

Dissertation

At

ECHS Polyclinic, Timarpur, Delhi

(15 Feb 2023 to 10 June 2023)

A Project Report On

“Patient Satisfaction at ECHS Polyclinic,

Timarpur, Delhi”

By

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PG/21-23/005

Under the guidance of

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PGDM (Hospital & Health Management)

2021-2023



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CERTIFICATE

Col Aditya Chopra of IHMR, Delhi has worked on the project “**Patient Satisfaction at ECHS Polyclinic, Timarpur, Delhi**” from **15 Feb 2023** to **10 June 2023**. The officer collected data through personal interaction with the dependents ex-servicemen & their dependents. Thereafter, data collected has been evaluated by physical comparison of Protocols, procedures, & drills to include resources with the suggested yardsticks in various studies.

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Col Aditya Chopra** student of Post Graduate Diploma in Hospital & Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone **Dissertation** at **ECHS Polyclinic, Timarpur, Delhi** from **15 Feb 2023** to **10 June 2023**.

Col Aditya Chopra has successfully carried out the study designated to him during dissertation period & his approach to the study has been sincere, scientific & analytical.

The Dissertation is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dr. Sumesh Kumar

Associate Dean, Academic & Student Affairs

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CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Col Aditya Chopra**, a graduate student of the **Post-Graduate Diploma in Health & Hospital Management** has worked under our guidance & supervision. He is submitting this dissertation titled **“Patient Satisfaction at ECHS Polyclinic, Timarpur, Delhi ”** in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health & Hospital Management**.

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

Dr. Vinay Tripathi
Associate Professor, Mentor
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Officer In Charge,
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled “**Patient Satisfaction at ECHS Polyclinic, Timarpur, Delhi**”, submitted by **Col Aditya Chopra**, Enrollment No. **PG/21-23/005** under the supervision of **Dr Vinay Tripathi** for award of Postgraduate Diploma in Hospital & Health Management of the Institute carried out during the period from **15 Feb 2023 to 10 June 2023** embodies original work & has not formed the basis for the award of any degree, diploma associateship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Aditya Chopra

Colonel

TABLE OF CONTENTS

SER NO	HEADING	PAGES	
		FROM	TO
	ABBREVIATIONS	2	2
1	CHAPTER 1: INTRODUCTION TO EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME	3	12
2	CHAPTER 2: PROJECT REPORT : EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS) POLYCLINIC, TIMARPUR, NEW DELHI	13	16
3	CHAPTER 3: RESEARCH METHODOLOGY	17	18
4	CHAPTER 4: RESULTS	19	37
5	CHAPTER 5: DISCUSSION	38	39
6	CHAPTER 6: CONCLUSION	40	
7	APPENDIX A: QUESTIONNAIRE	41	42
8	APPENDIX B: INSTRUCTIONS FOR SCORING FOR QUESTIONNAIRE	43	
9	TABLE 1: SCORING SYSTEM QUESTIONNAIRE	44	
10	TABLE 2: CREATING SCALE SCORES	45	
11	TABLE 3: UNIVARIATE STATISTICS FOR SUBSCALS TO QUESTIONNAIRE	46	
12	REFERENCES	47	

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

CHAPTER 1

INTRODUCTION TO EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME



1.1 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 patients' satisfaction for Ex-Servicemen Contributory Health Scheme (ECHS).** Satisfaction level of the patients/beneficiaries of ECHS and the various issues connected with it will throw insight into the working of this scheme and how the ex- servicemen perceive these schemes. **The study was carried out at ECHS, Timarpur, New Delhi** and a set of questionnaires was fielded to the ex-servicemen visiting the polyclinic. The response from them was collected 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 effective measures to improve health care services in the hospital.

Ex-Servicemen Contributory Health Scheme (ECHS).

1.2 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.

1.3. 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.

Concept of ECHS.

1.4. 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.

1.5. 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 centers.
- Finances.

Organisation of ECHS.

1.6. 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).

1.7. 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.

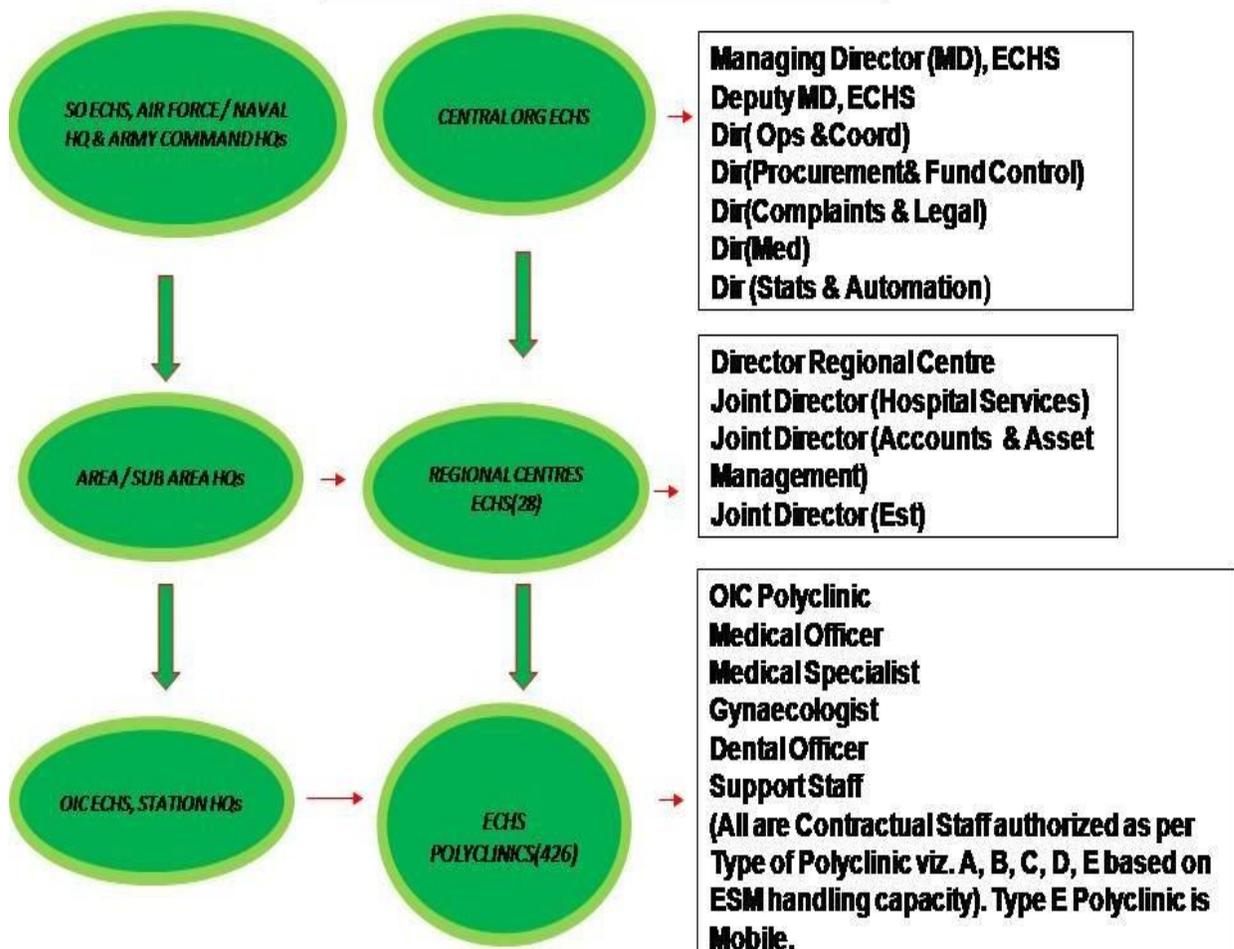
Command and Control.

1.8. 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

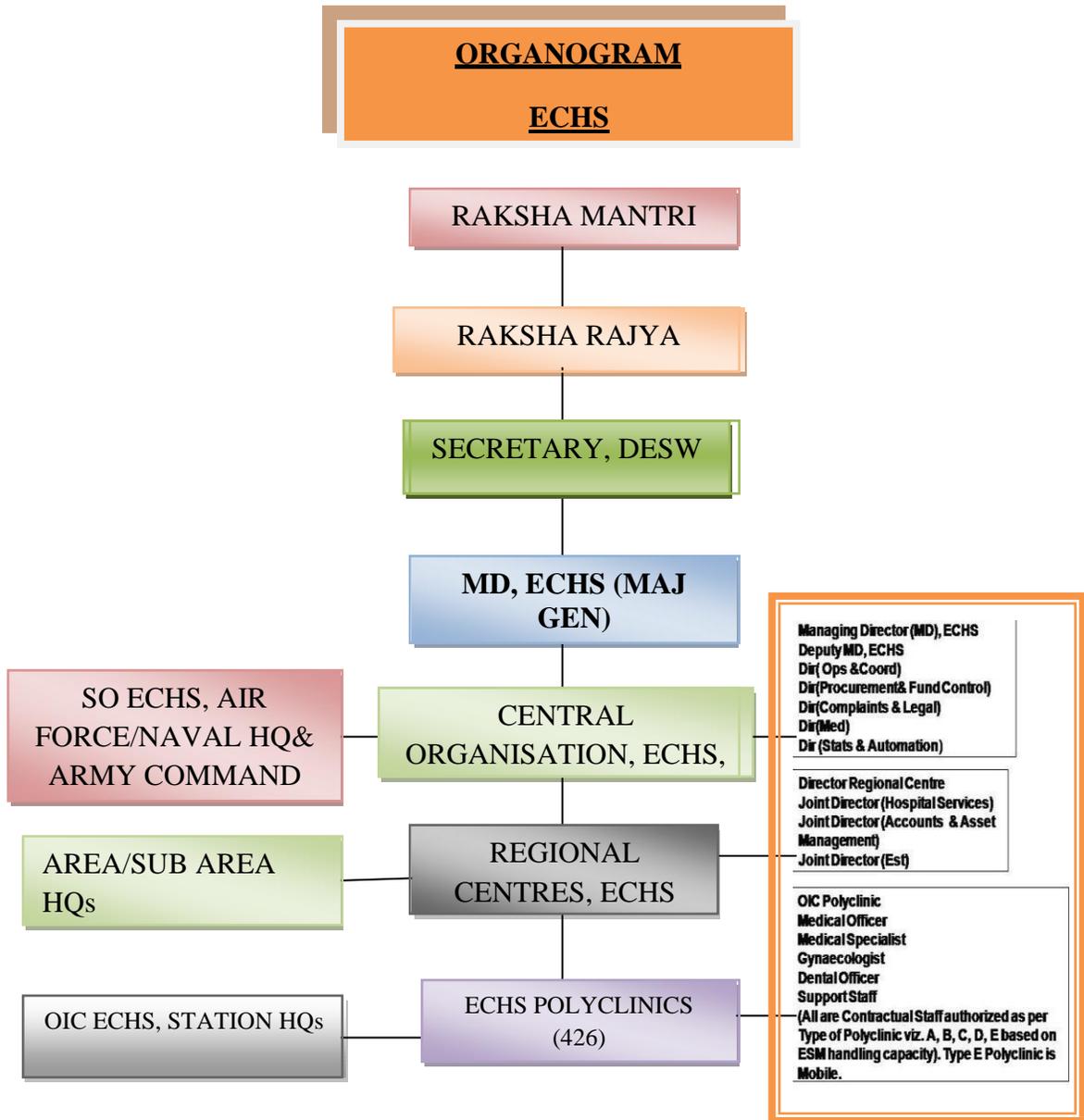
Commanders will exercise direct Control over the ECHS polyclinics. Regional Centre ECHS and ECHS Cell, Station Headquarters will be able to clarify any doubts that may have on ECHS. Regional Centres ECHS are under Command HQ/ Area HQ. Central Org ECHS functions as part of AG's Branch, Army HQ.

1.9. Organisation of ECHS.

ORGANISATION CHART ECHS



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



POLICY & OPERATIONS OF ECHS

Ex- Servicemen Contributory Health Scheme (ECHS).

1.11. ECHS was authorized by Government of India on 30 Dec 2002, and was introduced wef 01 April 2003. It is a publicly funded Medicare 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.

1.12. **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.

1.13. **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.

1.14. **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.

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

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

<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</p>

		eligible.
(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>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	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.
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1.16. Exempted Category from ECHS Contribution. War widows, Pre-1996 retirees and battle casualties are exempted.

1.17. 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

1.18. 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) **Dependent 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.

CHAPTER 2

PROJECT REPORT : EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS) POLYCLINIC, TIMARPUR, NEW DELHI

ECHS Polyclinic Timarpur, New Delhi.

2.1. ECHS Polyclinic Timarpur, New Delhi **commenced functioning on 14 Jan 04 at the present (new) location i.e Havlock Lines, Timarpur, North Delhi wef 15 Jun 2010.** It is a ‘Type B’ Polyclinic at a Military Station, Delhi and is responsible to look after the **armed forces veterans (AFVs) and their dependents of the North District of New Delhi.** The ECHS is a one-point place that carries out initial investigation into the medical condition of the patient and after giving him/her the first stage of medical advice and treatment the patient depending on his/her medical condition is referred to the empaneled hospitals to receive specialist treatment. The fact that the patient is referred to the specialist hospital requires consideration in the sense that the quality of service being provided to the patient need to be assessed and the procedure and way the ECHS transfers the ex-servicemen also requires to be studied. The critical point noticed in the research is that the patient is being treated initially in the ECHS and then based upon his/her condition is being referred to the empaneled hospital. Patient response at this level was assessed as it will have a bearing on his/her satisfaction level pertaining to the ECHS system of providing health care to the ex-servicemen.

2.2. The distribution of AFVs population dependent on this polyclinic is as given below:

❖	Total Population Veterans & Dependents-	60000.
❖	No of Officers/ Dependents on Polyclinic	23459
❖	No of JCOs/OR /Dependents on Polyclinic-	19000
❖	No of Patients Visiting Polyclinic-	Approx 100 (daily)

2.3. Facilities Available at ECHS Polyclinic, Timarpur, New Delhi.

(a) Reception

- Four 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
 - ❖ 03 x MOs referral counter
 - ❖ Monthly medicine counter
- 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

(b) 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.

(c) 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.

(d) Dental Clinic

- The polyclinic is fully equipped to cater for dental care and treatment of ECHS beneficiaries.
- Dental Chair with essential back - up equipment is available. An average of 10 - 20 patients are attended by the dental officer and the dental hygienist on daily basis.

(e) 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.



(f) Major Medical Equipment

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

CHAPTER 3

RESEARCH METHODOLOGY

3.1. This study adopts a cross-sectional research design to assess the patient satisfaction in ECHS, Polyclinic at Timarpur, Northern District of New Delhi. the hospital. The primary data is collected through a questionnaire survey.

3.2. **Sampling**: The study's intended responses are obtained using the convenience sampling approach. The sample consisted of 158 ex-servicemen and their dependents who visited the ECHS polyclinic for a variety of examinations, consultations, or treatments.

3.3. **Development of the questionnaire**. Data on many elements of general satisfaction, technical quality, interpersonal manner, communication, financial factors, time spent with the doctor, and accessibility were to be gathered using a standardized questionnaire. The Patient Satisfaction Questionnaire, developed by RAND Corporation, Sant Monica, CA, is the foundation for this survey. It included total eighteen (18) open-ended and closed-ended questions to collect both quantitative and qualitative data. The questionnaire is attached as Appendix A.

3.4. To make sure the questions were clear, understandable, and relevant, pilot research study with a small number of participants was conducted. Responses of each question were measured with responses on a 5-point Likert scale ranging from Strongly Agree to Strongly Disagree. Instructions for scoring are attached as per Appendix B.

3.5. Participants were assured that their individual responses will be kept confidential and will only be used for research purposes.

Sampling technique

3.6. The sampling technique used in this study was non-probabilistic convenient sampling. In this technique, respondents were chosen based on their availability and readiness to participate in the research.

Sampling unit

3.7. The sampling unit in this study was located in Timarpur, New Delhi , ECHS Polyclinic, indicating that the selection of the sample was limited to this specific geographical area. The sampling frame represents the elements or units from which the sample is drawn. It serves as a representation of the target population and provides a basis for selecting the sample.

Sample size

3.8. The data for this study was collected using a sample size of 158 respondents. In this case, the sample size of 158 respondents was deemed appropriate to gather meaningful insights and draw conclusions about the research objectives.

Statistical tools

3.9. In this study, two statistical tools were utilized to analyze and interpret the collected data. MS-Excel was employed to prepare pie charts and graphs, while SPSS was used for regression analysis and Descriptive Statistics. Scoring pattern for various dimensions in the Questionnaire is shown in Table 1.

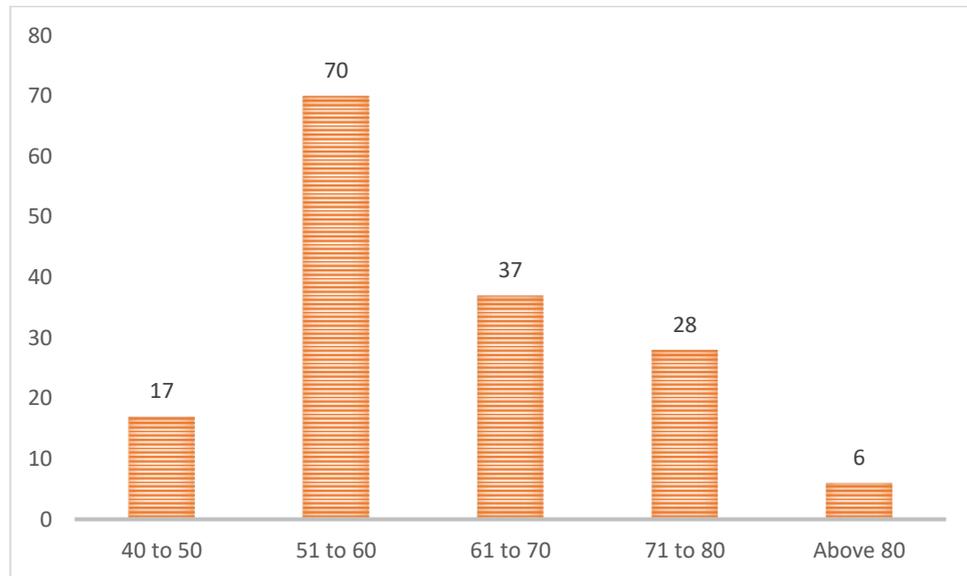
Data Analysis

3.10. Regression analysis is employed to analyze the collected data. The responses from the questionnaire are coded in MS Excel Sheet, and the relevant variables are identified for regression analysis. The dependent variable was Patient Satisfaction, while the independent variables are the different dimensions of managerial operations identified in the questionnaire. Creating scale scores is attached at Table 2 and univariate data analysis for various dimensions is attached at Table 3. Coefficient of correlation used is Pearsons Coefficient.

CHAPTER 4

RESULTS

4.1 Age Profile of Ex-servicemen and dependents



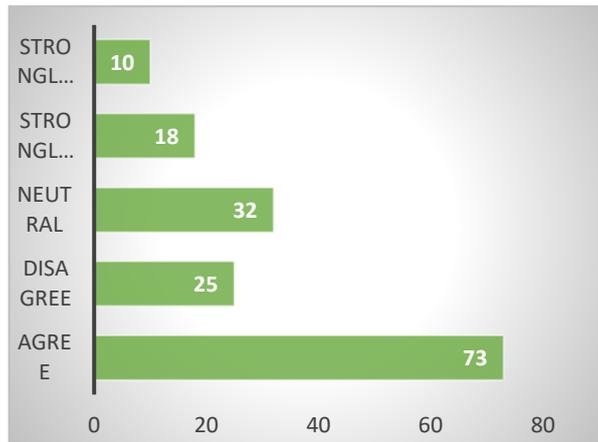
Analysis

The analysis of the age profile of the respondents shows that out of the 158 participants, participated in the survey. The age profile was from 40 years to 80 plus years with both male and female respondents. The respondents were from different strata of the Armed forces hierarchy with different educational backgrounds

Interpretation

It is important to consider this distribution when interpreting the results of the study, as the perspectives and experiences respondents may differ in the context of the effectiveness of the ECHS. The study covers both the longitudinal and cross-sectional aspect of the sample.

4.2. Doctors are good about explaining the reasons for the medical tests?



Statistics		
N	Valid	158
	Mean	3.40
	Std. Deviation	1.094

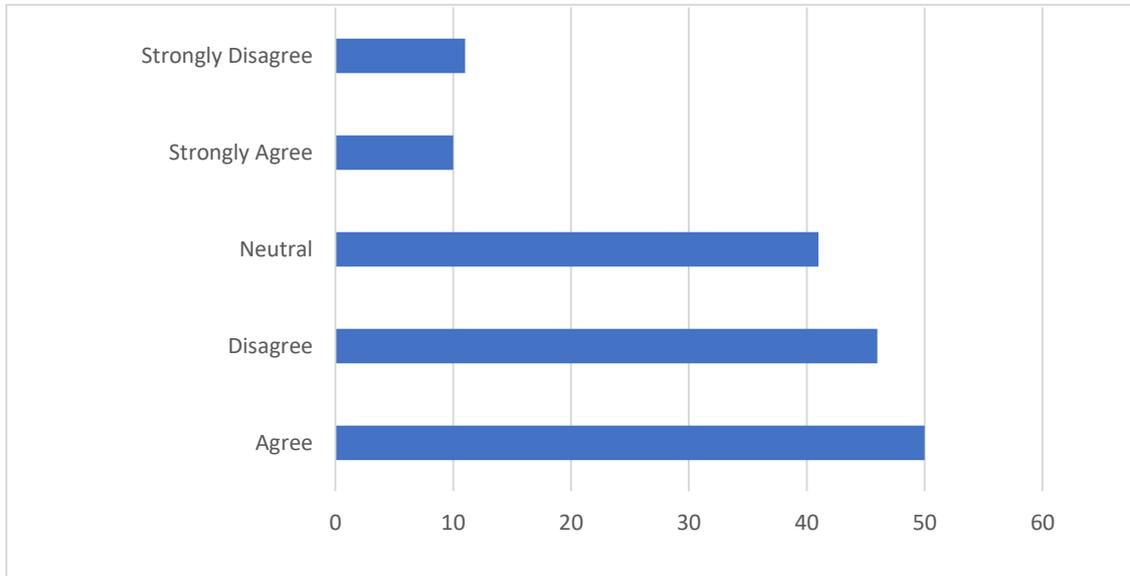
Analysis

The analysis suggests that approximately 58% (91 out of 158) of the respondents agree that doctors are good in elucidating the reasons for the medical tests whereas 22% of respondents feel that they were not informed about the reasons for the medical tests.

Interpretation

Not only it showcases an effective doctor patient communication but also brings to the forefront the use of common man language to explain the diagnosis and thereafter the required diagnostic tests for confirmation. High quality medical care can only be provided when there is clear communication between the two parties. Good communication will result in less discontent and complaints.

4.3 . I think that my doctor's clinic has everything needed to provide me medical care ?



Statistics		
N	Valid	158
	Mean	3.01
	Std. Deviation	1.064

Agree	50
Disagree	46
Neutral	41
Strongly Agree	10
Strongly Disagree	11
Grand Total	158

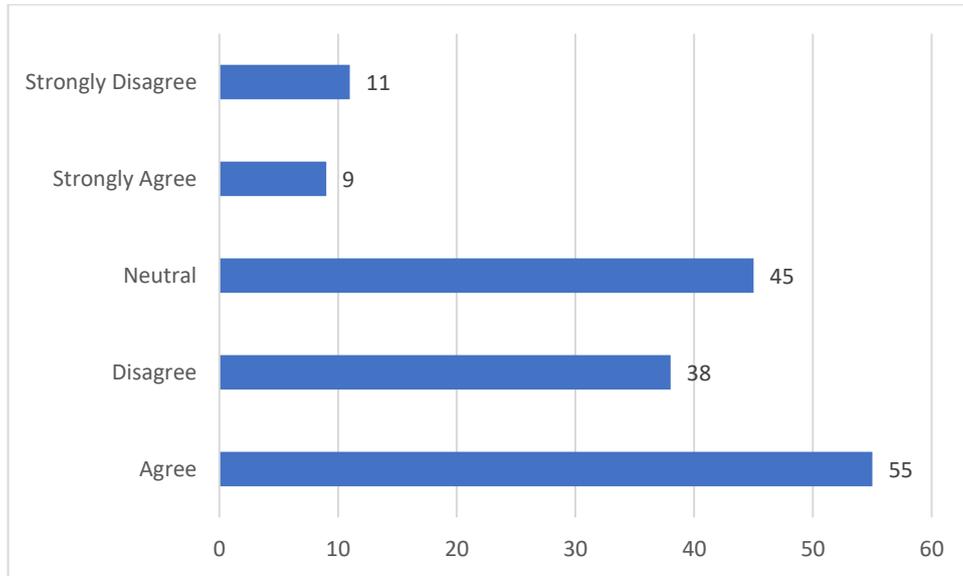
Analysis

Only 38 % (60 out of 158) of the respondents strongly feel that the facilities in the polyclinic are adequate for their treatment whereas 36 % feel otherwise, 26%(41 out of 158) are not sure and are in a dilemma.

Interpretation.

There is an urgent need to upgrade the facilities at ECHS , Polyclinic

4.4. The medical care I have been receiving is just about perfect ?



Analysis

The analysis points out that the medical care provided at the ECHS Polyclinic. Only 41% feel that medical care they have been receiving is the best care they can get, whereas 59 % of the respondents are either not sure or disagree

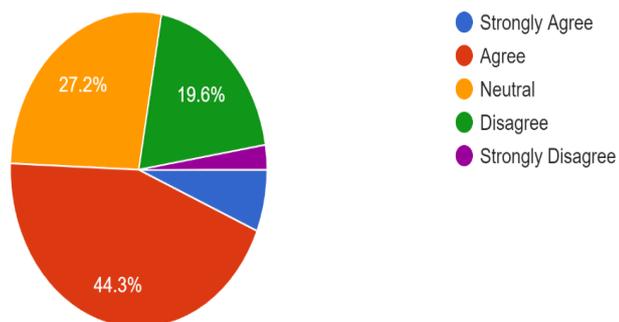
Interpretation

Health care facilities at ECHS Polyclinics should be patient-centric and equitable and not based on the rank of the patient.

Statistics		
N	Valid	158
	Mean	3.08
	Std. Deviation	1.04

Agree	55
Disagree	38
Neutral	45
Strongly Agree	9
Strongly Disagree	11

4.5. Sometimes doctors make me wonder if their diagnosis is correct?



Analysis

This question points out to the competence of the doctor or physician available at the polyclinic 51% (80 out of 158) of the surveyed respondents feel that the diagnosis is correct while 49 % are skeptical of the doctors diagnosis.

Statistics

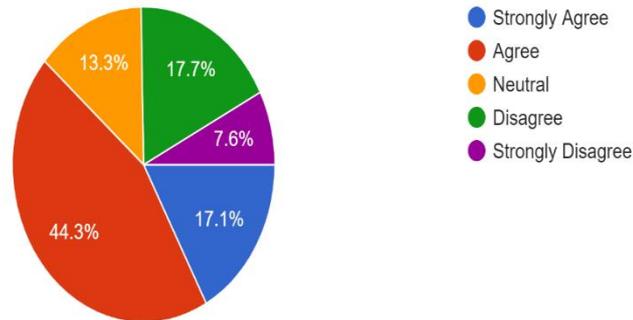
N	Valid	158
	Mean	2.68
	Std. Deviation	0.94

Agree	70
Disagree	31
Neutral	43
Strongly Agree	10
Strongly Disagree	4

Interpretation

Communication is the key and use of latest technology and procedures. Having experts on the panel of doctors can instill confidence. The responses are more of emotional perceptions and beliefs that have developed over a period of time with the respondents.

4.6. I feel confident that I can get the medical care I need without being set back financially?



Analysis

62% of respondents feel that the facilities at ECHS polyclinic are adequate and they don't have to look out for medical care away from ECHS Polyclinics or hospitals so as to burden them financially

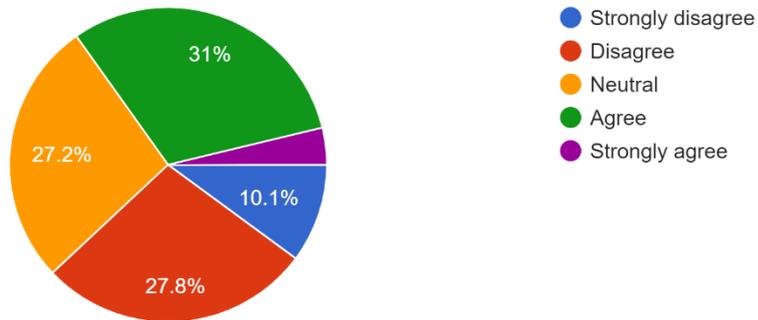
Interpretation

Health care should be patient-centric and not rank centric, timely referred and equitable.

Statistics		
N	Valid	158
	Mean	3.46
	Std. Deviation	1.18

Agree	70
Disagree	28
Neutral	21
Strongly Agree	27
Strongly Disagree	12

4.7. When I go for medical care, they are careful to check everything when treating and examining me ?



Analysis

38% respondents feel that the checkups at ECHS are not comprehensive whereas 35 % (55 out of 158) agree that the doctors are careful when treating and examining them. 27% are not sure whether they are rightfully examined and treated.

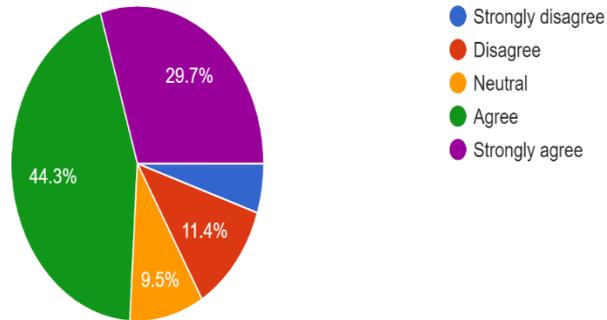
Interpretation

Discrepancies in expectations and perceptions between the patient and the physician. Open, clear and safe communication is the key. Apart from effective communication it is also important to have active listening skills too. Good communications helps in building a bond between the patient and the doctor.

Statistics		
N	Valid	158
	Mean	2.91
	Std. Deviation	1.06

Agree	49
Disagree	44
Neutral	43
Strongly agree	6
Strongly disagree	16

4.8. I sometimes have to spend own money to buy medicines and get other diagnostic tests done at my cost ?



Analysis

This covers the aspect of OOPE wherein a large percentage of respondents have stated that they spend money from their own pockets 74%.

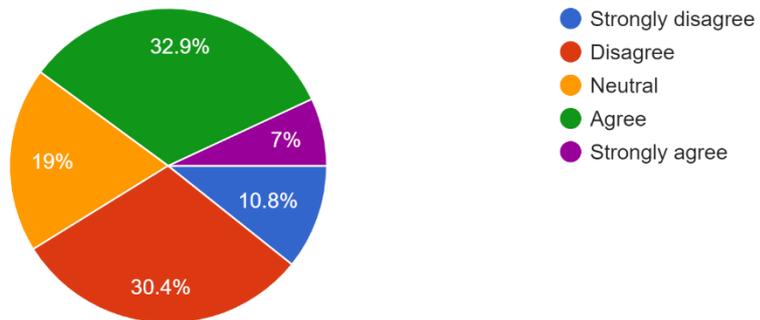
Interpretation

Institute measures for provision of medicines, quick referrals, easy disbursement of bills

Statistics		
N	Valid	158
	Mean	2.18
Std. Deviation		1.134

Agree	70
Disagree	18
Neutral	15
Strongly agree	47
Strongly disagree	8

4.9. I have easy access to the medical specialists I need?



Analysis

40 % believe that accessibility to medical specialists is easy

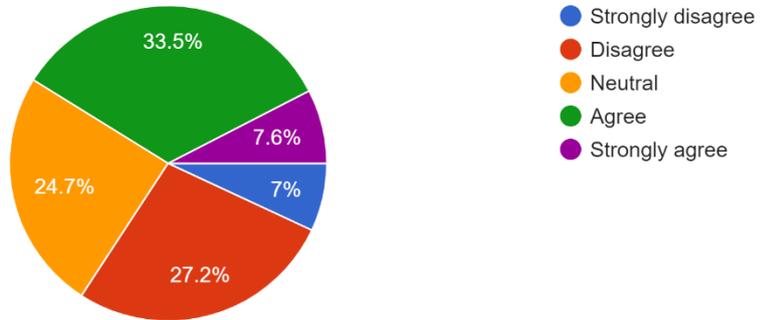
Interpretation

Empanelment of more hospitals, existing facilities of MI Rooms and Military Hospitals

Statistics		
N	Valid	158
	Mean	2.940
	Std. Deviation	1.164

Agree	52
Disagree	48
Neutral	30
Strongly agree	11
Strongly disagree	17

4.10. Where I get medical care, people have to wait too long for emergency treatment?



Analysis

41% think that the waiting period for emergency treatment is too long.

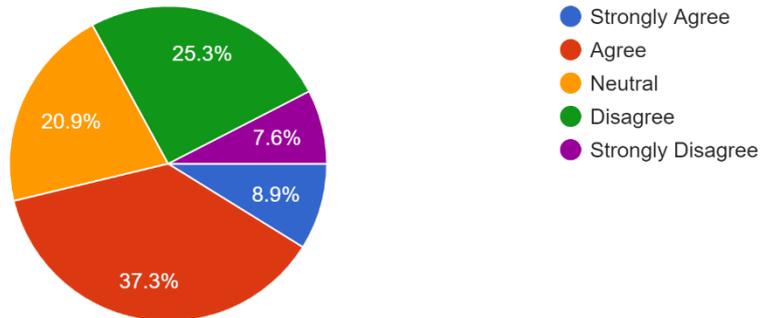
Interpretation.

More empanelled hospitals, access to service hospitals

Statistics		
N	Valid	158
	Mean	2.92
	Std. Deviation	1.094

Agree	53
Disagree	43
Neutral	39
Strongly agree	12
Strongly disagree	11
Grand Total	158

4.11. Doctors act too business like and impersonal towards me?



Analysis

46% respondents believe that doctors are more like businessman

Interpretation

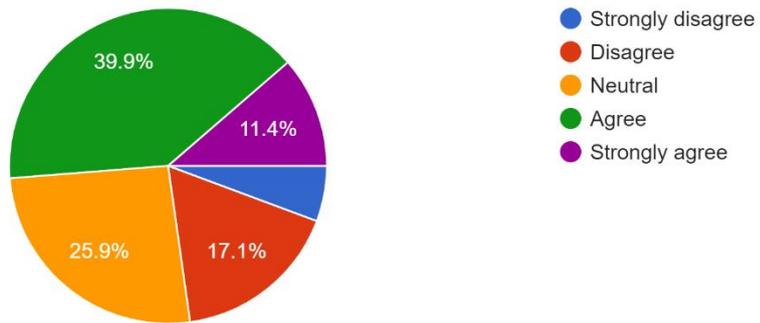
Empanelment of more hospitals, existing facilities of MI Rooms and Military Hospitals

Statistics

N	Valid	158
Mean		2.850
Std. Deviation		1.124

Agree	59
Disagree	40
Neutral	33
Strongly Agree	14
Strongly Disagree	12

4.12. My doctors treat me in a very friendly and courteous manner ?



Analysis

51% think that the doctors are sociable and approachable

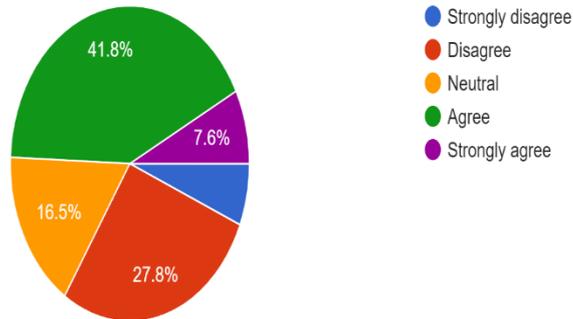
Interpretation

Empanelment of more hospitals, existing facilities of MI Rooms and Military Hospitals

Statistics		
N	Valid	158
	Mean	3.340
	Std. Deviation	1.08

Agree	63
Disagree	27
Neutral	41
Strongly agree	18
Strongly disagree	9

4.13. Those who provide my medical care sometimes hurry too much when they treat me?



Analysis

50% think that doctors are in hurry to treat them

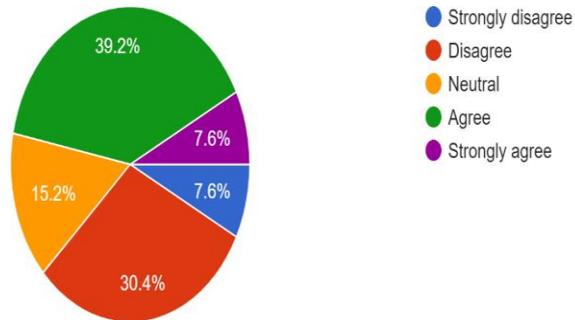
Interpretation

Empanelment of more hospitals, existing facilities of MI Rooms and Military Hospitals

Statistics		
N	Valid	158
	Mean	2.840
	Std. Deviation	1.109

Agree	66
Disagree	44
Neutral	26
Strongly agree	12
Strongly disagree	10

4.14. Doctors sometimes ignore what I tell them?



Analysis

46% respondents consider that doctors at times ignore them and their problems

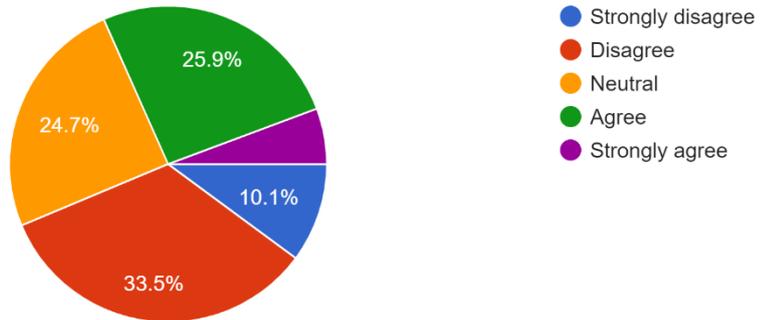
Interpretation.

Its more of a misplaced misconception and thoughts in the minds of the respondents. Doctors are professionals and are looking for the pointers from the talk with the patient to arrive at an accurate diagnosis.

Statistics		
N	Valid	158
	Mean	2.91
	Std. Deviation	1.32

Agree	62
Disagree	48
Neutral	24
Strongly agree	12
Strongly disagree	12

4.15. I have some doubts about the ability of the doctors who treat me?



Analysis

45% respondents only, trust their doctors abilities.

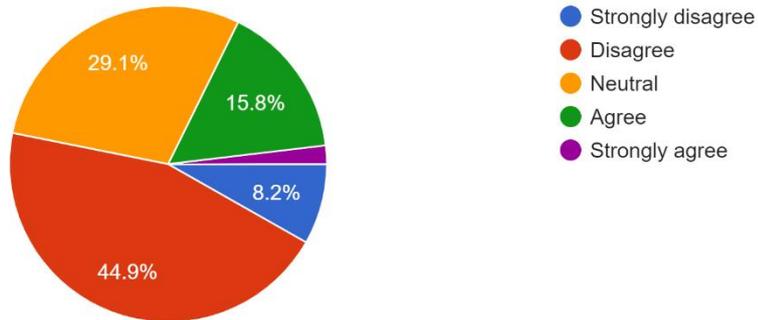
Interpretation

When patients only see doctors as persons with "solutions" that need to be flawless, and when doctors only see patients as "problems" that need to be "solved," the connection suffers. The relationship has been marred by rising consumerism, nowadays.

Statistics		
N Valid		158
Mean		3.140
Std. Deviation		1.10

Agree	41
Disagree	53
Neutral	39
Strongly agree	9
Strongly disagree	16

4.16. Doctors usually spend plenty of time with me?



Analysis

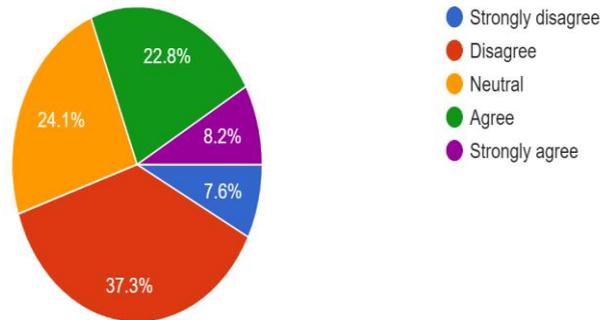
The analysis is about the time spent by the doctor with the patient, 20% agree that doctors give them a patient hearing.

Interpretation

Use of simple language by the doctors which can be understood by the patients should be used in conversations between doctors and patients. ...
Doctors should have empathetic approach in dealing with patients to make the communication meaningful and fruitful.

Statistics				
N	Valid	158	Agree	25
	Mean	2.580	Disagree	71
	Std. Deviation	.92	Neutral	46
			Strongly agree	3
			Strongly disagree	13

4.17. I find it hard to get an appointment for the medical care right away?



Analysis

45% respondents find it difficult to get an appointment with the doctors.

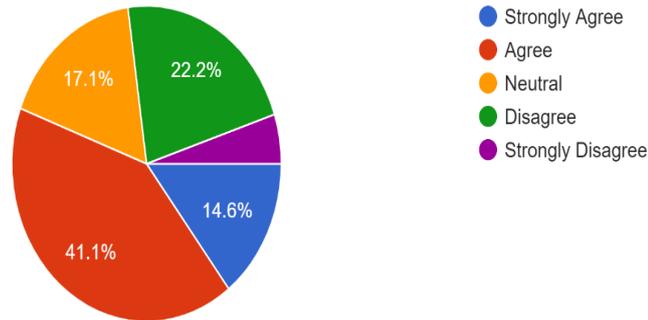
Interpretation

Online registration, Empanelment of more hospitals, existing facilities of MI Rooms and Military Hospitals

Statistics		
N	Valid	158
	Mean	3.12
	Std. Deviation	1.10

Agree	36
Disagree	59
Neutral	38
Strongly agree	13
Strongly disagree	12

4.18. I am dissatisfied with some things about the medical care I receive?



Analysis

55% respondents are dissatisfied with certain things about the medical care they receive.

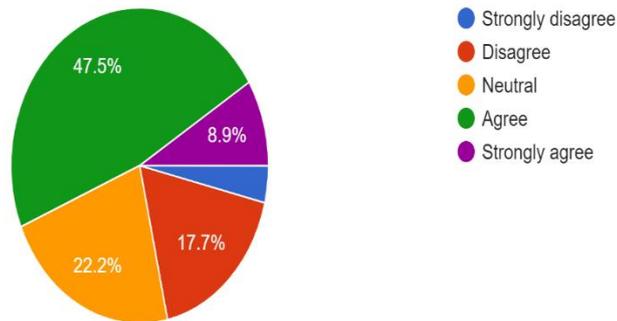
Interpretation

Regular patient feedback should be encouraged and measures for feedback system should be instituted. All modes of communication like email, WhatsApp, telephone etc should be used to communicate. All possible channels of communication should be exploited.

Statistics		
N	Valid	158
	Mean	2.61
	Std. Deviation	1.24

Agree	65
Disagree	35
Neutral	27
Strongly Agree	23
Strongly Disagree	8

4.19. I am able to get medical care whenever I need it?



Analysis

The analysis showcases the accessibility of medical facilities to the respondents. Data shows that out of the 158 participants, 57% are able to get medical facilities whenever they need. 43% respondents not satisfied with the medical treatment

Interpretation

Empanelment of more hospitals, existing facilities of MI Rooms and Military Hospitals, easing of procedures for referrals and reimbursement

Statistics

N	Valid	158
	Mean	3.40
Std. Deviation		0.994

Agree	75
Disagree	28
Neutral	35
Strongly agree	14
Strongly disagree	6

CHAPTER 5

DISCUSSION

- 5.1. The analysis of the age profile of the respondents shows that out of the 158 participants, participated in the survey. The age profile was from 40 years to 80 plus years with both male and female respondents. The respondents were from different strata of the Armed forces hierarchy with different educational backgrounds.
- 5.2. The analysis suggests that approximately 58% (91 out of 158) of the participants agree that doctors are good in explaining the reasons for the medical tests whereas 22% of participants feel that they are not informed about the reasons for the medical tests.
- 5.3. Only 38 % (60 out of 158) of the respondents strongly feel that the facilities in the polyclinic are adequate for their treatment whereas 36 % feel otherwise, 26%(41 out of 158) are not sure and are in a dilemma.
- 5.4. Only 41% feel that medical care they have been receiving is the best they can get, whereas 59 % of the respondents are either not sure and disagree.
- 5.5. As far as the competence of the doctor or physician available at the polyclinic 51% (80 out of 158) of the surveyed respondents feel that the diagnosis is correct while 49 % are skeptical of the doctors diagnosis.
- 5.6. 62% of respondents feel that the facilities at ECHS polyclinic are adequate and they don't have to look out for medical care away from ECHS Polyclinics or hospitals so as to burden them financially.
- 5.7. 38% respondents feel that the checkups at ECHS are not comprehensive whereas 35 % (55 out of 158) agree that the doctors are careful when treating and examining them. 27% are not sure whether they are rightfully examined and treated.
- 5.8. A large percentage of respondents have stated that they spend money from their own pockets 74% (117 out of 158) for the purchase of medicines/ consultations or treatments.
- 5.9. 40 % respondents believe that accessibility to medical specialists is easy and the referral system is adequate.
- 5.10. 41% think that the waiting period for emergency treatment is too long.
- 5.11. 51% think that the doctors are responsive and approachable, while 22% (36 out of 158) do not believe that doctors were friendly with them.

- 5.12. 46% respondents believe that doctors are more like businessman and had an impersonal interaction with them.
- 5.13. 78 out of 158(49.3%) respondents feel that the doctors are always in hurry to complete the diagnosis and check ups.
- 5.14. 46% respondents consider that doctors at times ignore them and their problems.
- 5.15. 45% respondents only, trust their doctors' abilities.
- 5.16. 20% agree that doctors give them a patient hearing.
- 5.17. 45% respondents find it difficult to get a referral and an appointment.
- 5.18. 55% respondents are discontented with certain aspects of the medical care they receive.
- 5.19. Data shows that out of the 158 participants, 57% can get medical facilities whenever they need. 43% respondents not satisfied with the medical treatment

CHAPTER - 6

CONCLUSION

- 6.1. The overall patient satisfaction rate in the ECHS, Polyclinic at Timarpur , New Delhi is only 57%, which is far less than ideal. To enhance patient satisfaction there is an urgent need to augment the facilities at the polyclinic or bolster the manpower to improve the service quality. The importance of good communication cannot be over emphasised. A kind word by a physician can have immense calming and healing effect on the patient.
- 6.2. In addition, it's critical to carry out regular assessments of patients' levels of patient satisfaction in ECHS and to improve service providers' health-related IEC (Information, Education, and Communication).
- 6.3. On-the-job training for healthcare professionals in the ECHS will also advance their knowledge and abilities to provide high-quality patient-centered care and increase patient satisfaction.
- 6.4. Using a checklist to guarantee quality throughout service delivery may enhance client-patient interactions.

Questionnaire
Quality of Care in ECHS Polyclinic

Your Age (in years)

(a) 30 to 40 (b) 41 to 50 (c) 51 to 60 (d) 61 to 70 (e) 71 to 80 (f) Above 80

1. Doctors are good about explaining the reasons for the medical tests

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

2. I think that my doctor's clinic has everything needed to provide me medical care

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

3. The medical care I have been receiving is just about perfect

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

4. Sometimes doctors make me wonder if their diagnosis is correct

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

5. I feel confident that I can get the medical care I need without being set back financially

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

6. When I go for medical care, they are careful to check everything when treating and examining me

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

7. I sometimes have to spend own money to buy medicines and get other diagnostic tests done at my cost

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

8. I have easy access to the medical specialists I need

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

9. Where I get medical care, people have to wait too long for emergency treatment

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

10. Doctors act too business like and impersonal towards me

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

11. My doctors treat me in a very friendly and courteous manner

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

12. Those who provide my medical care sometimes hurry too much when they treat me

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

13. Doctors sometimes ignore what I tell them

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

14. I have some doubts about the ability of the doctors who treat me

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

15. Doctors usually spend plenty of time with me

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

16. I find it hard to get an appointment for the medical care right away

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

17. I am dissatisfied with some things about the medical care I receive

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

18. I am able to get medical care whenever I need it

(a) Strongly Agree (b) Agree (c) Neutral (d) Disagree (e) Strongly Disagree

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**INSTRUCTIONS FOR SCORING FOR
QUESTIONNAIRE**

The questionnaire provides individual results for each of the following seven subscales: Questions 3 and 17 ask about general satisfaction, Questions 1 and 13 measure the communication, Question 5 and 7 tackle the financial aspects, Questions 12 and 15 deal with the time spent with the doctor, and Questions 8,9,16 and 8 measure the accessibility of medical services. Questions 2, 4, 6, and 14 ask about technical quality. Questions 10 and 11 ask about interpersonal behavior.

In certain questions, agreement indicates happiness with the medical care, and in others, agreement indicates discontent with the medical care. To show great satisfaction with the medical service, all questions must be scored.

To calculate a seven-scale average score after question scoring, questions belonging to the same subscale should be averaged together.

TABLE 1

Scoring pattern for various dimensions in the Questionnaire

<u>Question Number</u>	<u>Response Number</u>	<u>Score Value</u>
1,2,3,5,6,8,11,15,18	Strongly Agree	5
	Agree	4
	Neutral	3
	Disagree	2
	Strongly Disagree	1
4,7,9,10,12,13,14,16,17	Strongly Disagree	1
	Disagree	2
	Neutral	3
	Agree	4
	Strongly Agree	5

|

TABLE 2
CREATING SCALE SCORES

SCALE	AVERAGE THESE
General Satisfaction	3,17
Technical Quality	2,4,6,14,
Interpersonal manner	10,11
Communication	1,13
Financial Aspects	5,7
Time Spent with Doctor	12,15
Accessibility	8,9,16,18

TABLE 3

UNIVARIATE STATISTICS FOR VARIOUS DIMENSIONS

General Satisfaction (Mean=2.85, SD=1.14)

Technical Quality (Mean=2.94, SD=1.04)

Interpersonal manner (Mean=3.09, SD=1.10)

Communication (Mean=3.15, SD=1.20)

Financial Aspects (Mean=2.82, SD=1.15)

Time Spent with Doctor (Mean=2.71, SD=1.01)

Accessibility (Mean=3.10, SD=1.09)

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