

**SUMMER INTERNSHIP REPORT AT FORTIS  
MEMORIAL RESEARCH INSTITUTE, GURUGRAM  
(APRIL 4<sup>th</sup> to JUNE 17<sup>th</sup>, 2022)**

**A REPORT BY**

**Lizza Rajput**

**PG/21/052**

**PGDM (Hospital and health management) 2021-2023**



**International institute of health management research, New Delhi**

## ACKNOWLEDGEMENT

Summer training is a once in a lifetime chance for learning and self-improvement. I see myself as lucky for having been provided with an opportunity to undergo my summer training at Fortis Memorial Research Institute, Gurugram, Haryana

In this institute I have had the privilege to get to know many people who generously shared their experiences and knowledge with me.

I would like to express my sincere gratitude to **Mr. Amandeep Singh (PCS-Head)** for their continuous guidance, who despite being occupied with their obligations, carved out opportunity to hear and direct me, offered supportive guidance and helpful remarks all through the task.

Their significant information made this venture conceivable.

I'm additionally exceptionally grateful to all the staff of **FMRI** for their thoughtfulness regarding my work and aiding me, which enormously added to my task. The regulatory staff of the emergency clinic has been exceptionally useful to me and I might want to offer my profound thanks to all.

I would like to thanks IIHMR Delhi for this opportunity and **Dr. Nikita Sabherwal** for the guidance under her mentorship.

## CONTENT

### ABBREVIATIONS.

#### **Chapter 1- INTRODUCTION.....**

About FMRI

Vision, Mission

Emergency Codes

#### **Chapter 2- OBSERVATIONAL LEARNING.....**

Department-wise Learning

#### **Chapter 3- SPECIFIC FINDINGS.....**

Introduction

Observation

Recommendation and Interventions

**Chapter 4- PROJECT.....**

Introduction

Mode of Data Collection

Data compilation, analysis and interpretation

Recommendations and conclusion

**ANNEXURE.....**

**REFERENCES.....**

**ABBREVIATIONS**

<b>ABBREVIATIONS</b>	<b>MEANING</b>
<b>FMRI</b>	Fortis Memorial Research Institute
<b>OPD</b>	Out Patient Department
<b>IPD</b>	In – Patient Department
<b>TAT</b>	Turn around time
<b>H4U</b>	Health4U department
<b>TPA</b>	Third Party Administration
<b>HIS</b>	Hospital information system

## **Chapter -1 Introduction**



Fortis Memorial Research Institute (FMRI), Gurugram, is a multi-super strength, quaternary consideration clinic with a lucky global workforce, rumored clinicians, including super-subtrained professionals and specialty medical caretakers, upheld by state of the art innovation. FMRI is a high level focus of greatness in Robotic Surgery, Neurosciences, Oncology, Renal Sciences, BMT, Organ Transplants, Orthopedics, Cardiac Sciences and Obstetrics and Gynecology. Set on an extensive 11-section of land grounds with a possibility to develop to 1000 beds, this 'Cutting edge Hospital' is based on the underpinning of 'Trust' and lays on the four in number mainstays of Talent, Technology, Infrastructure and Service.

With the objective to administer quaternary consideration to the local area in a sympathetic, honorable and unmistakable way, Fortis Memorial Research Institute, Gurgaon, an exceptional emergency clinic, tries to be the 'Famous hub of Healthcare', that is, a definitive medical care objective for Asia-Pacific and then some. Covering an area of 11 sections of land with 259 beds, Fortis Memorial Research Institute, Gurgaon, unites a remarkable pool of specialists, associates and clinical staff to treat patients. With its one-of-its-sort administration, the clinical

establishment incorporates present day and customary types of medication to apportion available and reasonable medical services. The medical clinic is based on the underpinning of "Trust" and lays on the four in number points of support Talent, Technology, Infrastructure and Service. The outsides and insides of the emergency clinic are finished up to give a quality of health to the whole self. The medical clinic with its finished greens, quiet water bodies, astonishing models and sunlit insides has been intended to give a quieting impact. The medical clinic has different focuses of greatness which incorporate Cardiac Sciences, Neurosciences, Emergency and Trauma, Bone and Joint, Renal Sciences, Gastro Sciences, Critical Care and Organ Transplants. Each of these is focused on giving a-list treatment. The other clinical strengths incorporate Dental, ENT, General Surgery, Gynaecology and Obstetrics, Internal Medicine, Nuclear Medicine, Oncology, Paediatrics, Pulmonology, Robotic Surgery, Stem Cell Therapy and some more. The Fortis Memorial Research Institute has a total range of helpful and symptomatic advances that are the "first" in India, in Asia and at times the "first" on the planet as well. The medical clinic is the primary organization on the planet to have presented Radiation Therapy as a team with the main innovation trailblazers Brain Lab and Elekta. The clinic additionally presented the world's most memorable advanced broadband MRI - the 3-Tesla Digital MRI. The Fortis Memorial Research Institute presented the ideas of Stem Cell Lab and Open Lab in India. These are only a couple to name, there are a lot more commitments to the credit of the foundation. The clinic houses some exceptional top notch offices for the orderlies of the patients as well, which incorporate Tummy Luck, R&R Lounge, Meditorium, Holistic Health, Mamma Mia, Retail Therapy, Crèche, Health 4 U, Pevonia and Fortiplex.

## **What is Healthcare operations management?**

Tasks the executives in medical care allude to directing the everyday acts of a medical services office that influence the client experience and hierarchical objectives. These practices are regularly separated into three parts: regulatory, monetary, and legitimate.

- Authoritative errands might incorporate keeping point by point records of clinical and office supplies, booking representatives, answering inquiries from staff and clients, and refreshing patient records.
- Monetary obligations frequently include overseeing claims, clinical charging, income cycle the board, and worth based repayment.
- Legitimate practices as a rule spin around consistence and credentialing.

Basically, the people who work in medical services tasks the executives center around directing the office and staff capabilities, which assume an imperative part in the conveyance of care.

Activities the board is basic in each industry, and medical services are no special case. At its center, tasks the board is the preparation, coordinating, and managing of interior cycles to keep an association moving along as expected.

In the consistently changing medical care industry, powerful tasks the board isn't a choice, yet a need. Without it, it's hard for a clinic, private office, nursing home, specialist's office, or home medical services association to give the quality consideration benefits that improve and save lives.

## **Vision**

**To be the ultimate healthcare destination - "Mecca of Medicine"**

## **Mission**

**To provide quaternary care to the community in a compassionate, dignified, and a distinctive manner.**

# EMERGENCY CODES



**Fortis MEMORIAL**  
RESEARCH INSTITUTE  
The Next Generation Hospital

## Safety Codes

 Code Blue	Cardiac Arrest, Unconscious / Unresponsive Person	 1234
 Code Red	Fire	 7777
 Code Pink	Infant / Child Abduction	 7777
 Code Purple	Physical Altercation	 7777
 Code Grey	Internal Disaster	 7777
 Code Yellow	External Disaster	 7777
 Code Orange	Hazmat Spills	 7777

For Code Blue, Dial 1234  For All Other Codes, Dial 7777  
from any hospital landline number

- Announce the CODE with LOCATION
  - Repeat Message THRICE
- Location should mention Floor, Area, Room No/Bed No.
  - Information will be sent to the CODE responders
    - You will hear a beep
- After the beep record your message with location
  - Repeat your message THRICE
    - Press \*
- Disconnect call in 5 seconds

## **CHAPTER –2 OBSERVATIONAL LEARNING**

### **DEPARTMENT -WISE LEARNING**

#### **1. OPD**

The billing division guarantees the exactness and straightforwardness in charging the patient for the different administrations delivered by the clinic and convenient conveyance of bills. The office centers around checking every one of the bills like money bills, credit bills and other last bills raised during the day and to guarantee that the sum is gathered for something similar. A portion of the elements of short term charging division

- Plan OP bills according to specialist's remedy/OP examinations order structure
- Conform to arrangements with respect to credit bills, staff and ward bills and different bills.
- Check the credit approval letters in regards to the qualification and get the endorsement from the approved people if important.

#### **2. IPD**

The patients are eluded from one or the other emergency, OPD care or elective confirmation.

The patient/relative contacts to the confirmation work area with ARF. The patient subtleties are filled by the staff in the framework. Decision of room is proposed by persistent/patient's family member and accessibility is checked for something very similar. The decision of room depends on availability, duty, patient prerequisite. The patient then, at that point, needs to go for cost assessment and after that patient revisitations of the work area where the interaction begins.

The patient is for the most part sorted based on money and protection. For cash patient after the expense assessment patient fills the necessary archives including the assent structure. On the off chance that the patient has protection then they need to move toward the protection work area for required paper clearance. These patients need to present the aadhar card, skillet card, strategy holder's card and agree structure to TPA and front work area.

In case the picked room class isn't accessible then the patient needs to stand by or is given a room or ward contingent on the accessibility. The patient is shipped off charging work area..



### **3. TPA**

TPA (third party administrator) are specialist organizations authorized by IrDA (insurance administrative and advancement position) to offer wellbeing guarantee related administrations to help both the safeguarded and afterward safety net provider, while the protected is benefited by speedier and better assistance, guarantors are benefited by decrease in their managerial expenses, fake cases and control on claims. TPA can be seen as rethinking the organization of the cases handling, since it is playing out an errand customarily gave by the organization giving the protection or the actual organization.

### **4. HEALTH4U**

Health4u at Fortis Memorial Research Institute is a one-stop solution for all Lab and Diagnostic tests, Consultation with the Specialist, and further treatment if essential. Offering way of life mediations and customized wellbeing screenings for your health is planned. The program is run and upheld by trained professionals and super-experts from all clinical disciplines with an intend to convey the best quality of Preventive Medicine for your better life.

Custom Screenings depend on your sex, age and way of life. The group of wellbeing specialists can tweak your screening plan by drawing out a scope of tests on the consummation of a definite poll and clinical assessment by a specialist.

Types of patients:

- Corporate patients – 76%
- Individual patients – 24%

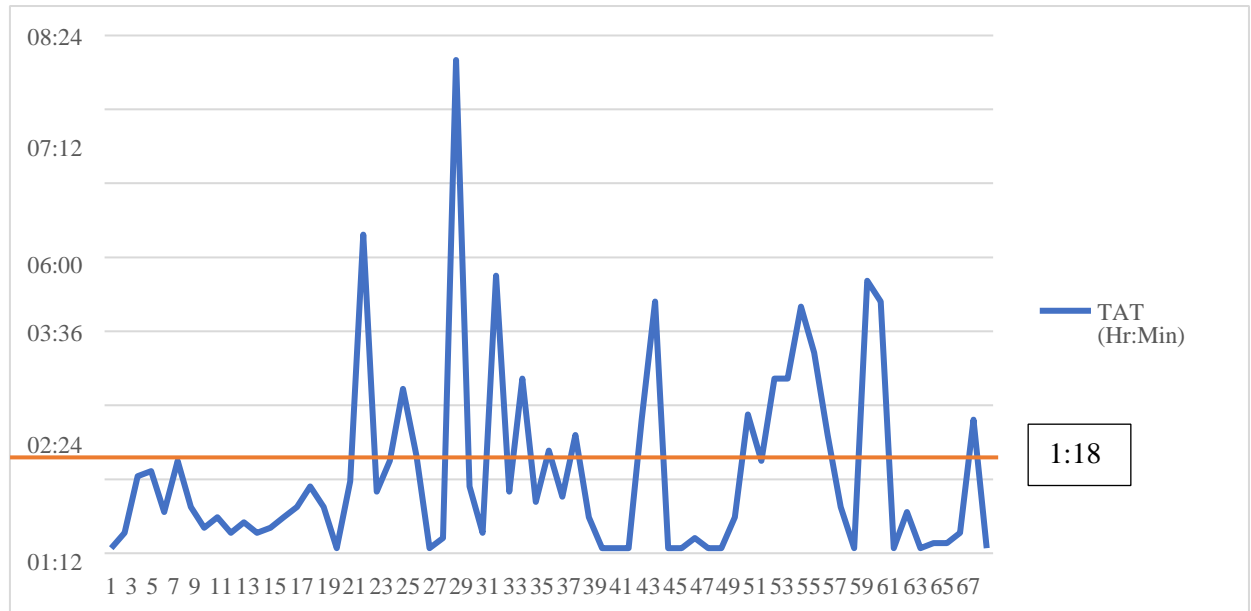
Packages for Individual patients – •

Basic

- Essential
- Lifestyle
- Premium
- Golden Age (above 60 years)

## CHAPTER-3 SPECIFIC FINDINGS

### 1. IPD Ward



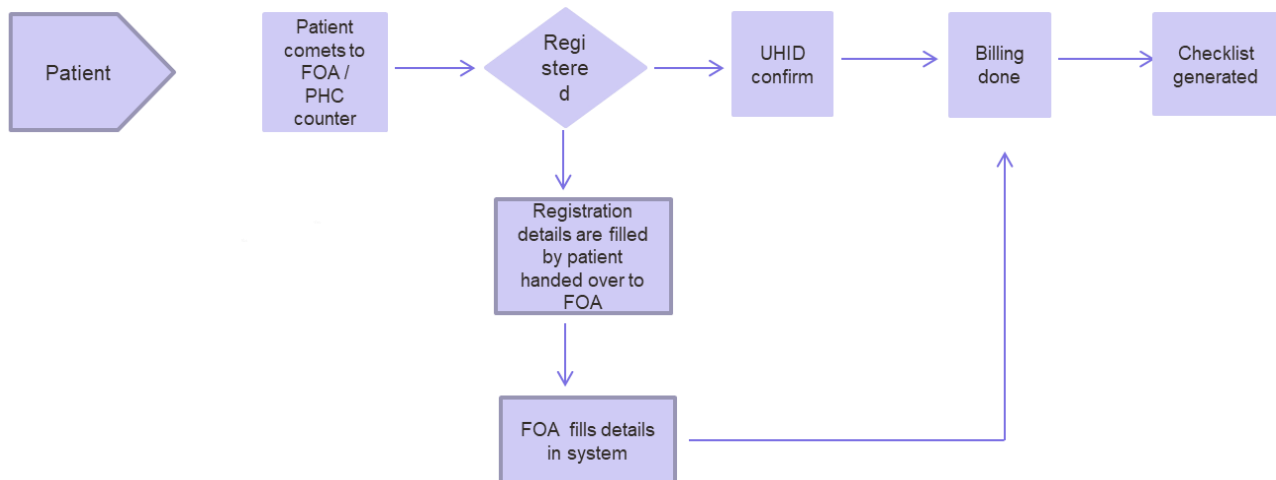
### Observations

- The whole framework was viewed as something similar, as reported by the clinic. This guarantees that the staff follows the archived cycle and no deviation has been noted simultaneously, as characterized by the administration.
- Since greatest postpone in confirmation process is caused due to the non - accessibility of bed, exceptional consideration ought to be centered around further developing the bed the board framework and all the while the defer time for the released patients.
- Discharged however not emptied patients and stable released patients can be given a different holding up region (release relax) where they can hold on until the release interaction is finished. Those beds could be set up once the patient is moved in the release relax. When the bill of the release patient is cleared and the patient is out from the framework, promptly a new confirmation can be placed in the framework and the new quiet can be moved to the ward. So to get the itemized answer for this issue a review to realize the release time and the bottleneck in release ought to be finished.

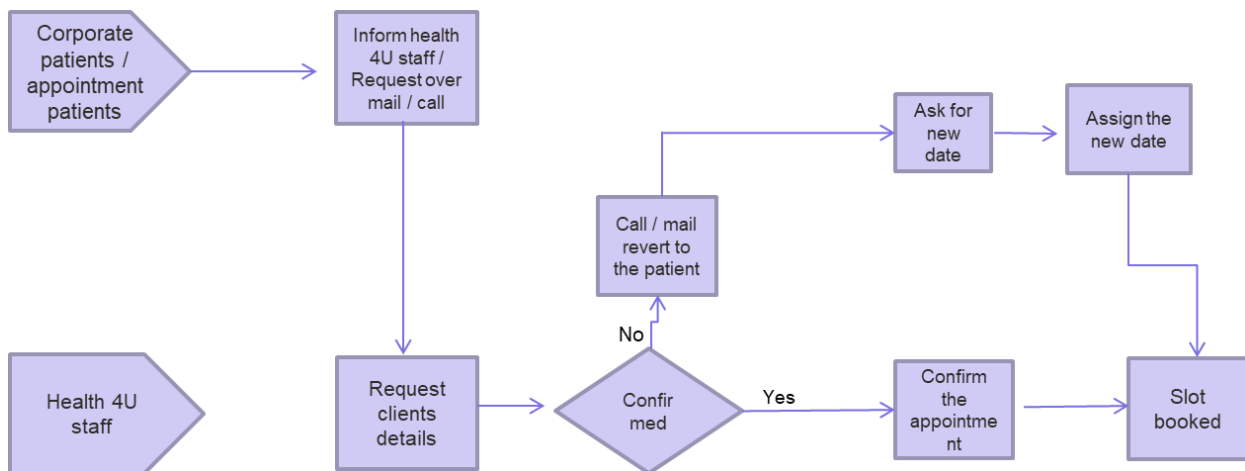
## 2. Health4U

In H4U department appointment scheduling/ walk-in , billing process, registration, corporate appointments, preventive health check-up process map was observed. More focus was laid on the flow / process map of patients while performing their health checkup.

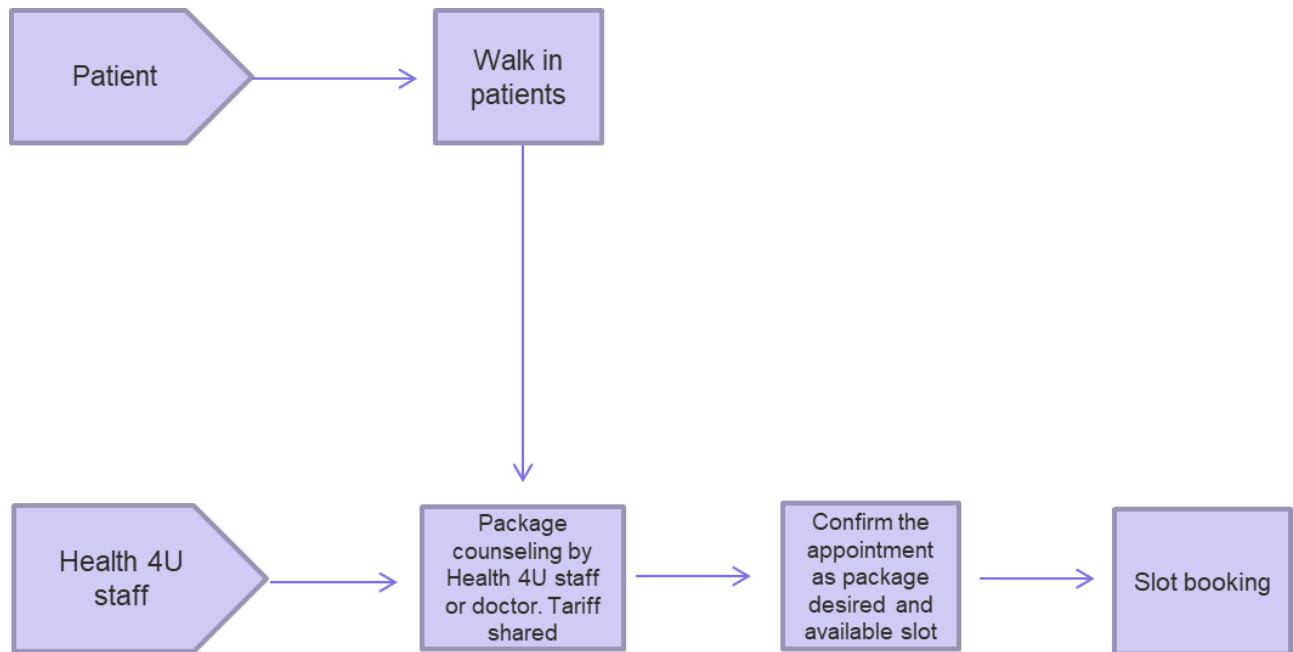
### FLOWCHART REGISTRATION / BILLING PROCESS



### FLOWCHART CORPORATE / APPOINTMENT PATIENTS



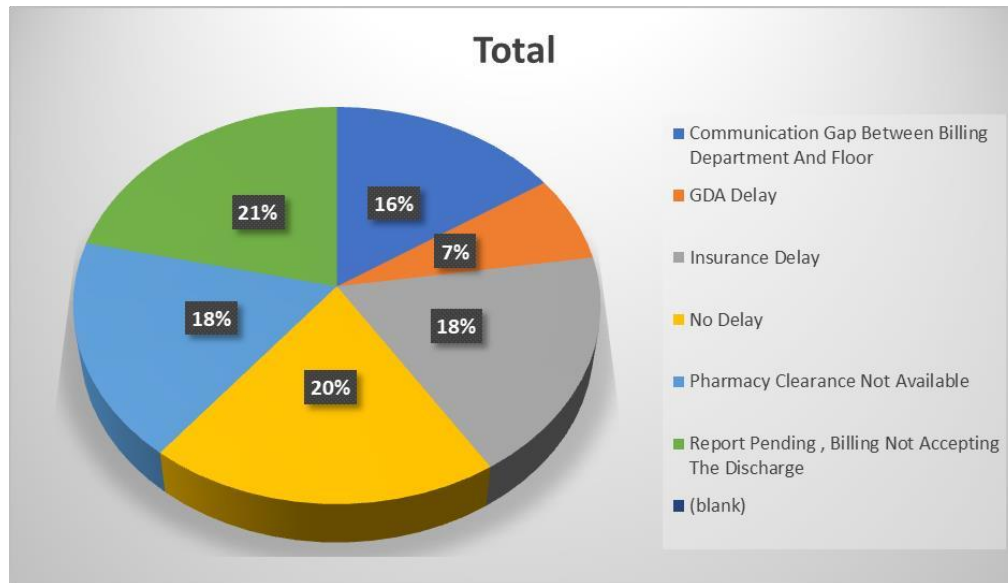
## APPOINTMENT SCHEDULING WALK-IN



### 3. OPD

- It was found that serious issues like telephone enquiry, specialists penmanship in solution, electronic information catch machine, clerk, represent the issues in short term charging process. So for additional improvement one necessities to focus more on those issues.
- The speed and the limit of the PCs utilized for billing technique were slow and upgradations ought to be made.

#### 4. TPA



#### RESULT

A total of 660 cases were scheduled during the study of Third party Administration (TPA) Turnaround Time of various insurance companies for claim intimation of cashless facility by insurance whereas 130(20%) of cases have no delay and various reasons of TPA delays are:-

- Communication Gap Between Billing Department And Floor- 103 cases(16%)
- GDA Delay- 46 cases (7%)
- Insurance Delay- 121 Cases (18%)
- Pharmacy Clearance not Available-118 Cases (18%)
- Report Pending, Billing not Accepting The Discharge-141 Cases (21%)

#### RECOMMENDATIONS

1. To further develop administration TPA should deal with their empanelled clinics/nursing homes/corporate with most extreme effectiveness and impressive skill.
2. TPA should remember the desperation of the patient and sympathize with the patient to give him endorsement brilliantly for the clinics, so his/her treatment isn't postponed.
3. The clinic needs to send the bill on time. Postpone in the bill dispatch cycle will make defer in getting the sum from the concerned power.

4. The credit period for the settlement of bills ought to be diminished. They ought to wrap up handling the bills inside the credit period they request in the understanding

## **CHAPTER-4 PROJECT REPORT**

### **TITLE:**

A turnaround time study of patients presenting at the Health4u Department of FMRI Gurugram, Haryana.

### **INTRODUCTION:**

### **RATIONALE:**

This study is primarily focused on the H4U department of FMRI, Gurugram which includes data from the arrival of patients to the discharge or transfer of the patients to the referred departments. Consultant in time, doctor's or nurses' assessment time with initial care assessment filled by doctors and nurses were also included. H4U division offer way of life intercessions and custom wellbeing screenings for your wellbeing. The H4U division is fundamentally centered around the patients' wellbeing and keeping them from future illnesses with a plan to convey the best quality of Preventive Medicine for better life. To improve and evaluate the functioning of the H4U department, this topic was chosen.

### **RESEARCH QUESTION:**

What is the turnaround time and waiting time of the patients and factors affecting TAT and waiting time among the patients of health check-up which lead to more patient complaints and poor feedback.

### **AIM :**

To find the turnaround time and provide feasible solution to reduce the waiting time of the health checkup process at Fortis Memorial Research Institute, Gurugram.

### **Objectives:**

- Map the entire process flow from patient entry till the patient leaves from H4U department.
- Identify areas of delay.
- Identify causes of delay.
- Provide feasible recommendation.

## **MODE OF DATA COLLECTION:**

Data Collection was done through the checklist method. Interviewing the staff, checking the patient's record file.

The information is gathered from both primary as well as secondary sources

➤ Primary sources :-

☐ Personal observation

➤ Secondary sources :-

☐ Hospital information system (HIS)

## **METHODOLOGY:**

**Study Design-** Observational study

**Study Population-**

The study population included the patients who reported in the Health4u department of FMRI. This study included all the patients for a time period of 30 days.

**Study area –**

Preventive health checkup department in FMRI.

**Study Duration-**

The study duration was 30 days.

**Sampling Technique-**

Simple random sampling was done.

A checklist was especially prepared for the research study. It recorded the time of various activities like patient in-time, doctor's assessment time, nurses' assessment time, consultant intime, treatment initiation time, etc.,

### Sample Size -

50 patients were taken as sample size.

### STATISTICAL TOOL;-

The tools utilized in the review are MS-EXCEL and MS-WORD.

MS-EXCEL is utilized to ascertain Average Waiting Time.

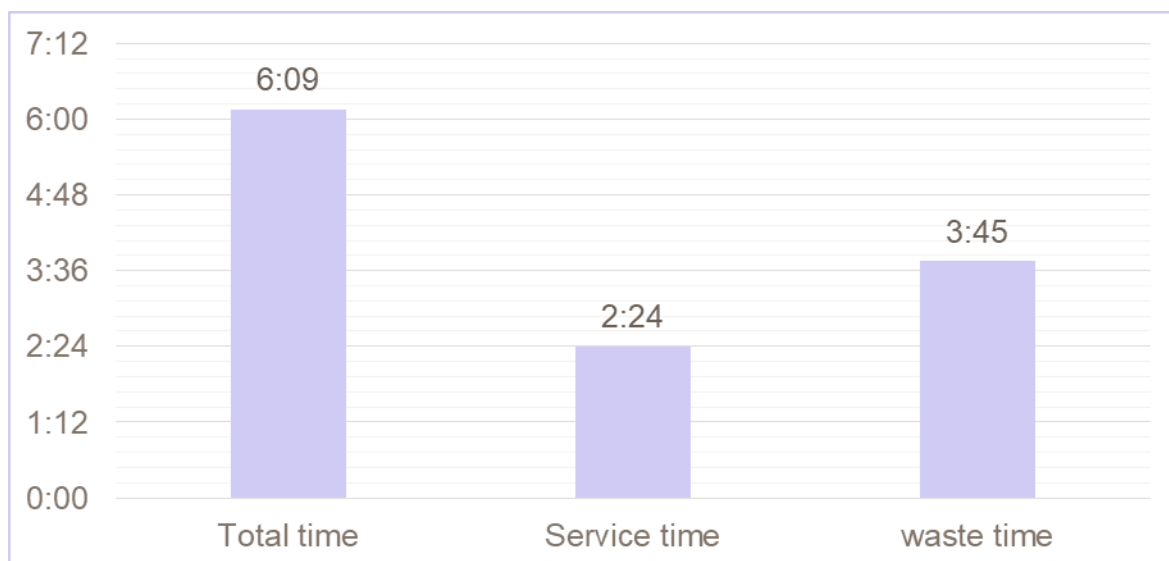
MS-WORD is utilized set up a complete report in words.

### Ethical Consideration –

All the information collected was taken under the guidance of the Health4u Department. All information received has been kept confidential.

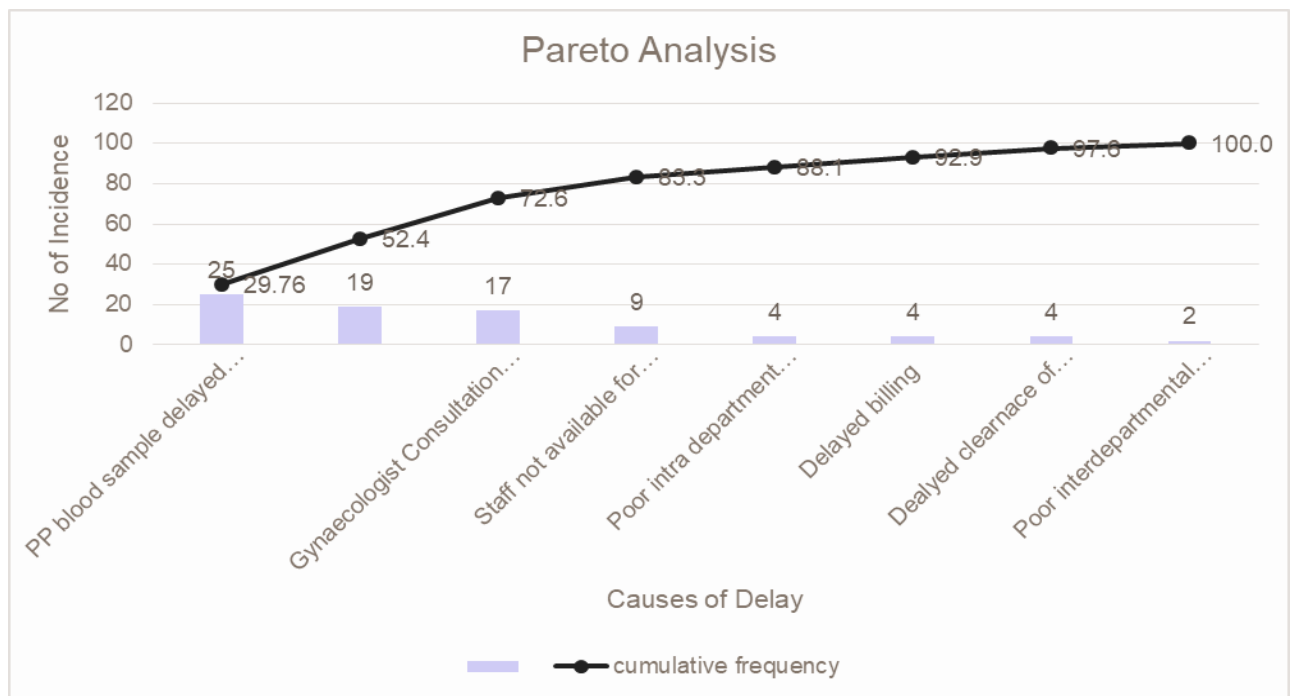
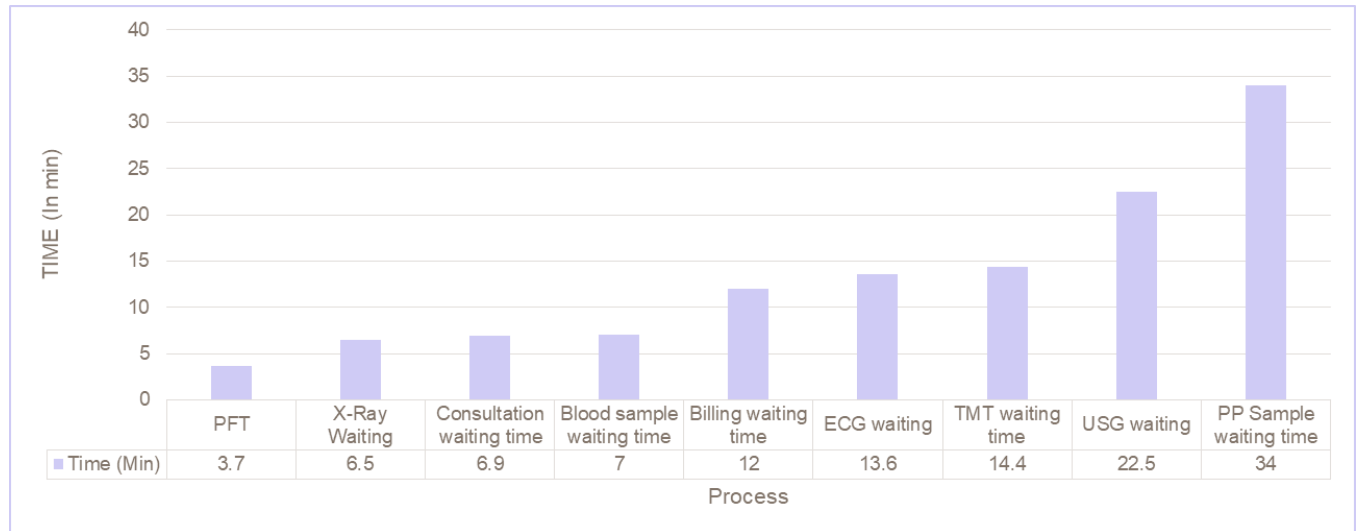
## RESULTS

1. The average time for the completion of health check up for 30 patients is 6 Hours 9 minutes out of which 2 hours and 24 minutes are spend on the services and 3 hours 45 min is waste time (waiting time).
2. The standard turn around time set by the hospital is between 4 hours – 5 hours.
3. Arrival time for 82% of the patient observed was between 8am to 9am. 7% of them arrived before 8 am and rest of the patient's after 9am.





## Waiting time Analysis



Causes of Delay	Number of Cases	frequency	cumulative frequency
PP blood sample delayed due to late USG	25	29.76	29.76
Patient releasing pressure before the test	19	22.62	52.4
Gynaecologist Consultation delayed	17	20.24	72.6
Staff not available for coordination	9	10.71	83.3
Poor intra department coordination	4	4.76	88.1
Delayed billing	4	4.76	92.9
Dealyed clearnace of manual bills	4	4.76	97.6
Poor interdepartmental coordination	2	2.38	100.0
	84		

## Observations

### 1. Gynaecology Consultations

- ☐ Gynaecologist is available usually after 1 pm or 2pm.
- ☐ Consultation mostly takes place in ECG room therefore delaying the ECG, TMT/Echo.

### 2. Poor Coordination

- ☐ Patient is clueless about the process and where to go next.
- ☐ Executives not present at times to guide and handover the files for next investigation.
- ☐ Poor team work leading to confusion and more waste time.

### **3. Ultrasound**

- ☐ 6-7 patients simultaneously waiting for USG.
- ☐ Patient not able to control bladder pressure for longer duration.
- ☐ Delayed USG leads to delayed PP blood sample time increasing the idle time of patient.

### **4. Internal medicine consultation**

- ☐ Pre consultation time : 2-3 mins
- ☐ Post consultation time: 5-10 mins
- ☐ Appointment is not given for post consultation, patient is asked to collect the file after 24 hours and consult the doctor resulting in more patients for post consultation at a time on some days. More post consultation appointments delays the pre-consultation after ECG further delaying the TMT/ECHO.
- ☐ No queue is formed for consultation
- ☐ Staff is not available for queue management leading to confusion and decrease patient satisfaction.

### **ANALYSIS;**

- Patient coordination was missing leading to increased patient waiting time.
- Staff not present all the time.
- Frequent breaks were taken by the staff.
- Non – availability of doctors due to which patient has to comeback some other day.
- VIP patients are given more importance and common patients are being neglected due this and increase their waiting time in the department.
- Doctor timings were not confirmed to the patients.

## **RECOMMENDATIONS;**

The H4U department follows SOP's as set by the hospital and operates smoothly. Doctors and nurses obediently follow all the rules and regulations, and the patients are pleased as well. The thing that can be improved is making appointments for the post-test consultations so as to reduce the waiting time and provide optimum care to the patients.

Patients should be informed for the post consultation during their assessment at the department.

Sometimes coordination is missing, due to less no. of coordinators, which should be increased for the efficient patient handling and smooth work flow of the department.

## **CONCLUSION**

The time spent on various activities in the Health4U department of a hospital was documented to see if proper guidelines were being followed at the department. A positive result was found after the study was done. In the department, the staff was well-trained, and doctors were present. While performing a wide range of activities in the department, the average time also was found satisfying.

## **ANNEXURE**

### **1. Admission request form**

ST. JAMES MEMORIAL RESEARCH INSTITUTE		ADMISSION REQUEST FORM	
<input checked="" type="checkbox"/> Elective <input type="checkbox"/> Day Care <input type="checkbox"/> Emergency (Tick any)		#1106	
Patient's Name : <u>Mr. Dhara Singh</u>		UHID : <u>782989</u>	
Age : <u>64</u> Gender : <u>M</u> / F		Expected ALOS : <u>2-3 days</u>	
Admitting Doctor : <u>Dr. Anind Kumar</u>			
Diagnosis : _____			
Expected date of Admission : <u>27/5/22</u>			
Procedure : <u>Conservative</u>			
Ward Stay (No. of days): <u>2</u>		ICU Stay (No. of days): _____	
Implants/Stent (Cost) : _____		Blood Requirement (No. of units): _____	
Investigation : _____		(Tick One: (Major / Minor / I	
Consumables : _____		(Tick One: (High / Medium / Low / I	
Drugs : _____		(Tick One: (High / Medium / Low / I	
PAC Required: _____		(Tick One: (IPD / OPD / DOT	
Cross Referral (If Applicable) : _____		Tick One (Yes / I	
NB :		Date <u>27/5/22</u>	
1. Emergency = Needs bed on priority		(DD / MM / YY)	
2. Procedure = Include both Surgical & Non Surgical		Signature of Admitting Doc	
Pre-Procedure Instructions : Only for Procedure patients)			
Date of procedure : _____			
Investigation (to be done before Procedure) : _____			
Others _____			
Advice Pre-OP Orders			
Nil Orally From _____			
Part Preparation _____			
Report to _____ at _____			
Medication to be administered on admission (Before Procedure) :			
1. _____			
2. _____			
3. _____			
FMRI/FM/IPD-AR/2016/V1.1/18		Signature of Admitting Doctor	

## 2. H4U Checklist

UHD : 30558902 Patient Name : Mr. Naveg Tyagi Mobile No : 9910589887  
Episode No : 56470/22/111 Doctor Name : Dr. Bela Sharma  
Age/Sex : 54 YEAR(S)/Male  
BIR No : 1111220PCSD BR Date : 17-Mar-2022  
60068  
PHC Timing : PHC Helpline No :  
Package : FMRI LIFESTYLE PACKAGE MALE ABOVE 40 YEARS - FMRI

Sr No.	Investigation Lte	Accession No.
1	GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD (3180-SRL)(3180)(3180)	PHC 3205492
2	TRILAB MLI TEST (TMT) <i>Echo</i>	PHC 3205493
3	VITAMIN B12 LEVEL, SERUM (5020-SRL)	PHC 3205494
4	THYROID FUNCTION TEST (6121-SRL)	PHC 3205495
5	CALCIUM SERUM (4836H-SRL)	PHC 3205496
6	CBC WITH ESR (CBC+PS+ESR) EDTA WHOLE BLOOD/SERUM (5111-SRL)	PHC 3205497
7	25-HYDROXYVITAMIN D, SERUM (8823-SRL)	PHC 3205498
8	BODYPAT ANALYSIS - SEGMENTAL AND TOTAL	PHC 3205499
9	AUDIOMETRY PURE TONE <i>2</i> <i>1</i> <i>2</i>	PHC 3205500
10	STOOL OVA & PARASITE (2361-SRL)	PHC 3205501
11	ELECTROCARDIOGRAPHY (ECG) (11140)	PHC 3205502
12	CARDIAC RISK PROFILE (LIPID PROFILE), SERUM (1209AD-SRL)(1209AD)(1209AD)	PHC 3205503
13	MAGNESIUM, SERUM (4806H-SRL)	PHC 3205504
14	PULMONARY FUNCTION TEST (PFT) (ROUTINE)	PHC 3205505
15	DEXA BONE DENSITOMETRY (SINGLE SITE)	PHC 3205506
16	GLUCOSE, POST PRANDIAL, PLASMA/URINE (1302-SRL)(1302)	PHC 3205507
17	STOOL FOR OCCULT BLOOD (2367-SRL)	PHC 3205508
18	ROUTINE URINE ANALYSIS (5200FMN-SRL)	PHC 3205509
19	ABO GROUP & RH TYPE, EDTA WHOLE BLOOD (5300-SRL)	PHC 3205510
20	KIDNEY PANEL (6132-SRL)	PHC 3205511
21	LIVER FUNCTION TEST (6133-SRL)	PHC 3205512
22	WHOLE ABDOMEN ULTRASOUND	PHC 3205513
23	CHEST X-RAY (PA VIEW)	PHC 3205514
24	PHOSPHORUS, SERUM (1501H-SRL)	PHC 3205515
25	GLUCOSE, FASTING, PLASMA / URINE (1300H-SRL)	PHC 3205516



A unit of FORTIS HOSPITALS LIMITED

Regd. Office: Escorts High Institute and Research Centre, Gurgaon Road, New Delhi-110 028 (India)  
Tel: +91-11-2662 1000, Fax: +91-11-2662 1001  
Regd. Office: Escorts Health Centre, Plot No. 144, Sector 44, Gurgaon Road, New Delhi-110 028 (India)  
Tel: +91-11-2662 1001, Fax: +91-11-2662 1002, CRY: US3000032705PLC222186  
PAN No: AAQD0737186

DH

DSG  
Blood

30

+MS  
Echo

And - 8  
ENT - 13  
Dental  
Eyes  
8pm

Islam

Acu  
card

### 3. Patient Registration Form

**PORTS MEMORIAL RESEARCH INSTITUTE**  
Sector 44 (Opp. HUDA City Centre Metro Station),  
Gurgaon 122 002, Haryana (India)

Tel : +91 124 496 2200  
Fax : +91 124 716 2200  
Emergency : +91 124 496 2222  
Ambulance : 105018  
Email : fmri@fortishealthcare.com  
Website : www.fortis.in

**Registration Form**  
PLEASE USE CAPITAL LETTERS

First Name: Munishbat Last Name: Tumurbat  
Date: \_\_\_\_\_  
Age: 58  
☒ Male ☐ Female Marital Status: ☒ Married ☐ Single ☐ Other  
Father's Name: Margui  
Mother's / Spouse's Name: Tumurbat  
Mobile: +91 88468 74241 Tel Residence: \_\_\_\_\_ Tel Office: \_\_\_\_\_  
Address: Park residency studios, 6-104, Greenwood city, sector 75  
E-mail: tumurbat@gmail.com  
City: Gurgaon State: Haryana Pin: 122002 Country: India Nationality: Anglo  
Blood Group: B(+) Known Allergy, if any: \_\_\_\_\_  
In case of emergency, person to be notified: Tumurbat  
Relationship: interpreter Mobile: +91 88468 74241  
You chose this hospital because...  
☐ Website ☐ Advertisement ☐ Relative/Friend ☒ Company/Organisation  
☐ TPA/Insurance ☐ Referred by Doctor. Pl specify name: \_\_\_\_\_  
For Foreign Nationals  
Passport Number: E 2988912 Place of Issue: Winnipeg, Canada  
Visa No: UK 9908426 Visa Validity: 11/11/2022  
Are you ☒ below 65? ☐ above 65?  
Signature of Patient/Attendant: Munishbat  
(Pls mention relationship with patient)  
For office use only  
Patient registered by: \_\_\_\_\_ Signature: \_\_\_\_\_  
A unit of PORTS HOSPITALS LIMITED  
Regd. Office: Escorts Heart Institute and Research Centre, Okhla Road, New Delhi-110 025 (India)  
2022.5.14 15:22

### 4. Data collection method

PROCESS

FMRI lifestyle package female below 40 years

			Waiting time (in min)
1	Arrival	9:05	
	waiting time (Waste time)	9:05 - 9:17	12 min
	Billing	9:17 - 9:20	3 min
	waiting time (Waste time)	9:20 - 9:26	6 min
2	X-Ray	9:26 - 9:30	4 min
	waiting time (Waste time)	9:30 - 9:32	2 min
3	Blood	9:32 - 9:44	12 min
	waiting time (Waste time)	9:44 - 10:09	35 min
		10:10 -	
4	Stool/urine	10:12	2 min
	waiting time (Waste time)	10:12 -	
		10:20	8 min
		10:20 -	
5	ECG	10:22	2 min
	waiting time (Waste time)	10:22 -	
		10:29	7 min
	Doctor pre	10:29 -	
6	consultation	10:32	3 min
	waiting time (Waste time)	10:32 -	
		10:33	1 min
		10:33 -	
7	Eye/Dental	10:59	26 min
	waiting time (Waste time)	10:59 -	
		11:00	1 min
		11:00 -	
8	PFT	11:08	8 min
	waiting time (Waste time)	11:08 -	1 hour 12 min
		12:20	
		12:20 -	
9	TMT	12:38	18 min
	waiting time (Waste time)	12:37 -	
		1:11	34 min
10	USG	1:11 - 1:19	8 min
	waiting time (Waste time)	1:19 - 1:30	11 min
	Lunch	1:30 - 2:20	50 min
	waiting time (Waste time)	2:20 - 2:28	8 min
11	PAP smear/ Gynae	2:28 - 3:20	52 min
12	ENT	3:20 - 3:38	18 min
	waiting time (Waste time)	3:38 - 3:45	7 min
13	PP sample	15:50	
			3 hours 23 min



## 5. Time duration guidelines of H4U department at FMRI.

The area dedicated to Preventive Health is called 'H4U' at FMRI.	
Time Duration for the Packages:	
• The Basic package will be covered in 4-5 hours	
• The Essential package will be covered in 7-8 hours.	
• The Lifestyle package will be covered in 8-9 hours.	
• The Golden age package will be covered in two days (One day for tests and the other day consultations will be	

## REFERENCES / REVIEW OF LITERATURE

1. <https://www.fmri.in/about-us/>
2. <https://pubmed.ncbi.nlm.nih.gov/18712032/>
3. [https://www.researchgate.net/publication/234042291\\_REDUCTION\\_OF\\_TURNAROUND\\_TIME\\_OF\\_IN-PATIENTS\\_IN\\_A\\_PRIVATE\\_HOSPITAL\\_CHENNAI\\_A\\_SIX\\_SIGMA\\_APPROACH](https://www.researchgate.net/publication/234042291_REDUCTION_OF_TURNAROUND_TIME_OF_IN-PATIENTS_IN_A_PRIVATE_HOSPITAL_CHENNAI_A_SIX_SIGMA_APPROACH)
4. [https://www.researchgate.net/publication/322983648\\_Improving\\_the\\_Operational\\_Efficiency\\_of\\_oPD\\_using\\_Lean\\_Method-Value\\_stream\\_Mapping](https://www.researchgate.net/publication/322983648_Improving_the_Operational_Efficiency_of_oPD_using_Lean_Method-Value_stream_Mapping)