

**INTERNSHIP REPORT**

**Patient Satisfaction at ECHS  
(Ex-Servicemen Contributory Health  
Scheme) Polyclinic, Dundahera  
(Gurugram)**

**By**

**Col Manoj Singh  
PG/56/2021-23**

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



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

## **CERTIFICATE OF APPROVAL**

The following internship Project titled "PATIENT SATISFACTION SURVEY AT ECHS POLYCLINIC" at ECHS Polyclinic, Dundaheera, Gurugram 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 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 report only for the purpose it is submitted.

  
Mentor  
Dr Vinay Tripathi  
IIHMR, Delhi

**Student**  
Col Manoj Singh  
Roll No PG/21-23/056

## FEEDBACK FORM

(IIHMR- MENTOR)

Name of the Student : Col Manoj Singh

Summer Internship Institution: ECHS Polyclinic, Dundahera, Gurugram

Area of Summer Internship : ECHS Functioning and Patient Satisfaction

Attendance : Adequate

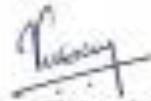
Objectives met : Yes

### Deliverables:

- (c) Understanding of ECHS Functioning for provisioning of medical care to defence veterans.
- (d) Estimation of patient satisfaction at polyclinic and analysis of feedback to identify the areas for improvement (if any)

Strengths: Clear concepts, mature thought process and adequate knowledge of health and hospital functioning

Suggestions for Improvement: Nil

  
Dr Vinay Tripathi  
(Mentor - Internship)

Date: 14 August 2023  
Place: Delhi

**INTERNSHIP CERTIFICATE**

The certificate is awarded to

**Col Manoj Singh**

In recognition of having successfully completed his  
Internship in the department of

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

and has successfully completed his Project on  
ECHS Functioning and Patient Satisfaction

Date 16 JUNE 2022

From ECHS Polyclinic, Dundahera, Gurugram

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

We wish him/her all the best for future endeavors



**Organization Supervisor**

A handwritten signature in blue ink, appearing to be "NS Yadav".

Col NS Yadav (Retd)  
OIC ECHS Polyclinic  
Gurgaon (Dundahera)  
Tel 0124 4249054

## **FEEDBACK FORM**

(Organization Supervisor)

Name of the Student : Col Manoj Singh

Summer Internship Institution: ECHS Polyclinic, Dundahera, Gurugram

Area of Summer Internship : ECHS Functioning and Patient Satisfaction

Attendance : Adequate

Objectives met : Yes

### **Deliverables:**

- (a) Understanding of ECHS Functioning by interns
- (b) Estimation of patient satisfaction at polyclinic and analysis of feedback to identify the areas for improvement (if any)

Strengths: Clear concepts, mature thought process and adequate knowledge of health and hospital functioning

Suggestions for Improvement: Nil

Date:   
Place: DELHI

  
Col NS Yadav (Retd)  
OIC, ECHS Polyclinic  
Signature of the Officer-in-Charge (Internship)  
Gurgaon (Dundahera)  
Tel: 0124 4249054

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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

## INTRODUCTION

1. The Ex-servicemen Contributory Health Scheme (ECHS) which is a flagship scheme of the Department of Ex-servicemen Welfare, Ministry of Defence was launched on 1st April 2003. The Scheme aims at providing Quality Medicare to Ex-servicemen pensioners and their dependents through a network of ECHS Polyclinics, Armed Forces medical facilities and private empanelled/government hospitals spread across the Country. The Scheme is structured on the lines of the Central Government Health Scheme (CGHS) and endeavors to provide cashless treatment to its beneficiaries. Only, allopathic treatment is provided under ECHS, though AYUSH facilities are being introduced as a Pilot Project basis in five clinics in Delhi. The Government finances the scheme, through budget, Defence Services Revenue (Major Head 2076 & Minor Head 107)

2. The scheme today has rapidly gained credibility and has made phenomenal progress over the past 19 years from 13 Regional Centres and 227 Polyclinics to 30 Regional Centres and 433 Polyclinics with a total beneficiary base of approximately 55 lakhs. The scheme is also extended to Gorkha Domiciles for Nepal. The scheme is dependent on a large number of agencies for its day-to-day functioning, which includes the command structure of the three Services, facilities of the Armed Forces Medical Services, ECHS Polyclinics, Regional Centres and Central Organization ECHS. Out of these ECHS Polyclinics are basic elementary and first contact point for patients.

3. It is because this reason Patient satisfaction at ECHS Polyclinics assume importance as a measurement of service quality of ECHS. **This study was undertaken with the objective to assess the patients' satisfaction of the beneficiaries of Ex-Servicemen Contributory Health Scheme (ECHS). The study was carried out at ECHS, Dundahera, Gurgaon. At first the familiarization was carried out with the functioning of ECHS Polyclinic** and thereafter the data was collected regarding patient satisfaction with the help of a set of questionnaire. The response from them was analyzed thereby helping to get a view of the better understanding of the determinants of patient satisfaction which will help policy and decision makers adopt and implement effective measures to improve health care services in ECHS.



**ENTRANCE GATE: ECHS POLYCLINIC DUNDAHERA, GURUGRAM**  
**(TYPE A POLYCLINIC)**

**OBJECTIVE 1 : OBSERVATIONAL LEARNING ORGANIZATION**  
**AND FUNCTIONING OF ECHS SCHEME AND ECHS POLYCLINIC**

1. **Ex-Servicemen Contributory Health Scheme (ECHS)**. Till 2002, Retired Armed Forces personnel 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 to schemes 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 in line 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. **Thus,** 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 empanelled 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 Government of India.

3. **Concept of ECHS.** Conceptually the ECHS was to come up on the existing infrastructure of the Armed Forces **Medical set up**, 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 the existing resources were supplemented as follows :-

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

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4. **Organisation of ECHS.** ECHS has a three-tiered structure, with central body (Central Organisation) at its apex, regional bodies (Regional Centres) at the middle level and Polyclinics at the functional level. At present, Central Organisation, ECHS is headed by a Major General and Regional Centres by a Colonel. The Central Organisation ECHS is located at Delhi and functions under the Chiefs of Staff Committee through Adjutant General in the Integrated Headquarters of Ministry of Defence (Army). . At the regional level, there are 30

Regional Centres functioning across the Country. Each Regional Centre on an average has about 15 to 17 Polyclinics under it. Regional Centres are responsible for overseeing the functioning of ECHS Polyclinics under their respective areas of jurisdiction. There are 433 Polyclinics including six in Nepal. ECHS Polyclinic is the nerve centre of the ECHS. It is structured to provide ‘Out Patient Care’ to include consultation with Doctors, essential investigations (Pathology, X-Ray, ECG etc), dental treatment, Physiotherapy treatment and dispense medicines. The entire staff at ECHS Polyclinic is employed on contractual basis. Up to 60 percent posts of Doctors and 70 percent, posts of Para-Medical / Non-Medical staff are reserved for Ex-servicemen. The detailed Organisational structure of the Central Organisation, Regional Centres and ECHS Polyclinics as follows :

- (a) Organisation Chart of Central Org ECHS - Annexure I.
- (b) Command & Control set up of ECHS - Annexure II.
- (c) Organisation Chart of Regional Centre ECHS - Annexure III.
- (d) List of Regional Centres - Annexure IV.

6. Specialized treatment for serious cases (beyond the capabilities of the facilities available at the Polyclinics) is provided at Military and empanelled private hospitals with valid MoA. Rates for treatment at private hospitals are as per CGHS rates. In case of emergency, members are permitted to avail medical treatment at non-empanelled hospital on payment. Their medical treatment bills are reimbursed at approved (CGHS) rates.

7. Polyclinics are categorized as either Military or Non-Military, depending on whether a Military hospital is co-located or not and are further categorized into five types, i.e. Type A to E, based on the number of Ex-servicemen residing in that area. The various types of PCs are as under :-

<u>Type</u>	<u>No of Ex-servicemen</u>
(1) Type A	- Above 20,000
(2) Type B	- Above 10,000
(3) Type C	- Above 5,000
(4) Type D	- Above 1,500
(5) Type E (Mobile)	- Above 800 (for remote areas)

8. **Membership.** The Scheme entitles all Ex-servicemen drawing pension from Controller of Defence Accounts, including those in receipt of Disability / Family Pension and their dependents (as applicable under CGHS) to be eligible for membership of ECHS. ECHS membership has also been extended to the following:-

- (a) Territorial Army (TA) pensioners.
- (b) Defence Security Corps (DSC) pensioners.
- (c) Uniformed Indian Coast Guard (ICG) pensioners.
- (d) Military Nursing Service (MNS) pensioners.
- (e) Special Frontier Force (SFF) pensioners.
- (f) Nepal Domiciled Gorkha (NDG) pensioners.
- (g) Whole time NCC Officers.
- (h) Eligible APS pensioners.
- (j) Assam Rifles pensioners.
- (k) WW II Veterans, SSCOs, ECOs, & Pre-Mature Retirees.

9. Membership of ECHS has been made compulsory for all pensioners with effect from 1st April 2003 and is optional for earlier retirees. The amount of contribution paid for becoming ECHS member is same as that of CGHS. Presently, it varies from Rs 30,000/- for recruit to Rs 1,20,000/- for Officers. The Ex-servicemen who have retired prior to 1st January 1996, war widows and war disabled, including those disabled in internal security duties, are exempted from payment of ECHS contribution. Rates of contribution presently are as follows:-

<b>Ser No</b>	<b>Ranks</b>	<b>One time Contribution</b>	<b>Ward Entitlement</b>
(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

10. **ECHS Coverage.** At the time of inception of the scheme, the Government had sanctioned creation of the Central Organisation ECHS, 13 Regional Centres and 227 Polyclinics. In October 2010, expansion of ECHS network was approved by authorising 15 more Regional Centres and 199 additional Polyclinics (including 17 Mobile clinics and Six PCs in Nepal) & one additional Polyclinic making a total of 433 ECHS Polyclinics. Two additional Regional Centres at Yol and Bhubaneswar were sanctioned in 2019. Distribution of the same is as under :-

<b><u>Ser No</u></b>	<b><u>Type</u></b>	<b><u>Initial</u></b>	<b><u>Additional</u></b>	<b><u>Total</u></b>
(a)	<b>Military</b>	<b>106</b>	<b>06</b>	<b>112</b>
(b)	<b>Non Military</b>	<b>121</b>	<b>177</b>	<b>298</b>
(c)	<b>Mobile Clinics</b>	<b>-</b>	<b>17</b>	<b>17</b>
(d)	<b>PCs in Nepal</b>	<b>-</b>	<b>06</b>	<b>06(03 x Mobile)</b>
	<b>Total</b>	<b>227</b>	<b>206</b>	<b>433</b>

11. **Opening ECHS Facilities in Nepal.** The Government has sanctioned establishment of ECHS facilities in Nepal in February 2012. Three Polyclinics, along with a mobile clinic each have been sanctioned at Kathmandu, Pokhara and Dharan respectively. These measures will benefit about three lakhs Nepal Domiciled Gorkha Ex-servicemen pensioners and their dependents. All the three static ECHS Polyclinics have been operationalized wef Apr 2014.

12. **PAN India Profile.** A Pan India Profile has been worked out and opening of 102 new Polyclinics has been proposed. Once they are sanctioned, reach will cover 455 districts as against 353 districts now. Requisite manpower has also been proposed, which when sanctioned, will result in efficient running of Polyclinics.

13. **Remuneration of Contractual Staff at Polyclinics.** The contractual remuneration paid to Polyclinic staff was not adequate to attract/ retain quality staff. The Department in year 2015-16 carried out an upward revision of remuneration and has brought the remuneration paid to contractual staff in ECHS Polyclinics at par with contractual staff in CGHS / ESIC. Remuneration of Staff in ECHS Polyclinic has been revised wef 27 Nov 2015, 03 May 2016, 20 Nov 2017 and 06 Jun 2018. Present Status

- (a) The total beneficiaries of the Scheme is approx more than 56 lakhs.
- (b) Functional Regional Centres - 30.
- (c) Functional Polyclinics - 433.
- (e) Land acquired/available for - 269 locations. For Construction of Polyclinic Buildings
- (f) Polyclinics Buildings constructed - 166 locations.

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14. **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. Uniformed Indian Coast Guard (ICG) pensioners. Eligible APS pensioners & Assam Rifles pensioners. (j) World War-II Veterans, Emergency Commissioned Officers (ECOs), Short Service Commissioned Officers (SSCOs) and pre-mature non pensioner retirees.

15. **Benefits of ECHS.** ECHS provides cashless medical coverage for the Ex-servicemen and their dependants in the established polyclinic/military hospitals/empanelled hospitals across India. Salient Features of ECHS are:-

- (a) No age or medical condition bar for becoming a member.
  - (b) One time contribution ranging upto Rs 1,20,000/- wef 2017
  - (b) No monetary ceiling on treatment.
  - (c) Indoor/outdoor treatment, tests and medicines are entitled.
  - (d) Country wide network of ECHS Polyclinics.
  - (e) Covers spouse and all eligible dependents.
  - (f) Familiar environment and sense of belongingness.
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16. **Family Members Covered in the Scheme.** ECHS cover ex-servicemen along with his/her following dependent family member:-

<b><u>Ser No</u></b>	<b><u>Relationship</u></b>	<b><u>Criteria</u></b>
(a)	Spouse	<p>(i) Legally wedded wife including more than one wife. Spouseliving 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	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.
(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 <b>white card facilities</b> for critical disabilities as per provision of Person with Disability Act (PWD Act) - 2016.</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 does NOT exceed Rs 9,000/- (excluding DA) pm.</p> <p>(ab) “Parents” 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><b>Note</b> : Option to include either parents or parents-in-law is not available to a female family pensioner.</p>
(g)	Dependent Sisters / Brothers	<p><b>Sisters</b> Dependent unmarried/divorced/abandoned or separated from their husband/widowed sisters. Irrespective of age.</p> <p><b>Brothers</b> Minor brother(s) upto the age of becoming a major &amp; 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</p>
(j)	Children - 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>

17. **For the purpose of making ECHS cards, 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.

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18. **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.

**PART 2 – (SPECIFIC FINDINGS) PATIENT SATISFACTION ECHS  
POLYCLINIC, DUNDAHERA, GURGAON**

**1. ECHS Polyclinic Dundahera, Gurgaon. ECHS Polyclinic Dundahera, Gurgaon started functioning wef 14 Jan 04 at old location (now Physiotherapy Section), and started functioning at the present (new) location wef 15 Jun 2010. It is a ‘Type A’ Polyclinic at Non Military Station and is responsible to look after the armed forces veterans (AFVs) and their dependents of the District of Gurgaon and Farukh Nagar. The ECHS is first contact place for the AFV patient and after giving him/her the first stage of medical advice/ treatment the patient depending on his/her medical condition is referred to the service or empanelled 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 empanelled hospital. Treatment of Patient at Polyclinic as well as referral system were assessed during specific findings as both of them have a bearing on the satisfaction level pertaining to the ECHS system of providing health care to AFVs. The breakdown of AFVs population dependent on this polyclinic is given below:**

❖ Total Population of Veterans & Dependents -	<b>67,267</b>
❖ Officers/ Dependents on Polyclinic -	<b>16,978</b>
❖ JCOs/OR /Dependents on Polyclinic -	<b>50,189</b>
❖ Number of Patients Visiting Polyclinic -	<b>300-600 (daily)</b>
	<b>12,000-17,000</b>
(monthly)	

## 2. Facilities Available at ECHS Polyclinic, Dundahera, Gurgaon.

- **Reception** Electronic Card Reading / Token Dispensing is provided at reception.
- **Medical Facilities.** 02 Dental Chairs , 06 MOs, 01 Gynecologist, 01 Medical Specialist & empaneled centres/ Hospital
- **Availability of MOs & Staff.** Adequate staff was available on duty for functioning including MOs & Specialists
- **Laboratory/ Diagnostic Services.** Routine tests are available, During COVID special counters for RT-PCR/ Rapid Antigen Tests were established
- **Medicines.** The quality of medicines and their availability was also found to be satisfactory. Costly medicines at times are not available due to budgetary constraints
- **Referrals.** Referrals are given based on requirement.
- **Hygiene and Cleanliness.** It was ok at the polyclinic but could be improved further
- **Reimbursement.** The cases of reimbursement of medicines were constantly monitored by the OIC with the help of MIS

### Electronic Card Reading / Token Dispensing

### Consultation By MO At Poly Clinic



## **Treatment Room**

1. Two persons trained and fully capable of operating diagnostic equipment like ECG, BP monitors etc. Beside operation of diagnostic equipment the staff has been tasked to deal with routine emergencies and rendering of first aid to AFVs.
2. The treatment room with other essential equipment like stretchers, wheel chairs, resuscitation apparatus etc for Emergency Medical Care.
3. Adequate arrangement for ensuring privacy of patients such as separate cubicles for performing ECG on ladies have been provided.



## **Medical Store**

1. Fully stocked medical store with medicine racks and pigeon holes for storage of drugs.
2. Adequate shelf space catered along with refrigerators and air conditioning facility for storage of essential drugs.
3. Separate service - windows along with seating arrangements for officers, senior citizens, families and other ranks.



## **Dental Clinic**

1. The Dental Clinic is fully equipped to cater for dental care and treatment..
2. Two Dental Chair with essential equipment are available. An average of 20 - 30 patients are attended

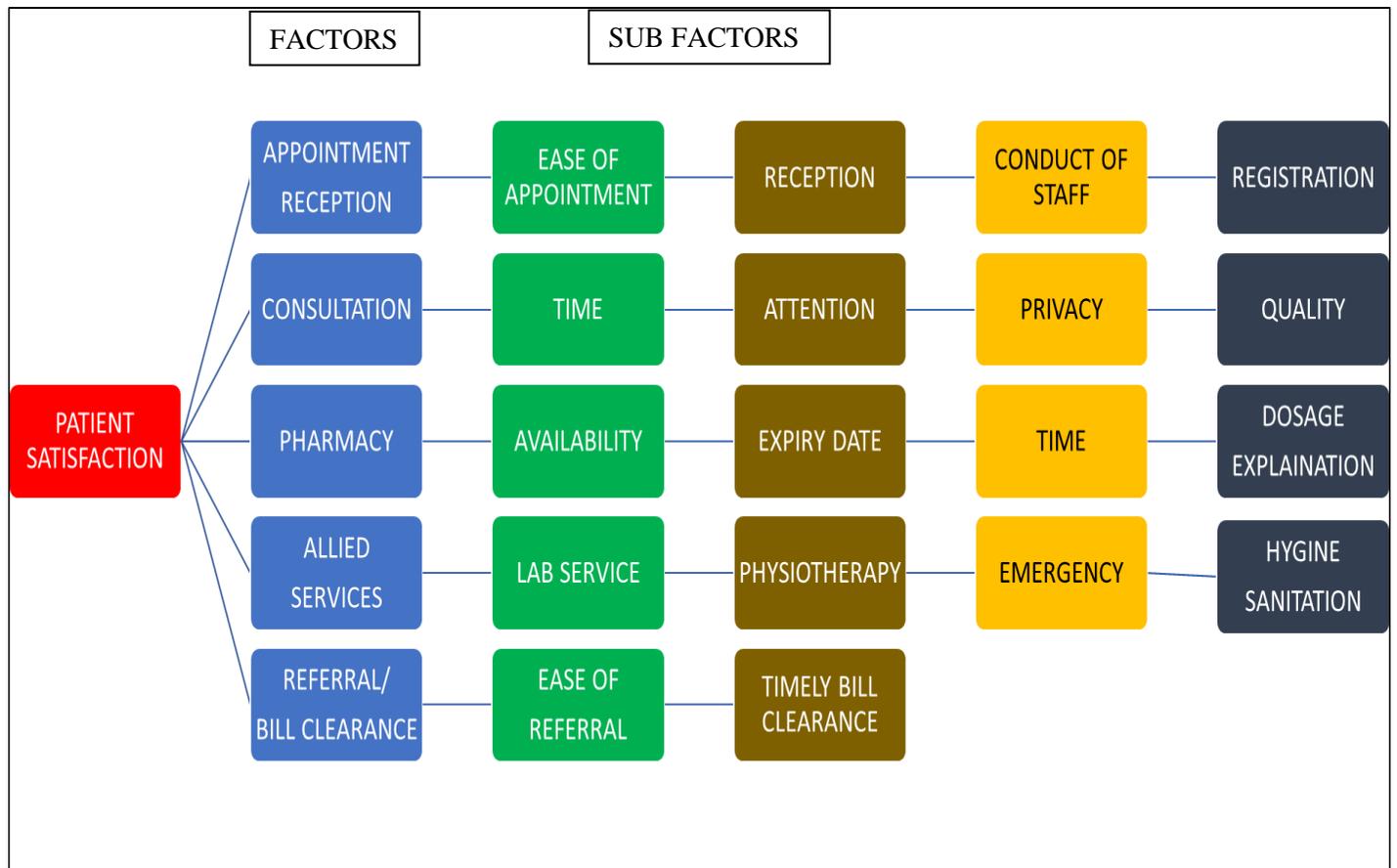


3. **Major Medical Equipment** The availability of major medical equipment is given below

<b>S No</b>	<b>Equipment</b>	<b>Authorized</b>	<b>Held</b>
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	Ultra Sound Machine	01	01
30	Dental X- Ray	01	01

4. **Specific Learning.** Patient Satisfaction at Polyclinic was assessed through a cross sectional survey. The form used for survey is enclosed as Annexure V. The important aspects are highlighted below:-

(a) **Factors for Satisfaction.** The satisfaction level was assessed by considering following main factors and sub factors.



(b) **Sample Size.** The sample size was calculated as under

$$N = 4 Z^2 p(1-P)/W^2$$

With 95 % confidence level and +/-5% margin of error

$$p = 50 \%$$

$$N = 2 \times 1.96 \times 0.5 \times 0.5 / 0.0025$$

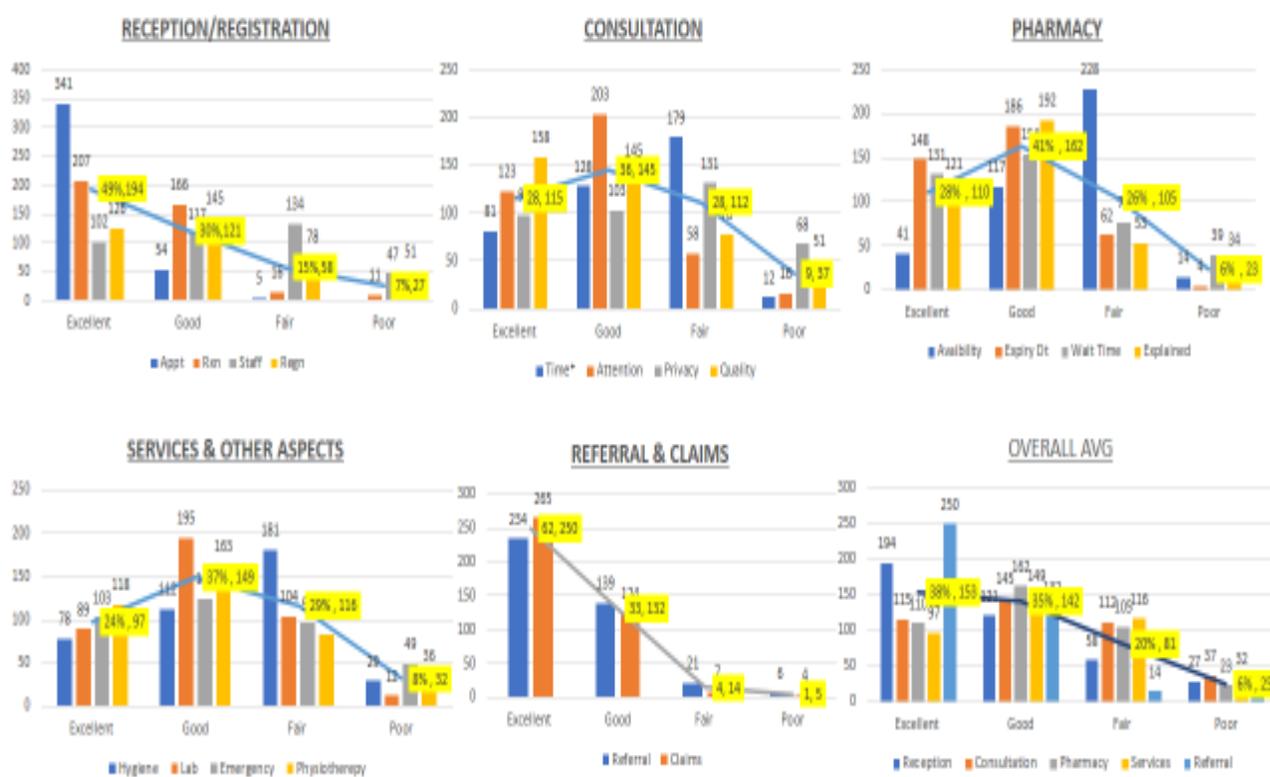
$$N = 384.5 = 385$$

**Note** - To ensure adequate availability of samples 450 survey forms were filled and after rejecting incomplete / duplicate forms, 400 samples were taken for analysis and results.

(c) **Methodology.** The forms were filled by AFVs to ECHS near the reception area, while going back from the Polyclinic. Assistance in terms of language and understanding of questions was provided to them.

(d) **Results.** The summary and descriptive analysis of the results are given below:-

## RESULT:



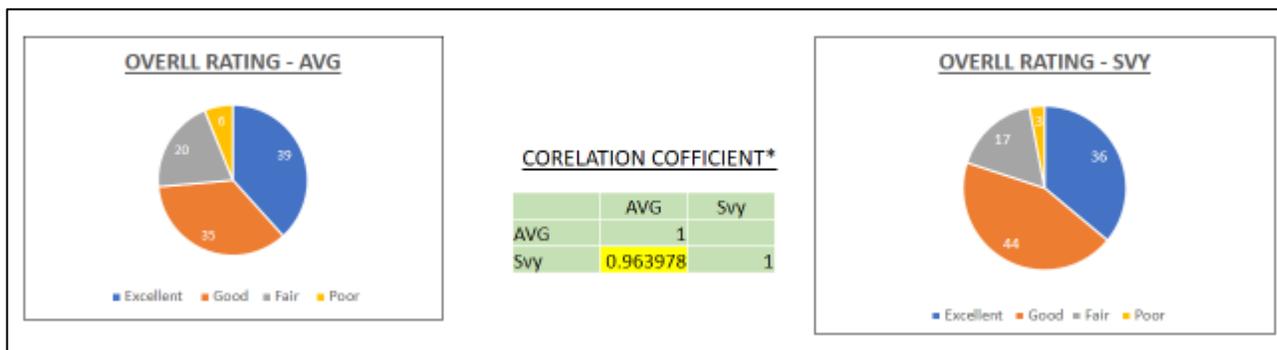
## PATIENT SATISFACTION SURVEY

### 5. Summary.

- (i) **Overall Satisfaction.** 74% ECHS patients who visited Dundahera ECHS Polyclinic in month of May/June 2022 were fully satisfied (Excellent/Good) with functioning of Polyclinic.
- (ii) **Highest Satisfaction: Factor** As per patients, factor with which they were most satisfied, i.e. Highest satisfaction was regarding Referral & Claims (>90%).
- (iii) **Highest Satisfaction: Sub Factor** As per survey Sub Factor having highest satisfaction was related to Appointment (Reception) having automatic card reader and token dispensing facility.
- (iv) **Lowest Satisfaction: Factor** The Factor for which lowest satisfaction was recorded was Consultation by Medical Officer.
- (v) **Lowest Satisfaction: Sub Factor** The Sub Factor with lowest satisfaction was Privacy during consultation as more than two patients were present in the room during consultation.
- (vi) **Time Taken.** Approximate time taken for one visit to the polyclinic was from 15 minutes to two hours. Waiting time to see the doctor was found to be reasonable which was dependent on the time of the day and availability of doctors.
- (vi) **Poster for the internship is enclosed as Annexure VI**

6. **Overall Satisfaction** The overall satisfaction rating was part of the survey i.e. asked as from the patients directly as well as calculated by averaging the satisfaction of individual factors as well. A correlation analysis of these indicated

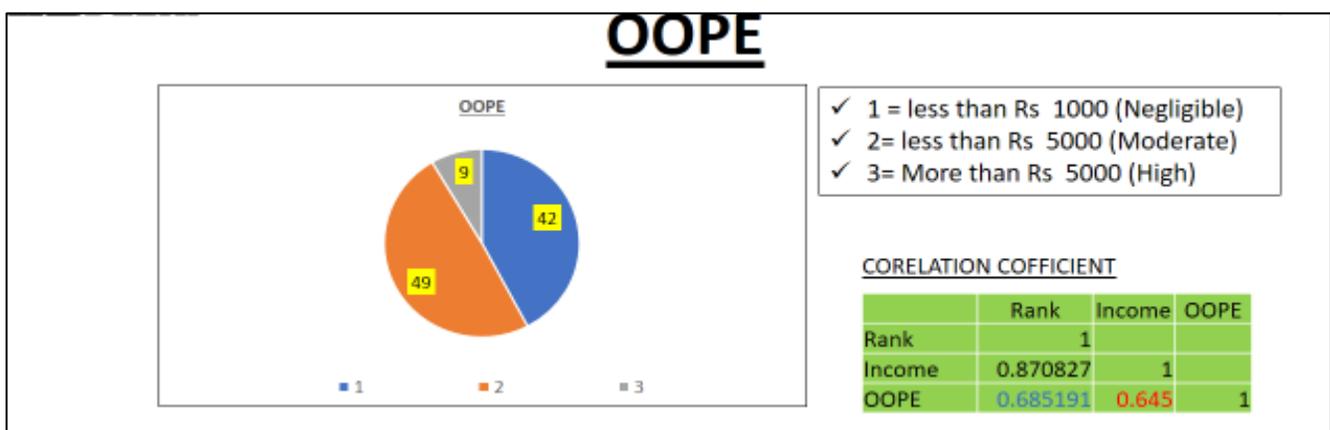
that there was a strong correlation (0.96) between them i.e. the factors and sub factors identified for survey were correct. The same is shown below;-



**OOPE.** The data related to OOPE was also collected from the patients during survey along with their ranks. The OOPE was classified as

An correlation analysis of the same was undertaken and it was found that

- (i) Pension is major component of Income for ESM(0.87)
- (ii) OOPE is +ve related to Income(0.65)
- (iii) OOPE is +ve related to Rank(0.69)
- (iv) **OOPE is low among ESM due to ECHS System**



**Conclusion** The ECHS scheme was brought in with effect from 01 Apr 2003 for the Ex-servicemen pensioners and their dependents who were entitled for treatment in service hospital as well as in those civil/private hospitals which are specifically empanelled with the ECHS. The scheme aimed for quality medical care for AFVs through a mix of Polyclinics, Service Hospitals and Empanelled private hospitals. A survey for Satisfaction level of the patients/beneficiaries of ECHS and the various issues connected was required as it would throw insight into the working of this scheme and how the ex- servicemen perceive these schemes. As per survey conducted during the study most of the AFVs are satisfied with the scheme and are having very low OOPE, hence the scheme has met the objective with which it was implemented by the Government.

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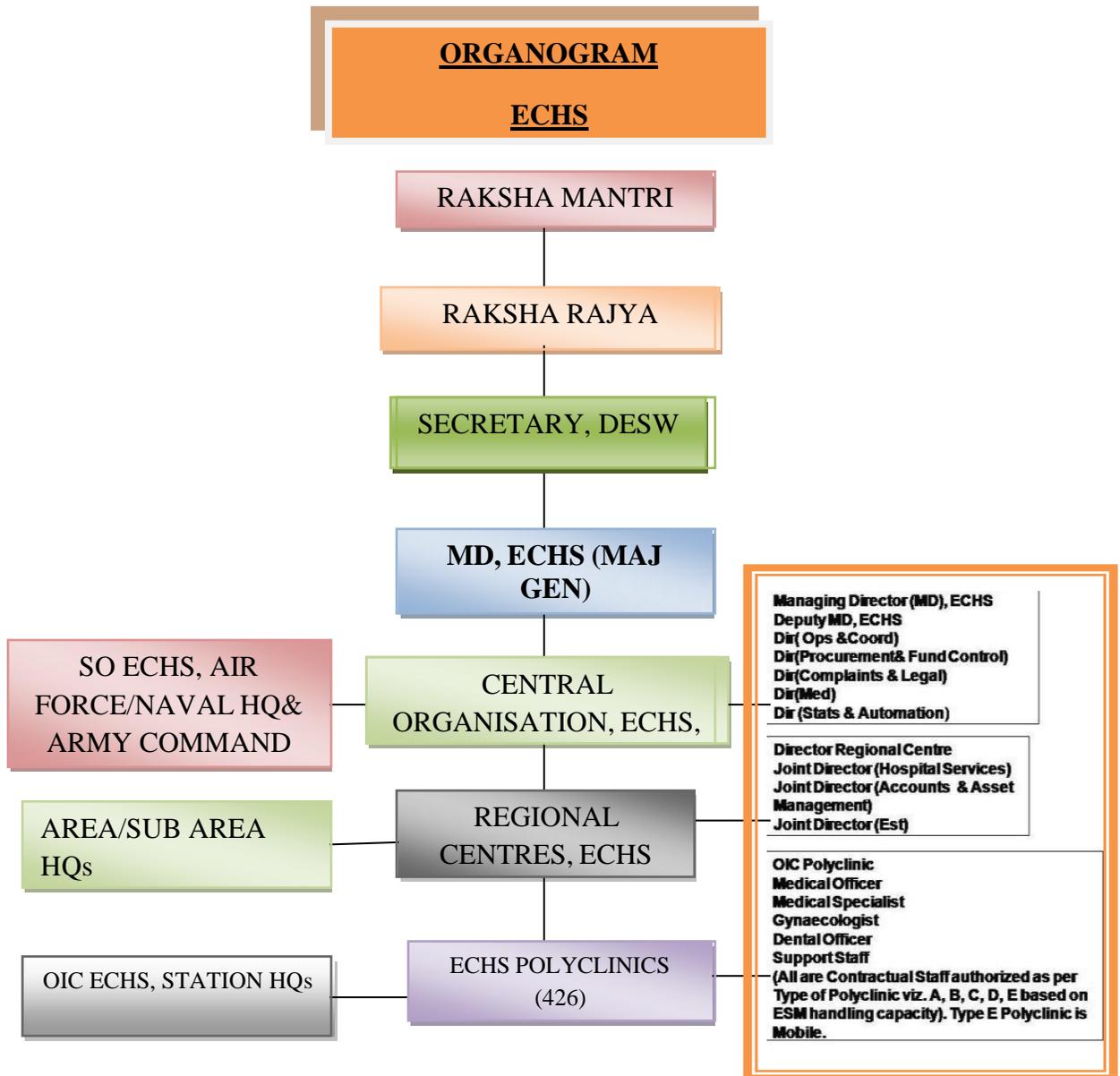
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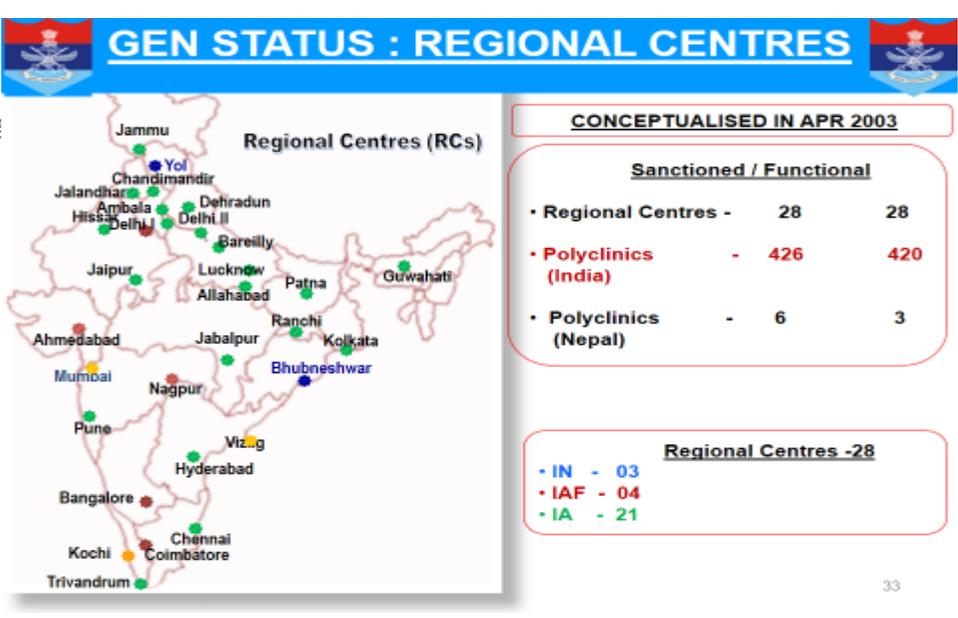
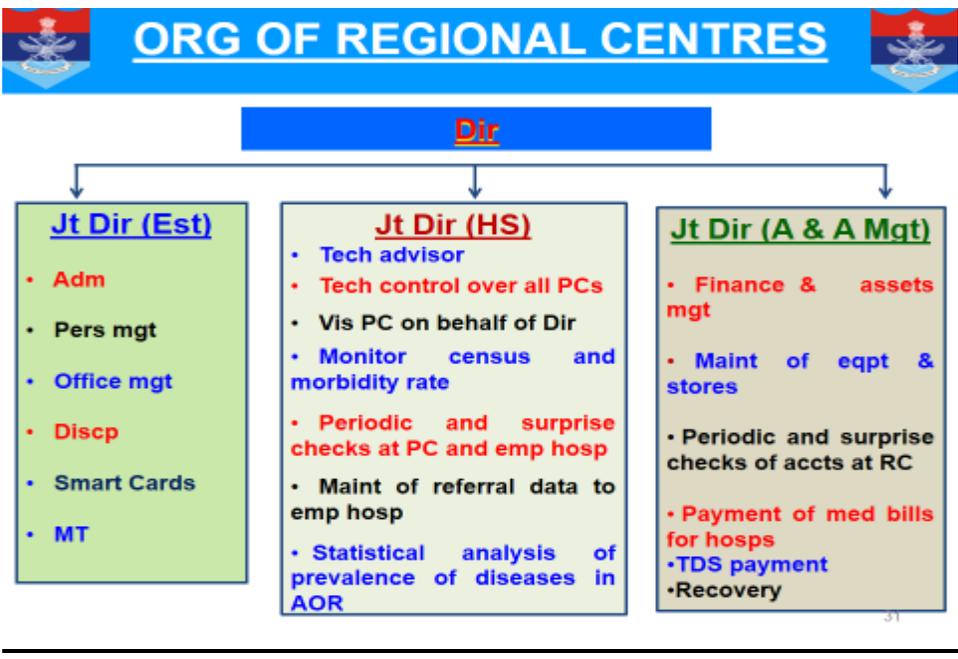
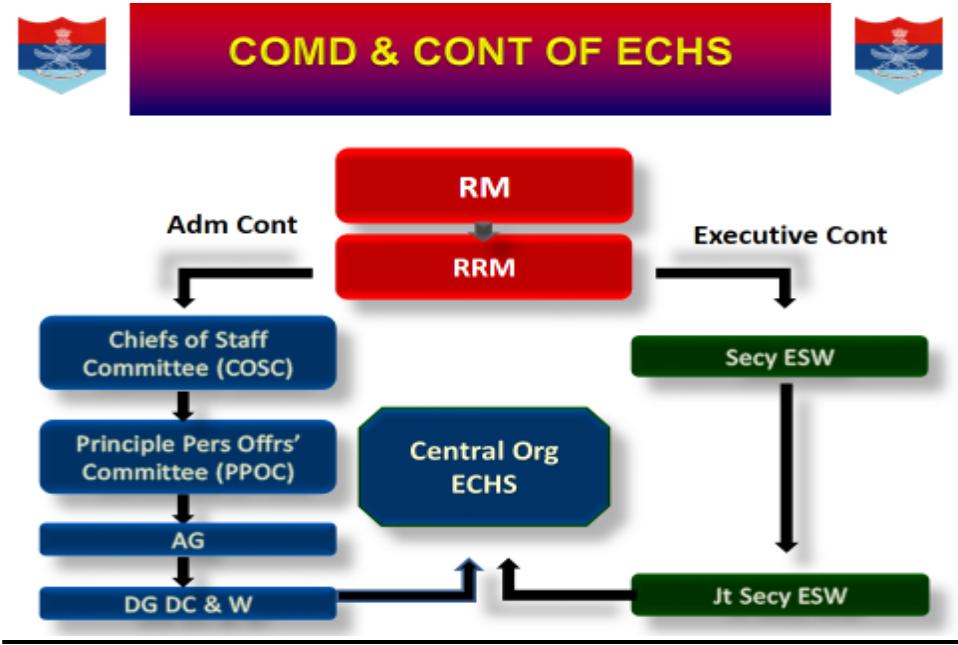
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**Organogram of ECHS**

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## SURVEY QUESTIONNAIRE

### SURVEY FOR PATIENT SATISFACTION AT ECHS POLYCLINIC DURING COVID-19 PANDEMIC

**Title of the Research-** A Study on the patient satisfaction level at ECHS Polyclinic during Covid-19 Pandemic.

**Informed Consent:** Internship is an integral part of PGDM (Hospital and Health Management). All the students undergoing this course at IIMR, Delhi are required to undergo on the job training in reputed health organizations.

#### SURVEY - PATIENT SATISFACTION AT ECHS POLYCLINIC

##### **Section 1 (Personal Information)**

1. Rank and Name of the Respondent-----
2. Number of dependents     1     2     3             4     5     6     7     8
3. Purpose of Visit\_\_\_\_\_ (ailment)
4. Average number of visits in a month \_\_\_\_\_
5. Mob No (Optional) -----

##### **Section 2 (Reception and Registration)**    **Excellent / Good/ Fair /Poor / No**

**Comments**

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Ease of taking appointment          | <input type="checkbox"/> |
| 2. Experience at the Reception desk    | <input type="checkbox"/> |
| 3. Behavior of staff in Polyclinic     | <input type="checkbox"/> |
| 4. Experience at the Registration desk | <input type="checkbox"/> |

##### **Section 3 (Consultation)**

- |                                    |  |
|------------------------------------|--|
| 5. Waiting time to see the doctor* | Excellent/Good/ Fair/Poor/ No comments |
| 6. Attention given by Doctor       | Excellent/Good/ Fair/Poor/ No comments |
| 7. Privacy during consultation     | Excellent/Good/ Fair/Poor/ No comments |
| 8. Quality of consultation         | Excellent/Good/ Fair/Poor/ No comments |

##### **Section 4 (Services and Allied Activities)**    **Excellent/Good/ Fair/Poor/ No comments**

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9. Cleanliness and hygiene at the waiting area | <input type="checkbox"/> |
| 10. Lab/Diagnostic test services               | <input type="checkbox"/> |
| 11. Emergency Services (Ambulance, Oxygen)     | <input type="checkbox"/> |
| 12. Physiotherapy Service                      | <input type="checkbox"/> |

##### **Section 5 (Medicines)**    **Excellent/Good/ Fair/Poor / No comments**

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. Availability of general medicines    | <input type="checkbox"/> |
| 14. Adequate Expiry dates of medicines   | <input type="checkbox"/> |
| 15. Waiting time for medicines           | <input type="checkbox"/> |
| 16. Timing and dosage explained properly | <input type="checkbox"/> |

**Section 6 (Referral)**

Excellent/Good/ Fair/Poor / No comments

17. Ease of getting referral whenever required
18. Settlement of claims / documentation
19. Where would you prefer to be referred (rank in order of preference)?
- Private hospital . Service hospital Government hospital

**Overall Satisfaction**

Excellent/ Good/ Fair /Poor / No comments

**Section 7 (Out of Pocket Expenditure)**

20. Monthly Basic Pension
21. Total Income
22. Personal costs incurred on monthly basis on healthcare:
- Less than Rs 1000/-
  - Between Rs 1000 – 5,000/-
  - More than Rs 5,000/-

Ser No	Broad Distribution of Expenditure (Not reimbursed by ECHS)			
	Medical Related (Medicines, Fees,Lab Reports etc)	Non Medical (Conveyance, Food & Nutrition)	Ambulance	Others (Insurance etc)
(a)				
(b)				
(c)				
Total				

**Section 8 (Time Management)**

23. Approximate time taken in the polyclinic during one visit.
- 30 Minutes.
  - Less than One Hour.
  - One to two hours.
- 30 | Page • More than two hours.

**Section 9 (Suggestions)**

24. Will you recommend this polyclinic to others? Yes/ Maybe /No/No Comments
25. 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:
  - Home Delivery of Medicines:
  - Any Other Comments:

**POSTER – INTERNSHIP WITH ECHS POLYCLINIC, DUNDAHERA, GURUGRAM**

**PATIENT SATISFACTION SURVEY OF OPD ECHS PATIENTS**  
**BY COL MANOJ SINGH & COL ASHISH YADAV**





**INTRODUCTION**  
 ECHS Polyclinic, providing OPD care, specialist consultancy and diagnostic testing facilities to the veterans of the armed forces and their dependents.

**OBJECTIVES**  
Observational Learning  
 Familiarisation with ECHS System  
 ECHS Organisation  
 Functioning of ECHS System & Polyclinics

Specific Findings  
 Patient Satisfaction at ECHS Polyclinics  
 Reception  
 Medical Consultation  
 Pharmacy  
 Referral and passing of Bills/ Claim

**METHODOLOGY**  
Study Area: ECHS Polyclinic, Base Hospital Delhi Cantt & Dundahera, Gurugram  
Study Design: Cross-sectional survey  
Data Collection Tools: Semi structured questionnaire  
Study Population: ECHS Patients & Staff  
Sample Size: 400  
Sampling Method: Convenience  
Data Analysis Tool: Microsoft Excel  
Data Analysis Method: Descriptive analysis for summarizing the data collection  
Exclusion Criteria: Consent not given/ unwilling  
Inclusion Criteria: OPD

**ECHS ORGANISATION**  
 ECHS partly financed by the GoI, launched on 01 Apr 2003 with an aim to provide comprehensive and costless healthcare to all Ex Servicemen (ESM) and their dependents  
 Treatment in service hospitals as well as in those civil/private hospitals empaneled with the ECHS

**PC Dundahera, Gurugram**  
 Est. 14 JAN 2004  
 Cat - Type 'A' Mil  
 Designed capacity 20000 AFVs & dependents  
 Beneficiaries – 67,267  
 (Officers – 16,978 & JCOs/Des – 50,189)  
 Daily Footfall - 300- 600  
 Online Appointment System - ECHS App  
 Loc - Dundahera Military Station  
 Dependency Area - Gurugram & Faruk Nagar

**Facilities Available**

- Medical Facilities:** 02 Dental Chairs, 06 MOs, 01 Gynae, 01 Med Spl & empaneled centres/ Hospital
- Availability of MOs & Staff:** Adequate staff was available on duty for functioning including MOs & Specialists
- Laboratory/ Diagnostic Services:** Routine tests are available, During COVID special counters for RT-PCR/ Rapid Antigen Tests were established
- Medicines:** The quality of medicines and their availability was also found to be satisfactory. Costly medicines at times are not available due to budgetary constraints
- Referrals:** Referrals are given based on requirement.
- Hygiene and Cleanliness:** It was ok at the polyclinic but could be improved further
- Reimbursement:** The cases of reimbursement of medicines were constantly monitored by the DIC with the help of MIS

**SPECIFIC LEARNING PATIENT SATISFACTION ANALYSIS**





OVERALL SCORE



OVERALL SCORE



OVERALL SCORE

**SHORTCOMINGS & SUGGESTIONS**

Delay in release of funds for settlement of medical bills  
 Current Pendency in terms of money - Approx 50 Cr  
 Current Pendency in terms of time - 6 Months  
 Availability of Medical Specialists  
 Frequent Policy changes  
 General lack of awareness in ESM & their dependents wrt documentation & submission of claims  
 Installation of 64 KB Hardware and Software  
 Availability of infrastructure, ambulance, patient ferrying vehicle  
 Modern Lab services  
 Availability of costly medicines  
 Patient load in metro cities  
 Administrative Inadequacies and training of newly posted personnel

**Limitations**  
 Study undertaken at Two Polyclinics (PCs) in NCR region. (426 PCs)  
 Similar Facilities not available across the board  
 Few Empaneled Hospitals in backward areas  
 Time Duration of Study  
 Most Polyclinics in Non-Military Stations  
 Result of Study cannot be templated across all PCs

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