

Hospital Name: Pakistan Institute of Medical Sciences-[Children Wing]

Contact Person: Dr Nadeem Akther

### In-Patient Department (IPD)

(This Evaluation is being done on Generalized set of values as per Dr SIR in addition to Specified data and activities as provided by you at different input forms of Dr SIR module 'Efficiency Measurement')

#### A) Period and Parameter

- i) Efficiency Measurement Evaluation Period: May 01, 2008 to May 31, 2008  
ii) Overall Hospital Working days are: 31 Day(s)  
iii) Total Working days in In-Patient Department (IPD) are: 31 Day(s)  
iv) Jump Over Time (JOT) (%): 20 %  
v) Specialty: Surgery and Allied Specialties - General Pediatrics Surgery  
vi) Department: In-Patient Department(IPD)  
vii) Professorial Unit: General Pediatrics Surgery Unit 1 (Prof.M.Zaheer Abbasi)  
viii) Team: Team I  
ix) In-Patient Department Inputs:

	Pre-Operative patients	Post-Operative patients
Total Patients	585	231

#### B) Details of Individual Professional inputs in terms of Time/ Duty roster and work units (W.U.) generation capacity and Actual work units

Professional Category: Head of Department

Professional Name: Prof.M.Zaheer Abbasi

- i) His/ Her total working days in In-Patient Department are: 19 Day(s)  
ii) Average working hours/day in In-Patient Department are: 2.00 Hour(s)  
iii) Available time (minutes) in In-Patient Department is: 2,280.00 Minute(s)  
iv) Actual time (minutes) Less JOT in In-Patient Department is: 1,824.00 Minute(s)  
v) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '11,527.68' Work Units during the period **May 01, 2008 to May 31, 2008**.

**1-b) During the Efficiency Measurement Period May 01, 2008 to May 31, 2008, patients seen, evaluated, diagnosed and treatment prescribed in the IPD and the patients admitted to the IPD along with the Pre operation, and Post operation period of stay by**

Prof.M.Zaheer Abbasi

	Pre-Operative patients	Post-Operative patients
Total Patients	165	87

**2-b) According to the available time to examine patients in In-Patient Department, following is the "Performance Evaluation Analysis Report" on Generalized set of values as per Dr SIR**

According to duty schedule his/ her available time (minutes) in In-Patient Department is: 1,824.00

<b>2-b-1) Time and Work analysis as per Dr-SIR Values</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>
<b>i)</b> Required average number of rounds which should be/taken by him/ her as per Dr SIR	643.50	563.64
<b>ii)</b> Average time required to take all rounds (in minutes)	3,796.65	3,556.57
<b>iii)</b> Actual time available in In-Patient Department to take all rounds (in minutes)	941.78	882.22
<b>iv)</b> Rounds that can be actually taken according to his/ her time available using Dr-SIR average time per round	159.62	139.81
<b>v)</b> If average rounds as distributed by Dr-SIR are to be taken with in his/her available time then the time available to examine a patient per round	1.46	1.57

<b>2-b-2) Time and Work analysis as per actual data</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>
<b>i)</b> Actual time available (in minutes) in In-Patient Department to take rounds.	810.36	1,013.64
<b>ii)</b> Number of cases for whom he/ she has actually taken round.	165.00	87.00
<b>iii)</b> Actual time (in minutes) per round he/ she has taken around a patient within his/ her actual time.	4.46	4.78

**C) Work Unit (W.U.) performance analysis of individual**

**Professional Category:** Head of Department  
**Professional Name:** Prof.M.Zaheer Abbasi

**i)** According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '**11,527.68**' Work Units during the period **May 01, 2008 to May 31, 2008**.

**ii)** But the work units he/ she has actually generated in In-Patient Department as per Dr SIR are '**15,233.33**' during the period **May 01, 2008 to May 31, 2008**.

**1-c) AS A RESULT:**

- |  |             |
|--|-------------|
| 1- His/ Her efficiency is  | 132.15 %    |
| 2- His/ Her work potential is utilized up to                         | 1.32 times. |
| 3- His/ her potential is being over utilized by                      | 32.15 %     |
| 4- His/ her rate of complications/ misdiagnosis will be increased by | 1.82 %      |

**2-c) Under the Generalized set of values**

- 1- Actual time per Pre-Operative round is less than Average time required per Pre-Operative round.
- 2- Actual time per Post-Operative round is less than Average time required per Post-Operative round.
- 3- His/ Her rate of complications/ misdiagnosis will be 9.90 % or '0.10' times.

**3-c) Possible Reasons:**

Decrease in time in Pre-Operative rounds may be because of the following reasons:

- 1- He/ She is attending more Pre-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have only taken rounds of approximately **145.11** Pre-Operative patient(s) where as he/ she has actually taken rounds of **165.00** Pre-Operative patient(s) i.e. approximately **19.89** more Pre-Operative patient(s).

Decrease in time in Post-Operative rounds may be because of the following reasons:

- 1- He/ She is attending more Post-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have only taken rounds of approximately **57.30** Post-Operative patient(s) where as he/ she has actually taken rounds of **87.00** Post-Operative patient(s) i.e. approximately **29.70** more Post-Operative patient(s).

**Note:** However it may be noted that the values not falling within acceptability range may become acceptable if the evaluation is done on specified set of values for each professional.

Professional Category: Specialist

Professional Name: Asst Prof Amjad Chaudry

- i) His/ Her total working days in In-Patient Department are: 10 Day(s)
- ii) Average working hours/day in In-Patient Department are: 2.00 Hour(s)
- iii) Available time (minutes) in In-Patient Department is: 1,200.00 Minute(s)
- iv) Actual time (minutes) Less JOT in In-Patient Department is: 960.00 Minute(s)
- v) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '2,860.80' Work Units during the period **May 01, 2008 to May 31, 2008**.

**1-b) During the Efficiency Measurement Period May 01, 2008 to May 31, 2008, patients seen, evaluated, diagnosed and treatment prescribed in the IPD and the patients admitted to the IPD along with the Pre operation, and Post operation period of stay by**

Asst Prof Amjad Chaudry

	Pre-Operative patients	Post-Operative patients
Total Patients	104	37

**2-b) According to the available time to examine patients in In-Patient Department, following is the "Performance Evaluation Analysis Report" on Generalized set of values as per Dr SIR**

According to duty schedule his/ her available time (minutes) in In-Patient Department is: 960.00

2-b-1) Time and Work analysis as per Dr-SIR Values	Pre-Operative Rounds	Post-Operative Rounds	Pre-Operative Rounds (Assistance with HOD)	Post-Operative Rounds (Assistance with HOD)
i) Required average number of rounds which should be/ are taken by him/ her as per Dr SIR	813.15	780.78	643.50	563.64
ii) Average time required to take all rounds (in minutes)	6,704.42	6,425.82	3,796.65	3,556.57
iii) Actual time available in In-Patient Department to take all rounds (in minutes)	314.22	301.16	177.94	166.69
iv) Rounds that can be actually taken according to his/ her time available using Dr-SIR average time per round	38.11	36.59	30.16	26.42
v) If average rounds as distributed by Dr-SIR are to be taken with in his/her available time then the time available to examine a patient per round	0.39	0.39	0.28	0.30

2-b-2) Time and Work analysis as per actual data	Pre-Operative Rounds	Post-Operative Rounds	Pre-Operative Rounds (Assistance with HOD)	Post-Operative Rounds (Assistance with HOD)
i) Actual time available (in minutes) in In-Patient Department to take rounds or to take history taking and physical examination.	330.15	285.10	186.96	157.79
ii) Number of cases for whom he/ she has actually taken round.	104.00	37.00	104.00	37.00
iii) Actual time (in minutes) per round he/ she has taken around a patient within his/her actual time.	2.28	2.28	1.63	1.75

### C) Work Unit (W.U.) performance analysis of individual

**Professional Category:** Specialist  
**Professional Name:** Asst Prof Amjad Chaudry

i) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '**2,860.80**' Work Units during the period **May 01, 2008 to May 31, 2008**.

ii) But the work units he/ she has actually generated in In-Patient Department as per Dr SIR are '**10,327.99**' during the period **May 01, 2008 to May 31, 2008**.

#### 1-c) AS A RESULT:

- |  |             |
|--|-------------|
| 1- His/ Her efficiency is  | 361.02 %    |
| 2- His/ Her work potential is utilized up to                         | 3.61 times. |
| 3- His/ her potential is being over utilized by                      | 261.02 %    |
| 4- His/ her rate of complications/ misdiagnosis will be increased by | 5.42 %      |

#### 2-c) Under the Generalized set of values

- 1- Actual time per Pre-Operative round is less than Average time required per Pre-Operative round.
- 2- Actual time per Post-Operative round is less than Average time required per Post-Operative round.
- 3- His/ Her rate of complications/ misdiagnosis will be 27.04 % or '0.27' times.

#### 3-c) Possible Reasons:

Decrease in time in Pre-Operative rounds may be because of the following reasons:

- 1- He/ She is attending more Pre-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have only taken rounds of approximately **27.42** Pre-Operative patient(s) where as he/ she has actually taken rounds of **104.00** Pre-Operative patient(s) i.e. approximately **76.58** more Pre-Operative patient(s).

Decrease in time in Post-Operative rounds may be because of the following reasons:

**1-** He/ She is attending more Post-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008** to **May 31, 2008** as per Dr SIR.

**2-** According to his/ her available work time during the evaluation period **May 01, 2008** to **May 31, 2008** , he/ she could have only taken rounds of approximately **10.83** Post-Operative patient(s) where as he/ she has actually taken rounds of **37.00** Post-Operative patient(s) i.e approximately **26.17** more Post-Operative patient(s).

**Note:** However it may be noted that the values not falling within acceptability range may become acceptable if the evaluation is done on specified set of values for each professional.

**Professional Category:** Medical Officer

**Professional Name:** Dr Tahir

- i) His/ Her total working days in In-Patient Department are: 5 Day(s)
- ii) Average working hours/day in In-Patient Department are: 12.00 Hour(s)
- iii) Available time (minutes) in In-Patient Department is: 3,600.00 Minute(s)
- iv) Actual time (minutes) Less JOT in In-Patient Department is: 2,880.00 Minute(s)
- v) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '**4,665.60**' Work Units during the period **May 01, 2008 to May 31, 2008**.

**1-b) During the Efficiency Measurement Period May 01, 2008 to May 31, 2008, patients seen, evaluated, diagnosed and treatment prescribed in the IPD and the patients admitted to the IPD along with the Pre operation, and Post operation period of stay by**

Dr Tahir

	Pre-Operative patients	Post-Operative patients
Total Patients	16	2

**2-b) According to the available time to examine patients in In-Patient Department, following is the "Performance Evaluation Analysis Report" on Generalized set of values as per Dr SIR**

According to duty schedule his/ her available time (minutes) in In-Patient Department is: 2,880.00

<b>2-b-1) Time and Work analysis as per Dr-SIR Values</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Required average number of rounds which should be/ are taken by him/ her as per Dr-SIR	142.35	148.99	53.63	46.97	67.76	65.07	48.75
<b>ii)</b> Average time required to take all rounds (in minutes)	1,726.71	1,652.30	316.39	296.38	558.70	535.48	1,992.41
<b>iii)</b> Actual time available in In-Patient Department to take all rounds (in minutes)	702.55	672.28	128.73	120.59	227.32	217.87	810.66
<b>iv)</b> Rounds that can be actually taken according to his/ her time available using Dr-SIR average time per round	57.92	60.62	21.82	19.11	27.57	26.47	19.84
<b>v)</b> If average rounds as distributed by Dr-SIR are to be taken with in his/ her available time then the time available to examine a patient per round	4.94	4.51	2.40	2.57	3.35	3.35	--
<b>vi)</b> If average number of patients is examined then time available for History Taking per patient would be	--	--	--	--	--	--	16.63

<b>2-b-2) Time and Work analysis as per actual data</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Actual time available (in minutes) in In-Patient Department to take rounds or to take history taking and physical examination.	1,035.51	313.69	166.02	56.27	62.82	50.83	1,194.86
<b>ii)</b> Number of cases for whom he/ she has actually taken round.	16.00	2.00	14.00	2.00	3.00	1.00	--
<b>iii)</b> Number of cases for whom he/ she has actually taken history taking and physical examination.	--	--	--	--	--	--	16.00
<b>iv)</b> Actual time (in minutes) per round he/ she has taken around a patient within his/ her actual time.	22.16	20.26	10.78	11.53	15.07	15.04	74.68

### C) Work Unit (W.U.) performance analysis of individual

**Professional Category:** Medical Officer

**Professional Name:** Dr Tahir

i) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '**4,665.60**' Work Units during the period **May 01, 2008 to May 31, 2008**.

ii) But the work units he/ she has actually generated in In-Patient Department as per Dr SIR are '**2,441.99**' during the period **May 01, 2008 to May 31, 2008**.

#### 1-c) AS A RESULT:

- |  |             |
|--|-------------|
| 1- His/ Her efficiency is                        | 52.34 %     |
| 2- His/ Her work potential is utilized up to     | 0.52 times. |
| 3- His/ her potential is being under utilized by | 47.66 %     |

#### 2-c) Under the Generalized set of values

- 1- Actual time per Pre-Operative round is greater than Average time required per Pre-Operative round.
- 2- Actual time per Post-Operative round is greater than Average time required per Post-Operative round.
- 3- His/ Her rate of complications/ misdiagnosis will be 3.92 % or '0.04' times.

#### 3-c) Possible Reasons:

Increase in time in Pre-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Pre-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **19.84** Pre-Operative patient(s) where as he/ she has actually taken rounds of **16.00** Pre-Operative patient(s) i.e. approximately **3.84** less Pre-Operative patient(s).

Increase in time in Post-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Post-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **7.83** Post-Operative patient(s) where as he/ she has actually taken rounds of **2.00** Post-Operative patient(s) i.e. approximately **5.83** less Post-Operative patient(s).

**Note:** However it may be noted that the values not falling within acceptability range may become acceptable if the evaluation is done on specified set of values for each professional.

**Professional Category:** Medical Officer

**Professional Name:** Dr Israr

- i) His/ Her total working days in In-Patient Department are: 5 Day(s)
- ii) Average working hours/day in In-Patient Department are: 12.00 Hour(s)
- iii) Available time (minutes) in In-Patient Department is: 3,600.00 Minute(s)
- iv) Actual time (minutes) Less JOT in In-Patient Department is: 2,880.00 Minute(s)
- v) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '**4,665.60**' Work Units during the period **May 01, 2008 to May 31, 2008**.

**1-b) During the Efficiency Measurement Period May 01, 2008 to May 31, 2008, patients seen, evaluated, diagnosed and treatment prescribed in the IPD and the patients admitted to the IPD along with the Pre operation, and Post operation period of stay by**

Dr Israr

	Pre-Operative patients	Post-Operative patients
Total Patients	20	2

**2-b) According to the available time to examine patients in In-Patient Department, following is the "Performance Evaluation Analysis Report" on Generalized set of values as per Dr SIR**

According to duty schedule his/ her available time (minutes) in In-Patient Department is: 2,880.00

<b>2-b-1) Time and Work analysis as per Dr-SIR Values</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Required average number of rounds which should be/ are taken by him/ her as per Dr-SIR	142.35	148.99	53.63	46.97	67.76	65.07	48.75
<b>ii)</b> Average time required to take all rounds (in minutes)	1,726.71	1,652.30	316.39	296.38	558.70	535.48	1,992.41
<b>iii)</b> Actual time available in In-Patient Department to take all rounds (in minutes)	702.55	672.28	128.73	120.59	227.32	217.87	810.66
<b>iv)</b> Rounds that can be actually taken according to his/ her time available using Dr-SIR average time per round	57.92	60.62	21.82	19.11	27.57	26.47	19.84
<b>v)</b> If average rounds as distributed by Dr-SIR are to be taken with in his/ her available time then the time available to examine a patient per round	4.94	4.51	2.40	2.57	3.35	3.35	--
<b>vi)</b> If average number of patients are examined then time available for History Taking per patient would be	--	--	--	--	--	--	16.63

<b>2-b-2) Time and Work analysis as per actual data</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Actual time available (in minutes) in In-Patient Department to take rounds or to take history taking and physical examination.	1,004.14	243.35	156.39	43.65	194.94	78.86	1,158.66
<b>ii)</b> Number of cases for whom he/ she has actually taken round.	20.00	2.00	17.00	2.00	12.00	2.00	--
<b>iii)</b> Number of cases for whom he/ she has actually taken history taking and physical examination.	--	--	--	--	--	--	20.00
<b>iv)</b> Actual time (in minutes) per round he/ she has taken around a patient within his/ her actual time.	17.19	15.72	8.36	8.94	11.69	11.67	57.93

### C) Work Unit (W.U.) performance analysis of individual

**Professional Category:** Medical Officer

**Professional Name:** Dr Israr

i) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '**4,665.60**' Work Units during the period **May 01, 2008 to May 31, 2008**.

ii) But the work units he/ she has actually generated in In-Patient Department as per Dr SIR are '**3,291.43**' during the period **May 01, 2008 to May 31, 2008**.

#### 1-c) AS A RESULT:

- |  |             |
|--|-------------|
| 1- His/ Her efficiency is                        | 70.55 %     |
| 2- His/ Her work potential is utilized up to     | 0.71 times. |
| 3- His/ her potential is being under utilized by | 29.45 %     |

#### 2-c) Under the Generalized set of values

- 1- Actual time per Pre-Operative round is greater than Average time required per Pre-Operative round.
- 2- Actual time per Post-Operative round is greater than Average time required per Post-Operative round.
- 3- His/ Her rate of complications/ misdiagnosis will be 5.28 % or '0.05' times.

#### 3-c) Possible Reasons:

Increase in time in Pre-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Pre-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **19.84** Pre-Operative patient(s) where as he/ she has actually taken rounds of **20.00** Pre-Operative patient(s) i.e. approximately **0.16** less Pre-Operative patient(s).

Increase in time in Post-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Post-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **7.83** Post-Operative patient(s) where as he/ she has actually taken rounds of **2.00** Post-Operative patient(s) i.e. approximately **5.83** less Post-Operative patient(s).

**Note:** However it may be noted that the values not falling within acceptability range may become acceptable if the evaluation is done on specified set of values for each professional.

**Professional Category:** Medical Officer

**Professional Name:** Dr Saqib

- i) His/ Her total working days in In-Patient Department are: 10 Day(s)
- ii) Average working hours/day in In-Patient Department are: 12.00 Hour(s)
- iii) Available time (minutes) in In-Patient Department is: 7,200.00 Minute(s)
- iv) Actual time (minutes) Less JOT in In-Patient Department is: 5,760.00 Minute(s)
- v) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '9,331.20' Work Units during the period **May 01, 2008 to May 31, 2008**.

**1-b) During the Efficiency Measurement Period May 01, 2008 to May 31, 2008, patients seen, evaluated, diagnosed and treatment prescribed in the IPD and the patients admitted to the IPD along with the Pre operation, and Post operation period of stay by**

Dr Saqib

	Pre-Operative patients	Post-Operative patients
Total Patients	29	11

**2-b) According to the available time to examine patients in In-Patient Department, following is the "Performance Evaluation Analysis Report" on Generalized set of values as per Dr SIR**

According to duty schedule his/ her available time (minutes) in In-Patient Department is: 5,760.00

<b>2-b-1) Time and Work analysis as per Dr-SIR Values</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Required average number of rounds which should be/ are taken by him/ her as per Dr-SIR	284.70	297.99	107.25	93.94	135.52	130.13	97.50
<b>ii)</b> Average time required to take all rounds (in minutes)	3,453.41	3,304.71	632.78	592.76	1,117.40	1,070.97	3,984.82
<b>iii)</b> Actual time available in In-Patient Department to take all rounds (in minutes)	1,405.09	1,344.59	257.46	241.18	454.64	435.75	1,621.31
<b>iv)</b> Rounds that can be actually taken according to his/ her time available using Dr-SIR average time per round	115.84	121.24	43.64	38.22	55.14	52.95	39.67
<b>v)</b> If average rounds as distributed by Dr-SIR are to be taken with in his/ her available time then the time available to examine a patient per round	4.94	4.51	2.40	2.57	3.35	3.35	--
<b>vi)</b> If average number of patients are examined then time available for History Taking per patient would be	--	--	--	--	--	--	16.63

<b>2-b-2) Time and Work analysis as per actual data</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Actual time available (in minutes) in In-Patient Department to take rounds or to take history taking and physical examination.	1,437.22	1,321.13	245.18	236.97	432.96	428.15	1,658.38
<b>ii)</b> Number of cases for whom he/ she has actually taken round.	29.00	11.00	27.00	11.00	27.00	11.00	--
<b>iii)</b> Number of cases for whom he/ she has actually taken history taking and physical examination.	--	--	--	--	--	--	29.00
<b>iv)</b> Actual time (in minutes) per round he/ she has taken around a patient within his/ her actual time.	16.97	15.52	8.26	8.83	11.54	11.52	57.19

### C) Work Unit (W.U.) performance analysis of individual

**Professional Category:** Medical Officer

**Professional Name:** Dr Saqib

i) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '**9,331.20**' Work Units during the period **May 01, 2008 to May 31, 2008**.

ii) But the work units he/ she has actually generated in In-Patient Department as per Dr SIR are '**6,668.92**' during the period **May 01, 2008 to May 31, 2008**.

#### 1-c) AS A RESULT:

- |  |             |
|--|-------------|
| 1- His/ Her efficiency is                        | 71.47 %     |
| 2- His/ Her work potential is utilized up to     | 0.71 times. |
| 3- His/ her potential is being under utilized by | 28.53 %     |

#### 2-c) Under the Generalized set of values

- 1- Actual time per Pre-Operative round is greater than Average time required per Pre-Operative round.
- 2- Actual time per Post-Operative round is greater than Average time required per Post-Operative round.
- 3- His/ Her rate of complications/ misdiagnosis will be 5.35 % or '0.05' times.

#### 3-c) Possible Reasons:

Increase in time in Pre-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Pre-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **39.67** Pre-Operative patient(s) where as he/ she has actually taken rounds of **29.00** Pre-Operative patient(s) i.e. approximately **10.67** less Pre-Operative patient(s).

Increase in time in Post-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Post-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **15.66** Post-Operative patient(s) where as he/ she has actually taken rounds of **11.00** Post-Operative patient(s) i.e. approximately **4.66** less Post-Operative patient(s).

**Note:** However it may be noted that the values not falling within acceptability range may become acceptable if the evaluation is done on specified set of values for each professional.

**Professional Category:** Medical Officer

**Professional Name:** Dr Khurram

- i) His/ Her total working days in In-Patient Department are: 7 Day(s)
- ii) Average working hours/day in In-Patient Department are: 12.00 Hour(s)
- iii) Available time (minutes) in In-Patient Department is: 5,040.00 Minute(s)
- iv) Actual time (minutes) Less JOT in In-Patient Department is: 4,032.00 Minute(s)
- v) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '6,531.84' Work Units during the period **May 01, 2008 to May 31, 2008**.

**1-b) During the Efficiency Measurement Period May 01, 2008 to May 31, 2008, patients seen, evaluated, diagnosed and treatment prescribed in the IPD and the patients admitted to the IPD along with the Pre operation, and Post operation period of stay by**

Dr Khurram

	Pre-Operative patients	Post-Operative patients
Total Patients	20	11

**2-b) According to the available time to examine patients in In-Patient Department, following is the "Performance Evaluation Analysis Report" on Generalized set of values as per Dr SIR**

According to duty schedule his/ her available time (minutes) in In-Patient Department is: 4,032.00

<b>2-b-1) Time and Work analysis as per Dr-SIR Values</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Required average number of rounds which should be/ are taken by him/ her as per Dr-SIR	199.29	208.59	75.08	65.76	94.87	91.09	68.25
<b>ii)</b> Average time required to take all rounds (in minutes)	2,417.39	2,313.26	442.94	414.93	782.18	749.68	2,789.38
<b>iii)</b> Actual time available in In-Patient Department to take all rounds (in minutes)	983.57	941.20	180.22	168.82	318.25	305.02	1,134.92
<b>iv)</b> Rounds that can be actually taken according to his/ her time available using Dr-SIR average time per round	81.09	84.87	30.55	26.75	38.60	37.06	27.77
<b>v)</b> If average rounds as distributed by Dr-SIR are to be taken with in his/ her available time then the time available to examine a patient per round	4.94	4.51	2.40	2.57	3.35	3.35	--
<b>vi)</b> If average number of patients are examined then time available for History Taking per patient would be	--	--	--	--	--	--	16.63

<b>2-b-2) Time and Work analysis as per actual data</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Actual time available (in minutes) in In-Patient Department to take rounds or to take history taking and physical examination.	908.89	1,211.45	133.23	217.30	191.16	321.22	1,048.76
<b>ii)</b> Number of cases for whom he/ she has actually taken round.	20.00	11.00	16.00	11.00	13.00	9.00	--
<b>iii)</b> Number of cases for whom he/ she has actually taken history taking and physical examination.	--	--	--	--	--	--	20.00
<b>iv)</b> Actual time (in minutes) per round he/ she has taken around a patient within his/ her actual time.	15.56	14.23	7.57	8.10	10.58	10.56	52.44

### C) Work Unit (W.U.) performance analysis of individual

**Professional Category:** Medical Officer

**Professional Name:** Dr Khurram

i) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '**6,531.84**' Work Units during the period **May 01, 2008 to May 31, 2008**.

ii) But the work units he/ she has actually generated in In-Patient Department as per Dr SIR are '**5,090.91**' during the period **May 01, 2008 to May 31, 2008**.

#### 1-c) AS A RESULT:

- |  |             |
|--|-------------|
| 1- His/ Her efficiency is                        | 77.94 %     |
| 2- His/ Her work potential is utilized up to     | 0.78 times. |
| 3- His/ her potential is being under utilized by | 22.06 %     |

#### 2-c) Under the Generalized set of values

- 1- Actual time per Pre-Operative round is greater than Average time required per Pre-Operative round.
- 2- Actual time per Post-Operative round is greater than Average time required per Post-Operative round.
- 3- His/ Her rate of complications/ misdiagnosis will be 5.84 % or '0.06' times.

#### 3-c) Possible Reasons:

Increase in time in Pre-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Pre-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **27.77** Pre-Operative patient(s) where as he/ she has actually taken rounds of **20.00** Pre-Operative patient(s) i.e. approximately **7.77** less Pre-Operative patient(s).

Increase in time in Post-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Post-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **10.97** Post-Operative patient(s) where as he/ she has actually taken rounds of **11.00** Post-Operative patient(s) i.e. approximately **0.03** less Post-Operative patient(s).

**Note:** However it may be noted that the values not falling within acceptability range may become acceptable if the evaluation is done on specified set of values for each professional.

**Professional Category:** Medical Officer

**Professional Name:** Dr Zaheer ud din

- i) His/ Her total working days in In-Patient Department are: 6 Day(s)
- ii) Average working hours/day in In-Patient Department are: 12.00 Hour(s)
- iii) Available time (minutes) in In-Patient Department is: 4,320.00 Minute(s)
- iv) Actual time (minutes) Less JOT in In-Patient Department is: 3,456.00 Minute(s)
- v) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '5,598.72' Work Units during the period **May 01, 2008 to May 31, 2008**.

**1-b) During the Efficiency Measurement Period May 01, 2008 to May 31, 2008, patients seen, evaluated, diagnosed and treatment prescribed in the IPD and the patients admitted to the IPD along with the Pre operation, and Post operation period of stay by**

Dr Zaheer ud din

	Pre-Operative patients	Post-Operative patients
Total Patients	15	6

**2-b) According to the available time to examine patients in In-Patient Department, following is the "Performance Evaluation Analysis Report" on Generalized set of values as per Dr SIR**

According to duty schedule his/ her available time (minutes) in In-Patient Department is: 3,456.00

<b>2-b-1) Time and Work analysis as per Dr-SIR Values</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Required average number of rounds which should be/ are taken by him/ her as per Dr-SIR	170.82	178.79	64.35	56.36	81.31	78.08	58.50
<b>ii)</b> Average time required to take all rounds (in minutes)	2,072.05	1,982.78	379.67	355.66	670.44	642.58	2,390.89
<b>iii)</b> Actual time available in In-Patient Department to take all rounds (in minutes)	843.06	806.74	154.48	144.71	272.78	261.45	972.79
<b>iv)</b> Rounds that can be actually taken according to his/ her time available using Dr-SIR average time per round	69.50	72.74	26.18	22.93	33.08	31.77	23.80
<b>v)</b> If average rounds as distributed by Dr-SIR are to be taken with in his/ her available time then the time available to examine a patient per round	4.94	4.51	2.40	2.57	3.35	3.35	--
<b>vi)</b> If average number of patients are examined then time available for History Taking per patient would be	--	--	--	--	--	--	16.63

<b>2-b-2) Time and Work analysis as per actual data</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Actual time available (in minutes) in In-Patient Department to take rounds or to take history taking and physical examination.	896.93	869.46	164.35	155.95	193.48	140.88	1,034.95
<b>ii)</b> Number of cases for whom he/ she has actually taken round.	15.00	6.00	15.00	6.00	10.00	3.00	--
<b>iii)</b> Number of cases for whom he/ she has actually taken history taking and physical examination.	--	--	--	--	--	--	15.00
<b>iv)</b> Actual time (in minutes) per round he/ she has taken around a patient within his/ her actual time.	20.48	18.72	9.96	10.65	13.92	13.89	69.00

**C) Work Unit (W.U.) performance analysis of individual**

**Professional Category:** Medical Officer  
**Professional Name:** Dr Zaheer ud din

i) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '**5,598.72**' Work Units during the period **May 01, 2008 to May 31, 2008**.

ii) But the work units he/ she has actually generated in In-Patient Department as per Dr SIR are '**3,316.38**' during the period **May 01, 2008 to May 31, 2008**.

**1-c) AS A RESULT:**

- 1- His/ Her efficiency is 59.23 %
- 2- His/ Her work potential is utilized up to 0.59 times.
- 3- His/ her potential is being under utilized by 40.77 %

**2-c) Under the Generalized set of values**

- 1- Actual time per Pre-Operative round is greater than Average time required per Pre-Operative round.
- 2- Actual time per Post-Operative round is greater than Average time required per Post-Operative round.
- 3- His/ Her rate of complications/ misdiagnosis will be 4.44 % or '0.04' times.

**3-c) Possible Reasons:**

Increase in time in Pre-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Pre-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **23.80** Pre-Operative patient(s) where as he/ she has actually taken rounds of **15.00** Pre-Operative patient(s) i.e. approximately **8.80** less Pre-Operative patient(s).

Increase in time in Post-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Post-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **9.40** Post-Operative patient(s) where as he/ she has actually taken rounds of **6.00** Post-Operative patient(s) i.e. approximately **3.40** less Post-Operative patient(s).

**Note:** However it may be noted that the values not falling within acceptability range may become acceptable if the evaluation is done on specified set of values for each professional.

**Professional Category:** Medical Officer

**Professional Name:** Dr Ahmed Samroo

- i) His/ Her total working days in In-Patient Department are: 5 Day(s)
- ii) Average working hours/day in In-Patient Department are: 12.00 Hour(s)
- iii) Available time (minutes) in In-Patient Department is: 3,600.00 Minute(s)
- iv) Actual time (minutes) Less JOT in In-Patient Department is: 2,880.00 Minute(s)
- v) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '4,665.60' Work Units during the period **May 01, 2008 to May 31, 2008**.

**1-b) During the Efficiency Measurement Period May 01, 2008 to May 31, 2008, patients seen, evaluated, diagnosed and treatment prescribed in the IPD and the patients admitted to the IPD along with the Pre operation, and Post operation period of stay by**

Dr Ahmed Samroo

	Pre-Operative patients	Post-Operative patients
Total Patients	14	4

**2-b) According to the available time to examine patients in In-Patient Department, following is the "Performance Evaluation Analysis Report" on Generalized set of values as per Dr SIR**

According to duty schedule his/ her available time (minutes) in In-Patient Department is: 2,880.00

<b>2-b-1) Time and Work analysis as per Dr-SIR Values</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Required average number of rounds which should be/ are taken by him/ her as per Dr-SIR	142.35	148.99	53.63	46.97	67.76	65.07	48.75
<b>ii)</b> Average time required to take all rounds (in minutes)	1,726.71	1,652.30	316.39	296.38	558.70	535.48	1,992.41
<b>iii)</b> Actual time available in In-Patient Department to take all rounds (in minutes)	702.55	672.28	128.73	120.59	227.32	217.87	810.66
<b>iv)</b> Rounds that can be actually taken according to his/ her time available using Dr-SIR average time per round	57.92	60.62	21.82	19.11	27.57	26.47	19.84
<b>v)</b> If average rounds as distributed by Dr-SIR are to be taken with in his/ her available time then the time available to examine a patient per round	4.94	4.51	2.40	2.57	3.35	3.35	--
<b>vi)</b> If average number of patients are examined then time available for History Taking per patient would be	--	--	--	--	--	--	16.63

<b>2-b-2) Time and Work analysis as per actual data</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Actual time available (in minutes) in In-Patient Department to take rounds or to take history taking and physical examination.	842.55	583.38	132.33	104.64	194.73	189.06	833.31
<b>ii)</b> Number of cases for whom he/ she has actually taken round.	14.00	4.00	12.00	4.00	10.00	4.00	--
<b>iii)</b> Number of cases for whom he/ she has actually taken history taking and physical examination.	--	--	--	--	--	--	12.00
<b>iv)</b> Actual time (in minutes) per round he/ she has taken around a patient within his/ her actual time.	20.61	18.84	10.02	10.72	14.01	13.98	69.44

### C) Work Unit (W.U.) performance analysis of individual

**Professional Category:** Medical Officer

**Professional Name:** Dr Ahmed Samroo

i) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '**4,665.60**' Work Units during the period **May 01, 2008 to May 31, 2008**.

ii) But the work units he/ she has actually generated in In-Patient Department as per Dr SIR are '**2,498.72**' during the period **May 01, 2008 to May 31, 2008**.

#### 1-c) AS A RESULT:

- |  |             |
|--|-------------|
| 1- His/ Her efficiency is                        | 53.56 %     |
| 2- His/ Her work potential is utilized up to     | 0.54 times. |
| 3- His/ her potential is being under utilized by | 46.44 %     |

#### 2-c) Under the Generalized set of values

- 1- Actual time per Pre-Operative round is greater than Average time required per Pre-Operative round.
- 2- Actual time per Post-Operative round is greater than Average time required per Post-Operative round.
- 3- His/ Her rate of complications/ misdiagnosis will be 4.01 % or '0.04' times.

#### 3-c) Possible Reasons:

Increase in time in Pre-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Pre-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **19.84** Pre-Operative patient(s) where as he/ she has actually taken rounds of **14.00** Pre-Operative patient(s) i.e. approximately **5.84** less Pre-Operative patient(s).

Increase in time in Post-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Post-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **7.83** Post-Operative patient(s) where as he/ she has actually taken rounds of **4.00** Post-Operative patient(s) i.e. approximately **3.83** less Post-Operative patient(s).

**Note:** However it may be noted that the values not falling within acceptability range may become acceptable if the evaluation is done on specified set of values for each professional.

**Professional Category:** Medical Officer

**Professional Name:** Dr Fareen Zada

- i) His/ Her total working days in In-Patient Department are: 6 Day(s)
- ii) Average working hours/day in In-Patient Department are: 12.00 Hour(s)
- iii) Available time (minutes) in In-Patient Department is: 4,320.00 Minute(s)
- iv) Actual time (minutes) Less JOT in In-Patient Department is: 3,456.00 Minute(s)
- v) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '5,598.72' Work Units during the period **May 01, 2008 to May 31, 2008**.

**1-b) During the Efficiency Measurement Period May 01, 2008 to May 31, 2008, patients seen, evaluated, diagnosed and treatment prescribed in the IPD and the patients admitted to the IPD along with the Pre operation, and Post operation period of stay by**

Dr Fareen Zada

	Pre-Operative patients	Post-Operative patients
Total Patients	17	3

**2-b) According to the available time to examine patients in In-Patient Department, following is the "Performance Evaluation Analysis Report" on Generalized set of values as per Dr SIR**

According to duty schedule his/ her available time (minutes) in In-Patient Department is: 3,456.00

<b>2-b-1) Time and Work analysis as per Dr-SIR Values</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Required average number of rounds which should be/ are taken by him/ her as per Dr-SIR	170.82	178.79	64.35	56.36	81.31	78.08	58.50
<b>ii)</b> Average time required to take all rounds (in minutes)	2,072.05	1,982.78	379.67	355.66	670.44	642.58	2,390.89
<b>iii)</b> Actual time available in In-Patient Department to take all rounds (in minutes)	843.06	806.74	154.48	144.71	272.78	261.45	972.79
<b>iv)</b> Rounds that can be actually taken according to his/ her time available using Dr-SIR average time per round	69.50	72.74	26.18	22.93	33.08	31.77	23.80
<b>v)</b> If average rounds as distributed by Dr-SIR are to be taken with in his/ her available time then the time available to examine a patient per round	4.94	4.51	2.40	2.57	3.35	3.35	--
<b>vi)</b> If average number of patients are examined then time available for History Taking per patient would be	--	--	--	--	--	--	16.63

<b>2-b-2) Time and Work analysis as per actual data</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Actual time available (in minutes) in In-Patient Department to take rounds or to take history taking and physical examination.	1,152.25	492.77	186.29	88.39	153.52	53.23	1,329.55
<b>ii)</b> Number of cases for whom he/ she has actually taken round.	17.00	3.00	15.00	3.00	7.00	1.00	--
<b>iii)</b> Number of cases for whom he/ she has actually taken history taking and physical examination.	--	--	--	--	--	--	17.00
<b>iv)</b> Actual time (in minutes) per round he/ she has taken around a patient within his/ her actual time.	23.21	21.22	11.29	12.07	15.78	15.75	78.21

### C) Work Unit (W.U.) performance analysis of individual

**Professional Category:** Medical Officer

**Professional Name:** Dr Fareen Zada

i) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '**5,598.72**' Work Units during the period **May 01, 2008 to May 31, 2008**.

ii) But the work units he/ she has actually generated in In-Patient Department as per Dr SIR are '**2,925.74**' during the period **May 01, 2008 to May 31, 2008**.

#### 1-c) AS A RESULT:

- |  |             |
|--|-------------|
| 1- His/ Her efficiency is                        | 52.26 %     |
| 2- His/ Her work potential is utilized up to     | 0.52 times. |
| 3- His/ her potential is being under utilized by | 47.74 %     |

#### 2-c) Under the Generalized set of values

- 1- Actual time per Pre-Operative round is greater than Average time required per Pre-Operative round.
- 2- Actual time per Post-Operative round is greater than Average time required per Post-Operative round.
- 3- His/ Her rate of complications/ misdiagnosis will be 3.91 % or '0.04' times.

#### 3-c) Possible Reasons:

Increase in time in Pre-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Pre-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **23.80** Pre-Operative patient(s) where as he/ she has actually taken rounds of **17.00** Pre-Operative patient(s) i.e. approximately **6.80** less Pre-Operative patient(s).

Increase in time in Post-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Post-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **9.40** Post-Operative patient(s) where as he/ she has actually taken rounds of **3.00** Post-Operative patient(s) i.e. approximately **6.40** less Post-Operative patient(s).

**Note:** However it may be noted that the values not falling within acceptability range may become acceptable if the evaluation is done on specified set of values for each professional.

**Professional Category:** Medical Officer

**Professional Name:** Dr Hameed

- i) His/ Her total working days in In-Patient Department are: 6 Day(s)
- ii) Average working hours/day in In-Patient Department are: 12.00 Hour(s)
- iii) Available time (minutes) in In-Patient Department is: 4,320.00 Minute(s)
- iv) Actual time (minutes) Less JOT in In-Patient Department is: 3,456.00 Minute(s)
- v) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '5,598.72' Work Units during the period **May 01, 2008 to May 31, 2008**.

**1-b) During the Efficiency Measurement Period May 01, 2008 to May 31, 2008, patients seen, evaluated, diagnosed and treatment prescribed in the IPD and the patients admitted to the IPD along with the Pre operation, and Post operation period of stay by**

Dr Hameed

	Pre-Operative patients	Post-Operative patients
Total Patients	18	5

**2-b) According to the available time to examine patients in In-Patient Department, following is the "Performance Evaluation Analysis Report" on Generalized set of values as per Dr SIR**

According to duty schedule his/ her available time (minutes) in In-Patient Department is: 3,456.00

<b>2-b-1) Time and Work analysis as per Dr-SIR Values</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Required average number of rounds which should be/ are taken by him/ her as per Dr-SIR	170.82	178.79	64.35	56.36	81.31	78.08	58.50
<b>ii)</b> Average time required to take all rounds (in minutes)	2,072.05	1,982.78	379.67	355.66	670.44	642.58	2,390.89
<b>iii)</b> Actual time available in In-Patient Department to take all rounds (in minutes)	843.06	806.74	154.48	144.71	272.78	261.45	972.79
<b>iv)</b> Rounds that can be actually taken according to his/ her time available using Dr-SIR average time per round	69.50	72.74	26.18	22.93	33.08	31.77	23.80
<b>v)</b> If average rounds as distributed by Dr-SIR are to be taken with in his/ her available time then the time available to examine a patient per round	4.94	4.51	2.40	2.57	3.35	3.35	--
<b>vi)</b> If average number of patients are examined then time available for History Taking per patient would be	--	--	--	--	--	--	16.63

<b>2-b-2) Time and Work analysis as per actual data</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Actual time available (in minutes) in In-Patient Department to take rounds or to take history taking and physical examination.	1,017.05	684.65	186.36	122.81	182.82	88.75	1,173.56
<b>ii)</b> Number of cases for whom he/ she has actually taken round.	18.00	5.00	18.00	5.00	10.00	2.00	--
<b>iii)</b> Number of cases for whom he/ she has actually taken history taking and physical examination.	--	--	--	--	--	--	18.00
<b>iv)</b> Actual time (in minutes) per round he/ she has taken around a patient within his/ her actual time.	19.35	17.69	9.41	10.07	13.15	13.13	65.20

### C) Work Unit (W.U.) performance analysis of individual

**Professional Category:** Medical Officer

**Professional Name:** Dr Hameed

i) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '**5,598.72**' Work Units during the period **May 01, 2008 to May 31, 2008**.

ii) But the work units he/ she has actually generated in In-Patient Department as per Dr SIR are '**3,509.63**' during the period **May 01, 2008 to May 31, 2008**.

#### 1-c) AS A RESULT:

- |  |             |
|--|-------------|
| 1- His/ Her efficiency is                        | 62.69 %     |
| 2- His/ Her work potential is utilized up to     | 0.63 times. |
| 3- His/ her potential is being under utilized by | 37.31 %     |

#### 2-c) Under the Generalized set of values

- 1- Actual time per Pre-Operative round is greater than Average time required per Pre-Operative round.
- 2- Actual time per Post-Operative round is greater than Average time required per Post-Operative round.
- 3- His/ Her rate of complications/ misdiagnosis will be 4.70 % or '0.05' times.

#### 3-c) Possible Reasons:

Increase in time in Pre-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Pre-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **23.80** Pre-Operative patient(s) where as he/ she has actually taken rounds of **18.00** Pre-Operative patient(s) i.e. approximately **5.80** less Pre-Operative patient(s).

Increase in time in Post-Operative rounds may be because of the following reasons:

- 1- He/ She is attending less Post-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008 to May 31, 2008** as per Dr SIR.
- 2- According to his/ her available work time during the evaluation period **May 01, 2008 to May 31, 2008**, he/ she could have taken rounds of approximately **9.40** Post-Operative patient(s) where as he/ she has actually taken rounds of **5.00** Post-Operative patient(s) i.e. approximately **4.40** less Post-Operative patient(s).

**Note:** However it may be noted that the values not falling within acceptability range may become acceptable if the evaluation is done on specified set of values for each professional.

**Professional Category:** Medical Officer

**Professional Name:** Dr Rasheed

- i) His/ Her total working days in In-Patient Department are: 1 Day(s)
- ii) Average working hours/day in In-Patient Department are: 12.00 Hour(s)
- iii) Available time (minutes) in In-Patient Department is: 720.00 Minute(s)
- iv) Actual time (minutes) Less JOT in In-Patient Department is: 576.00 Minute(s)
- v) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '933.12' Work Units during the period **May 01, 2008 to May 31, 2008**.

**1-b) During the Efficiency Measurement Period May 01, 2008 to May 31, 2008, patients seen, evaluated, diagnosed and treatment prescribed in the IPD and the patients admitted to the IPD along with the Pre operation, and Post operation period of stay by**

Dr Rasheed

	Pre-Operative patients	Post-Operative patients
Total Patients	3	10

**2-b) According to the available time to examine patients in In-Patient Department, following is the "Performance Evaluation Analysis Report" on Generalized set of values as per Dr SIR**

According to duty schedule his/ her available time (minutes) in In-Patient Department is: 576.00

<b>2-b-1) Time and Work analysis as per Dr-SIR Values</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Required average number of rounds which should be/ are taken by him/ her as per Dr-SIR	28.47	29.80	10.73	9.39	13.55	13.01	9.75
<b>ii)</b> Average time required to take all rounds (in minutes)	345.34	330.48	63.28	59.28	111.74	107.10	398.48
<b>iii)</b> Actual time available in In-Patient Department to take all rounds (in minutes)	140.51	134.46	25.75	24.12	45.46	43.57	162.13
<b>iv)</b> Rounds that can be actually taken according to his/ her time available using Dr-SIR average time per round	11.58	12.12	4.36	3.82	5.51	5.29	3.97
<b>v)</b> If average rounds as distributed by Dr-SIR are to be taken with in his/ her available time then the time available to examine a patient per round	4.94	4.51	2.40	2.57	3.35	3.35	--
<b>vi)</b> If average number of patients are examined then time available for History Taking per patient would be	--	--	--	--	--	--	16.63

<b>2-b-2) Time and Work analysis as per actual data</b>	<b>Pre-Operative Rounds</b>	<b>Post-Operative Rounds</b>	<b>Pre-Operative Rounds (Assistance with HOD)</b>	<b>Post-Operative Rounds (Assistance with HOD)</b>	<b>Pre-Operative Rounds (Assistance with Specialist)</b>	<b>Post-Operative Rounds (Assistance with Specialist)</b>	<b>Physical Examination and History Taking</b>
<b>i)</b> Actual time available (in minutes) in In-Patient Department to take rounds or to take history taking and physical examination.	48.55	392.19	8.90	70.35	0.00	0.00	56.02
<b>ii)</b> Number of cases for whom he/ she has actually taken round.	3.00	10.00	3.00	10.00			--
<b>iii)</b> Number of cases for whom he/ she has actually taken history taking and physical examination.	--	--	--	--	--	--	3.00
<b>iv)</b> Actual time (in minutes) per round he/ she has taken around a patient within his/ her actual time.	5.54	5.07	2.70	2.88	0.00	0.00	18.67

### C) Work Unit (W.U.) performance analysis of individual

**Professional Category:** Medical Officer

**Professional Name:** Dr Rasheed

i) According to his/ her duty assignments in In-Patient Department he/ she has the capacity to generate '**933.12**' Work Units during the period **May 01, 2008** to **May 31, 2008**.

ii) But the work units he/ she has actually generated in In-Patient Department as per Dr SIR are '**2,042.28**' during the period **May 01, 2008** to **May 31, 2008**.

#### 1-c) AS A RESULT:

1- His/ Her efficiency is	218.87 %
2- His/ Her work potential is utilized up to	2.19 times.
3- His/ her potential is being over utilized by	118.87 %
4- His/ her rate of complications/ misdiagnosis will be increased by	4.07 %

#### 2-c) Under the Generalized set of values

- 1- Actual time per Pre-Operative round is less than Average time required per Pre-Operative round.
- 2- Actual time per Post-Operative round is less than Average time required per Post-Operative round.
- 3- His/ Her rate of complications/ misdiagnosis will be 16.39 % or '0.16' times.

#### 3-c) Possible Reasons:

Decrease in time in Pre-Operative rounds may be because of the following reasons:

1- He/ She is attending more Pre-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008** to **May 31, 2008** as per Dr SIR.

2- According to his/ her available work time during the evaluation period **May 01, 2008** to **May 31, 2008**, he/ she could have only taken rounds of approximately **3.97** Pre-Operative patient(s) where as he/ she has actually taken rounds of **3.00** Pre-Operative patient(s) i.e. approximately **0.97** more Pre-Operative patient(s).

Decrease in time in Post-Operative rounds may be because of the following reasons:

1- He/ She is attending more Post-Operative patient(s) than he/ she is supposed to attend within the allocated duty time during evaluation period **May 01, 2008** to **May 31, 2008** as per Dr SIR.

2- According to his/ her available work time during the evaluation period **May 01, 2008** to **May 31, 2008**, he/ she could have only taken rounds of approximately **1.57** Post-Operative patient(s) where as he/ she has actually taken rounds of **10.00** Post-Operative patient(s) i.e. approximately **8.43** more Post-Operative patient(s).

**Note:** However it may be noted that the values not falling within acceptability range may become acceptable if the evaluation is done on specified set of values for each professional.