

# **Summer Internship Report**

at

**RAJIV GANDHI CANCER INSTITUTE & RESEARCH CENTRE**



**Rajiv Gandhi Cancer Institute  
and Research Centre**

**(April 18<sup>th</sup> to June 17<sup>th</sup>, 2022)**

A Report By

**Dr. Suditi Arora**

**PGDM (Hospital and Health Management)**

**2021-2023**



INTERNATIONAL INSTITUTE OF  
HEALTH MANAGEMENT RESEARCH

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

## Completion of Summer Internship from RGCIRC



Rajiv Gandhi Cancer Institute  
and Research Centre

The **CERTIFICATE** is awarded to

**DR. SUDITI ARORA**

In recognition of having successfully completed her Internship in the  
Department of

**OPERATIONS (PATIENT CARE SERVICES)**

and has successfully completed her Project on

**Work Process and Manpower Utilisation of the Front office Executives in  
the Radiation Oncology Summary Department at RGCIRC and Ways to  
Reduce the Delay in the Process of Preparation of Treatment Summaries**

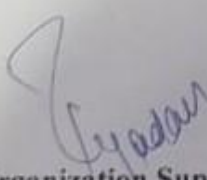
from 18/04/2022 to 17/04/2022

at


**RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE**

She comes across as a committed, sincere & diligent person who has a strong  
drive & zeal for learning

We wish her all the best for future endeavours

  
**Organization Supervisor**

Dr. Pinky Kedia  
Chief of Operations & Medical Supervision  
Medical Administrations  
R.G.C.I. & R.C., Sec.-5, Rohini, Delhi  
DMC No.: 1030

  
**Head-HR/Department Head**

  
Dr. MUNISH GAIROLA  
MD, DNB  
Director, Radiation Oncology  
Rajiv Gandhi Cancer Institute and  
Research Centre, Sector-V  
Rohini, Delhi-110086  
Phone: 2610 4444, 2610 4445



Rajiv Gandhi Cancer Institute  
and Research Centre

Ref: HR/22

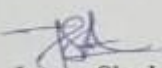
17/06/2022

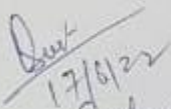
**TO WHOMSOEVER IT MAY CONCERN**

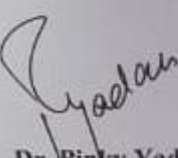
This is to certify that **Dr. Suditi Arora**, from IIHMR Delhi, has completed her internship on the topic of **'Work Process & Manpower Utilization of the Front Office Executive Staff in the Radiation Oncology Summary Department RGCI&RC and the ways to reduce the delay in the process of preparation of Summaries'** in the department of Patient Care Services from 18<sup>th</sup> April 2022 to 17<sup>th</sup> June 2022.

During the above period, her performance was good.

We wish her all the best for her future endeavor.

  
Jeevan Singh  
Manager -HR

  
17/6/22  
Dr. Sushant Khat  
AGM, Operations

  
Dr. Pinky Yadav  
Chief of operations &  
Medical Superintendent

Dr. Pinky Yadav  
Chief of Operations & Medical Superintendent  
Medical Administrations  
R.G.C.I. & R.C., Sec.-5, Rohini, Delhi  
DMC No.: 1030

# FEEDBACK FORM

(Organization Supervisor)

Name of the Student:

DR. SUDITI ARORA

Summer Internship Institution: RAJIV GANDHI CANCER INSTITUTE & RESEARCH CENTRE

Area of Summer Internship:

OPD, Radiotherapy -

Attendance:

100%.

Objectives met:

- To improve patient satisfaction
- To improve manpower utilization

Deliverables:

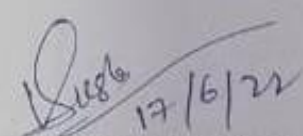
Done study in OPD / Radiology / PAC

Strengths:

- Consistent in work
- Has good dedication towards work.
- Sincere in her work.

Suggestions for Improvement:

1. Must study different tools for operation.
2. Audit
3. Analysis

  
Signature of the Officer-in-Charge  
(Internship)

Date:

17/6/22

Place:

New Delhi.

# FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student:

DR. SUDITI ARORA

Summer Internship Institution: RAJIV GANDHI CANCER INSTITUTE AND  
RESEARCH CENTRE

Area of Summer Internship:

Attendance: 100%

Objectives met: Yes

Deliverables:

Strengths:

Sincere and hardworking.

Suggestions for Improvement:

  
Signature of the Officer-in-  
Charge (Internship)

Date:

Place:



**A Report On**

**Work Process and Manpower Utilisation of the Front office Executives in the Radiation Oncology Summary Department at RGCI and ways to reduce the delay in the Process of Preparation of Treatment Summaries.**

## **ACKNOWLEDGEMENT**

A summer training program is an excellent way to learn and grow professionally. I consider myself fortunate to have completed my summer training at the **RAJIV GANDHI CANCER INSTITUTE & RESEARCH CENTRE** in New Delhi.

Any attempt, at any level, cannot be completed satisfactorily without the support and guidance of learned people. I am grateful to all of the professionals at the Rajiv Gandhi Cancer Institute and Research Centre in New Delhi for generously sharing their knowledge and time that motivated me to work hard during my summer internship. I had the pleasure of meeting several people in this organization who generously shared their knowledge and expertise with me.

I would like to express my heartfelt gratitude to **Dr. Pinky Yadav (Chief of Operations & Medical Superintendent)** and **Dr. Sushma Bhatt (AGM OPERATIONS)**; my mentor in **RGCIRC**, for their ongoing guidance who, despite their busy schedules, took the time to listen to me, guide me, and provide valuable feedback and insightful suggestions throughout the project. Their valuable contributions made this project possible.

I'm also grateful to the entire hospital staff for their attention to my work and assistance, which aided my mission significantly. The administrative staff at the hospital has been extremely helpful to me, and I want to express my heartfelt gratitude to everyone.

I am grateful to **Dr. Sumesh (Assistant Professor & Associate Dean) IIHMR Delhi**, for instilling in me a positive attitude toward learning and for assisting and supporting me whenever necessary.

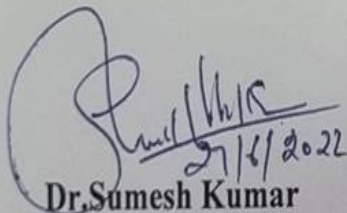
**Dr. Suditi Arora**

**(PG/21/115)**



## CERTIFICATE OF APPROVAL

The Summer Internship Project titled "Work Process and Manpower Utilisation of the Front office Executives in the Radiation Oncology Summary Department and ways to reduce the delay in the Process of Preparation of Treatment Summaries" at "Rajiv Gandhi Cancer Institute and Research Centre" is hereby approved as a certified management study carried out and presented in a satisfactory manner to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which It is understood that the undersigned do not necessarily endorse or approve any statements made, opinions expressed, or conclusions drawn in the report, but only for the purpose for which it is submitted.



**Dr. Sumesh Kumar**

(Assistant Professor and Associate Dean)  
IIHMR, Delhi



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## **ABBREVIATIONS:**

RGCIRC: Rajiv Gandhi Cancer Institute and Research Centre

SAARC: South Asian Association for Regional Cooperation

CR. No.: Central Registration Number

QMS: Queue Management System

OPD: Outpatient Department

DS: Discharge Summary

HIS: Hospital Information System

JMS: Joint Medical Superintendent

SICU: Surgical Intensive Unit

TAT: Turnaround Time

TPA: Third Party Administrator

MRD: Medical Record Department

T/T: Treatment

RT. NO.: Radiation therapy treatment no.

# RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE

Rohini, New Delhi



**Rajiv Gandhi Cancer Institute  
and Research Centre**



The RGCIRC is an excellent example of a "not-for-profit organization" supplementing government efforts in healthcare.

**Rajiv Gandhi Cancer Institute and Research Centre** is now recognized as one of Asia's premier exclusive cancer centers, offering the distinct advantage of cutting-edge technology applied by renowned super-specialists. This powerful combination of man and machine ensures world-class cancer care for patients not only from India but also from SAARC countries and others. Since our inception in 1996, we have had the privilege of touching the lives of over 2.75 lakh patients.

The Institute provides highly specialized tertiary care services in Medical, Surgical, and Radiation Oncology, which are organized into dedicated Site-Specific teams.

The first hospital in India to perform robotic surgery on cancer patients, the first hospital in India to install true beam radiotherapy, and the first hospital in India to establish a molecular laboratory.

With a current capacity of 500 beds and a surface area of nearly 2 lakh square feet, RGCIRC is one of the continent's largest tertiary cancer care centers. RGCIRC has 14 modern, well-equipped modular operating rooms with three-stage air filtration and gas scavenging systems, as well as two minor operating rooms for day care surgeries.

The Institute features a 51-bed surgical medical care unit, a 21-bed medical care unit, a fervent leukemia ward, a separate thyroid ward, and a freelance 22-bed bone marrow transplant unit that's attributable to pioneering unrelated donor transplants, MUD transplants, and somatic cell transplants. Supportive services include Renal Replacement Therapy and various endoscopies (including EBUS and Endoscopic Ultrasound).

RGCIRC is dedicated to providing its patients with the benefits of cutting-edge technology. The Institute provides best-in-class techniques such as whole-body robotic surgery, intra-operative brachytherapy, True Beam (the next generation Image Guided Radiation Therapy), PET-MRI fusion, High-Frequency Ultrasound, Tomosynthesis (first-of-its-kind revolutionary 3D mammography machine), Nucleic Acid Testing (for the safest blood possible), and advanced diagnostic and imaging techniques such as Digital PET CT, Circulating Tumour Cell testing, liquid biopsy, and Next-Generation sequencing. The institute has a Molecular Laboratory for gene profiling, a Biorepository (Tissue Bank) for clinical and research purposes, and a dedicated Cath Lab for cancer patients to perform all interventional radiology procedures, including portal venous embolization, carotid artery embolization, TACE, TARE, and others.

RGCIRC has consistently been ranked among India's Best Oncology Hospitals and has received numerous awards, including the National Business Leadership & Service Excellence Award 2017 for Best Oncology Hospital in India, the Indywood Medical Excellence Award 2017, the Most Trusted Hospital in Oncology 2017 by India Today (Reader's Digest), India's Most Trusted Hospital for Oncology (Reader's Digest Most Trusted Brands 2016), and the Runner Up in Finest India.

## ABOUT THE LOGO



The philosophy behind the logo of RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE is symbolic of the CRAB

has been universally accepted as a symbol of cancer, the deadly disease.

Encased in a SHIELD, with a SWORD piercing through it, is graphically symbolic of a dreadful disease being kept at bay with the help of a shield as self-protection and the sword as a weapon to destroy the enemy. This conceptualizes the philosophy of “Prevention to Comprehensive Care”.



**Rajiv Gandhi Cancer Institute  
and Research Centre**

A Unit of Indraprastha Cancer Society  
Registered under “Societies Registration Act 1860”

## **VISION, MISSION, AND VALUES**

### **VISION**

To provide affordable oncological care of international standards while also assisting in the eradication of cancer in India through research, education, prevention, and patient care.

### **MISSION**

To be India's leading cancer care provider and the preferred choice of patients, caregivers, faculty, and students.

By providing comprehensive services at a reasonable cost and by leveraging cutting-edge technology, we have demonstrated our commitment to excellence.

### **VALUES**

We value our patients and work with ethics and compassion.

We are concerned and work with mutual respect, trust, and transparency.

We provide a correct diagnosis, sound advice, and effective treatment.

### **OBJECTIVE**

The mission of RGCIRC is to provide the best cancer treatment services to those in need. RGCIRC offers cancer treatment using cutting-edge and cutting-edge technologies, as well as top specialists.

It provides world-class cancer treatment to patients in India and the SAARC countries. Since 1996, this centre has saved the lives of approximately 2.75 lakh people.

RGCIRC has a surgical ICU with 51 beds and a medical ICU with 21 beds. There is separate leukemia, thyroid, and bone marrow transplant ward with 22 beds. There are also renal replacement therapies and a variety of endoscopies, such as Endoscopic Ultrasound.



## **ESTABLISHED**

The society was founded in 1994 under the Society Registration Act of 1860. Sonia Gandhi performed a soft opening for the Institute on July 1, 1996. On August 20, 1996, the then-President of India, Shankar Dayal Sharma, formally launched it in the presence of Sonia Gandhi and others. It began with 152 beds and has since expanded to 500 beds.

## **DEPARTMENTS**

| CLINICAL DEPARTMENTS                             | NON-CLINICAL DEPARTMENTS         |
|--|----------------------------------|
| <b>Surgical Oncology</b>                         | <b>Dietary</b>                   |
| <b>Radiology and Imaging</b>                     | <b>Medical Record Department</b> |
| <b>Medical Oncology</b>                          | <b>CSSD</b>                      |
| <b>Pediatric Haematology Oncology</b>            | <b>Pharmacy</b>                  |
| <b>Radiation Oncology</b>                        | <b>Physiotherapy</b>             |
| <b>Nuclear Medicine</b>                          | <b>Ambulance</b>                 |
| <b>Pathology and Transfusion Services</b>        |                                  |
| <b>Stem Cell and Bone Marrow Transplantation</b> |                                  |
| <b>Anaesthesiology</b>                           |                                  |

## **GENERAL WORKING OF THE DEPARTMENTS**

**Administration** - To improve the ability of hospital staff to manage and organize the hospital effectively and professionally.

**HRD** - Human resource managers are in charge of the organization's employee administrative affairs and Set up training programs for the employees.

**Finance Department** – This department monitors and controls the hospital's finances and sets annual budgets.

**IN Patient Reception**- After seeing a physician, the patient or their proxy must fill out an admission form at this reception, as directed by the physician.

**CSSD** - The CSSD department works 24 hours a day, 365 days a year. Cleaning, disinfection, and sterilization are all done in-house under strict aseptic conditions.

**Medical records** - Document a single patient's medical history and care over time while under the care of a single health care practitioner.

**EWS OPD** - This is an OPD for Delhi's poor population. The Delhi government has made it mandatory. In this doctor sees patients who are below the poverty line for free and gives them free medicines.

**Staff canteen/F&B** - Hospital food and beverage. The hospital kitchen prepares patients' meals based on dietician recommendations, while also constantly calculating material requisitions for the cafeteria, fast food centre, kitchen, and so on. It efficiently tracks required stock such as utensils and cutlery.

**Medical coordinators**- Coordinate patient discharge planning and aftercare services following the physician's indication that the patient is ready for discharge.

**Admission centre**- Before scheduling your doctor's appointment, go to the admissions centre and get basic information, vital information about your hospital stay, and answers to your questions.

**Linen/laundry**- Linen management has a significant impact on patient satisfaction, infection rates, operating costs, and physician satisfaction.

**CT Scan** - Each check-up is tailored to the patient's specific needs, and radiation exposure is kept to a minimum thanks to the efforts of the staff.

**Quality Department** - Ensure that duties and team expertise are clear at the departmental level.

**Information & Technology**- Using the most advanced and relevant information technology to provide you with the highest and most complex level of care possible.

**Reception** - The reception desk, with its welcome counter and 'MAY I HELP YOU' desks, serves as the first point of contact for patients and their attendants in need of assistance.

**Registration** - Patient registration specialists collect patient information and perform administrative tasks such as verifying insurance and completing admissions, transfers, and discharge procedures.

**Cash counter** - The cash counter module will centrally control and settle all cash and credit bills for hospital cash account management. It improves financial discipline and successfully establishes checks and balances to control all cash activities associated with receipts and payments, thereby eliminating the possibility of hospital finance manipulation.

**Outpatient department (OPD)** - A consultant clinic's outpatient department allows consultants and members of their teams to see outpatients. It has one or more consulting rooms as well as supporting facilities like a nurse's station, treatment rooms, and waiting areas.

**ECHO/ECG/TMT** - An electrocardiogram (ECG) is a test that looks for problems with the electrical activity of your heart.

**X-ray-** X-rays, and ultrasound scans are used by the Radiology Department to provide high-quality diagnostic services to in-patients, out-patients, daycare, and emergency patients. These radiological services generate images that can aid in patient diagnosis and treatment.

**Specimen collection** - It refers to the process of collecting tissue or fluids for laboratory analysis or near-patient examination. It is frequently the first step in determining a diagnosis and treatment plan.

**CCU-** A coronary care unit (CCU) or cardiac intensive care unit (CICU) is a hospital ward dedicated to the treatment of patients suffering from heart attacks, unstable angina, cardiac dysrhythmia, and (in practice) a variety of other cardiac disorders that require continuous monitoring and treatment.

**Cath Lab-** A catheterization laboratory, also known as a Cath lab, is a room in a hospital or clinic that is equipped with diagnostic imaging technology for visualizing the arteries and chambers of the heart and treating any stenosis or abnormalities that are discovered.

**Emergency-** An emergency department (ED), also known as an accident and emergency department (A&E), emergency room (ER), or casualty department, is a medical treatment facility that specializes in emergency medicine, or the acute care of patients who arrive without an appointment, either independently or via ambulance.

**OT** - An operating theatre, also known as an operating room (OR) or operating suite, is a medical facility in which surgical procedures are carried out in a sterile environment.

**ICU** - The Intensive Care Unit is reserved for patients who require constant monitoring (ICU). Patients may be critically ill as a result of an acute illness or have been in an accident that resulted in serious and life-threatening injuries.

**Pharmacy** - Unlike community pharmacies, pharmacies typically stock a broader range of pharmaceuticals, including more specialized and experimental medications. It is not a retail store and usually only delivers pharmaceuticals to hospitalized patients.

**General Ward-** When medical staff determines that patients no longer require such close monitoring and one-on-one care, they are moved from the critical care unit to a regular ward. This is a critical stage in their recovery from critical illness.

**Ward (Semi-private)** - A simple curtain filled with the magic of privacy creates privacy. However, this room is the temporary home for two patients—you and a 14-year-old stranger who is also recovering, along with their medical team and any entourage they bring with them.

**Dietician** - A professional who specializes in dietetics, which is the study of human nutrition and diet regulation. A dietician modifies a patient's diet based on their medical condition and specific needs. Dieticians are the only trained medical professionals who can examine, diagnose, and treat dietary problems.

**Physiotherapy** - Instead of medications or surgery, physical therapies such as massage, heat treatment, and exercise are used to treat illness, injury, or deformity.

**Biomedical Engineering** - The engineering department is responsible for a wide range of tasks that can be delegated to other departments. It is specifically responsible for the

operation of all equipment, machinery, and repairs. Building operations maintenance, mechanical and electrical maintenance, and preventive maintenance

**Infection control and prevention** - Infection control is a practical (rather than academic) subfield of epidemiology concerned with preventing nosocomial or healthcare-associated infection. It is a critical component of the healthcare infrastructure that is frequently overlooked and underfunded.

### **HOSPITAL MANAGEMENT**

| <b><u>NAME</u></b>                  | <b><u>DESIGNATION</u></b>   |
|-------------------------------------|---|
| <b>Mr. D. S. Negi</b>               | <b>Chief Executive Officer</b>  |
| <b>Dr. Sudhir Rawal</b>             | <b>Medical Director and Chief of Uro – Gynae Surgical Oncology</b>                          |
| <b>Dr. Gauri Kapoor</b>             | <b>Medical Director RGCIRC, Niti Bagh, and Director Pediatric Hematology &amp; Oncology</b> |
| <b>Dr. Pinky Yadav</b>              | <b>Chief of Operations cum Medical Superintendent</b>                                       |
| <b>Mr. Rajesh Thacker</b>           | <b>Chief Financial Officer</b>  |
| <b>Mr. J. P. Dwivedi</b>            | <b>Chief Information Officer</b>  |
| <b>Mr. Bishwajit Das</b>            | <b>General Manager - HR</b>   |
| <b>Mr. Debasis Routray</b>          | <b>Sr GM - Materials</b>  |
| <b>Mr. Ashwani Kaushal</b>          | <b>(Chief of Engineering</b>  |
| <b>Dr. Vikalp Singh</b>             | <b>Head Operations - RGCIRC, Nitibagh</b>   |
| <b>Mrs. Madhumita Dhall</b>         | <b>Director Nursing</b>   |
| <b>Mr. D. P. Tyagi</b>              | <b>Chief Security Officer</b>   |
| <b>Mr. K. S. Rana</b>               | <b>DGM - MRD</b>  |
| <b>Mrs. Mansi Bajaj</b>             | <b>Legal Consultant</b>   |
| <b>Mr. Sanjay Bhardwaj</b>          | <b>Head - Public Relations &amp; Protocol</b>   |
| <b>Mr. Amit Malik</b>               | <b>DGM - F&amp;B and Housekeeping</b>   |
| <b>Mr. Manindra Bhushan</b>         | <b>Chief Medical Physicist &amp; Radiation Safety Officer (RSO)</b>                         |
| <b>Mr. Gurvinder Singh Wadhawan</b> | <b>Chief Radiotherapy Technologist</b>  |

## **ACCREDITATION**

Hospital NABH Accreditation

NABH Blood Bank Accreditation







NABH Ethics Committee Accreditation

Laboratory Services Accreditation by the NABL

NABH Nursing Excellence Certification

Bureau Veritas Green OT Certification

## **EMERGENCY CODES**

| CODES  |   | SITUATION           |
|--------|---|---------------------|
| BLUE   |  | INDIVIDUAL DISASTER |
| RED    |  | FIRE EMERGENCY      |
| PINK   |  | MISSING PERSON      |
| YELLOW |  | EXTERNAL DISASTER   |
| PURPLE |  | DANGEROUS PERSON    |
| BLACK  |  | BOMB THREAT         |

NOTE - Call 2003 from the nearest intercom or dial 011-47022003 from your mobile phone.

## FLOOR PLAN

| <b><u>BLOCK -A</u></b>                           | <b><u>BLOCK -B</u></b>  | <b><u>BLOCK -C</u></b>  | <b><u>BLOCK-D</u></b>            |
|--|---|---|----------------------------------|
| <b><u>THIRD FLOOR</u></b>                        | <b><u>THIRD FLOOR</u></b>   | <b><u>FOURTH FLOOR</u></b>  | <b><u>NINTH FLOOR</u></b>        |
| OT COMPLEX<br>POST OP WARD and<br>SURGICAL (ICU) | MEDICAL ICU<br><br>BMTU<br>Room No. 351-354                           | Room No. 2451- 2474   | OT<br><br>(OPERATION<br>THEATRE) |
| <b><u>SECOND FLOOR</u></b>                       | <b><u>SECOND FLOOR</u></b>  | <b><u>THIRD FLOOR</u></b>   | <b><u>EIGHTH FLOOR</u></b>       |
| WARDS<br><br>Room No. 201-216                    | *Room No. 251-259<br>*THYROID WARD<br>*PHYSIOTHERAPY                  | Room No. 2351- 2374   | BMTU                             |
| <b><u>FIRST FLOOR</u></b>                        | <b><u>FIRST FLOOR</u></b>   | <b><u>SECOND FLOOR</u></b>  | <b><u>SEVENTH<br/>FLOOR</u></b>  |
| MINOR OT<br><br>Room No. 101- 121                | NUCLEAR MEDICINE<br>DEPARTMENT<br><br>CT SCAN, MRI, ECG,<br>DEXA SCAN | MEDICAL and PAED.<br>HEMATO<br>ONCOLOGY OPD<br><br>SAMPLE<br>COLLECTION<br><br>Room No. 2271-<br><br>2291 | MEDICAL ICU                      |

|   |   |  |  |
|---|---|--|--|
| <u><b>GROUND FLOOR</b></u><br><br>EMERGENCY<br>COMPREHENSIVE<br>BREAST CANCER CARE<br>RADIATION ONCOLOGY<br>OPD<br>RADIOLOGY,<br>PET SCAN | <u><b>GROUND FLOOR</b></u><br><br>CYTOTOXIC<br>ADMIXTURE UNIT<br><br>FOOD AND<br>BEVERAGES  | <u><b>FIRST FLOOR</b></u><br><br>DAY CARE  | <u><b>SIXTH FLOOR</b></u><br><br>IPD WARDS   |
| <u><b>BASEMENT-1</b></u><br><br>LABORATORY<br>BLOOD BANK<br>PRAYER ROOM   | <u><b>BASEMENT-1</b></u><br><br>ADMINISTRATIVE<br>BLOCK<br>RESEARCH, HR<br>DEPARTMENT<br><br>BILLING AND<br>FINANCE<br>MEDICAL RECORDS<br>DEPT. | <u><b>GROUND FLOOR</b></u><br><br>MAIN RECEPTION<br>SUPERINTENDENT<br>OFFICE<br><br>ADMISSIONS<br><br>REPORT<br>COLLECTION<br>SURGICAL OPD<br>PHARMACY<br>CASH COUNTER | <u><b>FIFTH FLOOR</b></u><br><br>IPD WARDS   |
|   |   | <u><b>BASEMENT-1</b></u><br><br>PURCHASE<br>DEPARTMENT<br>IT DEPARTMENT  | <u><b>FOURTH FLOOR</b></u><br><br>IPD WARDS  |
|   |   | <u><b>BASEMENT-2</b></u><br>CONFERENCE HALL<br><br>IGRT<br><br>CONTOURING  | <u><b>SECOND FLOOR</b></u><br><br>OPD<br><br>SAMPLE<br>COLLECTION<br><br>PICC LINE<br>DRESSING |



|  |  |  |   |
|--|--|--|---|
|  |  |  | MRI   |
|  |  |  | <b><u>FIRST FLOOR</u></b><br>OPD<br>SAMPLE<br>COLLECTION      |
|  |  |  | <b><u>GROUND<br/>FLOOR</u></b><br>OPD<br>SAMPLE<br>COLLECTION |

### **SERVICES**

- A) Standards: International
- B) Emergency Department: Yes
- C) Bed Availability (Rohini):500 (Currently)

### **OTHER SERVICES**

- Physiotherapy
- Palliative
- Day Care
- Emergency
- Counseling
- Telemedicine
- Pharmacy
- Prevention
- Preventive
- Physiotherapy
- Palliative

## **Treatment of Cancer**

- "Blood Cancer Treatment"
- "Bone Cancer Treatment"
- "Bone Marrow Transplant"
- "Breast Cancer Treatment"
- "Cervical Cancer Treatment"
- "Head & Neck Cancer Treatment"
- "Liver Cancer Treatment"
- "Lung Cancer Treatment"
- "Pancreatic Cancer Treatment"
- "Pediatric Cancer Treatment"
- "Prostate Cancer Treatment"
- "Mouth Cancer Treatment"
- "Throat Cancer Treatment"
- "Urinary Bladder Cancer Treatment"
- "Brain Tumor Surgery"

## **STRATEGIES**

" RGC&RC has shaped strategic alliances with internationally illustrious institutes like Chief Executive University, catapulting RGC&RC into a world league of select hospitals that are pioneers in an exceedingly new approach to cancer treatment."

## **ACADEMICS**

In addition to providing patient care, they participate in research projects and collect scientific cancer information to investigate its "incidence, prevalence, distribution, aetiology, symptoms, and to promote its prevention and cure." The academic programs offered by the institute are as follows:

- "DNB program credited by the National Board of Examinations, Delhi"
- "Fellowship Programs recognized by Indian Medical Association-Academy of Medical Specialties, Hyderabad"
- "Oncology Radiology Fellowship Program"
- "B.Sc. in Medical Technology Program"
- "Recognized Diploma Programs by the Indian Medical Association, Delhi"
- "Nursing Aide Training"
- "Autonomous Oncology Nursing Course"

## **PATH-BREAKING INITIATIVES**

RGCI&RC pioneered a breakthrough electrical technology known as the "Nano knife," which is used to treat cancer in a minimally invasive manner. The Nano knife enables radiologists to treat tumors that were previously difficult to treat due to their location. "Dr. Shivendra Singh," a senior consultant, explained that "the Nano knives target tumors that are small, say less than 5 cm in size, and tumors that are difficult to remove due to their precise location, or tumors that have not demonstrated any progress to traditional treatment."

RGCI&RC organizes a variety of programs to spread positivity with Cancer Survivor Children Cancer survivorship in an inspiring testimony to the human spirit of never-say-die.

The hospital's fortitude and determination in the face of cancer.

"TRUEBEAM" is a breakthrough technology that is an image-guided radiation therapy system for cancer and radiosurgery. It can also be used to treat cancers anywhere in the body, such as the head and neck, lung, breast, cervix, prostate, oesophagus, and so on.

## **CONCLUSION**

RGCI & RC is a one-of-a-kind cancer care facility in Northern India that can diagnose and treat all types of cancer. The hospital is notable for its highly qualified doctors and employees, as well as an experienced management team. Its research program contributes to the continuous improvement of therapy and cares for all types of patients.

Their management/administration team effectively handles every situation/issue that the patient faces. The hospital's ambiance is pleasant, and the services provided to patients are excellent.

## **DEPARTMENTS OBSERVED**

- 1. Outpatient Department (OPD)**
- 2. Working of Pneumatic tube in IPD**
- 3. Pre-anaesthesia Check-up Counter**
- 4. Radio oncology Summary Department**

## **DEPARTMENT WISE OBSERVATION**

### **1.) OPD DEPARTMENT:**

OPD at RGCIRC is planned on a Disease Management Group basis, which means they are planned with site-specific treatment modalities in mind. Medical Oncology, Surgical Oncology, and Radiation Oncology of related disease/sites are all located on the same floor and block of the hospital. The May I Help You Desk, located near the main Reception, directs patients to their respective OPDs/ IPDs/ Support service areas.

All new patients who visit the hospital for the first time are registered at the Registration Counter, which is located in the main Reception area. A Central Registration Number (CR.NO) is assigned to the patient, and a Medical Records File is created, which will be used in all future OPD and IPD visits to document the patient's treatment journey.

To register, patients must bring a copy of their photo ID and address proof, as well as their Pan Card or Aadhar Card. International patients must bring a copy of their passport.

All OPD areas have Initial Assessment Units. A detailed patient history, past medical history, and history of current illness are all taken here to ensure that nothing is overlooked when making a diagnosis.

All OPD areas have Sample Collection Rooms for lab investigation. These have Pneumatic Tube Chutes attached for quick sample delivery in the lab.

Dressing rooms/PIC Line dressing rooms, Ostomy care rooms, and Procedure rooms are available in all affected OPD areas.

Triage services are available in OPDs to check patient vitals and identify cases that require immediate attention.

Cafeterias are available on all floors for the convenience of patients and attendants.

The Mothers' Feeding Pod, located on the ground floor of the OPD, was specially designed for mothers of pediatric patients to feed their babies in privacy.

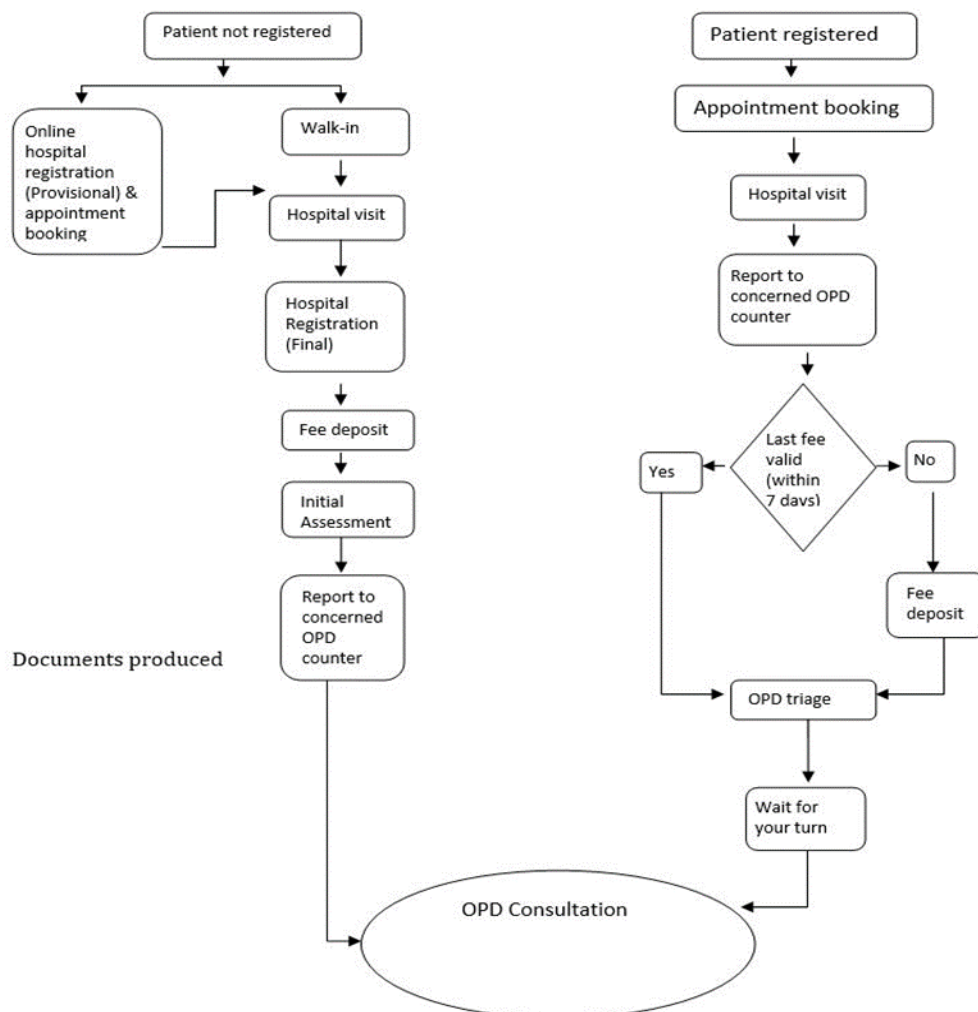
All OPDs are well-designed, with ample space and waiting areas. Televisions and token display screens are available in the waiting areas. All OPD floors have drinking water, male/female washrooms, and washrooms for differently-abled patients/attendants.

Timings for OPD:

Tuesday and Friday, 2:00 p.m. to 5:00 p.m. (EWS) (the last card is made till 04:45 pm)

Regular hours of operation: 9:00 a.m. to 5:00 p.m. (All weekdays)

The Appointments Counter is located in the main reception area, where you can schedule your next OPD visit. You can, however, make an appointment over the phone or online via the website.



## **Observations: -**

- Location – Ground floor -Counters A and B.
- Concerned with Appointment Scheduling
- Reasons for patients waiting during the OPD hours
- Data collected by direct interviewing the patient and from Paras Portal in which all the information related to the patient is available
- Patients' preference about the prior scheduling of the appointments
- Patients mode of Appointment scheduling
- Reasons for not taking Prior Appointment
- The behavior of the front desk executive staff while dealing with the patients

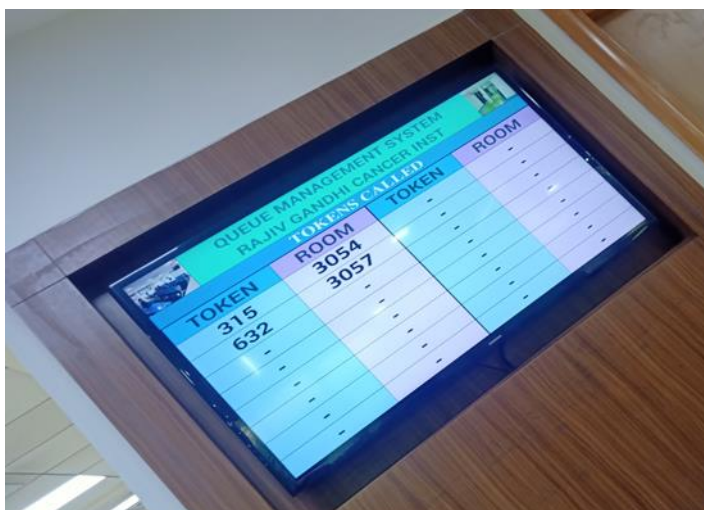
The Process of OPD flow was observed during the first two weeks of the Internship.

The Front Office Staff's behavior was observed. In this observation, a few parameters were kept in mind, such as politeness in answering questions, patience, and empathy towards patients. Their willingness to guide them through any problem.

During this observation, the staff's behavior (Counter B) was found to be satisfactory. Throughout the process, the staff was courteous and helpful, and they were eager to assist the patient in any way they could. Patient files were prioritized, and patients were also satisfied. Staff at Counter A, on the other hand, lacks patience and empathy. The employees were only concerned with completing their tasks.

Another observation was the non-operation of QMS (Queue Management System).

Tokens assigned to patients were not displayed on the screen; instead, they were being called manually by staff. They were irritated and dissatisfied because they were unaware of their sequence, the current number, and how long they had to wait.

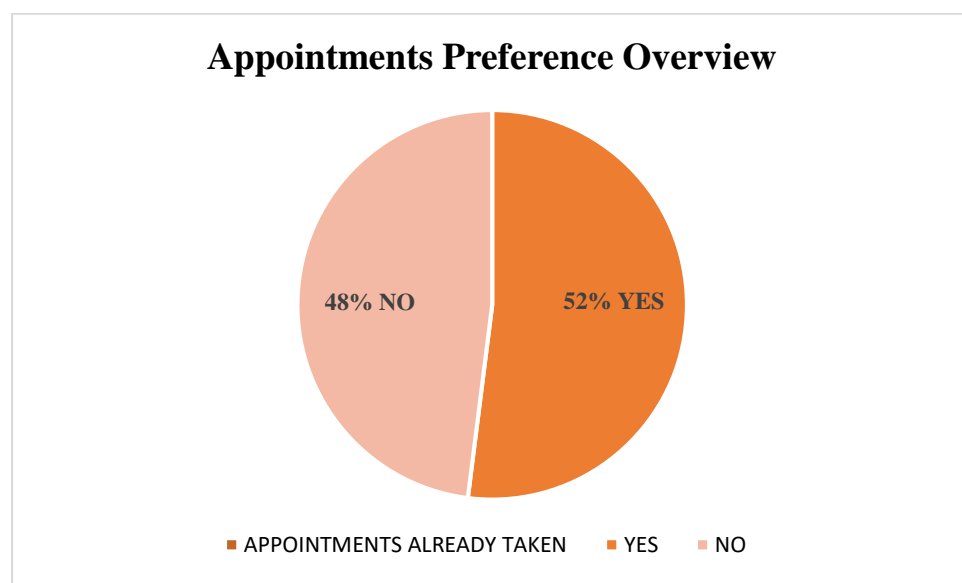


The majority of the patients or attendants questioned about the RGC CARE APP responded that they are not aware of it. Those aware responded that they are not happy with the interface. Reports are not timely available. So many technical glitches were reported. The appointment booked via the care app didn't appear in the system.

Another observation made was regarding appointment scheduling.

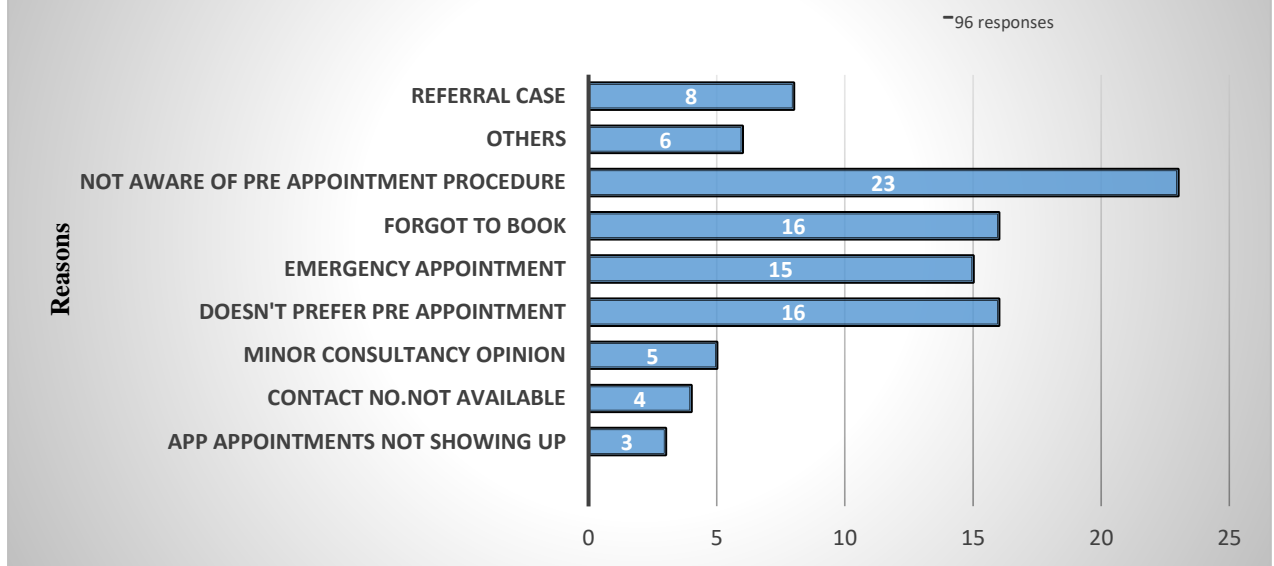
The vast majority of patients who walked into the OPD had no prior scheduled appointment. A questionnaire was created, and patients were asked about their preferred mode of appointment booking, as well as the reasons for not booking an appointment.

Randomly 200 patients/attendees visiting the OPD during that time were polled about their appointment preferences, and the following observations were made.:

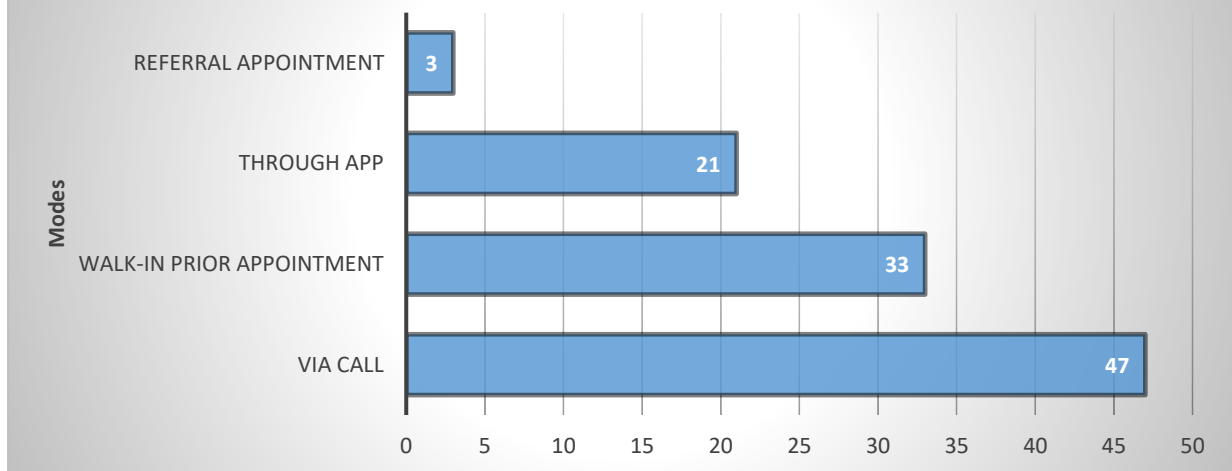




## Reasons for not taking Prior Appointments



## Prefer Mode Of Pre Appointment



According to the observations, the majority of the patients do not prefer to take prior appointments.

Several reasons were observed:

- App Appointments not showing up
- Contact number not available
- Minor Consultancy Opinion
- Doesn't Prefer Pre-Appointment
- Emergency Appointment

- Forgot to Book
- Unaware of Pre-Appointment Procedure

The majority of patients reported being unaware of the Pre-Appointment process. Many of them encountered technical difficulties while booking through the App.

Those who scheduled a Prior Appointment preferred the following modes:

- Call
- Walk-in Prior Appointment
- App
- Referral Appointment

### **Recommendations:**

Patients should be informed about the pre-appointment process and the advantages of pre-booking in the OPD.

The app must be checked regularly for technical issues that arise while booking an appointment.

Appointment booking contact no. must be mentioned on the OPD payment slip so that the patient can refer to it whenever needed, or a separate card can be provided to the patient guiding them on how to schedule an appointment.

The details and process for booking appointments via APP must be explained to the patient during the initial visit itself.

More awareness about the RGCI CARE APP, and timely checking about its proper functioning.

(PFP-A-024)

**Rajiv Gandhi Cancer Institute and Research Centre**  
 A Unit of Indraprastha Cancer Society  
 Registered under "Societies Registration Act 1860"  
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**APPOINTMENT PLEASE !**

- Please take prior appointment for the next visit before leaving the hospital.
- Please check your appointment at the time of discharge (New Building Main Reception)
- Prior appointment is required in the following situations.
  - For revisit.
  - For getting admission slip from the doctor.
  - For showing reports to the doctor.
  - For dressing.
  - For radiation therapy.
  - For estimate or certificate purpose.
- You can also take appointment by phone 011 - 47022070 / 47022071.
- In case of emergency no prior appointment is necessary, report to casualty immediately.
- **Taking an appointment is free of charge.**

**Kindly co-operate, this is for your convenience.**

## **2.) Pneumatic Tube working in IPD:**

Pneumatic tubes (or capsule pipelines, also known as pneumatic tube transport or PTT) are systems that use compressed air or a partial vacuum to propel cylindrical containers through networks of tubes.

Pneumatic tube systems are the best solution in hospitals when long distances must be covered and every second counts, such as during surgery or when a blood product or sample result is needed immediately. The hospital tube system transports blood, tissue, urine, or medication quickly, safely, and without shock.

These systems provide numerous benefits:

- Increase the speed with which tasks like sample delivery are completed.
- Pneumatic tube systems save a significant amount of space and time.
- Increase the workforce's efficiency.
- Protect the delivered pathological specimen from damage.
- Reduce the average turnaround time

The RGCi pneumatic tube system connects all nursing stations, wards, labs, and pharmacies.

It is such an amazing technology that nurses no longer need to wait for staff to come to collect samples or arrange for patient medication from the pharmacy. This system speeds up and simplifies every process.

Nurses pack the samples in the carrying bag and select the desired station number, and it reaches so quickly.



### **3.) PRE-ANAESTHESIA CHECK-UP COUNTER**

The PAC counter is located on the first floor D Block (Room No. 3179)

Every patient scheduled for surgery gets a thorough pre-anesthetic evaluation that includes a detailed history, physical examination focusing on the airway and spine, and other required investigations, referrals to specialists based on co-morbidity, stage of cancer, and nature/extent of the proposed surgery, and patient counseling. For record-keeping, a detailed pre-anaesthetic form is completed. The clinical assessment that occurs before the administration of anesthesia or surgical and nonsurgical procedures has been defined as a pre-anesthesia check-up (PAC). The primary goal of this endeavor is to assess, identify, and diagnose unknown co-morbidities that directly or indirectly affect patients' perioperative management. Perioperative care for a surgical patient includes preoperative evaluation (to determine the patient's ability to withstand the procedure). This starts with the surgeon taking a history and performing an examination. The role of anesthesiologists is known as pre-anesthesia evaluation (PAE) or pre-anesthesia check (PAC).

Adequate planning in this area aids in the development of specific plans and changes in inpatient management to make surgery safer. The PAC also assists in risk stratification and allows for optimal preoperative optimization.

A patient's history, physical examination, and review of pertinent medical records, if available, comprise the PAC in its most basic form. Any anomaly discovered necessitates further investigation or consultation with appropriate specialists.

A time-motion study was conducted to see the average time it takes for the whole process to get completed. Randomly few patients were selected and their turnaround time was noted in the department of PAC. The average waiting time spent per patient came out to be 01 hour and 8 mins. The total time spent on the procedure is 25 mins.

The major reasons for waiting were:

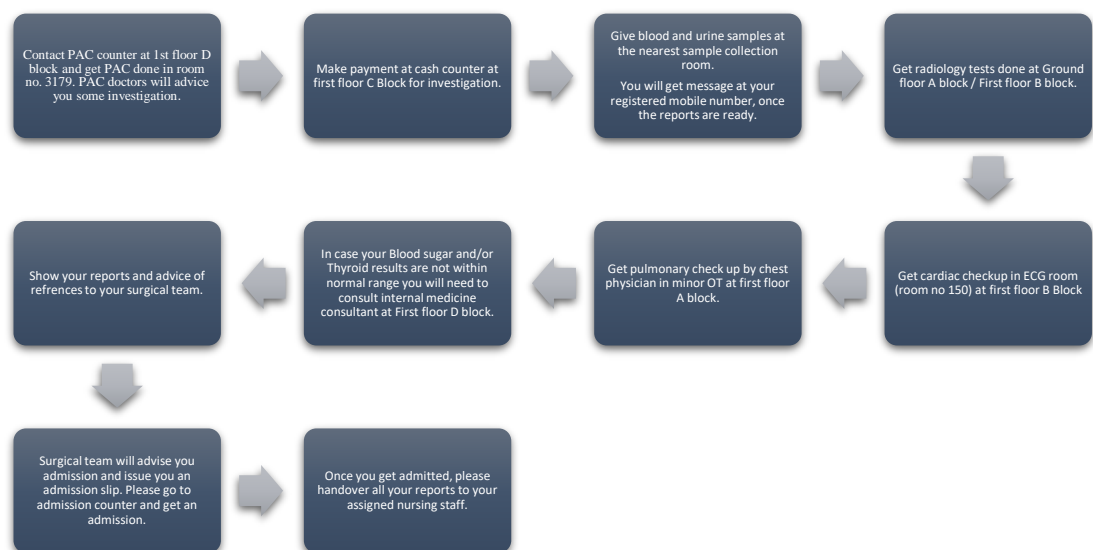
Long waiting Queues

Unavailability of files

Doctors going out for emergency cases

Recommendation:

Files should be arranged on a priority basis. During the rush hours, 2 Doctors should be there for the procedure.





**Rajiv Gandhi Cancer Institute  
and Research Centre**

AN ISO 9001:2015 CERTIFIED ORGANIZATION  
"Excellence in Healthcare" (Rajiv Gandhi Cancer Institute and Research Centre)

**ANAESTHESIA DEPARTMENT  
(TICK THE PRE- OP INVESTIGATIONS)**

PATIENT NAME: -  
Age / Sex:

CR. NO.:-

Doctors Name :

| LAB. TEST<br>(NEW BUILDING D - BLOCK ROOM NO 3070 G . FLOOR/2154 FIRST FLOOR /3260 SECOND FLOOR ) |   |
|---|---|
| CK  | INVESTIGATION   |
|   | <b>HAEMATOLOGY</b>  |
|   | CBC   |
|   | PROTHROMBIN TIME & INR  |
|   | PTTK  |
|   | <b>BIOCHEMISTRY</b>   |
|   | KIDNEY FUNCTION TEST ( KFT )  |
|   | BLOOD UREA  |
|   | SERUM CREATININE  |
|   | LIVER FUNCTION TEST ( LFT )   |
|   | BLOOD SUGAR : RANDOM / FASTING / PP   |
|   | Na+ / K+  |
|   | Ca+   |
|   | TFT   |
|   | T3  |
|   | T4  |
|   | TSH   |
|   | HbA1C   |
|   | URINARY CATHECOLAMINE   |
|   | URINE : Sugar / Ketones   |
|   | <b>MICROBIOLOGY / MOLECULAR LAB</b>   |
|   | VIRAL MARKERS ( HIV , HBs Ag , HCV )  |
|   | COVID -19 Test  |
|   | <b>RADIOLOGY ((GROUND FLOOR OLD BUILDING A- BLOCK)</b>                                    |
|   | CHEST PA ( X - RAY )  |
|   | CERVICAL SPINE AP/ LATERAL ( NECK )   |
|   | <b>NON INVASIVE CARDIOLOGY (ECG ROOM) (FIRST FLOOR OLD BUILDING ROOM NO.150 B- BLOCK)</b> |
|   | ECG   |
|   | PFT   |
|   | COLOR DOPPLER U/S   |
|   | <b>REFERRALS</b>  |
|   | <b>CARDIOLOGY:</b> (FIRST FLOOR OLD BUILDING, B- BLOCK ,ROOM NO.150)                      |
|   | <b>GASTRO-ENTROLOGY</b> (FIRST FLOOR OLD BUILDING A - BLOCK, MINOR OT)                    |
|   | <b>PHYSICIAN</b> (FIRST FLOOR ROOM NO. 3180 D - BLOCK )                                   |
|   | <b>CHEST PHYSICIAN</b> ( FIRST FLOOR OLD BUILDING MINOR OT (A - BLOCK)                    |
|   | <b>NEURO PHYSICIAN / NEURO SURGEON</b> GROUND FLOOR NEW BUILDING ( D- BLOCK )             |
|   | <b>NEPHROLOGIST</b>   |
|   | <b>PSYCHIATRIST / PSYCHO- ONCOLOGIST</b>  |
|   | <b>OTHERS</b>   |

**Work Process and Manpower Utilisation of the Front office Executives in the Radiation Oncology Summary Department at RGCI and ways to reduce the delay in the Process of Preparation of Treatment Summaries.**

-DR. SUDITI ARORA

**ABSTRACT:**

Manpower is the most important resource in the delivery of health planning. The goal of manpower planning is to provide the right kind of personnel in the right number with the right skills at the right place at the right time doing the right job. An effective health system is built on well-trained and competent human resources. Because health care delivery is labor-intensive, health manpower planning is essential to ensure that manpower utilization takes place in the best possible way.

AT RGCI Radio oncology Summary Department – Treatment Summaries are the most important part of the department's work aspect.

A treatment summary is a detailed description of a patient's disease, the type of treatment received, and any side effects or other complications caused by treatment.

A treatment summary can be used to help plan follow-up care after a disease, such as cancer, has been treated. Treatment Summaries are an important component of communication between the radiation oncologist, care team, and patient in radiation oncology. A detailed treatment summary is provided to the patient and a copy of the same is kept in the hospital as well. Any delay in the preparation of the summary process will hamper the overall patient experience.

This project will let us know about Manpower Utilization in the Radiation oncology Summary Department at RGCI which is essential to improve its efficiency and to decide about augmentation or downsizing of the Front office Manpower in the Department.

The study will conclude the main reasons for the delay in the issuance of Final Treatment Summaries and the identification of bottlenecks needed to be removed for optimum utilization.

**INTRODUCTION:**

Manpower is one of the most important resources used by an organization to achieve its goals. A hospital is a labour- and capital-intensive organization in the sense that healthcare professionals are available at a premium cost to the organization. Interaction between healthcare consumers and providers is an essential component of healthcare delivery. As a result, manpower must be used to its full potential.

The workforce utilization rate is the percentage of a person's total working hours spent on billable work.

A treatment summary is a detailed description of a patient's disease, treatment, and any side effects or other complications caused by treatment.

Treatment summaries are an essential component of radiation oncology communication between the oncologist, care team, and patient.

Radiation oncologists can use treatment summaries to build on previous efforts and improve the future quality of care for all radiation therapy patients. The radiation oncology treatment summary denotes the completion of radiation therapy treatment for a patient. More importantly, the document includes numerous details about the patient's treatment course and follow-up plan that will be useful to the patient's current and future physicians, including oncologists and primary care physicians. Because nearly all radiation-treated cancer patients receive multimodality care, accurate, complete, and timely communication among their treating oncologists is critical.

Treatment summaries are an essential component of radiation oncology communication between the oncologist, care team, and patient. The document paid close attention to the radiation oncology treatment summary, as well as guiding consultation and follow-up notes.

The treatment summary includes the patient's cancer diagnosis and stage, the dates the patient was treated, the total doses of radiation delivered to the target/tumor being treated and other key organs, the total number of treatments delivered, and any post-treatment follow-up plans, scheduled referrals, and/or instructions. Other optional technical details include the method of delivery, the number of beams, their orientation, energy, and/or the fractionation scheme used.

The radiation oncology Summary Department consists of 4 units:

- ❖ B: Dr. Munish- Head & Neck, Brain
- ❖ A: Dr. Swarupa- Genito-urinary, Gynae, Skin
- ❖ C: Dr. Kundan- Breast, Bone & STS, Haematological, Lung
- ❖ D: Dr. Jaskaran- Gastro-Intestinal, Paediatric

Work done in the department:

- Discharge Summary process. (treatment summary, ward summary)
- Rt no. allotment
- Bill settlements
- Bill re-evaluation for pending payments.
- Material indentation
- Refund payments
- Change of package
- Billing reminders for mainly 3 or 5 fractions
- Patient counseling and calls for payment reminders.
- Bill certificate issue

Summaries of OPD patients, Day care patients and IPD patients for all four units are created here.

Billing based on OPD and IPD is also done here.



Key responsibilities of the department:

Summaries, bill settlements, Rt. No. allotment and PT counseling are all done on an OPD basis.

Summaries, Bill slip issuance, Bill settlements, Rt. No. allotments, T/t cards follow-up for payment checks, and Pt. counseling are all done on an IPD basis.

Administrative tasks include material indentation for the department and staff leave application.

### **AIM:**

To Check the Work Process and Manpower Utilisation of the Front Office Staff in Radiation Oncology Summary Department and Ways to Reduce the Delay in The Process of Preparation of Summaries.

### **OBJECTIVES:**

- To examine the manpower utilization of the front office staff in the radiation oncology summary department at RGCI.
- To find out the reasons for the delay in the process of preparation of patients' treatment summaries in the radiation oncology summary department.
- To determine if there are any bottlenecks in the proper and efficient Manpower utilization.

### **METHODOLOGY:**

**Study Design:** Prospective Observational Study Design.

**Sample Size:** All the files being received in the department and work process was recorded for 7 days. The Work schedule of the front office executive staff was also recorded for another 7 days.

**Sample Design:** Convenience Sampling.

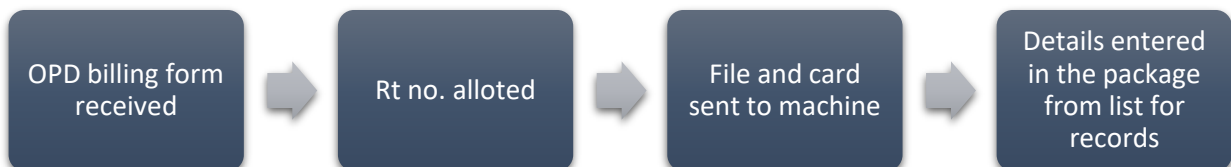
A quality improvement study was carried out at the radiation oncology summary department. The goal was to increase the percentage of treatment summaries and the timely completion of the same. Baseline data characterizing the time between the receiving of the file in the department and completion of the treatment summary were collected. To better understand perceived barriers to completing T/T Summaries on time, the work done and the work process in the department was observed. All parameters were collected using direct observation. The overall work schedule of the front office Executives was recorded to Calculate the productive working time via the researcher being a complete participant.

## PROCESSES IN THE DEPARTMENT:

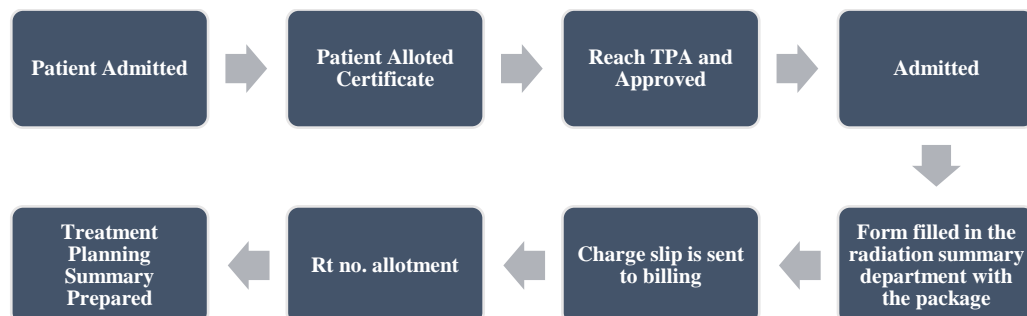
### Summary Process



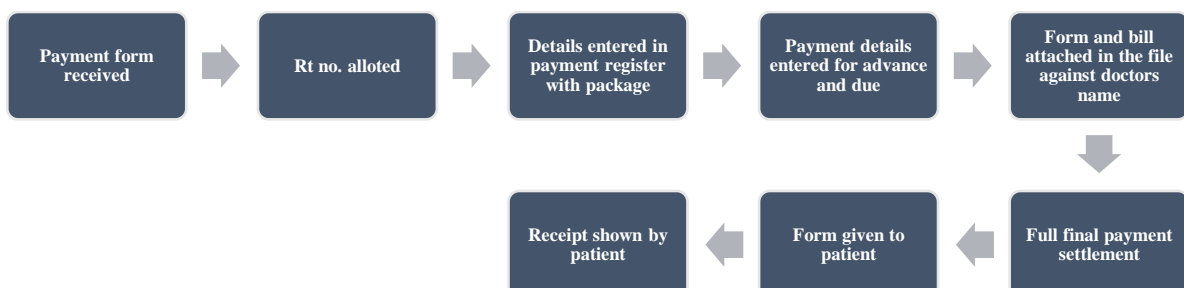
### Billing Process



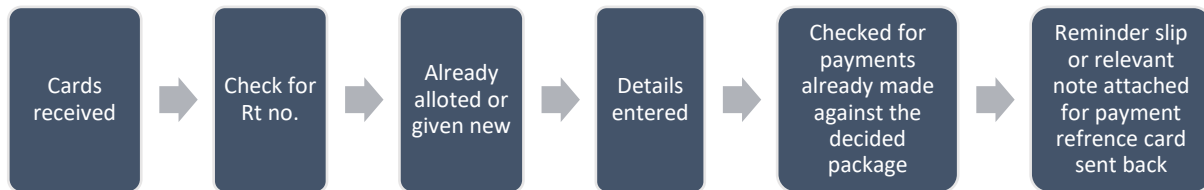
### IP Billing



### First Part Payment Billing



## Radiation Treatment card



**No. of patients Receiving Therapy on daily basis and details of pending summaries if any:**

| Category            | Date    | Treated | Complete | Summary done                                     | Summary pending |
|---------------------|---------|---------|----------|--|-----------------|
| Linac 2             | 9/5/22  | 22      | 1        | 235279   | nil             |
|                     | 10/5/22 | 25      | 1        | 305661   | Nil             |
|                     | 11/5/22 | 27      | 0        |  | nil             |
|                     | 12/5/22 | 27      | 0        |  | nil             |
|                     | 13/5/22 | 27      | 2        | 305848,181030                                    | nil             |
|                     | 14/5/22 | 7       | 3        | 306320,274110,303342                             | nil             |
| Linac 1 (True beam) | 9/5/22  | 73      | 1        | 304180   | nil             |
|                     | 10/5/22 | 77      | 3        | 272088,304153,305794                             | nil             |
|                     | 11/5/22 | 66      | 2        | 303041,303714                                    | nil             |
|                     | 12/5/22 | 74      | 2        | 300451,267064                                    | nil             |
|                     | 13/5/22 | 70      | 1        | 299539   | nil             |
|                     | 14/5/22 | 12      | 7        | 292028,306258,189499,306004,303873,182474,206868 | nil             |

| Category | Date    | Treated | Completed | Summary done  | Pending |
|----------|---------|---------|-----------|---------------|---------|
| Tomo     | 9/5/22  | 18      | 0         |               | nil     |
|          | 10/5/22 | 18      | 1         | 302697        | nil     |
|          | 11/5/22 | 19      | 1         | 303962        | nil     |
|          | 12/5/22 | 19      | 0         |               | nil     |
|          | 13/5/22 | 19      | 2         | 303219,299316 | nil     |
|          | 14/5/22 | 2       | 1         | 297789        | nil     |
| Rapid R  | 9/5/22  | 47      | 4         |               | nil     |
|          | 10/5/22 | 48      | 2         |               | nil     |
|          | 11/5/22 | 45      | 4         |               | nil     |
|          | 12/5/22 | 44      | 1         | 300217        | nil     |
|          | 13/5/22 | 48      | 1         |               | Nil     |
|          | 14/5/22 | 11      | 3         |               | nil     |

## FINDINGS AND OBSERVATIONS:

The Department's total manpower is 4.

- 2 front-desk executives, and 2 support personnel.

According to the data collected and observations, the average time spent preparing the Treatment summary is 25 minutes and Ward Summary is 40 minutes.

The longest delay observed in the preparation of the summary is 2 hours and 21 minutes.(  
Acc to STANDARDS it is 45-60 mins.)

The reasons for the observed lag were:

- MR notes were unavailable in the PARAS.
- Confusion overdosage.
- Consultant is preoccupied with reviewing the FINAL draft version.
- Files not received timely.
- Interruptions because of other Works.
- Sometimes because of IT technical glitches, summaries don't get saved and they need to make it again from the beginning.

The process of summary preparation is otherwise smooth and streamlined. The utilization of manpower is adequate.

- There is an ample amount of work to be carried out in the department on the daily basis by the 2 executives.

| work                          | start time | finish time | total time | break time b/t 2 tasks |
|-------------------------------|------------|-------------|------------|------------------------|
| Rt no. eneteries in system    | 09:17      | 10:00       | 00:43      |                        |
| Payment check                 | 10:00      | 10:14       | 00:14      | 00:00                  |
| summary                       | 10:16      | 10:30       | 00:14      | 00:02                  |
| Cofee break                   | 10:30      | 10:35       | 00:00      | 00:00                  |
| certificate issue             | 10:35      | 10:43       | 00:08      | 00:00                  |
| Payment check                 | 10:46      | 11:20       | 00:34      | 00:03                  |
| Billing checked for t/t cards | 11:30      | 12:15       | 00:45      | 00:10                  |
| Dental Summary                | 12:15      | 13:00       | 00:45      | 00:00                  |
| Lunch                         | 13:00      | 14:00       | 00:00      | 00:00                  |
| Payment check                 | 14:10      | 15:00       | 00:50      | 00:10                  |
| file enteries completion      | 15:00      | 15:30       | 00:30      | 00:00                  |
| summary                       | 15:35      | 16:00       | 00:25      | 00:05                  |
| Billing certificate           | 16:08      | 16:26       | 00:18      | 00:08                  |
|                               | Total=     |             | 05:26      | 00:38                  |

| Work                        | Start Time | Finish Time | Total Time | break time bw 2 tasks |
|-----------------------------|------------|-------------|------------|-----------------------|
| Summary                     | 09:16      | 09:55       | 00:39      |                       |
| Biling ICU pt.              | 10:00      | 10:07       | 00:07      | 00:05                 |
| Indent Work                 | 10:10      | 10:50       | 00:40      | 00:03                 |
| Pt charge sheet for billing | 10:50      | 10:58       | 00:08      | 00:00                 |
| Breakfast                   | 11:00      | 11:10       | 00:00      | 00:02                 |
| Summary (ward)              | 11:15      | 11:42       | 00:27      | 00:05                 |
| Summary 306262              | 11:45      | 12:12       | 00:27      | 00:03                 |
| Summary (rajneesh)          | 12:14      | 12:40       | 00:26      | 00:02                 |
| Summary (ajay)              | 12:43      | 13:08       | 00:25      | 00:03                 |
| Summary ( murti devi)       | 13:20      | 14:00       | 00:40      | 00:12                 |
| lunch break                 | 14:00      | 14:55       | 00:00      | 00:00                 |
| Payment check               | 15:00      | 15:05       | 00:05      | 00:05                 |
| Card for billing            | 15:05      | 15:10       | 00:05      | 00:00                 |
| Summary                     | 15:10      | 15:34       | 00:24      | 00:00                 |
| Pt. Certificate             | 15:45      | 16:00       | 00:15      | 00:11                 |
| Summary                     | 16:00      | 16:24       | 00:24      | 00:00                 |
| billing lgrt                | 16:28      | 17:00       | 00:32      | 00:04                 |
| rt no. allotment            | 17:00      | 17:15       | 00:15      | 00:00                 |
|                             | Total=     |             | 05:59      | 00:55                 |

Volumes of work:

| Date         | Ward Summary                | Treatment Summary          | Rt. No.Allotment | Total                  |
|--------------|-----------------------------|----------------------------|------------------|------------------------|
| 9/5/22       | 2                           | 5                          | 9                | 16                     |
| 10/5/22      | 1                           | 13                         | 11               | 25                     |
| 11/5/22      | 6                           | 11                         | 9                | 26                     |
| 12/5/22      | 4                           | 6                          | 5                | 15                     |
| 13/5/22      | 5                           | 6                          | 5                | 16                     |
| 14/5/22      | 3                           | 15                         | 4                | 22                     |
| Average      | 3.5                         | 9.3                        | 7.2              | 20                     |
| Working hrs. | 3*50=2 hours and 30 minutes | 9*30= 4 Hours : 30 Minutes | 7.2*2.5=30mins.  | 7 hours and 30 minutes |

\*Treatment Cards checked twice a week of all 4 machines, and daily checked for short-term fractions.

Pt. counseling is done and Pt attended for bill settlement and payment as well in b/w.

The front office staff's manpower utilization is fairly effective. It is being utilized effectively. Their timings were 9:00-5:30 pm i.e. 8 Hours and 30 Minutes. Daily, the Average Work Hours are 6 Hours and 45 Minutes. The average manpower utilization rate is 79%. They leave no work undone; if more time is needed, they stay back and complete it. They work tirelessly to complete the assigned tasks as soon as possible. Consultants, too, do not have to

wait long for the summaries. Patients do not waste time waiting for their queries to get answered.

## **CONCLUSION:**

- Following a thorough analysis of the collected data, I have concluded that there has been a noticeable increase in the Utilization Rate from Mid-May to June; however, there are many reasons for the delay in the process, the most common of which is an improper process of RT. NO. ALLOTMENT. If the frequency of Payment check-ups is minimized, patients will have a much shorter wait time for the recipient of treatment summaries. We don't need an additional workforce as the 2 front office executives assigned are capable of handling the daily duties well.

## **RECOMMENDATIONS:**

- If the frequency of Payment check-ups is minimized, patients will have a much shorter wait time to the recipient of treatment summaries. (especially for the patients receiving minimum radiation fractions)
- Special columns should be made in the PARAS process for the RT NO. ALLOTMENT, as there is duplication of work because of this. They need to do the double entry for the same which consumes a lot of extra unnecessary time.
- A separate interface should be designed in the system for Bill check-ups and treatment hold requests so that they can be easily conveyed to the concerned department. This will assist the department in operating at peak efficiency and providing high-quality services.
- The work of the 2 assigned staff can be separately assigned on a rotatory basis.
- Another step forward would be the creation of a standardized format for all the summaries being prepared in the radiation oncology summary department. Additional definition and standardization of radiation oncology treatment summary data elements would also make it easier to download such data from PARAS medical records into a templated treatment summary document, reducing physician burden on multiple fronts. Coordination among specialties in developing compatible treatment summaries templates would be advantageous.

**LIMITATIONS:**

This study was limited to only one hospital in the state of Delhi therefore, the results cannot be applied to other categories of healthcare organizations.

The study was limited to only one radiation summary department of RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE.

**ANNEXURES:**

| <b>S.NO.</b> | <b>NAME OF THE DEPARTMENT</b>         | <b>DATE OF VISIT</b>   | <b>INTERACTED WITH (NAME &amp; DESIGNATION)</b>   |
|--------------|---------------------------------------|--|---|
| 1.           | OPD                                   | 18 <sup>th</sup> APRIL-30 APRIL,2022                                     | VANDANA, DEEPANSHI, RENU (FRONT OFFICE STAFF)     |
| 2.           | OPD                                   | 2 <sup>ND</sup> MAY -7 <sup>TH</sup> MAY,2022                            | DEEPIKA SACHDEVA (OPD FLOOR INCHARGE)             |
| 3.           | RADIATION ONCOLOGY SUMMARY DEPARTMENT | 9 <sup>TH</sup> MAY-28 <sup>TH</sup> MAY,2022                            | ANITA RAMOLA (FRONT OFFICE EXECUTIVE)             |
| 4.           | RADIATION ONCOLOGY SUMMARY DEPARTMENT | 9 <sup>TH</sup> MAY -28 <sup>TH</sup> MAY AND 17 <sup>TH</sup> JUNE,2022 | DR. MUNISH GAIROLA (DIRECTOR, RADIATION ONCOLOGY) |
| 5.           | PAC                                   | 30 <sup>TH</sup> MAY -11 <sup>TH</sup> JUNE,2022                         | ANKUSH (FLOOR IN CHARGE)                          |
| 6.           | OPERATIONS DEPARTMENT                 | 13 <sup>TH</sup> JUNE -17 <sup>TH</sup> JUNE,2022                        | DR. SUSHMA BHATT (AGM OPERATIONS)                 |

|      |              |                   |                   |       |
|------|--------------|-------------------|-------------------|-------|
| Date | Ward Summary | Treatment Summary | Rt. No. Allotment | Total |
|------|--------------|-------------------|-------------------|-------|

The checklist used to collect data for the project was as under.

| Date | Category | Day | CR No. | Name | Doctor | File Received | Draft Prepared | Approved by Doctor | Final preparation done | Total time | Remarks |
|------|----------|-----|--------|------|--------|---------------|----------------|--------------------|------------------------|------------|---------|
|------|----------|-----|--------|------|--------|---------------|----------------|--------------------|------------------------|------------|---------|

| Work | Start time | Finish time | Total time | Break time b/t 2 tasks |
|------|------------|-------------|------------|------------------------|
|------|------------|-------------|------------|------------------------|

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