

**Internship Training
at
ECHS Polyclinic, Aligarh**

AUDIT OF ECHS POLYCLINIC

**by
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PG/19/024**

**Under the Guidance of
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**Post-Graduate Diploma in Hospital and Health Management
Batch 2019-2021**



International Institute of Health Management Research, New Delhi



The certificate is awarded to

Col Deepak Varshney

in recognition of having successfully completed his
Internship in the

ECHS Polyclinic, Aligarh

and has successfully completed his Project on

Audit of ECHS Polyclinic

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

We wish him all the best for future endeavors.

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Col Deepak Varshney has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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The following dissertation titled **“AUDIT OF ECHS POLYCLINIC”** at **“ECHS POLYCLINIC, ALIGARH”** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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

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Date: Jun 2021

Col Deepak Varshney

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Abbreviations

ECHS:	Ex-Servicemen Contributory Health Scheme
AGI(MBS):	Army Group Insurance (Medical Branch Scheme)
AFVs:	Armed Forces Veterans
ESM:	Ex-Servicemen
COECHS:	Central Organisation ECHS
AFGIS: (MIS):	Armed Forces Group Insurance Scheme (Management Information System)
COSC:	The Chief of Staff Committee
DoESW:	Department of Ex-Servicemen Welfare
MoD:	Ministry of Defense
DGR:	Directorate General Resettlement
KSB:	Kendriya Sainik Board
MO:	Medical Officer
MI Rooms:	Medical Inspection Rooms
SEMO:	Senior Executive Medical Officer
LMA:	Local Military Authority
NHSRC:	National health system resource Centre
NQAS:	National quality assurance standards
UPHC:	Urban Primary health Centre

Executive Summary

Quality of care is a key thrust area for both Policy Maker and Public health practitioners, as it is an instrument of optimal utilization of resources and improving health outcomes and client satisfaction.

Quality is degree to which a set of inherent characteristics fulfils requirement. The onus is on the provider to continuously assess customer needs and tailor your product, although for public health facility, it may be a far-fetched idea, but these kinds of continuous inputs would be extremely useful whenever any policy is being revised or assessing it is time for revision.

The study is an attempt to suggest a Quality Audit system for an ECHS, Polyclinic. The Study was carried out in 3 Phases.

Phase 1: NQAS Toolkit for PHC_2020 designed by NHSRC which is being utilized by Indian Public health organization for quality assessment and accreditation was utilized

Phase 2: Kayakal Checklist_2019 designed by NHSRC for UPHC without beds was applied

Phase 3 A semi- structured questionnaire was fielded to the ESM visiting the center.

The responses and the data were collected and analyzed thereby helping us to identify the gaps and opportunities, also give us a way forward to design a Quality assessment/ Audit system to help policy and decision maker to adopt measures to improve Quality of care.

Chapter I

Organization Profile: Ex-Servicemen Contributory Health Scheme (ECHS)

1.1 Ex-Servicemen Contributory Health Scheme (ECHS)

Medical facilities for superannuated Armed forces personnel and their dependents were restricted to high-cost surgeries and treatment for limited ailments/diseases covered by scheme called AGI(MBS), Army group insurance (Medical Branch Scheme) and AFGIS(MIS) Armed forces group insurance scheme (Management Information System). Although these Medicare Scheme could provide some relief, but an all-encompassing comprehensive health insurance scheme akin to CGHS, for Central government employees was lacking.

Therefore, a need was felt for a comprehensive social health insurance scheme which could provide ESM and their dependents complete health cover. A guarantee which the Nation owed to them, who gave their prime to the nation.

After a lot of deliberation at the highest level a comprehensive Scheme was designed which took shape of Ex-Servicemen Contributory Health Scheme more popularly called as ECHS and was notified vide GoI, MoD letter No 22(i) 01/US/D(Res) dated 30 Dec 2002. The ECHS was born on 01 Apr 2003.

With the launch of this scheme, ESM pensioners and their dependents who were earlier authorized to medical facilities in the Service Hospitals only, were entitled to medical care in health facilities empanelled with ECHS in the new arrangement.

The aim of it being a tri service organization is since all the veterans after retirement go to their home town in various states and after that they need a central health care organization to look after. Earlier the load of their health care was on the Military Hospitals which have the task of looking after the serving combatants and hence have their resources dissipated and diverted from the core task. The core task being to look after the active combatants and to ensure that the nation is ready for war. The organization is meant to look after the veterans in receipt of any pension, their dependents and their parents.

The Scheme is funded by Govt of India.

1.2 Concept of ECHS

In order to minimize the administrative expenditure, the ECHS is managed through the existing infrastructure of the Armed Forces. The existing infrastructure includes, command and control structure, surplus capacity of Service Hospitals, Supply Chain management mechanism, procurement organizations for medicines and Equipment, defense land and infrastructure.

In order to ensure seamless ECHS services during hostilities/ operational movements and training in nonmilitary areas above mentioned resources are to be supplemented as follows:

- In Non-Military Stations establishing ECHS Polyclinics.
- Creating Augmented Armed Forces Clinics, to cater for heavy inflow of ESM by Augmenting existing medical facilities.
- Empanelling Government and Private health care facilities.
- Funding.

1.3 Organisation of ECHS

The Central organization, ECHS (CO ECHS) is located at Delhi Cantt and is administratively under the Chief of Staff Committee (COSC) through Adjutant General and Director General Discipline Ceremonial & Welfare in Army Head Quarters. The Central organization is headed by Managing Director, ECHS, a serving officer of the rank of Major General. There are 28 Regional Centres (RC) ECHS and 426 ECHS Polyclinics. ECHS is also an attached office of DoESW, MoD as are Directorate General Resettlement (DGR) and Kendriya Sainik Board (KSB).

Based on load, there are five categories of ECHS Polyclinics i.e., Type A, B, C, D, & E.

SNO	TYPE OF POLYCLINIC	NO OF ESM
1	TYPE A	Above 20000
2	TYPE B	Above 10000
3	TYPE C	Above 5000
4	TYPE D	Above 2500
5	TYPE E (Mobile)	Above 800(for Remote Areas)

The Polyclinics are run and managed by contractual staff. Contractual Staff is authorized to each type of Polyclinic based on the load.

S No	Contractual Post	Type of ECHS Polyclinic					Total	Held*	Remarks*
		A	B	C	D	E			
1	Medical Officer	6	3	2	2	1	953	2	
2	Medical Specialist	2	2	1	0	0	200	0	
3	Dental Officer	2	2	1	1	0	470	1	
4	Gynaecologist	1	1	0	0	0	61	0	
5	Radiologist	1	1	0	0	0	61	0	
6	Officer-in-Charge	1	1	1	1	0	409	1	
7	Radiographer	1	1	0	0	0	61	1	Surplus
8	Lab Technician	1	1	1	1	0	409	1	
9	Lab Assistant	1	1	1	1	0	409	0	Defi
10	Physiotherapist	1	1	1	0	0	139	0	
11	Pharmacist	1	1	1	1	0	409	1	
12	Nursing Assistant	3	3	2	1	1	626	1	
13	Dental Assistant/ Technician/ Hygienist	2	2	1	1	0	470	1	
14	Driver	2	2	1	1	1	487	1	
15	Chowkidar	1	1	1	1	0	409	1	
16	Female Attendant	1	1	1	1	0	409	1	
17	Peons	1	1	1	1	0	409	1	Clk posted inLieu
18	Safaiwala	1	1	1	1	0	409	1	
	Total	29	26	17	14	3	6800	14	

Current Holding of Manpower as against Authorization

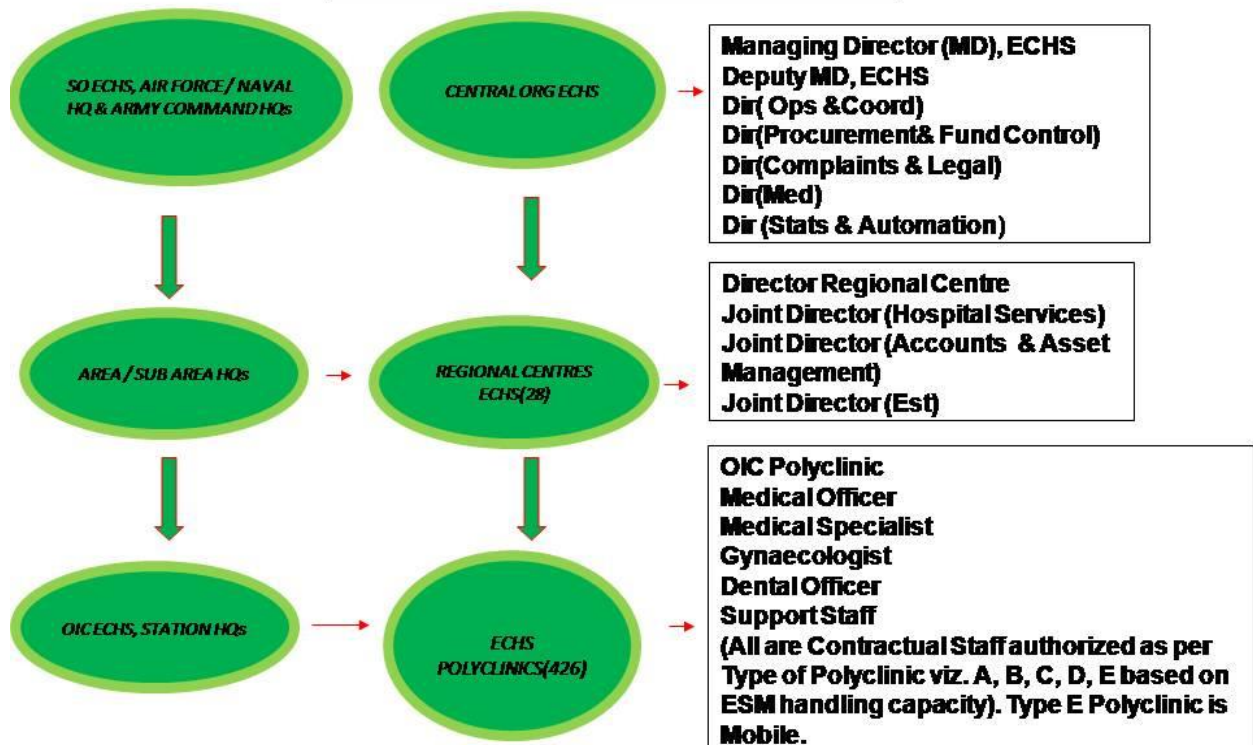
Note: * Manpower state of ECHS Polyclinic Aligarh

1.4 Command and Control

Administrative and Financial power to run the Scheme rest with the Armed Forces and the existing Command and Control Structure of Defense Services i.e., Army, Navy, Airforce as per station convenience are exercised. Station Commanders exercise direct control over the ECHS polyclinics. Regional Centres (RC) ECHS are under Command HQ/ Area HQ. CO ECHS functions under AG's Branch, Army HQ.

1.5 Organogram of ECHS

ORGANISATION CHART ECHS



1.6 Objective of the Scheme

The objective of the scheme is to provide quality health care to ESM, their dependents with network of Polyclinics service hospitals and empanelled quality health care facilities near their preferred place of residence.

Chapter II

Ex-Servicemen Contributory Health Scheme (ECHS) Polyclinic: Aligarh

2.1 ECHS Polyclinic, Aligarh

Aligarh is the district HQ with basically an agricultural trade Centre and has semi urban to rural population. ECHS polyclinic Aligarh commenced functioning in a mobile Van in 2006 and in 16 years after operating from three hired location at Sasni Gate, Vidya Nagar and Vikram Colony, Ramghat road is in its present location at Jalalpur. It is functioning in a hired campus fortunately built as a medical facility in the outskirts of the city. This polyclinic is responsible to look after the armed forces veterans (AFVs) and their dependents of the District of Aligarh including five Tehsils of Tappal, Khair, Ghabana, Iglas and Atrauli. The ECHS is a one-point place that carries out initial investigation into the medical condition of the patient and after giving him/her the first stage of medical advice and treatment the patient depending on his/her medical condition is referred to the empaneled hospitals to receive specialist treatment. The fact that the patient is referred to the specialist hospital requires consideration in the sense that the quality of service being provided to the patient need to be assessed and the procedure and manner in which the ECHS transfers the ex-servicemen also requires to be studied. The critical point noticed in the research is that the patient is being treated initially in the ECHS and then based upon his/her condition is being referred to the empaneled hospital. Patient response at this level was assessed as it will have a bearing on his/her satisfaction level pertaining to the ECHS system of providing health care to the Ex-Servicemen.

The distribution of AFVs population is as given below:

❖ Primary Membership Veterans	-	2775.
❖ No of Dependents on Polyclinic	-	10111.
❖ No of Patients Visiting Polyclinic	-	Approx 130(daily) 3250(one month).

2.2 Command and Control

ECHS Polyclinic, Aligarh (Type D) comes under Regional Centre Jaipur. Administrative control is with Station Commander, Mathura Local Military Authority (LMA), assisted by Commandant Military Hospital, Mathura who is also the Senior Executive Medical Officer (SEMO).

2.3 Facilities available at ECHS Polyclinic, Aligarh

Reception

- Separate reception counter to streamline the inflow of patients to the polyclinic.
- The reception is equipped with computers, connected by LAN to cater for :-
 - ❖ Biometric Card reader counters
 - ❖ 02 x MOs referral counter
 - ❖ Monthly medicine counter
- Reception has a patient friendly environment, and is provisioned with electronic digital counter system and notice boards containing all relevant information for the patients.
- The reception staff is good in communication skills and proficient in handling of outdoor patients

Consultation Rooms

- Two ECHS employees trained and fully conversant in operating diagnostic equipment like ECG, BP monitors etc. Beside vaccination and administration of drugs, essential staff has been dual - tasked to deal with routine emergencies and rendering of first aid.
- The treatment room is geared to cope for emergencies, with essential equipment like stretchers, wheel chairs, resuscitation apparatus etc.
- To accord privacy to patients, separate cubicles for performing ECG on ladies and gents have been provisioned.

Pharmacy

- Fully stocked medical store with medicine racks and pigeon holes for provisioning and storage of drugs.
- Adequate shelf space catered along with refrigerators and air conditioning facility for storage of essential drugs.
- Color coding of medicine on shelves in accordance with their shelf life.
- Computers have been LAN linked with med officers, for smooth paper less transaction and speedy issue of medicines to patients.
- Latest software introduced in the computers for inventory management, stock taking and MMF processing.
- Separate service - windows along with seating arrangements for officers, senior citizens, families and other ranks.

Dental Services

- The polyclinic is fully equipped to cater for dental care and treatment of ECHS beneficiaries.
- Dental Chair with essential back - up equipment is available. An average of 20 - 30 patients is attended by the dental officer and the dental hygienist on daily basis.

Diagnostic/ Laboratory Services

X-Ray, ECG, regular lab tests facilities.

Ambulance Service

Ambulance services are available within the city limits.

Referral Issue Counter

Counter for issuing referral for empaneled health facility.

Smart Card Issue/Renewal

Counter for processing Smart card application

Additional Amenities

- Waiting rooms for veteran.
- Colored TVs in waiting rooms with adequate availability of newspapers, magazines and periodicals.
- Hot/cold water dispenser and water coolers.
- Electronic digital counter display system in waiting rooms and at the reception for patients seeking to consult med officers.
- Display boards at prominent places with relevant information and contact numbers.
- Patients being updated by displaying status of their claims on the notice boards in the waiting room.



Entrance



Reception



Waiting Area



Consultation Chamber



Consultation in progress



Laboratory



Lab Tests in Progress



Diagnostic room



X-Ray in Progress

Snapshots of ECHS Polyclinic, Aligarh



Dental procedure of the beneficiary under progress



Referral issue desk



Pharmacy



Medicine Issue inprogress



Card Renewal desk



Patient Satisfaction survey

Snapshots of ECHS Polyclinic, Aligarh

Major Medical Equipment

S No	Name of Equipment	Authorized	Held
1	X-Ray Machine 100 MA	01	01
2	Oxygen Concentrator	01	01
3	Semi Auto Analyzer	01	01
4	Automatic Film Processor	01	01
5	Endo Box	01	01
6	Steam Sterilizer Table Top	01	01
7	ECG Machine	01	01
8	Ophthalmoscope	02	02
9	Otoscope	01	01
10	Nebulizer	02	02
11	Matrix Retainer	01	01
12	Suction Apparatus	01	01
13	Hot Air Sterilizer	01	01
14	Water Distiller	01	01
15	Front Loading Autoclave Table Top	01	01
16	Syringe & Needle Destroyer	01	01
17	Water Bath Universal	01	01
18	Electrical Boiling Water Sterilizer	01	01
19	Outfit Resuscitation	01	01
20	Lamp Operation Shadowless	01	01
21	Still Automatic	02	02
22	Microscope Complete Binocular	02	01
23	Pantographic Dental Chair	01	01
24	Ultraviolet Storage Cab	01	01
25	Exodontias Kit	01	01
26	Glass Bead Sterilizer	01	01
27	Plastic Filling Ins	02	02
28	Ultrasonic Scalar	01	01
29	Cabinet for Instruments	01	01
30	Ultra Sound Machine	01	01
31	Dental X- Ray	01	01
32	Amalgamator	01	-
33	Instrument Table Fold	01	-
34	Ultrasonic Cleaner	01	-

Chapter III

Audit ECHS Polyclinic, Aligarh, UP

3.1 Audit was carried out in three parts namely

- National Quality Assurance Standards (NQAS)
- KAYAKALP
- Patient Satisfaction survey.

3.2 Introduction

Quality of care is a key thrust area for both Policy makers and Public health providers, as it is an tool of optimum utilization of resources and enhancing health outcomes and customer satisfaction/delight.

Quality is degree to which a set of inherent characteristics fulfils requirement. This could be perspective of the Developer/Supplier/Provider or Customer. However, the Customer focus is key. Today, quality is heavily linked to meeting Customers needs and achieving customer satisfaction (Satisfying/ Delighting).

The onus is on the provider to continuously assess customer needs and tailor your product, although for public health facility, it may be a far-fetched idea, but these kinds of continuous inputs would be extremely useful whenever any policy is being revised or assessing it is time for revision.

Key points are

- Customer focus is the primary focus of quality management.
- Meeting and exceeding customer requirement.
- Sustained customer confidence is integral to the success of an organization.
- System and processes are designed to satisfy customer on a continuous basis.
- Quality is **minimizing variation**.
- Quality is **Standardisation**.

During the interaction with the OIC ECHS polyclinic, it was learnt that although administrative inspection is carried out annually, there is no instutionalised system of Quality

audit in the ECHS, akin to National Quality Assurance Standards (NQAS) and KAYAKALP schemes.

NQAS and KAYAKALP tools for UPHC were utilized for quality audit, being most appropriately close to the ECHS Polyclinic.

NQAS

Main pillars of Quality Management System are standards. Standards could also be used as self-improvement tools by health care facilities without linking with formal certification process. NQAS were developed by NHSRC for Public health facilities and its operational guidelines were issued in 2013-14 and was credited by ISQUA in 2016.

National Quality Assurance Standards for Public Health care facilities are intended for policy makers, program officers, service providers, assessors and certification agencies who intend to support, assess and sustain quality of care in public health care system and working to bring up their facilities for quality certification.

The standards have been grouped within eight Areas of Concern, each standard has further specific measurable elements. These standards and measurable elements are checked in each department of the health facility through department specific check points. All checkpoints for a department are collated and together they form assessment tool called checklist. Score filled in checklist would generate a scorecard.

Figure 1: Functional Relationship between Components of Quality Measurement System

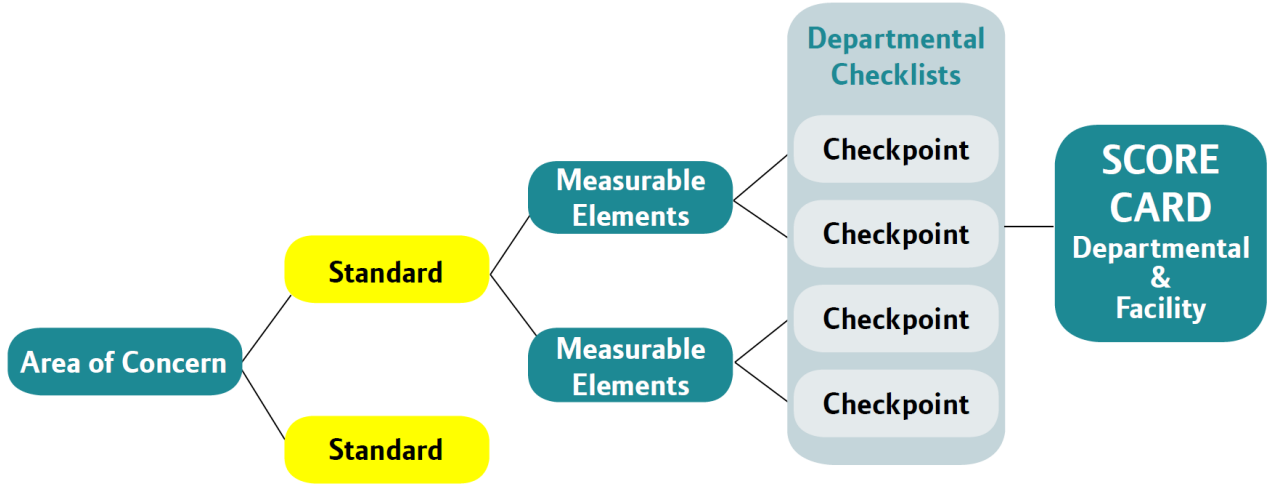


Figure 1: Functional Relationship Between Components of Quality Measurement System

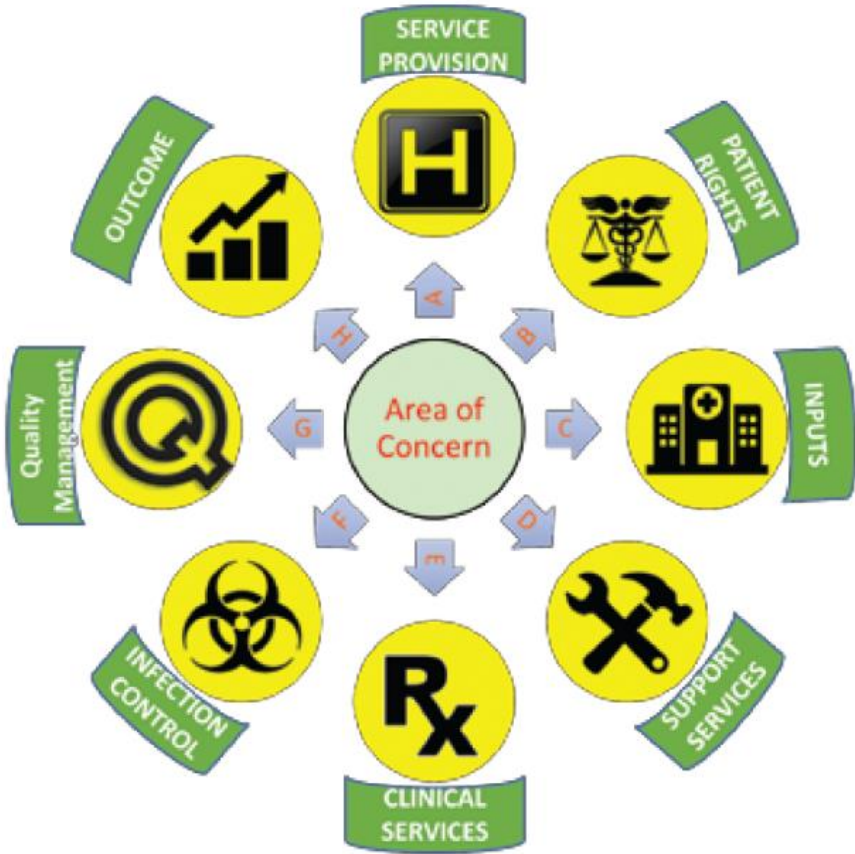


Figure 2:Area of Concern

Figure 3: Sample checklist*.

Checklist for Accident & Emergency					
Reference No.	Measurement Element	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	The facility provides Curative Services				
ME A1.1.	The facility provides General Medicine services	Availability of Emergency Medical Procedures		SI/OB	Poisoning, Snake Bite, CVA, Acute MI, ARF, Hypovolumic Shock, Dysnea, Unconscious Patients
ME A1.2.	The facility provides General Surgery services	Availability of Emergency Surgical Procedures		SI/OB	Appendicitis, Rupture spleen, Intestinal Obstruction, Assault Injuries, perforation, Burns
ME A1.3.	the facility provides Obstetrics & Gynaecology Services	Availability of Emergency Obstetrics & Gynaecology Procedures		SI/OB	APH, PPH, Eclampsia, Obstructed labour, Septic abortion, Emergency Contraceptives
ME A1.4.		Availability of emergency Pediatric procedures		SI/OB	ARI, Diarrheal diseases, Hypothermia, PEM, reucitation

* - ME denotes measurable elements of a standard, for which details have been provided in the Annexure 'A'.

- Header of the checklist denotes the name of department for which checklist is intended.
- The horizontal bar in grey colour contains the name of the Area of concern for which the underlying standards belong.
- Extreme left column of checklist in blue colour contain the reference no. of Standard and Measurable Elements, which can used for the identification and traceability of the standard. When reporting or quoting, reference no of the standard and measurable element should also be mentioned.
- Yellow horizontal bar contains the statement of standard which is being measured. There are a total of seventy standards, but all standards may not be applicable to every department, so only relevant standards are given in yellow bars in the checklists.
- Second column contains text of the measurable element for the respective standard. Only applicable measurable elements of a standard are shown in the checklists. Therefore, all measurable elements under a standard are not there in the departmental check-lists. They have been excluded because they are not relevant to that department.
- Next right to measurable elements are given the check points to measure the compliance to respective measurable element and the standard. It is the basic unit of measurement, against which compliance is checked and the score is awarded.
- Right next to Checkpoint is a blank column for noting the findings of assessment, in term of Compliance – Full, Partial or and Non Compliance.
- Next to compliance column is the assessment method column. This denotes the 'HOW' to gather the information. Generally, there are four primary methods for assessment - SI means staff interview, OB means observation, RR means record review & PI - Patient Interview.
- Column next to assessment method contains means of verification. It denotes what to see at a Checkpoint. It may be list of equipment or procedures to be observed, or question you have to ask or some benchmark, which could be used for comparison, or reference to some other guideline or legal document. It has been left blank, as the check point is self-explanatory.

Figure 3: NQAS Sample Checklist

KAYAKALP

The Swachh Bharat Abhiyan was launched by GoI in Oct 2014, with prime focus on actively encouraging cleanliness in public areas.

Public health care facilities are a major system of social protection to meet the Medicare needs. Cleanliness and hygiene in health facilities are vital to prevent infection and provide patients and visitors an satisfying experience and encourage in moulding behaviour related to pure environment.

Kayakalp scheme was launched with following objective

- To encourage infection control practices, cleanliness and hygiene.
- Recognition for facilities that show extraordinary performance.
- To inculcate a culture of continuous assessment.
- To create and show sustainable practices related to improved cleanliness.

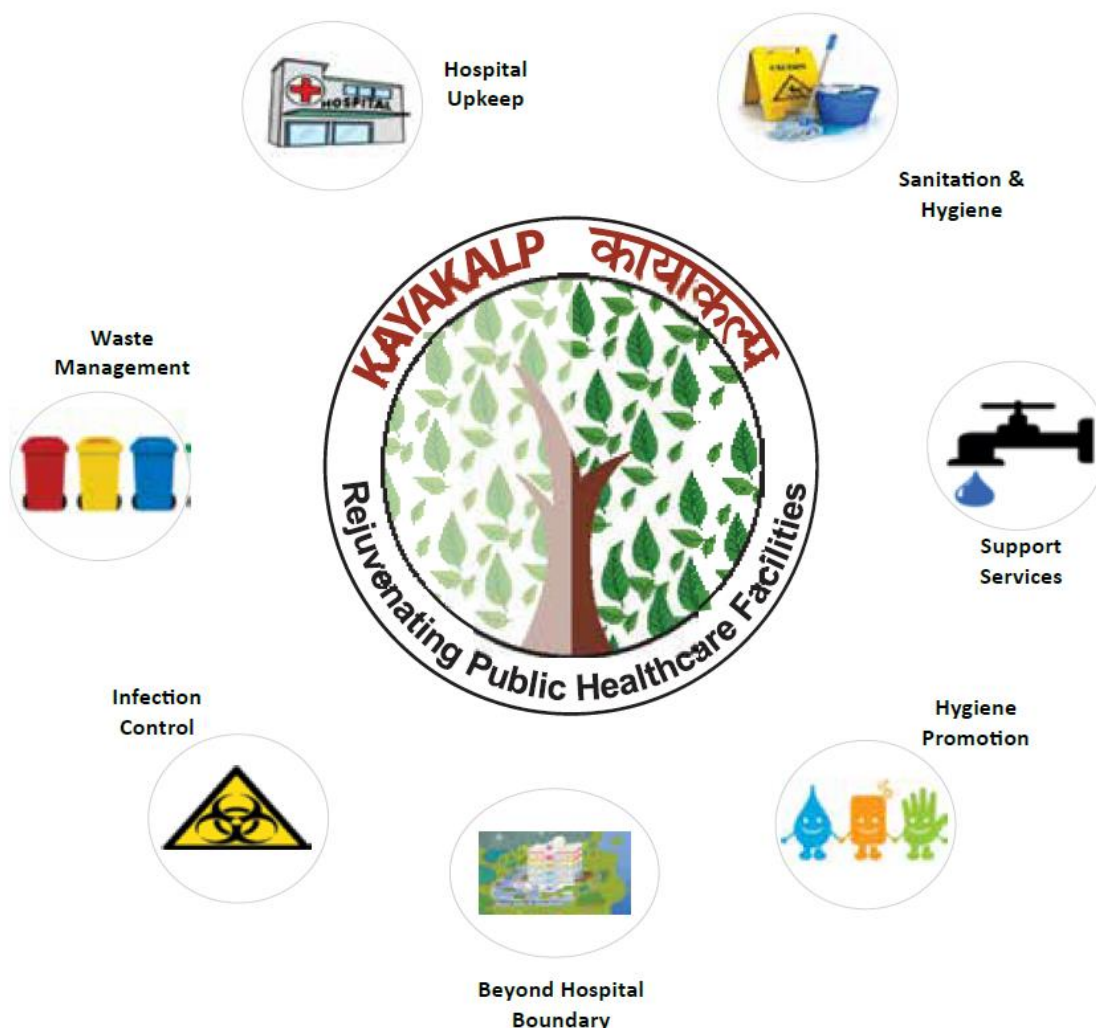
All assessment components of Kayakalp scheme are arranged systematically in following categories

- Seven Thematic areas
- Criteria
- Checkpoints

Ref. No.	Criterion	Assessment Method	Means of Verification	Compliance
A.	Hospital/Facility			
A1	Pest & Animal Control			
A1.1	No stray animals within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cat, cattle, pigs, etc. within the premises. Also discuss with the facility staff	
A1.2	Cattle-trap is installed at the entrance	OB	Check at the entrance of facility that cattle trap has been provided. Also look at the breach, if any, in the boundary wall	

Figure 4: Kayakal Sample Checklist

Thematic Scores - Kayakalp, Award to Public Health Facilities



Means of Verification –

OB – Direct Observation

SI – Staff Interview

PI – Patient (/Relatives) Interview

RR – Review of records & documents

Marking –

2 Marks for full compliance

1 Mark for partial compliance

0 Mark for NIL compliance

Figure 5: Kayakalp Assessment Components

Patients Satisfaction

Satisfaction is a state resulting when the emotion surrounding expectation is coupled with consumer's prior feelings about the consumption experience.

Past decade, research has emerged in the healthcare field demonstrate that patient satisfaction is an important strategic asset for hospital quality improvement. While Patient satisfaction has been defined as the degree of congruency between a patient's expectations of ideal care and his /her perception of the real care him /her receives. Across the entire world, consumer/patient satisfaction is playing an increasingly significant role inequality of care reforms and health-care delivery more generally. Despite its extensive use, the client satisfaction was initially considered as a difficult concept to be measured and interpreted. Patient satisfaction is a complex and a multidimensional concept, relating to both technical and interpersonal aspects of care.

Veteran health care in India is also known as Ex-Servicemen Health Care Services and is a vital component of the government strategy to provide the best possible healthcare to soldiers who have sacrificed the best part of their life in serving in inhospitable conditions. These soldiers hang up their uniforms in the peak of their youth and are then part of the civil workforce. The defense community has grown over the years. There are more than 52 lakhs beneficiaries and counting. The accretions to the ex-servicemen category occur at a younger age, given that 85 percent of the armed forces personnel compulsorily retire between 35 -37 years of age, and 12-13 percent between 40- 54 years of age. However, it is important to assess the satisfaction which they derive from the facilities provided. The fact that they are retired and still getting medical facilities may lead to conditions in which it might get compromised and the quality of services may not be up to the mark. Therefore, this may lead to poor morale and result in poor intake of future soldiers and combatants. Thus, there is a need to assess their satisfaction to improve the existing system in ECHS.

3.2 Objectives of the Study

General Objective is to study the ECHS Polyclinic as a health care facility and suggest a system of Quality Audit for continual quality improvement.

Specific Objectives are:

- Carry out Quality Audit of ECHS polyclinic, Aligarh
 - With (National Quality Assurance Standards) NQAS checklist
 - With Kayakalp Checklist.
- Carry out Patient Satisfaction Survey of the Polyclinic.
- Suggest a way ahead for Quality assessment of ECHS polyclinic to enhance client satisfaction level and improve quality.

3.3 Literature Review: The details of papers selected are as under:

S.No	Study	Authors and Published in	Location	Methodology
1.	Client satisfaction in ECHS Polyclinic: An Experience from India	Naveen Phuyal, Ashok Jindal, YSM, Sandip Mukerji. MJSBH Vol 14 Issue 2 Jul- Dec 2015	ECHS polyclinic	Observational and Analytical Cross sectional Sample size -400 (obtained by estimation of proportion) Stratified Sample. Criteria of selection of sample. Staff beneficiary excl. Every third OPD patient, Systematic Random Sampling. Patients who had at least 3 vis, > 18y, willing. Vetted Structured Questionnaire was used
2.	Healthcare Delivery and Stakeholder's satisfaction under social health insurance schemes in India : An evaluation of CGHS and ECHS	Sukumar Vellakkal, Shikha Juyal, Ali Mehdi. ICRIER Dec 2010	12 Indian Cities	Primary Survey of 1204 CGHS, 640 ECHS primary beneficiaries 100 empanelled health care providers and 100 scheme officials.
4.	Reforming CGHS into a 'Universal Health Coverage model	Rakesh Sarwal, The National Medical Journal of India, Vol 28, No 1, 2015	India	Interview of CGHS beneficiaries, MO and administrators. Published articles and documents of CGHS UHC
5.	Inclusive management of Ex-Servicemen in India: Satisfaction of Air force veterans from resettlement facilities with special reference to Tamil Nadu	Kari Mahajan, R Krishnaveni IIMB Management Review 2017	Tamil Nadu	Descriptive, conclusive, cross sectional data with longitudinal study covering veterans superannuating in past 30 y. Subjects AF veterans other rank

3.4 Methodology

NQAS and KAYAKALP Audit

Presently there is no system for Quality audit of ECHS Polyclinic. The existing available Toolkit for PHC 2019 was used as an assessment tool. Tool is a checklist which is being used by PHC's across the states in India.

PHC checklist was chosen as it has most close resemblance with the ECHS, Polyclinics.

Means of Review was as per the guidelines of the checklist. Assessment method was Observation (OB), Staff Interview (SI), Record Review (RR), Patient Interview (PI).

Marking system is as follows

- 2 marks for complete compliance.
- 1 mark for partial compliance.
- No marks for non- compliance.

The scores filled in checklist generate Scorecard based on fed formulas.

Note: Since the Checklist is not tailormade for ECHS polyclinic and they have been mandated for a little different role, the departments which are not applicable have been left out like Labour room, IPD, NHP, laboratory and general. Services which are not mandated have been granted full compliance.

Patient Satisfaction

Study Design and Area

An Observational and Analytical cross-sectional study involving ECHS Polyclinic at Aligarh, including five tehsils of Tappal, Khair, Ghabana, Iglas and Atrauli in the state of Uttar Pradesh. The ESM and the dependents come for the first point of contact for Health care needs.

Study Population

For survey, the participants were drawn from the beneficiaries visiting the polyclinic who were

- Master card holders,
- Consenting and
- Had used the services on more than three occasions

Sampling Method

The total number of dependent beneficiaries on the Polyclinic are as on Mar 2021 were 10111 out of which 2775 were master card holders. Non-Probability, Purposive sampling was adopted to collect information from patients.

Sample Size

The sample size was 100 as the respondents were not very keen to participate in the survey & due to Covid 19 pandemic.

Tools of Data collection

Data was collected by administering tested Questionnaire in English and Hindi designed for the purpose (Appendix A and B). The questionnaire consists of Personal Information, Experience at the Registration desk, Consultation, Services and allied activities, Availability of medicines, ease of getting referral for empaneled health facilities and suggestions. Beforehand all aspects of confidentiality were assured. Only those who gave a proper consent participated in the study.

Data Analysis

There is a built-in analysis tool in NQAS and Kayakal Checklist.

The collected data was compiled and analysed using various functions in SPSS software. Frequency tables, bar/ pie charts were used to represent the findings of the study in the report as where required.

Limitations

The sample size initially decided could not be achieved due to imposition of restriction in lockdown. Keeping in view the prevailing pandemic condition the physical administration of questionnaire had to be stopped at 59.

Thereafter google form was created and the contact details of beneficiaries were obtained and google form circulated on through social media only one response was received. Subsequently beneficiaries were telephonically contacted and 10 more responses were recorded. Due to the time constraint the data collection had to be terminated

3.5 Findings of the Study:

Key Strengths

- Infrastructure
- Combination of a female and a male MOs specialist in Obst & Gyn and Psychiatrist.
- Reasonable Automation in working environment.
- SOPs (Standard Operating Procedures) are well laid out by CO ECHS.
- Well-defined clientele.
- Contractual staff with well-defined guidelines of remuneration and recruitment.

NQAS Scorecard

OPD Score Card		
	OPD Score	82.059801
	Area of Concern wise Score	
A	Service Provision	94.44444444
B	Patient Rights	83.33333333
C	Inputs	74.32432432
D	Support Services	90
E	Clinical Services	90.47619048
F	Infection Control	58.92857143
G	Quality Manangement	64.28571429
H	Outcome	59.25925926

Figure 6:NQAS Toolkit Scorecard of OPD

Gaps

A. Service provision

- Although the Allopathic medicines are available as per formulary, facility does not provide AYUSH services as mandated.

B. Patient Rights

- Formulary needs to be displayed
- IEC corner of the polyclinic needs improvement in terms of health education material displayed and latest ECHS policy in vernacular medium.
- Privacy aspect needs to be strictly followed during consultation.

C. Inputs

- Unidirectional flow of services does not exist.
- Inadequate Fire safety measures.

D. Support Services

- Drug expiry data management documentation needs to be strengthened.

E. Clinical Services

- Although the facility ensures follow up of patients discharged from higher facilities, it is patient dependent, it needs to work independently and real time.

- Facility lacks well documented/ practiced triage system in case of mass casualty, emergency protocol, CPR etc.

- MLC (Medico Legal Cases) handling not defined well.

F. Infection Control

- Non display of hand hygiene at point of use.
- Decontamination drills to be well defined.

G. Quality Management

- Comprehensive Patient satisfaction survey not carried out
- No internal assessment mechanism exists

H. Outcome

- The facility lacks Service Quality Indicators measures.
- No system to assess whether State/ National benchmarks are being achieved.

Kayakalp Scorecard








Kayakalp Clean Hospital Awards			2019
Checklist for Assessment UPHC/APHC			
The Cleanliness Score Card			
Name of Facility	75.8%	Level of Assessment	
ECHS POLYCLINIC, ALIGARH(TYPE D)		INTERNAL	
Grading		Improvement	
Thematic Scores			
			
A. PHC Upkeep	B. Sanitation & Hygiene	C. Waste Management	
35	30	20	
			
D. Infection Control	E. Support Services	F. Hygiene Promotion	
25	20	12	
			
	G. Beyond Hospital Boundary		
	40		

Figure 7: Scorecard of Kayakalp Audit of Polyclinic

GAPS

A. Upkeeps

- No earmarked store for condemned stores.
- Rain water harvesting mechanism needs to be installed.

B. Sanitations and Hygiene

- 3 bucket system for cleaning.

C. Waste Management

- Innovations in general waste management be encouraged.

D. Infection Control

- IEC of hand hygiene at some point of use is lacking.
- Spill management protocol not displayed.
- Reporting of notifiable diseases & events needs to be streamlined.

E. Support services

- Nil

F. Hygiene Promotion

- Training & capacity building and standardisation to required level is lacking.

G. Beyond Hospital Boundaries

- Not applicable to subject Polyclinic

Patient Satisfaction Survey

Gender of the Respondents

Among the total respondents interviewed, a sizeable number of them (85 per cent) were males than females (14 per cent). As the armed forces is a male oriented organization, hence male respondent was more in number than their counterparts.

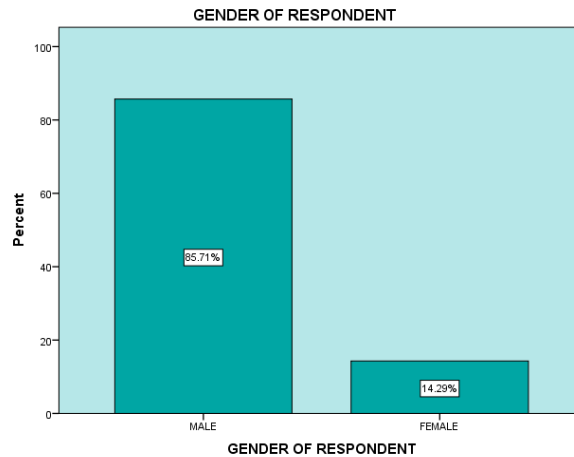


Figure 8: Gender of Respondent

Dependents of the Respondent

Number of dependents reveals that a 28% of them have single or no dependents, 47% have 2 to 3 dependents and 24% of them have 4-6 dependents. Mean is 2.43, Mode is 2, Median is 2, Std Deviation is 1.766.

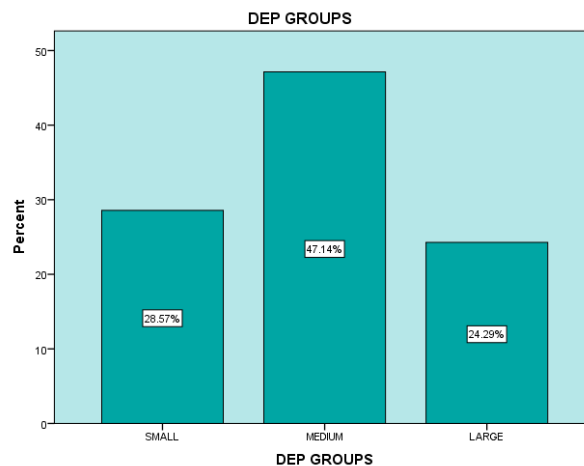


Figure 9: Dependents of Respondent

Occupation of the Respondents

After retirement, 32% of the respondents are employed.

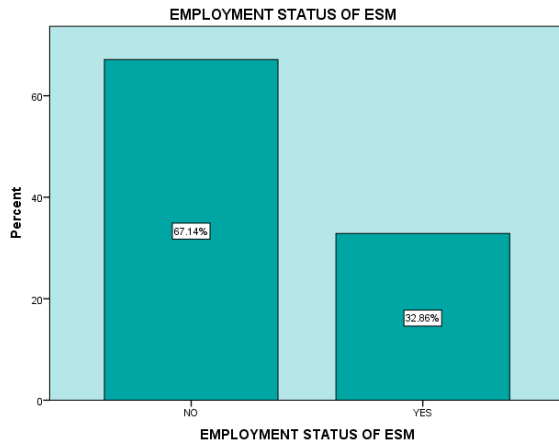


Figure 10: Present Employment Status

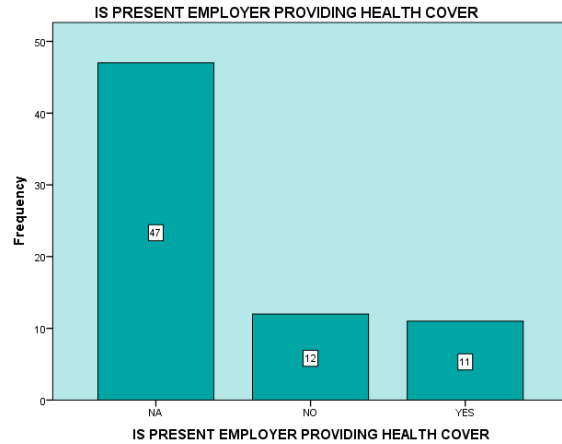


Figure 11: Health Cover status

A substantial number 67 per cent of them are either self-employed or unemployed after retirement. Half of the employed are getting health cover from second employment.

Ease of Taking Appointment

The beneficiaries are satisfied with the comfort levels of taking appointment with 67% rating it Excellent to good. Registration experience at the polyclinic has also been good with 82% rating it excellent to good

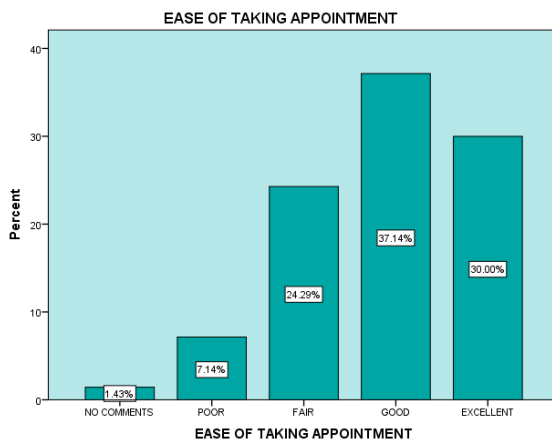


Figure 12: Ease of Taking Appointment



Figure 13: Registration Experience

Behaviour of Staff

Behaviour of the staff has been rated exemplary.

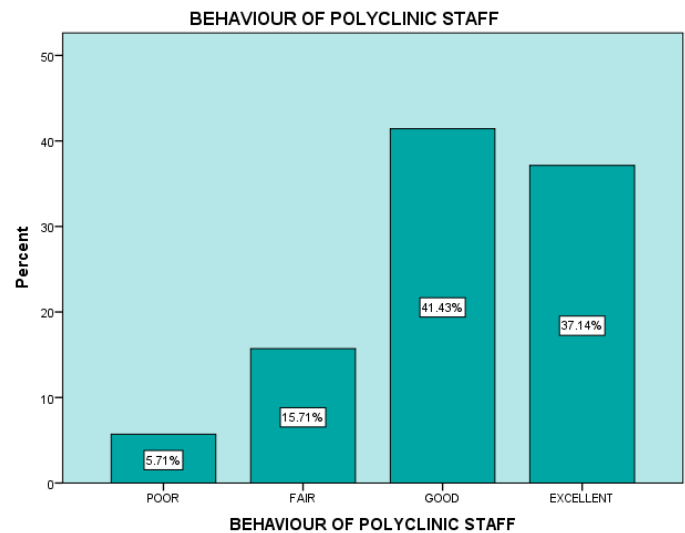


Figure 14: Behaviour of Staff

Consultation

Waiting Time

Waiting time to see the doctor has been rated long by 29% respondent, which needs to be reduced.

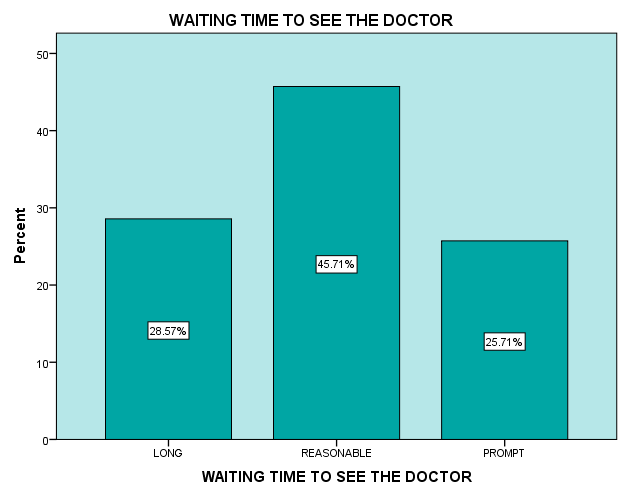


Figure 15: Wait Time

Amount of Time spent in Consultation

Respondents are happy with the amount of time spent with the Medical officer.

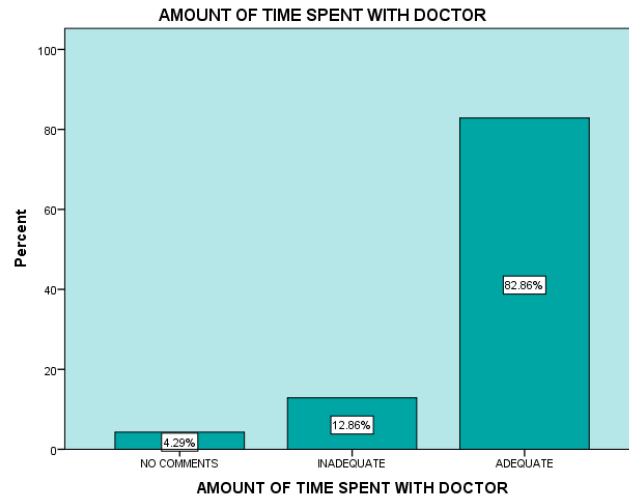


Figure 16: Time Spent in Consultation

Adherence to Privacy

Half of the beneficiaries have confirmed presence of other patients during the consultation which is violation of privacy protocol.

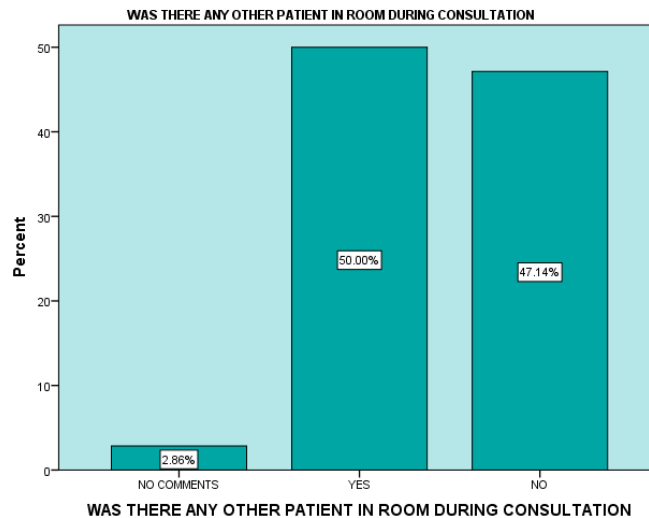


Figure 17: Privacy Issues

Overall consultation Experience

Quality of consultation have been rated high and most of the beneficiaries are willing to recommend others to join the same if inquired.

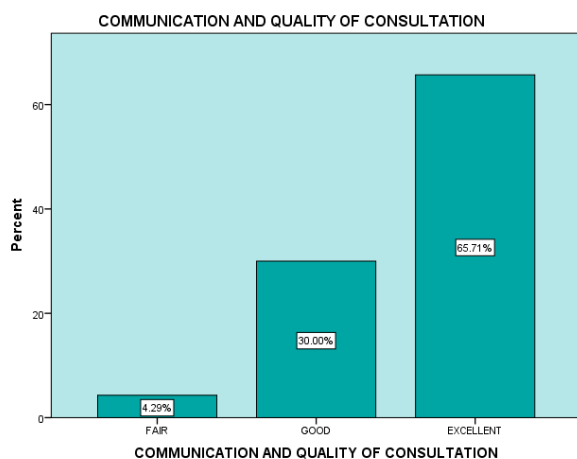


Figure 18: Consultation Quality

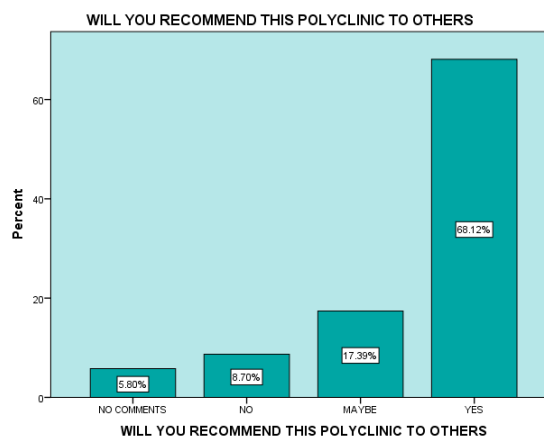


Figure 19: Happy to Recommend

Cleanliness and Pandemic Protocols

Hygiene and Pandemic protocol have been rated good and encouraging.

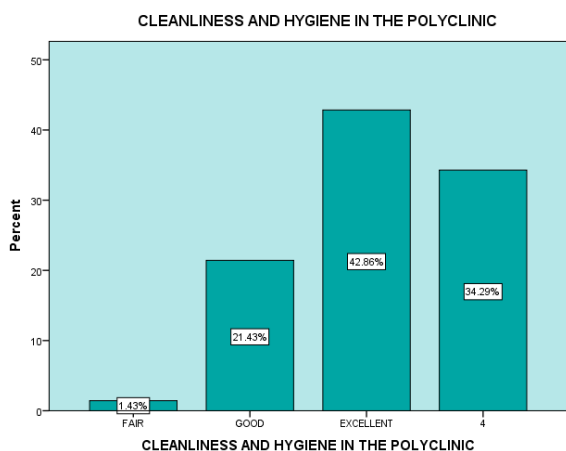


Figure 20: Hygiene Rating

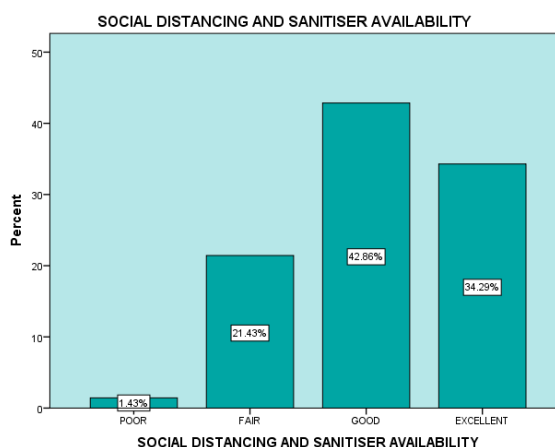


Figure 21: Pandemic Protocol

Laboratory/Diagnostic Tests

70% of respondents are not happy with Lab/ Diagnostic services, which needs to be addressed.

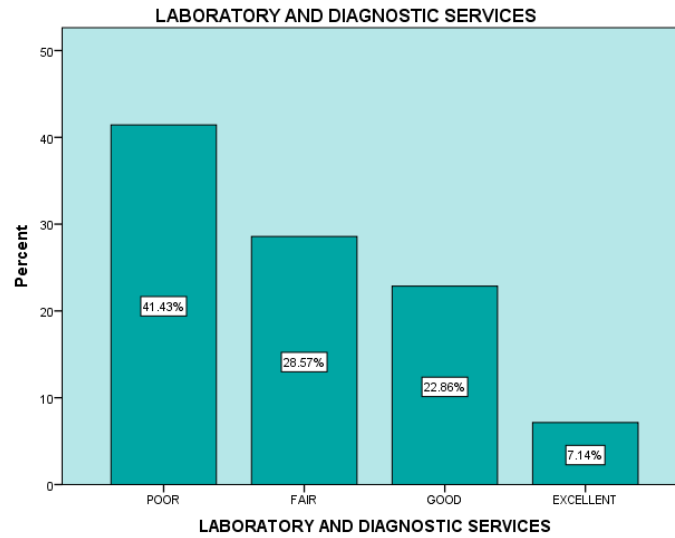


Figure 22: Lab/Diagnostic Services

Medicine Availability

Satisfaction level of medicines available at Polyclinic reveals that 30% of the respondents was satisfied; 42% rate it as fair and 26% of them were not satisfied due to non- availability of medicines.

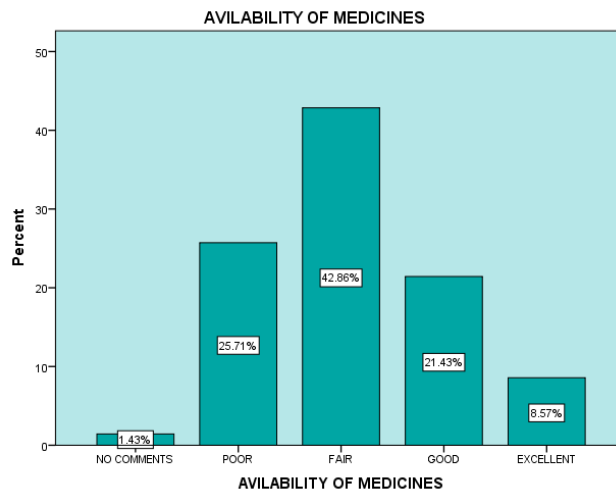


Figure 23: Availability of Medicines

Out of Pocket Expenditure

OOPE on medical care of 44% beneficiaries is between Rs 1001-Rs 10000, which is on higher side and cause of concern.

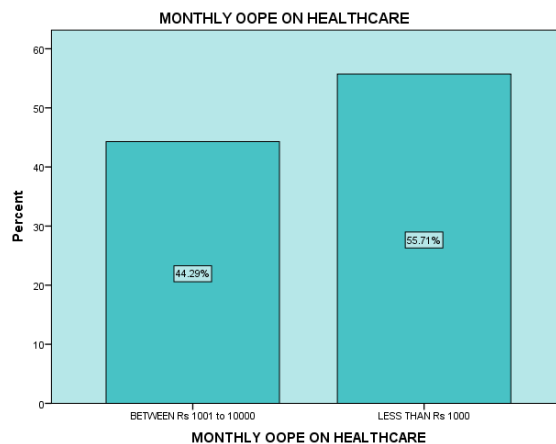


Figure 24:OOPE of Beneficiaries

Referral

Beneficiaries are referred to empanelled facilities, whenever they require any procedure beyond the scope of ECHS Polyclinic, or it is not available for some reason, be it lab/ Diagnostic test, Consultation or Surgical Intervention. A sizeable number (85%) of beneficiaries are satisfied with current referral system. 70% would like to get referred to Private Facility and about 28% to service hospitals and has very few takers for Government facilities.

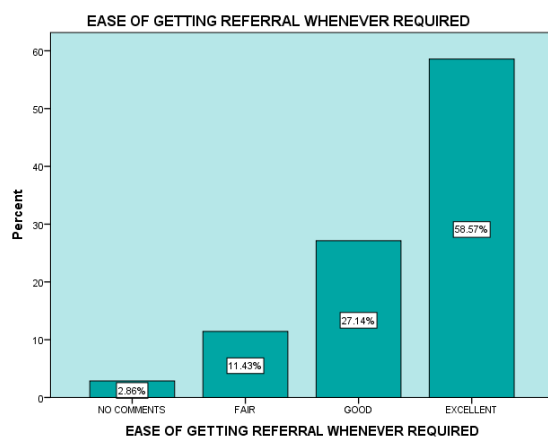


Figure 25: Ease Of Referral

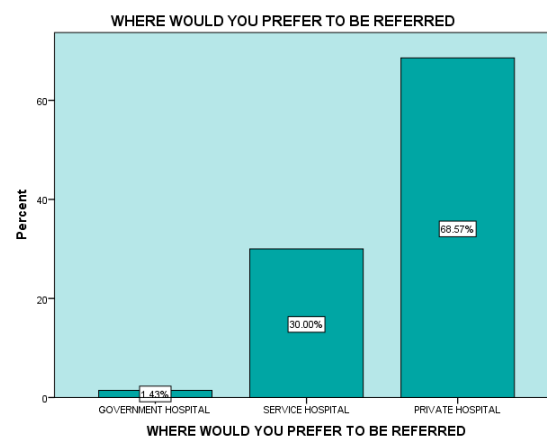


Figure 26: Referral Preference

Satisfaction Level at Empanelled Hospital

The survey revealed that a considerable number (88%) are satisfied with the referral being made to the empanelled hospitals.

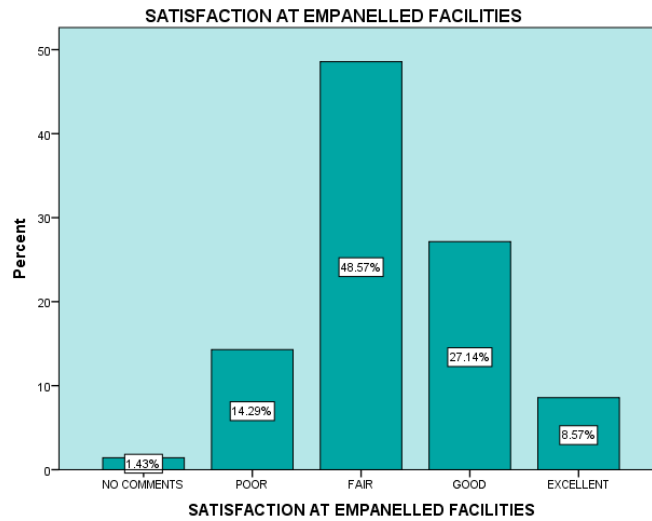


Figure 27: Satisfaction Levels at Empanelled Facilities

Other Important Findings

Based on the suggestion's enumerated by the respondents, details are as under: -

	Other Important Findings	Reason
1.	No of Doctors	No of doctors be increased and the specialists should be made available in Polyclinic
2.	Lab/Diagnostics tests	All lab test facilities should be available, Report to be made available same day
3.	Medicines	Costly medicines not available. In lieu medicines issued. Medicines of all strengths not available.
4.	Others	Location of Polyclinic should be on the main Highway, commuting is an issue. Very few empanelled health facilities in the City, beneficiaries have to move to Noida, Agra, Mathura

Chapter IV

Conclusion and Recommendations

4.1 Conclusion

1. NQAS score card for OPD is 82, which is reasonably high. It should be read in conjunction with following facts
 - The standards have neither been designed for the subject health facility nor were they prepared for such an audit, therefore not applicable in absolute terms.
 - The final score has a weightage of all 6 categories (OPD, Labour room, IPD, Laboratory, NHP, General) out of which only one category, i.e., OPD has been assessed.
 - The relative score of OPD is high because, not mandated sections of standards have been awarded full 2 marks.
 - The audit has been carried out in restricted pandemic conditions.
2. Kayakalp score is 75.8%, which is well above the pass criteria, but this result has to be read in conjunction with the fact that
 - The standards have neither been designed for the subject health facility nor were they prepared for such an audit, therefore not applicable in absolute terms.
 - the criteria which have not been mandated have been awarded full 2marks.
 - The standards have not been designed for the subject facility.
 - The audit has been carried out in restricted pandemic conditions.

Patient Satisfaction Survey

3. The sample population was retired service personnel hence a major portion were not working yet some have got employed, with half of them covered with some sort of health cover.
4. Most of the ESM have two dependents, with a maximum of 6, as many ESM retire as young as 35yr and have wife, children, parents and at times young siblings.
5. Registration experience of the beneficiaries has been rated high and Ease of taking appointment good. The behavior of the staff at ECHS, Aligarh was considered exemplary

by the respondents and that was also felt by the researchers in their entire stay at the ECHS.

6. Consultation wait time needs to be brought down and privacy protocol during consultation require attention. Although overall Consultation experience has been rated high by respondent.
7. The satisfaction with the specialist care and the empanelled hospitals was mostly good.
8. Laboratory services are far from satisfactory.
9. Availability of medicines needs improvement, and OOPE of beneficiaries needs to be brought down, which will automatically enhance the Patient Satisfaction Level. Costly medicines at times are not available and all strengths medicines at times is an issue.
10. The beneficiaries are satisfied with health services of polyclinic and empanelled private partners but relatively more satisfied with latter.(Naveen Phuyal,2015). Referral service is good and beneficiaries prefer to get referred to Private hospitals over service hospitals and there are very few takers for Government hospitals.

4.2Recommendations

1. An all-encompassing (Stake Holders) Quality Audit system needs to be designed by ECHS for its all types of Polyclinics for enhancing quality. Although the customer (ESM) should be the focus but a superior quality system should include all stake holders
 - Inhouse Health Facilities, Polyclinics
 - Beneficiaries
 - Employees
 - Partners (Empanelled facilities)
2. An extensive application of NQAS and Kayakalp Checklist in all types of Polyclinics be carried out by team of experts (including internal and external) before adapting/ designing and adopting the system. Remove the clauses not applicable and include the ones which are missing. Professional help in this regard may also be sought.
3. Constitute an internal audit team.

4. Regular updating of the Polyclinic formulary so that latest medicine prescribed by Empanelled facilities doctors are made available to beneficiaries. Range and depth of medicines needs to be scientifically analyzed to reduce OOOPE of the beneficiaries.
5. Wait time of the patients need to be reduced, for which
 - MO be absolved from all administrative duties during consultation hours.
 - Online or tele- appointment system be introduced.
 - During peak hours visiting MO's may be employed.
6. While hiring the accommodation for Polyclinic accessibility should be one of the criteria.

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Appendix A

Survey for Patient Satisfaction:

Title of the Research- A Study on the patient satisfaction level at ECHS Polyclinic.

Informed Consent: The purpose of the Survey has been verbally explained to the respondent. All the information collected will be kept strictly confidential and shall only be utilized for academic/ research and service improvement. The respondent is free to abstain from answering any question if he/she so desire. Would you like to give verbal/written consent for participation?

Signature of the Respondent

SECTION1(Personal Information)

1. Age and Gender
2. Number of dependents
3. Are you currently employed with in any organization? Yes/No
4. If yes, does it provide health cover Yes/No/NA

Please rate the following (Tick any-one)

SECTION 2(Registration)

- | | |
|--|--|
| 1. Ease of taking appointment | Excellent/Good/ Fair/Poor/ No comments |
| 2. Experience at the Registration desk | Excellent/Good/ Fair/Poor/No comments |
| 3. Behavior of staff in Polyclinic | Excellent/Good/ Fair/Poor/ No comments |

SECTION 3(Consultation)

- | | |
|---|--|
| 4. Waiting time to see the doctor | Long/Reasonable/Prompt/No comments |
| 5. Amount of time spent with Doctor | Adequate/Inadequate/ No comments |
| 6. Was there any other patient in Room during consultation? | Yes/No/ No comments |
| 7. Communication and Quality of consultation | Excellent/Good/ Fair/Poor/ No comments |
| 8. Ease of getting referral whenever required | Excellent/Good/ Fair/Poor/ No comments |

SECTION 4(Services and allied activities)

9. Cleanliness and hygiene at the waiting area Excellent/Good/ Fair/Poor/ No comments
10. Social distancing and sanitizer facility in the polyclinic? Excellent/Good/ Fair/Poor/ No comments
11. Lab/ Diagnostic test services Excellent/Good/ Fair/Poor/No comments

SECTION 5(Medicines)

12. Availability of medicines in the polyclinic pharmacy Excellent/Good/ Fair/Poor/No comments

SECTION 6(Referral)

13. Are you satisfied with services at Empaneled hospitals? Excellent/Good/ Fair/Poor/ No comments
14. Where would you prefer to be referred in case required (rank in order of preference)?
- Private hospital
 - Service hospital
 - Government hospital

SECTION 7(Out of Pocket Expenditure)

15. Personal costs incurred on monthly basis on healthcare:
- Less than 1000/-
 - Between 1000 – 10,000/-
 - More than 10,000/-

SECTION 8(Suggestions)

16. Will you recommend this polyclinic to others? Yes/Maybe/No/No Comments
17. Suggestions if any for ECHS Polyclinic (use the extra space below in case required)
- Related to No. of Doctors:
 - Related to Lab/Diagnostics services:
 - Related to Medicine Availability:
 - Any Other Comments:

Patient Satisfaction Survey Questionnaire

सूचित रजामन्दी: इस सर्वे में जो जानकारी एकत्रित की जा रही है वो पूर्ण रूप से गुप्त रखी जाएगी। इसका प्रयोग केवल रिसर्च और अध्ययन के लिए ही किया जायेगा। आपको किसी भी सवाल का जवाब देना अनिवार्य नहीं है। आप मौखिक ☐ या लिखित ☐ रूप से स्वीकृत दे सकते हैं।

हस्ताक्षर

भाग १ (निजी जानकारी)

- उम्र _____ साल पुरुष/ महिला
- डिपेंडेंट सदस्य की संख्या _____
- क्या आप किसी संस्था में कार्यरत है हाँ/ नहीं
- यदि हाँ तो क्या वह आपको स्वास्थ्य सेवा प्रदान करती है। हाँ / नहीं

निम्न में से किसी एक को अपने ECHS पालीक्लिनिक के अनुभव की आधार पर टिक करें।

भाग 2 (रजिस्ट्रेशन)

बहुत अच्छा/ अच्छा / सामान्य/ खराब/ कोई राय नहीं

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. अपॉइंटमेंट लेने में आसानी। | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. रजिस्ट्रेशन में सुविधा । | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. पॉलीक्लिनिक के कर्मचारी का व्यवहार । | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

भाग 3 (कंसल्टेशन)

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| 4. डॉक्टर से मिलने में विलंब। | लंबा/ सामान्य/ तुरंत/ कोई राय नहीं |
| 5. अपने डॉक्टर के साथ कितना समय बिताया । | पर्याप्त/ अपर्याप्त/ कोई राय नहीं |
| 6. जब आप डॉक्टर से सलाह कर रहे थे तो क्या और भी मरीज कमरे में थे। | हाँ/ नहीं/ कोई राय नहीं |
| 7. क्या आप डॉक्टर के व्यवहार एवं उपचार से संतुष्ट है। | बहुत अच्छा/ अच्छा/ सामान्य/ खराब/ कोई राय नहीं |

भाग 4 (सेवाएं एवं अन्य)

बहुत अच्छा/ अच्छा / सामान्य/ खराब/ कोई राय नहीं

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. पॉलीक्लिनिक में साफ सफाई | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. कोरोना काल में sanitizer और सोशल distancing की सुविधा | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. लैब टेस्ट एवं डिग्नोस्टिक टेस्ट की सुविधा | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

भाग 5 (दवाएं)

बहुत अच्छा/ अच्छा / सामान्य/ खराब/ कोई राय नहीं

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|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. दवा की उपलब्धता। | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

भाग 6 (रेफरल)

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|---|---|--|--------------------------|--------------------------|--------------------------|
| 12. जब आपको जरूरत थी तब रेफरल कितने आसानी से मिल गया। | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. आप एपेनलड हॉस्पिटल की सेवाओं से संतुष्ट हैं। | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. जरूरत पड़ने पर आप कहा रेफर होना पसंद करेंगे | | | | | |
| <input type="checkbox"/> प्राइवट हॉस्पिटल | <input type="checkbox"/> मिलिटरी हॉस्पिटल | <input type="checkbox"/> सरकारी हॉस्पिटल | | | |

भाग ७ (जेब खर्च)

15. महीने में आपके स्वास्थ्य पर जेब से कितने रुपये खर्च हो जाते हैं

☐ ₹ 1000 से कम ☐ ₹ 1000-10000 के लगभग ☐ ₹10000 से ज्यादा

भाग ८ (सुझाव)

16. क्या आप इस पॉलीक्लिनिक अन्य ESM को Recommend करेंगे। हाँ/ शायद / नहीं / कोई राय नहीं

- 17.. पॉलीक्लिनिक के संबंध में सुझाव(जरूरत पड़ने पर पेज के नीचे बचे स्थान का प्रयोग करें)

- डॉक्टर की संख्या के संबंध में
- लैब टेस्ट / डिग्नोस्टिक टेस्ट के संबंध में
- दवा की उपलब्धता को ले कर
- अन्य कोई सुझाव