

INTERNSHIP REPORT

**Ex-Servicemen Contributory
Health Scheme (ECHS)**

By

Col Dhirender Malik

PG/21/030

**Post-Graduate Diploma in
Hospital and Health Management**

2021-2023



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

CERTIFICATE

This certificate is awarded to

Col Dhirender Malik, SM

for having successfully completed *Summer Internship* with

ECHS POLYCLINIC, BASE HOSPITAL

DELHI CANTT

on the subject '*Quality of Patient Care & Patient Satisfaction*'.

He came across as a sincere, committed and a diligent intern with an appreciable inclination to learn the nuances of ECHS functioning & simultaneously render relevant suggestions for its improvement.


Training & Development

IIHMR, Delhi




Officer In-Charge

**ECHS Polyclinic
BH, Delhi Cantt**
Col D S Kattarya (Retd)
Officer Incharge
ECHS Polyclinic
Delhi Cantt-110010

Certificate of Approval

The following Summer Internship Project titled “**Quality of Care and Patient Satisfaction at ECHS Polyclinic, Base Hospital, Delhi Cantt**” is hereby approved as a certified study in management carried out and presented in a manner satisfactory 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 conclusions drawn therein but approve the report only for the purpose it is submitted.

Student

Col Dhirender Malik
Roll No PG/21-23/ 30



Mentor

Dr Vinay Tripathi
IIHMR, Delhi

FEEDBACK FORM: SUMMER INTERNSHIP

Name of the Student: Col Dhirender Malik, SM

Organization: ECHS Polyclinic, Base Hospital, Delhi Cantt

Area of Summer Internship: Quality of Care & Patient satisfaction

Attendance: Adequate

Objectives Achieved: Yes

Deliverables: Analysis of quality of patient care and patient satisfaction in the Polyclinic through periodic observation and feedback from physicians as well as patients.

Strengths: Keen observer, willing to learn, analytical approach to issues.

Suggestions for Improvement: Nil

Suggestions for Institute: Nil




Signature of the Officer-in-Charge
Polyclinic, BH, Delhi Cantt'
Col D S Kottaraya (Retd)
Officer, Incharge
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Signature of IIHMR Mentor

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ABBREVIATIONS

ECHS:	Ex-Servicemen Contributory Health Scheme
AGI (MBS):	Army Group Insurance (Medical Branch Scheme)
AFVs:	Armed Forces Veterans
AFGIS (MIS)	Armed Forces Group Insurance Scheme (Management Information System)
COSC :	The Chief of Staff Committee
DoESW:	Dept of Ex-Servicemen Welfare
MoD:	Ministry of Defence
DGR :	Directorate General Resettlement
KSB:	Kendriya Sainik Board
MO:	Medical Officer
MI Rooms:	Medical Inspection Rooms
OIC:	Officer in Charge

INTRODUCTION

Patient satisfaction is valid indicator for measurement of service quality. Patient's opinions are important because dissatisfaction suggests opportunities for improvement of health services in the hospital. Patients' judgment of hospital service quality and their feedback are essential in quality of care monitoring and improvement. Also, health care facilities are interested in maintaining high levels of satisfaction in order to stay competitive in the healthcare market. Nursing care has a prominent role in patient satisfaction. Major determinants of patient satisfaction are physical comfort, emotional support, and respect for patient preference. **This study was undertaken with the objective to assess the quality of care and patient satisfaction for Ex-Servicemen Contributory Health Scheme (ECHS), BH , Delhi Cantt.** Satisfaction level of the patients/beneficiaries of ECHS and the various issues connected with it gives insight into the working of this scheme and how the ex-servicemen perceive these schemes. **The study was carried out at ECHS, Base Hospital, Delhi Cantt** and a set of questionnaire was fielded to the ex-servicemen visiting the polyclinic. The response received was collated and analyzed thereby helping to get a view of the various services being provided by the ECHS to these veterans of the Indian Armed Forces. A better understanding of the determinants of patient satisfaction might help policy and decision makers adopt and implement measures to improve health care services in the hospital.





OBSERVATIONAL LEARNING : ORGANIZATION PROFILE

OF EX-SERVICEMEN CONTRIBUTORY

HEALTH SCHEME (ECHS)

1. **Ex-Servicemen Contributory Health Scheme (ECHS)**. Retired Armed Forces personnel till 2002 could avail medical facilities only for specific high cost surgery/treatment for a limited number of diseases covered under the Army Group Insurance (Medical Branch Scheme) (AGI (MBS)) and Armed Forces Group Insurance Scheme (Management Information System) (AFGIS (MIS)) schemes. These Medicare schemes could provide some relief to the ESM, but it was not a comprehensive scheme as compared and available for other Central Government Employees. Therefore, the requirement was felt of establishing a medicare system which could provide quality medicare to the retirees of the Armed Forces matched with the Army ethos of providing welfare to the troops and their dependents. Based on this noble aim, and after detailed deliberations, a comprehensive scheme has taken shape as ECHS, authorized vide Government of India, Ministry of Defence letter No 22(i) 01/US/D(Res) dated 30 Dec 2002. **The ECHS was launched with effect from 01 Apr 2003.** With the advent of this scheme, Ex-servicemen pensioners and their dependents who were only entitled for treatment in service hospital are now authorized treatment, not only in service hospitals, but also in those civil/private hospitals which are specifically empaneled with the ECHS.

2. 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 financed by Govt of India.

2. Concept of ECHS. Conceptually the ECHS is to be managed through the existing infrastructure of the Armed Forces in order to minimize the administrative expenditure. The existing infrastructure includes command and control structure, spare capacity of Service Medical facilities (Hospitals and MI Rooms), procurement organizations for medical and non-medical equipment, defence land and buildings etc. In order to ensure minimal disruption of the Scheme during war/training and availability of ECHS services in non-military areas above mentioned resources are to be supplemented as follows:-

- Establishing new Armed Forces Polyclinics in Non-Military areas.
- Augmenting existing medical facilities/clinics in some selected military stations to cater for heavy ESM load (Augmented Armed Forces Clinics).
- Empaneling civil hospitals and diagnostic centres.
- Finances.

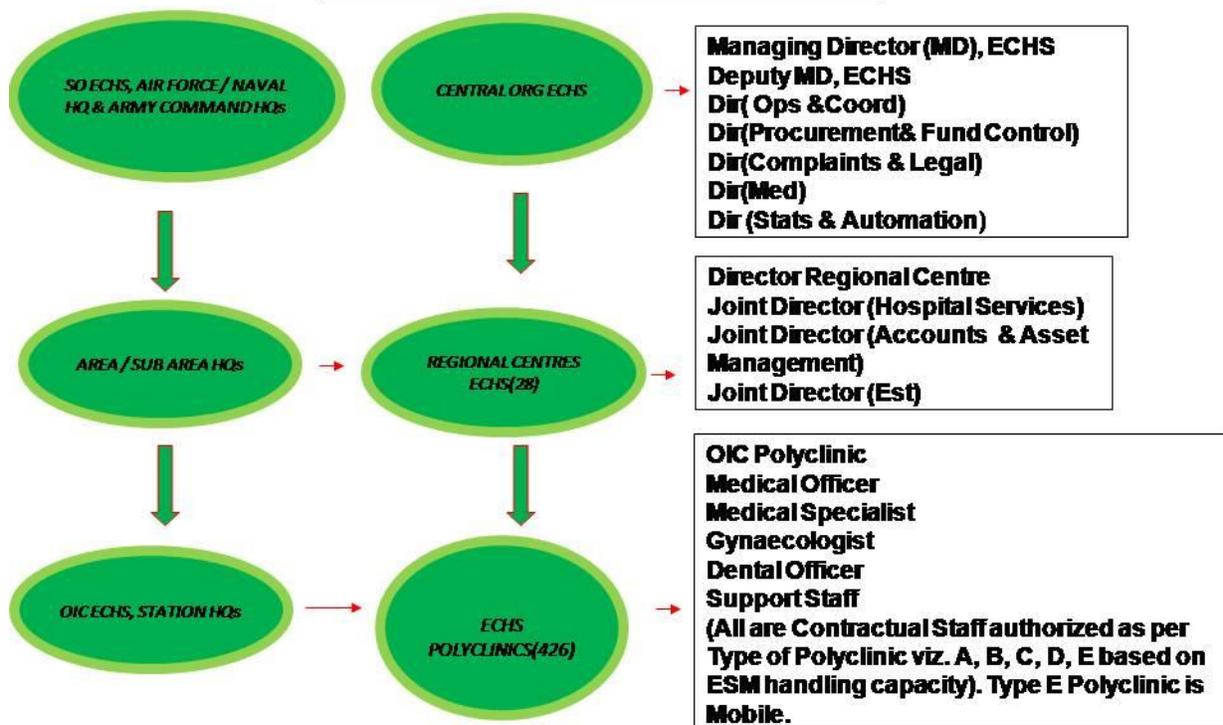
3. Organisation of ECHS. The ECHS Central Organization is located at Delhi and functions under the Chief of Staff Committee (COSC) through AG and DG DC&W in Army HQ. The Central Organization is headed by Managing Director, ECHS, a serving Major General. There are **28 Regional Centres ECHS** and **426 ECHS Polyclinics**. ECHS is also an attached office of **Dept of Ex-Servicemen Welfare (DoESW), Ministry of Defence (MoD)** as are Directorate General Resettlement (DGR) and Kendriya Sainik Board (KSB).

4. There are five types of ECHS Polyclinics i.e. Type 'A', 'B', 'C' D, & E. Authorization of Contractual Staff in each type of ECHS Polyclinic is based on the load capacity of ECHS Polyclinic.

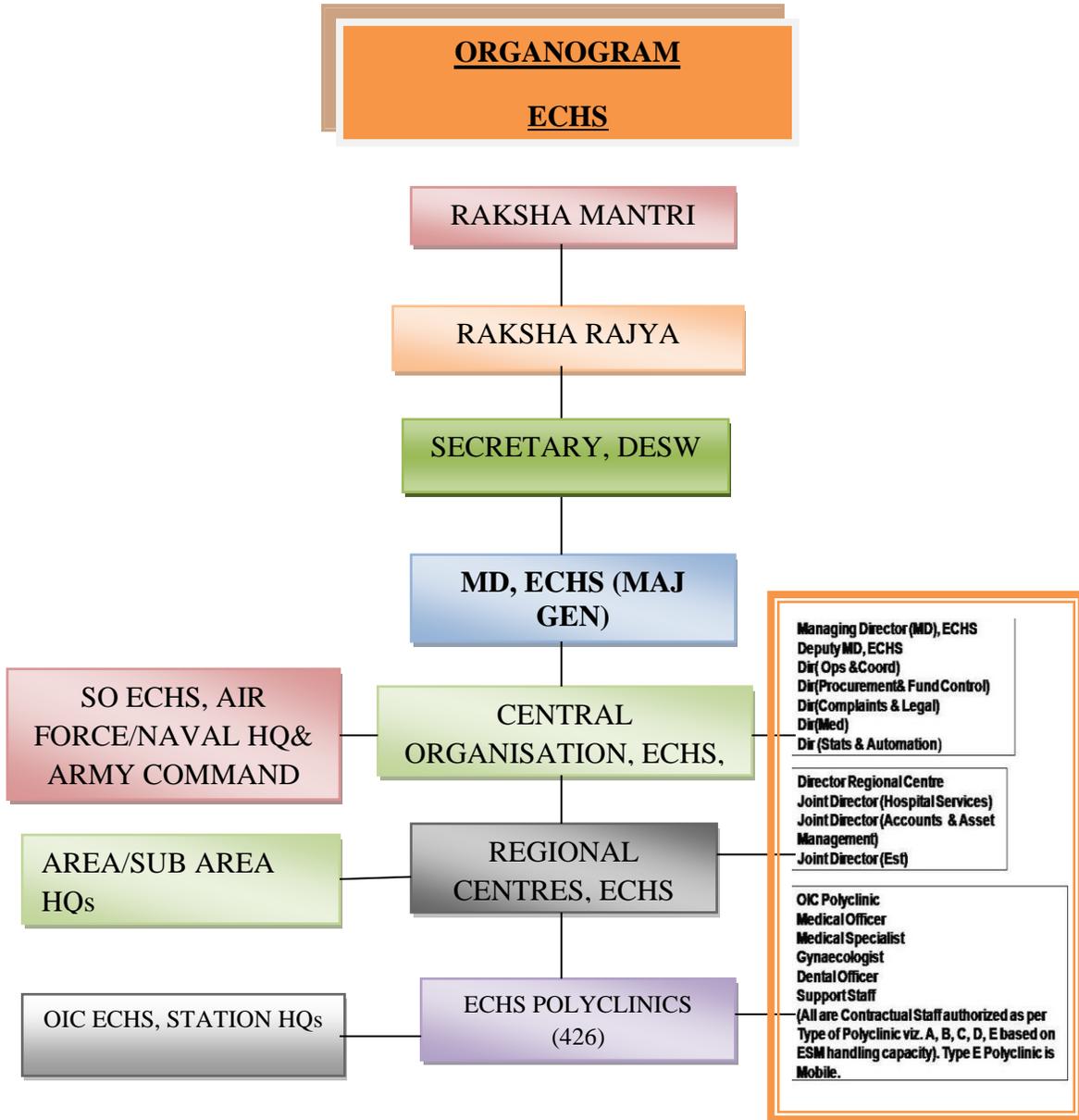
5. Command and Control. The existing Command and Control Structure of the Army, Navy and Air Force have been given the Administrative and Financial Powers to run this Scheme. Station Commanders will exercise direct Control over the ECHS polyclinics. Regional Centre ECHS and ECHS Cell, Station Headquarters will be able to clarify any doubts that one may have on ECHS. Regional Centres ECHS are under Command HQ/ Area HQ. Central Org ECHS functions as part of AG's Branch, Army HQ.

6. Organisation of ECHS.

ORGANISATION CHART ECHS



Organogram of ECHS. (Department of Ex-servicemen Welfare, Ministry of Defence, GoI, 2020) (COECHS, 2020)



POLICY & OPERATIONS OF ECHS

7. Ex- Servicemen Contributory Health Scheme (ECHS).

ECHS was authorized by Government of India on 30 Dec 2002, and was introduced wef 01 April 2003. It is a publicly funded medi care scheme for ex-servicemen pensioners and their eligible dependents. It provides medical care through outpatient treatment at around 426 Polyclinics all over India, and inpatient hospitalization & treatment through Military Hospitals and empaneled Civil Hospitals & Diagnostic Centers at all these locations. Treatment/hospitalization in Service Hospitals will be available to ECHS members, subject to availability of specialty, medical staff and bed space.

8. Applicability of ECHS. The ECHS Scheme are applicable to the following persons:-

- (a) Any person who has served in army rank (whether) as combatant or as Non-combatant) in the regular Army, Navy and Air Force of the Indian Union, and fulfils the following conditions:-
 - (i) Individual should have an Ex-serviceman status.
 - (ii) Individual should be in receipt of Pension/Family Pension/Disability Pension drawn from Controller of Defence Accounts.
- (b) Military Nursing Service (MNS) pensioners.
- (c) Whole time officers of National Cadet Corps (NCC).
- (d) Special Frontier Forces (SFF) pensioners.
- (e) Defence Security Corps (DSC) pensioners.
- (f) Uniformed Indian Coast Guard (ICG) pensioners.
- (g) Eligible APS pensioners.
- (h) Assam Rifles pensioners.
- (j) World War-II Veterans, Emergency Commissioned Officers (ECOs), Short Service Commissioned Officers (SSCOs) and pre-mature non pensioner retirees.

9. **Benefits of ECHS.**

ECHS provides cashless medical coverage for the Ex-servicemen and their dependents in the established polyclinic/military hospitals/empaneled hospitals across India.

10. **Salient Features of ECHS.**

- (a) No age or medical condition bar for becoming a member.
- (b) One time contribution ranging from Rs 30,000/- to Rs 1,20,000/-
wef 29 Dec 2017.
- (c) No monetary ceiling on treatment.
- (d) Indoor/outdoor treatment, tests and medicines are entitled.
- (e) Country wide network of ECHS Polyclinics.
- (f) Covers spouse and all eligible dependents.
- (g) Familiar environment and sense of belongingness.

11. **Family Members Covered in the Scheme.**

ECHS cover ex-servicemen along with his/her following dependent family member:-

<u>Ser No</u>	<u>Relationship</u>	<u>Criteria</u>
(a)	Spouse	<p>(i) Legally wedded wife including more than one wife. Spouse living separately is included as dependent, as long as the ESM pensioner is responsible for her maintenance. In case spouse remarries, then he/she is not entitled.</p> <p>(ii) In the event of plural marriage, where it is permitted by the rules, the following conditions should be fulfilled for claiming ECHS membership:-</p> <p>(aa) Necessary casualty for entering into plural marriage should have been published through Unit Part II Orders and names of both the wives should be found recorded in the Service Discharge Book/ Service Particulars Retired Officers booklet issued by respective Service HQs.</p> <p>(ab) The names of both the wives, should be found recorded in the PPO for grant of 'Family Pension' award.</p> <p>(ac) In case of widows, both wives should be in receipt of a share of 'Family Pension' and PPO produced in support of evidence.</p> <p>(ad) If a war widow remarries then she and her children from first marriage are eligible. Her husband, however, will NOT be eligible.</p>
(b)	Family Pensioner	<p>Implies the legally wedded spouse of an Armed Forces personnel, whose name figures in the service records of the personnel and whose husband/wife (as the case may be) has died either while in service or after retirement and is granted family pension. This term also includes a child or children drawing family pension on the death of his/her pension drawing father/mother, as also parents of a deceased bachelor soldier, who are in receipt of family pension.</p>

(c)	Dependent Unemployed & Unmarried Daughter(s)	<p>(i) Her/their details must exist in the service record of the pensioner.</p> <p>(ii) Eligible till she starts earning or gets married whichever is earlier.</p> <p>(iii) Dependent, divorced/abandoned or separated from their husband/widowed daughters whose income from all sources is less than Rs 9000/- (excluding DA) pm are entitled.</p>
(d)	Dependent Unemployed & Unmarried Sons	<p>(i) His/their details must exist in the service record of the pensioner.</p> <p>(ii) Son is eligible for ECHS membership till he starts earning or attains the age of 25 years or gets married, whichever is earlier.</p> <p>(iii) In addition, the scheme provides white card facilities for critical disabilities as per provision of Person with Disability Act (PWD Act) - 2016. PWD Act provides opportunity for treatment to dependent of beneficiaries over and above the laid down criteria of age. These concessions are currently applicable for 21 disabilities.</p>
(e)	Adopted Children	Children including step children, legally adopted children, children taken as wards by the Government servant under the Guardians and Ward Act 1980, provided that such a ward lives with him, treated as a family member and is given the status of a natural-born child through a special will executed by the Govt. Servant.

(f)	Dependent Parents	<p>(i) Parents (excluding step parents), subject to the following:-</p> <p>(aa) Father and mother of the ESM pensioner shall be deemed to be dependent if they normally reside with the ESM pensioner and their combined income from all sources does NOT exceed Rs 9,000/- (excluding DA) pm.</p> <p>(ab) “Parents i.e, mother and father” of unmarried deceased soldier and in case of deceased parents, then ‘NOK’ of unmarried deceased soldier are also eligible, provided they are in receipt of liberalized family pension.</p> <p>(ac) In case of adoption, adoptive parents and not real parents.</p> <p>(ad) If adoptive father has more than one wife, only the first wife.</p> <p>(ae) In case of female employees, parents or parents-in-law, at her option, subject to the conditions of dependency and residence etc being satisfied.</p> <p>Note : Option to include either parents or parents-in law is not available to a female family pensioner.</p>
(g)	Dependent Sisters	<p>(i) Dependent unmarried/divorced/abandoned or separated from their husband/widowed sisters.</p> <p>(ii) Irrespective of age.</p>
(h)	Dependent Brothers	<p>(i) Minor brother(s) upto the age of becoming a major.</p> <p>(ii) Brothers suffering from permanent disability either physically or mentally, without any age limit. Provided he is unmarried, not having own family, wholly dependent on and residing with principal ECHS Card holder beneficiary.</p>
(j)	Minor Children of widowed/ separated daughters	<p>Minor Children of widowed/separated daughters who are dependent upon the ECHS beneficiary and normally residing with him, shall be eligible upto the age of 18 years.</p>

12. **Exempted Category from ECHS Contribution.**

War widows, Pre-1996 retirees and battle casualties are exempted.

13. **Subscription/ Contribution Rate and Ward Entitlement for ECHS Membership.**

The latest subscription rate and ward entitlement effective from 29 Dec 2019 are as under:-

Ser No	Ranks	One time Contribution	Ward Entitlement
(a)	Recruit to Havs & equivalent in Navy & AF	Rs 30,000/-	General
(b)	Nb Sub/Sub/Sub Maj or equivalent in Navy & AF (including Hony Nb Sub/ MACP Nb Sub and Hony Lt / Capt)	Rs 67,000/-	Semi Private
(c)	All Officers	Rs 1,20,000/-	Private

14. **For the purpose of making ECHS cards, who are ‘dependents’, and what is definition of the word “family”?**

The definition for eligibility to be dependent as per DoPT followed by CGHS is as under :-

- (a) **Dependant Parents.** Whose Income from all sources not more than Rs 9000/- excl DA.
- (b) **Son.** Till he starts earning or attains the age of 25 years, whichever is earlier.
- (c) **Daughter.** Till she starts earning or gets married, irrespective of the age limit, whichever is earlier.
- (d) **Son.** Suffering from any permanent disability of any kind (physical or mental) covered under PWD Act 2016 - Irrespective of age limit.
- (e) **Minor Brother/Sister(s).** Brothers upto the age of becoming a major. Sisters till she starts earning or gets married, irrespective of the age limit, whichever is earlier.
- (f) **Daughters & Sisters.** Dependent, divorced/Abandoned or separated from their husband/ widowed and dependent unmarried children to include ward/ adopted children are entitled for life.

15. **Age limit for Sons/Daughters as Dependent in ECHS Card.**

Unemployed son (s) below 25 years, unemployed and unmarried daughter(s) (the individual monthly income of unemployed dependent son(s) and daughter(s) all sources should be less than Rs 9000/-), dependent parents whose combined income is less than Rs 9000/- per month and mentally/physically challenged children(s) for life as per PWD Act 2016.

**PROJECT REPORT : EX-SERVICEMEN CONTRIBUTARY
HEALTH SCHEME (ECHS) POLYCLINIC,
BASE HOSPITAL, DELHI CANTT**



16. **ECHS Polyclinic, Base Hospital, Delhi Cantt.**

Located adjacent to the Base Hospital, Delhi Cantt , the ECHS Polyclinic **commenced functioning on 05 Jan 04** in an extension facility of the Hospital itself. It is a ‘**Type A’ Polyclinic at Military Station** and caters primarily to after the **Armed Forces Veterans (AFVs) and dependents of Delhi**. For maintenance and upgradation of amenities and infrastructure, the polyclinic is dependent upon MES. Its technical control rests with the Managing Director ECHS while administrative is with the Station HQ Delhi Cantt. This polyclinic is the most heavily subscribed polyclinic in the country having a dependency of over 3,76,000 as against designed work load of 20,000 patients. Average daily footfall at the polyclinic stands between 1000 to 1100 for OPD. The ECHS carries out initial diagnosis into the medical condition of the patient and after giving the first stage of medical advice and treatment, the patient depending on medical condition, is referred to either the BH/RR or the

patient's preferred empaneled hospital to receive required 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/dependent also requires to be studied. The critical point noticed in the study is that the patient is being examined and treated initially in the ECHS and then based upon only the medical necessity, is being referred to the empaneled hospital. Patient response at this level was assessed during the study as it has a bearing on his/her satisfaction level pertaining to the ECHS system of providing health care to the ex-servicemen.

17. The sub-categorization of AFVs population dependent on this polyclinic is as below:

❖ Total Population Veterans & Dependents	-	3,76,630.
❖ ESM	-	1,34,908
❖ Parents (dependent)	-	48,505
❖ Spouse	-	1,13,694
❖ Children(dependent)	-	79,523

18. **Staff.** The Polyclinic functions under the command of a retired officer of the Army, Colonel rank, employed on contractual basis normally for a period of two years. 15 physicians , including a gynecologist and four dentists, are working with the clinic. Other support staff includes 36 members out of which 70 % are ex-servicemen and 30% civilians.

19. **Objective of the polyclinic.**

The objective of the polyclinic is to provide quality health care to veterans and their dependents either by itself or through empaneled quality health care institutions near their place of residence.

20. Facilities Available at ECHS Polyclinic, Base Hospital, Delhi Cantt.

Reception

- Separate registration counters for officers and JCO/OR to manage the workload and stream-line the inflow of patients to the polyclinic.



- A dedicated counter to handle referral cases after preliminary examination at the Medical Officer's room.
- A counter with Online Registration System facility to book priority appointment at Base Hospital once preliminary examination at the ECHS is over.



- The reception is equipped with computers, connected by LAN to cater for :-
 - ❖ Biometric Card reader counters.
 - ❖ MOs referral counter.
 - ❖ Monthly medicine counter.

- Reception is well furnished and has a patient friendly environment. It is provisioned with electronic digital counter system, wall mounted television for those in waiting and notice boards containing all relevant information for the patients.



Consultation

- The polyclinic is authorized 01 x Medical Specialist, 01 x Gynecologist, 11x Medical Officers, 04 x Dental officers and one physiotherapist. However being in vicinity of the Base Hospital, one or the other specialist appointment may be suppressed.
- The consultation rooms are well laid out, suitably furnished and equipped in all respects for preliminary examination and consultation.
- Four dental chairs to carry out dental examination and basic procedures.

Treatment Room

- 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.
- Arrangements to accord privacy to patients based on gender or for any other reason in the room have been made.

Pharmacy

- Fully stocked pharmacy with proper formulary for provisioning and accounting of Medicines.



- 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 medical 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 for officers, senior citizens, families and other ranks.

Dental Clinic

- The polyclinic has four well equipped dental rooms to cater for dental care and treatment of ECHS beneficiaries.
- An average of 120-150 patients are attended by the dental officers and the dental hygienist on daily basis.



Additional Conveniences

- Aesthetically furnished waiting rooms with sofa sets and chairs, hot/cold water dispenser and water coolers.
- TVs in waiting rooms with availability of newspapers, magazines and periodicals.
- Electronic digital counter display system in waiting rooms and at the reception for patients seeking to consult med officers.
- A responsive and patient friendly Enquiry desk at the entrance of the polyclinic handles the queries of OPD patients and provides appropriate guidance regarding empaneled diagnostic centres and hospitals, reimbursement procedures etc.



- 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.
- Pick up and drop facility of ECHS beneficiaries to and from Base Hospital OPD and RR Hospital. Buses are also catered for the beneficiaries at fixed timings from three different locations in Delhi under arrangements of the Station Headquarters.
- The polyclinic has two electric carts and a van for ferrying patients.
- A suitably stocked paid refreshment venue caters to the patients and relatives in waiting.



Diagnostic & Medical Equipment. The polyclinic is fully dependent upon the Base Hospital for all diagnostic and essential medical support less the ECG machine and dental x-ray facility.

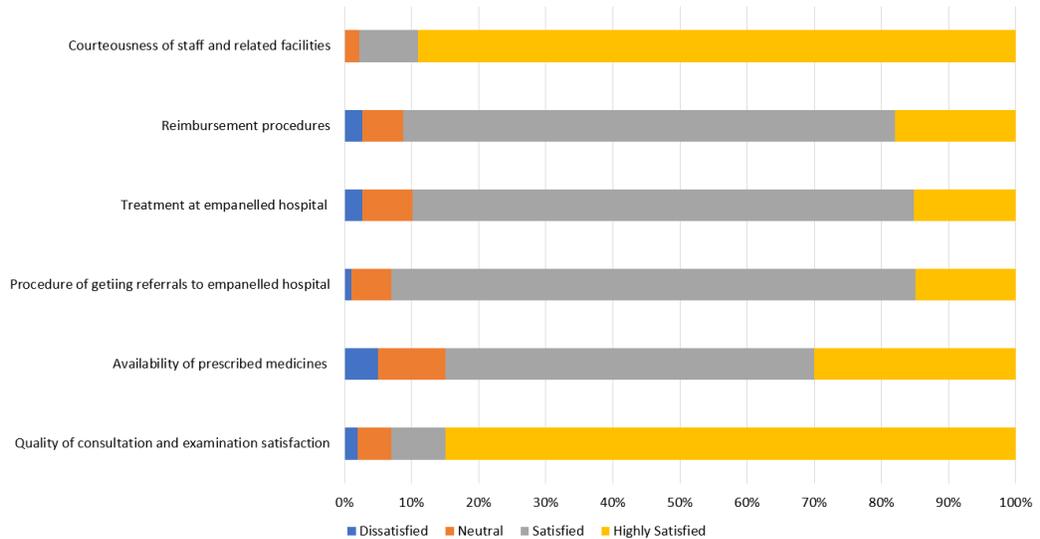
21. Departments Visited/ Worked With.

All departments were visited and worked with to get a realistic ground exposure. Maximum time was devoted observing and interacting with the Officer-in-charge polyclinic, pharmacy, claims reimbursement desk, reception counters to understand the nature and complexities of work as well as interacting with patients to gather a sense of contentment or otherwise.

22. Observation/ Learning.

- (a) **General Conduct.** The conduct of the staff at ECHS Polyclinic towards visitors was considered exemplary by the respondents and that was also felt by the intern during during the course of internship. The OIC was found to be very responsive and pro-active in resolving any issues in r/o the beneficiaries.

(b) **Satisfaction.** The satisfaction with the procedures, consultation quality, general amenities in the ECHS was very high. However availability of prescribed medicines is an issue that requires little more attention.



(c) **Time Taken.** Approximate time taken for one visit to the polyclinic was one to two hours. Considering the workload viz the intended capacity of the polyclinic the waiting time was found to be reasonable.

(d) **Consultation.** Communication and consultation with the doctors found mix responses, varying from excellent to good.

(e) **Medicines.** The quality of medicines and their availability was found to be reasonably satisfactory in the ECHS. Costly medicines at times are not available due to budgetary constraints.

(f) **Laboratory/ Diagnostic Services.** Being in the vicinity of the Base Hospital, the polyclinic is completely dependent for the services on the BH or refers the patients to empaneled diagnostic labs.

(g) **Reimbursement.** The cases of reimbursement of medicines were proactively monitored by the OIC with the help of MIS, however, some delay in some cases is inevitable , primarily due to incomplete/incorrect documentation on part of the beneficiaries.

(h) **Priority.** Priority is given to veterans above the age of 75 years.

- (i) **Covid Appropriate Behaviour**. It was generally followed by all the veterans and was ensured by the staff too.
- (j) **Referrals**. Ease of getting referrals was rated as excellent or good by 90% respondents.
- (k) **OOPE**. Many respondents incurred OOPE on account of non-availability of prescribed medicines and diagnostic services. Although such an expenditure is reimbursable, certain respondents do not avail of the provision either due to not being aware or not retaining the invoice or due to procedural issues.
- (l) Cleanliness and hygiene at the polyclinic was good especially considering the heavy daily footfall.
- (m) **Toilets**. Being subscribed many times over beyond its built -in capacity, there may be a case in point for construction of bio-toilets in the polyclinic.
- (n) **Number of Consultation Rooms**. While there are a total of 15 Medical Officers functioning at the polyclinic, including four dentists, there are only 10 rooms available. Thus few Doctors have consultation rooms on sharing basis which can interfere with the privacy and consultation process of the patient.
- (o) **Male Doctors**. It was observed that the polyclinic has only two male doctors working with it whereas the footfall of male patients is significantly more than female. This may at times restrict complete and desirable discussion between the patient and physician due to cultural barriers/inhibitions. 30-40 % of posted physicians should thus be male.
- (p) **Pharmacy**. Medicine distribution is smooth and speedy ensuring decongestion at all windows. A box has been placed in the verandah for collection of unutilized medicines by the beneficiaries or those which are past expiry date. Such a practice is noteworthy since it facilitates responsible disposal of medicines not required/ beyond expiry dates. It is opened periodically and usable medicines are



taken on charge while those beyond expiry date disposed as per procedure.

- (q) The reception staff is gentle, cooperative, friendly and proficient in their task of handling the workload of patients.
- (r) **Bio-Medical Waste Management.** Since the Polyclinic does not cater to pathological or diagnostic requirements, the bio-med waste generation is minimal. However, whatever little is generated is disposed off according to NABH guidelines.

REFERENCES

Bibliography

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Department of Ex-servicemen Welfare, Ministry of Defence, GoI. (2020, April 1). <http://desw.gov.in/>. (M. o. Department of Ex-servicemen Welfare, Editor, & N. I.), Producer) Retrieved from Department of Ex-Servicemen welfare: <http://desw.gov.in/>

SURVEY QUESTIONNAIRE

Subject of the Survey. Study on Patient Satisfaction & Quality of Healthcare at ECHS Polyclinic, BH, Delhi Cantt.

Informed Consent : Internship is an integral part of PGDM (Hospital and Health Management). All the students undergoing this course at IIHMR, Delhi are required to undergo on the job training in reputed health organizations. I am Col----- a student of IIHMR, Delhi. As part of the curriculum a survey on Patient Satisfaction level is being carried out at the ECHS Polyclinic. The purpose of the Survey has been verbally explained to the respondent in detail. All the information collected will be kept confidential and shall only be utilized for academic/research purpose and improvement of services. The respondent is free to abstain from answering any question if he/she so desire.

- | | |
|---|---|
| 1. Ease of taking appointment | - Convenient/ Difficult/ No comments |
| 2. Experience at the Registration counter | - Excellent/Good/Fair/Poor/No comments. |
| 3. Average waiting time to consult the doctor | - Long /Reasonable/No comments |
| 4. Time given for consultation | - Adequate/Inadequate/No comments |
| 5. Quality of consultation & examination | - Good/Fair/Poor/No comments |
| 6. Presence of female attendant while examining female patients | - Yes/No |
| 7. Cleanliness, hygiene & amenities at the waiting area | - Good/Fair/Poor/No comments |
| 8. Covid appropriate conduct (both patients & staff) | - Yes/No |
| 9. Lab & Diagnostic services | - Adequate/Inadequate/No comments |
| 10. Waiting time for lab/diagnostic services | - Reasonable/Long/No comments |
| 11. Ease of access/collection of diagnostic reports | - Reasonable/ Long/No comments |
| 12. Availability of prescribed medicines | - Satisfied/Not satisfied/No comments |

- | | |
|--|--|
| 13. Accessibility to the OiC Polyclinic for grievance redressal | - Accessible/Inaccessible/No comments |
| 14. Is the polyclinic disabled friendly? | - Yes/No/No comments |
| 15. Provisions to assist senior citizens, war widows and semi-literate/illiterate dependents | - Satisfied/Not satisfied/No comments |
| 16. Provisions of paid refreshments/meals at the polyclinic | - Yes/No /No comments |
| 17. Accessibility of public/paid transport to/from the Polyclinic to nearest Metro station/Bus Stop | - Easy/Not easy/No comments |
| 18. Is the appointment system IT enabled/friendly | - Yes /No/Not aware? |
| 19. Courteousness of staff | - Excellent/Good/fair/Poor/No comments |
| 20. Convenience of getting referral to empaneled hospitals when required | - Convenient/Difficult/No comments |
| 21. Accessibility to empaneled hospitals | - Convenient/difficult/No comments |
| 22. Satisfaction level with treatment at empaneled hospitals | - High/Average/Low/No comments |
| 23. Average monthly Out of Pocket Expenditure on prescribed treatment | - Nil/1000-5000/5000-10000/>10000 |
| 24. Process of reimbursement of costs incurred on prescribed treatment | - Convenient/Cumbersome & time consuming/No comments |
| 25. Do you feel the polyclinic is adequately equipped and prepared to handle the workload of patients dependent upon it? | - Yes/No/No comments |
| 26. Suggestions, if any, to improve services at the polyclinic- | |



PATIENT SATISFACTION SURVEY OF OPD ECHS PATIENTS
International Institute of Health Management Research



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INTRODUCTION

- More than 1.3 mn strong Armed Forces. Retirement age at relatively younger age. Over 25 lakh ESM today are growing @ approx 50,000 each year. Service Hospitals are equipped to cater to the requirements of service personnel or dependents only at most places.
- ECHS was launched on 01 Apr 2003 for ESM pensioners and their dependents for treatment in Service as also in the civil empannelled hospitals. 426 ECHS Polyclinics in India. Type A,B,C,D & E.
- ECHS Polyclinic, BH Delhi Cantt, which started functioning in Jan 2004, has largest dependency of ESM & their dependents. It is providing OPD care, limited specialist treatment and no diagnostic services. Being co-located with the BH, the polyclinic is fully dependent upon it & empaneled hospitals for specialist care.
- The procedures, functioning, administration, weaknesses & strengths of the polyclinic were studied during the internship.

OBJECTIVES

- To develop an in-depth understanding of Organization Structure, Operations, Management & Policies of ECHS.
- To conduct a Patient Satisfaction Survey.
- To know the overall impression of the ECHS Polyclinic, BH, Delhi Cantt in the minds of the OPD patients by conducting a survey using questionnaire, feedback and personal interaction

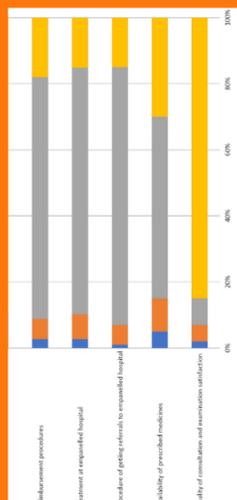
METHODOLOGY

Study Design: Cross sectional Study.
Study Area: ECHS Polyclinic, BH, Delhi Cantt.
Tools: A semi structured questionnaire was prepared for satisfaction survey.
Study Population: Patients visiting the OPD between 01 Jun to 16 Jul 22.
Sample Size: 50
Sampling Method: Convenient
Data Analysis: Microsoft excel

RECOMMENDATIONS

- Enhance the infrastructure/authorisation of staff in the polyclinic to meet the challenge of excessive dependency; alternatively, limit the dependency till such time the potential of the Polyclinic is enhanced.
- Enhance availability of prescribed medicine; especially those related to critical illness.
- Need to increase the number of consultation rooms so that each physician gets to work independently.
- Basic diagnostic facilities, such as routine blood/urine tests, ECHS & X-Ray should be available within the Polyclinic rather than directing the patients to OPD of the BH which is usually already over-crowded.
- Gate on the main road outside the Polyclinic, connecting the BH to the new OPD should be opened on hourly basis to facilitate move of veterans & dependents who are usually old & infirm in some manner.
- Wet canteen facility in the Polyclinic has significant scope of improvement wrt amenities as well as the menu on card.

FINDINGS



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