

INTERNSHIP REPORT

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

By

Col Ravinder Khatri

PG/21-23/080

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

2021-2023

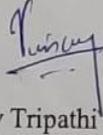


International Institute of Health Management Research, New Delhi

Certificate of Approval

The following Summer Internship Project titled “**Exploiting Technology for Improving Patient Satisfaction in ECHS Polyclinic at 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.

Mentor


Dr Vinay Tripathi

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Student

Col Ravinder Khatri

Roll No PG/21-23/080

The certificate is awarded to

Name Col Ravinder Khatri

In recognition of having successfully completed his
Summer Internship in

ECHS Polyclinic, Base Hospital, Delhi Cantt

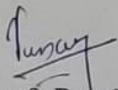
and successfully completed his Project on

“Exploiting Technology for Improving Patient Satisfaction in ECHS Polyclinic”

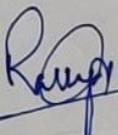
at

ECHS Polyclinic, Base Hospital, Delhi Cantt

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


Training & Development




Officer in Charge
Col B S Kattarya (Retd)
Officer Incharge
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FEEDBACK FORM: SUMMER INTERNSHIP

Name of the Student: Col Ravinder Khatri

Organization: ECHS Polyclinic, Base Hospital, Delhi Cantt

Area of Summer Internship: Exploiting Technology for Improving Patient Satisfaction in ECHS Polyclinic

Attendance: Adequate

Objectives Achieved: Yes

Deliverables: Analysis of Issues faces by Patients at ECHS Polyclinics through detailed feedback from Patients, ECHS Polyclinic and physicians

Strengths: Proactive approach, keenness to learn, good understanding of issues, logical and analytical thinker and professional approach

Suggestions for Improvement: Nil

Suggestions for Institute (Course Curriculum, industry interaction, placement & alumni):
Nil

Date:

Place:



Signature of the Officer-in-Charge

Organization Mentor (Internship)
Col B S Kattarya (Retd)
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Signature of IIMMR Mentor

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ABBREVIATIONS

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



Ex- Servicemen Contributory Health Scheme Dept Of ESW, Ministry of Defence



INTRODUCTION

1. Retired Armed Forces personnel or Ex-servicemen (ESMs) and their dependents of all the three services were able to avail medical facilities only in service hospitals, for a certain high-cost surgery/treatment for a very few numbers of diseases covered under the Army Group Insurance (Medical Branch Scheme) (AGI(MBS)) and Armed Forces Group Insurance Scheme (Management Information System) (AFGIS (MIS)) till 2002. These medi-care schemes were able to provide a very limited amount of relief to the ESM, but it was not as comprehensive as compared to other Central Government Employees Schemes. Therefore, there was a need of establishing a medi-care system which could provide quality and timely medi-care to the ESMs.

2. Based on this noble aim, and after detailed deliberations, a comprehensive scheme was formulated in the shape of **Ex-Servicemen Contributory Health Scheme (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. ESM 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.

3. However, there were a number of teething problems that were faced by the ECHS scheme as well as the beneficiaries in the initial years of setting up of the organization. Majority of these problems were sorted out over the years to make the scheme viable as well as making it a preferable option for the beneficiaries. Improvement in service quality, reducing the referral time and providing better facilities to the patients to improving the satisfaction level of the ESMs and their dependents were the major focus areas.

4. **This study was undertaken with the objective to assess the issues/problems faced by the ECHS organization & exploiting technology for improving patient satisfaction in ECHS Polyclinic in order to provide better health facilities to the ESMs and their dependents. The study was carried out at ECHS Polyclinic, Base Hospital, Central Organization, ECHS, Delhi Cantt.** Different sets of questionnaires were prepared for the

Director, Central Organization, ECHS, Delhi Cantt, OIC ECHS Polyclinic and the staff at the polyclinics. The responses from them were collected and analyzed to identify issues/problems being faced by the ECHS Organization in providing medi-care to the ESMs and their dependants. A study of these issues will help in better understanding and policy changes that need to be implemented to adopt and implement effective measures to improve health care services in the ECHS.

OBSERVATIONAL LEARNING: ECHS ORGANIZATION PROFILE

5. A comprehensive tri-service scheme to provide medi-care facilities to the ESMs of all the Armed Forces and their dependants in the shape as ECHS, authorized vide Government of India, Ministry of Defence letter No 22(i) 01/US/D(Res) dated 30 Dec 2002 was launched with effect from 01 Apr 2003. The Scheme is financed by Govt of India and one-time contributions from the personnel retiring from the Armed Forces. While in service, all personnel of the Armed Forces and their dependants are provided medical facilities through service hospitals which are organized into Command Hospitals, Base Hospital, Military Hospitals and Medical Inspection Rooms (MI Rooms) in peace areas. These medical facilities are graded and staffed as per patient load, needs and services provided and are located in Military Stations. However, post retirement, the ESMs and their dependants may move to locations where there are no Military Stations and hence no medi-care facilities. They were now dependent on private or govt hospitals in the vicinity of their residences although they are authorized medi-care facilities post retirement. They faced problems with transportation of patients to military hospitals located far away from their places of residences or had to bear out of pocket expenditure in private hospitals nearby. Military Hospitals have a primary task of looking after the serving combatants and hence their resources were being diverted from the core task while providing medi-care to ESMs.

6. **Concept of ECHS.**

(a) It was planned that ECHS should 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 and other tertiary facilities.

(b) **Objective of ECHS.** To provide comprehensive, quality and timely medical care for all possible diseases to veterans and their dependents.

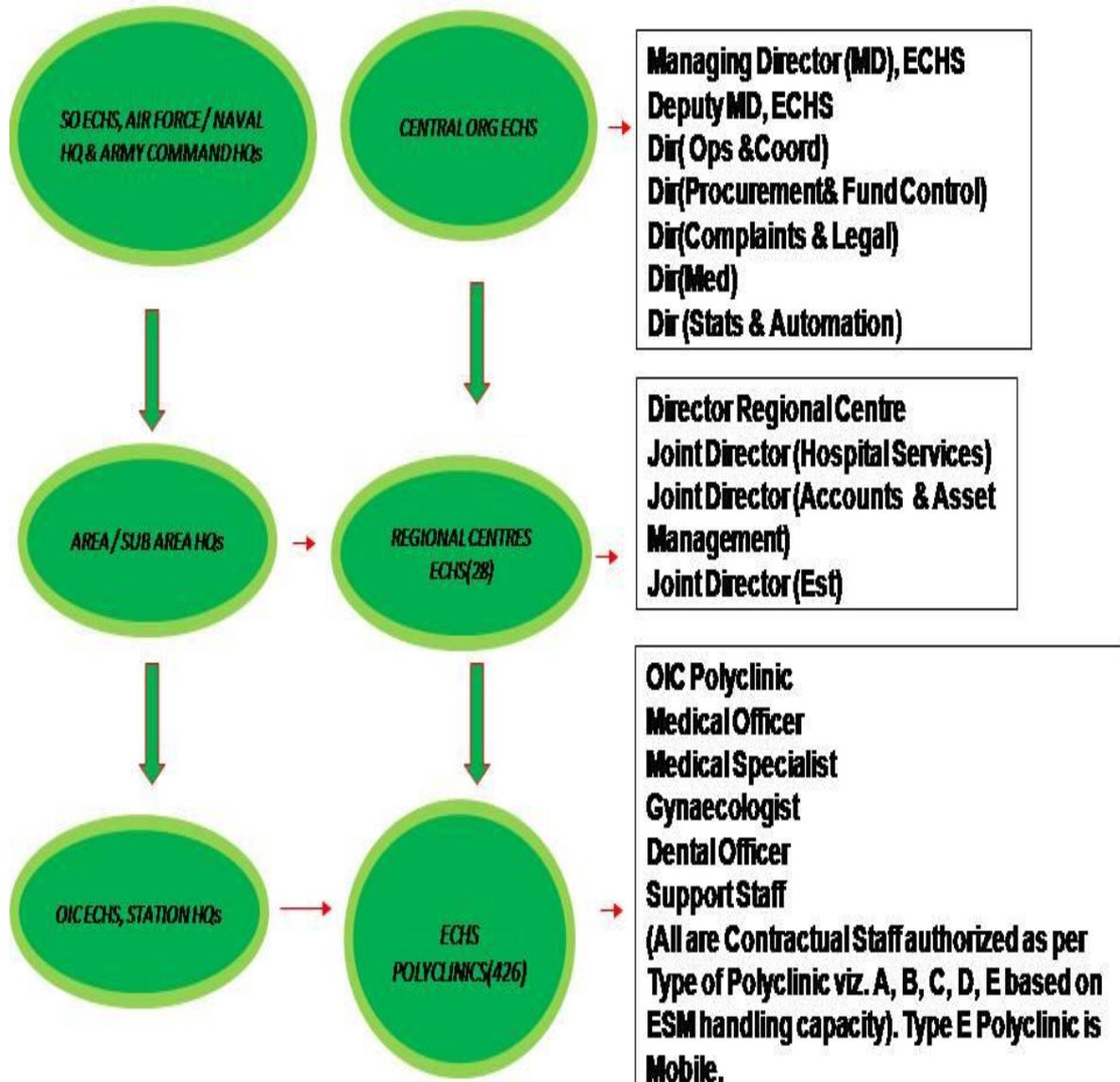
(c) To provide better medi-care to all authorized persons closest to their place of residence and medical services in non-military areas and to ensure continued availability of medical services in emergencies such as war, additional steps were taken, which include: -

- (i) Establishing new ECHS Polyclinics in Non-Military Areas.
- (ii) Establishing additional ECHS facilities/clinics in certain military stations which have higher patient load.
- (iii) Empanelling civil hospitals and diagnostic centres in most of the cities.
- (iv) Adequate finances made available to ECHS.

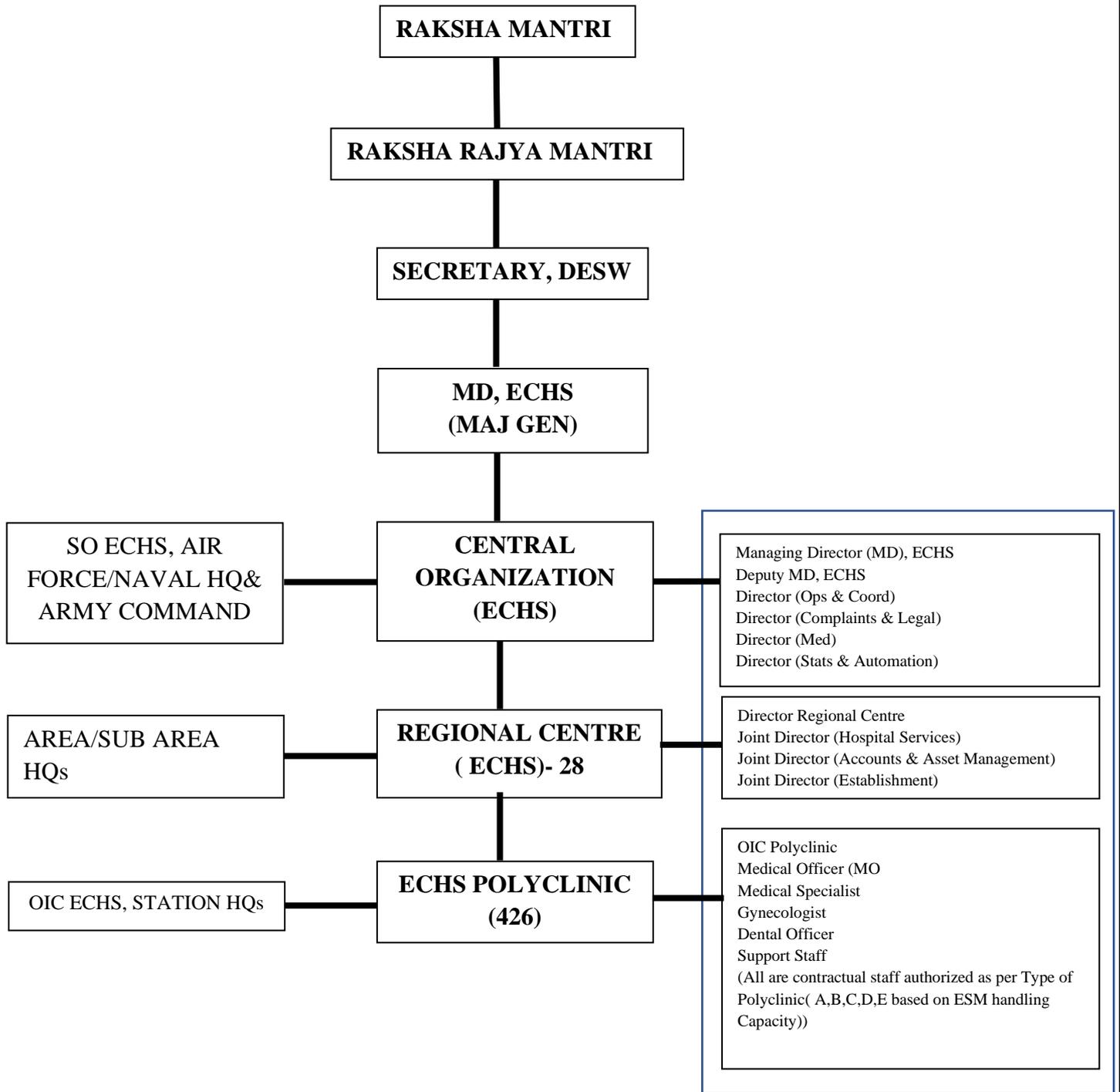
7. **Command and Control.** The existing Command and Control Structure of the Army, Navy and Air Force have been given the Administrative and Financial Powers to run this Scheme. Station Commanders are authorized to exercise direct Control over the ECHS polyclinics. Regional Centre, ECHS and ECHS Cell located at Station Headquarters are to clarify any doubts that may arise in normal functions of the ECHS. Command HQ/ Area HQ are to directly control the Regional Centres ECHS under their area of responsibility. Central Organization, ECHS functions under Adjutant General's Branch, Army HQ.

8. **Organization of ECHS.** The ECHS Central Organization is located at Delhi and functions under the Chief of Staff Committee (COSC) through Adjutant General and Director General Directorate of Ceremonial & Welfare 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). Depending on the patient load and facilities provided and authorization of contractual staff, there are five types of ECHS Polyclinics i.e., Type 'A', 'B', 'C' D, & E. The organization chart of ECHS is as given under:-

ORGANISATION CHART ECHS



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



Policy & Operations of ECHS

10. 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.

11. **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.

12. **Benefits of ECHS.** ECHS provides cashless medical coverage for the Ex-servicemen and their dependants in the established polyclinic/military hospitals/empaneled hospitals across India.

13. **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.

14. **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 style="padding-left: 40px;">(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 style="padding-left: 40px;">(ab) The names of both the wives, should be found recorded in the PPO for grant of 'Family Pension' award.</p> <p style="padding-left: 40px;">(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 style="padding-left: 40px;">(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 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 style="text-align: center;">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) up to 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 up to the age of 18 years.</p>

15. **Exempted Category from ECHS Contribution.** War widows, pre-1996 retirees and battle casualties are exempted.

16. **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 Havildars & equivalent in Navy & AF	Rs 30,000/-	General
(b)	Nb Sub/Sub/Sub Maj or equivalent in Navy & AF (including Honorary Nb Sub/ MACP Nb Sub and Honorary Lieutenant / Captain)	Rs 67,000/-	Semi Private
(c)	All Officers	Rs 1,20,000/-	Private

17. **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 up to 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.

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.

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

19. **ECHS Polyclinic Base Hospital Delhi Cantt.**

ECHS Polyclinic Base Hospital Delhi Cantt **commenced functioning on 05 Jan 2004**. It is a **‘Type A’ Polyclinic at Military Station** and is responsible to look after the **armed forces veterans (AFVs) and their dependents of the Delhi**. The polyclinic was designed to cater for 20000 AFVs and their dependents and is today handling 3,76,630, the largest in the country. 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 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. 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 dependent on this polyclinic is as given below:

❖ Total Population Veterans & Dependents	-	376630
❖ No of Vetrans Dependent on Polyclinic	-	134908
❖ Total No of Dependents dependent on Polyclinic	-	241722
❖ No of Patients Visiting Polyclinic	-	Approx 1000 (daily) 25000 (one month)

20. **Objective of the Scheme.**

The objective of the scheme is to provide quality health care to veterans, their dependents and parents in quality health care institutions near their preferred place of residence.

21. **Facilities Available at ECHS Polyclinic, Base Hospital Delhi Cantt.**

Reception

- Eight separate counters at the reception 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
 - ❖ 06 x MOs referral counter
 - ❖ Referral Section
 - ❖ ECHS Card cell
- Reception has a patient friendly environment, and is provisioned with electronic digital counter system, wall mounted television 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

- 11 Medical Officers, 1 Gynecologist and 2 Medical Specialist are providing consultation to the patients.
- A token system is followed for the appointment on first come first serve basis.
- Emergency cases are attended on priority.
- The complete reception, consultation and medicine store are interconnected on LAN and a paperless system is followed.

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.
- To accord privacy to patients, separate cubicles for performing ECG on ladies and gents have been provisioned.

Medical Store

- 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 Clinic

- The polyclinic is fully equipped to cater for dental care and treatment of ECHS beneficiaries.
- Four Dental Chairs with essential back - up equipment are available. An average of 100 - 150 patients are attended by the dental officers and the dental hygienists on daily basis.

Referral to Service Hospital/ Empanelled Hospital

- A separate referral counter has been established where once the referral is given by the Medical Officer/ specialist based on the choice of the patient, a referral is generated to the service hospital or empanelled hospital.
- List of empanelled hospital is displayed on the notice board prominently and patients are free to approach any hos[ital of their choice or convinence.
- A seprate counter has been been established in the reception area itself for appointment in the Base Hospital where the appointment system has been made online.
- Outstation patients who are not dependent on ECHS Polyclinic Base Hospital Delhi Cantt can also get their referral after the necessary approval from their parent Polyclinic to the service or Empanelled Hospital and the complete process is online.

Additional Amenities

- Separate waiting rooms for veteran Officers & Other Ranks.
- Colored TVs in waiting rooms with adequate availability of newspapers, magazines and periodicals.
- Waiting rooms aesthetically furnished with sofa sets and airport pattern lounge chairs, 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.

- Fast food/snack counters with microwave oven, refrigerator and coffee/ tea vending machine. Dining arena with appropriate ambience is also catered for new cafeteria has been constructed with cable TV, Coffee Vending machine and Ice cream counter.
- 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.
- **Transport Facilities.** A Maruti Van and two Golf carts are available to ferry the veteran patients to Base Hospital.

22. **Observation/ Learning.**

- (a) **General Behaviour.** The behavior of the staff at ECHS Polyclinic was considered exemplary by the respondents and that was also felt by the researcher during entire stay at the ECHS polyclinic. The OIC was found to be very proactive in resolving the issues in r/o ECHS Cards, Reimbursement of bills etc.
- (b) **Satisfaction.** The satisfaction level was good wrt the facilities and consultation procedure.
- (c) **Quality of consultation and examination.** The quality of consultation and examination by the Medical Officers was well appreciated and the satisfaction level was very high satisfaction(85%).
- (d) **Time Taken.** Approximate time taken for one visit to the polyclinic was from one to two hours. Waiting time to see the doctor was found to be reasonable which was dependent on the number of patients and availability of doctors.
- (e) The satisfaction with the specialist care and the empanelled hospitals was mostly satisfactory.
- (f) **Medicines.** The quality of medicines and their availability was also found to be reasonably satisfactory in the ECHS with a satisfaction level of 55%.. Costly medicines at times are not available due to budgetary constraints.
- (g) **Laboratory/ Diagnostic Services.** No separate Laboratory/ Diagnostic services are available in the Polyclinic due to its location in close proximity of Base Hospital.
- (h) **Reimbursement.** The cases of reimbursement of medicines were constantly monitored by the OIC with the help of MIS, and had a very good satisfaction level of 73.2%. However, some delay was noticed in few cases due to non availability of funds.
- (i) **Priority.** Priority is given to veterans above the age of 75 years.

- (j) **Referrals.** Ease of getting referrals was rated as excellent or good by 78% respondents.
- (k) **Treatment at Empanelled Hospitals.** The satisfaction level with the treatment provided at the empanelled hospitals was high having a satisfaction of 74.6%.
- (l) **Courteousness of staff and related facilities.** The courteousness of staff and related facilities was found to be very high at 89%.
- (m) Cleanliness and hygiene at the polyclinic was ok but could be improved further.

23. **Exploiting Technology for improving Patient satisfaction in ECHS Polyclinic.**

- (a) **64 KB ECHS Smart Card** The associated hardware and software of 64 KB ECHS Smart card have been implemented at most of the places. Almost all cards of old vintage have been replaced with new 64 KB smart card which are interlinked with the Aadhar and mobile no of the veterans or their dependents. This card has enabled a seamless and across the board availability of facility for the veterans and their dependents who are not restricted to their mother/ parent polyclinic but are now at liberty to seek medical health care and facilities across the country.
- (b) **Implementation of Online Integrated Management System.** Online integrated Management systems have been implemented across the polyclinics which enable integration within the Polyclinic by implementing a paperless system between the reception, Medical officer, pharmacy and referral counter, thereby making the system more user friendly, saving time and storing the details in the system for future references. The Polyclinics, Regional Centres and Central organization have also been integrated, thereby enabling exchange of information, confirmation and approval for referrals and other associated services/ facilities providing a better experience to the veterans in ECHS.
- (c) **Token System.** While a token system is in-place at the Polyclinic which generally functions on first come first serve basis, an online appointment system could be explored to further improve patient satisfaction and reduce waiting time. 75 years plus old veterans are being given priority in treatment and do not require a referral from the polyclinic for treatment at Service or empaneled hospitals.
- (d) **Online Referral System.** The referral system in the polyclinics has been streamlined and a patient can go to any empaneled hospital of his choice where he wishes to get himself treated. The referral can be generated from the parent polyclinic or it can seek the necessary approval online from the next higher or requisite approver for obtaining the requisite permission for treatment. This invariably saves the patient a lot of headaches and unnecessary going around to obtain the permissions.
- (e) **Permission for specialized procedure.** The permission/ approval for specialized or unlisted procedures at empaneled Hospitals has been simplified with minimum running around on part of the veterans or their dependents. The requisite permission is sent for approval by the empaneled hospitals online or by email to the polyclinics who further process it online or by email and send the permission back to

the empaneled hospital after approval. The veteran/ dependent just obtains the requisite referral from the said procedure from the polyclinic.

(f) **Cashless treatment at Empaneled Hospitals.** The treatment of the veteran/ dependent patient at the empaneled hospital is cashless in normal course. The veteran/ dependent only has to obtain the requisite permission from the polyclinic. In case of emergency, the empaneled hospital/ veteran/ dependent informs the polyclinic of the admission and the requisite permission is obtained. The empaneled hospital submits the bills online to Polyclinic for payment.

(g) **Clearance of Bills.** The bills are sent online by the empaneled hospitals to the Polyclinics. These bills are vetted by an external agency who is responsible for scrutiny of the bills raised by the empaneled hospitals. All the processes are online and use of appropriate software/ tools are utilized by various stakeholders before the bills are cleared for payment.

(h) **Online reimbursement of Medicine Bills.** The bills of medicines not available in ECHS pharmacy were being accepted online by ECHS and processed by the polyclinic for payment to the veteran/ their dependent. The veteran/ dependent were being informed through SMS regarding the progress of their claims or requirement of additional documents.

(j) **Home delivery of medicines.** A pilot project is being under taken to deliver non available medicines to the veterans to their homes. This invariably would reduce the inconvenience for the veterans to a large extent regarding non availability of medicines from ECHS polyclinics.

Conclusion

24. ECHS is providing the requisite and much needed medical care and services to the retired Armed Forces personnel or Ex-servicemen (ESMs) and their dependents of all the three services through the 426 Polyclinics spread across the length and breadth of the nation. The service hospitals alongwith the empaneled hospitals are responsible for providing the specialist and critical medical care to the veterans or their dependents. The ECHS scheme is providing cashless medical facilities to the veterans and their dependents leading to reduction of OOPE for them. The ECHS scheme has had very good result despite being a government scheme to provide medical care and facilities to the veterans in partnership with the empaneled private hospitals.

REFERENCES**Bibliography**

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**SURVEY QUESTIONNAIRE FOR ORGANIZATIONAL ISSUES AT ECHS
POLYCLINICS**

Title of the Research- A Study on the organizational issues faced by ECHS.

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 ama student of IIHMR, Delhi. As part of the curriculum, a survey on organizational issues is being carried out at ECHS organizational setup. The purpose of the Survey has been verbally explained to the respondent in detail. 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.

(Approximate time required to fill this form is 15 Minutes).

The respondent chooses to give **verbal** /**written** consent for participation in survey?

Signature of the
Respondent

Questionnaire for the Directors, ECHS

Section 1 (Personal Information)

1. Name of the Respondent
2. Appointment _____
3. Age _____ (Completed years)
4. Gender _____ Male/Female
5. Mob No _____ (Optional)
6. E-mail Id _____ (Optional)

Section 2 (Availability of Funds)

7. Are the funds made available adequate for the functioning of the ECHS Polyclinic?
8. Are the funds made available in time for the running of the ECHS Polyclinic?
9. How is payment made to the employees of the ECHS Polyclinic?

Section 3 (Staff Availability)

10. Are adequate doctors available to cater for the patient load of the ECHS Polyclinic?
11. Are any specialists available in the ECHS Polyclinic?
12. Is the support staff adequate for the polyclinic?
13. Are the doctors from Armed Forces Medical background or civilian background?
14. Are adequate lady doctors employed?

Section 4 (Services and Allied Activities)**Excellent/Good/ Fair/Poor**

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. How is the cleanliness and hygiene at the polyclinic? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is Covid appropriate behavior practiced in the polyclinic? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. How are the Lab/Diagnostic test services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Availability of Emergency Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 5 (Availability of Medicines)**Excellent/Good/ Fair/Poor**

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 19. Are general medicines available in the polyclinic pharmacy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is the stock of medicines adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 6 (Infrastructure Availability)**Excellent/Good/ Fair/Poor**

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 21. How is the infrastructure available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Suitability of Waiting Area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Drinking water facilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Entertainment facilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Availability of adequate washrooms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Parking Facilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Questionnaire for the Doctors at ECHS Polyclinics

Section 1 (Personal Information)

1. Name of the Respondent _____
2. Appointment/Specialization _____
3. Age _____ (Completed years)
4. Gender _____ Male/Female
5. Mob No _____(Optional)
6. E-mail Id _____(Optional)

Section 2 (Availability of Doctors and staff)

Excellent/Good/ Fair/Poor

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. Adequacy of doctors available in the polyclinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Adequacy of specialists in the polyclinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Availability of support staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ability to handle patient load? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Time taken per patient? | | | | |
| (a) Less than 10 minutes | | | | |
| (b) 10-20 minutes | | | | |
| (c) More than 20 minutes | | | | |

Section 3 (Diagnostic Services)

Excellent/Good/ Fair/Poor

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 12. How are the Lab/Diagnostic test services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Availability of trained staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Serviceability of equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Where do you prefer to refer in case required (rank in order of preference)? | | | | |
| (a) Private hospital | | | | |
| (b) Service hospital | | | | |
| (c) Government hospital | | | | |

16. **Suggestions if any for ECHS Polyclinic**

(a) Related to number of doctors.

(b) Related to Lab/Diagnostics services.

(c) Related to Medicine Availability.

17. Challenges faced or Problems (if any)

Questionnaire for the HQ, ECHS**Section 1 (Personal Information)**

1. Name of the Respondent
2. Appointment/Specialization_____
3. Age _____ (Completed years)
4. Gender _____ Male/Female
5. Mob No _____(Optional)
6. E-mail Id _____(Optional)

Section 2 (Availability of Funds)

7. Are the funds made available adequate for the functioning of the ECHS Polyclinics under your office?
8. Are the funds made available in time for the running of the ECHS Polyclinics?
9. How is payment made to the ECHS Polyclinics?

Section 3 (Staff Availability)

10. Are adequate doctors available to cater for the patient load of the ECHS Polyclinics?
11. Are specialists made available to the ECHS Polyclinics?
12. Is the support staff made available in adequate numbers to the polyclinics?
13. Employed doctors are from the Armed Forces Medical background or civilian background?
14. Are adequate lady doctors employed?

Section 4 (Services and Allied Activities)**Excellent/Good/ Fair/Poor**

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. How is the cleanliness and hygiene at the polyclinics under you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is Covid appropriate behavior practiced in the polyclinics? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. How are the Lab/Diagnostic test services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Availability of Emergency Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 5 (Availability of Medicines)

19. How are general medicines made available to the Polyclinics' pharmacy?
20. Are the stocks of medicines adequate?

Section 6 (Infrastructure Availability)**Excellent/Good/ Fair/Poor**

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 21. How is the infrastructure available at polyclinics? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. How suitable are the Waiting Areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. How are the drinking water facilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. How are the entertainment facilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are adequate washrooms available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. How are the parking facilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |