAYMENT	195	29	154
Dr Sudhir Dubey	XX6A 01	MM00 684975	Mrs. Mahendri .	11:50:00 0	16:23:03	18:34:00	Insurance	266	6	130
Dr Arun Garg	XX6A 03	MM00 557861	Mrs. Surinder Kaur	11:12:00 0	11:52:41	12:06:00	CASH PAYMENT	23	17	13

100%

Dr Sumit Singh	4615	MM00 667244	Mr. Binay Sinha	01:45:00 0	09:54:28	11:54:00	CASH PAYMENT	224	265	119
Dr Aditya Gupta	4616	MM00 516272	Mr. Dayanand .	01:31:00 0	10:25:13	10:55:00	CASH PAYMENT	280	254	29
Dr Sudhir Dubey	4628	MM00 684476	Ms. Oss Yadav	01:29:00 0	09:29:59	11:14:00	CASH PAYMENT	477	3	104
Dr Sudhir Dubey	4629	MM00 683247	Mrs. Ruchi Gupta	09:43:00 0	10:29:55	11:54:00	CASH PAYMENT	35	11	84
Dr Sudhir Dubey	XX6A 01	MM00 686163	Mr. Anshul Vats	11:19:00 0	11:55:02	11:57:00	CASH PAYMENT	8	27	1
Dr Aditya Gupta	XX6A 02	MM00 684409	Mast. Rajeshwar Singh	11:50:00 0	14:21:22	15:05:00	Insurance	134	16	43
Dr Kumud Kumar	XX6B 01	MM00 685337	Mr. Pankaj Yadav	11:31:00 0	13:24:26	13:39:00	Insurance	105	8	14
Dr Virender K Sheorain	XX6B 03	MM00 686064	Mr. Bhupinder Kumar	11:34:00 0	14:07:16	14:17:00	Insurance	105	47	9
Dr Azhar Perwaiz	XX6B 04	MM00 615912	Mrs. Shamim Fatma	11:58:00 0	12:06:41	12:21:00	CASH PAYMENT	-1	9	14

79%

Dr Atma Ram Bansal	4601	MM00 687820	Baby Ridhima Jain	14:38:00 0	15:06:59	15:46:00	CASH PAYMENT	18	10	39
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Dr Monica Thomas	4607	MM00 686742	Mr. Puran Chand Chawla	10:44:00	11:39:18	11:44:00	CASH PAYMENT	49	5	4
Dr Arun Garg	4609	MM00 677836	Mr. Om Prakash Chandna	11:04:00	11:46:58	11:51:00	CASH PAYMENT	25	17	4
Dr Jyoti Sehgal	4610	MM00 389936	Mr. Ish Kumar Kathuria	02:05:00	10:48:49	11:43:00	CGHS - General Corp 14	132	391	54
Dr Aditya Gupta	4614	MM00 681201	Mr. Ramanand Sharma	02:04:00	09:39:57	11:43:00	CASH PAYMENT	105	350	123
Dr Aditya Gupta	4618	MM00 681719	Mr. Sohan Lal	02:03:00	09:02:31	11:42:00	CASH PAYMENT	143	276	159
Dr Arun Garg	4622	MM00 629464	Mr. Subhash Gandhi	02:07:00	09:22:12	11:43:00	CASH PAYMENT	95	339	140
Dr Sudhir Dubey	4632	MM00 679259	Mrs. Chandrakala Chaudhary	02:07:00	09:47:25	11:44:00	International Patient (D11)-B-Cash-15%	127	332	116
Dr Kanchan Kaur	4645	MM00 684918	Mrs. Urmila Devi	10:39:00	11:42:06	11:44:00	CASH PAYMENT	39	23	1
Nephrology Team	4648	MM00 637449	Mrs. Saroj .	14:13:00	16:52:34	17:21:00	CGHS - General Corp 14	60	98	28
Dr Sunil Mishra	4649	MM00 027016	Mrs. Anita Bhatia	18:41:00	20:26:19	23:30:00	Insurance	99	6	183
Dr Arun Garg	XX6A 01	MM00 039483	Mr. Lal Ban Verma	11:20:00	12:24:45	14:06:00	CASH PAYMENT	58	6	101
Dr T Kataria	XX6B 01	MM00 680750	Mr. Zid Bhadur	11:57:00	13:21:52	13:49:00	CASH PAYMENT	5	78	27
Dr Sandeep Malhotra & Team	XX6B 03	MM00 683879	Mr. J J S Bhalla	11:43:00	16:18:01	17:21:00	Insurance	268	7	62

20%

Dr Sumit Singh	4612	MM00 678168	Mr. Charan Singh	03:11:00	10:16:01	11:17:00	CASH PAYMENT	36	388	60
Dr Arun Garg	4618	MM00 672563	Mr. Ashok .	11:23:00	12:48:26	14:28:00	CASH PAYMENT	20	64	99
Dr Sumit Singh	4620	MM00 388241	Mrs. Vanya Shah	11:28:00	12:46:04	14:27:00	CASH PAYMENT	28	49	100
Dr Sandeep Malhotra & Team	4637	MM00 687135	Mr. Praveen Kumar	05:21:00	13:40:05	14:19:00	Insurance	489	10	38
Dr Kanchan Kaur	4642	MM00 681170	Mrs. Satnam Kaur	10:58:00	13:03:26	14:19:00	CASH PAYMENT	76	48	75
Dr Adarsh Chaudhary	4644	MM00 685000	Mrs. Surjit Kaur	05:22:00	10:53:58	11:44:00	Insurance	306	25	50
Dr Neeraj Saraf	4648	MM00 588866	Mr. Mula Kanta Phukan	12:11:00	13:34:44	15:45:00	CASH PAYMENT	15	68	130
Dr Sushila Kataria	4651	MM00 687199	Mr. Babulal Yadav	10:57:00	12:53:08	14:17:00	CASH PAYMENT	20	95	83
Dr Deepak Sarin	4652	MM00 672808	Mrs. Sudesh Bala Khanna	11:43:00	12:34:48	14:18:00	CGHS Cash-Gen 14	21	30	103
Dr Deepak Sarin	4653	MM00 671634	Mrs. Aradhana Kumari	11:44:00	13:25:57	14:18:00	Insurance	88	13	52

100%

Dr Arun Garg	XX6A 01	MM00 006456	Mr. C R Singhal	11:13:00	12:28:11	12:38:00	CASH PAYMENT	60	14	9
Dr Arun Garg	XX6A 02	MM00 688779	Mrs. Yogita Mongia	12:00:00	13:19:10	13:24:00	CASH PAYMENT	57	21	4
Dr Atma Ram Bansal	XX6A 03	MM00 686048	Ms. Himanshi .	11:36:00	13:49:24	14:05:00	Insurance	126	7	15
Dr Sumit Singh	XX6A 04	MM00 207379	Mrs. Usha Agarwal	11:41:00	14:37:23	15:00:00	CASH PAYMENT	83	92	22

Dr Adarsh Chaudhary	XX6B 02	MM00 680007	Mr. Ved Ram Chauhan	11:47:00	11:52:36	12:15:00	CASH PAYMENT	2	3	22
83%										
Dr Atma Ram Bansal	4614	MM00 688762	Mast. Yakshit .	11:12:00	11:52:58	11:54:00	Cash_April_2015	13	27	1
Dr Sumit Singh	4630	MM00 671871	Mr. Tulsi Dass	02:10:00	11:22:34	11:50:00	Insurance	534	18	27
Dr Vipul Gupta	4634	MM00 611556	Mr. Baljit Singh	10:01:00	11:08:10	11:50:00	CASH PAYMENT	41	25	41
Dr T Kataria	4644	MM00 665718	Mr. G. P. Agarwal	13:40:00	15:40:00	16:38:00	Insurance	111	8	58
Dr Kumud Kumar Handa	4646	MM00 468897	Mr. Gopesh Kumar	10:33:00	11:51:45	11:51:00	Cash_April_2015	42	36	-1
Dr P Venkata Krishnan	XX6B 01	MM00 606260	Mr. Bhagwat Dayal	12:00:00	14:14:16	14:26:00	CGHS - General Corp 14	118	16	11
62.50%										
Dr Arun Garg	4607	MM00 688702	Mrs. Rahima Faqiry	18:59:00	19:21:45	19:43:00	International Patient (D12)-A-Cash-35%	11	11	21
Dr Vipul Gupta	4615	MM00 687370	Mr. Mayur Gorasya	09:53:00	11:22:45	11:48:00	Cash_April_2015	54	35	25
Dr Deepak Sarin	4629	MM00 677963	Mr. Kulwant Singh	09:53:00	10:51:59	11:32:00	Cash_April_2015	27	31	40
Dr Sumit Singh	4652	MM00 072574	Mrs. Kaushalya Devi	12:04:00	14:36:15	15:12:00	Insurance	146	6	35
Dr Aditya Aggarwal	4653	MM00 358911	Ms. Sukriti Manchanda	12:53:00	17:28:20	17:44:00	Insurance	192	83	15
Dr Arun Garg	XX6A 01	MM00 689438	Ms. Rupmina Thatal	11:35:00	11:54:02	11:58:00	CASH PAYMENT	16	2	3
Dr Deepak Sarin	XX6B 02	MM00 261419	Mr. Tapan Kaushik	11:59:00	12:12:07	12:38:00	Insurance	10	2	25
Gynaecology Team	XX6B 03	MM00 531861	Mrs. Manju Khatri	11:38:00	12:12:03	13:04:00	CASH PAYMENT	15	18	51
77%										
Dr Sudhir Dubey	4607	MM00 685753	Mrs. Sandhya Devi	13:28:00	16:07:33	18:20:00	CASH PAYMENT	72	87	132
Dr T Kataria	4610	MM00 689397	Mr. Om Prakash Sethi	16:31:00	20:28:20	23:01:00	Insurance	228	8	152
Dr Arun Garg	4614	MM00 688832	Mrs. Madhu .	11:18:00	11:34:04	11:49:00	CASH PAYMENT	6	9	14
Dr Kumud Kumar Handa	4615	MM00 671968	Dr. Pradeep Yadav	18:02:00	18:53:39	23:00:00	CASH PAYMENT	28	22	246
Dr Karanjit Singh Narang	4618	MM00 682829	Mr. Rajesh Kumar Sada	01:35:00	09:35:30	10:44:00	Insurance	474	6	68
Dr Arun Garg	4619	MM00 689311	Mr. Vikas Chourasia	01:33:00	08:42:11	11:44:00	CASH PAYMENT	375	53	181
Dr Arun Garg	4632	MM00 688740	Mrs. Saroj Devi	01:34:00	12:03:38	12:44:00	GHPL Credit_April_15	535	94	40
Dr Prasad Rao Pantulu Voleti	4637	MM00 689818	Mrs. Bimla Wati	10:36:00	11:47:20	11:52:00	CASH PAYMENT	53	17	4
Dr Bornali Datta	4639	MM00 458812	Mr. L. C. Sethi	10:52:00	11:53:45	11:55:00	CGHS - Private Corp 14	56	5	1
Dr Adarsh Chaudhary	4643	MM00 675541	Mrs. Umang Malhotra	13:30:00	20:33:35	01:57:00	GHPL Credit_April_15	321	101	323
Dr Vipul Gupta	XX6A 01	MM00 687779	Mr. Shibu Ghosh	11:35:00	11:56:39	12:05:00	GHPL Credit_April_15	13	8	8

Dr Sumit Singh	XX6A 02	MM00 586053	Mr. Dev Raj Gupta Dr. Brij Mohan	11:46:00 0	11:58:55	12:05:00	CASH PAYMENT	-2	13	6
Dr Jyoti Sehgal	XX6A 03	MM00 452887	Mr. Ramesh Kumar Sharma	11:54:00 0	15:42:52	08:13:00	CASH PAYMENT	225	3	990
Dr Sudhir Dubey	XX6A 04	MM00 672903	Mr. Ramnath Kanojiya	12:00:00 0	14:06:03	14:14:00	CGHS - Semi Private Corp 14	68	57	7
Dr Bornali Datta	XX6B 01	MM00 664536	Mr. Mukesh Kumar Upadhyay	10:58:00 0	12:10:10	12:54:00	CASH PAYMENT	42	29	43
Dr Adarsh Chaudhary	XX6B 02	MM00 580202	Mr. Ajay Kumar Gupta	11:39:00 0	15:04:22	15:31:00	Insurance	193	11	26
Nephrology Team	XX6B 03	MM00 689739		11:19:00 0	13:35:40	14:17:00	CASH PAYMENT	20	116	41

64%

Dr Arun Garg	4604	MM00 631908	Mr. Manish Chaturvedi	02:01:00 0	09:38:30	11:34:00	Cash_April_2015	162	295	115
Dr Sudhir Dubey	4612	MM00 678462	Mr. Shri Prakash Dixit	02:01:00 0	09:25:05	11:33:00	Cash_April_2015	166	278	127
Dr Sumit Singh	4623	MM00 656983	Mr. Vidhyadhar .	13:28:00 0	15:37:06	17:23:00	CASH PAYMENT	22	106	105
Dr Neelam Mohan	4629	MM00 684990	Mr. Tushar Varshney Mast.	08:30:00 0	08:59:44	11:57:00	Cash_April_2015	6	23	177
Dr Meera Luthra	4638	MM00 664817	Akshat Goyal	10:42:00 0	11:55:13	11:55:00	CASH PAYMENT	66	6	-1
Nephrology Team	4644	MM00 689704	Mr. Deependra Raman	09:37:00 0	11:10:16	11:53:00	CASH PAYMENT	47	45	42
Dr Adarsh Chaudhary	4646	MM00 256915	Mr. S S Kapoor	11:52:00 0	16:54:00	18:13:00	Insurance	266	35	79
Dr Adarsh Chaudhary	4648	MM00 687021	Mrs. Raj Kumari Devi	01:03:00 0	09:46:40	11:09:00	CASH PAYMENT	265	257	82
Dr Rakesh Khera	4651	MM00 226729	Mr. O. P. Baunthiyal	12:34:00 0	14:02:54	17:18:00	CGHS Cash-Gen 14	79	9	195
Dr Sushila Kataria	4652	MM00 685944	Mrs. Ram Kilosh	18:27:00 0	19:00:14	19:44:00	CASH PAYMENT	2	30	43
Dr T Kataria	XX6B 01	MM00 323074	Mr. Sham Sunder Taneja	10:45:00 0	13:40:07	14:07:00	CASH PAYMENT	29	145	26

47%

Earthquake

Dr Jyoti Sehgal	4602	MM00 692195	Mrs. Jagwati Grewal	10:40:00 0	12:25:12	13:29:00	CGHS-Private 14	95	9	63
Dr Vipul Gupta	4607	MM00 305763	Ms. Amim Rehman	22:43:00 0	23:33:01	07:35:00	CASH PAYMENT	7	42	481
Dr Sumit Singh	4608	MM00 690158	Mrs. Devaki Ghimire	02:31:00 0	09:05:58	11:55:00	CASH PAYMENT	377	17	169
Dr Rajiv Yadav	4609	MM00 687742	Mr. Manoj Kumar Dolwani	10:41:00 0	12:14:31	13:43:00	CASH PAYMENT International Patient	41	51	88
Dr Sumit Singh	4612	MM00 691541	Mr. Ali Chaloob Elaibi	15:07:00 0	16:30:41	17:54:00	(D12)-A-Cash-35%	52	31	83
Dr Aditya Gupta	4613	MM00 686681	Mrs. Farhia .	09:22:00 0	11:42:05	11:55:00	International Patient C-Cash- 20%	17	122	12
Dr Sumit Singh	4617	MM00 682946	Mr. Rajeev Kumar	02:38:00 0	09:59:44	11:50:00	CGHS - General Corp 14	440	1	110
Dr Vaibhav K Gupta	4626	MM00 675313	Mr. Vinod Kumar Agrawal	15:35:00 0	17:30:50	18:43:00	GHPL Credit_April_15	103	12	72
Dr Arun Garg	4628	MM00 690856	Mr. Dilip Kumar	02:36:00 0	09:02:35	11:50:00	CASH PAYMENT	218	168	167

Duseja										
Dr Ajaya Nand Jha	4631	MM00 672588	Mr. Neeraj Aggarwal	02:32:00	11:00:34	11:55:00	Cash_April_2015	219	288	54
Dr Sumit Singh	4632	MM00 672393	Ms. Shweta ..	15:09:00	18:02:16	18:43:00	CGHS - Semi Private Corp 14	144	29	40
Dr Atma Ram Bansal	4634	MM00 105760	Mr. Raj Kumar Gupta	15:49:00	16:40:01	17:54:00	Insurance	-1	51	73
Gynaecology Team	4636	MM00 640455	Mrs. Anita Verma	11:31:00	12:29:06	15:09:00	Cash_April_2015	36	22	159
Dr Virender K Sheorain	4646	MM00 362439	Mr. Ajay Dhillon	12:33:00	14:03:33	15:08:00	Insurance	73	16	64
Dr Adarsh Chaudhary	4652	MM00 688124	Mrs. Jayeeta Goyal	12:34:00	15:18:58	16:24:00	Insurance	144	20	65
Dr Atma Ram Bansal	XX6A 01	MM00 470876	Mast. Daksh Yadav	11:02:00	12:36:15	13:29:00	Corporate Cash	80	13	52
Dr T Kataria	XX6B 01	MM00 689227	Mr. Ashok Kumar Sharaf	11:37:00	16:06:23	16:49:00	Insurance	258	10	42

50%

Dr Adarsh Chaudhary	4642	MM00 643718	Mrs. Usha Pahwa	09:06:00	12:06:49	14:52:00	Insurance	171	9	165
Dr Neelam Mohan	4648	MM00 659173	Baby Tara Kumari Joshi	12:38:00	23:13:16	00:35:00	Insurance	625	10	81

75%

Dr Arun Garg	4629	MM00 595417	Mr. Shailesh Mani Tripathi	02:00:00	08:44:13	11:54:00	CASH PAYMENT	291	112	189
Gynaecology Team	4649	MM00 675346	Mrs. Nirmal Sharma	11:07:00	15:15:06	18:11:00	Insurance	177	70	175
Dr Aditya Aggarwal	4651	MM00 691199	Mr. Manoj Kumar	10:18:00	10:55:56	11:55:00	CASH PAYMENT	3	34	59
Dr Bornali Datta	XX6B 01	MM00 188193	Mrs. Chuka Devi	12:00:00	13:07:41	14:06:00	CASH PAYMENT	56	10	58

70%

Dr Sumit Singh	4602	MM00 691591	Mrs. Ziyana Hamed Saif	10:47:00	11:43:22	11:55:00	International Patient (D12)-A-Cash-35%	15	40	11
Dr Sumit Singh	4603	MM00 688202	Mr. Khalfan Said Al Sinan	11:02:00	11:44:50	11:55:00	International Patient A-Cash_April_15	33	9	10
Dr Aditya Gupta	4609	MM00 692042	Mast. Ahmad Jasir	03:25:00	11:38:24	11:55:00	International Patient C-Cash- 20%	490	3	16
Dr Arun Garg	4617	MM00 444386	Mr. Ajay Kumar Agarwal	03:26:00	09:24:32	10:34:00	CASH PAYMENT	41	316	69
Dr Sumit Singh	4623	MM00 056208	Dr. Bhanu Pratap Singh	03:25:00	15:50:35	17:30:00	Insurance	577	168	99
Dr Sumit Singh	4631	MM00 646908	Mr. Dinesh Chandra Gupta	03:23:00	07:41:34	11:40:00	CASH PAYMENT	208	50	238
Dr Aditya Gupta	4634	MM00 609227	Mr. Mohammed Amin Wagay	08:40:00	10:30:58	11:41:00	CASH PAYMENT	-1	111	70
Dr Arun Garg	4642	MM00 250307	Mrs. Pragya Rana	13:22:00	17:53:18	22:16:00	Insurance	265	6	262
Nephrology Team	4646	MM00 678244	Mr. Shivram Agrahari	10:20:00	12:16:57	15:57:00	CASH PAYMENT	103	13	220



Dr Sudhir Dubey	XX6A 01	MM00 684960	Mrs. Vinay Arora	11:47:18	14:54:25	15:58:00	Insurance	248	-62	63
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93%

Dr Aditya Gupta	4604	MM00 689752	Mr. Amarnath Rai	01:35:00	07:17:33	10:35:00	CASH PAYMENT	317	25	197
Dr Vipul Gupta	4607	MM00 690411	Mrs. Mamta Rathore	01:35:00	11:45:40	11:58:00	Insurance	601	8	12
Dr Jyoti Sehgal	4610	MM00 691996	Mr. Md. Mansoor Alam	02:10:00	10:56:40	11:31:00	CASH PAYMENT	397	129	34
Dr Atma Ram Bansal	4613	MM00 679465	Ms. Priyanshi Sharma	02:10:00	10:46:44	11:53:00	Cash_April_2015	344	172	66
Dr Sanjay Mahendru	4626	MM00 675313	Mr. Vinod Kumar Agrawal	09:48:00	10:31:43	11:47:00	CASH PAYMENT	24	19	75
Dr Tanveer	4636	MM00 074645	Mr. Man Mohan Lal	11:47:00	12:50:11	13:38:00	Insurance	55	7	47
Dr T Kataria	4638	MM00 686512	Mr. Nooruddin .	01:28:00	11:39:50	11:54:00	International Patient C- Cash- 20%	399	212	14
Dr Anil Bhan Nephrology Team	4641	MM00 137814	Mrs. Naresh Dua	10:51:00	11:40:23	11:54:00	CASH PAYMENT	24	24	13
Dr Manav Suryavanshi	4645	MM00 193042	Mr. Rajiv Bhalla	03:23:00	23:13:44	01:20:00	Insurance	1,186	4	126
	4647	MM00 659958	Mr. Ravendra Kumar	01:27:00	08:37:01	10:57:00	CASH PAYMENT	296	133	139
Dr Atma Ram Bansal	XX6A 01	MM00 476420	Ms. Shaina Pandit	11:27:00	12:38:45	13:31:00	CGHS - General Corp 14	46	25	52
Dr Sumit Singh	XX6A 02	MM00 343736	Mr. Dharam Pal	11:36:00	11:47:48	12:31:00	CGHS - Semi Private Corp 14	2	9	43
Dr T Kataria	XX6A 04	MM00 146246	Mr. Kumud Chawla	12:00:00	12:59:04	13:38:00	CASH PAYMENT	1	57	38
Dr Adarsh Chaudhary	XX6B 01	MM00 035927	Mrs. Shiksha Chhokar	11:55:00	14:04:59	14:34:00	Insurance	88	41	29

89%

Dr Vipul Gupta	4612	MM00 694351	Mr. Anil Bansal	10:37:00	11:42:33	11:56:00	CASH PAYMENT	58	7	13
Dr Vipul Gupta	4613	MM00 689707	Ms. Jasvir Kaur Mast.	10:04:00	11:45:24	11:56:00	CASH PAYMENT	74	27	10
Dr Atma Ram Bansal	4615	MM00 691488	Mr. Akshat Tiwari	01:44:00	09:00:57	11:08:00	CASH PAYMENT	228	208	127
Dr Aditya Gupta	4619	MM00 689107	Mrs. Nayeema Keng	12:03:00	14:39:26	16:59:00	Insurance	143	12	139
Dr Sumit Singh	4630	MM00 601892	Mr. Daya Nand	10:44:00	11:24:53	11:56:00	CASH PAYMENT	24	16	31
Dr Aditya Gupta	4631	MM00 406946	Mr. Dinesh Chandra Srivastava	01:45:00	05:55:20	07:39:00	CASH PAYMENT	217	32	103
Dr Chitranshu Vashistha	XX6A 01	MM00 694039	Mr. Mahesh Chand	11:53:00	14:26:58	14:54:00	Insurance	142	11	27
Dr Arun Garg	XX6B 01	MM00 689229	Mr. Jagvir Singh Verma	12:00:00	15:02:46	15:52:00	Insurance	176	5	49
Dr Rajesh Ahlawat	XX6B 02	MM00 493585	Mr. Dinesh Sharma	11:55:00	16:22:36	16:59:00	Insurance	261	5	36



Discharge on time



Discharge not on time

